

Subject ID #: \_\_\_\_\_

Name of Physiotherapist: \_\_\_\_\_

Assessment # : \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

yyyy / mm / dd

**Hemophilia Joint Health Score 2.1 - Summary Score Sheet**

	Left Elbow	Right Elbow	Left Knee	Right Knee	Left Ankle	Right Ankle
Swelling	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE
Duration (swelling)	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE
Muscle Atrophy	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE
Crepitus on motion	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE
Flexion Loss	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE
Extension Loss	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE
Joint Pain	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE
Strength	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE	<input type="checkbox"/> NE
<b>Joint Total</b>						

Sum of Joint Totals

NE = Non-Evaluable

Global Gait Score

( NE included in Gait items)

HJHS Total Score

**Swelling**

- 0 = No swelling
- 1 = Mild
- 2 = Moderate
- 3 = Severe

**Crepitus on Motion**

- 0 = None
- 1 = Mild
- 2 = Severe

**Strength** (Using The Daniels & Worthingham's scale)

- Within available ROM
- 0 = Holds test position against gravity with maximum resistance ( gr.5 )
- 1 = Holds test position against gravity with moderate resistance (but breaks with maximal resistance) ( gr.4 )
- 2 = Holds test position with minimal resistance ( gr. 3+), or holds test position against gravity ( gr.3 )
- 3 = Able to partially complete ROM against gravity ( gr.3-/2+ ), or able to move through ROM gravity eliminated (gr.2), or through partial ROM gravity eliminated ( gr.2-)
- 4 = Trace ( gr.1) or no muscle contraction ( gr.0 )

NE = Non-evaluable

**Duration**

- 0 = No swelling or < 6 months
- 1 = ≥ 6 months

**Flexion Loss**

- 0 = < 5°
- 1 = 5° - 10°
- 2 = 11° - 20°
- 3 = > 20°

**Muscle Atrophy**

- 0 = None
- 1 = Mild
- 2 = Severe

**Extension loss**

- (from hyperextension)
- 0 = < 5°
- 1 = 5° - 10°
- 2 = 11° - 20°
- 3 = > 20°

**Global Gait** (walking, stairs, running, hopping on 1 leg)

- 0 = All skills are within normal limits
- 1 = One skill is not within normal limits
- 2 = Two skills are not within normal limits
- 3 = Three skills are not within normal limits
- 4 = No skills are within normal limits

NE = Non-evaluable

**Joint Pain**

- 0 = No pain through active range of motion
- 1 = No pain through active range; only pain on gentle overpressure or palpation
- 2 = Pain through active range

**NOTE: There is an accompanying instruction manual and worksheets that are required when administering the HJHS**

**General Comments:**

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The HJHS is designed for use by physiotherapists. In order to maintain the precision and validity of the tool (score), the developers of the tool strongly recommend that the tool be used by physiotherapists/healthcare professionals who have hemophilia-related expertise/experience and have been trained in the use of clinical measures, musculoskeletal assessment and specifically administration of the HJHS.

It is essential for the physiotherapist to possess the required expertise and skills necessary to use anthropometric measures such as muscle testing-and range of motion /goniometry, as well as posture & gait assessment prior to performing the evaluation (HJHS).