



Tempted by the **FRUIT OF AESTHETICS?**

SO YOU WANT TO BE AN AESTHETIC OD?



A breakdown of the stages of integrating ocular aesthetics into your optometry practice.

BY MELANIE DENTON DOMBROWSKI, OD, MBA, FAAO

Like many ODs, I have long understood that my patients want answers about eye safe beauty from me, but I didn't know the best way to go about addressing their concerns. My practice has progressed a great deal in the aesthetic realm, but this has occurred slowly. Why incorporate aesthetics into an optometry practice at all? Below are a few of my reasons.

- There is an increasing number of aesthetic technologies that fall within our scope of practice and offer many benefits for managing ocular disease.
- There is an association between depression and severity of dry eye disease (DED) symptoms, signs, and inflammatory markers, so there is a need for patient self-care in an optometric practice.

- According to the latest research, health care that addresses self-care knowledge gaps improves patient outcomes.¹⁻³

Jennifer Lyerly, OD, a custom contact lens practitioner and blogger in North Carolina, defined aesthetic optometry as "the art of prescribing to enhance the health, appearance, and performance of the ocular surface and adnexa."⁴

If you're reading this article, perhaps you're interested in offering some aesthetic services in your clinic. If that's the case, let's ease our way into being aesthetic optometrists, shall we? In the following paragraphs, I detail what I view as the stages of integration into an aesthetics optometry practice.

STAGE NO. 1: EDUCATION AND CURIOSITY

Regardless of your practice modality or specialization, you can always educate yourself. The Tear Film & Ocular Surface Society recently released its new global

AT A GLANCE

- ▶ An increasing number of aesthetic technologies fall within our scope of practice and afford many benefits for managing ocular disease; therefore, it makes sense to offer aesthetics in our practices.
- ▶ Aestheticians complement the work of optometrists and can add usability to existing devices in the practice.
- ▶ Having a medical director on staff greatly expands your capability in the aesthetic space and allows you to fully use your dry eye equipment investments.

Workshop, “A Lifestyle Epidemic: Ocular Surface Disease,” which details cosmetics and their effect on the ocular surface.⁵ There are other great resources that can help you become more familiar with the world of aesthetics (see *Aesthetic Resources for ODs*).

STAGE NO. 2: ACTIVE CONVERSATIONS AND RECOMMENDATIONS

Once you’ve armed yourself with some knowledge about eye safe beauty and cosmetics, the next step is to start actively asking your patients questions. Below are some easy places to start.

- I’m noticing some makeup floating around in your tears today. Do you have any questions about eye safe makeup?
- Along with your full-time glasses, I’m prescribing you prescription sunglasses today. It’s so important to protect the area around our eyes from the sun. We carry great facial sunscreens here to help with that as well.
- Many of my dry eye patients have questions about how to best care for the skin around their eyes because they tend to be sensitive. Do you have any questions or concerns about your eye skin care routine?
- I noticed there’s some debris accumulating at the base of these false eyelashes. Let’s talk about your lash routine and how we can integrate some breaks and/or a routine to help avoid infection or irritation.

Gaining an understanding of your patients’ makeup and skin care habits is helpful, and allows you to plant seeds regarding periocular health while establishing yourself as an expert. For instance, I always ask my contact lens patients how they’re wearing their lenses. If I know how they truly wear their lenses, I can help get them in safer ones. Likewise, if I know that they wear lash extensions, I can empower them with a routine



Figure 1. Dr. Dombrowski administers IPL therapy to a patient for their DED.

that will optimize eye health, even if their beauty choice is not one I necessarily would advocate.

STAGE NO. 3: CARRY PRODUCTS IN-OFFICE

Several OD-friendly brands have emerged over the past few years that carry makeup and skin care our patients can use around the eye. We Love Eyes has an array of lash care options, along with standard periocular cleansing. Eyes Are The Story (Essiri) is wonderful for sensitive eyes, even packaging mascara into three little tubes to encourage patients to change them out more frequently. Finally, twenty/twenty beauty carries eyeshadows and brow products that are worth a look. These eye care-specific brands are an easy add-on to any optometric clinic, and you’d be surprised how many patients are eager to hear your recommendations.

ODs can also carry medical grade skin care lines. If you’re offering services such as intense pulsed light (IPL) therapy (Figure 1), then skin care should be a

focus as well. We also actively recommend sunscreen to our patients along with their sunglasses.

STAGE NO. 4: ADD AN AESTHETICIAN

Aestheticians complement the work of optometrists well, and depending on your practice, they can add usability to devices you may already own, particularly in dry eye. Many ODs begin thinking about adding aestheticians when they start dry eye centers or invest in dry eye machines that do double duty as aesthetic devices.

Aestheticians provide a variety of treatments to rejuvenate and maintain the appearance and health of the skin. They are state licensed and proficient in skin care treatments and products used to manage client skin care concerns. They also help clients reduce the appearance of skin imperfections, such as acne scars or surgical scars.

In my state, aestheticians can perform an array of complimentary services, such as:

- facials,
- dermaplaning vellus hair removal,
- microcurrent treatments to lift and tone the facial muscles,
- chemical peels,
- microneedling,
- LED therapy or low-level light therapy as it is known in OD circles (Figure 2),
- hydro dermabrasion, and
- lash and brow lifts and tints.

Although some of my aesthetician’s clientele is exclusive to her, many are patients from my eye clinic. Some have rosacea and compromised skin barriers, and have seen an improvement in their skin and eyes when receiving regular facials and skin care recommendations specific to their sensitive skin. Other patients with thin, sparse lashes due to years of dealing with untreated DED and meibomian gland dysfunction enjoy our lash services.

Admittedly, although I have thoroughly researched the next stage, my clinic is still in stage four. I own a

AESTHETIC RESOURCES FOR ODs

LECTURE

Attend a lecture by a colleague known for their knowledge and success in aesthetic optometry.

SOCIAL MEDIA

Follow @labmuffinbeautyscience and @theecowell on Instagram for scientifically sound cosmetic and skin care information.

PODCAST

Subscribe and listen to the podcast The Treatment Room for an aesthetician's perspective on skin care.

RESEARCH

Read the other cover articles in this issue, or check out past *Modern Optometry* articles:

- “Managing Ocular Surface Complications From Harmful Eye Beauty Trends” – bit.ly/MOD0720BT
- “Get Involved in Ocular Aesthetics” – bit.ly/MOD01200E

separate LLC for aesthetics, and one room of my office is the aesthetics suite, which is licensed and inspected by the state cosmetic board. My aesthetician practices to her fullest scope, as I do. She is learning to perform IPL but only to the extent of my license, which limits us to the treatment of DED. In order to perform photofacials or hair removal in my state, we would need a medical director on staff.

STAGE NO. 5: ADD A MEDICAL DIRECTOR

Having a medical director on staff greatly expands your capability in the aesthetic space and allows you to fully use your dry eye equipment investments. Radiofrequency and IPL have many uses beyond the eye,

but depending upon your state, practices can be limited to using the devices only for ocular applications. Below are some critical questions to ask when considering services that would require scope expansion.

Does your state have a “corporate practice of medicine” law?

States that have laws about the corporate practice of medicine typically require a more complex relationship with your medical director. You may have to own a “management company” medical services organization that contracts with a physician-owned LLC that provides the services. In this model, states often require all providers to be licensed, usually by the medical board. This means that you, the OD, may not even



Figure 2. The office aesthetician administers low-level light therapy for DED and skin therapy.

be able to perform the procedures unless you do so as a technician.

Who can perform “medical” procedures in your state?

Every state has a delegation table that details which procedures can be delegated to whom.

CONSIDER YOUR OPTIONS

As we begin to expand our practices into the aesthetic space, we're truly guiding the way for the profession. As such, it's incredibly important to do it the right way. There are some cautionary items to consider.

Beware of Medical Directors Who Seem too Good to Be True

I have encountered several medical directors who are willing and ready to be my medical director for a low, flat monthly fee. They assure me there's no reason they can't sign on and let me get going on full-face IPL right away. However, after checking with my state board and consulting attorneys, I have found that this is not

true in my state. And, if something were to happen, I would be the one practicing medicine without a license.

Actively Consult With Your State Board

Advocate for what you're trying to build and its importance. Our state boards and American Optometric Association do not exist to keep us out of trouble, but as our profession shifts into this space, it is my opinion that it behooves us to bring our state board into our decision-making process. That way they can defend and understand us, should we ever have our aesthetic offerings challenged.

Don't Give in to Strong-Arm Sales Tactics

Aesthetic device and laser representatives are a whole new animal for the

OD who is used to eye care pharma and device representatives. I've encountered companies who promise that anyone can use their laser. Not true! Don't give in to strong-arm sales tactics, and always be sure to verify with your board and/or state laws that you have the scope to perform the procedure.

OCULAR AESTHETICS FOR ANY OD

I am so glad I added aesthetics to my practice, and that my patients have been receptive to it. It's a new frontier in optometry that has renewed my excitement about our profession—and it's a service any optometrist can offer. I hope the insights I've shared here offer you enough information to confidently form a plan for introducing aesthetics into your practice. ■

1. Zhou Y, Murrough J, Yu Y, et al. Association between depression and severity of dry eye symptoms, signs, and inflammatory markers in the DREAM study. *JAMA Ophthalmol.* 2022;140(4):392-399.
2. Morthen MK, Magno MS, Utthim TP, et al. The physical and mental burden of dry eye disease: A large population-based study investigating the relationship with health-related quality of life and its determinants. *Ocul Surf.* 2021;21:107-117.
3. Riegel B, Dunbar SB, Fitzsimons D, et al. Self-care research: Where are we now? Where are we going? *Int J Nurs Stud.* 2021;116:103402.
4. Lyerly J. Aesthetic optometry: 6 pointers for making it part of your practice. *Review of Optometric Business.* February 14, 2018. Accessed April 18, 2023. www.reviewob.com/aesthetic-optometry-6-pointers-for-making-it-part-of-your-practice/
5. Sullivan DA, daCosta AX, Del Duca E, et al. TFOS lifestyle: impact of cosmetics on the ocular surface. *Ocul Surf.* 2023;29:77-130.

MELANIE DENTON DOMBROWSKI, OD, MBA, FAAO

- Owner, Salisbury Eyecare and Eyewear and Visionary Esthetics Medical Spa, Salisbury, North Carolina
- Host of Eye School with Dr. D on YouTube
- melaniedenton@gmail.com; Instagram @dr.melaniedenton
- Financial disclosures: Consultant, Speaker (Lumenis, Sight Sciences)