

Dr. Joshua D. Harris Houston Methodist Hospital Center for Orthopaedics & Sports Medicine

Office: 713-441-8393 Fax: 713-790-5134 www.methodistorthopedics.com

Hip Outcome Score (HOS)

Name _____ Today's Date _____ Surgery Date _____

Hip Outcome Score(HOS) Please answer every question with one response that most closely describes to your condition within the past week.							
	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A	
Standing for 15 minutes							
Getting into and out of an average car							
Putting on socks and shoes							
Walking up steep hills						0	
Walking down steep hills							
Going up 1 flight of stairs							
Going down 1 flight of stairs	0				0		
Stepping up and down curbs							
Deep squatting						0	
Getting into and out of a bath tub							
Sitting for 15 minutes							
Walking initially							
Walking approximately 10 minutes							
Walking 15 minutes or greater							



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Because of your hip how muc		do you have	e with:			
	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Running one mile						
Jumping						
Swinging objects like a golf club						
Landing						
Starting and stopping quickly	0					0
Cutting/lateral movements				0		
Low impact activities like fast walking		Ω				
Ability to perform activity with your normal technique						
Ability to participate in your desired sport as long as you would like	0				0	
How would you rate your cur from 0 to 100 with 100 being the inability to perform any o	your level	of function p	orior to your	ports related hip problem	l activities n and 0 bein	g
$\square\square\square$.0 %						
How would you rate your cur	rent level of	f function?				
Normal Nearly	normal	Abno	ormal [Severely	y abnormal	



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Because of your hip how much difficulty do you have with:

	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Twisting/pivoting on involved leg						
Rolling over in bed					G	
Light to moderate work (standing, walking)			0			0
Heavy work (push/pulling, climbing, carrying)						
Recreational activities						
How would you rate your cu living from 0 to 100 with 100 0 being the inability to perfo	being your	level of fun	ction prior t	o your hip p		