CRITÉRIOS DE AVALIAÇÃO FUNCIONAL

ÍNDICE WOMAC PARA OSTEOARTROSE

Nome: ____ Data avaliação: ____/____/_____

As perguntas a seguir se referem à INTENSIDADE DA DOR que você está atualmente sentindo devido a artrite de seu joelho. Para cada situação, por favor, coloque a intensidade da dor que sentiu nas últimas 72 horas (3 dias)

Pergunta: Qual a intensidade da sua dor?

1-Caminhando em um lugar plano.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

2- Subindo ou descendo escadas.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

3- A noite deitado na cama.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

4-Sentando-se ou deitando-se.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

5. Ficando em pé.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

TOTAL: ________

As perguntas a seguir se referem a intensidade de RIGIDEZ nas junta (não dor), que você está atualmente sentindo devido a artrite em seu joelho nas últimas 72 horas. Rigidez é uma sensação de restrição ou dificuldade para movimentar suas juntas.

1- Qual é a intensidade de sua rigidez logo após acordar de manhã?

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

2- Qual é a intensidade de sua rigidez após se sentar, se deitar ou repousar no decorrer do dia?

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

TOTAL: ______

As perguntas a seguir se referem a sua ATIVIDADE FÍSICA. Nós chamamos atividade física, sua capacidade de se movimentar e cuidar de você mesmo(a). Para cada uma das atividades a seguir, por favor, indique o grau de dificuldade que você está tendo devido à artrite em seu joelho durante as últimas 72 horas.

Pergunta: Qual o grau de dificuldade que você tem ao:

1 - Descer escadas.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

2- Subir escadas.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

3- Levantar-se estando sentada.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

4- Ficar em pé.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

5- Abaixar-se para pegar algo.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

6- Andar no plano.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

7- Entrar e sair do carro.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

8- Ir fazer compras.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

9- Colocar meias.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

10- Levantar-se da cama.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

11- Tirar as meias.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

12- Ficar deitado na cama.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

13- Entrar e sair do banho.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

14 - Se sentar.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

15- Sentar e levantar do vaso sanitário.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

16- Fazer tarefas domésticas pesadas.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

17- Fazer tarefas domésticas leves.

Nenhuma ☐ Pouca ☐ Moderada ☐ Intensa ☐ Muito intensa ☐

TOTAL: ______

OBRIGADO POR COMPLETAR ESTE QUESTIONÁRIO

Interpretação

- **score mínimo – 0**
- **score máximo – 96**

- subscore mínimo da dor – 0
- subscore máximo da dor – 20
- subscore mínimo da rigidez – 0
- subscore máximo da rigidez – 8
- subscore mínimo da função – 0
- subscore máximo da função – 68

Patient Name____

Patient ID ____________________ Study ID ________________ Date_________

Side ☐Right ☐Left

Filled in by: ☐Operating Dr. ☐Other MD ☐Research Assistant ☐Questionnaire ☐Other

Reviewer Name: ______________________________

P: These questions concern the amount of **pain** you are currently experiencing due to arthritis in your hips or your knees . For each situation, please enter the amount of pain you have recently experienced. How much pain do you have...

1. Walking on a flat surface	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
2. Going up or down stairs	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
3. At night while in bed	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
4. Sitting or lying	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
5. Standing upright	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme

M: These questions concern the amount of **joint stiffness** (not pain) you are currently experiencing due to arthritis in your hips or your knees . Stiffness is sensation of restriction or slowness in the area around which you move your joints.

6. How severe is your stiffness afte first waking in the morning?	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
7. How severe is your stiffness afte sitting, lying or resting later in the day?	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme

F: These questions concern your **physical function.** By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you are experiencing due to arthritis. What degree of difficulty do you have with...

8. Descending stairs	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
9. Ascending stairs	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
10. Rising from sitting	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
11. Standing	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
12. Bending to floor	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
13. Walking on flat	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
14. Getting in/out of car	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
15. Going shopping	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
16. Putting on socks/stockings	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
17. Rising from bed	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
18. Taking off socks/stockings	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
19. Lying in bed	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
20. Getting in/out bath	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
21. Sitting	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
22. Getting on/off toilet	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
23. Heavy domestic duties	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme
24. Light domestic duties	☐None	☐Mild	☐Moderate	☐Severe	☐Extreme

ANCA

S3 Hoos Hip Score

Patient Name____

Patient ID ______________________ **Study Name** __________________ **Study Number** __________________

Date_________ **Side** ☐Right ☐Left

Filled in by: ☐Operating Dr. ☐Other MD ☐Research Assistant ☐Questionnaire ☐Other

Reviewer Name: _________________________________

INSTRUCTIONS: This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities. Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms

These questions should be answered thinking of your hip symptoms and difficulties during the **last week**.

S1. Do you feel grinding, hear clicking or any other noise from your hip?

☐Never ☐Rarely ☐Sometimes ☐Often

S2. Difficulties spreading legs wide apart?

☐None ☐Mild ☐Moderate ☐Severe

S3. Difficulties to stride out when walking?

☐None ☐Mild ☐Moderate ☐Severe

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the **last week** in your hip. Stiffness is a sensation of restriction or slowness in the ease with which you move your hip joint.

S6. How severe is your hip joint stiffness after first wakening in the morning?

☐None ☐Mild ☐Moderate ☐Severe

S7. How severe is your hip stiffness after sitting, lying or resting later in the day?

☐None ☐Mild ☐Moderate ☐Severe

Pain

P1. How often is your hip painful?

☐Never ☐Monthly ☐Weekly ☐Daily

What amount of hip pain have you experienced the last week during the following activities?

P2. Straightening hip fully

☐None ☐Mild ☐Moderate ☐Severe

P3. Bending hip fully

☐None ☐Mild ☐Moderate ☐Severe

P4. Walking on flat surface

☐None ☐Mild ☐Moderate ☐Severe

P5. Going up or down stairs

☐None ☐Mild ☐Moderate ☐Severe

P6. At night while in bed

☐None ☐Mild ☐Moderate ☐Severe

P7. Sitting or lying

☐None ☐Mild ☐Moderate ☐Severe

P8. Standing upright

☐None ☐Mild ☐Moderate ☐Severe

P9. Walking on a hard surface (asphalt, concrete etc)

☐None ☐Mild ☐Moderate ☐Severe

P10. Walking on an uneven surface

☐None ☐Mild ☐Moderate ☐Severe

Function, daily living-

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip.

A1. Descending stairs

☐None ☐Mild ☐Moderate ☐Severe

A2. Ascending stairs

☐None ☐Mild ☐Moderate ☐Severe

A3. Rising from sitting

☐None ☐Mild ☐Moderate ☐Severe

Indicate the degree of difficulty you have experienced in the last week due to your hip.

A4. Standing

☐None ☐Mild ☐Moderate ☐Severe

A5. Bending to floor/pick up an object

☐None ☐Mild ☐Moderate ☐Severe

A6. Walking on flat surface

☐None ☐Mild ☐Moderate ☐Severe

A7. Getting in/out of car

☐None ☐Mild ☐Moderate ☐Severe

A8. Going shopping

☐None ☐Mild ☐Moderate ☐Severe

A9. Putting on socks/stockings

☐None ☐Mild ☐Moderate ☐Severe

A10. Rising from bed

☐None ☐Mild ☐Moderate ☐Severe

A11. Taking off socks/stockings

☐None ☐Mild ☐Moderate ☐Severe

A12. Lying in bed (turning over, maintaining hip position)

☐None ☐Mild ☐Moderate ☐Severe

A13. Getting in/out of bath

☐None ☐Mild ☐Moderate ☐Severe

A14. Sitting

☐None ☐Mild ☐Moderate ☐Severe

A15. Getting on/off toilet

☐None ☐Mild ☐Moderate ☐Severe

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

☐None ☐Mild ☐Moderate ☐Severe

A17. Light domestic duties (cooking, dusting, etc)

☐None ☐Mild ☐Moderate ☐Severe

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your hip.

SP1. Squatting

☐None ☐Mild ☐Moderate ☐Severe

SP2. Running

☐None ☐Mild ☐Moderate ☐Severe

SP3. Twisting/pivoting on loaded leg

☐None ☐Mild ☐Moderate ☐Severe

SP4. Walking on uneven surface

☐None ☐Mild ☐Moderate ☐Severe

Quality of Life

Q1. How often are you aware of your hip problem?

☐Never ☐Monthly ☐Weekly ☐Daily

Q2. Have you modified your life style to avoid potentially damaging activities to your hip?

☐Not at all ☐Mildly ☐Moderately ☐Severely

Q3. How much are you troubled with lack of confidence in your hip?

☐Not at all ☐Mildly ☐Moderately ☐Severely

Q4. In general, how much difficulty do you have with your hip?

☐None ☐Mild ☐Moderate ☐Severe

Thank you very much for completing all the questions in this questionnaire.

HOOS *Manual scoring sheet*

Instructions:
Assign the following scores to the boxes!

None	Mild	Moderate	Severe	Extreme
0	1	2	3	4

Missing data. If a mark is placed outside a box, the closest box is chosen. If two boxes are marked, that which indicated the more severe problems is chosen. Missing data are treated as such; one or two missing values are substituted with the average value for that subscale. If more than two items are omitted, the response is considered invalid and no subscale score is calculated.
Sum up the total score of each subscale and divide by the possible maximum score for the scale. Traditionally in orthopedics, 100 indicates no problems and 0 indicates extreme problems. The normalized score is transformed to meet this standard. Please use the formulas provided for each subscale!

1. PAIN $100 - \frac{\text{Total score P1-P10} \times 100}{40} = 100 - \frac{______}{40} = ______$

2. SYMPTOMS $100 - \frac{\text{Total score S1-S5} \times 100}{20} = 100 - \frac{______}{20} = ______$

3. ADL $100 - \frac{\text{Total score A1-A17} \times 100}{68} = 100 - \frac{_____}{68} = ______$

4. SPORT&REC $100 - \frac{\text{Total score SP1-SP4} \times 100}{16} = 100 - \frac{_____}{16} = ______$

5.QOL $100 - \frac{\text{Total score Q1-Q4} \times 100}{16} = 100 - \frac{______}{16} = ______$

WOMAC *How to score from the HOOS*

Assign scores from 0 to 4 to the boxes as shown above. To get original WOMAC Scores, sum the item scores for each subscale. If you prefer percentage scores in accordance with the HOOS, use the formula provided below to convert the original WOMAC scores.

$$\text{Transformed scale} = 100 - \frac{\text{actual raw score} \times 100}{\text{Possible raw score range}}$$

WOMAC subscores	Original score = sum of the following items	Possible raw score range
Pain	P4-P8	20
Stiffness	S4-S5	8
Function	A1-A17	68

S4 Oxford Hip Score

Patient Name____**Patient ID**

____

Study Name __________________ **Study Number**________ **Surgeon**

Name__________________________________

Date____/_____/_____ **Side** ☐Right ☐Left

Filled in by: ☐Operating Dr. ☐Other MD ☐Research Assistant ☐Questionnaire ☐Other

Reviewer Name: ___________________________________ **Next Visit Due**

_____/______/______

Please answer the 12 questions below. During the past 4 weeks –

How would you describe the pain you usually have in your hip?

☐None ☐ Very mild ☐Mild ☐Moderate ☐Severe

Have you had any trouble washing and drying yourself (all over) because of your hip?

☐No trouble at all ☐Very little trouble ☐ Moderate trouble ☐Extreme difficulty

☐Impossible to do

Have you had any trouble getting in and out of the car or using public transport because of your hip?
(with or without a stick)

☐No trouble at all ☐Very little trouble ☐ Moderate trouble ☐Extreme difficulty
☐Impossible to do

For how long are you able to walk before the pain in your hip becomes severe (with or without a stick)

☐No pain – more than 60 minutes ☐16- 60 minutes ☐ 5-15 minutes

☐Around the house only ☐not at all - pain is severe on walking

---

After a meal (sat at a table) how painful has it been for you to stand up from a chair because of pain in your hip?

☐Not at all painful ☐Slightly painful ☐ Moderately painful ☐ Very painful
☐Unbearable

Have you been limping when walking, because of your hip?

☐Rarely/Never ☐Sometimes or just at first ☐Often, not at first ☐ Most of the time ☐All of the time

---

Could you kneel down and get up again afterwards ?

☐Yes, easily ☐With little difficulty ☐ With moderate difficulty
☐ With extreme difficulty ☐No, Impossible

Are you troubled by pain in your hip at night ?

☐Not at all ☐Only one or two nights ☐ Some nights ☐ Most nights ☐Every night

---

How much has pain in your hip interfered with your usual work? (including housework)

☐Not at all ☐A little bit ☐Moderately ☐ Greatly ☐Totally

Have you felt that your hip might suddenly "give away" or let you down?

☐Rarely/Never ☐Sometimes or just at first ☐Often, not at first ☐ Most of the time ☐All of the time

---

Could you do household shopping on your own?

☐ Yes, easily ☐With little difficulty ☐ With moderate difficulty
☐ With extreme difficulty ☐No, Impossible

Could you walk down a flight of stairs?

☐ Yes, easily ☐With little difficulty ☐ With moderate difficulty
☐ With extreme difficulty ☐No, Impossible

Thank you very much for completing all the questions in this questionnaire.

Grading for the Oxford Hip Score

Score 12 to 20	May indicate satisfactory joint function. May not require any formal treatment.
Score 21 to 30	May indicate mild to moderate hip arthritis. Consider seeing you family physician for an assessment and possible x-ray. You may benefit from non-surgical treatment, such as exercise, weight loss, and /or anti-inflammatory medication
Score 31 to 40	May indicate moderate to severe hip arthritis. See your family physician for an assessment and x-ray. Consider a consult with an Orthopaedic Surgeon.

Score 41 to 60	May indicate severe hip arthritis. It is highly likely that you may well require some form of surgical intervention, contact your family physician for a consult with an Orthopaedic Surgeon.

Reference for Score: Dawson J, Fitzpatrick R, Carr A, Murray D. Questionnaire on the perceptions of patients about total hip replacement. J Bone Joint Surg Br. 1996 Mar;78(2):185-90. **Link**

S12 Harris Hip Score - Surgeon

Patient Name____**Patient ID**

____

Study Name ________________ **Study Number**_______ **Surgeon**

Name_______________________________

Date___/_____/_____ **Side** ☐Right ☐Left

Filled in by: ☐Operating Dr. ☐Other MD ☐Research Assistant ☐Questionnaire ☐Other

Reviewer Name: _______________________________ **Next Visit Due**

_____/______/______

Charnley A ☐ B ☐ C ☐

Range of Motion ____

Flexion _________________________ Extension __________________________

Abduction____________________ Adduction___________________________

External Rotation______________ Internal Rotation____________________

Absence of deformity – Check if any of these are present

Less than 30 degrees of fixed flexion contracture	Yes ☐	No ☐
Less than 10 degrees of fixed adduction	Yes ☐	No ☐
Less than 10 degrees of fixed internal rotation in extension	Yes ☐	No ☐
Limb length discrepancy less than 3.2cms	Yes ☐	No ☐

Location of pain

Notes:

____

____

____

____

____

S13 Harris Hip Score - Patient

Patient Name____**Patient ID** ________________________

Study Name __________________ **Study Number**________ **Surgeon Name**________________________________

Date____/______/______ **Side** ☐Right ☐Left

Filled in by: ☐Operating Dr. ☐Other MD ☐Research Assistant ☐Questionnaire ☐Other

Reviewer Name: _____________________________________

PAIN:

☐None or it can be ignored

☐Slight, occasional with no compromise in activities

☐Mild pain, no effect on average activities, rarely moderate pain after unusual activities, uses aspirin

☐Moderate pain, tolerable but makes concessions to pain. Some limitation to ordinar activity or work.
May require occasional pain medicine stronger than aspirin

☐Marked pain, serious limitation of activities

☐Totally disabled, crippled, pain in bed, bedridden

FUNCTION:

Limp:

☐None

☐Slight

☐Moderate

☐Severe

Support

☐None

☐Cane for long walks

☐Cane most of the time

☐One crutch

☐Two canes

☐Two crutches

☐Not able to walk (specify reason) __________________

ACTIVITIES

Stairs

☐Normally without using a railing

☐Normally using a railing

☐In any manner

☐Unable to do stairs

Sitting

☐Comfortably on an ordinary chair for one hour

☐On a high chair for 30 minutes

☐Unable to sit comfortably in any chair

Shoes and Socks

☐With ease

☐With difficulty

☐Unable

☐Occasionally during daily activities

☐Often during daily activities

☐Every step

Public Transportation

☐Able to enter public transportation

☐Unable to enter public transportation

Thank you very much for completing all the questions in this questionnaire.

Grading for the Harris Hip Score

Successful result

=post operative increase in Harris Hip Score of > 20 points + radiographically stable implant + no additional femoral reconstruction

Or

<70	Poor	70 - 79	Fair	80-89	Good	90 -100	Excellent

Reference for Score: Harris WH. 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. 1969 Jun;51(4):737-55. **Link**

Reference for grading: Marchetti P, Binazzi R, Vaccari V, Girolami M, Morici F, Impallomeni C, Commessatti M, Silvello L. Long-term results with cementless Fitek (or Fitmore) cups. J Arthroplasty. 2005 Sep;20(6):730-7.