INITIAL FACIAL PARALYSIS EVALUATION

INITIAL EVALUATION

- Presence of sensory and/or motor loss
- Bilateral versus unilateral
- Presence of ophthalmic involvement
- Onset of weakness
- Facial nerve distribution
- Clinical exam
- MRI or CT scan

ANATOMICAL LOCATIONS

- Bell’s Palsy
- Lyme disease
- Ramsay-Hunt syndrome
- Acoustic neuroma
- Middle ear infection
- Other cranial nerve involvement

INITIAL FACIAL PARALYSIS EVALUATION

Evaluate Degree Facial Paralysis

Facial Paresis

- Mild
- Moderate
- Severe

Evaluate Time of Onset

- Acute
- Chronic

Evaluate Recovery

- Slow
- Normal

Facial Nerve Clinic

Referral to Facial Nerve Clinic: (608) 263-6190

References


SYNKINESIS EVALUATION AND TREATMENT

Synkinesis is involuntary movements in one region of the face produced during voluntary or spontaneous movement in another region of the face.

EVALUATION OF SYNKINESIS

- Synchronous movements
- Asynchronous movements
- Voluntary or spontaneous movements

TREATMENT OF SYNKINESIS

- Medications
- Physical therapy
- Botulinum toxin injections
- Electrical stimulation

EYE CARE FOR FACIAL PARALYSIS

- Protection of impaired eye
- Lubrication of eyes
- Prevention of infection

REFERRAL PHONE NUMBERS

Referral to Otolaryngology: (608) 263-7442

Referral to Neurosurgery: (608) 263-7502

Referral to Ophthalmology: (608) 263-7171

Referral to Facial Nerve Clinic: (608) 263-6190

Referral to Oculoplastic Surgery: (608) 265-7790

Referral to Head and Neck Surgery: (608) 263-6190

Referral to Neurology: (608) 263-5442

Referral to Neurology: (608) 263-5442
EYE CARE FOR FACIAL PARALYSIS

PROTECTION FOR IMPAIRED EYE CLOSURE

- Early referral to an eye doctor: uwhealth.org/eyes
- Use of ophthalmic ointments
- Frequent use of lubricating ophthalmic drops
- Use of wraparound sunglasses
- Use of moisture chamber at night

TREATMENT OF SYNKINESIS

- Early referral to an eye doctor: uwhealth.org/eyes
- Use of botulinum toxin
- Use of facial retraining
- Avoid electrical stimulation
- Avoid excessive movements

SYNKINESIS EVALUATION AND TREATMENT

Synkinesis is involuntary movements in one region of the face produced during voluntary or spontaneous movement in another region of the face.

EVALUATION OF SYNKINESIS

- Occurs in cases of delayed recovery after peripheral facial nerve injury
- Patients may describe facial tightness, pain, spasm or uncoordinated muscle movement
- Develops six months after onset of paralysis or later

What To Do Before Synkinesis Develops

- Avoid maximum-effort exercises of facial muscles, which may increase asymmetry
- Avoid facial electrical stimulation, which may increase abnormal movements
- Safely and gently stretch afflicted side of the face, as this may help brain's sensory awareness of that side and promote normal recovery

TREATMENT OF SYNKINESIS

- Facial retraining may improve expression through muscle coordination
- Botulinum toxin has been shown to temporarily reduce synkinesis
- Comprehensive Evaluation (therapy, surgery, eye care)

SUGGESTIONS FOR FACIAL PARALYSIS REFERRAL PHONE NUMBERS

- Referral to Ophthalmology: (608) 263-7171
- Referral to Neurology: (608) 263-5442
- Referral to Neurosurgery: (608) 263-7502
- Referral to Head and Neck Surgery: (608) 263-6190
- Referral to Otology: (608) 263-6190

For more information, visit uwhealth.org/facialnerve

INITIAL FACIAL PARALYSIS EVALUATION

Facial Paresis

- Facial Palsy
- Middle Ear Disease
- Sphenoid Sinus Disease
- Recovery Since Onset

Facial Nerve Evaluation

- Facial Movement
- Evaluate Degree of Facial Paralysis

What do I need to do next?

- Complete the recommended testing
- Complete any recommended intervention

For more information, visit uwhealth.org/facialnerve

BIELL'S PALSY NEXT STEPS

- For more information, visit uwhealth.org/facialnerve

- Efficacy of Botulinum Toxin
- Early referral to Oculoplastic Surgery
- Early referral to Ophthalmology
- Early referral to Neurology
- Early referral to Neurosurgery
- Early referral to Head and Neck Surgery
- Early referral to Otology

- Synkinesis evaluation and treatment

- Synkinesis develops six months after onset of paralysis or later
- Patients may describe facial tightness, pain, spasm or uncoordinated muscle movement
- Develops six months after onset of paralysis or later

- Early referral to an eye doctor: uwhealth.org/eyes
- Use of ophthalmic ointments
- Frequent use of lubricating ophthalmic drops
- Use of wraparound sunglasses
- Use of moisture chamber at night

What To Do Before Synkinesis Develops

- Avoid maximum-effort exercises of facial muscles, which may increase asymmetry
- Avoid electrical stimulation, which may increase abnormal movements
- Safely and gently stretch afflicted side of the face, as this may help brain's sensory awareness of that side and promote normal recovery

TREATMENT OF SYNKINESIS

- Facial retraining may improve expression through muscle coordination
- Botulinum toxin has been shown to temporarily reduce synkinesis
- Comprehensive Evaluation (therapy, surgery, eye care)