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#### Exclusion Criteria

- Known progressive abnormal brain condition
- Diagnosed with CP and care plan is established
- Developmental regression

#### Risk Factors for CP

ANY of the following:

- Prematurity < 32 weeks estimated gestational age
- Hypoxic ischemic encephalopathy
- Birth weight < 1499 grams
- Abnormal brain imaging
- Seizures requiring daily medication for control
- Intrauterine drug exposure
- Known or suspected traumatic or non-traumatic brain injury that occurred < 24 months of age
  - Refer to [Suspected Abusive Head Trauma Clinical Pathway](#) if concerned for abuse
- Motor delay:
  - Concern from PT or OT
  - Persistent hand fisting or head lag > 4 months
  - Delayed sitting without support > 9 months
  - Early handedness < 12 months
  - Any asymmetry in posture or movement

Patient currently admitted to the NICU  
has risk factors for cerebral palsy (CP)

Communicate risk of CP to caregivers as appropriate (see [example of verbiage](#))

Consult PT/OT

#### Neurology Consultation:

- If patient has **risk factors** in addition to prematurity or birth weight, consult Neurology
- If patient's risk factor is **only** prematurity and/or birth weight, consider consulting Neurology on a case-by-case basis
- If PT or OT is concerned
- When patient reaches **term**, if unclear whether additional neuroimaging is needed, consider Neurology consult

#### HINE Exclusion Criteria

ANY of the following:

- Sedated, paralyzed, or otherwise unable to participate
- < 3 months or > 24 months adjusted age
- Behavioral signs of respiratory instability (BSRI) < 3 (Hanin et al., 2009)
- Medically unstable
- Musculoskeletal abnormalities that may impact results (e.g., limb loss or congenital contractures)

HINE may not be appropriate for patients with exclusion criteria above but does not exclude the risk of CP

Patient is < 3 months  
adjusted age

- Continue PT/OT
- If consulted, Neurology will continue to follow while inpatient until 3 months adjusted age at which time subspecialty needs will be reassessed

#### Recommend PM&R consult for:

- Complicated dystonia or multiple tone medications have been unsuccessful
- Refractory irritability
- Dysautonomia

Consider need for  
PM&R consult

Is patient  
discharged prior to 3  
months adjusted  
age?

No  
Patient reaches  
≥ 3 months  
adjusted age

Yes

Refer to  
[outpatient algorithm](#)  
for discharge planning

Patient is ≥ 3 months  
adjusted age

Does patient meet  
criteria for  
HINE?

No

- Continue PT **and** OT
- If consulted, Neurology will continue to follow
- Consider need for [PM&R consult](#)
- Once patient meets criteria, proceed with HINE

Yes

HINE-trained provider  
(CM PT or OT) to perform testing

Is the  
HINE score  
low for patient's age or  
does patient have ≥ 5  
asymmetries?

No

- Continue PT **and** OT as needed
- Repeat HINE 3 months later

Yes

- If not already done, consult Neurology and consider need for [PM&R consult](#)
- Continue PT **and** OT
- Neurology to communicate CP concerns to family

Refer to [outpatient algorithm](#) for  
discharge planning

Note: All patients with HINE score below cutoff for age will need PM&R outpatient follow-up, even if not consulted inpatient

Adjusted age	HINE score cutoff
3 months	< 56
6 months	< 59
9 months	< 62
12 months	< 65

\*The HINE was only validated at specific ages. Use clinical judgement if patient is between ages listed above. (Romeo et al., 2007)

**Abbreviations:**  
NICU = Neonatal Intensive Care Unit  
PT = Physical therapy  
OT = Occupational therapy  
PM&R = Physical Medicine & Rehabilitation  
HINE = Hammersmith Infant Neurological Examination