

HINE – Interpreting the results: quick reference guide

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.

In infants who present as having high risk of cerebral palsy, cut-off scores predict both the likelihood of cerebral palsy and the probable motor severity of cerebral palsy.

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'.



HINE 50-73

Hemiplegia
(Unilateral)



HINE <50

Quadriplegia
(Bilateral)



HINE 40-60

Ambulant
GMFCS I-II



HINE <40

Non-Ambulant
GMFCS III-V