

# Harris Hip Score

Clinician's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Please answer the following questions.

## Section 1

### Pain

<input type="checkbox"/>	None, or ignores it
<input type="checkbox"/>	Slight, occasional, no compromise in activity
<input type="checkbox"/>	Mild pain, no effect on average activities, rarely moderate pain with unusual activity, may take aspirin
<input type="checkbox"/>	Moderate pain, tolerable but makes concessions to pain. Some limitations of ordinary activity or work. May require occasional pain medication stronger than aspirin
<input type="checkbox"/>	Marked pain, serious limitation of activities
<input type="checkbox"/>	Totally disabled, crippled, pain in bed, bedridden

### Support

<input type="checkbox"/>	None
<input type="checkbox"/>	Cane/Walking stick for long walks
<input type="checkbox"/>	Cane/Walking stick most of the time
<input type="checkbox"/>	One crutch
<input type="checkbox"/>	Two Canes/Walking sticks
<input type="checkbox"/>	Two crutches or not able to walk

### Distance walked

<input type="checkbox"/>	Unlimited
<input type="checkbox"/>	Six blocks (30 minutes)
<input type="checkbox"/>	Two or three blocks (10 - 15 minutes)
<input type="checkbox"/>	Indoors only
<input type="checkbox"/>	Bed and chair only

### Limp

<input type="checkbox"/>	None
<input type="checkbox"/>	Slight
<input type="checkbox"/>	Moderate
<input type="checkbox"/>	Severe or unable to walk

### Activities - shoes, socks

<input type="checkbox"/>	With ease
<input type="checkbox"/>	With difficulty
<input type="checkbox"/>	Unable to fit or tie

### Stairs

<input type="checkbox"/>	Normally without using a railing
<input type="checkbox"/>	Normally using a railing
<input type="checkbox"/>	In any manner
<input type="checkbox"/>	Unable to do stairs

### Public transportation

<input type="checkbox"/>	Able to use transportation (bus)
<input type="checkbox"/>	Unable to use public transportation (bus)

### Sitting

<input type="checkbox"/>	Comfortably, ordinary chair for one hour
<input type="checkbox"/>	On a high chair for 30 minutes
<input type="checkbox"/>	Unable to sit comfortably on any chair

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: -

<input type="checkbox"/> yes <input type="checkbox"/> no	Less than 30degrees of fixed flexion	<input type="checkbox"/> yes <input type="checkbox"/> no	Less than 10 degrees of fixed int rotation in extension
<input type="checkbox"/> yes <input type="checkbox"/> no	Less than 10 degrees of fixed adduction	<input type="checkbox"/> yes <input type="checkbox"/> no	Limb length discrepancy less than 3.2 cm (1.5 inches)
<input type="checkbox"/>	The answer to <b>all four</b> questions is yes ( <b>click only if true</b> )		

**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: 0

**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



**EXPERT  
MANUAL  
THERAPY**

SUPERIOR CARE, BETTER OUTCOMES