



Home Care Guideline

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Chapter 1: Introduction & Foundational Knowledge

This Home Care Guideline is organized by acne type and acne severity. Included in each category are product choices for skin type, mature skin and Fitzpatrick 4+ types. It also includes a detailed explanation of specific recommendations for how to adjust a client's home care routine every 2 weeks.

The typical introductory home care routine is written for each type and severity of acne, but you will always base your recommendations, especially the serum, on the results of the **Serum Skin Sensitivity Test**.

You MUST test your client's skin to discover which serum their skin can tolerate.

Knowing, not guessing, their tolerance will guide you in making the most compatible choices for your client. Make sure the client's home care routine is not too strong. More is not better. If the home care routine is too strong, the products will eventually dehydrate and/or burn the skin and will impede the clearing process.

There are ten things to take into consideration when you perform a skin analysis on your client. Doing this analysis will ensure that you are giving your client the most appropriate products at the time of the analysis.

The Complete Skin Analysis

There are **10 things** to consider when assigning a home care routine:

1 Acne or Acne Imposter

6 Other Skin Conditions (proceed with caution)

2 Skin Type

7 Skin Sensitivity

3 Acne Type

8 Fitzpatrick Type

4 Acne Severity

9 Environmental Conditions

5 Skin Conditions

10 Age

1. Acne or Acne Imposter?

Please review the certification training to get an in-depth explanation with pictures of these skin conditions.

Sometimes it will be obvious when you are dealing with an acne imposter and not acne. Or, as in the case of folliculitis, you may not be able to tell right away.

ACNEROSACEA

Identify if there is a typical rosacea “pattern” on the face (see picture for rosacea). Then you will ask your client about rosacea triggers: alcohol, spicy foods, sun exposure and if their skin reacts to any of them. People with rosacea always answer with an emphatic **yes** to these questions. You can treat this with our program. **See protocol for treating subtype 2 rosacea in Chapter 7.**

STEATOCYSTOMA MULTIPLEX

You will notice that there is no pore opening. This condition looks like inflamed acne, but it is not inflamed. If extracted, this condition oozes gelatinous pools of sebum. This skin condition is rare, it isn't likely that you will ever see it. Do **NOT** treat this condition.

FOLLICULITIS

Fungal folliculitis is a fungal/yeast infection caused by the genus *Malassezia*. It is caused by friction, sweating, occlusive clothing, greasy emollient products, and/or antibiotics. It can mimic noninflamed acne, but you can tell by how it extracts. With folliculitis, there is no real core, just mushy material. It can appear with acne or alone; and unlike acne, it “comes and goes”. It can sometimes be itchy. Use products with antifungal ingredients like l-mandelic acid. **You can find a fungal folliculitis handout on the website under Resources > Downloads > Client Handouts.**

ROSACEA FULMINANS AKA PYODERMA FACIALE

This condition is characterized by large, very red painful lesions that occur mostly down the middle of the forehead, cheeks and chin. What looks like severe inflamed acne is really a severe form of rosacea, Rosacea Fulminans. It tends to affect only the face of women in their 20s to 30s. It can affect women who have never had acne in their life but then experience a horrible breakout right after a very stressful time in their life. The lesions generally do not have a core when extracted—they just drain. Anti-inflammatory products help (products with l-mandelic acid and Acne Med) but these clients don't usually stay clear.

STAPH INFECTION

Staph Infections on the face or the body can look much like acne, **but staph is much more severe**. One way to tell the difference is that the staph will not have symmetrical borders like a pimple, or a pustule does. Telling acne and staph apart can be easy if the staph infection is large, as they will usually resemble boils. **Do NOT treat**. If you suspect staph, send your client to the doctor immediately. Use the home care protocol for severe inflamed acne even while they are on antibiotics from the doctor. Make sure to sterilize your treatment room after seeing them.

PERIORAL DERMATITIS

Perioral Dermatitis is often confused with acne as it is characterized by clusters of tiny, inflamed papules, sometimes pustules, around the chin, nose and mouth area. It is typically itchy and rash like, which should be the first indication that it is not acne. These small groups of papules do not respond to regular acne treatment and can often be exacerbated by exfoliants (AHAs) and benzoyl peroxide. They can use a light moisturizer. **Do not treat this condition.**

KERATOSIS PILARIS

This condition is characterized by small, rough, bumps and look like patches of goose bumps on arms, back, and/or thighs. For keratosis pilaris treatment, it helps to use an exfoliating serum and a moisturizer.

2. Skin Type

Skin Types are determined by:

- Genetics
- Age
- Isotretinoin (if taken) or prescription medication taken

For the most part, people are born with their skin type and is typically dictated by the size of the oil glands. Dry skin and dehydrated skin are often confused. **Dry skin** is the type of skin one has and is defined by not much oil production at all; whereas **dehydrated skin** is a skin condition that is defined by a significant lack of moisture in the skin. Dehydrated skin can be caused by harsh products or a harsh environment.

As we age, the skin becomes less oily. Environments affect skin conditions—skin conditions are not inherent but what the skin is temporarily affected by, like climate, medications, products, etc. For example, skin will be oilier in humid climates and drier in dry climates. The exception is the use of isotretinoin (Accutane™) which can affect skin type. It will make the skin less oily than before as it affects sebum output.

The blue zones on the faces below are the T-zones of each skin type. As oil production increases with each skin type, the T-zone becomes wider, and the follicle size becomes larger.

Skin Types



VERY DRY

Pore size is extremely small

T-zone in nose only (if any at all)

Never feels oily after cleansing



DRY

Pore size is small

T-zone extends to the inner corner of the eye

May feel oily 10-12 hours after cleansing



NORMAL

Pore size is medium

T-zone extends to the inner corner of iris

May feel oily 7-9 hours after cleansing



OILY

Pore size is large

T-zone extends to the middle of eye

May feel oily 4-6 hours after cleansing



VERY OILY

Pore size is very large

T-zone extends to the entire face

May feel oily 1-3 hours after cleansing

3. Acne Type

- **Inflamed Acne:** Pimples, pustules, cysts, nodules
- **Noninflamed Acne:** Open and closed comedones (blackheads and whiteheads)
- **Combination Acne:** Combination of inflamed and noninflamed

4. Acne Severity

You will assess whether your client's acne is mild, moderate, or severe:

- **Mild:** 10 lesions or less
- **Moderate:** 10 to 30 lesions
- **Severe:** 30+ lesions

You don't need to count the lesions—just make an estimate. If client has combination acne, note the severity of the inflamed AND the severity of the noninflamed acne.

INFLAMED ACNE:



Mild



Moderate



Severe

NONINFLAMED ACNE:



Mild



Moderate



Severe

COMBINATION ACNE:



Mild



Moderate



Severe

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5. Skin Conditions That Delay Treatment

If you see any of the following on your client's skin, you **MUST** delay any testing or treatment until the skin has normalized. See certification training **Module 3 Video 6 – skin analysis**:

1 Sunburned

5 Active herpes simplex outbreak (cold sores).
Rebook the client when the cold sore is completely clear and healed for a treatment.

2 Windburned

6 Allergic reaction

3 Over exfoliated

7 Laser hair removal

4 Too dehydrated

6. Compromised Skin Conditions (proceed with caution)

You can proceed with the consultation and treatment but be sure to take the precautions necessary for these conditions. For all of them, you cannot put active acne products (serums, **Acne Med** and peel solutions) on the affected areas. You must occlude the areas with petroleum jelly before applying products.

1 Eczema

4 Cuts/abrasions

2 Seborrheic dermatitis

5 Psoriasis

3 Excoriated (picked)

7. Serum Skin Sensitivity Test

A **Serum Skin Sensitivity Test** will be performed at the first initial consultation AND any time you plan to change or bump up a serum. You will always base your **serum recommendations** on the results of the **Serum Skin Sensitivity Test**. **You MUST test your client's skin to determine which serum their skin can tolerate.**

Knowing your client's tolerance will guide you in making the most compatible choices for their skin. Make sure the client's home care is not too strong. **More is not better.** If the home care routine is too strong, the products will eventually dehydrate and/or burn the skin and will impede the clearing process.

STEPS OF THE SERUM SKIN SENSITIVITY TEST:

- 1** Cleanse with **Ultra Gentle Cleanser** and tone with **Calming Toner**.
- 2** Apply **8% L-Mandelic Serum** to the lower side of the left cheek for inflamed, combination and moderate/severe noninflamed. Test **Vitamin A Corrective Serum** for mild noninflamed.
- 3** Ask if they feel any tingling, and if they do, ask, *"On a scale of 1-10, 1 being you hardly feel anything and 10 being very irritating, what number would you give it?"*
- 4** If the client feels a 2 or less, proceed to **Step 7** below. If they feel more than a 2, you will then test the **5% L-Mandelic Serum** for inflamed or combination acne on the opposite lower cheek. If you get a number higher than 3, cleanse the serum off with water.
- 5** If you are proceeding to the other cheek to test **5% L-Mandelic Serum**, ask if the client feels any tingling and if so, what degree of tingling they feel. If they feel a 2 or less, then that is the serum they will use. If you get a number higher than 3, cleanse the serum off with water.
- 6** If the client feels more than a 2 with both **8%** and **5% L-Mandelic Serums**, see **Step 8**.
- 7** Once you find a serum that the client feels at a 2 or less, apply the serum all over their face and ask if they still feel the same degree of tingling just to be sure that the client can tolerate it. **If they feel a number higher than 3, cleanse the serum off with water (see step 8) and proceed with a treatment if planned. You do not need to apply the Glycolic-Lactic Toner prior to a peel.**
- 8** If a client cannot tolerate any serum (they feel over a 2 on a 1-10 scale of tingling, stinging, and/or burning), don't give them one. Have them follow the home care instructions for Weeks 1 & 2, minus the serum. Most of the time, **Acne Med (benzoyl peroxide)** will make their skin less sensitive over time and you can test their skin for a serum again in 2 weeks.

IMPORTANT: If they feel a 0 with 8% L-Mandelic Serum, there is no need to test anything higher on the face. We have found that even if they can tolerate the higher strengths, they are too drying in the beginning.

8. Fitzpatrick Skin Types

When determining your client's home care routine, another variable you must consider besides skin and acne type, is their Fitzpatrick type. As you already know, you must do a **Serum Skin Sensitivity Test** to determine what serum they will be using.

Fitzpatrick Scale

					
Skin Type I Light	Skin Type II Fair	Skin Type III Medium	Skin Type IV Olive	Skin Type V Brown	Skin Type VI Black
Very white or freckled	White	White to olive	Brown	Dark brown	Dark brown
Always burns never tans	Usually burns sometimes tans	Sometimes burns always tans	Rarely burns always tans	Rarely burns always tans	Rarely burns always tans

The darker someone's skin is, the more cautious you have to be about strong products. Always be more conservative, especially with benzoyl peroxide, when assigning products. **If their acne warrants 5% Acne Med, but they are a Fitzpatrick IV or higher, give them 2.5% Acne Med. You can always adjust their routine later if their skin doesn't respond to 2.5% Acne Med. See more details in certification training Module 3, Video 6.**

Below are pictures of hyperpigmentation caused by benzoyl peroxide. Because the pigmentation is new, it will lift much more easily than pigmentation that is caused by the sun or melasma. To lift the pigmentation, give your client a gentler routine. Examples include giving them a weaker serum or Acne Med, and/or decreasing the frequency of active product usage. Correcting pigmentation will take some time—give it 4 to 6 weeks. Remember to set expectations with your client if this happens.



9. Environmental Conditions

You must take environment into consideration when assigning a home care routine. If your client is in a climate that is hot and dry or cold and dry, you must give them a more hydrating basic routine and must be more conservative with active products.

10. Age

You must take age into consideration when assigning a home care routine. As people (especially women) age, they tend to produce less oil. You must give them a more hydrating basic routine and must be more conservative with active products.

What Your Clients Need to Know at the First Appointment

- 1** Home care compliance is the number one factor in achieving and maintaining clear skin. Without compliance, their skin will chronically break out.
- 2** This is **NOT** an overnight process. It takes an average of 3 to 4 months to achieve clear skin (and up to 6+ months if they have moderate to severe noninflamed acne). There **WILL** be breakouts during the clearing process.
- 3** Even though they are experiencing breakouts, this does not mean that the program is not working. Acne lesions could have started to form *up to 3 months prior* and are just now surfacing. The products will keep new acne lesions from forming, and you will extract the old lesions as they surface. That is why it takes a minimum of **3 months** to reach clear skin. (This is a great thing to say in a consultation).
- 4** They may experience some peeling or dry skin from time to time. You, as their Acne Expert, will coach them and adjust their routine so this will be kept to a minimum. It is important for them to contact you for those adjustments.

You can review more information on how to troubleshoot by watching Module 6, Video 4 in the certification training.

Chapter 2: Product Usage

Below are the Product Usage Schedules for all acne types (except mild noninflamed acne) for the first 6 weeks.

Weeks 1 and 2

A.M. ROUTINE	P.M. ROUTINE
1. Cleanse	1. Cleanse
2. Tone	2. Acne Med timed schedule
3. Apply serum every other day	3. Cleanse
4. Apply Hydrabalance and/or moisturizer	4. Tone
5. Apply sunscreen	5. Apply moisturizer

Weeks 3 and 4

A.M. ROUTINE	P.M. ROUTINE
1. Cleanse	1. Cleanse
2. Tone	2. Tone
3. Apply serum every day	3. Apply Hydrabalance (optional)
4. Apply Hydrabalance and/or moisturizer	4. Apply Acne Med overnight
5. Apply sunscreen	

Weeks 5 and 6

A.M. ROUTINE	P.M. ROUTINE
1. Cleanse	1. Cleanse
2. Tone	2. Tone
3. Apply serum every day	3. Apply serum every day
4. Apply Hydrabalance and/or moisturizer	4. Apply Hydrabalance (optional)
5. Apply sunscreen	5. Apply Acne Med overnight

Acne Med (Benzoyl Peroxide) Timed Schedule

If the client is not using benzoyl peroxide (or has used it only as a spot treatment) and begins a home care routine for the first time, they will follow a timed schedule for the first 2 weeks. This will help their skin acclimate to benzoyl peroxide. Every evening after cleansing, they will apply a dime to nickel-sized amount of **Acne Med** to their face as a mask, avoiding neck and eye area. Leave it on for the prescribed time, then wash off with cleanser, apply toner and then apply moisturizer.

Days 1 - 3	Apply Acne Med for 15 minutes only. Then cleanse, tone and moisturize.
Days 4 - 7	Apply Acne Med for 30 minutes only. Then cleanse, tone and moisturize.
Days 8 - 10	Apply Acne Med for 60 minutes only. Then cleanse, tone and moisturize.
Days 11 - 13	Apply Acne Med for 2 hours only. Then cleanse, tone and moisturize.
Day 14 and beyond	If the skin is not overly dehydrated and/or irritated, cleanse, tone, apply Acne Med and leave on overnight. Do not add moisturizer if leaving Acne Med on overnight.

Product Usage Amounts

Instruct your client to use the following amounts for each product:

- **Acne Med:** dime to nickel sized amount
- **Salicylic Serum:** 1 pump
- **L-Mandelic Serum:** 1 pump
- **Vitamin A Corrective Serum:** 1 pump
- **Glycolic Serum:** 1 pump
- **Vitamin A Corrective II Serum:** 1 pump

Weeks 7 and Beyond

All the options for weeks 7 and beyond will be posted under each acne type and severity type.

PRO TIP:

With acne management, the home care protocol is a constant balancing act of pushing the skin to clear, but not irritating or drying it out too much. *You are only making your best educated guess as to the next step.* Sometimes you will be wrong and the worst that can happen is that your client will get dehydrated, irritated skin, which is not the end of the world. We have all made that mistake.

Normalizing the Skin

There are a few ways for your client to recover from dehydrated or irritated skin:

- 1 Have them cleanse, tone and moisturize twice a day for 2 to 3 days. Once they are no longer dry and/or dehydrated, advise them to start again where they left off with their routine.

**They cannot do this too often because they will fall into the trap of underusing products and will chronically break out. Instead, you will adjust their routine to one their skin can tolerate.

- 2 Add **Hydrabalance** to the routine.

- 3 Have them layer **Clearderma** or **Cran-Peptide Cream** under their sunscreen.

- 4 If it's just one area that is dry (example: smile lines), have them occlude that area with petroleum jelly before applying active products.

If the skin remains irritated and/or dehydrated for an extended period, consider the following strategies in this order:

- 1 Give the client a milder and/or more hydrating cleanser and/or toner.

- 2 Adjust the frequency of serum use; if used every day, switch to every other day. If used morning and night, switch it to just every morning (and possibly every other night).

- 3 Last resort: adjust the strength of their serum and/or **Acne Med** but **only** if they are not able to continue using them consistently on a regular basis.

Your goal is to create a routine your client can do twice a day without irritating or dehydrating the skin. If you need to adjust the product(s) to a lesser strength, do not take back the stronger product. Have them keep it so when it's time to adjust them back up (as their skin adapts) they will have it and can use it. Make a note of this in their treatment notes, so you can remember to help them to use up the product.

Once you are familiar with the properties of each product, guiding your clients in the clearing process will become second nature. It will be helpful for you to refer to the **Product Training** document for descriptions of each product. **You can find the Product Knowledge document under Resources > Downloads > Product Training.**

Do's and Don'ts

DO	DON'T
<ul style="list-style-type: none"> When giving a home care routine to a client who is very young or very mature, DO opt for milder products, especially cleanser and toner. If a client is not dry or dehydrated, DO adjust their home care as directed in the Product Usage Schedule. Once a client is getting close to being out of a product, especially serums, DO consider strengthening the serum if they are still breaking out. You will need to test their skin with the new serum before giving it to them. If the client can tolerate the next level of serum (feels a 2 or less on a 1-10 scale of tingling, stinging, and/or burning), have them alternate the weaker serum with the stronger one until the weaker serum is finished, then continue to use the stronger serum every day. If your client was on antibiotics prior to seeing you, DO consider recommending a good probiotic. DO treat chest acne as you would face acne. The chest tends to be more sensitive than the back. DO use the water-based hydrator Hydrabalance to layer under Acne Med. 	<ul style="list-style-type: none"> If a client comes in for a treatment and is dehydrated, dry and flakey, DON'T adjust their home care to something stronger. You may have to adjust it back; if not that dehydrated, keep it the same. Before you strengthen your client's routine, check your client's product usage to make sure they are compliant. DON'T strengthen their routine unless they are compliant with the current routine. DON'T give clients products that are too strong, especially in the beginning. For example, we rarely give anyone Glycolic Toner, 11% L-Mandelic Serum or 15% L-Mandelic Serum for the face. Those are only used with exceptionally tough acne, if tolerated; and we would never start a client with those strengths. DON'T put moisturizer over or under Acne Med (benzoyl peroxide). It will stop the benzoyl peroxide from penetrating into the pores where it needs to do its work.

Properties of Active Acne Ingredients

As you learn how to choose what products will be best for your acne client, you will sometimes have to do some critical thinking. There may be more than one option for your client, and you will have to choose their best option. It is useful to know what properties all the products possess so you can make the best decision for your client.

INGREDIENT	ANTI-INFLAMMATORY	ANTIBACTERIAL	ANTIFUNGAL	EXFOLIANT	CELL RENEWAL	COMEDOLYTIC UNBLOCKS PORES
L-Mandelic	✓	✓	✓	✓		
Salicylic	✓	✓		✓		✓
Glycolic				✓		
Retinaldehyde		✓			✓	✓
Retinol					✓	✓
Benzoyl Peroxide	✓	✓				✓
Sulfur	✓	✓		✓		

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Chapter 3: Inflamed Acne Types Mild, Moderate and Severe



Mild Inflamed Acne



Moderate Inflamed Acne



Severe Inflamed Acne

Characteristics of Inflamed Acne

SKIN QUALITY	ACNE LESIONS	TREATMENT
<ul style="list-style-type: none"> · Redness/warm to touch · Sensitive and reactive to products · Responds quickly to home care and treatments 	<ul style="list-style-type: none"> · Pimples, pustules · Can be nodules, cysts 	<ul style="list-style-type: none"> · Icing is essential! · L-mandelic and benzoyl peroxide (Acne Med) is very effective · Zinc monomethionine and high-quality omega-3 fish oil are helpful supplements (please see handout).

The Food and Supplements handout is in your account under [Resources > Downloads > Client Handout > Food and Supplements](#) document.

Home Care for Mild and Moderate Inflamed Acne

SKINTYPE	CLEANSER	TONER	SERUM	MOISTURIZER	SUNSCREEN	ANTIBACTERIAL
Dry	Ultra Gentle Cleanser	Moisture Balance Toner	8% or 5% L-Mandelic Serum	Cran-Peptide Cream	Daily SPF 30	2.5% Acne Med
Normal	Ultra Gentle Cleanser	Calming Toner	8% or 5% L-Mandelic Serum	Clearderma	Daily SPF 30	5% Acne Med
Oily	L-Mandelic Wash	Sal-C Toner	8% or 5% L-Mandelic Serum	Clearderma	Ultimate SPF 28	5% Acne Med
Mature	Ultra Gentle Cleanser	Moisture Balance Toner	8% or 5% L-Mandelic Serum	Cran-Peptide Cream	Daily SPF 30	2.5% Acne Med
Fitz 4+	Ultra Gentle Cleanser	Calming Toner	8% or 5% L-Mandelic Serum	Cran-Peptide Cream	Daily SPF 30	2.5% Acne Med

Home Care for Severe Inflamed Acne

SKINTYPE	CLEANSER	TONER	SERUM	MOISTURIZER	SUNSCREEN	ANTI-BACTERIAL
Dry	Ultra Gentle Cleanser	Moisture Balance Toner	8% or 5% L-Mandelic Serum	Cran-Peptide Cream	Daily SPF 30	5% Acne Med
Normal	Ultra Gentle Cleanser	Calming Toner	8% or 5% L-Mandelic Serum	Clearderma	Daily SPF 30	5% Acne Med
Oily	L-Mandelic Wash	Sal-C Toner	8% or 5% L-Mandelic Serum	Clearderma	Ultimate SPF 28	10% Acne Med
Mature	Ultra Gentle Cleanser	Moisture Balance Toner	8% or 5% L-Mandelic Serum	Cran-Peptide Cream	Daily SPF 30	5% Acne Med
Fitz 4+	Ultra Gentle Cleanser	Calming Toner	8% or 5% L-Mandelic Serum	Cran-Peptide Cream	Daily SPF 30	2.5% Acne Med

*Clearderma or Cran-Peptide Cream should be added to all client routines. Once clients are wearing Acne Med overnight after the first 2 weeks, moisturizer will continue to be used in the morning routine.

- If the client is sensitive or allergic to **L-Mandelic Serum**, test **Salicylic Serum**.
- If the client's skin is very sensitive and/or reactive, opt for milder products. Don't give them a serum, just start with a timed schedule of **Acne Med**.
- If the client also has folliculitis or hyperpigmentation from acne, include **L-Mandelic Wash** if their skin can tolerate it.
- To prevent dehydration, include **Hydrabalance**.
- If the client is mature and their acne is in only one area (like the chin), then "area treat". They do not need to apply **Acne Med** to their entire face.
- It is rare for clients to experience acne on the neck. If they do, we recommend taking a less aggressive approach with home care because the neck is generally more sensitive. They should follow the same home care use instructions as their face, **excluding use of Acne Med**, for weeks 1-6.

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Guidelines for Mild, Moderate, and Severe Inflamed Acne Home Care Protocol Weeks 1–6

Weeks 1 and 2

A.M. ROUTINE	P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply serum every other day 4. Apply Hydrabalance and/or moisturizer 5. Apply sunscreen 	<ol style="list-style-type: none"> 1. Cleanse 2. Acne Med timed schedule* 3. Cleanse 4. Tone 5. Apply moisturizer

Weeks 3 and 4

A.M. ROUTINE	P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply serum every day 4. Apply Hydrabalance and/or moisturizer 5. Apply sunscreen 	<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply Hydrabalance (optional) 4. Apply Acne Med overnight

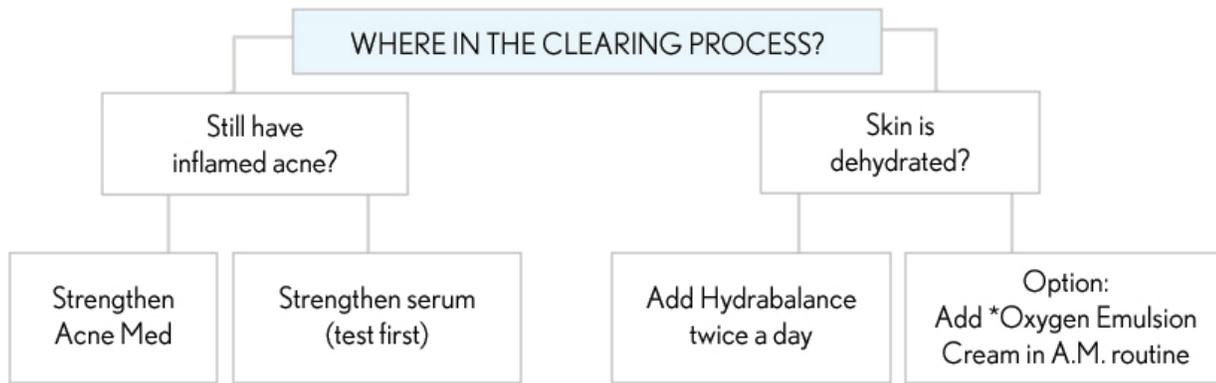
Weeks 5 and 6

A.M. ROUTINE	P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply serum every day 4. Apply Hydrabalance and/or moisturizer 5. Apply sunscreen 	<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply serum every day 4. Apply Hydrabalance (optional) 5. Apply Acne Med overnight

*See Home Care Instructions Weeks 1 & 2 document found in Resources tab > Downloads > Client Handouts

Guidelines for Mild, Moderate, and Severe Inflamed Acne Adjusting Home Care Weeks 7-12

- If skin is clearing or is clear, there is no need to adjust the routine.
- Spot treat with **Acne Med** in the morning—wait **15 minutes** before applying moisturizer and/or sunscreen.
- Generally, you will strengthen active products (serums and **Acne Med**) first before strengthening cleanser and toner.
- Strengthen only one product in their routine—either the serum OR the **Acne Med**, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use up the rest of the weaker product and to help their skin acclimate to the stronger product.
- For neck acne, if inflamed acne has not improved then add the **Acne Med** as a spot treatment only.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



*Purifying Oxygen Lotion – see Resources >Downloads>Protocols>Supplier Resources

OTHER OPTIONS FOR STRENGTHENING HOME CARE:

- Ask the client repeatedly if they are icing—this is a must if they are still inflamed!
- Spot treat pimples and pustules in A.M. Routine with **Acne Med**.
- Spot treat with **Sulfur Spot Treatment** over regular **Acne Med** in the P.M. Routine.
- Have them use hand-held *LED in the evening after cleansing. *see Resources section.
- Use **Acne Med** twice a day (A.M. Routine: cleanse, tone, serum, **Acne Med**, wait 15 minutes, sunscreen).
- Strengthen cleanser
- Strengthen toner

Chapter 4: Noninflamed Acne Types Mild, Moderate and Severe



Mild Noninflamed Acne



Moderate Noninflamed Acne



Severe Noninflamed Acne

Characteristics of Noninflamed Acne

SKIN QUALITY	ACNE LESIONS	TREATMENT
<ul style="list-style-type: none"> · Dull, sluggish-looking and pebbly appearance · Generally not sensitive or reactive to products · Can be toughest to treat 	<ul style="list-style-type: none"> · Blackheads · Whiteheads 	<ul style="list-style-type: none"> · As aggressive as skin will tolerate · Needs mechanical and chemical exfoliation

Home Care for Mild Inflamed Acne

SKIN TYPE	CLEANSER	TONER	SERUM	MOISTURIZER	SUNSCREEN
Dry	Ultra Gentle Cleanser	Moisture Balance Toner	Vitamin A Corrective Serum	Cran-Peptide Cream	Daily SPF 30
Normal	Antioxidant Scrub	Calming Toner	Vitamin A Corrective Serum	Clearderma	Daily SPF 30
Oily	L-Mandelic Scrub	Sal-C Toner	Vitamin A Corrective Serum	Clearderma	Ultimate SPF 28
Mature	Ultra Gentle Cleanser	Moisture Balance Toner	Vitamin A Corrective Serum	Cran-Peptide Cream	Daily SPF 30
Fitz 4+	Antioxidant Scrub	Calming Toner	Vitamin A Corrective Serum	Cran-Peptide Cream	Daily SPF 30

*People with mild noninflamed acne have very few acne lesions—5 or less on the face—and they NEVER get inflamed lesions. This type of acne will be very rare in your practice.

- If the client is sensitive or allergic to **Vitamin A Corrective Serum**, test **8% and 5% L-Mandelic Serum**. If sensitive to **L-Mandelic Serums**, test **Glycolic Serums**.
- If the client's skin is very sensitive and/or reactive, opt for milder products.
- If the client also has folliculitis, include **L-Mandelic Serum** (instead of **Vitamin A Corrective Serum**) and **L-Mandelic Wash** if their skin type can tolerate it.
- To prevent dehydration, give **Hydrabalance**.
- It is rare for clients to experience acne on the neck. If they do, we recommend taking a less aggressive approach with home care because the neck is generally more sensitive. They should follow the same home care use instructions as their face, **excluding use of Acne Med**, for weeks 1-6.

Guidelines for Mild Noninflamed Acne Home Care Protocol Weeks 1–6

Weeks 1 and 2

A.M. ROUTINE	P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply serum every other day 4. Apply Hydrabalance and/or moisturizer 5. Apply sunscreen 	<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply moisturizer

Weeks 3 and 4

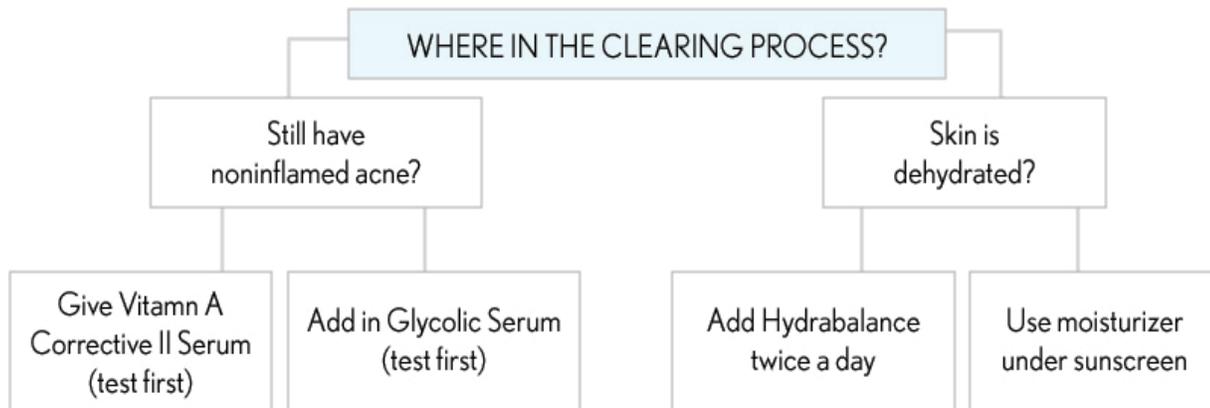
A.M. ROUTINE	P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply serum every day 4. Apply Hydrabalance and/or moisturizer 5. Apply sunscreen 	<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply moisturizer

Weeks 5 and 6

A.M. ROUTINE	P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply serum every day 4. Apply Hydrabalance and/or moisturizer 5. Apply sunscreen 	<ol style="list-style-type: none"> 1. Cleanse 2. Tone 3. Apply serum every day 4. Apply Hydrabalance and/or moisturizer

Guidelines for Mild Noninflamed Acne Adjusting Home Care Weeks 7-12

- Clients with mild noninflamed acne can be some of the most frustrating clients to treat because they often expect perfection with their skin.
- If skin is clearing or is clear, there is no need to adjust the routine.
- Generally, you will strengthen active products (serums) first before strengthening cleanser and toner.
- Strengthen only one product at a time in their routine.
- If they start to purge with the Vitamin A Serums, add **Acne Med** to the routine (timed). In this case, you will have them stop the Vitamin A Serum at night and only do the Acne Med routine.
- When (and if) they start wearing **Acne Med** overnight, tell them they must wait 15 minutes after applying Vitamin A before they apply the **Acne Med**.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use up the rest of the weaker product and to help their skin acclimate to the stronger product.
- For neck acne, if noninflamed acne has not improved then add the **Acne Med** as a spot treatment only.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



OTHER OPTIONS FOR STRENGTHENING HOME CARE:

- Strengthen cleanser
- Strengthen toner
- Weeks 10 and on
 - Strengthen **Glycolic Serum** (test first)
 - Add **Acne Med** to routine
 - Layer **Vitamin A Serum** over the top of **Glycolic Serum**

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Home Care for Moderate and Severe Noninflamed Acne

SKIN TYPE	CLEANSER	TONER	SERUM	MOISTURIZER	SUNSCREEN	ANTI-BACTERIAL
Dry	Ultra Gentle Cleanser	Moisture Balance Toner	8% or 5% L-Mandelic Serum	Cran-Peptide Cream	Daily SPF 30	2.5% Acne Med
Normal	Antioxidant Scrub	Calming Toner	8% or 5% L-Mandelic Serum	Clearderma	Daily SPF 30	5% Acne Med
Oily	Mandelic Scrub	Sal-C Toner	8% or 5% L-Mandelic Serum	Clearderma	Ultimate SPF 28	5% Acne Med
Mature	Ultra Gentle Cleanser	Moisture Balance Toner	8% or 5% L-Mandelic Serum	Cran-Peptide Cream	Daily SPF 30	5% Acne Med
Fitz 4+	Antioxidant Scrub	Calming Toner	8% or 5% L-Mandelic Serum	Cran-Peptide Cream	Daily SPF 30	2.5% Acne Med

*Clearderma or Cran-Peptide Cream should be added to all client routines. Once clients are wearing Acne Med overnight after the first 2 weeks, moisturizer will continue to be used in the morning routine.

- This is the toughest type of acne to clear. Clients with this type of acne must be incredibly compliant. It can take up to 6 months+ to clear; set your client's expectations accordingly.
- Calls for more aggressive home care and treatment if tolerated.
- If the client is sensitive to or allergic to **L-Mandelic Serum**, test **5% or 10% Glycolic Serum**.
- If the client has folliculitis and/or hyperpigmentation from acne, choose the **L-Mandelic Scrub** if their skin type can tolerate it.
- Add in **Vitamin A Corrective Serum** at Week 5 if no inflamed acne has developed. (Vitamin A used at the beginning may cause too much inflammation in this type of acne—best to start it later).
- To prevent dehydration, give **Hydrabalance**.
- If the client is mature and only has acne in one area (like the chin), then “area treat”. They do not need to apply **Acne Med** to their entire face.
- It is rare for clients to experience acne on the neck. If they do, we recommend taking a less aggressive approach with home care because the neck is generally more sensitive. They should follow the same home care use instructions as their face, **excluding use of Acne Med**, for weeks 1-6.

Guidelines for Moderate to Severe Noninflamed Acne Home Care Protocol Weeks 1–6*

Weeks 1 and 2

A.M. ROUTINE	P.M. ROUTINE
1. Cleanse	1. Cleanse
2. Tone	2. Acne Med timed schedule
3. Apply serum every other day	3. Cleanse
4. Apply Hydrabalance and/or moisturizer	4. Tone
5. Apply sunscreen	5. Apply moisturizer

Weeks 3 and 4

A.M. ROUTINE	P.M. ROUTINE
1. Cleanse	1. Cleanse
2. Tone	2. Tone
3. Apply serum every day	3. Apply Hydrabalance (optional)
4. Apply Hydrabalance and/or moisturizer	4. Apply Acne Med overnight
5. Apply sunscreen	

Weeks 5 and 6

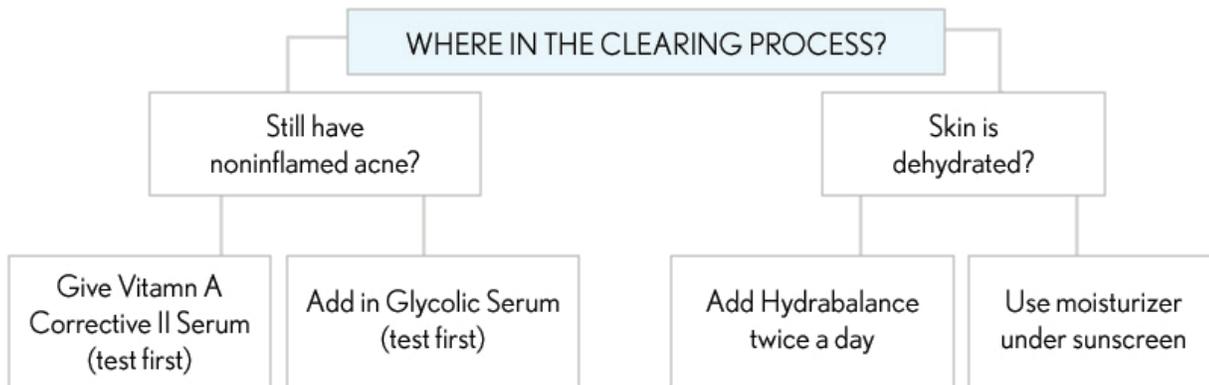
A.M. ROUTINE	P.M. ROUTINE
1. Cleanse	1. Cleanse
2. Tone	2. Tone
3. Apply serum every day	3. **Add Vitamin A Corrective Serum
4. Apply Hydrabalance and/or moisturizer	4. Apply Hydrabalance (optional)
5. Apply sunscreen	5. Apply Acne Med overnight

* Addition to Weeks 5 and 6: you can add **Vitamin A Corrective Serum** to the evening routine (instead of the **L-Mandelic Serum**). When using Vitamin A, you must always have your client wait for 15 minutes after application before applying the **Acne Med**.

Only add **Vitamin A Corrective Serum if no inflamed acne has developed. Always use 1 pump of this serum.

Guidelines for Moderate to Severe Noninflamed Acne Adjusting Home Care Weeks 7-12

- If skin is clearing or is clear, there is no need to adjust the routine.
- Generally, you will strengthen active products (serums and **Acne Med**) first before strengthening cleanser and toner.
- Strengthen only one product in their routine—either the serum OR the **Acne Med**, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use up the rest of the weaker product and to help their skin acclimate to the stronger product.
- For neck acne, if noninflamed acne has not improved then add the **Acne Med** as a spot treatment only.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



OTHER OPTIONS FOR STRENGTHENING HOME CARE:

- Strengthen Vitamin A Serum (use **Vitamin A Corrective II Serum**)
- Strengthen cleanser
- Strengthen toner
- Weeks 10 and on:
 - Strengthen **Glycolic Serum** (test first)
 - Add **Acne Med** to routine
 - Layer **Vitamin A Serum** over the top of **Glycolic Serum**

Chapter 5: Combination Acne

Mild, Moderate and Severe



Mild Combination Acne



Moderate Combination Acne



Severe Combination Acne

Characteristics of Combination Acne

SKIN QUALITY	ACNE LESIONS	TREATMENT
<ul style="list-style-type: none"> · Redness/warm to touch · Sensitive and reactive to products · Inflammation will clear up first and then you will treat the noninflamed acne · Most common type of acne to treat 	<ul style="list-style-type: none"> · Pimples, pustules · Can be nodules, cysts · Blackheads · Whiteheads 	<ul style="list-style-type: none"> · Icing is essential while inflamed! · L-Mandelic and benzoyl peroxide (Acne Med) is very effective · Once inflammation is clear, introduce Vitamin A Corrective Serum to routine · Once inflammation is gone, treat like noninflamed acne and switch to scrub · Zinc monomethionine and omega-3 fish oil are helpful supplements while inflammation is present

Treat the combination acne client as an inflamed acne client to begin with. Determine whether they are mild/moderate inflamed or severe inflamed and determine their home care products and home care schedule based on the **Inflamed Acne Guideline, Chapter 3**.

When all their inflamed acne is gone, determine the appropriate home care products and home care schedule based on the **Noninflamed Acne Guideline, Chapter 4**. Start your client with the instructions for weeks 5-6 under Moderate and Severe (even if they are more than 5 to 6 weeks into treatment with you).

Chapter 6: Back Acne

Noninflamed and Inflamed



Inflamed Back Acne



Noninflamed Back Acne

Noninflamed Back Acne

- Back acne can be treated more aggressively because the skin on the back is thicker than on the face.
- If a client is more sensitive or reactive, opt for milder products.
- Test their back first with the **15% L-Mandelic Serum**. If too strong (feels more than a 2 on a scale of 1-10) then go to **11% L-Mandelic Serum**. If they are sensitive to the L-Mandelic Serums, then test **10% Glycolic Serum**.
- Make sure clients using **Acne Med** wear a white shirt to bed and use white sheets and towels. **Acne Med** bleaches fabric.

Home Care for Noninflamed Back Acne

SKINTYPE	CLEANSER	SERUM	ANTIBACTERIAL
Dry	L-Mandelic Scrub	11% or 15% L-Mandelic Serum	10% Acne Med
Normal	Acne Scrub	11% or 15% L-Mandelic Serum	10% Acne Med
Oily	Acne Scrub	11% or 15% L-Mandelic Serum	10% Acne Med
Mature	L-Mandelic Scrub	11% or 15% L-Mandelic Serum	10% Acne Med
Fitz 4+	L-Mandelic Scrub	11% or 15% L-Mandelic Serum	10% Acne Med

- If the client is sensitive to **L-Mandelic Serum**—test **10% Glycolic Serum**.
- Consider **L-Mandelic Scrub** if the client has folliculitis, or brown hyperpigmentation from acne, provided their skin type can tolerate it.
- Client can use a moisturizer in the morning if they become dry.
- If a client only experiences acne breakouts in a small area, they can treat the area with serum and **Acne Med**.

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Guidelines for Noninflamed Back Acne Home Care Protocol Weeks 1–6*

Weeks 1 and 2

P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Apply serum every other night 3. Apply Acne Med—leave on all night

Weeks 3 and 4

P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Apply serum every night 3. Apply Acne Med

Weeks 5 and 6

A.M. ROUTINE	P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. *Apply serum 3. Apply moisturizer if dry 	<ol style="list-style-type: none"> 1. Cleanse 2. Apply serum 3. Apply Acne Med

*If needed twice a day, apply serum.

Inflamed Back Acne

- Back acne can be treated more aggressively because the skin on the back is thicker than on the face. Consider starting with **Acne Back Peel** if tolerated. You can always start with **Acne Peel #3** if the client is more sensitive.
- If a client is more sensitive or reactive, opt for milder home care products.
- Test their back first with the **15% L-Mandelic Serum**. If too strong (over a 2 on a scale of 1 to 10) then go to **11% L-Mandelic Serum**.
- If they are sensitive to **L-Mandelic Serums**, then test **Salicylic Serum**.
- Discuss the options of adding zinc monomethionine and/or omega-3 fish oil with your client if you haven't already. Always direct the client to check with their doctor before starting any new supplements.
- Make sure clients that are using **Acne Med** wear a white shirt to bed and use white sheets and towels. **Acne Med** bleaches fabric.

Home Care for Inflamed Back Acne

SKIN TYPE	CLEANSER	SERUM	ANTIBACTERIAL	SPOT TREATMENT
Dry	L-Mandelic Wash	11% or 15% L-Mandelic Serum	10% Acne Med	Sulfur Spot Treatment
Normal	Acne Wash	11% or 15% L-Mandelic Serum	10% Acne Med	Sulfur Spot Treatment
Oily	Acne Wash	11% or 15% L-Mandelic Serum	10% Acne Med	Sulfur Spot Treatment
Mature	L-Mandelic Wash	11% or 15% L-Mandelic Serum	10% Acne Med	Sulfur Spot Treatment
Fitz 4+	L-Mandelic Wash	11% or 15% L-Mandelic Serum	10% Acne Med	Sulfur Spot Treatment

- If the client is sensitive to **L-Mandelic Serum**, test the **Salicylic Serum**.
- Consider **L-Mandelic Wash** if the client has folliculitis, or brown hyperpigmentation from acne, provided their skin type can tolerate it.
- The client can use a moisturizer in the morning if they become dry.
- If a client only experiences acne breakouts in a small area, they can treat the area with serum and **Acne Med**.

Guidelines for Inflamed Back Acne Home Care Protocol Weeks 1-6

Weeks 1 and 2

P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Apply serum every other night 3. Apply Acne Med—leave on all night 4. Spot treat—Sulfur Spot Treatment

Weeks 3 and 4

P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Apply serum every night 3. Apply Acne Med

Weeks 5 and 6*

P.M. ROUTINE
<ol style="list-style-type: none"> 1. Cleanse 2. Apply serum 3. Apply Acne Med OR Sulfur Spot Treatment

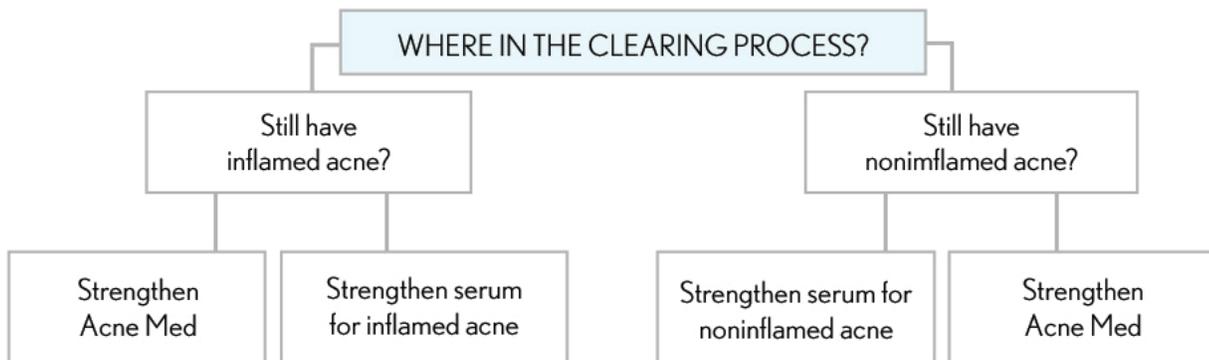
*Addition to Week 5 and 6: for severe cases of inflamed back acne, if your client has gotten used to the **10% Acne Med** and is still inflamed, you can have them use the **Sulfur Spot Treatment** for use all over the acne on their back. You can alternate **Acne Med** and **Sulfur Spot Treatment** at first to allow your client to get used to the **Sulfur Spot Treatment**. Warn them that they will get dry, though most people don't mind dehydration on their back.

Weeks 7 and 8

A.M. ROUTINE	P.M. ROUTINE
1. Cleanse 2. Apply serum 3. Apply moisturizer if needed	1. Cleanse 2. Apply serum 3. Apply Acne Med OR Sulfur Spot Treatment

Guidelines for Noninflamed and Inflamed Back Acne Adjusting Home Care Weeks 7-12

- Use **Acne Back Peel** for treatments if tolerated. Start with **Acne Peel #3** if the client is sensitive.
- If skin is clearing or is clear, there is no need to adjust the routine.
- Strengthen serum
- Strengthen **Acne Med**
- Strengthen only one product in their routine—either the serum OR the **Acne Med**, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use up the rest of the weaker product and to help their skin acclimate to the stronger product.
- If the skin gets dehydrated have them use moisturizer in the A.M. Routine.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



Chapter 7: Subtype 2 Acne Rosacea



SUBTYPE 2 ACNE ROSACEA

Characteristics of Subtype 2 Acne Rosacea

SKIN QUALITY	ACNE LESIONS	TREATMENT
<ul style="list-style-type: none"> · Chronic bacterial condition · Client is usually over 30 years of age · Papules and pustules are mainly found on cheeks, nose and forehead · Responds quickly to home care and treatments 	<ul style="list-style-type: none"> · Resembles acne except comedones are absent · When extracted, there is no "core" 	<ul style="list-style-type: none"> · Salicylic or L-Mandelic and Acne Med can be effective · Use peels conservatively especially at first

Home Care for Subtype 2 Acne Rosacea

SKINTYPE	CLEANSER	TONER	SERUM	MOISTURIZER	SUNSCREEN	ANTIBACTERIAL
Dry	Ultra Gentle Cleanser	Moisture Balance Toner	Salicylic Serum	Cran-Peptide Cream	Ultimate SPF 28	2.5% Acne Med
Normal	Ultra Gentle Cleanser	Calming Toner	Salicylic Serum	Clearderma	Ultimate SPF 28	2.5% Acne Med
Oily	L-Mandelic Wash	Sal-C Toner	Salicylic Serum	Clearderma	Ultimate SPF 28	2.5% Acne Med
Mature	Ultra Gentle Cleanser	Moisture Balance Toner	Salicylic Serum	Cran-Peptide Cream	Ultimate SPF 28	2.5% Acne Med
Fitz 4+	Ultra Gentle Cleanser	Calming Toner	Salicylic Serum	Cran-Peptide Cream	Ultimate SPF 28	2.5% Acne Med

*Clearderma or Cran-Peptide Cream should be added to all client routines. Once clients are wearing Acne Med overnight after the first 2 weeks, moisturizer will continue to be used in the morning routine.

- If the client is sensitive or allergic to Salicylic Serum, or pregnant, then test 8% L-Mandelic Serum.
- If the client's skin is very sensitive and/or reactive, opt for milder products. Don't give them any serum, and just begin with the timed schedule of **Acne Med**.
- To prevent dehydration, include **Hydrabalance**.
- Surprisingly, rosacea skin may not be that sensitive in general when you do a **Serum Skin Sensitivity Test**. Rosacea skin is sensitive to triggers, not necessarily to products.
- Clients with rosacea should not wear chemical-based sunscreens. Always recommend **Ultimate Protection SPF 28** (zinc sunscreen).
- You can also have them just "area treat" instead of applying **Acne Med** all over the face.
- Use a mild peel during the treatment (you may want to do only one layer).
- Avoid steaming or hot towels.
- Just do one layer of **Acne Peel #1** at the first appointment (if not dehydrated).

Guidelines for Subtype 2 Acne Rosacea Home Care Protocol Weeks 1-6

Weeks 1 and 2

A.M. ROUTINE	P.M. ROUTINE
1. Cleanse	1. Cleanse
2. Tone	2. Acne Med timed schedule
3. Apply serum every other day	3. Cleanse
4. Apply Hydrabalance and/or moisturizer	4. Tone
5. Apply sunscreen	5. Apply moisturizer

Weeks 3 and 4

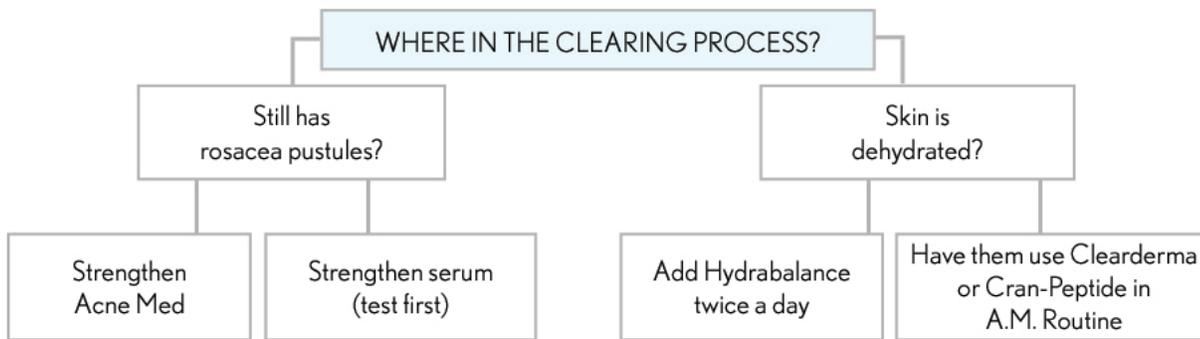
A.M. ROUTINE	P.M. ROUTINE
1. Cleanse	1. Cleanse
2. Tone	2. Tone
3. Apply serum every day	3. Apply Hydrabalance (optional)
4. Apply Hydrabalance and/or moisturizer	4. Apply Acne Med overnight
5. Apply sunscreen	

Weeks 5 and 6

A.M. ROUTINE	P.M. ROUTINE
1. Cleanse	1. Cleanse
2. Tone	2. Tone
3. Apply serum every day	3. Apply serum every day
4. Apply Hydrabalance and/or moisturizer	4. Apply Hydrabalance (optional)
5. Apply sunscreen	5. Apply Acne Med overnight

Guidelines for Subtype 2 Acne Rosacea Adjusting Home Care Weeks 7-12

- Face Reality's protocol works well for Subtype 2 but is not successful with Subtype 1. The pustules clear quickly, usually in 6 to 8 weeks. **Sometimes, the overall redness does not improve, so set client expectations accordingly.**
- If skin is clearing or clear, there is no need to adjust the routine.
- Check in with them about eliminating rosacea triggers (shown on next page).
- Strengthen only one product in their routine—either the serum OR the **Acne Med**, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use up the rest of the weaker product and to help their skin acclimate to the stronger product.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



Rosacea Triggers

The following can exacerbate rosacea:

- sun exposure
- stress
- hot weather
- wind
- exercise
- alcohol
- hot baths
- cold weather
- spicy foods
- humidity
- indoor heat
- irritating skin products including chemical sunscreens
- heated beverages

If in doubt about whether a client has rosacea, ask them about any of these triggers and whether any of these affect their skin.

Rosacea Types



SUBTYPE 1: Erythematotelangiectatic Rosacea

This subtype is characterized by flushing and persistent central facial erythema. Telangiectasias are common but not essential for the diagnosis.



SUBTYPE 2: Papulopustular Rosacea

The Face Reality Clear Skin Method has shown to help only this subtype.

This subtype includes persistent central facial erythema with transient papules, pustules, or both in a central facial distribution. Burning and stinging may also be reported as a symptom.



SUBTYPE 3: PHYMATOUS ROSACEA

This subtype may include thickening skin, irregular surface nodularities, and enlargement. Phymatous rosacea occurs most commonly as rhinophyma but may appear elsewhere, including the chin, forehead, cheeks, and ears. Patulous, expressive follicles may appear in the phymatous area, and telangiectases may be present.



SUBTYPE 4: OCULAR ROSACEA

This subtype may include watery eyes or bloodshot appearance, telangiectasia of conjunctiva and lid margin, or lid and periocular erythema. Blepharitis, conjunctivitis, and irregularity of eyelid margins also may occur.

Chapter 8: Troubleshooting

Miscellaneous

CLIENT IS ALLERGIC TO BENZOYL PEROXIDE

Instruct your client put a quarter size amount of **Acne Med** on the inside of one arm for 3 days in a row to see if there is a reaction. If the client observes a reaction prior to the 3 days, have them stop. A reaction would appear as itching, swelling, or burning associated with a rash. If there is no reaction after 3 days, they are not allergic to benzoyl peroxide. Many people think they are allergic to benzoyl peroxide because they have used it overnight immediately in the past. If they experience excessive dryness (not an allergy) you can have them go more slowly when acclimating in the beginning.

- Use the **Vitamin A Corrective Serum** for noninflamed acne.
- Use oxygen emulsion in place of **Acne Med** (benzoyl peroxide).
See Resources > Downloads > Protocols > Supplier Resources Document.

CLIENT USED PRESCRIPTION TOPICAL PRODUCTS PRIOR TO SEEING YOU

- When a client books their first appointment with you, instruct them to stop using any topical prescription products for at least 2 weeks before their first appointment.
- When you see them for their first appointment and their skin is still sensitive after discontinuing prescription topicals for 2 weeks, you can go more slowly with active products, even with serums. If they are sensitive to all serums, don't start them with one. The **Acne Med** (benzoyl peroxide) will make their skin less sensitive over time. You can start timing the Acne Med with just 5 minutes on the first night and add 5 minutes more each night. Retest the serums later.

IMPATIENT CLIENT WHO WANTS TO BE CLEAR IN 2 WEEKS

- Remind your client that it can take at least 3 months, and up to 6 months, to see significant clearing of their skin.
- It takes 30 to 90 days for a microcomedone to surface and acne will continue to come to the surface during the first 4 months on the program.

DRYNESS AND PEELING

- Tell the client from the outset that they will most likely have temporary dryness and peeling on their way to getting clear. Any product that is strong enough to get acne under control is inherently drying. Encourage them to be patient with a bit of dry skin. If it gets uncomfortably dry, or any product is stinging or burning, instruct them to contact you immediately.
- **Use petroleum jelly:** a common symptom of using benzoyl peroxide is dryness around the mouth and chin area. When that happens, instruct your client to put a thin layer of petroleum jelly on the dry area before they apply their **Acne Med**. They can do this for 2 to 3 days and then resume the **Acne Med** there again. Reassure your client that petroleum jelly will not cause breakouts.
- **Make sure the client is using Clearderma and/or Cran-Peptide Cream** in the morning (if not using **Acne Med**) and **Hydrabalance** at night after the serum and before the **Acne Med**. They can also layer **Hydrabalance** under their moisturizer in their morning routine. If they are still experiencing dryness after implementing these suggestions, they can use **Hydrabalance** before AND after their serums, both morning and night. This technique is called **Hydrastack**.

Inconsistent or Improper Product Usage

If a client is not getting clear or staying clear, the first thing to check is check how they are applying their home care:

- Make sure clients are applying their serum with their hands, not a cotton ball or cotton round.
- Make sure clients are applying **Acne Med** all over their face and not just spot treating (unless you have specifically instructed them otherwise).
- Make sure clients are applying products in the right order.
- Make sure clients are applying enough product.

If that checks out, the next step is to check their product purchase history. **90%** of the time the clients are using their home care products inconsistently. Check their **Acne Med** purchases first, and exfoliating serum purchases next. Compare their purchase history to the **Normal Product Usage Timetable**.

Normal Product Usage Timetable

PRODUCT	USAGE - 1X DAILY	USAGE - 2X DAILY
1.5 oz Acne Med (Dime to nickel size)	6-9 weeks	3-5 weeks
1.5 oz Sulfur Spot Treatment (½ pea size)	Use as needed	
1 oz Serums (1 pump)	14 weeks	7 weeks
6 oz Cleanser (Dime to nickel size)	Must use 2x daily	8-10 weeks
6 oz Toner (Nickel to quarter size)	Must use 2x daily	10-12 weeks
1.7 oz Hydrator (1 - 2 pumps)	10 weeks	5 weeks
2 oz Moisturizer (Pea to nickel size)	12 weeks	6 weeks
2 oz Sunscreen (Length of longest finger size)	10 weeks	N/A
.12 mL Eye Gel (½ pea size)	8 weeks	4 weeks
2.5 oz Mask (Quarter size)	Use as needed	

If the client's product purchase history and the **Normal Product Usage Timetable** show that the client is being inconsistent with the home care product usage, explain why consistency is crucial. Next, find out why the client isn't being consistent. It could be:

- Skipping home care because of dryness/dehydration/products stinging.
- Skipping home care because of budget.
- Skipping home care because of schedule.

SKIPPING HOME CARE DUE TO DRYNESS, DEHYDRATION, OR STINGING PRODUCTS

Ideally, the client needs to be able to use their exfoliating serum twice a day and **Acne Med** once a day, to get clear and stay clear. You will need to find a home care routine that will allow for this.

- Ask if any of their products are stinging or burning. If so, change that product. Sometimes it can be a mild non-active (like toner or sunscreen) causing the problem.
- Ask if they are skipping products when they get dry. If so, the home care routine is too strong.
- **Make sure the client is using Clearderma and/or Cran-Peptide Cream** in the morning (if not using **Acne Med**) and **Hydrabalance** at night after the serum and before the **Acne Med**. They can also layer Hydrabalance under their moisturizer in the morning. If they are still experiencing dryness after implementing the suggestions about, they can use **Hydrabalance** before AND after their serums, both morning at night. This technique is called **Hydrastack**.
- Consider giving them a milder cleanser and/or toner.
- Adjust down active products (serums and **Acne Med**) **after** non-actives. Make sure to always test new serums on the skin before giving it to the client. If their current product is not stinging or burning, they do not need to return the product. They can use it later, when their skin has adjusted and is no longer as dry (even once or twice a week as a booster).
- If the client has inflamed acne, consider giving them an oxygen emulsion cream to use in the morning instead of **Acne Med**. Oxygen emulsion creams usually comes in a moisturizing base so it will not exacerbate dryness. *Remember when the weather gets colder, skin becomes drier and cannot always tolerate the same products.* **See Resources > Downloads > Protocols > Supplier Resources Document to find a suggestion for an oxygen emulsion cream.**

SKIPPING HOME CARE DUE TO BUDGET OR MONEY ISSUES

If a client is having consistency issues because of cost, we can make the following suggestions:

- Always spend the money on products before treatments.
- If they cannot afford to come in at all, offer to do virtual appointments or connect via email. Ask them to check in with you every 2 weeks and include pictures.
- Make sure they are not using any non-Face Reality products that might contain pore-clogging ingredients (cleansers, benzoyl peroxide, sunscreen).
- Take the toner out of their routine temporarily as a last resort.

SKIPPING HOME CARE DUE TO SCHEDULE

If a client is having consistency issues because of their schedule, find out what is getting in the way. Brainstorm with the client to find a way around the issue.

- If they absolutely cannot use **Acne Med** consistently at night, move it to their morning routine. Instruct the client to wait 15 minutes after applying **Acne Med** to apply sunscreen.
- If they are not able to do a multi-step routine in the morning, advise them to just use their actives at night. Remind them it may take longer to get clear without using actives twice a day.

Lifestyle Issues

If your client is using their home care products consistently and is still not getting clear, it is time to review lifestyle choices. Even if a client initially was using makeup that was noncomedogenic or using a form of birth control that is less likely to exacerbate acne, they may have changed since they were last asked. Here are some reasons a client may not be clearing if it is not due to inconsistent product usage:

- | | |
|--|--|
| <p>1 Do they check in with you to adjust their routine at 2-week intervals?</p> | <p>10 Are they consuming high androgen foods like peanuts, peanut butter, shellfish, or organ meat?</p> |
| <p>2 Did they change their routine on their own without consulting you first?</p> | <p>11 Are they smoking marijuana?</p> |
| <p>3 Are they using non-Face Reality products?</p> | <p>12 Are they exposed to any chemicals: coal tars, grease in restaurants or auto mechanic shops, dioxin, or chlorinated chemicals?</p> |
| <p>4 Are they using comedogenic makeup?</p> | <p>13 Do they regularly wear hats, helmets, or shoulder pads?</p> |
| <p>5 Are they using comedogenic hair care?</p> | <p>14 Are they under more stress than usual and/or getting enough sleep?</p> |
| <p>6 Are they using fabric softener or dryer sheets in the washer and/or the dryer?</p> | <p>15 Are they taking any medications or drugs or have any medical condition that they haven't yet disclosed to you?</p> |
| <p>7 Are they consuming dairy/soy products: milk, cheese, and/or yogurt?</p> | <p>16 Are they taking the supplements recommended by their Acne Expert?</p> |
| <p>8 Are they consuming protein shakes or protein bars made from whey or soy that contain iodine?</p> | <p>17 Are they taking vitamins or supplements that may contain iodides and/or biotin?</p> |
| <p>9 Are they consuming sushi, seaweed, iodized salt, spirulina, or chlorella?</p> | <p>18 Are they on birth control pills or another form of birth control?</p> |

If questions 15–18 are impacting their ability to get clear, provide them with information about options that are not associated with exacerbating acne. **Always instruct the client to speak with their doctor before starting or stopping any supplements, vitamins, medications, or forms of birth control.**

If the client is not being compliant and lifestyle issues are keeping the client from getting clear or staying clear, give them a copy of the **Getting Clear and Staying Clear** document. Highlight which lifestyle issues need addressing. If inconsistent product usage is also an issue, highlight that on the document as well. Inconsistent clients should also receive a copy of the **Normal Product Usage Timetable** with their purchase history written on it. Write which documents are given in their acne treatment notes. If you have to give them these documents too many times, it may be time to tactfully end your relationship with them.

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Handling a Minor Who Is Not Clearing

- 1 If you have a minor who is not clearing due to inconsistent product use and/or lifestyle issues, ask what is keeping them from being consistent. Find out if there is an issue you can help them work around.
- 2 If the parent is not in the room, speak with the parent after the appointment to let them know what the issues are.
 - They often believe the minor is being compliant. Inform them about inconsistent product usage or lifestyle issues that are causing problems.
 - If the parent is not with the minor for the appointment, send an email letting them know what the issues are.
 - If the situation persists, suggest to the parent that they bring the minor back when they are ready to be consistent.

LEDs

If a client has inflamed acne that is not clearing after 2 months AND they have been compliant with their home care, you can lend them an LED handheld light. It can help to reduce inflammation. **You can find the Face Reality's LED Agreement Form Resources>Downloads>Client Handouts to see how the Face Reality Acne Clinic handles lending out LED lights.**

Chapter 9: Pregnancy and Breastfeeding

Please review the **Pregnancy and Breastfeeding handout** (see [Resources > Downloads > Client Consultation > Pregnancy and Breastfeeding Handout](#)).

Face Reality requires discontinuing the use of any product that contains Salicylic, Vitamin A or TCA during pregnancy and breastfeeding. Advise your client to confer with their doctor to see if there are any additional ingredients or products that they should not use.

Treatments

If your client is pregnant or breastfeeding, you can perform the **20% L-Lactic Peel** with their doctor's approval. If your client feels a 3 or more with the skin sensitivity test using the **Glycolic-Lactic Toner** opt for the **Acne Hydrating Treatment** instead. This treatment uses the **Hydrating Enzyme Mask**. **Do not use Acne Peel #1, Acne Peel #2, Acne Peel #3 or Back Peel** on pregnant or nursing clients, as they contain TCA.