

Harris Hip Score

Clinician's Name: _____

Patient's Name: _____

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

Distance walked

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

Activities - shoes, socks

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

Public transportation

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

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

Section 2 - Answer ALL 4 yes/no questions

Does your patient have: -

- yes
 no
Less than 30degrees of fixed flexion
 - yes
 no
Less than 10 degrees of fixed adduction
 - yes
 no
Less than 10 degrees of fixed int rotation in extension
 - yes
 no
Limb length discrepancy less than 3.2 cm (1.5 inches)
- The answer to **all four** questions is yes (**click only if true**)

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

Limp

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

Stairs

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

Sitting

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

Section 3 - Motion

Total degrees of Flexion

<input type="checkbox"/>	None
<input type="checkbox"/>	0 > 8
<input type="checkbox"/>	8 > 16
<input type="checkbox"/>	16 > 24
<input type="checkbox"/>	24 > 32
<input type="checkbox"/>	32 > 40
<input type="checkbox"/>	40 > 45
<input type="checkbox"/>	45 > 55
<input type="checkbox"/>	55 > 65
<input type="checkbox"/>	65 > 70
<input type="checkbox"/>	70 > 75
<input type="checkbox"/>	75 > 80
<input type="checkbox"/>	80 > 90
<input type="checkbox"/>	90 > 100
<input type="checkbox"/>	100 > 110

Total degrees of Abduction

<input type="checkbox"/>	None
<input type="checkbox"/>	0 > 5
<input type="checkbox"/>	5 > 10
<input type="checkbox"/>	10 > 15
<input type="checkbox"/>	15 > 20

Total degrees of Ext Rotation

<input type="checkbox"/>	None
<input type="checkbox"/>	0 > 5
<input type="checkbox"/>	5 > 10
<input type="checkbox"/>	10 > 15

Total degrees of Adduction

<input type="checkbox"/>	None
<input type="checkbox"/>	0 > 5
<input type="checkbox"/>	5 > 10
<input type="checkbox"/>	10 > 15

The Harris Hip Score is: _____

Grading for the Harris Hip Score

Successful result

=post operative increase in Harris Hip Score of > 20 points + radiographically stable implant + no additional femoral reconstruction

Or

<70 Poor

70 - 79 Fair

80-89 Good

90 -100 Excellent