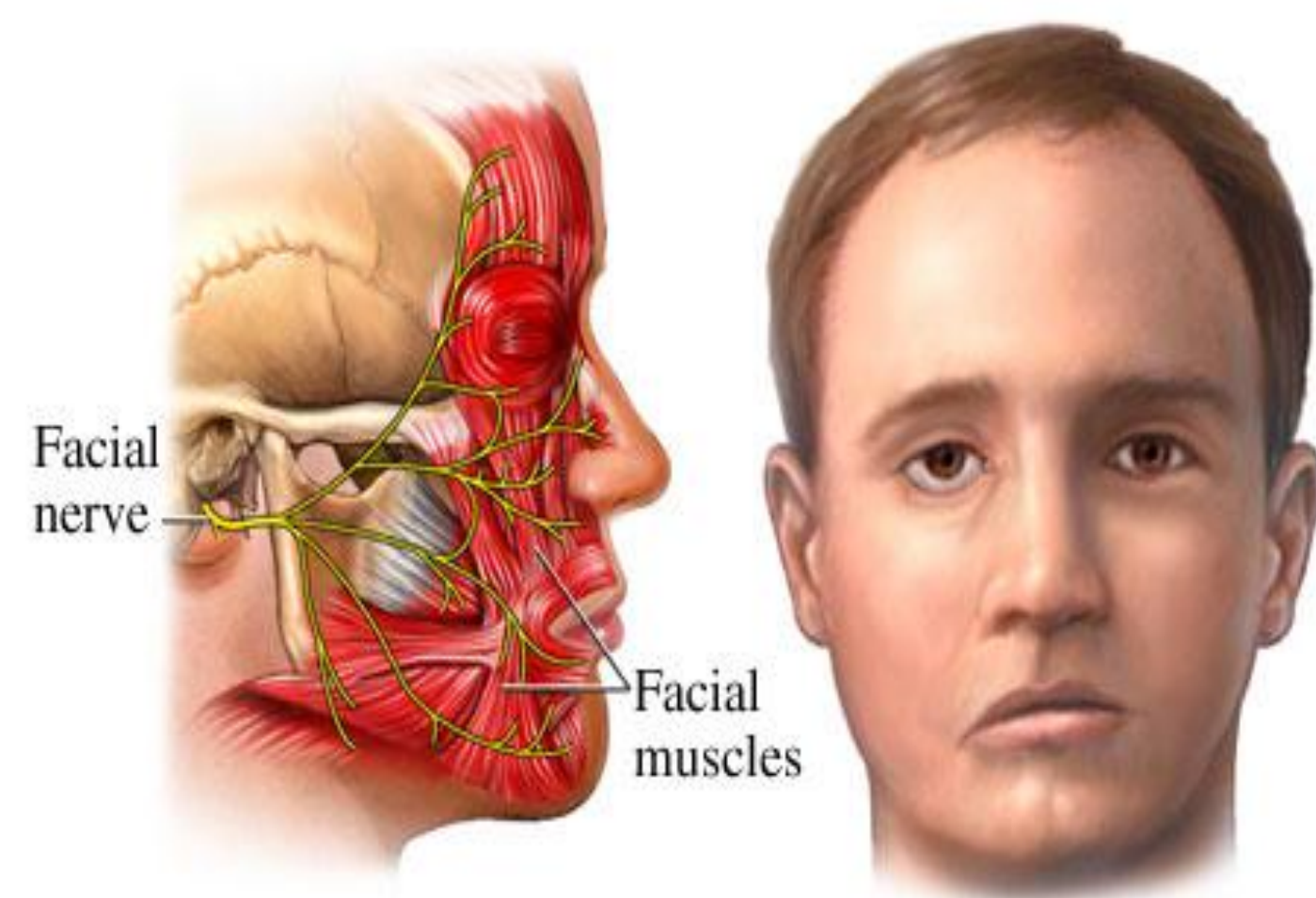


Muscle compensatory activity inhibition with kinesiotape application to the unaffected hemiface in the person with peripheral facial palsy

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Background

Facial palsy (FP) is a common condition affecting the seventh cranial nerve, often of unknown aetiology, causing unilateral facial paralysis. This leads to asymmetry, impaired emotional expression, and social isolation (1). Physiotherapy supports recovery (1,2) , and kinesiotape—widely used in sport—can modulate muscle activity through facilitation or inhibition techniques (3-5). While its use on the affected side is documented (3-5), little is known about kinesiotape’s inhibitory role on the unaffected side

Purpose

To describe the intervention and outcomes of two clinical cases using kinesiotape for muscle inhibition on the unaffected hemiface as an additional physiotherapy strategy.

Methods

Subjects
Two adults with idiopathic FP were treated:

- Case 1:** 65-year-old woman (symptoms onset, 1 month ago)
Case 2: 48-year-old man (symptoms onset, 2 weeks ago)

Outcome Measures
Sunnybrook Facial Palsy Scale (SBFPS) – facial symmetry and movement (score: 100 pt. Normal function- 0 Complete paralysis)
Hospital Anxiety and Depression Scale (HADS) – psychological wellbeing
Score: **0-7:** Normal range; **8-10:** Mild anxiety or depression; **11-14:** Moderate anxiety or depression; **15-21:** Severe anxiety or depression.
Assessments were conducted at session 13 (beginning of KT application), and at the end of treatment.
Ethical standards (CARE checklist(8), Helsinki Declaration) were followed.

Intervention Procedure
Both received corticosteroids and underwent 54 (case 1) and 52 (case 2) physiotherapy sessions, including:

- Facilitation of weak muscles on the affected side
- Facial exercise therapy
- Inhibition thechniques on both hemifaces

The KT was applied to inhibit overactive muscles on the unaffected side (no tension in muscle stretch
Performed from the muscle’s insertion to its origin)

Results

- Both patients demonstrated improvements.
- For the first participant – Case 1 – the SBFPS score increased from 25 to 88 and the HADS score improved from 13 to 10 (Graphic 1 and figure 1).
 - The second participant – Case 2 – the SBFPS score improved from 25 to 96, and his HADS score decreased from 9 to 3 (Graphic 2 and figure 2).

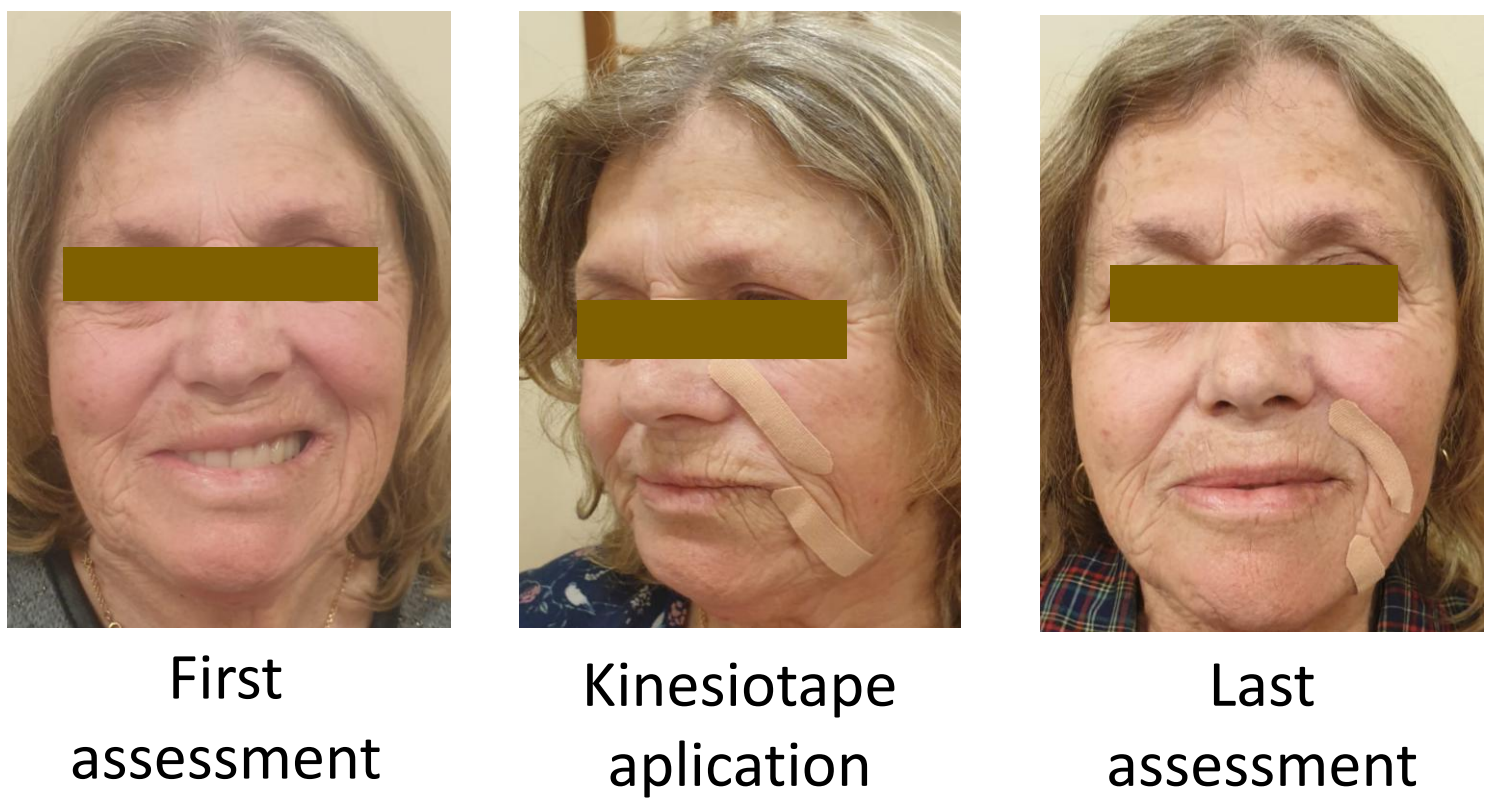
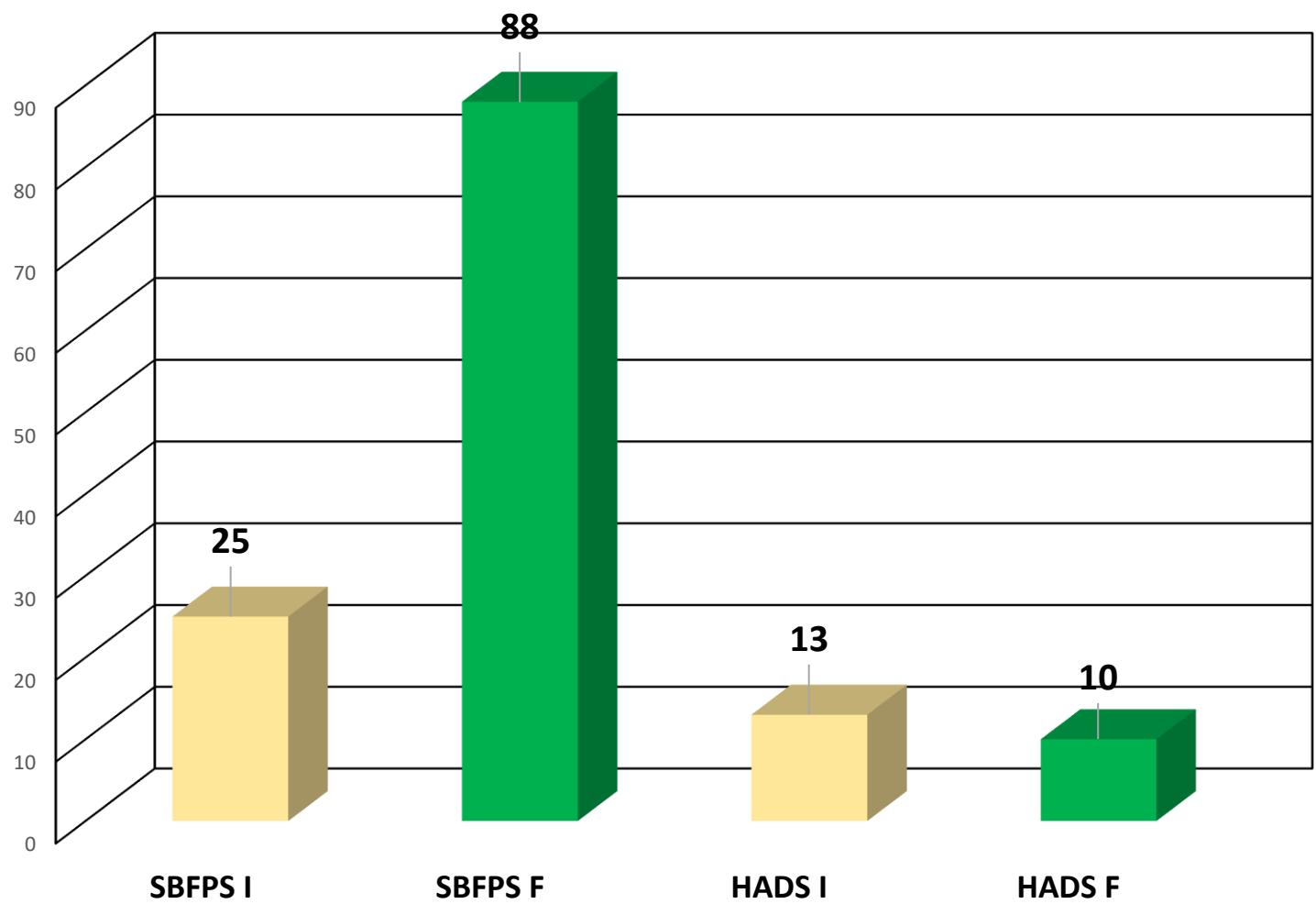


Figure 1



Graphic 1

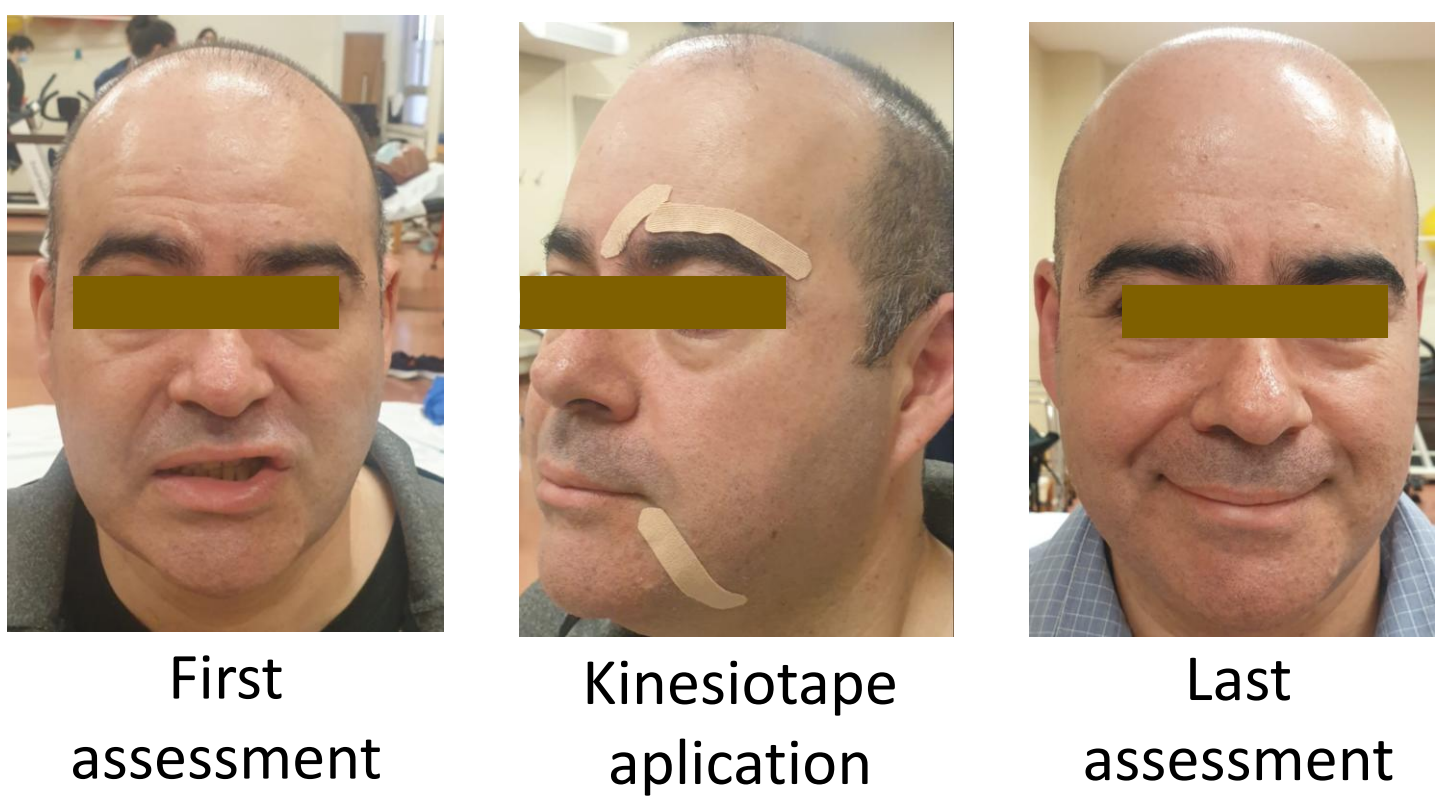
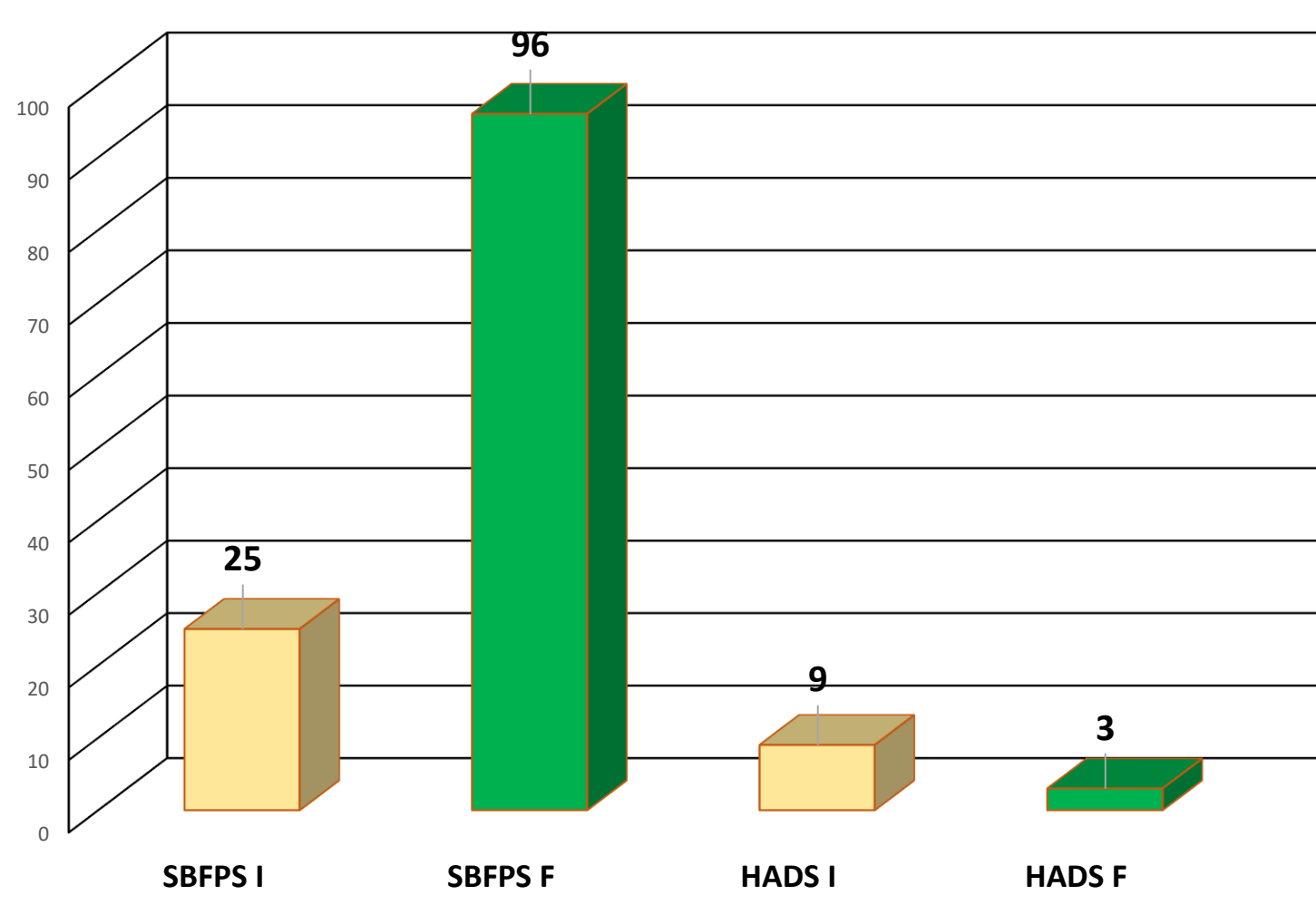


Figure 2



Graphic 2

Conclusion

These results show that Kinesiotape may enhance physiotherapy outcomes in FP, improving both facial function and emotional wellbeing.
While these improvements are promising, they may be attributed to variables such as the combined effect of physiotherapy, placebo effects, or the natural recovery process.
Recommendations: Further studies with larger samples and varied methodology are needed to validate these findings, optimize KT application techniques, and better understand its role within the broader context of FP rehabilitation

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