

The Head Control Scale

Developed by: Jodi Thomas, PT, DPT, DHSc, PCS and Amy Armstrong-Heimsoth, OTD, OTR/L, BCP

Background

The Head Control Scale (HCS) (Thomas & Armstrong-Heimsoth, 2019) was designed as an objective evaluation of head control regardless of medical diagnosis or age. The intended use of the HCS is to assess head control objectively to: 1) detect change over time, which allows therapists to document progress, maintenance or regression, and assess the effectiveness of interventions provided in the clinic, and 2) be used in research studies that investigate head control and provide evidence of best practice. The HCS is an observational assessment developed for the user to observe stability and mobility and rate their observations on a 0-4 point scale (descriptors are provided for each rating) in each of four positions (supine, prone, pull to sit, and supported sitting). The HCS was designed specifically to be both feasible (quick to administer, not requiring extensive training, freely accessible) and directly applicable to clinical practice.

The HCS was not designed to identify delay. Normative values for the HCS do not exist; however, a score of 16 (highest score possible) would indicate full head control, which is expected around 3-4 months of age (Long, 2019).

Administration Instructions

- The left column indicates the position in which the child should be in for that section. The child may be placed in the position itself if needed (e.g. prone), but the tester should not position the child after placement (e.g. do not move child's arms).
- Items may be elicited and/or observed, with or without use of toys. Document the use of toys in the comments section.
- The tester may make note of parent report, but do not score accordingly.
- Use comments section to provide any additional information (e.g. sitting on mat or bench, how much assistance provided, any compensations noted). On repeated administrations of the HCS, use comments from previous administration(s) to recreate a similar environment (see example).
- Use a new form each time the HCS is administered.
- The descriptions provided for each score in each section may not reflect all possible movements. The tester should use their best judgement with scoring and make notes on the administration form to help clarify observations (e.g. quality of movement not captured by descriptors).
- Midline refers to all planes (e.g. anterior/posterior and lateral).

References:

- Long, T. (2019). *Handbook of pediatric physical therapy*, 3rd ed. Lippincott Williams & Wilkins.
- Thomas, J., Armstrong-Heimsoth, A., & Laurent, R. St. (2019). The Head Control Scale: Development, inter-rater reliability, and utility. *Journal of Pediatric Rehabilitation Medicine*, 12(3), 295–303. <https://doi.org/10.3233/PRM-180574>

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Name: *John Smith*

Evaluator name: *J. Thomas*

DOB: *02/02/22*

Assessment date: *6/2/2022*

Position	Grade	Description	Score
Prone	0	Does not lift head at all. Rests on one cheek only.	
	1	Lifts head <45 degrees from the surface for <5 seconds. Arms cannot be brought forward for weight bearing.	
	2	Lifts head in prone <45 degrees for >5 seconds, but <10 seconds. Brings arms actively to weight bearing.	2
	3	Lifts head in prone, >45 degrees, sustains for 10 seconds or less	
	4	Able to lift head >45 degrees, sustains for more than 10 seconds, keeps head steady with UE use; movement of head is possible in all planes.	
	Comments:	<i>Lifted head for 8 seconds</i>	
Supine	0	Unable to keep head in midline, with no evidence of attempts to do so	
	1	Unable to keep head in midline, but attempts to approach midline	
	2	Is able to keep head in midline for up to 5 seconds	1
	3	Is able to keep head in midline for >5 seconds, but <15 seconds	
	4	Is able to actively rotate head freely in both directions	
	Comments:	<i>Attempts at midline were better when a noisy toy was used</i>	
Pull to Sit	0	Complete head lag	
	1	Attempts to lift head	
	2	Head in midline during the last 25% of the pull to sit cycle	2
	3	Head in midline during 50-75% of the pull to sit cycle	
	4	Head in midline at all times, with chin tucked	
	Comments:	<i>Good control laterally, but not anterior/posterior</i>	
Supported Sitting	0	Head falls in to full cervical flexion; head position unsteady in all planes and no attempt made to right head	
	1	Makes attempt to right head, but is unable	
	2	Assumes and maintains head in less than 45 degrees of cervical flexion for 10 seconds	2
	3	Assumes and maintains head in midline for 10 seconds or less	
	4	Able to maintain head in neutral for greater than 10 seconds; is able to look in all directions	
	Comments:	<i>Ring sitting on floor with moderate assistance at mid-trunk</i>	
TOTAL POINTS			7

Additional Comments: *None*

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TOTAL POINTS			

Additional Comments: