

Policy for Physical Rehabilitation in Facial Palsy

Ref:	LSCICB_Clin37
Version:	2
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
Supersedes:	V1.1 previously titled Policy for Rehabilitation after Damage to the Facial Nerve
Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Commissioning Committee
Cross reference to other Policies/Guidance	
Date Ratified:	19 th August 2026
Date Published and where (Intranet or Website):	7 th September 2026 (Website)
Review date:	August 2029
Target audience:	All LSCICB Staff

This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

Document control:		
Date:	Version Number:	Section and Description of Change
January 2018	V1	Final ratified policy version
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant
August 2026	V2	Policy title and criteria revised: physical therapy, including tailored facial exercises, is not routinely commissioned for facial palsy due to Bell's palsy or other causes. Scope, definitions and effective healthcare sections updated to reflect the current evidence review.

1. Policy Criteria

- 1.1 Physical therapy, including tailored facial exercises, is not routinely commissioned for the management of facial palsy due to Bell's palsy or other causes.

2. Scope and definitions

- 2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 This policy applies to adults and children for whom NHS-funded physical rehabilitation is requested to manage facial weakness or paralysis arising from damage to, or dysfunction of, the facial nerve, including Bell's palsy and other causes.
- 2.3 For the purposes of this policy:
- Facial palsy means partial or complete weakness or paralysis of the muscles of facial expression resulting from impaired function of the facial nerve. It may be idiopathic (Bell's palsy) or associated with infection, trauma, tumour, surgery, neurological disease or another identified cause.
 - Physical therapy or physical rehabilitation includes tailored facial exercises, neuromuscular retraining or re-education, facial retraining, massage, stretching, soft-tissue mobilisation, mirror therapy, biofeedback and other therapist-led exercise-based interventions intended to improve facial movement or function.
- 2.4 This policy relates only to physical rehabilitation for facial palsy. It does not determine access to assessment, investigation, eye protection, medicines, surgery, treatment of the underlying cause, or other clinically indicated care.
- 2.5 The policy applies regardless of the cause, severity or duration of facial palsy. A patient's clinical suitability for physical therapy, the presence of distress or functional difficulty, or previous facial nerve damage places the patient within the group to whom this policy applies and does not, in itself, demonstrate exceptionality.

3. Appropriate Healthcare

- 3.1 If a patient is considered exceptional in relation to the criteria that rely on other Principles, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.

4. Effective Healthcare

- 4.1 The ICB does not routinely commission physical therapy for facial palsy because the available evidence does not provide sufficient certainty that these interventions produce clinically meaningful and sustained benefit.

- 4.2 The evidence base is limited by small study populations, variation in the causes and duration of facial palsy, differences between interventions and outcome measures, and a high risk of bias. Evidence is particularly limited for non-Bell's causes of facial palsy and for people with long-term symptoms.
- 4.3 Published reviews and guidelines have generally identified low or very low certainty evidence and an ongoing need for well-designed, adequately powered randomised controlled trials. The evidence review supporting this policy found no clear high-quality evidence that would justify routine commissioning.
- 4.4 Where an application is made on the basis of clinical exceptionality, it should explain why the patient is materially different from the wider group covered by this policy and provide robust evidence that physical rehabilitation is likely to deliver a clinically meaningful benefit for that individual.

5. Cost Effectiveness

- 5.1 Where appropriate and effective, the ICB does not challenge the cost effectiveness of facial nerve rehabilitation. This policy does not rely on the principle of value for money, and therefore the issue of value for money has not been considered in developing the policy. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to represent value for money in this patient before confirming a decision to provide funding.

6. Ethics

- 6.1 This policy does not rely on the principle of ethics, and therefore the issue of ethics of facial nerve rehabilitation has not been considered in developing the policy. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

7. Affordability

- 7.1 This policy does not rely on the principle of affordability, and therefore the issue of affordability of facial nerve rehabilitation has not been considered in developing the policy. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise affordability concerns in this patient before confirming a decision to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies (Lancashire Clinical Commissioning Groups Policy Number 3).

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy.

10. References

- Teixeira LJ, Valbuza JS, Prado GF. Physical therapy for Bell's palsy (idiopathic facial paralysis). *Cochrane Database of Systematic Reviews* 2011(12) doi: 10.1002/14651858.CD006283.pub3
- Steinhauser J, Volk GF, Thielker J, et al. Multidisciplinary Care of Patients with Facial Palsy: Treatment of 1220 Patients in a German Facial Nerve Center. *Journal of Clinical Medicine* 2022;11(2):427. doi: <https://dx.doi.org/10.3390/jcm11020427>
- Phan NT, Panizza B, Wallwork B. A general practice approach to Bell's palsy. *Australian family physician* 2016;45(11):794-97.
- Di Pietro A, Cameron M, Campana V, et al. Efficacy of adding selective electrical muscle stimulation to usual physical therapy for Bell's palsy: immediate and six-month outcomes. *European journal of translational myology* 2023;33(4) doi: <https://dx.doi.org/10.4081/ejtm.2023.11630>
- de Almeida JR, Guyatt GH, Sud S, et al. Management of Bell palsy: clinical practice guideline. *CMAJ* 2014;186(12):917-22. doi: 10.1503/cmaj.131801 [published Online First: 2014/06/16]
- Szczepura A, Holliday N, Neville C, et al. Raising the Digital Profile of Facial Palsy: National Surveys of Patients' and Clinicians' Experiences of Changing UK Treatment Pathways and Views on the Future Role of Digital Technology. *J Med Internet Res* 2020;22(10):e20406. doi: 10.2196/20406 [published Online First: 20201005]
- Van Haesendonck G, Jorissen C, Lammers M, et al. Guidelines for the Initial Management of Acute Facial Nerve Palsy. *B-ENT* 2022;18(1):67-72. doi: <https://dx.doi.org/10.5152/B-ENT.2022.21770>
- Baugh RF, Basura GJ, Ishii LE, et al. Clinical practice guideline: Bell's palsy. *Otolaryngol Head Neck Surg* 2013;149(3 Suppl):S1-27. doi: 10.1177/0194599813505967
- Vaughan A, Gardner D, Miles A, et al. A Systematic Review of Physical Rehabilitation of Facial Palsy. *Frontiers in neurology* 2020;11:222. doi: <https://dx.doi.org/10.3389/fneur.2020.00222>
- Khan AJ, Szczepura A, Palmer S, et al. Physical therapy for facial nerve paralysis (Bell's palsy): An updated and extended systematic review of the evidence for facial exercise therapy. *Clinical rehabilitation* 2022;36(11):1424-49. doi: <https://dx.doi.org/10.1177/02692155221110727>
- Nakano H, Fujiwara T, Tsujimoto Y, et al. Physical therapy for peripheral facial palsy: A systematic review and meta-analysis. *Auris, nasus, larynx* 2024;51(1):154-60. doi: <https://dx.doi.org/10.1016/j.anl.2023.04.007>
- Natour A, Doyle E, Sayer C, et al. Physical Therapy Treatment Strategies for Facial Nerve Weakness and Paralysis Due to Peripheral and Central Pathologies: Efficacy and Outcomes. *Journal of Neurological Surgery, Part B Skull Base* 2023;84(Supplement 1) doi: <https://dx.doi.org/10.1055/s-0043-1762273>
- Abend A, Perillo L, DeSimone J, et al. Characterizing the Impact of Facial Rehabilitation on Acute Facial Paralysis. *Facial plastic surgery : FPS* 2024 doi: <https://dx.doi.org/10.1055/a-2285-6557>
- Karp E, Waselchuk E, Landis C, et al. Facial Rehabilitation as Noninvasive Treatment for Chronic Facial Nerve Paralysis. *Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology* 2019;40(2):241-45. doi: <https://dx.doi.org/10.1097/MAO.0000000000002107>

- MacDowell SG, Arriaga MA. The negative effect of unsupervised exercises on patients with facial palsy. *Otolaryngology - Head and Neck Surgery (United States)* 2014;151(1 SUPPL. 1):P151-P52. doi: <https://dx.doi.org/10.1177/0194599814541629a44>
- van Landingham SW, Diels J, Lucarelli MJ. Physical therapy for facial nerve palsy: applications for the physician. *Current opinion in ophthalmology* 2018;29(5):469-75. doi: <https://dx.doi.org/10.1097/ICU.0000000000000503>
- Agostini F, Mangone M, Santilli V, et al. Idiopathic facial palsy: umbrella review of systematic reviews and meta-analyses. *Journal of biological regulators and homeostatic agents* 2020;34(4):1245-55. doi: <https://dx.doi.org/10.23812/20-339-A>
- DeBord K, Ding P, Harrington M, et al. Clinical application of physical therapy in facial paralysis treatment: A review. *Journal of plastic, reconstructive & aesthetic surgery : JPRAS* 2023;87:217-23. doi: <https://dx.doi.org/10.1016/j.bjps.2023.10.076>
- Shi J, Lu D, Chen H, et al. Efficacy and Safety of Pharmacological and Physical Therapies for Bell's Palsy: A Bayesian Network Meta-Analysis. *Frontiers in neurology* 2022;13:868121. doi: <https://dx.doi.org/10.3389/fneur.2022.868121>
- Kim SJ, Lee HY. Acute Peripheral Facial Palsy: Recent Guidelines and a Systematic Review of the Literature. *Journal of Korean medical science* 2020;35(30):e245. doi: <https://dx.doi.org/10.3346/jkms.2020.35.e245>
- Duarte-Moreira RJ, Castro KV-F, Luz-Santos C, et al. Electromyographic Biofeedback in Motor Function Recovery After Peripheral Nerve Injury: An Integrative Review of the Literature. *Applied psychophysiology and biofeedback* 2018;43(4):247-57. doi: <https://dx.doi.org/10.1007/s10484-018-9403-7>
- Wamkpah NS, Jeanpierre L, Lieu JEC, et al. Physical Therapy for Iatrogenic Facial Paralysis: A Systematic Review. *JAMA otolaryngology-- head & neck surgery* 2020;146(11):1065-72. doi: <https://dx.doi.org/10.1001/jamaoto.2020.3049>
- Petrides GA, Hayler R, Lee JW, et al. Electromyography in the prognostication of recovery in patients with acute peripheral facial nerve palsy: A systematic review. *Clinical Otolaryngology* 2023;48(4):563-75. doi: <https://dx.doi.org/10.1111/coa.14072>
- Fujiwara T, Hato N, Kasahara T, et al. Summary of Japanese clinical practice guidelines for Bell's palsy (idiopathic facial palsy) - 2023 update edited by the Japan Society of Facial Nerve Research. *Auris Nasus Larynx* 2024;51(5):840-45. doi: <https://doi.org/10.1016/j.anl.2024.07.003>
- Baugh RF, Basura GJ, Ishii LE, et al. Clinical Practice Guideline: Bell's Palsy Executive Summary. *Otolaryngology–Head and Neck Surgery* 2013;149(5):656-63. doi: <https://doi.org/10.1177/0194599813506835>
- Suspected neurological conditions: recognition and referral. NICE guideline NG127: Methods, evidence and recommendations: National Institute for health and care excellence, 2019 (updated October 2023):170.
- Wen CM, Zhang BC. Effect of rehabilitation training at different degree in the treatment of idiopathic facial palsy: A randomized controlled comparison. *Zhongguo Linchuang Kangfu* 2004;8(13):2446-47.
- House JW, Brackmann DE. Facial nerve grading system. *Otolaryngol Head Neck Surg* 1985;93(2):146-7. doi: 10.1177/019459988509300202
- Banks CA, Bhama PK, Park J, et al. Clinician-Graded Electronic Facial Paralysis Assessment: The eFACE. *Plastic and Reconstructive Surgery* 2015;136(2):223e-30e. doi: 10.1097/prs.0000000000001447
- Fattah AY, Gurusinghe ADR, Gavilan J, et al. Facial Nerve Grading Instruments: Systematic Review of the Literature and Suggestion for Uniformity. *Plastic and Reconstructive Surgery* 2015;135(2):569-79. doi: 10.1097/prs.0000000000000905

- Scheller C, Wienke A, Tatagiba M, et al. Interobserver variability of the House-Brackmann facial nerve grading system for the analysis of a randomized multi-center phase III trial. *Acta Neurochirurgica* 2017;159(4):733-38.
doi: <https://dx.doi.org/10.1007/s00701-017-3109-0>
- Jeong J, Lee JM, Cho Y-S, et al. Inter-rater discrepancy of the House-Brackmann facial nerve grading system. *Clinical Otolaryngology* 2022;47(6):680-83.
doi: <https://dx.doi.org/10.1111/coa.13956>
- Mengi E, Kara C, Ardic F. Comparison of the Reliability of the House- Brackmann, Facial Nerve Grading System 2.0, and Sunnybrook Facial Grading System for the Evaluation of Patients with Peripheral Facial Paralysis. *The journal of international advanced otology* 2024;20(1):14-18.
doi: <https://dx.doi.org/10.5152/iao.2024.231162>

11. OPCS and ICD Codes

OPCS codes	ICD codes
U511 - Delivery of rehabilitation for brain injuries U531 - Delivery of rehabilitation following plastic - maxillofacial reconstructive surgery U532 - Delivery of rehabilitation following other plastic reconstructive surgery NEC U533 - Delivery of rehabilitation for burns U534 - Delivery of rehabilitation for trauma NEC U543 - Delivery of rehabilitation for stroke U548 - Other specified rehabilitation for other disorders	G510 - Bell palsy Z501 - Other physical therapy