



Modified Harris Hip Score/Hip Outcome Score

MHH/HOS-ADL/HOS-Sports

Instructions for completion of this questionnaire:

- **For each of the following questions, please answer according to what you are able to do today (even if your surgery was yesterday).**
- **Please answer every question with one response based on your ability at this time as this form is used to measure your progress.**
- **Answer each question based on the function and limitations of your hip.**

PATIENT NAME: _____

DATE OF BIRTH: _____

DATE: _____

BODY PART: _____

How would you rate your hip today as a percentage of normal (0% to 100%), with 100% being normal?

Modified Harris Hip Score

1. Pain

- 44 None or it can be ignored
- 40 Slight, occasional with no compromise in activities
- 30 Mild pain, no effect on average activity, may take aspirin
- 20 Moderate pain, tolerable but makes concessions to pain. Some limitation of ordinary activity or work. May require occasional pain medicine stronger than aspirin
- 10 Marked pain, serious limitation of activities
- 0 Totally disabled, crippled, pain in bed, bedridden

2. Function- Gait

A. Limp after walking 6-8 blocks

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

B. Support walking

- 11 None
- 7 Cane for long walks
- 5 Cane for majority time
- 4 One crutch
- 2 Two canes
- 0 Two crutches
- 0 Unable to walk

C. Distance able to walk

- 11 Unlimited
- 8 6 blocks
- 5 2-3 blocks
- 2 Indoors only
- 0 Confined to bed or chair

3. Function- Activities

A. Ability to go up/down stairs

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

B. Ability to go up/down stairs

- 5 Comfortably on an ordinary chair for one hour
- 3 On a high chair for a half hour
- 0 Unable to sit comfortably in any chair

C. Ability to go up/down stairs

- 4 With ease
- 2 With difficulty
- 0 Unable

D. Ability to go up/down stairs

- 1 Able to enter public transportation
- 0 Unable to enter public transportation

OFFICE USE:

MHHS Score = _____ (36 max)

Hip Outcome Score

Activities of Daily Living Subscale

Note: if the activity in question is limited by something other than your hip, mark N/A ("not applicable")

Because of your hip, how much difficulty do you have with:	NO DIFFICULTY	SLIGHT DIFFICULTY	MODERATE DIFFICULTY	EXTREME DIFFICULTY	UNABLE TO DO	N/A
Standing	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Getting into/out of avg car	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Walking up steep hills	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Walking down steep hills	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Going up one flight of stairs	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Going down one flight of stairs	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Stepping up and down curbs	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Deep squatting	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Getting into/out of bath tub	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Walking initially	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Walking approximately 10 minutes	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Walking 15 minutes or more	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Twisting/pivoting on involved leg	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Rolling over in bed	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Light to moderate work (standing/walking)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Heavy work (pushing, pulling, climbing, carrying)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Recreational activities	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Rate your current level of function during usual activities of daily living from 0% to 100% with 100% being your level of function prior to your hip problem and 0% being the inability to perform any of your usual daily activities						_____ %

OFFICE USE:

ADL Score = _____ (68 max)

Hip Outcome Score

Sport Subscale

Because of your hip, how much difficulty do you have with:	NO DIFFICULTY	SLIGHT DIFFICULTY	MODERATE DIFFICULTY	EXTREME DIFFICULTY	UNABLE TO DO	N/A
Running one mile	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Jumping	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Swinging objects like a golf club	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Landing	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Starting and stopping quickly	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Cutting/lateral movements	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Low impact activities like fast walking	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Ability to perform activity with normal technique	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Ability to participate in your desired sport as long as you would like	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-
Rate your current level of function during sports related activities from 0% to 100% with 100% being your level of function prior to your hip problem and 0% being the inability to perform any sports activities.						_____ %

OFFICE USE:

Sports Score = _____ (36 max)

Tegner Activity Scale

The instrument scores a person's activity level between 0 and 10 where 0 is 'on sick leave/disability' and 10 is 'participation in competitive sports such as soccer at a "national elite" level. Please select the most appropriate activity level from the list below for both before your injury and your current activity level.

Activity Level Before Injury _____

Current Activity Level _____

Level 10	Competitive sports- soccer, football, rugby (national elite)
Level 9	Competitive sports- soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball
Level 8	Competitive sports- racquetball or bandy, squash or badminton, track and field athletics (jumping, etc.), down-hill skiing
Level 7	Competitive sports- tennis, running, motorcars speedway, handball Recreational sports- soccer, football, rugby, bandy, ice hockey, basketball, squash, racquetball, running
Level 6	Recreational sports- tennis and badminton, handball, racquetball, down-hill skiing, jogging at least 5 times per week
Level 5	Work- heavy labor (construction, etc.) Competitive sports- cycling, cross-country skiing, Recreational sports- jogging on uneven ground at least twice weekly
Level 4	Work - moderately heavy labor (e.g. truck driving, etc.)
Level 3	Work - light labor (nursing, etc.)
Level 2	Work - light labor Walking on uneven ground possible, but impossible to back pack or hike
Level 1	Work - sedentary (secretarial, etc.)
Level 0	Sick leave or disability pension because of knee problems

SCORING:

Modified Harris Hip Score: Add up the assigned points for each item, divided by max score (91) x 100 to create a percentage. A higher score = a higher level of physical function (100% = full function)

$$\text{MHHS score} = (\text{sum of items}/91) \times 100$$

MHHS= Raw score _____ (91 max) Percent _____%

Hip Outcome Score: This index has 2 subscales: Activities of Daily Living (ADL) and Sports. The highest potential score is the total number of items with a response multiplied by 4. The item score divided by the highest potential score, multiplied by 100, generates a percentage. Questions answered "N/A" do not count towards the highest potential score.

$$\text{HOS ADL score} = (\text{sum of items}/68) \times 100$$

$$\text{HOS Sports score} = (\text{sum of items}/36) \times 100$$

HOS-ADL=Raw score _____ (68 max) Percent _____%

HOS-Sports= Raw score _____ (36 max) Percent _____%

A higher score = a higher level of physical function (100% = full function)

Tegner Activity Scale

Before Injury Activity Level= _____

Current Activity Level= _____

SANE (Single Assessment Numeric Evaluation):

_____%

STATISTICAL DATA:

MHHS - MDC - (minimal detectable change):

MCID - (minimal clinically important difference):

HOS: ADLS – MDC/MCID: 9 pts

SPORTS – MDC/MCID: 6 pts