



FACING FORWARD

facingfwd.org | office@facingfwd.org

Complete Bell's Palsy Recovery Kit

Six essential guides in one document — from diagnosis to recovery.

01

First 72 Hours

Medications, eye care, and red flags

02

Symptom & Grading

House-Brackmann scale and progress tracking

03

Recovery Exercises

Neuromuscular retraining at home

04

Specialist Directory

Finding the right care team in New York

05

Emotional Wellness

Mental health, support groups, and coping

06

Family Handbook

How caregivers can help without overstepping

**SECTION 01**

First 72 Hours

The first three days after a Bell's Palsy diagnosis are the most critical for your long-term recovery. This section covers immediate medical steps, eye protection protocols, and urgent warning signs.

01

MEDICAL URGENCY

Corticosteroids: Start Immediately

The immediate priority is reducing inflammation of the 7th cranial nerve. Oral corticosteroids (like Prednisone) must ideally begin within 48–72 hours of symptom onset. Early administration significantly improves the chances of complete recovery by reducing nerve compression in the narrow facial canal.

1 **Contact your doctor or ER immediately**

Demand a prescription for oral corticosteroids the same day. Time is nerve tissue. Do not wait to see if symptoms improve on their own — the treatment window is narrow.

2 **Ask about antiviral therapy**

Your doctor may also prescribe antivirals (like Valacyclovir), as viral infections (particularly Herpes Simplex) often trigger the inflammation. Combination therapy is increasingly standard for moderate-to-severe presentations.

3 **Avoid anti-inflammatory NSAIDs as a substitute**

Ibuprofen is not a replacement for corticosteroids. It will not reduce nerve compression in the bony facial canal. Only prescription corticosteroids address the root inflammatory mechanism.

4 **Document your symptom onset time**

Write down the exact time and date when you first noticed facial weakness. This timestamp matters enormously for clinical decisions about treatment intensity.

EYE PROTECTION

Protecting Your Cornea



Because Bell's Palsy often prevents the eye from blinking or closing fully, the cornea is at severe risk of drying, scratching, or ulcerating — a potentially permanent injury. Eye care is not optional. It is your #1 daily task.

Daytime Eye Care

- Preservative-free artificial tears
- Every 1–2 hours, minimum
- Protective glasses outdoors
- Moisture chamber glasses if severe

Nighttime Eye Care

- Ophthalmic lubricating ointment
- Medical tape to close the eye
- Moisture-chamber eye patch
- See an ophthalmologist early

**Red Flags — Go to the ER Immediately**

Bell's Palsy only affects the facial nerve. Any of the following symptoms may indicate a stroke or other neurological emergency:

- Weakness or numbness in your arms or legs
- Difficulty speaking, slurred speech, or sudden confusion
- Vision changes beyond dry or blurry eye on the affected side
- Severe sudden headache or loss of balance / coordination



SECTION 02

Symptom & Grading Guide

Understanding the clinical side of your diagnosis helps you communicate effectively with your medical team and track recovery progress objectively. This section explains the facial nerve, grading scales, and how to log progress.

02

THE FACIAL NERVE

Understanding the 7th Cranial Nerve

The facial nerve (cranial nerve VII) controls the muscles of facial expression, taste sensation on the front two-thirds of the tongue, and tear and saliva production. When inflamed, it swells within the narrow bony canal of the skull (the facial canal), cutting off electrical signals to facial muscles. The nerve itself is usually intact — the goal of treatment is to reduce swelling before permanent compression damage occurs.

CLINICAL SCALE

House-Brackmann Grading Scale

Doctors worldwide use this scale to evaluate the severity of facial paralysis. Ask your neurologist to grade you at each visit so you can track objective improvement.

G1**Grade I — Normal**

Normal facial function in all areas.

G2**Grade II — Mild Dysfunction**

Slight weakness on close inspection. Complete eye closure with minimal effort. Slight mouth asymmetry.

G3**Grade III — Moderate Dysfunction**

Obvious but not disfiguring difference. Complete eye closure with effort. May have synkinesis.

G4**Grade IV — Moderately Severe**

Obvious weakness and/or disfiguring asymmetry. Incomplete eye closure. Asymmetric mouth movement.

**G5****Grade V — Severe Dysfunction**

Only barely perceptible motion. Incomplete eye closure. Slight movement of corner of mouth only.

G6**Grade VI — Total Paralysis**

No movement whatsoever. Immediate ophthalmology referral essential.

TRACKING YOUR RECOVERY

Week-by-Week Progress Logging

1**Weekly video log**

Take a short video of yourself each week performing five movements: raising eyebrows, closing eyes tightly, smiling with teeth, puckering lips, and flaring nostrils. Compare week 1 to week 4 — changes are often invisible day-to-day.

2**Measure recovery rate, not daily changes**

Nerves heal at approximately 1–2 millimetres per day. Do not expect daily visible changes. Set a reminder to review your video logs every two weeks.

3**Note synkinesis early**

Synkinesis — unwanted linked movements (eye closing when smiling) — is an early sign of nerve re-routing. Document it immediately and mention it to your physiotherapist; early neuromuscular retraining prevents it from becoming entrenched.

4**Keep a symptom diary**

Log eye moisture, facial tightness, taste changes, and sound sensitivity (hyperacusis). These secondary symptoms often resolve before full motor recovery and signal progress.

**SECTION 03**

Recovery Exercise Kit

Once your doctor clears you — usually after the acute inflammation phase — gentle rehabilitation can begin. This guide is informed by physical therapists specializing in facial neuromuscular retraining (NMR).

03

CORE PRINCIPLES

Neuromuscular Retraining Philosophy

1**Quality over quantity**

The goal is not to 'build muscle strength' — the muscles themselves are intact. The nerve is the issue. Focus on precise, symmetrical movements, not repetitions.

2**Never force a movement**

If a muscle will not move, pushing harder causes surrounding muscles to compensate, wiring in synkinesis (unwanted linked movements). Small, patient, guided movements only.

3**Relax the healthy side first**

The non-paralyzed side of your face often becomes overworked and tight, pulling your face into asymmetry. Massage and consciously relax it before every exercise session.

4**Mirror use is non-negotiable**

Visual feedback is how the brain re-learns which signals produce which movements. Always exercise in front of a mirror in a well-lit, quiet room.

HOME EXERCISE ROUTINE

Core Exercises — 10 Minutes, 2–3x Daily

Perform these in front of a mirror. Stop any exercise if you notice the opposite side of your face starting to pull or tighten.

**1 Eyebrow Raise**

Attempt to raise both eyebrows gently and symmetrically. If the affected side does not move, use one fingertip to gently assist it upward to match the healthy side. Hold for 3 seconds. Release slowly. Repeat 5 times. Attempt to raise both eyebrows gently and symmetrically. If the affected side does not move, use one fingertip to gently assist it upward to match the healthy side. Hold for 3 seconds. Release slowly. Repeat 5 times.

Tip: Focus on both sides moving equally. Asymmetric raises reinforce compensation patterns.

2 Gentle Eye Closure

Look downward and slowly close both eyes. Do not squeeze tightly — the goal is smooth, relaxed closure. Use the back of your index finger to gently smooth the affected eyelid down if it lags. Hold 3 seconds. Repeat 5 times.

Look downward and slowly close both eyes. Do not squeeze tightly — the goal is smooth, relaxed closure. Use the back of your index finger to gently smooth the affected eyelid down if it lags. Hold 3 seconds. Repeat 5 times.

Tip: Aggressive eye squeezing triggers synkinesis. Slow and gentle is always better.

3 Symmetrical Closed-Mouth Smile

Attempt a tiny, closed-mouth smile — the smallest movement that activates both corners. Stop the instant your face becomes asymmetrical. Hold 5 seconds. Release. Rest 10 seconds between repetitions. Repeat 5 times. Attempt a tiny, closed-mouth smile — the smallest movement that activates both corners. Stop the instant your face becomes asymmetrical. Hold 5 seconds. Release. Rest 10 seconds between repetitions. Repeat 5 times.

Tip: The smaller and more symmetrical the smile, the more effective the retraining.

4 Lip Pucker

Gently pucker your lips as if kissing, keeping both sides symmetrical. Use your fingers to help guide the affected side into position if needed. Hold 3 seconds. Do not whistle or exaggerate the movement. Repeat 5 times. Gently pucker your lips as if kissing, keeping both sides symmetrical. Use your fingers to help guide the affected side into position if needed. Hold 3 seconds. Do not whistle or exaggerate the movement. Repeat 5 times.

Tip: Guide with hands rather than forcing — let the nerve do as much as it can.

5 Nostril Flare

Try to gently flare both nostrils simultaneously. This tests the zygomatic branch of the facial nerve. Hold 2 seconds, then release. Repeat 5 times. This may take weeks to return — do not skip it.

Try to gently flare both nostrils simultaneously. This tests the zygomatic branch of the facial nerve. Hold 2 seconds, then release. Repeat 5 times. This may take weeks to return — do not skip it.

Tip: Even attempting the movement, even with no visible result, trains the neural pathway.

6 Mirror Therapy

Cover your affected side in the mirror. Watch only your healthy side performing a movement. The brain processes this visual signal as if the affected side is moving too, stimulating neural reconnection. Do 5 minutes of this for each exercise above.

Cover your affected side in the mirror. Watch only your healthy side performing a movement. The brain processes this visual signal as if the affected side is moving too, stimulating neural reconnection. Do 5 minutes of this for each exercise above.

Tip: Mirror therapy is especially effective in the early weeks when movement is minimal.



PT

When to See a Facial Physical Therapist

A general PT is not the same as a facial neuromuscular retraining specialist. If you are at Grade III or above (House-Brackmann), a certified facial PT should be part of your care team within the first 4 weeks.

Look specifically for credentials in: Neuromuscular Retraining (NMR), Facial Rehabilitation, or EMG Biofeedback Therapy for facial palsy.

**SECTION 04**

Specialist Directory

Finding practitioners who truly understand Bell's Palsy is essential. This section explains how to build your care team and what to look for at each stage of recovery.

04

YOUR CARE TEAM

Who You Need — and When

Your ideal care team evolves. In week one, a neurologist and ophthalmologist are critical. By month two, a specialized physical therapist becomes your primary recovery partner.

SPECIALTY	ROLE IN CARE	NY PROVIDERS
Neurologist	Diagnoses the condition, rules out stroke and other causes, prescribes acute medications (steroids/antivirals), monitors recovery.	• Dr. Jane Doe — NYU Langone • Dr. John Smith — Mount Sinai
Ophthalmologist	Evaluates corneal health, prescribes specialized lubricating drops and ointments, fits moisture chambers if needed.	• Dr. Sarah Lee — Weill Cornell • Dr. Robert Chen — Northwell
ENT (Otolaryngol.)	Evaluates inner ear structures, monitors facial nerve pathways via imaging, assesses hearing changes and tinnitus.	• Dr. Emily White — Columbia • Dr. Michael Brown — NYEE
Facial PT (NMR)	Facial Neuromuscular Retraining specialist. Must hold specific facial rehab certification — do not see a general PT.	• NYC Facial Rehab Center • Brooklyn Nerve Therapy Group
Psychologist	Addresses anxiety, depression, and social withdrawal that are documented consequences of facial paralysis. Early referral recommended.	• Ask your neurologist for a • behavioural health referral

Note: Provider names above are representative placeholders. Contact Facing Forward for the current active roster of vetted New York specialists at office@facingfwd.org.



FINDING THE RIGHT CARE

Questions to Ask Any Specialist

1

For a physical therapist

Ask: 'Do you have specific training or certification in facial neuromuscular retraining?' A general PT who has treated shoulder injuries is not the right fit. The facial nerve requires a completely different rehabilitation approach.

2

For a neurologist

Ask: 'Have you treated Bell's Palsy patients before, and what is your protocol for monitoring recovery?' Look for one who will track you with serial House-Brackmann grades.

3

For your initial appointment

Bring your symptom onset date and a short video of your facial movements. Ask the doctor to assign you a House-Brackmann grade on day one so you have a baseline.

4

If you are not improving by week 8

Ask for an electromyography (EMG) test to assess the extent of nerve damage and guide treatment decisions. This is a standard next step if spontaneous recovery is not occurring.

**SECTION 05**

Emotional Wellness Guide

The psychological impact of facial paralysis is profound. Depression, anxiety, and social withdrawal are documented medical consequences of Bell's Palsy — they are not signs of weakness.

05

ACKNOWLEDGING THE TOLL

What You May Be Feeling

Losing the ability to smile, speak clearly, or blink alters how you interact with the world. It is entirely normal to grieve the temporary loss of your facial identity. The psychological literature is clear: facial disfigurement, even temporary, carries a measurable mental health burden. You are not overreacting.

Common Emotional Experiences

- Social anxiety in public
- Grief over lost expressions
- Exhaustion from daily eye care
- Fear about permanent change
- Isolation from friends

Physical Triggers of Distress

- Eating in front of others
- Speaking on phone/video
- Mirrors and photographs
- Loud environments (hyperacusis)
- Eye taping at bedtime

RESOURCES & SUPPORT

Real Help for Real Struggles

1**Join a peer support group**

Facing Forward runs weekly virtual peer-support sessions where you can connect with others currently navigating recovery in a safe, judgment-free space. Simply knowing that others have been where you are is powerful medicine. Register at facingfwd.org or email office@facingfwd.org.

**2****Seek professional counselling**

Look for a therapist who specializes in chronic illness, sudden physical trauma, or body image. The mental toll of Bell's Palsy requires as much clinical attention as the physical nerve. Ask your neurologist for a behavioural health referral — it is a standard part of comprehensive care.

3**Set limits on explanations**

You do not owe anyone a detailed medical history. It is okay to carry a small card that says 'I am recovering from Bell's Palsy, a temporary nerve condition' to hand to people if you do not wish to discuss it. Controlling your narrative reduces exhaustion significantly.

4**Protect your sleep and daily rhythm**

Bell's Palsy disrupts sleep through eye discomfort, hyperacusis, and anxiety. Prioritise consistent sleep hygiene — the nerve heals during rest, and a depleted immune system slows recovery.

5**Be honest with your closest support people**

Bring your spouse, partner, or closest friend into your care conversation. Isolation worsens mental health outcomes. Specific, honest requests ('I need you to help me with my eye tape at night') build connection and reduce caregiver guesswork.

P**A Note on Permanence**

The vast majority of Bell's Palsy patients achieve significant or complete recovery within 6 months. For most people, this is temporary. The emotional weight of the experience is real, but the prognosis — especially with early, appropriate treatment — is genuinely encouraging. You are not alone, and this is not the end of your story.

**SECTION 06**

Family Handbook

When a loved one is diagnosed with Bell's Palsy, families want to help but often don't know how. This section outlines practical adaptations and the emotional support strategies that actually work.

06

PRACTICAL SUPPORT

Day-to-Day Care Adaptations

Mealtime Support

- Wide-barreled straws for drinking
- Soft, easy-to-chew foods
- Private meals if preferred
- Remove time pressure
- Patience with spills/leaks

Eye Care Support

- Help with nighttime eye taping
- Set hourly eye drop reminders
- Buy preservative-free drops in bulk
- Moisture chamber glasses
- Watch for redness / pain

EMOTIONAL SUPPORT

How to Help Without Overstepping

1 Don't police their recovery

Avoid saying 'Did you do your facial exercises today?' Your role is encouragement, not accountability. Recovery is exhausting enough without feeling monitored at home. Ask 'How are you feeling today?' instead.

2 Validate before you reassure

When they express distress about their appearance, resist immediately saying 'You look fine!' or 'It's barely noticeable!' These responses, however well meant, dismiss the real experience. Instead say: 'I know this is incredibly hard and frustrating.' Validation first, reassurance second.

**3****Be the communications buffer**

Offer to be the point-of-contact for extended family and friends so the patient does not have to repeat their medical story dozens of times. A single update text or email to the wider family saves enormous emotional energy.

4**Attend appointments**

Offer to accompany them to neurologist or PT appointments. Having a second set of ears means less is forgotten, and shared understanding of the care plan makes home support more effective.

5**Learn the eye taping technique**

Taping the eye closed at night requires an unfamiliar technique that is difficult to do solo. Learn it together. Being able to help with this specific task removes one source of daily stress reliably.

6**Track your own needs too**

Caregiving is emotionally demanding. Your patience, sleep, and wellbeing matter. Supporting someone through Bell's Palsy is a weeks-to-months commitment — pace yourself so you can sustain it. Facing Forward's support groups welcome caregivers.

FF**Reach Facing Forward**

We are a team of people who have navigated Bell's Palsy, and we are here. Whether you have questions about treatment, need a referral to a specialist, or simply want to talk to someone who understands — reach out.

Email: office@facingfwd.org

Website: facingfwd.org

Support: Weekly virtual peer groups — open to patients and families