

Quick Guide to Bell's Palsy

What is Bell's palsy?

- Non-progressive neuromuscular disorder affecting the facial cranial nerve (VII).
- Can affect anyone of any age.
- Older people, pregnant women, and those with diabetes or upper respiratory ailments are more likely to be affected.
- Unknown cause, but may be related to viral or immune disorders.
- Symptoms are due to decreased blood supply and/or compression of CN VII.

What are the symptoms of Bell's palsy?

- Unilateral facial droop.
- Drooling.
- Difficulty closing the eye on the affected side.
- Pain in the jaw or behind the ear on the affected side.
- Hyperacusis on the affected side.
- Headache.
- Loss of taste in the front $\frac{2}{3}$ of the tongue.
- Decrease in tears and saliva production.

Bell's palsy typically is not permanent

- Most people start to recover within 2-3 weeks, and around 80% fully recover within the first 3 months, although it can take 6 months or longer for symptoms to resolve.
- NORD reports that if a person has some function on the affected side, then "a full recovery can be expected".
- If a person has some function on the affected side, it is not too late to try rehab with a trained SLP, PT, or OT.
- Some symptoms or complications can linger, such as synkinesis and co-contracting muscles.
- In rare cases, Bell's palsy is permanent.
- Bell's palsy can be bilateral, although that is rare.

Strategies to improve speech

The affected person can try to alter their speech:

- Exaggerate the movement of the lips on the strong side.
- Open the mouth more to create more space for sound to emerge.
- Pull the affected cheek up towards the ear.
- Increase the volume.
- Decrease the rate of speech.

Everyone can help ensure the best communication situation possible:

- Speak face-to-face in good lighting.
- Eliminate background noise.
- Ensure everyone is wearing their glasses and hearing aids, as the case may be.
- Identify the topic of conversation.

Speech can be supplemented with AAC:

- Point to the first letter on an alphabet board and repeat the word that wasn't understood.
- Use writing, typing, or texting.
- Make gestures or point.
- Use an AAC app.

Tips to help eating and drinking

- Pull the affected cheek up towards the ear while chewing.
- Use a hand or napkin to help keep the mouth shut while eating or drinking.
- Drink from a straw.
- Use a small diameter straw (coffee stirrers may work best).
- Try placing the straw anywhere from midline to the corner of the mouth on the unaffected side.
- Choose softer foods and add moisture so they aren't dry.
- Cut the food before putting it into the mouth, rather than trying to bite it off.

What are direct treatments for Bell's palsy?

Medical interventions may include:

- Oral corticosteroids, especially if started within 72 hours of onset.
- Antiviral medication.
- Eye drops, eyeglasses, and/or patches to reduce risk of injury to the affected eye.

We have some evidence for rehab to mitigate the symptoms of Bell's palsy. Treatment should be provided by trained SLPs, PTs, or OTs, to reduce risk of problems such as co-contracting muscles and synkinesis.

- Massage to prevent permanent contractures.
- Exercise (if not fully paralyzed).
- Biofeedback (if not fully paralyzed).
- Electrical stimulation (if not fully paralyzed) by an SLP trained in NMES for treatment of dysphagia or by a PT or OT trained in facial neuromuscular rehab.

Exercise/electrical stimulation may not be started for 3-6 months post onset in order to reduce the risk of side-effects like synkinesis and to maximize the movement regained with spontaneous recovery.