

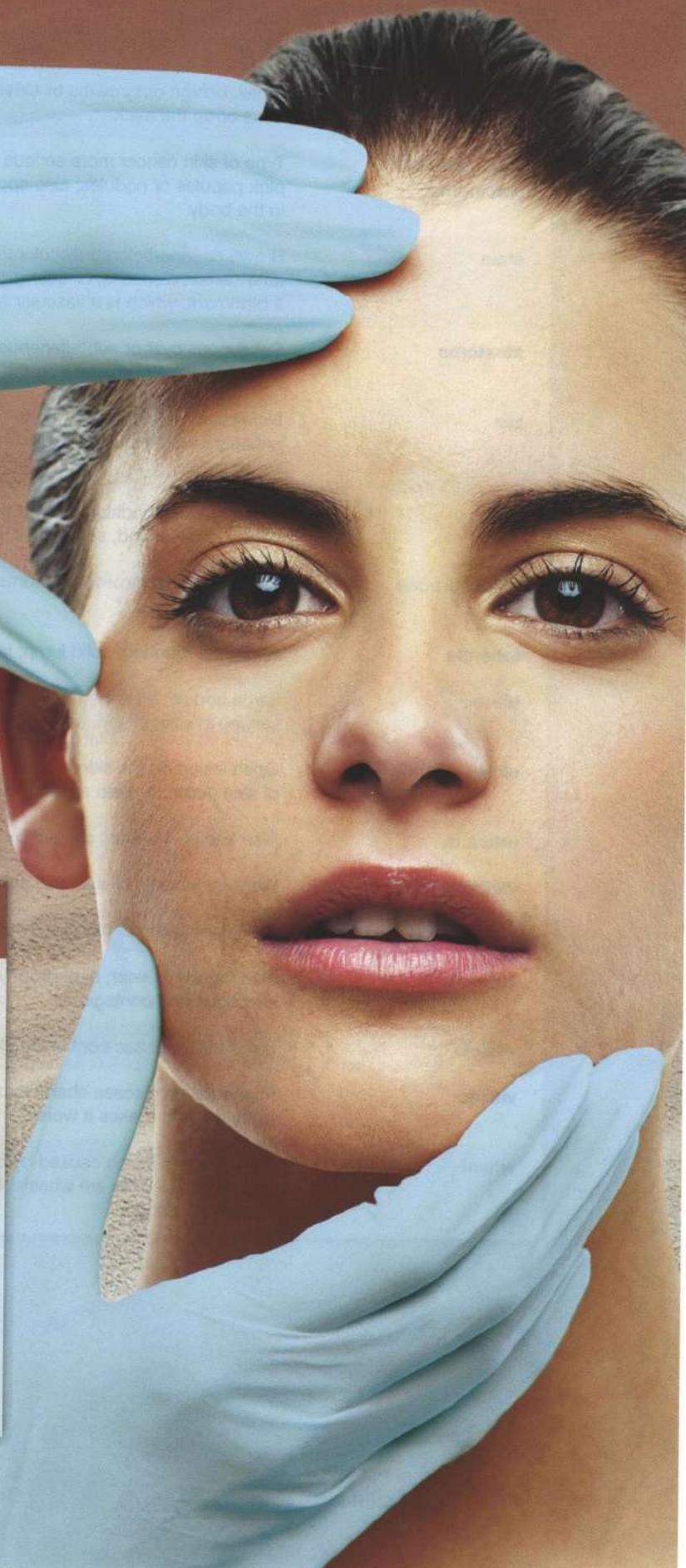
CHAPTER

12

Skin Analysis

Chapter Outline

- Why Study Skin Analysis?
- Skin Types are Genetically Determined
- Sensitive Skin
- The Fitzpatrick Scale
- Diverse Skin Pigmentation
- Skin Types versus Skin Conditions
- Factors That Affect the Skin
- Healthy Habits for the Skin
- Contraindications
- Client Consultations
- Performing a Skin Analysis
- Procedures



Learning Objectives

After completing this chapter, you will be able to:

- ✓ **L01** Identify skin types.
- ✓ **L02** Identify skin conditions.
- ✓ **L03** Explain the causes of skin conditions.
- ✓ **L04** Understand how UV radiation affects the skin.
- ✓ **L05** Explain healthy habits for the skin.
- ✓ **L06** Determine treatment contraindications.
- ✓ **L07** Conduct client consultations.
- ✓ **L08** Fill out skin analysis charts.
- ✓ **L09** Perform a skin analysis.

Key Terms

Page number indicates where in the chapter the term is used.

actinic
pg. 291

alipidic
pg. 285

contraindications
pg. 284

couperose skin
pg. 287

dehydration
pg. 286

Fitzpatrick Scale
pg. 288

occlusive
pg. 286

skin types
pg. 284

T-zone
pg. 285



▲ Figure 12-1
Conducting a skin analysis
with a magnifying light.

Learning about individual skin types and conditions is one of the most interesting aspects of skin care. It is never boring because every face is unique. Client skin analysis is a vital part of an esthetician's skills, since recommending the appropriate skin care products and regime must be individualized to suit each person. Before performing services or selecting products, an individual's skin type and conditions must be analyzed correctly. *note* *vitamin C*

People want to know what their skin conditions are and what they can do to improve their skin's appearance. They rely on estheticians for information and education. Clients need to be educated about the benefits of professional skin care treatments. Skin analysis and consultations are also good marketing tools to introduce services and products to prospective clients. The first-time facial client may have specific skin concerns, or may just want to experience a relaxing spa service. Be sure to let the client know what services are offered. This is an opportunity to promote all services in the spa.

The consultation and skin analysis will help determine which products to use and recommend. It is also a guide to determine the type of service to perform (**Figure 12-1**). A client chart is used to record the analysis and consultation notes, an important part of record keeping. Additionally, estheticians need to know which services and products are contraindicated (prohibited). These **contraindications** are factors that prohibit a treatment due to a condition. Certain treatments could cause harmful or negative side effects to those who have specific medical or skin conditions.

Skin conditions may be caused by both internal and external factors and are unique to each individual. Ethnic skin also has unique conditions and challenges. Products are formulated for different **skin types** (the classification that describes a person's genetic skin type) and conditions, and the number of new product lines grows annually. Skin care products and treatments are discussed in other

chapters. The consultation, health screening questions, and client chart are all used as part of an in-depth skin analysis.



Why Study Skin Analysis?

Estheticians should study and have a thorough understanding of skin analysis in order to understand each client's skin type and provide the best treatment regimen possible for each individual's skin type and condition.

- Before performing services or selecting products, an individual's skin type and conditions must be analyzed correctly to determine the appropriate treatment and products.
- A thorough skin analysis and client consultation is especially important to determine the causes of skin conditions and any contraindications that the client may have.
- Knowledge of healthy habits and "enemies" of the skin will give you a better understanding of how to help clients, as clients rely on estheticians for information about their skin conditions and how to improve their skin's appearance.

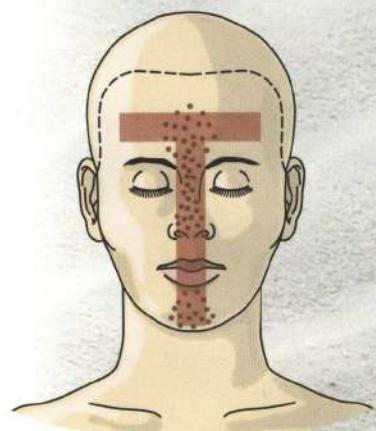
Skin Types are Genetically Determined

People are born with their skin type, which is determined by their genetics and ethnicity. Like everything else, skin can change over time. An individual's skin type is based primarily on how much oil is produced in the follicles from the sebaceous glands and on the amount of lipids found between the cells. The **T-zone** is the center area of the face, corresponding to the "T" shape formed by the forehead, nose, and chin (Figure 12–2). How large the pores are in the T-zone and throughout the face can help determine the skin type. Generally, an individual's skin becomes drier over time. Our cellular metabolism and oil/lipid production slow down as we age.

Skin types include dry, normal, combination, and oily. Sensitive skin is sometimes discussed as a skin type; but it is primarily a condition. Acne is considered a disorder, as explained in Chapter 11, Disorders and Diseases of the Skin. All skin types need proper cleansing, exfoliating, and hydrating. Finding the right care for each individual can be challenging, and this makes the esthetician's job even more interesting. The focus of this chapter is to identify skin types and conditions. Mastering this skill is necessary before learning about which products and treatments to choose for each person.

Dry Skin

Dry skin does not produce enough oil. **Alipidic** (al-lah-PID-ik) skin lacks oil (lipids). The follicles are usually small and the sebum is minimal. If you can barely see the follicles or they are small, this



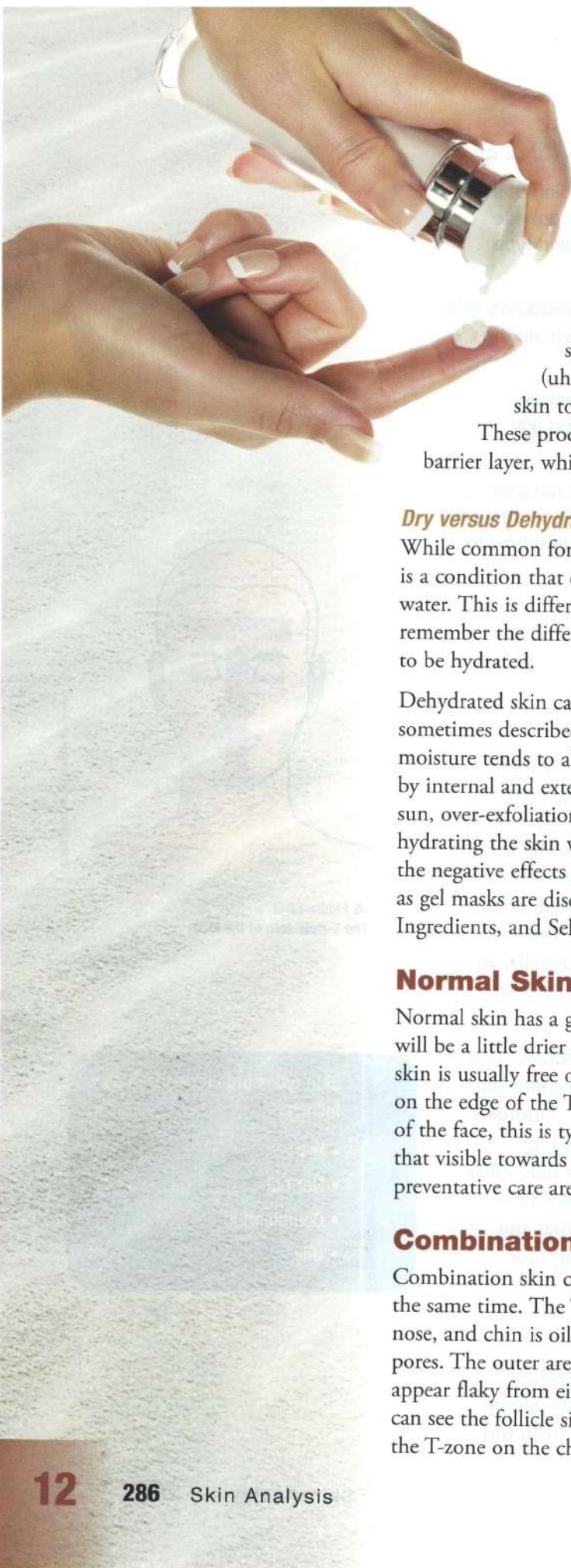
© Milady, a part of Cengage Learning.

▲ Figure 12–2
The T-zone area of the face.



Skin types are categorized as follows:

- Dry
- Normal
- Combination
- Oily



indicates a dry skin type. The natural oil secretions in our follicles help protect us from environmental damage and aging. Dry skin needs extra care because it lacks this normal protection.

Dry skin is more sensitive because the acid mantle and barrier function are not as healthy due to the lack of lipids. Skin texture can be slightly rough and feel tight. Stimulating oil production and protecting the surface is imperative to taking care of dry skin. **Occlusive** (uh-KLOO-sive) products are thick and lay on top of the skin to reduce transepidermal water loss, also known as TEWL.

These products help hold in moisture and protect the skin's top barrier layer, which combats dryness.

Dry versus Dehydrated Skin

While common for someone with dry skin, **dehydration**, or lack of water, is a condition that can be seen with all skin types. Dehydrated skin lacks water. This is different from dry skin that lacks oil. It is important to remember the difference, because even oily skin can be dehydrated and need to be hydrated.

Dehydrated skin can look thin or flaky and can feel tight and dry. It is sometimes described as *crepey* or *papery*, like crepe paper. Skin that needs moisture tends to absorb products quickly. Dehydrated skin can be caused by internal and external factors such as medications, coffee, alcohol, sun, over-exfoliation, and harsh products. Drinking plenty of water and hydrating the skin with moisturizers and humectants can help minimize the negative effects of dryness and dehydration. Hydrating products such as gel masks are discussed in Chapter 13, Skin Care Products: Chemistry, Ingredients, and Selection.

Normal Skin

Normal skin has a good oil–water balance. It can fluctuate and sometimes will be a little drier or a little oilier. The follicles are a normal size, and the skin is usually free of blemishes. If the follicle size is smaller to medium just on the edge of the T-zone by the nose, measuring outward from the center of the face, this is typical of a normal skin type. Follicles are not usually that visible towards the cheeks or the outside of the face. Maintenance and preventative care are the goals for this type of skin.

Combination Skin

Combination skin can be both oily and dry, or both oily and normal at the same time. The T-zone through the middle of the face on the forehead, nose, and chin is oilier. This area has more sebaceous glands and larger pores. The outer areas of the face can be either normal or dry and can even appear flaky from either dehydration or buildup of dead skin cells. If you can see the follicle size is more obvious and looks medium to larger outside the T-zone on the cheeks, this is an indication of a combination skin type.

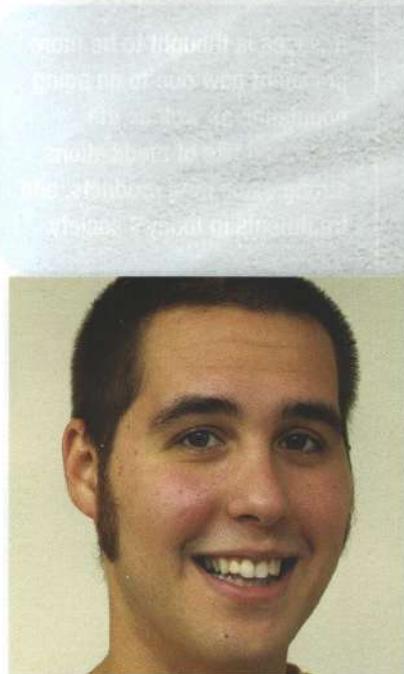
Combination skin needs to be balanced and requires more care than normal skin does. To care for combination skin, the oil–water balance can be achieved by treating both the oily and dryer areas of the face. Proper maintenance including cleansing and regular exfoliation help to keep skin clear and blemishes minimal. Water-based products work best for combination skin. Avoid harsh products, excessive cleansing, and rough exfoliating on all skin types.

Oily Skin

Oily skin, also known as *lipidic skin*, is characterized by excess sebum (oil) production. The follicle size is larger and contains more oil. If the follicle size is visible or larger over most of the face, this indicates an oily skin type. Oily skin requires more cleansing and exfoliating than other skin types do. It is prone to blemishes because the pores get clogged with oil and a buildup of dead skin cells. This excess oil and buildup on the surface can make the skin appear thicker and sallow. Blemishes and comedones are common.

Balancing the skin's oil production through treatments and products is important. Over-cleansing can make matters worse by stripping the skin's acid mantle and irritating it. If skin is stripped of oil, it is unbalanced. This causes the body's protection mechanism to produce additional oil to compensate for the dryness on the surface. Remember that no matter what the skin type, the goal is to balance the barrier function.

Educating clients (especially teenagers with hormonal flare-ups) on how to care for their skin will help them tremendously. Proper treatment, exfoliation, and a water-based hydrator will help keep oily skin clean and balanced. The positive side to having oily skin is that it ages more slowly because of the protection provided by oil secretions. Oily skin is more prone to acne, so people with this skin type need professional treatments more often than those with normal skin. After a deep-cleansing facial and good home-care, visible improvements are noticeable (**Figure 12–3**).



▲ **Figure 12–3**
Taking care of oily skin brings visible improvements.

© Milady, a part of Cengage Learning. Photography by Rob Werfel.

Sensitive Skin

Sensitive skin is increasingly common. We are constantly bombarded by environmental stimuli, stress, sun exposure, and other unhealthy elements. Sensitive skin is a condition, but it is also genetically predisposed. Sensitive skin is characterized by fragile, thin skin and redness. Northern European descendants tend to have fair, light-colored skin that is thinner and more sensitive. It flushes easily and may appear red due to the blood flow being closer to the surface. Individuals with darker skin can also have naturally sensitive skin, but it is not as visible.

Sensitive skin is easily irritated by products and by exposure to heat or sun (**Figure 12–4**). Telangiectasia, or **couperose skin** conditions, which appear as red, distended capillaries, are noticeable on sensitive skin.



▲ **Figure 12–4**
Sensitive skin is characterized by redness and is easily irritated.

© Milady, a part of Cengage Learning. Photography by Larry Hamill.



Rosacea is thought to be more prevalent now due to an aging population as well as the increased use of medications, strong exfoliating products, and treatments in today's society.

Rosacea and vascular conditions are more common with this type of skin. Sometimes these conditions may be a protective visible reaction to let us know something is irritating our skin.

Fragile or thin skin can also be the result of age or medications. Anyone's skin can become reactive and sensitized from exposure to things such as chemicals, harsh products, heat, or even chapping from cold weather.

Sensitive or sensitized skin can be difficult to treat because of its low tolerance to products and stimulation. Avoid irritating products and procedures. For example, excessive rubbing, heat, exfoliation, or extractions can cause damage and increase redness. Sensitive skin needs to be treated very gently with nonirritating, calming products. Many companies have product lines designed specifically for sensitive skin. It is important to find out what is causing sensitive conditions by completing a thorough skin analysis. Is it a natural part of their skin condition or is it something the client is exposed to? Primary treatment goals for sensitive skin are to soothe, calm, and protect. L01

The Fitzpatrick Scale

Developed by Dr. Thomas Fitzpatrick, the **Fitzpatrick Scale** is used to measure the skin type's ability to tolerate sun exposure (**Table 12–1**). It is important to be familiar with this method when determining treatments and products for your clients. Everyone's tolerance level is different for peels and treatments. Lighter skin types are generally more sensitive and reactive. Individuals with darker skin have more melanin, which gives more protection from the sun, but they have other sensitivities and concerns. There is not one true phototype classification due to mixed genetic characteristics; therefore the scale is just a guideline.

Other Skin Classification Systems

Glogau Scale

The **Glogau scale** evaluates photodamage (sun) based on wrinkling categorized by age.

- Type I is minimal to no wrinkles; age 20 to 30 or younger.
- Type II shows wrinkles only visible while in motion when making facial expressions. Early to moderate photoaging, light keratoses; age 30 to 40s.
- Type III shows wrinkles at rest, advanced photoaging, hyperpigmentation, telangiectasia, keratoses, age 40 to 50s.
- Type IV shows predominate wrinkles, severe photoaging, severe scarring may be noticeable. Ages are not specified.

THE FITZPATRICK SCALE

FITZPATRICK SKIN TYPE	APPEARANCE/GENERAL CHARACTERISTICS	REACTION TO UV SUN EXPOSURE AND LASER TREATMENT DAMAGE RISKS
Type I		Very fair; blond or red hair; light-colored eyes; freckles common. Always burns, never tans. High risk for skin cancer, vascular damage.
Type II		Fair-skinned; light eyes; light hair. Burns easily, tans with difficulty. High risk for skin cancer, vascular damage.
Type III		Very common skin type; fair; eye and hair color vary. Sometimes burns, gradually tans. Risk of hyper/hypopigmentation. Moderate risk of skin cancer and vascular damage.
Type IV		Mediterranean Caucasian skin; dark brown hair; medium to heavy pigmentation. Rarely burns, tans easily. High risk of hyper/hypopigmentation. High risk for scarring. Moderate risk for vascular damage.
Type V		Middle Eastern skin; dark and black hair; brown eyes; rarely sun sensitive. Skin darkens; may never burn. High risk of hyper/hypopigmentation. High risk for scarring from treatments and trauma. Moderate risk for vascular damage. Lower risk for solar-pigmented conditions and actinic aging (from sun exposure).
Type VI		Black skin, brown eyes; rarely sun sensitive. Tans easily; may never burn. Very high risk of hyper/hypopigmentation. Very high risk for scarring from treatments and trauma. Moderate risk for vascular damage. Lower risk for solar-pigmented conditions and actinic aging.

▲ Table 12–1 The Fitzpatrick Scale.

© Milady, a part of Cengage Learning. Photography by Larry Hennill.

Rubin's Classification

Rubin's Classifications of Photodamage uses levels to classify photodamage by the depth of skin changes or damage. This indicates what kind of treatment is appropriate for the skin's conditions.

- Level 1 includes superficial pigment and changes in the epidermis. Superficial chemical exfoliation and antioxidants will be beneficial for skin at this level.
- Level 2 includes changes in the epidermis and papillary dermis, actinic keratosis, pigmentation, and increased wrinkles. This client will benefit from medium-depth peels and stronger products such as retinoids.
- Level 3 shows deeper changes down to the reticular dermis. Skin looks leathery and shows severe sun damage. Laser resurfacing and other cosmetic procedures are suggested for this level of damage.



© MW Productions, 2008; used under license from Shutterstock.com.

▲ Figure 12–5

Ethnic skin is more fragile than it looks.

Diverse Skin Pigmentation

Darker skin types contain more melanin than lighter Caucasian skin types do. We all have different heritages with unique combinations of ethnic backgrounds, so skin categories and descriptions are only general guidelines. Black, Hispanic, Asian, and Native American skin types all have different amounts of melanin. The number of melanocytes is the same, but the melanin transferred to keratinocytes by the melanosome (MEL-uh-noh-sohm) is greater in dark skin. Melanosomes are pigment granules from melanocyte cells that produce melanin in the basal layer. While darker skin types are considered oilier and thicker, they can also be fragile. Reactions are hard to see on darker skin, but they may be just as intense as those on lighter skin (**Figure 12–5**).

Hyperpigmentation is a greater problem for darker skin types. Other pigmentation disorders also include hypopigmentation such as vitiligo.

Post-inflammatory hyperpigmentation can result from hormones, trauma, extractions, sun damage, or exfoliation. Hyperpigmentation can also be caused by peels, lightening agents, and laser treatments so use caution with these products and treatments.

Black skin is prone to hyperkeratosis (excessive cell turnover and dead skin-cell buildup), so it needs more exfoliation and deep pore cleansing. Abnormal hypertrophic scarring (keloids) is also problematic for black skin. Black skin does not age as quickly, because it is thicker and has more melanin for additional sun protection; however, dark skin still needs protection from sun damage.

Asian skin is considered to be one of the most sensitive skin types. It has great elasticity and firmness, and it does not show signs of aging as quickly as Caucasian skin does. Nevertheless, Asian skin can become

hyperpigmented from treatments or exfoliating agents such as alpha hydroxy acids (AHAs). Gentler exfoliating products such as enzymes are recommended. Sun protection is necessary to slow down hyperpigmentation.

Caution clients that receiving lightening treatments for their age spots (dark areas) can actually make things worse. If exfoliated areas produce melanin in an uneven pattern, lightening treatments can lead to splotchiness. Avoiding sun exposure and using sun protection daily is a must for anyone prone to hyperpigmentation. A personalized skin care routine will keep your client's skin looking beautiful for years to come.

Care and precautions for other skin types including Native American, Indian, and Hispanic skin are the same as for other ethnic skin types. These groups typically have thicker skin that is usually characterized by more oil production and needs more deep-cleansing treatments. Additionally, individuals that have thicker hair and thicker roots in the follicle can make waxing more difficult. If you want to specialize in ethnic skin care, explore the educational resources and advanced classes for this area of study. No matter what the skin type or ethnic background, everyone needs an individualized skin care consultation and program to maintain healthy skin.

Skin Types versus Skin Conditions

Many internal and external factors affect the condition of a person's skin. Skin conditions are not just a result of our genetic makeup. These conditions are what the esthetician is most concerned about, and they are the focus of skin treatments. Some of the most common skin conditions estheticians see today are adult acne, **actinic** (ak-TIN-ik) aging (from sun damage), and problems from hormonal fluctuations.

Dehydration, pigmentation disorders, and rosacea are also significant concerns to clients. Other skin conditions include comedones, hyperkeratinization, redness, sensitivities, and of course, aging. We can improve some of these conditions through routine facials, by using specialized products, and by avoiding the factors that affect the conditions. On the client's chart, you will want to note other conditions that you learn about here and in Chapter 11, Disorders and Diseases of the Skin, which may not be listed in **Table 12–2**, page 292.

L02

© olivero99, 2011; used under license from Shutterstock.com



SKIN CONDITIONS AND DESCRIPTIONS	
SKIN CONDITION	DESCRIPTION
Actinic keratosis	A rough area resulting from sun exposure, sometimes with a layered scale or scab that sometimes falls off. Can be precancerous.
Adult acne	Acne breakouts from hormonal changes or other factors.
Asphyxiated	Smokers have asphyxiated skin from lack of oxygen. Characterized by clogged pores and wrinkles; dull and lifeless-looking. Can be yellowish or gray in color.
Comedones	<i>Open comedones</i> are blackheads and clogged pores caused by a buildup of debris, oil, and dead skin cells in the follicles. <i>Closed comedones</i> are not open to the air or oxygen; they are trapped by dead skin cells and need to be exfoliated and extracted.
Couperose skin; Telangiectasia	Redness; distended capillaries from weakening of the capillary walls; internal or external causes.
Cysts	Fluid, infection, or other matter under the skin.
Dehydration	Lack of water (also caused by the environment, medications, topical agents, aging, or dehydrating drinks such as caffeine and alcohol).
Enlarged pores	Larger pores due to excess oil and debris trapped in the follicles or expansion due to elasticity loss or trauma.
Erythema	Redness caused by inflammation.
Hyperkeratinization	An excessive buildup of dead skin cells/keratinized cells.
Hyperpigmentation	Brown or dark pigmentation; discoloration from melanin production due to sun or other factors.
Hypopigmentation	White, colorless areas from lack of melanin production.
Irritation	Usually redness or inflammation; from a variety of causes.
Keratosis (plural: Keratoses)	A buildup of cells; a rough texture.
Milia	Hardened, pearl-like masses of oil and dead skin cells trapped beneath the surface of the skin. Milia are not exposed to oxygen and have to be lanced to open and remove them.
Papules	Raised lesions; also called <i>blemishes</i> .
Poor elasticity	Sagging; loose skin from damage, sun, and aging.
Pustules	An infected papule with fluid inside.
Rosacea	A vascular disorder; chronic redness. Papules and pustules may be present.
Sebaceous hyperplasia	Benign lesions seen in oilier areas of the face. Described as looking like doughnut holes. Cannot be extracted.
Seborrhea	Oiliness of the skin.
Sensitivities	Reactions from internal or external causes.
Solar comedones	Large blackheads, usually around the eyes, due to sun exposure.
Sun damage	UV damage to the epidermis and dermis; primary effects are wrinkles, collagen and elastin breakdown, pigmentation, and cancer.
Wrinkles/Aging	Lines and damage from internal or external causes.

▲ Table 12-2 Skin Conditions and Descriptions.

Factors That Affect the Skin

Habits, diet, and stress all play a part in our health, which in turn is reflected in our skin's appearance. Skin conditions can be caused by allergies/reactions, genetics/ethnicity, medications, medical conditions, and many other internal or external factors. Being aware of what can affect the skin will help the esthetician determine why the client may be experiencing problems. Knowledge of healthy habits and "enemies" of the skin will give you a better understanding of how to help clients with their concerns.

Internal Factors

Our body's internal (*intrinsic*) health affects how we feel as well as how our body and skin looks. Stress, our lifestyle, and even our attitude can contribute to our skin's health. Free radicals in the body, dehydration (lack of water), vitamin deficiency, improper nutrition, alcohol, caffeine, hormones, and menopause all affect our skin's well-being. Unfortunately, cumulative sun damage shows up at the same time as menopause—an unfair double attack on a woman's body. Hormonal imbalances can lead to sensitivity, dehydration, hyperpigmentation, and microcirculation problems that affect capillaries. Additionally, lack of exercise, lack of sleep, smoking, medications, and drugs will have negative effects both inside and out (Table 12–3).

External Factors

Sun damage is the main external (*extrinsic*) cause of aging (Figure 12–6). Environmental exposure, pollutants, air quality, and humidity also affect the skin's health (Table 12–4, on page 294). Poor maintenance and home-care can also contribute to skin problems. Misuse of products or poor facial treatments can be detrimental to maintaining a healthy and attractive complexion. This is another reason why correct skin analysis and product recommendations are so important. **L03**

ACTIVITY

What are some examples of contraindications you may see as a skin care specialist? Write down any medications, contagious diseases, skin disorders, medical conditions, and skin irritations you can think of that would contraindicate a facial service.



© David P. Rapaport, MD, New York, NY.

INTERNAL EFFECTS ON THE SKIN

- Genetics and ethnicity-influenced conditions
- Stress, lifestyle, negative attitude
- Free radicals
- Dehydration
- Vitamin deficiency
- Improper nutrition, alcohol, caffeine
- Hormones and menopause
- Lack of exercise
- Lack of sleep
- Smoking
- Medications, drugs
- Medical conditions
- Aging
- Glycation

© Milady, a part of Cengage Learning.

▲ Table 12–3 Internal Effects on the Skin.

Did You Know?

Approximately 80 percent of premature extrinsic aging is caused by the sun.



EXTERNAL EFFECTS ON THE SKIN

- UV exposure and sun damage
- Sunlamps and tanning booths
- Environmental exposure, pollutants, and air quality
- Environment, climate, and humidity
- Poor maintenance and skin care
- Misuse of products or treatments, over-exfoliation, or harsh products
- Allergies and reactions to environmental factors or products
- Photosensitivity to the sun from medications or products

▲ Table 12-4 External Effects on the Skin.

Sunlight and Interaction with the Skin—UV Radiation

Sunlight is energy. Both UVA and UVB wavelengths are absorbed, scattered, and reflected by the skin. UVC wavelengths are even shorter and more energetic but are mainly absorbed by the ozone layer. See **Table 12-5** for a comparison on UVA and UVB radiation. UV is a proven carcinogen, suppresses the immune system, and causes eye damage.

The amount of energy organisms get from sunlight depends on how much exposure and how strong or intense the exposure is. This is referred to as the dosage. *Minimal erythema dose* (MED) is the term used to describe how

ULTRAVIOLET LIGHT COMPARISONS

UVA RADIATION (320–380 NM)	UVB RADIATION (280–320 NM)
UVA has longer wavelengths that penetrate deeper into the dermis than UVB.	UVB has shorter wavelengths and are stronger than UVA because they deliver more energy.
UVA wavelengths are less energetic because of the lower frequency.	UVB have more energy because the wavelengths have a higher frequency.
UVA radiation is absorbed by the epidermis and dermis. Wavelengths above 320 nm penetrate more readily into the dermis.	UVB penetrates less because the shorter wavelengths are scattered or reflected more by the epidermis.
Long wavelengths have low energy, or frequency, so are less intense; but 95% of solar radiation is UVA, so it is up to 50 times more prevalent than UVB.	Short wavelengths have higher energy. The higher energy from UVB causes more interaction and has a greater effect directly on DNA, molecules, and cells in the epidermis.
UVA affect the dermis, collagen, and elastin. It also causes DNA damage from free radicals, leading to skin cancer.	UVB are the main cause of sunburns, tanning, skin aging, and skin cancers.
UVA is the dominant cause of tanning, wrinkling, and premature aging.	UVB is stronger in the U.S. during summer months. UVB exposure is doubled when reflected by snow or ice and is greater at higher altitudes.
Tanning beds use UVA light and have 12 times the dosage of the sun, which is equal to 12 times the amount of damage and aging.	

▲ Table 12-5 Ultraviolet Light Comparisons.

Here are some helpful tips for using physical sunscreen:

- Wear a moisturizer or protective lotion with a sunscreen of *sun protection factor (SPF) 30* on all areas of potential exposure. Apply 20 minutes before sun exposure.
- Avoid exposure during peak hours, when UV exposure is highest. In the U.S. this is usually between 10 a.m. and 4 p.m.
- Apply sunscreen liberally after swimming or any activities that result in heavy perspiration. Better yet, sunscreen should be reapplied every hour or immediately after swimming.
- All sunscreen used for protection should be full- or broad-spectrum to filter out both UVA and UVB radiation. Check the expiration date printed on the bottle to make sure that the sunscreen has not expired.

Protection from damaging effects of UV exposure:

- Avoid exposing children younger than 6 months of age to the sun.
- Wear a hat and protective clothing when participating in outdoor activities. Redheads are particularly susceptible to sun damage. Wear swim shirts while swimming.
- Remember that UVA comes through clouds and windows; UVA is even stronger through glass.
- Wear sunglasses to protect the eyes and the eye area.
- Avoid tanning beds. Research is showing more evidence on how damaging tanning beds are to the skin.
- UV damage and aging is accelerated with the intense, strong bulbs in tanning beds. Cancer is linked to use of tanning beds.

long it takes to become red (erythema) from sun exposure. The dosage is the intensity of the sun multiplied by the time exposed: Dosage = Intensity × Time. Erythema is redness and the result of cell damage and blood vessel dilation in the dermis. It can appear hours after exposure and last for several days. L04

Healthy Habits for the Skin

Preventative measures for skin care include avoiding the sun and wearing protective clothing, hats, and sunscreen. This is the best protection for our skin. Proper home-care, skin treatments, and ingredients such as antioxidants, peptides, lipids, and alpha hydroxy acids (AHAs) are all beneficial (See Chapter 13, Skin Care Products: Chemistry, Ingredients, and Selection, for more information). A good diet, vitamins, water intake, regular exercise, and other healthy practices all have a positive effect on our health and our complexion. Some authorities even believe positive thinking can decrease premature aging. L05

CAUTION!

Many medications and topical products are *photosensitizers* that make people more sensitive to sun exposure and can cause severe reactions such as burning, hyperpigmentation, and allergic reactions.

Contraindications

Contagious diseases, skin disorders, medical conditions, medications, and skin irritation can all contraindicate, or prohibit, a service (**Table 12–6**, on page 296). Legally, you may not ask clients about contagious diseases, but they may list them on the client questionnaire. Recognizing diseases is vital to avoid causing harm to clients or to you. Also, medications or topical peeling agents can make the skin too sensitive for facials or waxing.

Here's a Tip

Top ten healthy habits for the skin:

1. Avoid sun exposure.
2. Eat healthy nutritious food.
3. Do not smoke.
4. Avoid excessive alcohol.
5. Drink plenty of water.
6. Get plenty of rest.
7. Stay active and exercise regularly.
8. Use beneficial products and home-care.
9. Get regular facials for good skin maintenance.
10. Avoid stress and maintain a calm, positive attitude.

Certain medical conditions and illnesses may contraindicate any stimulation to the face or body. Additionally, allergies and sensitivities to products and ingredients are common. Contraindications are also discussed in other chapters. Clients who have obvious skin conditions such as open sores, fever blisters (herpes simplex), or other abnormal-looking conditions should be referred to a physician for treatment.  L06

Client Consultations

A thorough client consultation is important for many reasons. The most important is to find out about any contraindications that the client may have. A consultation will help you to determine why a client may be experiencing skin problems. Their health, lifestyle, occupation, and product use will all affect their skin. Sometimes estheticians are like detectives, trying to determine why the client is having a certain skin problem. The more you know about your client, the more you discover what they need for their skin.

CONTRAINdications FOR SKIN TREATMENTS

- Certain skin diseases, disorders, or irritations.
- Use of Accutane® or any skin-thinning or exfoliating drug, including Retin-A®, Renova™, Tazorac®, Differin®, and so on. Avoid waxing, exfoliation, peeling treatments, or stimulating treatments if a client uses these.
- Pregnancy—The client should not have any electrical treatments, or any questionable treatment, without her physician's written permission. Some pregnant clients also experience sensitivities from waxing.
- Metal bone pins or plates in the body—Avoid all electrical treatments.
- Pacemakers or heart irregularities—Avoid all electrical treatments.
- Allergies—Any allergic substances listed should be strictly avoided. Clients with multiple allergies should use fragrance-free products designed for sensitive skin.
- Seizures or epilepsy—Avoid all electrical and light treatments.
- Use of oral steroids (cortisones) like prednisone—Avoid any stimulating, exfoliating treatments or waxing, as skin may be more fragile and bruise easier.
- Autoimmune diseases such as lupus—Avoid any harsh or stimulating treatments.
- Diabetes—Be aware that due to their poor blood circulation, many diabetics heal very slowly and may not readily feel pain, especially in the feet. If you are in doubt, get approval from the client's physician before treatment.
- Blood thinners—No extraction or waxing.

▲ Table 12–6 Contraindications for Skin Treatments.

Ask questions relating to skin conditions and the client's personal health. You may have three forms for a client: a questionnaire, a release form, and a client chart that includes their skin analysis. Have clients fill out a confidential questionnaire. A *client release form* is also highly recommended. A client release form is a document that a client reads and signs, releasing you from liability before you perform services. A *client chart* is a record all of your notes from the skin analysis, what you used in the treatment, and your home-care recommendations (Figure 12–7, on page 298).

Once you learn about ingredients and start giving facials, you will be recommending products. Think about how you can help the client through treatments, home-care suggestions, and preventative measures. Conduct the consultation, discuss what you see with the client, and give advice during the analysis or after the treatment. Use a client chart to record the analysis, the type of treatment performed, products used, and other consultation notes. It is beneficial to practice skin analysis before diving into products and treatments. Each subject you study gives you a foundation to build upon for the next step. **L07 L08**

Performing a Skin Analysis

Knowing how to analyze skin is the first step in providing skin care. Identifying conditions and contraindications, as well as providing thorough consultations and charting client notes, are all elements of good facial treatments.

Educating clients on healthy habits and the causes of skin conditions is part of the service. Products, ingredients, different types of facials, and a home-care regime for preventative maintenance are all beneficial in caring for the skin. A series of treatments may be necessary to effectively help the client's conditions. Twenty years of sun damage cannot be helped overnight. Realistically, it could take weeks or months to see a visible difference in the skin for some other conditions as well, such as acne.

Beneath the surface, however, treatments have positive benefits and do make a difference, even if the effects are not instantly visible. Information on choosing products for treatments and home-care is presented in Chapter 13, Skin Care Products: Chemistry, Ingredients, and Selection. While at first skin analysis seems difficult, practice and experience will build confidence in using this important skill. Soon you will automatically notice skin conditions.

Knowing skin types, conditions, and the factors affecting the skin's health enables you to give an accurate skin analysis. The best tool for analyzing the skin is a magnifying lamp/light. A Wood's lamp can also be useful to see the deeper levels of pigmentation and condition of the skin (discussed in Chapter 17, Facial Machines). Other hand-held

ACTIVITY

Analyze the faces of your friends and family to determine their skin type and conditions. Ask questions, note the contraindications, and fill out the client charts. Consult with them about healthy habits and taking care of their skin. They might be your best clients!

Questions to ask during the consultation include the following:

- Do you have allergies to products or scents?
- Why are you here? (What brought the client in? Is it for deep cleansing or just relaxation?)
- What are your skin concerns? (What does he or she care about?)
- What products do you use? (What is the client's home-care routine? What are the ingredients, and how often are they used?)
- Have you had treatments before? (Is this the client's first facial?)
- Is this a normal state for your skin? (Is it normally more clear? Is it usually less irritated?)
- How does your skin feel during different times of the day? (What is the degree of oiliness or dryness?)

CAUTION!

Contraindications such as medications, contagious diseases, skin disorders, medical conditions, and skin irritation can all make a service inappropriate.

CLIENT CONSULTATION FORM: SKIN TREATMENTS

Date:
Name:
Address:
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
E-mail: _____
Referred by: _____
Main reason for visit: _____

Have you had facials before? Yes No
Do you have any skin concerns?
Circle those that apply below:
Aging Dryness Redness Wrinkles Sun Damage
Acne Blemishes Oiliness Peeling Rough Texture
Pigmentation (dark or light discolored areas)

Do you have any allergies? Yes No
Please list: _____
Are you allergic to any ingredients? Yes No
Please list: _____
Have you recently seen a dermatologist? Y N
Have you had any recent surgeries, laser procedures, or strong exfoliation treatments? Y N
Type of Treatment: _____ When?
Please list any medications you take: _____
Do you have any health issues or skin conditions? Y N
Please list: _____
What facial care products do you use?
Circle those that apply below:
Soap Cleanser Toner Moisturizer Sunscreen Mask
Night cream Exfoliant, Scrub, or Peeling product
Favorite product line: _____

SKIN ANALYSIS CHART

Skin Type:	Dry	Normal	Combination	Oily	Acne	Facial Area:
Conditions:						
Dehydrated						
Aging	X		all			
Wrinkles		X				
Sun damage		X				
Redness						
Couperose	X		T-zone			
Pigmentation:						
Hyper or hypo	X		cheeks			
Comedones (open or closed)						
Milia						
Hyperkeratinization (rough, cell build up)	X					
Psoriasis						
Other:						
Contraindications:						

Esthetician:	SL	Date: 10/15/2012
Conditions:		Facial Area:
Poor Elasticity		X
Rosacea		
Sensitive		
Oiliness		
Acne - Grade: 1 2 3 4		
Cysts		
Papules		
Pustules		
Asphixiated		
Sunburn		
Moles		
Scarring		

SKIN CARE TREATMENT RECORD

Date	Type of Treatment	Esthetician
10/15/2012	One-hour Facial	SL
Notes/Comments: Skin sensitive, wants series of exfoliation treatments, advised no waxing with chemical treatments		
Products Used:	Products recommended	Products purchased
Cleanser: Normal	X	X
Exfoliant: Exfoliating enzyme mask		
Mask: Antiaging Clay	Hydrating	X
Massage: Rose-based lotion	n/a	
Toner: Calming		
Serum: Antioxidant	X	X
Eyes/lips: Eye gel, lip treatment	X	
Moisturizer, Sunscreen: Cream w/SPF 30	X	X
Other: 5% Glycolic cream: prep for exfoliation treatments	X	X
Date	Type of Treatment	Esthetician
10/30/2012	Chemical Exfoliation - #1 in series: AHA 30%, 5 minutes	SL
Notes/Comments: Good results with home-care, smoother texture, no reaction to treatment #1. Likes the products		

▲ Figure 12-7

A client intake form and client chart.

A SKIN ANALYSIS CHECKLIST

- Skin type: Check the pore size and oil distribution.
- Conditions present: Note the comedones, capillaries, pigmentation, sun damage, and other conditions. Refer to the client chart and Table 12–2 for a list of conditions.
- Appearance: Is the skin dry, clear, oily, red, irritated? What else do you notice?
- Texture: Is the texture rough, smooth, dehydrated, firm? Record your observations on the client's chart.

▲ Table 12–7 A Skin Analysis Checklist.

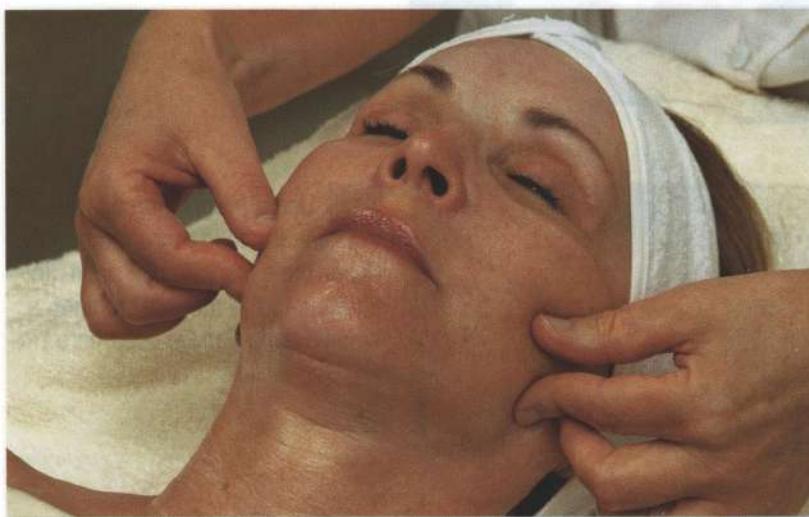
tools such as a moisture analyzation meter and devices that magnify up to 200 times via a computer screen are available to analyze the skin. Note the following details in a skin analysis: the client's skin type, any skin conditions, and the skin's visible appearance and texture (**Table 12–7**).

After cleansing, observe the skin. First determine the skin type and the conditions present. Besides making a visual analysis, use your fingers to touch the skin (**Figure 12–8**). Does the texture feel rough or smooth? Try to determine the factors that may contribute to the individual's skin conditions. The more faces you see, the better you will be at recognizing different types and conditions. Even if you are not providing a service in a private room, you can still perform an initial skin analysis in the retail area. It won't be as accurate, but it will still be helpful. Sometimes clients need quick product recommendations or are not sure what type of treatment they should schedule. A quick skin analysis can be very beneficial in selling products or treatments.

PROCEDURE 12-1

Performing a Skin Analysis

PAGE 300



Did You Know?

The Chinese method of skin analysis uses four examinations as part of the health diagnosis: look, listen, ask, and touch. The four examinations are used to determine the high and low energy of the whole person. This four-part visual, auditory, sensory, and inquiry diagnosis looks for disharmony and the indications of imbalance in the whole body.

Here's a Tip

Client information is personal and confidential, so be careful what you write on a client's chart. Clients will appreciate you remembering their children's names or their recent trip to Hawaii, so try to recall some personal information the next time they come in.

Web Resources

www.milady.cengage.com
www.dayspamagazine.com
www.skininc.com
www.webmd.com

◀ Figure 12–8
Analyzing the skin.

PROCEDURE 12-1

Supplies

- EPA-registered disinfectant
- Hand sanitizer
- Antibacterial soap
- Covered trash container
- Bowl
- Spatula
- Hand towels
- Headband
- Clean linens
- Bolster

Single-use Items

- Gloves
- Cotton pads (4" x 4" for cleansing)
- Cotton rounds
- Cotton swabs
- Plastic bag
- Paper towels
- Tissues

Products

- Eye makeup remover or cleanser
- Facial cleanser
- Toner
- Moisturizer

Performing a Skin Analysis: Step by Step

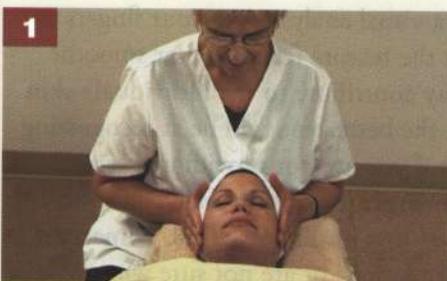
Preparation

PROCEDURE 14-1 Pre-Service Procedure

- Perform

PAGE 372

Procedure



1

- 1** Look briefly at your client's skin with your naked eye or a magnifying light. You cannot do an accurate analysis if your client is wearing makeup.



2

- 2** Cleanse the skin (a client's normal state of dryness or oiliness may not be as visible immediately after cleansing).



3

- 3** Use a magnifying light to examine the skin more thoroughly. Cover the eyes with eye pads. (In addition to the magnifying light, a Wood's lamp can be used here.)



- 4** Look closely at the client's skin type, the conditions present, and the appearance; also *touch* the skin with the fingertips to feel its texture.



- 5** Listen: Conduct a brief *consultation* while continuing to analyze with the magnifying lamp.



The four components of skin analysis are *look, feel, ask, and listen*.



- 6** Ask questions relating to the skin's appearance and the client's personal health or lifestyle. Discuss what you see with the client; also recommend products and a home-care routine.



- 7** Reapply a toner and moisturizer or sunscreen to balance and protect the skin.

- 8** Choose products for treatment and home-care. (Refer to Chapter 13, Skin Care products: Chemistry, Ingredients, and Selection.)



- 9** Record the information on the client chart at the appropriate time—usually after the treatment is completed. L09

Post-Service

• Complete **14-2 Post-Service Procedure**

PAGE 375

Review Questions

1. Are skin types genetic?
2. List and define the skin types.
3. What is the difference between dry and dehydrated skin?
4. What is the Fitzpatrick Scale?
5. How are skin conditions different from skin types?
6. List and define 10 common skin conditions.
7. List four intrinsic, or internal, factors that affect the skin.
8. List four extrinsic, or external, factors that affect the skin.
9. What is the main cause of premature extrinsic aging?
10. What are five healthy habits for the skin?
11. List six contraindications for facial treatments.
12. Describe the steps in a skin analysis procedure.
13. What are the four steps in the skin analysis checklist?

Glossary

actinic	Damage or condition caused by sun exposure.
alipidic	Lack of oil or “lack of lipids.” Describes skin that does not produce enough sebum, indicated by absence of visible pores.
contraindications	Factors that prohibit a treatment due to a condition; treatments could cause harmful or negative side effects to those who have specific medical or skin conditions.
couperose skin	Redness; distended capillaries from weakening of the capillary walls.
dehydration	Lack of water.
Fitzpatrick Scale	Scale used to measure the skin type’s ability to tolerate sun exposure.
occlusive	Occlusive products are thick and lay on top of the skin to reduce transepidermal water loss (TEWL); helps hold in moisture, and protect the skin’s top barrier layer.
skin types	Classification that describes a person’s genetic skin type.
T-zone	Center area of the face; corresponds to the “T” shape formed by the forehead, nose, and chin.