

**HYPERTONIA ASSESSMENT TOOL (HAT) - SCORING CHART**

Name: \_\_\_\_\_

Chart/File #: \_\_\_\_\_

Clinical Diagnosis: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Limb Assessed:

- Arm       Left       Right  
 Leg       Left       Right

Gender:       Male       Female

HAT Assessor: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**HYPERTONIA ASSESSMENT TOOL (HAT)**

HAT ITEM	SCORING GUIDELINES (0=negative or 1=positive)	SCORE 0=negative 1=positive (circle score)	TYPE OF HYPERTONIA
1. Increased involuntary movements/postures of the designated limb with tactile stimulus of another body part	0= No involuntary movements or postures observed	0	DYSTONIA
	1= Involuntary movements or postures observed	1	
2. Increased involuntary movements/postures with purposeful movements of another body part	0= No involuntary movements or postures observed	0	DYSTONIA
	1= Involuntary movements or postures observed	1	
3. Velocity dependent resistance to stretch	0= No increased resistance noticed during fast stretch compared to slow stretch	0	SPASTICITY
	1= Increased resistance noticed during fast stretch compared to slow stretch	1	
4. Presence of a spastic catch	0= No spastic catch noted	0	SPASTICITY
	1= Spastic catch noted	1	
5. Equal resistance to passive stretch during bi-directional movement of a joint	0= Equal resistance not noted with bi-directional movement	0	RIGIDITY
	1= Equal resistance noted with bi-directional movement	1	
6. Increased tone with movement of another body part	0= No increased tone noted with purposeful movement	0	DYSTONIA
	1= Greater tone noted with purposeful movement	1	
7. Maintenance of limb position after passive movement	0= Limb returns (partially or fully) to original position	0	RIGIDITY
	1= Limb remains in final position of stretch	1	

**SUMMARY SCORE – HAT DIAGNOSIS**

		Check box:
DYSTONIA →	Positive score (1) on at least one of the Items #1, 2, or 6	<input type="checkbox"/> Yes <input type="checkbox"/> No
SPASTICITY →	Positive score (1) on either one or both of the Items #3 or 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
RIGIDITY →	Positive score (1) on either one or both of the Items #5 or 7	<input type="checkbox"/> Yes <input type="checkbox"/> No
MIXED TONE →	Presence of 1 or more subgroups (e.g. dystonia, spasticity, rigidity)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HAT DIAGNOSIS:**  
(Fill in all that apply)

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