



Statement of Principles concerning FEMOROACETABULAR IMPINGEMENT SYNDROME (Reasonable Hypothesis) (No. 3 of 2026)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 19 December 2025

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *femoroacetabular impingement syndrome (Reasonable Hypothesis)* (No. 3 of 2026).

2 Commencement

This instrument commences on **19 January 2026**.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning femoroacetabular impingement syndrome (Reasonable Hypothesis) (No. 42 of 2017) (Federal Register of Legislation No. F2017L00883) made under subsection 196B(2) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about femoroacetabular impingement syndrome and death from femoroacetabular impingement syndrome.
- (2) This Statement of Principles applies to femoroacetabular impingement syndrome that has been diagnosed on the basis of:
 - (a) relevant symptoms and corresponding clinical signs of femoroacetabular impingement syndrome; and
 - (b) imaging findings that are consistent with abnormal morphology at the hip joint that leads to impingement, such as, but not limited to, cam morphology or pincer morphology.

Note 1: It will usually be the case that the date of the imaging findings of abnormal morphology at the hip joint is after the date of clinical onset.

Note 2: *clinical onset* is defined in the schedule 1 – Dictionary.

Meaning of femoroacetabular impingement syndrome

(3) For the purposes of this Statement of Principles, femoroacetabular impingement syndrome means a disorder of the hip due to abnormal contact between the proximal femur and the acetabulum, in the presence of:

- (a) relevant symptoms and corresponding clinical signs; and
- (b) abnormal morphology at the hip joint that leads to impingement, such as, but not limited to, cam morphology or pincer morphology.

Note 1: The primary symptom of femoroacetabular impingement is motion-related or position-related pain in the hip or groin. Pain may also be felt in the back, buttock or thigh. In addition to pain, patients may also describe clicking, catching, locking, stiffness, restricted range of motion or giving way of the hip.

Note 2: Clinical signs include hip impingement tests that reproduce the patient's typical pain, a limited range of hip motion, gait abnormalities, and weakness or tenderness of muscles around the hip.

Note 3: This disorder may be associated with a labral tear involving the affected hip.

Note 4: *cam morphology* and *pincer morphology* are defined in the Schedule 1 – Dictionary.

Death from femoroacetabular impingement syndrome

(4) For the purposes of this Statement of Principles, femoroacetabular impingement syndrome, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's femoroacetabular impingement syndrome.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that femoroacetabular impingement syndrome and death from femoroacetabular impingement syndrome can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting femoroacetabular impingement syndrome or death from femoroacetabular impingement syndrome with the circumstances of a person's relevant service:

- (1) undertaking weight bearing exercise involving repeated activity of the hip on the affected side for:
 - (a) a minimum intensity of 8 METS; and

(b) for at least 4 hours per week; and

for cumulative period of at least 5 years before clinical onset;

Note: MET (metabolic equivalent) is a unit of measure of the level of physical capability of the cardiorespiratory system. Examples of weight bearing exercise involving repeated activity of the hip at a minimum intensity of 8 METS include, but are not limited to, competitive soccer, competitive football, basketball, vigorous downhill skiing, hockey, vigorous calisthenics and martial arts.

(2) undertaking weight bearing exercise involving repeated activity of the hip on the affected side for:

- (a) a minimum intensity of 8 METS; and
- (b) for at least 4 hours per week; and

for cumulative period of at least 1 year before clinical worsening;

Note: MET (metabolic equivalent) is a unit of measure of the level of physical capability of the cardiorespiratory system. Examples of weight bearing exercise involving repeated activity of the hip at a minimum intensity of 8 METS include, but are not limited to, competitive soccer, competitive football, basketball, vigorous downhill skiing, hockey, vigorous calisthenics and martial arts.

(3) inability to obtain appropriate clinical management for femoroacetabular impingement syndrome before clinical worsening.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The clinical worsening aspect of factors set out in section 9 apply only to material contribution to, or aggravation of, femoroacetabular impingement syndrome where the person's femoroacetabular impingement syndrome was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

cam morphology means a flattening or convexity at the femoral head neck junction, or a non-spherical femoral head with an abnormal femoral head-neck offset.

clinical onset means the point backwards in time from the first date of imaging findings of abnormal morphology at the hip joint, to the date at which the symptoms of femoroacetabular impingement syndrome were persistently present, as assessed by a registered medical practitioner.

femoroacetabular impingement syndrome—see subsection 7(3).

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

pincer morphology means global or focal overcoverage of the femoral head by the acetabulum.

relevant service means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: *MRCA* and *VEA* are defined in the Schedule 1 - Dictionary.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.