



CLINICAL & PROFESSIONAL RESOURCES

Evidence & Publication Reference Guide

Eight verified peer-reviewed references with evidence classifications, PubMed and DOI links, and explicit interpretation limits for responsible public use.

Designed for

Clinicians, researchers, institutional reviewers, referral partners, and teams evaluating the public evidence base.

Regulatory status

FDA 510(k) pending. ISO Metrik has not received FDA clearance for the proposed clinical uses described in this resource. This document is for professional education and pathway planning; it is not authorization to market, ship, prescribe, bill, or use an investigational device.

Resource IM-RES-EVID-001 | Version 1.0 | Published August 26, 2026

How to read the evidence categories

External rehabilitation evidence Peer-reviewed principles, reviews, and guidelines from broader rehabilitation or exercise science. These sources provide context but do not test ISO Metrik.	External facial rehabilitation evidence Peer-reviewed studies of facial exercise, physical rehabilitation, or mime therapy. Clinically relevant, but not device-specific.
ISO Metrik-specific evidence Completed studies directly evaluating the ISO Metrik device and protocol in a defined population. Device-specific conclusions require this level.	Research in progress Planned, registered, recruiting, or ongoing work describes a research program; it does not establish safety, effectiveness, superiority, or clinical benefit.
Current device-specific status	As of August 26, 2026, the public Clinical Evidence page does not cite a peer-reviewed ISO Metrik-specific clinical outcome publication or a public study-registry identifier. No external paper below should be represented as proof of ISO Metrik safety or effectiveness.

Classification rule

Each source is classified by what was actually studied, not by how closely its topic resembles the proposed care pathway. Study design, population, intervention, comparator, outcomes, and device specificity all matter.

External rehabilitation and biological context

EXTERNAL REHABILITATION EVIDENCE - PRACTICE GUIDELINE AND REVIEW

American College of Sports Medicine position stand. Progression models in resistance training for healthy adults

American College of Sports Medicine. Medicine & Science in Sports & Exercise. 2009;41(3):687-708. PMID 19204579. DOI 10.1249/MSS.0b013e3181915670.

Interpretation limit: General resistance-training guidance; not facial rehabilitation or ISO Metrik-specific evidence.

[PubMed](#) | [DOI](#)

EXTERNAL REHABILITATION EVIDENCE - REVIEW

Principles of experience-dependent neural plasticity: implications for rehabilitation after brain damage

Kleim JA, Jones TA. Journal of Speech, Language, and Hearing Research. 2008;51(1):S225-S239. PMID 18230848. DOI 10.1044/1092-4388(2008/018).

Interpretation limit: Rehabilitation theory; not ISO Metrik-specific evidence.

[PubMed](#) | [DOI](#)

EXTERNAL REHABILITATION EVIDENCE - CLINICAL PRACTICE GUIDELINE

Guidelines for Adult Stroke Rehabilitation and Recovery: A Guideline for Healthcare Professionals From the AHA/ASA

Winstein CJ, et al. Stroke. 2016;47(6):e98-e169. PMID 27145936. DOI 10.1161/STR.0000000000000098.

Interpretation limit: Broad adult stroke-rehabilitation guidance; not proof of ISO Metrik or a facial-device outcome.

[PubMed](#) | [DOI](#)

EXTERNAL BIOLOGICAL EVIDENCE - REVIEW

Three rules for bone adaptation to mechanical stimuli

Turner CH. Bone. 1998;23(5):399-407. PMID 9823445. DOI 10.1016/S8756-3282(98)00118-5.

Interpretation limit: General skeletal mechanobiology; not evidence of facial bone remodeling or an ISO Metrik outcome.

[PubMed](#) | [DOI](#)

External facial rehabilitation evidence

EXTERNAL FACIAL REHABILITATION EVIDENCE - SYSTEMATIC REVIEW AND META-ANALYSIS

Facial exercise therapy for facial palsy

Pereira LM, et al. Clinical Rehabilitation. 2011;25(7):649-658. PMID 21382865. DOI 10.1177/0269215510395634.

Interpretation limit: The review included six studies, with only one suitable for meta-analysis; it was not device-specific.

[PubMed](#) | [DOI](#)

EXTERNAL FACIAL REHABILITATION EVIDENCE - SYSTEMATIC REVIEW

A Systematic Review of Physical Rehabilitation of Facial Palsy

Vaughan A, et al. Frontiers in Neurology. 2020;11:222. PMID 32296385. DOI 10.3389/fneur.2020.00222.

Interpretation limit: The review found heterogeneous studies and overall low-quality evidence with high risk of bias.

[PubMed](#) | [DOI](#)

EXTERNAL FACIAL REHABILITATION EVIDENCE - UPDATED SYSTEMATIC REVIEW

Physical therapy for facial nerve paralysis (Bell's palsy): An updated and extended systematic review of the evidence for facial exercise therapy

Khan AJ, et al. Clinical Rehabilitation. 2022;36(11):1424-1449. PMID 35787015. DOI 10.1177/02692155221110727.

Interpretation limit: This review informs facial exercise therapy but does not establish ISO Metrik safety or effectiveness.

[PubMed](#) | [DOI](#)

EXTERNAL FACIAL REHABILITATION EVIDENCE - RANDOMIZED CONTROLLED TRIAL

Mime therapy improves facial symmetry in people with long-term facial nerve paresis: a randomised controlled trial

Beurskens CHG, Heymans PG. Australian Journal of Physiotherapy. 2006;52(3):177-183. PMID 16942452. DOI 10.1016/S0004-9514(06)70026-5.

Interpretation limit: This 50-participant trial evaluated mime therapy, not ISO Metrik or a resisted intraoral device.

[PubMed](#) | [DOI](#)

What this evidence can and cannot support

Can support A transparent discussion of general resistance-training principles, motor learning, rehabilitation coordination, and the published facial-exercise literature.	Cannot support A claim that ISO Metrik is safe, effective, superior, FDA cleared, covered by a payer, or appropriate for an individual patient.
Can inform Study design, implementation questions, candidate measures, feasibility outcomes, and hypotheses for prospective research.	Cannot substitute External studies cannot substitute for device-specific bench, usability, safety, clinical, regulatory, or post-market evidence required for a particular claim.

Device-specific publication standard

- Verify the full citation and link the DOI, PMID, or public study-registry identifier when available.
- Identify the study design, population, sample size, intervention, comparator, follow-up, outcomes, and analysis.
- State whether the tested device and protocol match the version and use being discussed.
- Report safety findings, limitations, attrition, deviations, missing data, conflicts, and funding.
- Classify ongoing or unpublished work as research in progress, not established evidence.
- Record the review date and revise public summaries when evidence or regulatory status changes.

FDA status

FDA 510(k) pending is not FDA clearance. FDA explains that a submitter may not market a device requiring 510(k) clearance until it receives an order finding the device substantially equivalent. [FDA: Premarket Notification 510\(k\)](#)

Live evidence record

Use the [Clinical Evidence page](#) for the current public evidence record. This PDF is versioned and should be checked against the live page before formal reuse.

Questions about the evidence record

Use the public inquiry pathway for professional contact and program questions. Do not send patient names, dates of birth, records, images, or other protected health information through public forms, general email, or the website AI assistant.

Professional contact

ISO Metrik Solutions, Inc.
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Atlanta, GA 30342

Phone: (678) 632-3735
Email: info@isometrik.com
Web: isometriktherapy.com

Public pathway links

- [Clinical Evidence](#)
- [Training & Certification](#)
- [Refer or Prescribe](#)
- [DME & Coverage](#)
- [Clinical Pilot](#)
- [Provider & Clinic Sign In](#)

Use boundary

This resource does not replace current product labeling, instructions for use, professional training, licensure, medical judgment, payer policy, supplier requirements, institutional review, or applicable law. Individual clinical and reimbursement decisions belong to the responsible provider, institution, supplier, and payer.