



CALIFORNIA HINE AND NEURO EXAM GUIDE



This guide can help relate HINE scores with other exam findings for service eligibility. It should be used internally to better understand clinical implications of the HINE. This should NOT be used to replace the HINE form or an official referral document required by hospitals or state agencies.

HINE Section	Score	Number Asymmetries	Physical Exam Finding to Consider *	
CRANIAL NERVES (15)				
POSTURE (18)			Abnormal posturing characterized by arms, legs, head, or trunk turned or twisted into an abnormal position	YES / NO
MOVEMENT (6)			Exaggerations of or persistence of primitive reflexes beyond the normal age	YES / NO
TONE (24)			Hypertonia Hypotonia (<12 mo)	YES / NO YES / NO
REFLEXES AND REACTIONS (15)			Increased Deep Tendon Reflexes 3+	YES / NO
GLOBAL SCORE (78)			Suboptimal HINE score <57 at 3 mo <63 at 6+mo recommended by CPF	Do not count this item towards the number of physical exam findings YES / NO
ASYMMETRY SCORE			Asymmetry of motor findings of trunk or extremities (>5 on HINE)	YES / NO

Clinical Interpretation: In addition to the physical findings documented here ; the following may be beneficial in early detection and identification of infants and young children at high-risk for CP.

1. Clinical history, with findings indicating a risk for CP
2. Neuroimaging, including cranial ultrasound and/or magnetic resonance imaging (MRI), with atypical results
3. Standardized motor assessment, such as Precht's General Movements Assessment (GMA), with a suboptimal score for age
4. Standardized neurological examination, such as the Hammersmith Infant Neurological Examination (HINE), with a suboptimal score for age and/or asymmetry score greater than 5.