






































Short HNNE proforma for newborn term infants and preterm infants at term equivalent age
<https://www.mackeith.co.uk/hammersmith-neurological-examinations/>

	Warning signs				Warning signs
POSTURE	arms & legs extended or very slightly flexed 	legs slightly flexed  For 25-27 weekers only	leg well-flexed but not adducted 	leg well flexed & adducted near abdomen 	abnormal posture: a) opistotonus b) arm flexed, leg extended 
ARM TRACTION	arms remain straight; no resistance 	arms flex slightly or some resistance felt 	arms flex well till shoulder lifts, then straighten 	arms flex at approx 100° & maintained as shoulder lifts 	flexion of arms <100°; maintained when body lifts up 
LEG TRACTION	legs straight - no resistance 	knees flex slightly or some resistance felt 	knees flex well till bottom lifts up 	knees flex and remain flexed when bottom up 	knee flexion stays when back+bottom up 
HEAD CONTROL (1)	no attempt to raise head 	infant tries: effort better felt than seen 	raises head but drops forward or back 	raises head: remains vertical; it may wobble 	
HEAD CONTROL (2)	no attempt to raise head 	infant tries: effort better felt than seen  For 25-29 weekers only	raises head but drops forward or back 	raises head: remains vertical; it may wobble 	head remains upright or neck extended; cannot be passively flexed
HEAD LAG	head drops & stays back 	tries to lift head but it drops back 	able to lift head slightly 	lifts head in line with body 	head in front of line of body 
VENTRAL SUSPENSION	back curved, head & limbs hang straight 	back curved, head ↓, limbs slightly flexed 	back slightly curved, limbs flexed 	back straight, head in line with back, limbs flexed 	back straight, head above line of body 
SPONT. MOV. (quality)	only stretches	stretches and random abrupt movements; some smooth movements	fluent movements but monotonous	fluent alternating movements of arms + legs; good variability	<ul style="list-style-type: none"> • cramped synchronised; • mouthing • jerky or other abnormal movement
TREMOR		no tremor or tremor only when crying	tremor only after Moro or occasionally when awake	frequent tremors when awake	continuous tremors
MORO RESPONSE	no response or opening of hands only	full abduction at shoulder and extension of the arms; no adduction 	full abduction but only delayed or partial adduction 	partial abduction at shoulder and extension of arms followed by smooth adduction 	<ul style="list-style-type: none"> • no abduction or adduction • only forward extension of arms from the shoulders • marked adduction only 
VISUAL ORIENTATION	does not follow/follows briefly to side but loses stimuli	follows horizontally and vertically; no head turn	follows horizontally and vertically; turns head	follows in a circle	
ABN ORN -AL	Facial Palsy Yes No	Abn Eye Movements Yes No	Sunset Sign Yes No	Fisted hand(s) Yes No	Clonus Yes No

The central grey column report the spectrum of neurologic findings within the reference range (90%); the lateral columns include all the warning signs to be considered. The last line "abnormal signs" has to be circled as Yes or No for each sign.