

HARRIS HIP SCORE

PATIENT ID:

GENERAL INFORMATION

PATIENT INITIALS: (If there is no middle initial please use "X")

VISIT DATE: / /

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OPERATIVE SIDE: Right Left (Check One)
(use one form per side)

VISIT : Pre-Op 6 Weeks 1 Year 2 Year 5 Year

I. PAIN

A. PAIN (Check One)

None, or ignores it

Slight, occasional, no compromise in activities

Mild, 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

II. FUNCTION / GAIT

<p>B. LIMP (Check One)</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Slight</p> <p><input type="radio"/> Moderate</p> <p><input type="radio"/> Severe or unable to walk</p>	<p>C. SUPPORT (Check One)</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Cane, long walks</p> <p><input type="radio"/> Cane, most of the time</p> <p><input type="radio"/> One crutch</p> <p><input type="radio"/> Two canes</p> <p><input type="radio"/> Two crutches or walker</p> <p><input type="radio"/> Unable to walk</p>	<p>D. DISTANCE WALKED (Check One)</p> <p><input type="radio"/> Unlimited</p> <p><input type="radio"/> Six blocks</p> <p><input type="radio"/> Two or three blocks</p> <p><input type="radio"/> Indoors only</p> <p><input type="radio"/> Bed and chair only</p>
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III. FUNCTIONAL ACTIVITIES

<p>E. STAIRS (Check One)</p> <p><input type="radio"/> Normally without using a rail</p> <p><input type="radio"/> Normally using a railing</p> <p><input type="radio"/> In any manner</p> <p><input type="radio"/> Unable to use stairs</p>	<p>F. SOCKS / SHOES (Check One)</p> <p><input type="radio"/> With ease</p> <p><input type="radio"/> With difficulty</p> <p><input type="radio"/> Unable</p>	<p>G. SITTING (Check One)</p> <p><input type="radio"/> Any chair, 1 hour</p> <p><input type="radio"/> High chair, 1/2 hour</p> <p><input type="radio"/> Unable to sit comfortably in any chair</p>
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<p>H. PUBLIC TRANSPORTATION (Check One)</p> <p><input type="radio"/> Able to use</p> <p><input type="radio"/> Not able to use</p>	<p>I. DEFORMITY (Operative side only)</p> <p>Fixed adduction Yes <input type="radio"/> No <input type="radio"/> If yes <input type="text"/> <input type="text"/> <input type="text"/> degrees</p> <p>Fixed internal rotation in extension Yes <input type="radio"/> No <input type="radio"/> If yes <input type="text"/> <input type="text"/> <input type="text"/> degrees</p> <p>Leg length discrepancy Yes <input type="radio"/> No <input type="radio"/> If yes <input type="text"/> <input type="text"/> <input type="text"/> mm</p> <p>Pelvic flexion contracture Yes <input type="radio"/> No <input type="radio"/> If yes <input type="text"/> <input type="text"/> <input type="text"/> degrees</p>
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IV. RANGE OF MOTION

Perform these measurements on the operative hip. Record 10 degrees of fixed adduction as -10 degrees of abduction and 10 degrees of adduction

Similarly, record 10 degrees of fixed rotation as -10 degrees of internal rotation and 10 degrees of external rotation

Also similarly, record 10 degrees of fixed external rotation with 10 degrees additional external rotation as -10 degrees of internal rotation and 20 degrees of external rotation

1. PERMANENT (FIXED) FLEXION <input type="text"/> <input type="text"/> <input type="text"/> degrees	4. ADDUCTION TO <input type="text"/> <input type="text"/> <input type="text"/> degrees
2. FLEXION TO <input type="text"/> <input type="text"/> <input type="text"/> degrees	5. EXTERNAL ROTATION IN EXTENSION TO <input type="text"/> <input type="text"/> <input type="text"/> degrees
3. ABDUCTION TO <input type="text"/> <input type="text"/> <input type="text"/> degrees	6. INTERNAL ROTATION IN EXTENSION TO <input type="text"/> <input type="text"/> <input type="text"/> degrees

V. COMMENTS

INVESTIGATOR NAME (PRINT):

INVESTIGATOR SIGNATURE:

DATE: / /

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