

## Peer Review File

Article information: <https://dx.doi.org/10.21037/ajo-24-5>

### Reviewer A

Overall, a well-constructed study with relevance to both ongoing advances in IT and the recent COVID pandemic and restrictions/preferences for reduced travel and interaction.

I think there is a typo on p8- is this meant to be "reduce how representative"? 22 reduce has representative this was of people who have attended the clinic.

There was a brief mention of variability in assessment and grading of facial function- this is well described from an inter-assessor and inter-assessment perspective- I think this point could be expanded more as this inherent problem of facial paralysis assessment would potentially be compounded by telehealth.

It would be interesting to see a follow-up study with increased numbers in each group.

### Response to Reviewer A

Thank you for your close review of our manuscript. We have now corrected the typographical error on page 8. We have also expanded upon the discussion regarding reliability/variability in measures of facial function between observers and between in-person and video scoring. There does not seem to be compounding of this inherent problem but instead consistent findings of good agreement excepting in measures of synkinesis.

We agree regarding followup with increased numbers and would be interested in pursuing that in time with expansion of our clinic.

Thank you again for your review.

### Reviewer B

This is a helpful review of the use of telehealth for facial paresis patients. It is a shame that not more patients filled out the questionnaire, and you rightly point out the inclusion bias of those who chose to utilize virtual reviews.

### Response to reviewer B

Thank you for review of our manuscript. We agree there was limited response as this is an important field given the current clinical context many of us work in. As mentioned, we acknowledged this as a limitation.

Thank you again for your time reviewing our work.