

Putting it all Together: Assessing the Whole Face in the Context of the Whole Patient

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BACKGROUND: Facial rejuvenation is most effective when guided by a holistic, patient-centered assessment that integrates anatomical, psychological, and cultural dimensions. Emerging digital tools and structured frameworks now enable clinicians to translate this multidimensional understanding into individualized treatment plans.

OBJECTIVE: To consolidate clinical insights from the preceding articles and present a practical framework for whole-face assessment, emphasizing diversity-aware consultation, structured evaluation, and digital innovation in aesthetic dermatology.

MATERIALS AND METHODS: A multidisciplinary panel of experts in dermatology, oculoplastic, and plastic surgery reviewed regional aging patterns, cross-ethnic variations, and communication models to develop a unified approach to consultation and treatment planning.

RESULTS: A patient-centric consultation is recommended, supported by validated tools that structure assessment and improve communication; the authors reviewed the Galderma Facial Assessment Scale (FASTM) for this purpose. The FASTM and its companion augmented-reality application (FACE by GaldermaTM) support structured, inclusive, and patient-engaged consultations. This approach improves visualization of outcomes, enhances communication, and promotes balanced treatment planning across diverse populations. Integration of injectable regimens—combining hyaluronic acid (HA) fillers, neuromodulators, and biostimulators—further refines pan-facial rejuvenation outcomes.

CONCLUSION: Whole-face assessment requires merging science, art, and empathy. Diversity-informed clinical frameworks, supported by digital visualization technologies, enable equitable, patient-specific aesthetic care that aligns clinical precision with authentic, individualized beauty goals.

The first article in this series introduced the Galderma Facial Assessment Scale (FASTM), a tool that facilitates patient assessment by breaking down the consultation into distinct parameters to create an organized and cohesive plan for the patient. Articles 2 to 5 considered the assessment of different facial regions through the lens of diversity and ethnicity to create an individualized and bespoke treatment plan. Case studies to illustrate treatment regimens based on patient-centric aesthetic consultations were also presented. The underlying theme in this series returns to the concept that the face is not merely a collection of parts, but a cohesive whole. Even when patients present with region-specific complaints or aspirations, the face must

be assessed holistically, and treatment plans must stem from this global assessment. Ethnic and cultural factors, which may shift over time and place, must also be carefully considered at each step.

This final article translates these concepts into practical guidance, focusing on individualized patient consultations, diversity-aware facial assessment, and treatment considerations tailored to different ethnicities. The article provides more detail on using the Galderma FASTM and describes a companion digital facial assessment application.

The nine authors of these supplements represent physicians across dermatology, oculoplastic, and plastic surgery, with expertise in treating diverse patient populations.

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Clinical pearls
<i>Facial assessment and treatment must consider specific aesthetic concerns in the setting of the whole face and individual patient preferences in the context of ethnic norms and cultural factors. Holistic assessment tools can help optimize the art and science of facial assessment.</i>
• A patient-centric aesthetic consultation includes a multifaceted history, discussion of patient objectives, assessment of facial anatomy and skin quality, and outline of treatment options. • Asking open-ended questions can help avoid stereotypical assumptions and elicit meaningful and actionable responses; see Table 2 for suggested components of a patient-centric medical interview. • The best facial assessment tools evaluate multiple parameters and support a culturally aware approach. • Diversity-informed injectable treatment considers facial anatomy, skin tone and pigmentation, ethnocultural standards, and personal preferences. • The authors endorse the combined use of biostimulators, HA fillers, and neuromodulators to address aesthetic challenges, a practice that is becoming increasingly common.

The Aesthetic Consultation

The patient-centric approach recommended in this series begins with consultation. Ideally, this should include:

- Medical, cosmetic, social, and psychological history, with attention to genetic and cultural factors
- Discussion of patient objectives, both physical and psychological
- Assessment of facial anatomy and skin quality
- Baseline photography (see Table 1)
- When available, ask patients to bring photographs from different decades of their life (e.g., 20s, 30s, 40s) to help illustrate how their facial features have changed over time. These images can provide valuable context for age-related changes, versus congenital characteristics, and support a more personalized treatment plan.
- Outline of treatment options and postprocedure needs

The clinician should avoid making assumptions about a patient’s motives for the consultation and treatment priorities. While being aware of ethnic and cultural factors that could influence a patient’s treatment priorities, the clinician should make an effort to resist unconscious biases that could make it more difficult to fully understand the patient’s needs.

When soliciting patient objectives, a patient-centric approach involves asking open-ended questions and actively listening to the patient’s responses.² Table 2 summarizes the components of a patient-centric information-gathering interview. These steps should be taken as a guide, rather than

a rigid framework to follow (which patients would likely recognize as scripted).

When discussing what the patient hopes to achieve with treatment, it may be helpful to establish what McDonald et al call the “patient mindset.”³ Possible mindsets (from the perspective of a practitioner talking to a patient) include:³

- You have a specific feature that causes you to be self-conscious and want it fixed
- You want to slow down or reduce the signs of aging while maintaining a natural look
- You worry about looking “done” and do not want others to notice you have had treatment
- You place a high value on your appearance and are aiming for “next level” beautification

The interview portion of the consultation is followed by a full facial assessment and a discussion of treatment options. When explaining treatment options, the practitioner should review expected outcomes and risks in patient-friendly language. Transparent two-way communication helps avoid misunderstandings that could result in an undesired outcome, ensures the treatment plan aligns with the patient’s objectives, and helps set realistic expectations.

Systematic Facial Assessment

Facial assessment is not just a medical or aesthetic enterprise, but a psychological and cultural one. As such, today’s practitioners should bear in mind that perceptions of facial attractiveness have both an innate and cultural/

TABLE 1. Some Basic Principles of Photography for Clinicians ¹
• Position key light sources on either side of the camera to illuminate the face evenly and without shadows
• For balanced results, place the lighting sources at an equal distance from the camera and from the patient
• For optimal results, use a stable, consistent floor lighting setup
• For an accurate perspective, ensure the camera is at least 1 meter away from the patient
• Photograph the patient’s face from various angles; an octagonal floor marker can ensure sufficient angles are covered

TABLE 2. Suggested Components of a Patient-Centric Medical Interview	
Objective	Specific language
Introduction, rapport building	Remarks about nonmedical issues in the patient's life or in the world
Establish the patient's agenda	Open-ended questions, such as:
	• How can I help you today?
	• What brings you here today?
	• What feature of your face do you like the most?
	• What feature is most concerning to you?
	• What do you hope to achieve with treatment?
Discuss the patient's specific concerns	More open-ended questions (e.g., "Tell me more about...")
	Questions to ensure the consultation is inclusive and diversity friendly
	• Tell me about your cultural background...
	• Are you currently on or planning to start a weight-loss journey?
	• Are there any cultural or personal preferences you would like me to keep in mind when discussing treatment options?
	• Do you have any beauty standards or ideals that are important to you personally or culturally?
Reflect back	• Have you noticed how your skin responds to treatments such as lasers, peels, or injectables?
	Summarize your understanding of the patient's agenda

Adapted from Hashim MJ. *Am Fam Physician*. 2017;95(1):29 to 34².

societal component⁴ and must consider both clinical and contextual parameters when assessing patients.

In the authors' experience, best results and patient satisfaction are obtained if the clinician adopts a systematic approach to the aesthetic consultation. A systematic approach:

- Emphasizes the creation of a balanced, natural, and harmonious effect
- Enables patients to visualize treatment effects for themselves
- Uses tools to ensure that all aesthetic components are covered

A Holistic Facial Assessment Tool

As noted earlier in this supplement, practitioners are encouraged to use facial assessment tools that support a holistic and ethnically/culturally aware assessment. The best assessment tools consider various aspects of facial harmony, both as individual parameters and as part of a whole. As detailed below, the Galderma FASTM quantifies the assessment of facial characteristics within five domains—skin quality, shape, proportions, symmetry, and expression—and synthesizes the information into an individualized profile that identifies treatment priorities (Figure 1).^{5,6} Within each domain, the patient is evaluated using a 0–3 grading scale

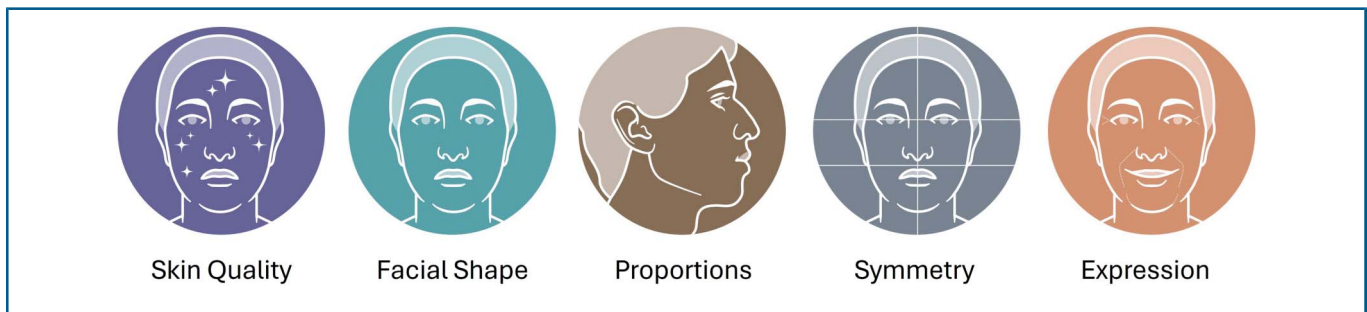


Figure 1. Icons representing the five key domains of facial assessment corresponding to the framework of the validated Galderma FASTM. The icons were created for illustrative purposes to conceptually depict the domains included in the scale.

(none, mild, moderate, severe). This approach helps identify areas with greater degrees of concern and provides a starting point for developing an individualized treatment plan.⁷

Skin Quality

The quality of the skin influences the perception of age and health.⁸ A key contributor to skin quality is radiance/glow, which includes luminosity and uniformity of skin tone. With the Galderma FASTM, the skin is graded from 0 (none) to 3 (severe) for radiance/glow. Skin quality is also graded for firmness.

Facial Shape

Whether oval, round, triangular, heart-shaped, or square, facial shape may be affected by age-related volume loss and sagging. The face is graded from 0 (none) to 3 (severe) for skin sagging and for volume loss in key areas.

Proportions

The Galderma FASTM-guided assessment should include frontal, profile, and three-quarter views to examine the angles of the face and the relationship between features. Features that contribute to facial attractiveness include the Ricketts line, Ogee curve, nasofrontal angle, nasomental angle, nasofacial angle, and mentocervical angle.⁵ Deviations from proportions considered attractive are graded from 0 (none) to 3 (severe). While there is no universal standard against which to assess these features, an ethnically informed assessment takes global norms, ethnicity-specific characteristics, and individual patient concerns/preferences into consideration.

Symmetry

With Galderma FASTM, symmetry is evaluated separately in the upper, middle, and lower thirds of the face, both at rest

and in animation. The severity of facial asymmetry is graded from 0 (none) to 3 (severe).

Expression

Static lines are assessed at rest, while dynamic lines are assessed in animation. Dynamic assessment should include gesturing when smiling, frowning, and raising eyebrows. The severity of static and dynamic lines is graded from 0 (none) to 3 (severe).

**Diversity-Informed
Injectable Treatment**

When using injectable treatments in people of different ethnicities, the clinicians may consider:

- **Facial anatomy:** Facial characteristics as well as the underlying musculoskeletal structure vary significantly among ethnicities, and this can have an impact on the use of injectable treatments. For example, patients of East Asian descent often present with a shorter and wider face; in such cases, midface filler treatment should focus on medial maxilla volumization to enhance central projection and to avoid further widening the midface.⁹
- **Skin tone and pigmentation:** To achieve natural-looking results, clinicians must understand how injectable treatments interact with various skin types. People with darker skin generally have increased and more compact collagen bundles, which provides a scaffold for volumization; biostimulatory fillers may thus be preferred in people with darker skin, who tend to achieve desired results with fewer treatments.¹⁰ Darker skin is also associated with a greater risk of transient hyperpigmentation, which can be mitigated by minimizing the number of punctures.^{10,11}
- **Cultural standards and personal preferences:** Open, transparent communication is needed to understand each

TABLE 3. Common Facial Aesthetic Concerns and Culturally Informed Aesthetic Injectable Solutions		
Concern	Considerations	Aesthetic Solution
Facial contouring	Many patients of East Asian descent have a preference for a V-shaped face	Neuromodulators to the masseters (and possibly platysma) and fillers to the chin can help create the desired shape
Lip augmentation	While patients of African and Afro-Caribbean descent tend to have naturally full lips, some may seek to enhance their natural lip shape and proportions, especially at a later age	HA fillers can add volume, define the lip border, and balance the lip shape while respecting cultural identity
Nonsurgical rhinoplasty	This option is suitable for (among others) people of middle Eastern descent who want minor nose enhancements	HA filler in the nasal tip and columella can create a more upward turn in the nose
Cheek enhancement	Many people of various ethnicities are interested in more defined cheekbones	Strategically injected HA fillers and biostimulators can add volume to the cheeks and create a more youthful, balanced appearance
Temple restoration	As individuals age, the temples can lose volume and appear hollow	HA fillers and biostimulators can restore volume and rejuvenate the temple

patient's cultural context and desired outcomes and to ensure that treatment respects these factors.

Table 3 summarizes some common aesthetic concerns (some of which, in the authors' experience, may be more prevalent in specific ethnicities) and explains how aesthetic injectables can address these concerns.

Treatment Regimens

As noted earlier in this supplement, aesthetic treatment regimens combining hyaluronic acid (HA) fillers and botulinum toxin, an approach endorsed and used successfully by this consensus group, have become increasingly popular. Treatment regimens may enable reduced treatment volumes and doses for each product, as well as less frequent retreatment.

A botulinum toxin and HA filler combination regimen is appropriate for several indications traditionally addressed with neuromodulator alone and especially useful when volume loss co-occurs with rhytids. The best results are obtained if 1) the treatment focuses on aesthetic facial units, rather than isolated rhytids, and if 2) patients return for treatment before the previous treatment effects have completely disappeared. Treatment regimens can also be used to alter facial shape; for example, using dermal fillers in the midface and botulinum toxin in the masseter muscle can help reshape a square face into a more oval, tapered shape.¹¹

Treatment regimens can be performed in a single session, or sequentially at different sessions. For a single-session treatment regimen, it is advisable to inject HA fillers first, as this allows for more precise volumization before layering other modalities. This approach is consistent with the international consensus that emphasizes tailoring injection sequence based on gel rheological properties and desired anatomical outcomes.¹²

Digital Application

The above-discussed FASTM and treatment considerations come together in a digital facial assessment tool recently launched by Galderma. Designed for both practitioners and patients, the augmented-reality tool, called FACE by GaldermaTM, simulates the results of injectable treatments, including HA fillers, biostimulators, and neuromodulators, in real time.

While the tool offers a structured framework for facial assessment and treatment planning, it is not designed to be gender-, race-, or ethnicity-specific. The perspectives presented here reflect one interpretive lens through which the tool can be applied, and clinicians are encouraged to adapt its use with awareness of individual anatomical and cultural differences to ensure equitable, personalized outcomes.

From the practitioner's perspective, FACE by GaldermaTM facilitates the real-time evaluation of the whole face and allows for a more immersive consultation process. The before-and-after images displayed by the tool enable patients to visualize treatment results at the planning stage. After the assessment, the physician and patient can identify

priority areas using the built-in Galderma FASTM and co-create an individualized treatment plan. In a global consumer study of FACE by GaldermaTM, 80% of respondents maintained it helped them understand their treatment options and 85% said they would recommend the application.¹³

The tool also enables clinics to store all patient records in one place, including the treatment plan, appointment schedules, and before-and-after video and images. Patients can access their account and view their profile from home. As such, the tool has the potential to enhance treatment flow and outcomes for health care professionals, patients, and clinics.

Whole-Face Case Studies

Photographs taken throughout a patient's aesthetic journey serve as a powerful visual tool to document treatment progress and highlight the gradual, natural changes that occur over time. They can also help both patients and clinicians recognize and manage perception drift, ensuring that aesthetic goals remain aligned.

Patient 1: Facial enhancement in a young patient



Sequential photographs of the same subject taken over time to document facial enhancement. (A) July 2023 (baseline), (B) August 2023, (C) February 2024, and (D) April 2024. *Patient case courtesy of Rebecca Fitzgerald, MD.*

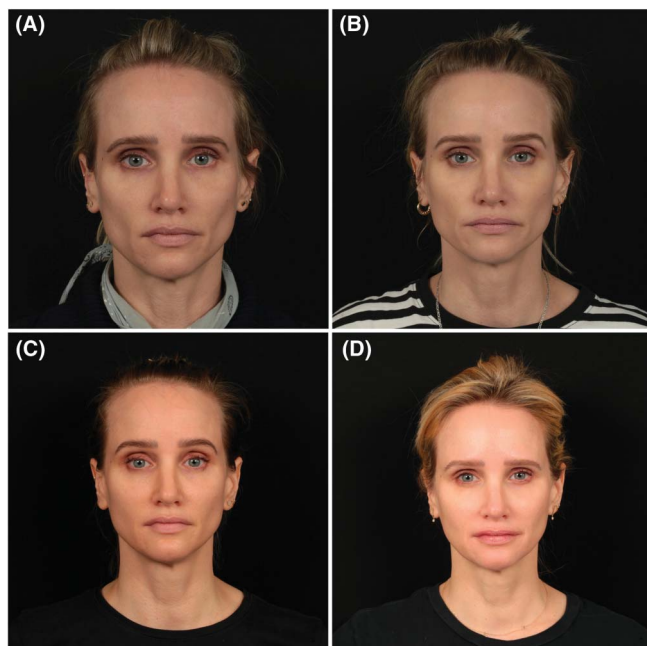
Patient characteristics: Female, 30 years old, Vietnamese descent, skin color ethnicity (SCE)¹⁴ scale rating IVA

Treatment objective: Refine the overall facial shape

Treatment details: Visit 1, neuromodulator in the upper face and masseters; visit 2, neuromodulator touch-up in masseters; visit 3, neuromodulator in masseters, HA filler in pyriform fossa (0.5 cc right, 0.25 cc left), right zygomatic arch (0.75 cc), and chin (0.5 cc).

Clinical pearls: This case highlights that facial enhancement, when executed over a series of visits so the change does not appear drastic, is still significant over time. Note the rebalancing and reshaping of the face. The slimming of the lower face, the improved convexity and lift of the midface, the improved symmetry of the bizygomatic width, and the subtle eversion of the lips from treatment in the pyriform and the chin. The key to these results is to consider and treat the face as a whole, using anatomy as your guide. *HA, hyaluronic acid*

Patient 2: Treating facial volume loss



Sequential photographs of the same subject taken over time to document treatment for facial volume loss. (A) November 2022 (baseline), (B) January 2023, (C) May 2023, and (D) January 2024. *Patient case courtesy of Rebecca Fitzgerald, MD.*

Patient characteristics: Female, 40 years old, European descent, SCE¹⁴ rating II

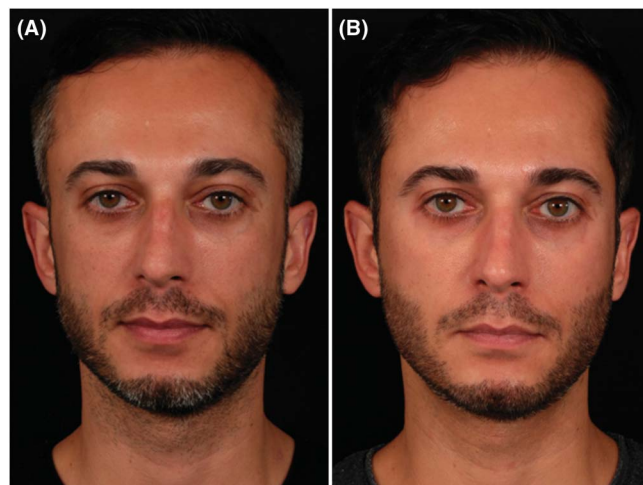
Treatment objective: Restore youthful volume to the face

Treatment details: Pan-facial PLLA (2 vials/session) over 3 sessions several months apart; the patient was treated in the temples, lateral cheek (preauricular) fat, buccal fat, superior and inferior jowl fat, deep medial and lateral cheek fat, and a small amount in the chin. The final photograph was taken 7 months after the last treatment.

Clinical pearls: Facial rejuvenation is often associated with rebalancing or adding volume. For this patient, who had a low body mass index at baseline, facial rebalancing using PLLA biostimulator restored volume, yielding a youthful look over time without the need to increase body weight. The features look younger and softer, and the skin has improved light reflectance.

PLLA, poly-L lactic acid

Patient 3: Balancing facial proportions



Photographs of a male patient undergoing treatment to balance facial proportions. (A) April 2022 (baseline) and (B) October 2023 (final follow-up). *Patient case courtesy of Rebecca Fitzgerald, MD.*

Patient characteristics: Male, 42 years old, Persian descent, SCE¹⁴ rating IVb

Treatment objective: Balance the horizontal facial thirds and vertical facial fifths, decrease upper-face width, increase mid- and lower-face width and symmetry

Treatment details: Four sessions over 14 months. The first 3 sessions were HA (6 cc total) in the right lateral zygoma and zygomatic arch, right mandible, and bilateral chin, followed by 1 session of pan-facial PLLA (2 vials) based on the needs of each side of the face. The temporalis muscle was treated with neuromodulator.

The final photograph was taken 6 weeks after the last treatment.

Clinical pearls: This case demonstrates that the choice and placement of HA filler and PLLA biostimulator not only improves volume but can impact the perception of age and attractiveness through small changes in shape, symmetry, and topography. The case also exemplifies how treating the whole face, after a careful and culturally sensitive assessment, can yield the most natural results.

HA, hyaluronic acid; PLLA, poly-L lactic acid

Summary

Facial assessment is both an art and a science. Used appropriately, facial assessment tools add rigor, credibility, and trust to the process. Today's clinician has the opportunity to combine the use of such tools with an awareness of ethnic and cultural differences that may inform the type, placement, and quantity of injectable treatments. Above all, the culturally informed practitioner must always bear in mind that clinician and patient perceptions may differ and actively listen to patients to ensure the treatment aligns with each patient's unique vision. By asking the right questions and understanding the

person-specific science of aging based on the patient's ethnic background, the clinician can tailor the treatment approach and obtain more successful results.

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