

Patient's Name:

PAIN

- None or ignores it (44)
- Slight, occasional, no compromise in activities (40)
- Mild pain, no effect on average activities, rarely moderate pain with unusual activity; may take aspirin (30)
- Moderate pain, tolerable but makes concessions to pain; some limitation of ordinary activity or work; may require occasional pain medicine stronger than aspirin (20)
- Marked pain, serious limitation of activities (10)
- Totally disabled, crippled, pain in bed, bedridden (0)

LIMP

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

SUPPORT

- None (11)
- Cane for long walks (7)
- Cane most of the times (5)
- One crutch (3)
- Two canes (2)
- Two crutches (0)
- Not able to walk (0)

DISTANCE WALKED

- Unlimited (11)
- Six blocks (8)
- Two or three blocks (5)
- Indoors only (2)
- Bed and chair (0)

STAIRS

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

PUT ON SHOES AND SOCKS

- With ease (4)
- With difficulty (2)
- Unable (0)

SITTING

- Comfortable in ordinary chair one hour (5)
- On a high chair for one-half hour (3)
- Unable to sit comfortably in any chair (0)

Enter public transportation (1) Yes No

DOCTOR TO FILL IN:

Flexion contracture:(degrees)

Leg length discrepancy:(cm)

ABSENCE OF DEFORMITY (All yes = 4; Less than 4 =0)

- Less than 30° fixed flexion contracture: Yes No
- Less than 10° fixed adduction: Yes No
- Less than 10° fixed internal rotation in extension: Yes No
- Limb length discrepancy less than 3.2cm Yes No

RANGE OF MOTION (*Normal)

Flexion (*40°): _____ External rotation (*40°): _____

Abduction (*40°): _____ Internal rotation (*40°): _____

Adduction (*40°): _____

RANGE-OF-MOTION SCALE

- 211° - 300° (5)
- 161°* - 210° (4)
- 101° - 160° (3)
- 61° - 100° (2)
- 31° - 60° (2)
- 0° - 30° (2)

Range-of-Motion Score: _____

Total Harris Hip Score: _____

Readmission to Hospital: Yes No

Date of Readmission: ____/____/____

Implant Removal Date: ____/____/____

Comments: _____

Investigator Signature: _____

Date: ____/____/____ (mm/dd/yy)