



5. Harris hip score (1969)

Source: Harris WH (1969) Traumatic arthritis of the hip after dislocation and acetabular fractures: treatment by mold arthroplasty. An end-result study using a new method of result evaluation. J Bone Joint Surg Am; 51:737.

Content

Type Clinician based outcome
Scale 4 subscales (13 items):



- Pain (44 points)
- Function (47 points)
- Deformity (4 points)
- Range of motion (5 points)

Interpretation

Excellent: 90–100
Good: 80–89
Fair: 70–79
Poor: < 70

Validation

Outcomes validated against [1]
• SF-36 [1, 2]
• WOMAC [1, 2]

Outcomes validated against [2]
• PASI [2]
• MACTAR[2]

Patient population tested in	Validity	Reliability	Responsiveness
Total hip arthroplasty (71 years; 32% male) [1]	+	+	not tested
Total hip arthroplasty (62 years; 55% male) [2]	+	not tested	+

Validation studies:

- [1] Soderman P, Malchau H (2001) Is the Harris hip score system useful to study the outcome of total hip replacement? Clin Orthop; 384:189–197.
[2] Wright JG, Young N (1997): A comparison of different indices of responsiveness. J Clin Epidemiol; 50:239.



Methodological evaluation



	no score	0 points	1 point	points	
Validity	Content validity	not tested	not valid	valid	-
	Construct validity	not tested	not valid	valid	1
	Criterion validity	not tested	not valid	valid	1
Reliability	Internal consistency	not tested	not consistent	consistent	1
	Reproducibility	not tested	not reproducible	reproducible	1
	Responsiveness	not tested	not responsive	responsive	1
Subtotal				5	

Clinical utility



	0 points	1 point	2 points	points
Patient friendliness	limited	moderate	strong	2
Clinician friendliness	limited	moderate	strong	1
Subtotal				3

Total (out of 10)



8



11. Oxford shoulder score (1996)

Source: Dawson J, Fitzpatrick R, Carr A (1996) Questionnaire on the perceptions of patients about shoulder surgery. *J Bone Joint Surg Br*; 78:593–600.

Content

Type Patient reported outcome
Scale 2 subscales (12 items):



5-point Likert scale divided into the following general areas:
 Pain (20 points)
 Activities of daily living (40 points)

Interpretation

Minimum score: 12; Maximum score: 60
 The higher the score, the lower the function.

Validation

Outcomes validated against [1]

- Constant-Murley shoulder score
- SF-36
- Health Assessment Questionnaire

- Change in day-to-day life
- Improvement
- Success of operation

Outcomes validated against [2]

- Constant-Murley shoulder score
- SF-36

- Constant-Murley shoulder score

Patient population tested in	Validity	Reliability	Responsiveness
Patients with chronic shoulder complaints (57.4 years; 55% male) [1]	+	+	+
Patients who underwent rotator cuff surgery (57.8 years; 66% male) [2]	+	not tested	+
Patients with frozen shoulders (53 years; 52% male) [3]	+	not tested	not tested

Validation studies:

- [1] Dawson J, Fitzpatrick R, Carr A (1996) Questionnaire on the perceptions of patients about shoulder surgery. *J Bone Joint Surg Br*; 78:593–600.
- [2] Dawson J, Hill G, Fitzpatrick R, et al (2001) The benefits of using patient-based methods of assessment. Medium-term results of an observational study of shoulder surgery. *J Bone Joint Surg Br*; 83:877–882.
- [3] Othman A, Taylor G (2004) Is the constant score reliable in assessing patients with frozen shoulder? 60 shoulders scored 3 years after manipulation under anaesthesia. *Acta Orthop Scand*; 75:114–116.

Methodological evaluation ●●●●●● (6/6)

	no score	0 points	1 point	points
Validity	Content validity	not tested	not valid	valid 1
	Construct validity	not tested	not valid	valid 1
	Criterion validity	not tested	not valid	valid 1
Reliability	Internal consistency	not tested	not consistent	consistent 1
	Reproducibility	not tested	not reproducible	reproducible 1
	Responsiveness	not tested	not responsive	responsive 1
Subtotal				6

Clinical utility ●●●○ (3/4)

	0 points	1 point	2 points	points
Patient friendliness	limited	moderate	strong	1
Clinician friendliness	limited	moderate	strong	2
Subtotal				3

Total (out of 10)



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