

## Explaining the use of the Harris Hip Questionnaire By Thomas J. Blumenfeld, MD.

The old adage, there is no such thing as a stupid question, may at times be sorely tested. I have wondered about this as I have come to the end of asking many of you about how your hip is doing, just prior to the physical exam. Those of you who have had your hip replaced know that, at each follow-up visit, a standard set of questions is asked. You are asked questions such as if you have any hip pain, how far you can walk whether you can put on your own shoes and socks, even if you can use public transportation. To date, no one has asked why we ask these questions, or what their relevance is.

The answers to these questions form the basis for the Harris Hip Score (HHS) – Developed by Dr. William Harris, a prominent orthopaedist in Massachusetts, the HHS is a tool for the evaluation of how a patient is doing after their hip is replaced. Based on a total of 100 points possible, each question is awarded a certain number of points based on how it is answered. Questions are further grouped into categories. The first category is pain. For example, if you have no pain in your hip you get 44 points, slight pain 40 points, down to 0 points for disabling pain. The second category is function. If you have no limp, do not use a walking aid, and can walk more than six blocks, you get 33 points; less if you were to use a cane, or walk only two blocks, etc. The third category, functional activities, consists of questions about how you climb stairs, put on shoes, length of time you can sit in a chair, and if you can use public transportation. Finally, the physical exam results are tabulated, and based on your range of motion, up to 9 points awarded.

The score is reported as 90-100 for excellent results, 80-90 being good, 70-79 fair, 60-69 poor, and below 60 a failed result. Using the HHS, results of hip replacements can be compared across the country in an objective fashion. In the clinic, the HHS allows us to rapidly get a feel for how you are doing after surgery.

The HHS, being an objective tool, has one shortcoming. The score does not allow for individual differences based on age, health, or other personal issues that may affect the total score. How might this occur?

Let us imagine that one of you finds the idea of walking six blocks as appealing as root canal surgery, or you can only walk two blocks because of asthma, not because of your hip. You would only get five out of a possible eleven points. Then let's say that you use a cane for balance when you walk. You would get seven out of a possible eleven points. If you use a railing to go up stairs (and I expect that many of you do for safety alone), you only get two out of the possible 4 points. This would mean that the best HHS you could get would be an 88, which is a good result. You however may feel that because you have no pain and can do what you wish, that you have an excellent result from your hip replacement. We here would agree.

The above example highlights a key point, that while the HHS is an objective tool, it must be interpreted by a subjective individual, namely your doctor. While we take some comfort when you have a high score, and tend to be concerned when the score is low, there are many variables that affect the total score. The HHS, without the clinical acumen to use it appropriately, is only a number.

In summary, the HHS is a tool that allows us to find out how you are doing after your hip replacement. We keep all of your scores enabling us to follow you along as you and your hip pass the years together. We hope to have many chances to ask questions of you that may at times seem stupid, but are quite important to you and your hip's health and good function.