



1 WHAT IS IT?

The facial nerve (cranial nerve VII) controls the muscles of facial expression, helps form tears and saliva, and contributes to taste.

Injury to this nerve can cause weakness or paralysis on one side of the face.



1 in 60 people
will experience facial
nerve palsy in their lives.



All ages
can be affected. It can occur
suddenly or develop after
illness, surgery or trauma.



Most start to recover
within weeks to months,
but some are left with
long-term changes.



Early treatment and rehabilitation can
improve recovery and reduce long-term
complications such as synkinesis.

2 WHAT'S HAPPENING?

The facial nerve and its pathways

Brain

Plans and controls
facial expression

Brainstem

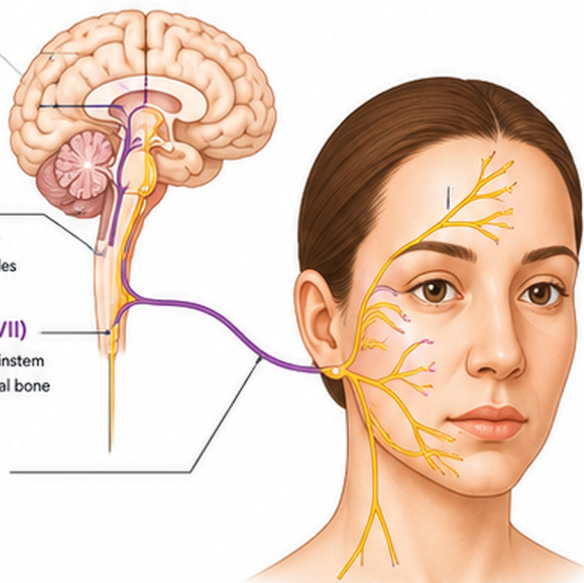
Facial nerve nucleus
controls facial muscles

Facial Nerve (VII)

Travels from the brainstem
through the temporal bone
and out to the face

Nerve branches

Supply the muscles
of facial expression



When the facial nerve is
inflamed, compressed or
damaged, messages don't
travel normally.

This can result in:

- Weakness or paralysis
- Drooping of the eye or mouth
- Loss of facial movement
- Difficulty closing the eye
- Changes in taste or saliva
- Synkinesis (unwanted muscle co-contraction)



DID YOU KNOW?

The brain is adaptable.
With the right input
and practice, it can
learn to control facial
movements more
efficiently again.



Facial nerve injuries affect more than just the muscles.
They can change how your brain, nerves and muscles work together.
Rehabilitation helps retrain these connections.

3 WHAT WILL YOUR PHYSIOTHERAPIST ASSESS?

A thorough assessment helps identify what is affecting your recovery.

Your story

We discuss how your
injury happened,
your symptoms
and what's
important to you.



Facial movement

We assess how your
face moves at rest
and with expressions,
and how well each
muscle is working.



Synkinesis & compensations

We look for unwanted
muscle co-contraction
and movement
patterns that may be
maintaining symptoms.



Sensation

We check facial
sensation, taste
(where relevant)
and nerve
function.



Eye & oral function

We assess eye closure,
tearing, dry eye risk,
speech, eating and
saliva where
appropriate.



Neck, posture & habits

We look at neck
movement, posture
and habits that may
influence facial
function.



Your assessment is individual. We identify the factors most relevant to you so your treatment is specific and effective.

4 WHAT CAN PHYSIOTHERAPY TREAT?

Treatment is tailored to your goals and the stage of your recovery.

Restore movement and control

Exercises to retrain
facial muscles and
improve strength,
symmetry and
coordination.



Reduce synkinesis & unwanted patterns

Techniques and
exercises to reduce
aberrant co-contraction
and improve selective
muscle control.



Improve sensation & nerve function

Sensory retraining
and graded input to
help normalise nerve
sensitivity and
awareness.



Protect & support eye and oral function

Strategies to protect
the eye, improve
blink and tearing,
and support speech,
eating and saliva.



Address related muscle & posture factors

Treat neck, jaw and
postural factors that
may impact facial
function.



Education & self-management

We empower you
with knowledge,
self-management
strategies and a
home program.



OUR GOAL: To help you achieve the best possible facial function, confidence and quality of life.

Through skilled assessment, targeted treatment and active self-management, your brain and body can work better together.