Harris Hip Score

(With the permission of the Journal of Bone & Joint Surgery)

Please answer the following questions.

Section 1

Pain

- ☐ None, or ignores it
- ☐ Slight, occasional, no compromise in activity
- ☐ Mild pain, no effect on average activities, rarely moderate pain with unusual activity, may take aspirin
- ☐ Moderate pain, tolerable but makes concessions to pain. Some limitations of ordinary activity or work. May require occasional pain medication stronger than aspirin
- ☐ Marked pain, serious limitation of activities
- ☐ Totally disabled, crippled, pain in bed, bedridden

Support

- ☐ None
- ☐ Cane/Walking stick for long walks
- ☐ Cane/Walking stick most of the time
- ☐ One crutch
- ☐ Two Canes/Walking sticks
- ☐ Two crutches or not able to walk

Distance walked

- ☐ Unlimited
- ☐ Six blocks (30 minutes)
- ☐ Two or three blocks (10 - 15 minutes)
- ☐ Indoors only
- ☐ Bed and chair only

Limp

- ☐ None
- ☐ Slight
- ☐ Moderate
- ☐ Severe or unable to walk

Activities - shoes, socks

- ☐ With ease
- ☐ With difficulty
- ☐ Unable to fit or tie

Stairs

- ☐ Normally without using a railing
- ☐ Normally using a railing
- ☐ In any manner
- ☐ Unable to do stairs

Public transportation

- ☐ Able to use transportation (bus)
- ☐ Unable to use public transportation (bus)

Sitting

- ☐ Comfortably, ordinary chair for one hour
- ☐ On a high chair for 30 minutes
- ☐ Unable to sit comfortably on any chair

Section 2
Does your patient have ALL of the following: -

- ☐ yes
- ☐ no

Less than 30degrees of fixed flexion
Less than 10 degrees of fixed int rotation in extension
Less than 10 degrees of fixed adduction
Limb length discrepancy less than 3.2 cm (1.5 inches)

To score this section all four must be 'yes', then get 4 points. Nb. Not 1 point for each four or nothing

Section 3 - Motion

Total degrees of Flexion

- ☐ None
- ☐ 0 >8
- ☐ 8 > 16
- ☐ 16 > 24
- ☐ 24 > 32
- ☐ 32 > 40
- ☐ 40 > 45
- ☐ 45 > 55
- ☐ 55 > 65
- ☐ 65 > 70
- ☐ 70 > 75
- ☐ 75 > 80
- ☐ 80 > 90
- ☐ 90 > 100
- ☐ 100 > 110

Total degrees of Abduction

- ☐ None
- ☐ 0 > 5
- ☐ 5 > 10
- ☐ 10 > 15
- ☐ 15 > 20

Total degrees of Ext Rotation

- ☐ None
- ☐ 0 > 5
- ☐ 5 > 10
- ☐ 10 > 15

Total degrees of Adduction

- ☐ None
- ☐ 0 > 5
- ☐ 5 > 10
- ☐ 10 > 15

Reset

To save this data please print or

Nb: This page cannot be saved due to patient data protection so please print the filled in form before closing the window.

The Harris Hip Score is: 0

SF-12 Health Survey This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. **Answer each question by choosing just one answer**. If you are unsure how to answer a question, please give the best answer you can.

1. **In general, would you say your health is**:

☐1 Excellent ☐2 Very good ☐3 Good ☐4 Fair ☐5 Poor

The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

	YES, limited a	YES, limited a	NO, not limite
2. **Moderate activities** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐1	☐2	☐3
3. Climbing **several** flights of stairs.	☐1	☐2	☐3

During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

	YES	NO
4. **Accomplished less** than you would like.	☐1	☐2
5. Were limited in the **kind** of work or other activities.	☐1	☐2

During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	YES	NO
6. **Accomplished less** than you would like.	☐1	☐2
7. Did work or activities **less carefully than usual**.	☐1	☐2

8. **During the <u>past 4 weeks</u>, how much <u>did pain interfere</u> with your normal work (including work outside**

the home and housework)?

□1 Not at all □2 A little bit □3 Moderately □4 Quite a bit □5 Extremely

These questions are about how you have been feeling during the <u>past 4 weeks</u>.

	All of the	Most of	A good bit of	Some of	A little of	None of
9. Have you felt calm & peaceful?	□1	□2	□3	□4	□5	□6
10. Did you have a lot of energy?	□1	□2	□3	□4	□5	□6
11. Have you felt down-hearted and blue?	□1	□2	□3	□4	□5	□6

For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>…

12. **During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting friends, relatives, etc.)?**

□1 All of the time □2 Most of the time □3 Some of the time □4 A little of the time □5 None of the time

Patient name:	Date:	PCS:	MCS:

Visit type (circle one)

Preop 3 week 3 month 6 month 12 month 24 month Other: