

Harris Hip Score

Hip ID:	
Study Hip:	<input type="checkbox"/> Left <input type="checkbox"/> Right
Examination Date (MM/DD/YY): / /	
Subject Initials:	
Medical Record Number:	

Interval: _____

Harris Hip Score

Pain (check one)

- None or ignores it (44)
- Slight, occasional, no compromise in activities (40)
- Mild pain, no effect on average activities, rarely moderate pain with unusual activity; may take aspirin (30)
- Moderate Pain, tolerable but makes concession to pain. Some limitation of ordinary activity or work. May require Occasional pain medication stronger than aspirin (20)
- Marked pain, serious limitation of activities (10)
- Totally disabled, crippled, pain in bed, bedridden (0)

Limp

- None (11)
- Slight (8)
- Moderate (5)
- Severe (0)

Support

- None (11)
- Cane for long walks (7)
- Cane most of time (5)
- One crutch (3)
- Two canes (2)
- Two crutches or not able to walk (0)

Distance Walked

- Unlimited (11)
- Six blocks (8)
- Two or three blocks (5)
- Indoors only (2)
- Bed and chair only (0)

Sitting

- Comfortably in ordinary chair for one hour (5)
- On a high chair for 30 minutes (3)
- Unable to sit comfortably in any chair (0)

Enter public transportation

- Yes (1)
- No (0)

Stairs

- Normally without using a railing (4)
- Normally using a railing (2)
- In any manner (1)
- Unable to do stairs (0)

Put on Shoes and Socks

- With ease (4)
- With difficulty (2)
- Unable (0)

Absence of Deformity (All yes = 4; Less than 4 =0)

Less than 30° fixed flexion contracture Yes No

Less than 10° fixed abduction Yes No

Less than 10° fixed internal rotation in extension Yes No

Limb length discrepancy less than 3.2 cm Yes No

Range of Motion (*indicates normal)

Flexion (*140°) _____

Abduction (*40°) _____

Adduction (*40°) _____

External Rotation (*40°) _____

Internal Rotation (*40°) _____

Range of Motion Scale

211° - 300° (5) 61° - 100 (2)

161° - 210° (4) 31° - 60° (1)

101° - 160° (3) 0° - 30° (0)

Range of Motion Score _____

Total Harris Hip Score _____

