

Harris Hip Score (HHS)

Patient Name: _____

Date: _____

Affected Hip: R L (Circle One)

Pain

<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

Limp

<input type="checkbox"/> None	+11
<input type="checkbox"/> Slight	+8
<input type="checkbox"/> Moderate	+5
<input type="checkbox"/> Severe	+0

Support

<input type="checkbox"/> None	+11
<input type="checkbox"/> Cane for long walks	+7
<input type="checkbox"/> Cane most of the 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

Distance Walked

<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

Sitting

<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

Enter public transportation

<input type="checkbox"/> Yes	+1
<input type="checkbox"/> No	+0

Stairs

<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

Put on Socks and Shoes

<input type="checkbox"/> With ease	+4
<input type="checkbox"/> With difficulty	+2
<input type="checkbox"/> Unable	+0

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

<input type="checkbox"/> Less than 30° fixed flexion contracture	-
<input type="checkbox"/> Less than 10° fixed abduction	-
<input type="checkbox"/> Less than 10° fixed internal rotation in extension	-
<input type="checkbox"/> Limb length discrepancy less than 3.2cm	-

Range of motion (* indicates normal)

Flexion (*140°): _____

Abduction (*40°): _____

Adduction (*40°): _____

External Rotation (*40°): _____

Internal Rotation (*40°): _____

Scoring Guide:

Range of Motion:

Total range of motion:

$211^{\circ} - 300^{\circ} = 5$ points

$161^{\circ} - 210^{\circ} = 4$ points

$101^{\circ} - 160^{\circ} = 3$ points

$61^{\circ} - 100^{\circ} = 2$ points

$31^{\circ} - 60^{\circ} = 1$ point

$0^{\circ} - 30^{\circ} = 0$ points

Range of motion score: _____

Total Harris Hip Score:

Harris Hip Score: Summation of points

Harris Hip Score: _____ Points