

Threshold for hip  
 replacement

## Oxford Hip Score

Clinician's name (or ref) \_\_\_\_\_

Patient's name (or ref) \_\_\_\_\_

Please answer the following 12 multiple choice questions.

During the past 4 weeks.....

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

- ☐ None
- ☐ Very mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe

**2. Have you been troubled by pain from your hip in bed at night?**

- ☐ No nights
- ☐ Only 1 or 2 nights
- ☐ Some nights
- ☐ Most nights
- ☐ Every night

**3. Have you had any sudden, severe pain (shooting, stabbing, or spasms) from your affected hip?**

- ☐ No days
- ☐ Only 1 or 2 days
- ☐ Some days
- ☐ Most days
- ☐ Every day

**4. Have you been limping when walking because of your hip?**

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

**5. For how long have you been able to walk before the pain in your hip becomes severe (with or without a walking aid)?**

- ☐ No pain for 30 minutes or more
- ☐ 16 to 30 minutes
- ☐ 5 to 15 minutes
- ☐ Around the house only

**7. Have you been able to put on a pair of socks, stockings or tights?**

- ☐ Yes, easily
- ☐ With little difficulty
- ☐ With moderate difficulty
- ☐ With extreme difficulty
- ☐ No, impossible

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

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

**9. Have you had any trouble getting in and out of a car or using public transportation because of your hip?**

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

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

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

**11. Could you do the household shopping on your own?**

- ☐ Yes, easily
- ☐ With little difficulty
- ☐ With moderate difficulty
- ☐ With extreme difficulty

☐ Not at all

☐ No, impossible

**6. Have you been able to climb a flight of stairs?**
☐ Yes, easily

☐ With little difficulty

☐ With moderate difficulty

☐ With extreme difficulty

☐ No, impossible

**12. How much has pain from your hip interfered with your usual work, including housework?**
☐ Not at all

☐ A little bit

☐ Moderately

☐ Greatly

☐ Totally




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**The Oxford Hip Score is:** 60

### Grading for the Oxford Hip Score

**Score 0 to 19**

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.

**Score 20 to 29**

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 30 to 39**

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 40 to 48**

May indicate satisfactory joint function. May not require any formal treatment.

**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](#)

**Reference for Grading:** [Link](#)

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