The Effects of Movement Methods on Patients with Idiopathic Facial Paralysis

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Keywords: Facial paralysis, Movement method, Effect, evaluation.

Abstract. This study is mainly the use of exercise therapy for idiopathic facial paralysis, while observing the clinical efficacy of patients, exercise therapy for the treatment of idiopathic facial paralysis to find evidence-based medical evidence. This is a randomized controlled trial, patients were divided into two groups, experimental group and control group, 20 cases in each group, the control group was given routine treatment, the experimental group on the basis of conventional therapy with exercise therapy, intervention on patients, namely brow lift closed training, training, training in training with the nose, teeth, lips training, training and other drum gills. The daily training 2 times, each training 30 times, for 1 month, one month after the two groups of patients using TFGS classification method to evaluate the quality of the results by t test, to observe the curative effect of two groups of patients, the exercise therapy in the treatment of facial neuritis is better than conventional therapy combined with conventional therapy, significantly accelerated the recovery the function of facial nerve.

Introduction

Facial neuritis stylomastoid foramen is due to nonspecific inflammation caused by facial nerve paralysis, clinical disease suddenly paralyzed side facial muscles, forehead wrinkles disappear, eyelid fission, disease side of the nasolabial fold, mouth askew, patients not frown, frown, the ipsilateral blink disappeared, closed when the thief, bosomy cheek weakness, mouth askew to contralateral, brushing teeth Water Leakage, eating food retention, although this disease is not a fatal disease, but the clinical common disease, frequently occurring, seriously affect the patient image, causing unpleasant feeling, especially in young patients, the emergence of various psychological problems, affecting the quality of lifeOrganization of the Text[1].

Methods

Patient Choose

Selected 40 cases of facial neuritis are in neurology clinic of Beihua University. They were randomly divided into two groups. The experimental group and the control group were recorded general information, past medical history, the control group was given conventional
treatment, and the experimental group was given exercise therapy on the basis of conventional treatment.

**Rehabilitation Nursing**

The main expression muscles involved in facial paralysis were occipital frontal muscle, orbicularis oculi, upper lip, zygomatic, angular muscle, orbicularis oris, and lower lip muscle. The functional training of these main muscles can promote the recovery of normal of the whole facial expression muscle.

**Eyes Protection**

Because the patient is not close their eyes, blink the corneal exposure, infection, patients were asked to wear protective goggles, avoid intraocular foreign bodies, and the use of eye drops, eye protection.

**Lifting Eyebrow Frowning Training**

The movement of eyebrow lifting mainly depends on the motion of the frontal muscle of the frontal muscles. Can ask the patient on the contralateral and ipsilateral eyes, brow lift contributes to recovery of motor function. It is the fear, the surprise action, each action needs to be kept for 5 seconds, and then repeat again after the relaxation. If the movement does not need to assist the movement [2].

**Closed Eye Training**

The function of the eye closed mainly depends on the contractions of the orbicularis oculi muscle. Training with eyes closed, gently closed the patients at the beginning and then forced to shut his eyes, wrinkles at the corners of the eyes, white light in the box edge, hold for 5 seconds, relax and repeat. If not completely closed, help with the finger. His eyes closed at the same time 30 times, if not completely closed eyelids, white is available when the index finger of the pulp along the infraorbital margin gently massage, then forced closed 30 times, contribute to the eyelid closure function recovery[3].

**Shrug Training**

The movement of the shrug is accomplished is mainly achieved by lifting the upper lip muscles and the contraction of the nasal muscles. Nose training can promote the recovery of motor function of the nasal muscles and the upper lip muscles. A few patients will not shrug the nose movement. They should pay attention to the nose direction during training[4].

**Toothed Training**

The movement of the teeth is mainly done by the contraction of the zygomatic size, the small muscle, the angular muscle of the mouth and the smile muscle. And the movement dysfunction of these four muscles is the main cause of the skew of the mouth. Ask the patient’s mouth angle to move to both sides at the same time, so as to avoid exerting only one kind of habitual angular deviation movement to one side.

**Mouth Training**

The lips mainly rely on orbicularis muscle contractions to complete. For the lips training, muscle contraction and lips pouted lips to push forward. After the orbicularis muscle was restored, the patient was able to drum the gills, and the symptoms of water leaking or feeding in
the mouth disappeared. At the same time the training mouth movement function of levator muscle of upper lip and lower lip and chin muscle. Whistling like shut up, and pursed forward, like “U”, hold for 5 seconds, relax and repeat.

**Drums and Gills Training**

Recovery drum gills training contributes to the orbicularis oris muscle and buccinator muscle motor function. When the gills are leaking, the musculus orbicularis muscle of the side mouth is pinched up and down with the hand to carry out the drums and gills. Patients can drum gills movement, movement function description of orbicularis oris muscle and buccinator muscle can be restored to normal, brushing, Water Leakage slobber and dyspeptic symptoms disappeared. This method is helpful to prevent the contracture of the square muscle of the upper lip.

**Graft Maxillary**

The patient moved around the mandible about 5 seconds on each side, and then repeated again after relaxing.

**Shut up, Open mouth**

Hold for 5 seconds, repeat after relaxation, open the mouth as large as possible, hold for 5 seconds, and repeat after relaxation.

**Chewing Gum**

Is mainly the buccinator muscle exercise for 10 minutes?
The above movements were synchronized with the healthy side, emphasizing the subjective participation and the amplitude of action. The maximum time should be 5 seconds, 30 times for each action, 2 for 1 day, 30 days for each action.

**Statistical Method T Test.**

**Results**

**General Data Analysis**

40 patients (21 males and 19 females) with peripheral facial paralysis were collected, including 20 cases (11 males and 9 females) in the experimental group, and 20 cases in the control group (9 males and 11 females). There was no statistical difference between the two groups in age, sex and before treatment (P >0.05), which was comparable.

After a month’s treatment, TFGS grading method was used for quality evaluation. X±S. Results t test showed that the difference between the two groups was statistically significant (P<0.05).
Table 1. Comparison of H-B scales among the two groups after treatment.

<table>
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<th>group</th>
<th>number</th>
<th>before grade</th>
<th>t</th>
<th>P</th>
<th>after grade</th>
<th>t</th>
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<td>trial</td>
<td>20</td>
<td>45.32±15.64</td>
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<td>62.50</td>
<td>P&lt;0.01</td>
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<tr>
<td>control</td>
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<td>46.38±14.54</td>
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<td>77.2±14.23</td>
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**Conclusion**

Rehabilitation nursing combined with conventional therapy is better than conventional therapy in treatment of facial neuritis, which significantly accelerates the rehabilitation of facial nerve function.

**Discussion**

Facial neuritis stylomastoid foramen is due to nonspecific inflammation caused by facial nerve paralysis, clinical disease suddenly paralyzed side facial muscles, forehead wrinkles disappear, eyelid fission, disease side of the nasolabial fold, mouth askew, patients not frown, frown, the ipsilateral blink disappeared, closed when the thief, bosomy cheek weakness, mouth askew to contralateral, brushing teeth Water Leakage, eating food retention, although this disease is not a fatal disease, but the clinical common disease, frequently occurring, seriously affect the patient image, causing unpleasant feeling, especially in young patients, the emergence of various psychological problems, affecting the quality of life of [5].

The above clinical neuritis modern medicine is mainly take oral hormone, intramuscular vitamin, physical therapy, surgery and other measures, has some effect, but in the long term curative effect and prognosis of the effect is not satisfactory, the side effects of hormone many side effects, is the largest of the femoral head necrosis, clinical use has many limitations. Acupuncture therapy is not suitable for the acute phase, especially the facial neuritis within 10 days, cannot use acupuncture treatment, in this case, rehabilitation nursing, exercise therapy is particularly important, at present around the movement of patients with facial paralysis neurological therapy is less, the lack of evidence related, the main purpose of this study is look for evidence based medicine, needle designed randomized controlled trials, it would provide the basis for exercise in the treatment of facial neuritis, accelerate facial paralysis rehabilitation, improve the quality of life of patients with [6].

The results showed that the experimental group and control group before treatment and non treatment factors balance, P>0.05, comparable, according to the TFGS grading scale scores after the treatment, one month after treatment in the two groups were compared, there were significant differences (P<0.01), showed that two groups of patients with symptoms improved significantly after treatment, treatment a month later, the experimental group and control group, there was significant difference (P<0.01), showed that the experimental group than the control group, that is to say, exercise therapy in the treatment of facial neuritis curative effect, clinical application.
Acknowledgement
This research was financially supported by Jilin Municipal Science and Technology Bureau project (201737156). Chunli Mei is the Corresponding author.

References