Paralysis of the facial nerve in a professional baseball pitcher
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**Background:** A 23 y/o professional baseball pitcher reported to the athletic training room before practice complaining of an insidious onset of unilateral photophobia and inability to control his left eye. He stated that the symptoms had been getting progressively worse throughout the week. The athlete did not recall any head trauma; teammates and coaches were also questioned revealing the same results. He had no previous history of concussions. Upon observation, obvious facial drop was noted along with decreased muscle tone of left side of the face. In addition, when he blinked his eyes they did not open and close simultaneously. Upon examination, Athlete was unable to smile, and had decreased sensation on the left side of the face (cheek), bottom lip, and directly under the mouth. All other cranial nerves were clear. All concussion cognitive and balance special tests were within normal limits. **Differential Diagnosis:** Concussion, Brain Tumor. When referred team physician diagnosed with Bell’s palsy based on signs and symptoms after MRI confirmed the absence of brain trauma or tumor. **Treatment:** Physician prescribed prednisone 80mg QD x3d, then 60mg QD x3d, then 40mg QDx3d then finally 20mg QD x3d. The use of protective eyewear (sunglasses) and artificial tears protected the eye from dust and maintain the eye lubricated respectively. The sunglasses also helped reduce photophobia. Moist heat and massage are also often recommended. With early treatment most patients recover spontaneously within a couple of weeks to a month. Most patients experience complete recovery with a small percentage having incomplete recovery or permanent paralysis. Occasionally surgery for hypoglossal facial nerve anastomosis is done to restore facial tone in those with severe facial paralysis. **Uniqueness:** Bell’s palsy typically has a rapid onset of unilateral facial nerve paralysis, however in this case the symptoms were gradual in onset. There are a multitude of causes for Bell’s palsy, including stroke and Lyme disease, in this case it is suspected to be a viral infection. The condition closely mimics signs and symptoms of a concussion. Athlete was cleared immediately for play baseball, however the condition may affect participation in other sports (i.e. swimming). Facial neuromuscular retraining is a highly specialized field. The training falls outside of the scope of the standard curriculum for athletic trainers and physical therapist. **Conclusion:** Athletic Trainers should be aware of the condition. If isolated ipsilateral facial nerve deficiencies are noted Bell’s Palsy should suspected and athlete should be referred to team physician as well as a certified facial neuromuscular retraining specialist for therapy as necessary.

**Word Count:** 445