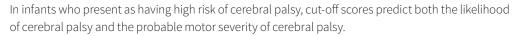
HINE – Interpreting the results: quick reference guide

CLINICAL FACT SHEET

Hammersmith Infant Neurological Examination (HINE)

A combination of neuroimaging, standardised motor assessments, standardised neurological examination and history taking about risk factors is recommended in the early diagnosis of cerebral palsy guidelines.



HINE scores at 3, 6, 9 or 12 months:

- 50-73 indicates likely unilateral cerebral palsy (i.e. 95-99% will walk)
- <50 indicates likely bilateral cerebral palsy

HINE scores at 3-6 months:

- 40-60 indicates likely GMFCS I-II
- <40 indicates likely GMFCS III-V

In infants under 2 years of age, it is important to give parents accurate and clear information about the likelihood of cerebral palsy as a clinical diagnosis, while at the same time explaining that severity is difficult to predict accurately prior to two years of age. It helps parents to maintain hope by explaining that all infants can learn and that the condition has varying levels of severity, with mild being more common than severe in high income country contexts. See fact sheet on 'Communicating the diagnosis'.



Hemiplegia (Unilateral)



Quadriplegia (Bilateral)



Ambulant GMFCS I-II





Non-Ambulant GMFCS III-V

Adapted with permission from: Novak et al 2017. Early, Accurate Diagnosis and Early Intervention in Cerebral Palsy. *JAMA Pediatr.* 2017;171(9):897-907. doi:10.1001/jamapediatrics.2017.1689 Available from: http://jamanetwork.com/journals/jamapediatrics/article-abstract/2636588



