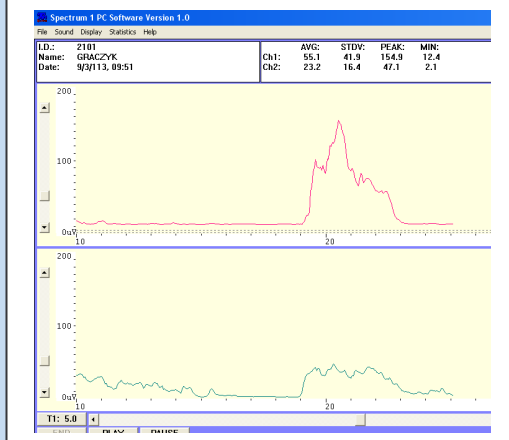


Physiotherapy in Chronic Facial Palsy: Acoustic Neuroma Patients Benefit From Longer Treatment Time Than Bell's Palsy Patients

sEMG Evaluation of Facial Nerve Activity:



STUDY DESIGN

Retrospective Case Series Study:

on clinical records of 110 patients (47 male, 42.7%, and 63 female, 57.2%) with a mean age of 40 (age range 13- 80), with unilateral peripheral facial nerve palsy (69 Bell's, 33 Post Acoustic Neuroma removal, 1 Ramsey Hunt Syndrome and 7 miscellaneous).

Number of patients with facial palsy following surgical removal of Acoustic Neuroma = 33

Number of patients with Bell's Palsy = 69

Wendy Walker [1], Diana Farragher [1], Simon Freeman [2], Adeel Kahn [3]

1 The Lindens Clinic, Sale, Manchester. 2 Manchester Royal Infirmary. 3 University of Manchester

RESULTS

Bell's Palsy:

Mean Overall increase in facial score: 23.4%
Mean Length of treatment (months): 13.7

Acoustic Neuroma:

Mean Overall increase in facial score: 25.2%
Mean Length of treatment (months): 21.5

CONCLUSION

This retrospective analysis demonstrates quite clearly that **patients with long-standing unilateral facial palsy** (over 12 months) respond well to physiotherapy, and **gain significant increase in facial range of movement and improved symmetry**.

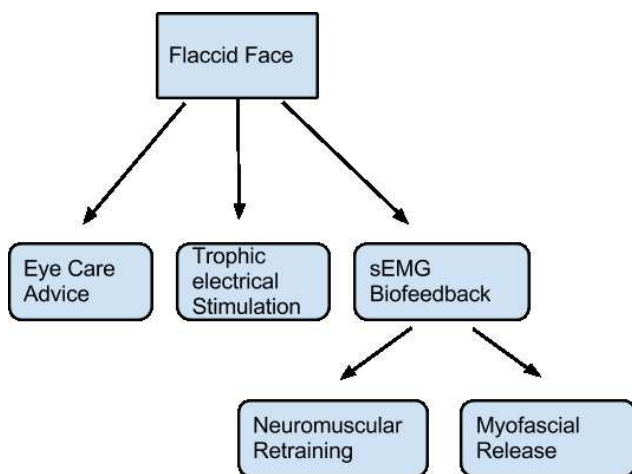
When comparing the differences between the Bell's Palsy and Acoustic Neuroma patients, the outcome of treatment is a very similar increase in facial function (23% to 25% increase on the Facial Grading System). However the Acoustic Neuroma patients take significantly longer to achieve this improvement: 21.5 months on average, compared to only 13.7 months for the Bell's Palsy patients.

It will be useful to be aware of this difference when planning treatment for this client group, as **allowing for a longer course of physiotherapy treatment in the patients with facial palsy following Acoustic Neuroma removal will permit optimum benefit from physiotherapy, and in some cases may remove the necessity for further surgery to improve facial cosmesis and function**.

sEMG Biofeedback:



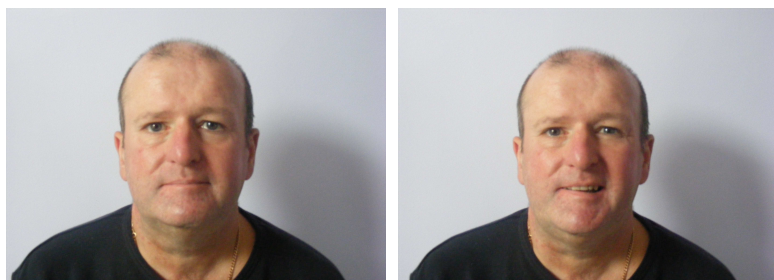
Treatment Flowchart



BEFORE:



AFTER:



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