

Practice points from international guidelines

Early detection in infants <5 months (corrected)



STRONG RECOMMENDATION based on **MODERATE QUALITY** evidence of test psychometrics in newborn-detectable risk populations

STANDARDISED
**NEURO
EXAM**



In contexts where the General Movements (GMs) assessment is not available and/or MRI is not safe or affordable (e.g. in low to middle income countries): early detection of cerebral palsy in infants with 'newborn detectable risks' and less than 5 months old (corrected age) is still possible and should be carried out to enable access to early intervention.



with history taking about risk factors

TEST: Hammersmith Infant Neurological Examination (HINE) [HINE<57 at 3 months is 96% predictive of cerebral palsy]. The HINE is a scored neurological examination, based on the Dubowitz.



Early detection in infants >5 months (corrected)



CONDITIONAL RECOMMENDATION based on **MODERATE QUALITY** evidence of test psychometrics in high risk populations

The most accurate method for early detection of cerebral palsy 'infant detectable risks', older than 5 months of age (corrected) but less than 2 years old, is to use a combination of:



with history taking about risk factors

TEST: HINE [90% predictive of cerebral palsy]. HINE scores <73 (at 6, 9 or 12 months) should be considered at high-risk of cerebral palsy. HINE scores <40 (at 6, 9 or 12 months) almost always indicate non-ambulant cerebral palsy.

