

# Scores IV

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## ABSTRACT

The Editorial Committee wants to provide its readers with an update on the commonly used scales. The use of tables and scales is a widespread practice in Orthopedics and Traumatology. The measurement and quantification of clinical, functional, and radiographic aspects have become an essential tool for decision-making in different aspects of healthcare activity. We carry out a review of the most used scales, defining their use and including original and updated literature.

**Keywords:** Scales; scores; tables; update.

**Level of Evidence:** V

## Puntajes IV

## RESUMEN

El Comité Editorial quiere brindar a los lectores de la RAAOT una actualización de las escalas de uso corriente. El empleo de tablas y escalas es una práctica muy extendida en la ortopedia y traumatología. La medición y la cuantificación de los aspectos clínicos, funcionales y radiográficos se convirtieron en una herramienta imprescindible para la toma de decisiones en diferentes aspectos de la actividad asistencial. Llevamos a cabo una revisión de las escalas más utilizadas, definimos su uso e incluimos bibliografía original y actualizada.

**Palabras clave:** Escalas; puntajes; tablas; actualización.

Nivel de Evidencia: V

## INTRODUCTION

The Editorial Committee wants to provide its readers with an update on the commonly used scales. The use of tables and scales is a widespread practice in orthopedics and traumatology. The measurement and quantification of clinical, functional, and radiographic aspects have become essential tools for decision-making in different aspects of healthcare activity

We carried out a review of the most used scales, defining their use and including original and updated literature. In this opportunity, we dealt with the section of hip and knee scores.

## HIP

### HARRIS SCALE (MODIFIED)

The Harris scale was introduced in 1969 to assess traumatic hip pathology based on four variables: pain, function, deformity, and range of motion. They receive different scores. Values below 70 points are poor results, values from 70 to 79 are regular, values from 80 to 89 are good, and those from 90 to 100 are excellent.

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**Table.** HARRIS SCALE (Modified)

1. Pain	None	40
	Mild or occasional	35
	Moderate	20
	Severe	0
2. Function - Distance walked	10 blocks or more	15
	6 blocks	12
	1-3 blocks	7
	Less than 1 block	2
	Unable to walk	0
3. Function - Support	None	5
	Cane occasionally	4
	Cane or crutch always	3
	Two canes or crutches	2
	Walker	1
	Unable to walk	0
4. Mobility and muscle power. Ability to move in a vehicle	Without difficulty	5
	With difficulty	3
	Unable	0
5. Foot care. Washing, drying	Without difficulty	5
	With difficulty	3
	Unable	0
6. Claudication	None	5
	Mild	3
	Severe	0
7. Climbing stairs	Normally	5
	Using a handrail	4
	Step by step	2
	Unable	0

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## MODIFIED MERLE D'AUBIGNÉ AND POSTEL

The scale developed by R. Merle d'Aubigné and M. Postel was first described in 1954 in the paper "Functional Results of Hip Arthroplasty with Acrylic Prosthesis", published in the prestigious *Journal of Bone and Joint Surgery*. In response to the need to assess the pre- and postoperative functional outcomes of patients undergoing hip surgery, the authors devised this scale that took into consideration pain, walking ability, and joint range of motion. These categories are rated with scores from 0 to 6, as described in the following table. By adding the score obtained in each of these categories, a global value between 0 and 18 is obtained, in which 0 is the worst possible score and 18 is the ideal in terms of functionality.

The results obtained on this scale are very useful when comparing pre- and postoperative values, since they allow the results to be objectified. Due to its simplicity and practicality, this scale is one of the most accepted and is widely used by hip surgeons around the world as a method of measuring the functional outcomes of their patients.

Score	Pain	Range of motion	Walking ability
0	Severe and permanent pain	Ankylosis in abnormal position	Impossible
1	Severe pain, disturbs sleep	Ankylosis in normal or slightly abnormal position	Only with crutches
2	Severe pain when walking, prevents doing any activity	Flexion <40° (Abduction 0°) or mild joint deformity	Only with 2 canes
3	Severe but tolerable pain, limited activity	Flexion <40° - 60°	Limited, with one cane (less than 1 hour). Very difficult without a cane.
4	Pain only after walking, disappears with rest	Flexion >60°-80° (manages to tie shoelaces)	Prolonged with a cane; limited without a cane (limp)
5	Little and intermittent pain, does not limit daily activity	Flexion > 80° - 90°. Limited abduction (25°)	Without a cane, but with a limp
6	No pain at all	Normal. Flexion >90°, Abduction <25°	Normal

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## KNEE

### KSS (Knee Society Score)

Developed in 1989 by the American Knee Society (AKS), it is the most widely used scale for joint replacements. Modified by Insall, it consists of two parts. The first part includes pain, flexion and extension contracture, range of motion, alignment and stability. The second part assesses walking, stair climbing, and the use of canes. This scale includes two evaluations, one pre-surgical and the other post-surgical. Scores below 60 are considered poor; between 60 and 69, fair; between 70 and 79, good; and between 80 and 100, excellent.

PART 1	
Pain	None
	Occasional
	When climbing stairs
	When walking and climbing stairs
	Moderate - occasional
	Moderate - continual
	Severe
Flexion contracture	None
	5 to 10
	10 to 15
	16 to 20
	More than 20
Extension lag	None
	Less than 10
	10 to 20
	More than 20
Range of motion	
Alignment (Varus - Valgus)	
Anteroposterior stability	Less than 5mm
	5 to 10mm
	More than 10mm
Mediolateral stability	Less than 5
	From 6 to 9
	From 10 to 14
	More than 15
PART 2	
Walking	Unlimited
	More than 10 blocks
	5 to 10 blocks
	Less than 5 blocks
	Housebound
	Unable
Climbing stairs	Normal up and down
	Normal up, down with handrail
	Up and down with handrail
	Up with handrail, down unable
	Unable to go up and down
Walking aids	None used
	Cane
	Two canes
	Walker

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