



## The Importance of Selective Electrostimulation in Patients with Bell's Facial Paralysis

Di Pietro A\*

Department of Biophysics, Universidad Siglo 21, Spain

### Clinical Image

In the treatment of BELL's Peripheral Facial Paralysis (PFP), the use of selective electrostimulation, with exponential currents, is essential, because it allows us to recover the patient in half the time it would take us to apply only conventional kinesics rehabilitation therapy [1-4]. In addition to providing better quality and a specific motor response, these advantages are added to the fact that it has been completely demonstrated that there are no abnormal responses over time (no synkinesis appears in the control at 6 months) [1-6].

The characteristics of these currents allow us to work better on Chronaxie, which is increased in this type of pathology [1,2,4]. By being able to regulate the pulse width and intensity of the current, thus accompanying the clinical evolution of the patient undergoing this therapy (evaluated with the House Brackman and eFACE scales) [1,7,8]. Of vital importance is the advantage of the technique used, Selective Digital Indirect Electrostimulation (Di Pietro 2014 [1-5], where the therapist is actively involved, passing the current through his forearm in contact with the patient as a conductor of the itself, thus achieving more precision, quality and effectiveness of the therapy (Figure 1, 2).

Video of detection of motor points and therapy: <https://youtu.be/f7A4UpIWzbM>.



Figure 1

Figure 2

Figure 1, 2: Indirect digital selective electro stimulation.

### OPEN ACCESS

#### \*Correspondence:

Di Pietro Antonio, Department of Biophysics, Universidad Siglo 21, Córdoba, Spain

Received Date: 09 Nov 2023

Accepted Date: 16 Nov 2023

Published Date: 20 Nov 2023

#### Citation:

Di Pietro A. The Importance of Selective Electrostimulation in Patients with Bell's Facial Paralysis. *Neurol Case Rep.* 2023; 6(2): 1042.

Copyright © 2023 Di Pietro A. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### References

1. Di Pietro A, Michelle C, Vilma C, Laura L, Jessica Andrea IZC, Carly L, et al. Efficacy of adding selective electrical muscle stimulation to usual physical therapy for Bell's palsy: Immediate and six-month outcomes. *Eur J Transl Myol.* 2023.
2. Kurz A, Volk GF, Arnold D, Schneider-Stickler B, Mayr W, Guntinas-Lichius O. Selective electrical surface stimulation to support functional recovery in the early phase after unilateral acute facial nerve or vocal fold paralysis. *Front Neurol.* 2022;13:869900.
3. Tuncay F, Borman P, Taser B, Ünlü İ, Samim E. Role of electrical stimulation added to conventional therapy in patients with idiopathic facial (Bell) palsy. *Am J Phys Med Rehabil.* 2015;94(3):222-8.
4. Puls WC, Jarvis JC, Ruck A, Lehmann T, Guntinas-Lichius O, Volk GF. Surface electrical stimulation for facial paralysis is not harmful. *Muscle Nerve.* 2020;61(3):347-53.
5. Di Pietro A, Benitez IA. Resultados del tratamiento kinesico en un caso de doble paralysis facial. *Revista de la Facultad de Medicina Universidad del Nordeste.* 2013;XXXIII(2):22-26.
6. Zalazar Cinat JAI, Leyes LE, Vargas LE, Vera WD. Sincinesias Asociadas a Paralisis Faciales. *Libro de Articulos Científicos en Salud 2019 Facultad de Medicina Universidad Nacional del Nordeste.* 2019:84-87.
7. Tomadín W, Raul V. Informe breve Resultados del tratamiento kinésico precoz y oportuno en un niño con

- Parálisis Facial. Rev Fac Med UNNE. 2017;37(2):48-53.
8. Munn A, Cameron M, Loyo M. Trends in electric stimulation for facial paralysis: Electronic survey of physical therapists in Oregon. Arch Physiother Rehabil. 2020;3(1):001-8.