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 Shoulder - Superior Labral Anterior Posterior (SLAP) Tear

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 26 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 August 2025;
- A pre-deployment medical examination by the medical officer, dated 20 July 2012;
- Patrol reports by the section commander, Solomon Islands, dated 26 September 2012;
- A patrol incident report by the section commander, dated 26 October 2012;
- A deployed health record and bedside ultrasound by the medical officer, Solomon Islands, dated 27 October 2012;
- An aeromedical evacuation summary by the medical officer, dated 2 November 2012;
- An obstetric discharge summary by the obstetrician, dated 7 January 2013;
- An MR arthrogram right shoulder and right hip by the radiologist, dated 20 May 2013;
- An orthopaedic consultation by the orthopaedic surgeon, dated 20 May 2013;
- An MRI right shoulder by the radiologist, dated 14 January 2014;
- An operation report by the orthopaedic surgeon, dated 12 March 2014.

Your service

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

4 February 2007 and 18 October 2019

Right Shoulder - Superior Labral Anterior Posterior (SLAP) Tear

You have stated that your condition was caused by:

- *having a significant physical force applied to or through the affected shoulder joint or the affected hip joint at the time of clinical onset*
- *performing forceful and repetitive motions of the affected shoulder joint or the affected hip joint, involving extremes of the normal range of motion, for at least 4 hours per week for the 1 month immediately preceding clinical onset*
- *being in the third trimester of pregnancy within the 1 week before clinical onset of labral tear of the hip joint*

Diagnosis: Superior Labral Anterior Posterior (SLAP) Tear

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 August 2025, and is supported by an MR arthrogram right shoulder and right hip by the radiologist, dated 20 May 2013.

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

Statement of Principles concerning Labral Tear of the Hip and Shoulder (Reasonable Hypothesis) (No. 33 of 2026)

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

I am satisfied that you have met the following factor:

- *having a significant physical force applied to or through the affected shoulder joint or the affected hip joint at the time of clinical onset*
- *performing forceful and repetitive motions of the affected shoulder joint or the affected hip joint, involving extremes of the normal range of motion, for at least 4 hours per week for the 1 month immediately preceding clinical onset*
- *being in the third trimester of pregnancy within the 1 week before clinical onset of labral tear of the hip joint*

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 a deep painful clunk and pain in the front and top of the right shoulder, painful clicking with rotation, pain radiating down the front of the arm, and sharp right groin pain with clicking on 27 October 2012.

The diagnosis was confirmed by MR arthrography of the right shoulder on 20 May 2013 showing a type II SLAP tear from the 11 o'clock to the 1 o'clock position, with corresponding symptoms of deep anterosuperior shoulder pain and clicking and clinical signs of positive O'Brien and biceps load tests recorded on 27 October 2012. This meets the Statement of

Principles requirement for relevant symptoms, corresponding clinical signs and consistent imaging. The tear was traumatic, in a 24-year-old with no osteoarthritis, so it is not an excluded degenerative tear.

This has then led to further investigations and the diagnosis of your condition of *Superior Labral Anterior Posterior (SLAP) Tear*. I have accepted your condition of *Superior Labral Anterior Posterior (SLAP) Tear*.

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 26 October 2012.

Right Shoulder - Superior Labral Anterior Posterior (SLAP) Tear (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 26 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 August 2025;
- A pre-deployment medical examination by the medical officer, dated 20 July 2012;
- Patrol reports by the section commander, Solomon Islands, dated 26 September 2012;
- A patrol incident report by the section commander, dated 26 October 2012;
- A deployed health record and bedside ultrasound by the medical officer, Solomon Islands, dated 27 October 2012;
- An aeromedical evacuation summary by the medical officer, dated 2 November 2012;
- An obstetric discharge summary by the obstetrician, dated 7 January 2013;
- An MR arthrogram right shoulder and right hip by the radiologist, dated 20 May 2013;
- An orthopaedic consultation by the orthopaedic surgeon, dated 20 May 2013;
- An MRI right shoulder by the radiologist, dated 14 January 2014;
- An operation report by the orthopaedic surgeon, dated 12 March 2014.

Your service

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

4 February 2007 and 18 October 2019

Right Shoulder - Superior Labral Anterior Posterior (SLAP) Tear (Worsening)

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

- *inability to obtain appropriate clinical management for labral tear of the hip and shoulder before clinical worsening*

Diagnosis: Superior Labral Anterior Posterior (SLAP) Tear (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 August 2025, and is supported by an MR arthrogram right shoulder and right hip by the radiologist, dated 20 May 2013.

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

Statement of Principles concerning Labral Tear of the Hip and Shoulder (Reasonable Hypothesis) (No. 33 of 2026)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for labral tear of the hip and shoulder before clinical worsening*

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 a deep painful clunk and pain in the front and top of the right shoulder, painful clicking with rotation, pain radiating down the front of the arm, and sharp right groin pain with clicking on 27 October 2012.

The diagnosis was confirmed by MR arthrography of the right shoulder on 20 May 2013 showing a type II SLAP tear from the 11 o'clock to the 1 o'clock position, with corresponding symptoms of deep anterosuperior shoulder pain and clicking and clinical signs of positive O'Brien and biceps load tests recorded on 27 October 2012. This meets the Statement of Principles requirement for relevant symptoms, corresponding clinical signs and consistent imaging. The tear was traumatic, in a 24-year-old with no osteoarthritis, so it is not an excluded degenerative tear.

After the condition arose, it was worsened during your service. On non-warlike service in the Solomon Islands no orthopaedic care or MR imaging was available after the injury on 26 October 2012, and your management was limited to a sling, crutches and paracetamol until repatriation on 2 November 2012.

This has then led to further investigations and the diagnosis of your condition of *Superior Labral Anterior Posterior (SLAP) Tear (Worsening)*. I have accepted your condition of *Superior Labral Anterior Posterior (SLAP) Tear (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 2 November 2012.

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.