



Clinical Outcomes

The Oxford hip score* A Guide to the Scoring System

When the Oxford hip score was originally devised, the scoring system was designed to be as simple as possible, in order to encourage its use. Thus, in the original publication (Dawson J., Fitzpatrick R., Carr A., Murray D. Questionnaire on the perceptions of patients about total hip replacement surgery. *J. Bone Joint Surg (Br)* 1996; 78:185-90) each question was scored from 1 to 5, with 1 representing best outcome/least symptoms. Scores from each question were added so the overall score was from 12 to 60 with 12 being the best outcome. Since then, many surgeons have found this scoring unintuitive and have adapted the scoring - leading to considerable confusion.

We therefore now recommend the following method of scoring be used by everyone:

Score each question from 0 to 4 with 4 being the best outcome. This method, when summed, produces overall scores running from 0 to 48 with 48 being the best outcome (to convert from the 'old' 60-12 system to this new 0-48 system and vice versa subtract the score from 60).

To further avoid confusion, always state clearly the method that has been used (including in abstracts).

Newer recommended system of scoring (more detail)

Each of the 12 questions on the Oxford hip score is scored in the same way with the score decreasing as the reported symptoms increase (ie. become worse). All questions are laid out similarly with response categories denoting least (or no) symptoms being to the left of the page (scoring 4) and those representing greatest severity lying on the right hand side (scoring 0) e.g. question 1:

1. *During the past 4 weeks.....*

How would you describe the pain you usually had from your hip?

None	Very mild	Mild	Moderate	Severe
<input type="checkbox"/>				
4	3	2	1	
0				

The overall score is reached by simply summing the scores received for individual questions. This results in a continuous score ranging from 0 (most severe symptoms) to 48 (least symptoms).

Missing values/notes for analysis.

We propose that, if, after repeated attempts to obtain complete data from an individual, only one or two questions have been left unanswered, it is reasonable to enter the mean value representing all of their other responses, to fill the gaps. An alternative computerised method of imputing values has been reported by Jenkinson et al (2006). If more than two questions are unanswered, we recommend that an overall score should not be calculated. If the intention is to score a subscale (i.e. the Pain and/or Function subscale) then it is only acceptable to score that subscale if only one item per subscale is missing, using the mean of the other responses for that subscale. If the nature of the study/analysis is to investigate measurement properties of a scale, imputation is not permitted when there are any missing item responses. If patients indicate two answers for one question, we recommend that the convention of using the worst (most severe) response is adopted.

* more detail is described in: Murray, D. W., Fitzpatrick, R., Rogers, K., Pandit, H., Beard, D. J., Carr, A. J., and Dawson, J. The use of the Oxford Hip and Knee Scores. *J Bone Joint Surg [Br]* September 2007. (In press)



Clinical Outcomes

Jenkinson C, Heffernan C, Doll H, Fitzpatrick R. The Parkinson's Disease Questionnaire (PDQ-39): evidence for a method of imputing missing data. *Age Ageing* 2006;35-5:497-502.