

Harris Hip Score

NAME:

Study Hip: Left Right

Examination Date (MM/DD/YY): / /

Interval: _____

Harris Hip Score

Pain (check one)	Stairs
<input type="checkbox"/> None or ignores it (44) <input type="checkbox"/> Slight, occasional, no compromise in activities (40) <input type="checkbox"/> Mild pain, no effect on average activities, rarely moderate pain with unusual activity; may take aspirin (30) <input type="checkbox"/> Moderate Pain, tolerable but makes concession to pain. Some limitation of ordinary activity or work. May require Occasional pain medication stronger than aspirin (20) <input type="checkbox"/> Marked pain, serious limitation of activities (10) <input type="checkbox"/> Totally disabled, crippled, pain in bed, bedridden (0)	<input type="checkbox"/> Normally without using a railing (4) <input type="checkbox"/> Normally using a railing (2) <input type="checkbox"/> In any manner (1) <input type="checkbox"/> Unable to do stairs (0)
Limp	Put on Shoes and Socks
<input type="checkbox"/> None (11) <input type="checkbox"/> Slight (8) <input type="checkbox"/> Moderate (5) <input type="checkbox"/> Severe (0)	<input type="checkbox"/> With ease (4) <input type="checkbox"/> With difficulty (2) <input type="checkbox"/> Unable (0)
Support	Absence of Deformity (All yes = 4; Less than 4 =0)
<input type="checkbox"/> None (11) <input type="checkbox"/> Cane for long walks (7) <input type="checkbox"/> Cane most of time (5) <input type="checkbox"/> One crutch (3) <input type="checkbox"/> Two canes (2) <input type="checkbox"/> Two crutches or not able to walk (0)	Less than 30° fixed flexion contracture <input type="checkbox"/> Yes <input type="checkbox"/> No Less than 10° fixed abduction <input type="checkbox"/> Yes <input type="checkbox"/> No Less than 10° fixed internal rotation in extension <input type="checkbox"/> Yes <input type="checkbox"/> No Limb length discrepancy less than 3.2 cm <input type="checkbox"/> Yes <input type="checkbox"/> No
Distance Walked	Range of Motion (*indicates normal)
<input type="checkbox"/> Unlimited (11) <input type="checkbox"/> Six blocks (8) <input type="checkbox"/> Two or three blocks (5) <input type="checkbox"/> Indoors only (2) <input type="checkbox"/> Bed and chair only (0)	Flexion (*140°) _____ Abduction (*40°) _____ Adduction (*40°) _____ External Rotation (*40°) _____ Internal Rotation (*40°) _____
Sitting	Range of Motion Scale
<input type="checkbox"/> Comfortably in ordinary chair for one hour (5) <input type="checkbox"/> On a high chair for 30 minutes (3) <input type="checkbox"/> Unable to sit comfortably in any chair (0)	211° - 300° (5) 61° - 100° (2) 161° - 210° (4) 31° - 60° (1) 101° - 160° (3) 0° - 30° (0)
Enter public transportation	Range of Motion Score _____
<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	Total Harris Hip Score _____
LAST TWO QUESTIONS ARE FOR THE PHYSICAL THERAPIST	