Don’t forget to compare the abnormal eye with the fellow eye. Back-and-forth comparisons between both sides of the face can reveal a subtle asymmetry.

Compare your findings with previous records. Looking at old photographs, including driver’s licenses, can reveal an unrecognized but long-standing ptosis or asymmetry. If necessary, have the patient bring in old photographs from home. The examiner should also have photographs taken whenever possible to document trauma, presurgical appearance, and any lesion that might be growing. When photographs are not possible, careful drawings included within the medical record can greatly aid future caregivers in the assessment of the evolution of pathology.

Be careful when measuring the eyelid fissure height. The position of the eyelids will change depending upon eye position, facial muscle activity, alertness, and external stimuli such as phenylephrine eyedrops. Check the palpebral fissure in primary position, with the eyes gazing at a distance target. Don’t forget to observe the brow for ptosis, compensatory elevation, and wrinkling.

Be gentle. Pressure on the globe can elicit the oculocardiac reflex and produce bradycardia in susceptible individuals. Be sure to warn the patient about what to expect during procedures such as eyelid eversion.

Suggested Resource


**CLINICAL PROTOCOL 9-1**

**Performing a Neurosensory Examination of the Head and Face**

**Assessing Facial Nerve Function**

1. Ask the patient to squeeze their eyes closed forcefully and note whether the orbicularis oculi muscles completely bring the eyelids together.
2. Compare the relative strength of both orbicularis oculi muscles by using your fingertips to pry the eyelids open. The needed force should be the same for both sides.
3. Ask the patient to smile and show their teeth. Note the symmetry of the facial expression.
4. When there is weakness of 1 side of the lower face, check for a supranuclear lesion by asking the patient to raise both eyebrows and to wrinkle the forehead. A central facial palsy spares the forehead and orbicularis oculi muscles; a peripheral lesion often does not.
Eliciting Blink Reflexes
1. Without mentioning it to the patient, note the frequency and completeness of normal blinks. Expect to see a complete blink every 4 seconds.
2. If involuntary blinks are absent, swat your hand toward the patient to assess whether a blinking movement can be elicited.
3. Gently tap on the patient’s glabella if a central nervous system disorder is suspected. A normal response produces only a few blinking movements; repetitive blinks (as in parkinsonism) are abnormal.

Assessing Facial Sensation
1. Using your fingertip, tissue paper, or cotton wisp, lightly touch 1 side of the patient’s face and then the contralateral, corresponding side. Ask the patient to compare the affected side with the normal side. Repeat for all 3 trigeminal nerve dermatomes and for the distribution of each principal sensory nerve (Figure 1).
2. Map the area of reduced sensation (eg, the zone of hypesthesia that results from an infraorbital nerve damaged by an orbital floor fracture).
3. Perform simultaneous testing of both sides of the face if abnormal cortical function is suspected.

Testing Corneal Sensation
1. Without touching the eyelashes or stimulating the visual startle reflex, touch the cornea with a clean cotton wisp, facial tissue wick, fragment of dental floss, or puff of air from a small syringe. A brief touch should

**Figure 1** Assessing facial sensation.