

# PHYSIOTHERAPY

- Course 6-

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# FACIAL PARALYSIS

# Bell's palsy

- Is a type of **facial paralysis** that results in an inability to control the facial muscles on the affected side.
- Symptoms can vary from mild to severe.
- They may include
  - muscle twitching
  - weakness
  - total loss of the ability to move one or rarely both sides of the face.

# Bell's palsy

- Other symptoms include
  - drooping of the eyelid
  - a change in taste
  - pain around the ear
  - increased sensitivity to sound.

# Clinics

- The facial nerve controls a number of functions
  - blinking and closing the eyes
  - smiling
  - frowning
  - lacrimation
  - salivation
  - flaring nostrils
  - raising eyebrows

# Clinics

- It also carries taste sensations from the anterior two-thirds of the tongue, via the chorda tympani nerve (a branch of the facial nerve).
- Because of this, people with Bell's palsy may present with loss of taste sensation in the anterior 2/3 of the tongue on the affected side.

# Cause

- It results from a dysfunction of cranial nerve VII (the facial nerve).
- Many believe that this is due to a viral infection that results in swelling.
- Diagnosis is based on a person's appearance and ruling out other possible causes.
- Other conditions that can cause facial weakness include
  - brain tumor
  - stroke
  - Lyme disease (caused by mites)

# Cause

- Some viruses are thought to establish a persistent (or latent) infection without symptoms
  - varicella-zoster virus
  - Epstein-Barr virus (both of the herpes family).
- Reactivation of an existing (dormant) viral infection has been suggested as a cause of acute Bell's palsy.
- Studies suggest that this new activation could be preceded by trauma, environmental factors, and metabolic or emotional disorders, thus suggesting that a host of different conditions may trigger reactivation.

# Treatment

- **Steroids**

- Corticosteroids (prednisone) improve recovery at 6 months

- **Antivirals**

- Aciclovir

# Prognosis

- Most people with Bell's palsy start to regain normal facial function within 3 weeks, even those who do not receive treatment.
- Incomplete palsies disappear entirely, nearly always in the course of one month.
- The patients who regain movement within the first two weeks nearly always remit entirely.
- When remission does not occur until the third week or later, a significantly greater part of the patients develop sequelae.