**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: ___________________________

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**HYPERTONIA ASSESSMENT TOOL (HAT)**

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

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**SUMMARY SCORE – HAT DIAGNOSIS**

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>SCORING CRITERIA</th>
<th>CHECK BOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>DYSTONIA</td>
<td>Positive score (1) on at least one of the Items #1, 2, or 6</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>SPASTICITY</td>
<td>Positive score (1) on either one or both of the Items #3 or 4</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>RIGIDITY</td>
<td>Positive score (1) on either one or both of the Items #5 or 7</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>MIXED TONE</td>
<td>Presence of 1 or more subgroups (e.g. dystonia, spasticity, rigidity)</td>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>

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

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HAT Manual can be accessed at [http://www.hollandbloorview.ca/hat](http://www.hollandbloorview.ca/hat)  