Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Right Hip - Trochanteric Bursitis

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 November 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 November 2025;
- A pre-deployment medical examination by the medical officer, dated 12 September 2007;
- An outpatient health record by the regimental medical officer, Afghanistan, dated 6 March 2008;
- An outpatient health record by the regimental medical officer, Afghanistan, dated 13 March 2008;
- An outpatient health record by the regimental medical officer, Afghanistan, dated 20 March 2008;
- An ultrasound right hip and guided injection by the radiologist, dated 22 July 2008;
- A pre-deployment medical examination by the medical officer, dated 18 November 2015;
- An outpatient health record and pathology by the medical officer, Iraq, dated 8 March 2016;
- An X-ray and operation report by Role 2 facility, Iraq, dated 3 May 2016;
- An ultrasound right hip and microbiology by Role 2 facility, Iraq, dated 16 May 2016;
- An MRI right hip by the radiologist, dated 14 September 2016;
- An operation report by the orthopaedic surgeon, dated 22 March 2017.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

4 February 1998 and 18 June 2019

Right Hip - Trochanteric Bursitis

You have stated that your condition was caused by:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of trochanteric bursitis*
- *having direct trauma to the affected bursa within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having an infection of the affected bursa at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of trochanteric bursitis*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *being obese at the time of the clinical onset or clinical worsening of trochanteric bursitis*

Diagnosis: Trochanteric Bursitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 November 2025, and is supported by an outpatient health record by the regimental medical officer, Afghanistan, dated 20 March 2008.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Trochanteric Bursitis (Reasonable Hypothesis) (No. 92 of 2023)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of trochanteric bursitis*
- *having direct trauma to the affected bursa within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having an infection of the affected bursa at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of trochanteric bursitis*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *being obese at the time of the clinical onset or clinical worsening of trochanteric bursitis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with constant pain over the outer right hip, worse with walking, climbing and patrolling and waking you when you lay on the right side, with tenderness and swelling over the greater trochanter on 20 March 2008.

The diagnosis was made clinically on 20 March 2008 by the regimental medical officer, who recorded constant outer right hip pain with night pain lying on the right side, point tenderness and boggy swelling over the greater trochanter, and pain on resisted abduction with full passive hip movement. This meets the Statement of Principles definition of a symptomatic disease involving inflammation of the bursae around the greater trochanter.

This has then led to further investigations and the diagnosis of your condition of *Trochanteric Bursitis*. I have accepted your condition of *Trochanteric Bursitis*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 19 March 2008.

Right Hip - Trochanteric Bursitis (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 November 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 November 2025;
- A pre-deployment medical examination by the medical officer, dated 12 September 2007;
- An outpatient health record by the regimental medical officer, Afghanistan, dated 6 March 2008;
- An outpatient health record by the regimental medical officer, Afghanistan, dated 13 March 2008;
- An outpatient health record by the regimental medical officer, Afghanistan, dated 20 March 2008;
- An ultrasound right hip and guided injection by the radiologist, dated 22 July 2008;
- A pre-deployment medical examination by the medical officer, dated 18 November 2015;
- An outpatient health record and pathology by the medical officer, Iraq, dated 8 March 2016;
- An X-ray and operation report by Role 2 facility, Iraq, dated 3 May 2016;
- An ultrasound right hip and microbiology by Role 2 facility, Iraq, dated 16 May 2016;
- An MRI right hip by the radiologist, dated 14 September 2016;
- An operation report by the orthopaedic surgeon, dated 22 March 2017.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

4 February 1998 and 18 June 2019

Right Hip - Trochanteric Bursitis (Worsening)

You have stated that the worsening of your condition was caused by:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of trochanteric bursitis*
- *having direct trauma to the affected bursa within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having an infection of the affected bursa at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of trochanteric bursitis*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *being obese at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *inability to obtain appropriate clinical management for trochanteric bursitis before the clinical worsening of trochanteric bursitis*

Diagnosis: Trochanteric Bursitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 November 2025, and is supported by an outpatient health record by the regimental medical officer, Afghanistan, dated 20 March 2008.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Trochanteric Bursitis (Reasonable Hypothesis) (No. 92 of 2023)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at*

least 2 hours per day; within the one week before the clinical onset or clinical worsening of trochanteric bursitis

- *having direct trauma to the affected bursa within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having an infection of the affected bursa at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of trochanteric bursitis*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *being obese at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *inability to obtain appropriate clinical management for trochanteric bursitis before the clinical worsening of trochanteric bursitis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with constant pain over the outer right hip, worse with walking, climbing and patrolling and waking you when you lay on the right side, with tenderness and swelling over the greater trochanter on 20 March 2008.

The diagnosis was made clinically on 20 March 2008 by the regimental medical officer, who recorded constant outer right hip pain with night pain lying on the right side, point tenderness and boggy swelling over the greater trochanter, and pain on resisted abduction with full passive hip movement. This meets the Statement of Principles definition of a symptomatic disease involving inflammation of the bursae around the greater trochanter.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan you ran an average of almost 65 kilometres a week on the base perimeter track from 20 February 2008 to 19 March 2008, the 4 weeks before onset, as recorded in your running log, more than twice the 30 kilometres a week the factor requires. Throughout the 4 weeks before onset, from 20 February 2008 to 19 March 2008, you conducted loaded dismounted patrols for 10 to 12 hours a week on warlike service in Afghanistan, as shown in the patrol records. The five-day dismounted patrol from 12 to 18 March 2008 on warlike service in Afghanistan, within the one week before onset, raised your loaded walking from about 2 hours a day to 7 to 8 hours a day with a 40 kilogram load, an increase of more than 250 per cent, at well above 5 METs and for more than 2 hours a day. The fall from the rear step of an armoured vehicle directly onto the outer right hip on 6 March 2008 occurred while you were dismounting on patrol on warlike service in Afghanistan, thirteen days before onset. The surgical debridement of the rocket fragment wound over the right greater trochanter was performed at the Role 2 facility on 3 May 2016 on warlike service in Iraq, thirteen days before the documented worsening on 16 May 2016 and within the 4 weeks before it. The right trochanteric bursa was infected with Staphylococcus

aureus, confirmed by aspiration of pus on 16 May 2016, at the time of the worsening on warlike service in Iraq. Reactive arthritis was diagnosed on 8 March 2016 after Shigella dysentery contracted at the deployed base in Iraq in February 2016, on warlike service, and was present before the worsening on 16 May 2016. From 8 March 2016 to the worsening on 16 May 2016, more than 9 weeks, you walked with a marked antalgic limp from reactive arthritis contracted on warlike service in Iraq, compounded after 3 May 2016 by the fragment wound. Your BMI was 31.3 on 16 May 2016, at the time of the worsening on warlike service in Iraq, and had been above 30 since before the deployment. On warlike service in Afghanistan in 2008 no ultrasound, physiotherapy or corticosteroid injection was available after onset, and you continued patrolling.

This has then led to further investigations and the diagnosis of your condition of *Trochanteric Bursitis (Worsening)*. I have accepted your condition of *Trochanteric Bursitis (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 16 May 2016.

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