Supplementary Table 2: Overview about the four facial grading systems

Effect of an intensified combined electromyography and visual feedback training on facial grading in patients with postparalytic facial synkinesis

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Supplementary Table 2. Overview about the four facial grading systems*				
Grading system	Categories	Comment		
House-Brackmann (HB) facial nerve	I - Normal II - Mild dysfunction (slight weakness, normal symmetry at rest)		Gross system, no category for synkinesis	
grading system	III - Moderate dysfunction (obvious but not disfiguring weakness with synkinesis, normal symmetry at rest) Complete eye closure w/ maximal effort, good forehead movement			
	IV - Moderately severe dysfunction (obvious and disfiguring asymmetry, significant synkinesis) Incomplete eye closure, moderate forehead movement			
	V - Severe dysfunction (barely perceptible motion)			
	VI -Total paralysis (no movement)			
Stennert Index (SI)	Resting score		One point per item, i.e.	
	Bilateral palpebral fissure difference	≥3mm	maximal ten points, higher score = more	
	Lower eyelid ectropion	Yes	dysfunction;	
	Nasolabial fold loss	Yes		
	Ptosis of labial angle	≥3mm	Synkinesis is not	
	Movement score		addressed in the Stennert Index. Stennert	
	Palpebral fissure could not close		developed an extra score	
	While sleeping	Yes	for synkinesis that is seldom used.	
	Maximum activation	Yes		

Showing teeth		
Upper and lower canines	Not visible	
Upper lateral incisors	Not visible	
Whistle		
distance between philtrum and corner of the mouth on diseased side compared to healthy side >50%		

Facial Nerve Grading
System 2.0 (FNGS 2.0)

5	Region				
Score	Brow	Eye	NLF	Oral	
1	Normal	Normal	Normal	Normal	
2	Slight weakness >75% of normal	Slight weakness >75% of normal Complete closure with mild effort	Slight weakness >75% of normal	Slight weakness >75% of normal	
3	Obvious weakness >50% of normal Resting symmetry	Obvious weakness >50% of normal Complete closure with maximal effort	Obvious weakness >50% of normal Resting symmetry	Obvious weakness >50% of normal Resting symmetry	
4	Asymmetry at rest <50% of normal Cannot close completely	Asymmetry at rest <50% of normal	Asymmetry at rest <50% of normal	Asymmetry at rest <50% of normal	
5	Trace movement	Trace movement	Trace movement	Trace movement	
6	No movement	No movement	No movement	No movement	
Secondary	movement (global assessme	nt)			
Score	Degree of movement				
0 1 2 3	None Slight synkinesis; minimal contracture Obvious synkinesis; mild to moderate contracture Disfiguring synkinesis; severe contracture				
Reporting: sum scores for each region and secondary movement					
Grade	Total score				
I II III IV V	4 5-9 10-14 15-19 20-23 24				
NLF, nasolabial fold.					

FNGS 2.0 includes an subcategory on "secondary movements", classifying the severity of synkinetic activity; higher synkinesis score = more synkinetic dysfunction;

Higher total score = higher facial dysfunction

Sunnybrook Facial	Sunnybrook Facial Grading System			SFGS 2.0 includes an
Grading System (SFGS)	Resting Symmetry Compared to normal side	Symmetry of Voluntary Movement Begree of muscle EXCURSION compared to normal side	Synkinesis Rate lile degree of INVOLUNTARY MUSCLE CONTRACTION associated with each expression	subcategory on"synkinesis,
	Eye (choose one only) normal 0 narrow 1 wide 1 eyelid surgery 1 Cheek (naso-labial fold) normal 0 absent 2 less pronounced 1 more pronounced 1	Standard Sta	The second leaves of the secon	classifying the severity of synkinetic activity; higher synkinesis score = more synkinetic dysfunction;
	Mouth normal 0 corner drooped 1 corner pulled up/out 1	Closure (OCS) 1 2 3 4 5	0 1 2 3 0 0 1 2 3 0	BUT: Higher total score = less facial dysfunction
	Resting symmetry score Total × 5	Lip Pucker (008/001) 1 2 3 4 5	0 1 2 3	
	Patient's name Dx Date	Vol Resting Symmetry Score Score	Composite score Composite score D 1992 Ross BG, Fradet G, Nedretski JM Sunnybrook Health Science Centre	

^{*}References: See main article.