

Spa Dermatology: Past, Present, and Future

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- Day spa

Spas have been identified back to times of the ancient Babylonians and Greeks. The Romans are responsible for instituting the spread of spas over much of the world as their empire spread.¹ The trend toward relaxation and reward for over-worked people seems to be increasing and has developed a more clinical and medical flavor in the 21st century. This article details the past, present, and future of spa dermatology and discusses the implications for dermatologists.

HISTORY OF SPAS

To understand and fully appreciate the place and potential of medical (particularly dermatologic) spas, it is important to recognize the history of spas. The word “spa” originates from the Latin verb “spagere” to pour forth. As practiced by the Mesopotamians, Minoans, Greeks, Romans, and other ancient cultures, the spa experience in those times may truly have been curative, especially given the lack of bathing by the general populace in those times and the benefits that regular or semiregular bathing most likely afforded.²

According to SpaFinder:²

Homer and other Classical writers report that the Greeks indulged in a variety of social baths as early as 500 BC, including hot air baths known as laconica. In 25 BC, Emperor Agrippa designed and created the first Roman “thermae” (a large-scale spa), and each subsequent emperor outdid his predecessor in creating ever-more extravagant thermae. Over time, they were built across the Roman Empire, from Africa to England, gradually evolving into full-blown entertainment complexes offering sports, restaurants, and

various types of baths. A typical routine may have involved a workout in the palestra, followed by a visit to three progressively warmer rooms, where the body was alternately bathed, anointed with oils, massaged and exfoliated. The ritual would end with a bracing dip in the “frigidarium” followed by some relaxation in the library or assembly room.

We may think of today’s spas as elaborate, but they pale when compared with these ancient reports. Spas were a significant form of entertainment in that period, and that may account for their splendor. There is no doubt that these spas were valuable medically and antiseptically.

Different traditions involving spas have evolved in various areas of the world, often coinciding with religious traditions and natural springs present in the area. For example, Japan started its first “onsen” spa near Izomo in 737 AD, which led to inns named “ryoko” scattered about the country. These, in many instances, contained Zen gardens, outdoor baths, and soaking tubs. Japan, being a volcanic island, has at least 150 hot springs with 14,000 individual springs, and these played a significant role in spa culture and development there. Two types of springs are found. Virgin water springs occur where the earth’s magma cools down and is released as a mixture of vapor and gases, which turn into water. Fossil liquid springs occur when ancient forms are dissolved and return to the surface via these springs thousands of years later. Springs may be classified by their content and temperature, leading to classifications of springs as simple, carbonate, heavy carbon soil, salt, saltine sodium hydrogen carbonate, mirabilite, mirabilite sodium chloride, gypsum, true bitter, iron, acidic, alum, sulfur, and radium. Each of

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these types of springs has been identified as having various medicinal and healing properties.

Japanese authorities recommend not washing off for at least 6 to 7 hours after exiting the spring as the minerals take that time to fully “absorb.” Many authorities recommend drinking the water (if it is safe) to maintain full benefits.³

In Finland there is one spa per each two Finnish inhabitants, with equal representation of these spas for women and men. Towns such as Spa, Belgium; Baden-Baden, Germany; and Bath, England centered around natural springs and promoted the visibility and overall awareness of spas.

Early in 1350, many spas were destroyed due to the bubonic plague and the thought that they may have been responsible for its spread. In 1538, France razed its public baths due to the thought that they had contributed to an ongoing epidemic of syphilis. These examples are in contradistinction to events in the 19th century, when it became the vogue to travel to spas for the treatment of syphilis and other sexually transmitted diseases. In respect to these examples, Thomas M. Lachocki, Ph.D., chairman of the National Spa & Pool Institute’s Chemical, Treatment and Process Committee and director of product development at BioLab Inc. in Decatur, Georgia, notes “The likelihood of transmission is very, very, very, very low. Anything could happen, but it’s extraordinarily unlikely.” An important layer of protection shields hot tub users against sexually transmitted diseases, according to Lachocki, in that the water is treated with chemicals that are designed to kill viruses and bacteria.

Lachocki says, “When you look back at some of the literature in the late 1800s or early 1900s, people would often travel long distances to different hot springs and spas to treat syphilis.”⁴

The United States started its first spas in the 1850s in Saratoga Springs, New York. Innovations and elaborations followed with the opening of the Red Door Salon in Manhattan in 1910 and the advent of other icons such as Tucson’s Canyon Ranch in Arizona, Rancho La Puerta in Baja, California, and the Golden Door in California. These spas generally catered to famous clients, such as President Franklin Delano Roosevelt and Jane Fonda, many of whom extolled the virtues of this type of activity and promoted the development of spas in the United States.

Medical spas became a part of the picture in the mid-1990s, with dermatologists among the first operators. Dr. Michael Gold (Nashville, TN) was most likely the first dermatologist to open a medical spa in 1991, followed by Dr. Barry Ginsburg (Birmingham, AL) in 1995, this author and Dr. Mitchell Goldman (La Jolla, CA) in 1996

(Dr. Mitchell Goldman, personal communication, 2007), and Dr. Bruce Katz (New York, NY) in 1999, who coined the term MediSpa.⁵ All these dermatology-based facilities shared the goal of integrating medical and spa-like atmospheres in the same building.

According to Dr. Gold (Michael Gold, MD, personal communication, 2007):

We opened up our spa and spa services in 1991 and it was uncharted territory in dermatology. The response from the community was very positive and we have continued to offer products and services over these past 16 years. When we first opened, I was nervous that I was bucking a trend in dermatology but I truly believed it fit a need that was not being performed in our field. And despite a lot of early criticism, the spa concept is pretty much standard in our business in today’s world.

Dr. Ginsburg describes his opening of his spa as follows (Barry Ginsburg, MD, personal communication, 2007):

We first opened our ‘spa’ which was really an acne clinic in the early 1980’s. I am not aware of any other similar clinics in doctors’ offices, but there may have been a few. We didn’t call it a spa back then. It operated out of one room in my office and was called Skin Dynamics. We mainly did acne facials and light chemical peels. We realized that we wanted to do more for our acne patients. Medical treatment alone didn’t seem to fulfill all the acne patient’s needs. I guess you can say we opened our clinic to offer a wider range of options for acne patients in a more relaxing environment with an RN who did treatments. We also selected a line of cleansers and cosmetics that we liked for acne. At that time acne make ups were not very elegant and the department store options were confusing and inadequate. We expanded the services as we saw the need for anti-aging treatments. At first I did TCA peels and soon glycolic acid became popular and we started doing glycolic acid peels, and started selling home products for anti-aging. This was before any topical antioxidants were used. We mainly relied on retinoic acid (which was not yet approved for anti-aging) and glycolic acid products. When I moved my office in 1992 we enlarged the area, adding several treatment rooms and a private waiting area. We still specialized primarily in acne and anti-aging treatments. Soon, IPL and laser hair removal came

into being and we began to perform those treatments in the SPA area. In 1995, I opened a free standing, very eloquent, day spa in Mountain Brook Village. This was more of the relaxing kind of spa. We offered massages, facials and a full line of beauty products as well as anti-aging products. We closed this spa after about 5 years because of the enormous amount of work it required and the relatively high overhead/low profitability. I now have a smaller spa in my office where we sell cosmetics, cosmeceuticals. Additionally, we offer IPL, Sciton light laser peels, laser hair removal, facials and massage. It is onsite and I supervise all laser treatments.

My employees have all been there more than 5 years and it basically runs itself. It can be a very high maintenance area and I would not recommend it for someone who is just looking for some easy money, because it isn't.

I think there is a limited future for spas. As more states pass supervision laws, it will be difficult for unsupervised spas to operate. It seems there is a spa popping up on every corner now, so the competition is severe. If the physician owns a spa he will have to rely on someone to manage it, and those employees tend to jump around from spa to spa.

In the beginning, most of these medical spas were inside the practice and moved from having an esthetician who visited or worked for the practice to a stand-alone esthetician to a stand-alone or "practice-within-a-practice" spa.

The author's experience with the medical spa began in 1995, 2 years after I started practice, when a patient of mine who was an esthetician asked to work for me in some capacity. She was excited about the opportunity to work in a dermatology practice because she had been trained in paramedical aesthetics. At the time, my practice's limiting factor was space because I operated in a facility that contained only about 2600 square feet total space. My esthetician was hired with the understanding that she would probably not be busy from the outset but would grow with marketing and promotions from within the practice. At first, she performed tasks ranging from filing to front desk work when she was not busy with esthetician activities. The room that she used was our former break room. Sadly, no other break room space existed except for the previous bathroom, which became our "break room." Luckily, we had another bathroom down the hall, which barely sufficed until we built space for the spa.

In 1996, we built out a space for a spa in the building next to that which housed our dermatology practice. It was a small, 1500-square foot facility that had three treatment rooms and one break area. Two of the rooms were for an esthetician, and the other was eventually used for laser hair removal treatments and endermology treatments. There was adequate space for product displays, and it served well, but there was a problem in that many patients who were recommended to go to the spa to speak with an esthetician did not make it the 50 ft from the practice to the spa next door. The situation prompted us to look into other space, where the spa and the medical practice could co-exist. This space was created over the next 2 years in a facility that housed all of our activities. The spa (Aesthetica) emerged with improved functionality, and the integration of the estheticians (by this time three) into the rest of the practice achieved the expected synergism.

During the intervening years, the spa has functioned quite well, but its focus has been more medical than pampering in nature. Although the spa has massages and facials as options, these are not the bread and butter of the spa and never will be. Additionally, manicures and pedicures are not popular because our prices are more than the standard salons in town. Some procedures, such as waxing and lash tints, are routinely performed in our spa with good results at fairly comparable prices, but these are not heavily promoted. Other procedures, such as endermology and microdermabrasions, are popular and have been mainstays during the entire time in the old and new facility. For these procedures, patients may benefit from being seen in a dermatology practice first and then bringing these problems from the initial or follow-up consultation to spa visits.

Having an integrated spa within a medical practice has been of benefit and has allowed for the close interplay between the estheticians and myself. During the past 12 years, I have worked at teaching my estheticians about dermatology during their employment, and I view them as helpers for the practice and as teachers for patients about products and procedures. Their licenses allow them to do certain things that I cannot do and vice versa.

The lines of delineation of activities in my practice have been somewhat changed over time, based on state regulations and the determination of which procedures can and cannot be best performed by estheticians. What this author finds most rewarding is the ability to offer his patients a truly different experience that would not be available in a traditional dermatology practice.

PRESENT SPA DERMATOLOGY

Spa dermatology has grown to a \$1.063 billion business. According to the International Spa Association, medical spa revenues doubled in 2007 as compared with 2006. Out of a total of 14,615 spas in the United States, only 976 were “medical spas” (7% of the total), but these medical spas provide about 12% of the income for the entire spa industry. Other salient features presented by this report:

- There were an estimated 14,615 spas in the United States in August 2007, up 6% from 13,757 spas in August of 2006 and contrasted with 10,128 spas in April of 2004.
- Despite the growth of spas, the rate of growth is slowing.
- The number of day spas, resort/hotel spas, medical spas, and destination spas increased between 2006 and 2007. The number of club spas and mineral-springs spas decreased.
- There are 11,736 day spas in the United States 80% of the total number of spas. There are 1345 resort and hotel spas, comprising 9% of the total. The medical spas number 976, which is 7% of the total. There are 428 club spas, which is 3% of the total, and 51 mineral springs spas represent 0.4% of the total.
- There are 79 destination spas, comprising 0.5% of the total.
- Although there were more spas in the United States, revenues fell 3.4% from \$9.7 billion in 2005 to \$9.4 billion in 2006. Revenues at medical spas more than doubled during the same period.
- Revenues for the day spas were \$5.294 billion in 2006, down from \$6.794 billion in 2005. Resort and hotel spas had revenues of \$2.499 billion, up from \$2.026 billion, and medical spas showed income of \$1,063 billion, up from \$469 million in 2006. The income at club spas was \$242 million, up from \$209 million.
- Visits to spas totaled 110 million in 2006, a 16% decline from the 131 million spa visits in 2005. The number of spa employees also declined, perhaps reflecting the emphasis on medical rather than other types of spas, with increased efficiencies. There were 234,588 total spa employees in July 2007, compared with 267,400 in August, 2006. Most of the decline was in part-time employees, with 118,078 of the employees being full-time in 2007, 73,648 being part-time, and 42,862 comprising contract employees. This is in contradistinction to figures of 215,200 total spa industry employees in April 2004.⁶

There are 7,340,000 medical spa entries when Googled currently, versus 224,000,000 under

the heading spa, which illustrates the public perception of medical spas, or, at the very least, the Google perception. The number of entries indicates that “medical spa” has reached the vernacular and is highly sought out among typical search engines.

TYPICAL PROCEDURES

Typical procedures offered at medical spas include treatments ranging from microdermabrasion to laser treatments and massage. Many of these are documented below, as well as ancillary services, such as product sales, which provide welcome income to the spas.

MICRODERMABRASION

Although the Merriam-Webster dictionary does not list this term, Wikipedia reports that microdermabrasion is defined as:

*A cosmetic procedure popular in day spas, doctors' practices, and medical spas in which the stratum corneum ... is partially or completely removed by light abrasion. Different methods include mechanical abrasion from jets of zinc oxide or aluminum oxide crystals, fine organic particles, or a roughened surface. Particles are removed through the wand/handpiece through which the abrasive particles come.*⁷

Microdermabrasion is used mainly to remove minor skin imperfections and improve upon post inflammatory hyperpigmentation (PIH). It is not typically painful and can sometimes be used for light scarring (mainly that due to PIH), but is ineffective for deeper forms of scars. While initial articles on microdermabrasion in the dermatology literature suggested that collagen formation might occur, there has been no significant evidence in long term studies of this. While it does tend to improve acne on a short term basis, long term improvement isn't likely, and it is not recommended for at least 12 months after isotretinoin use.

Initially, microdermabrasion was introduced with the use of lightly abrasive crystals. Now, there are other options including various handpieces with roughened surface. At the time of this article, there are no regulations which mandate medical oversight of this procedure, and it is commonly performed in non-medical as well as medical spas. While crystal systems using aluminum oxide or salt crystals are still used, there are now diamond microdermabrasion systems, which operate

without the need for crystals. The exfoliation process results from the diamond tipped head making contact with the skin and abrading it. Both systems eventually suction the dead skin cells from the face.

Home microdermabrasion systems, produced by the larger cosmetic makers, are now entering the market. It remains to be seen if most people will have the discipline or desire to use these systems rather than going to their local esthetician or day spa. It should be noted that these systems are less powerful than the other, spa oriented systems and may have less impressive results than the more aggressive treatments.

ENDERMOLGY

This procedure was introduced in the 1990s to the United States by a French manufacturer (www.endermologie.com) and has been a mainstay of treatment for cellulite since that time. Although several other manufacturers have licensed or developed technology that is similar, the main concept in all cases is the treatment of cellulite with a suction mechanism and rollers that suction in the fat/tissue and knead it in a rolling motion. Many medical spas offer this service, and there are newer forms that are laser associated (Triactive, Cynosure) or use infrared applications (Velasmooth, Syneron). Although this procedure provides a temporary benefit, the long-term benefits are minimal unless maintenance procedures are continued.

LASER TREATMENTS

Although laser treatments are offered in many dermatology spas and medical spas, most of these are under the direction of, or are performed by, medical professionals. The average day spa that is outside of a dermatologist's office is poorly equipped to do these procedures. It is this author's opinion that many disservices have been done to patients by the inappropriate performance of these procedures by nonmedically trained individuals with little or no supervision, so this article does not treat this topic in any depth, given the concerns with the operation of these treatments by nonqualified or underqualified individuals.

BOTOX AND FILLER TREATMENTS

Although many medical spas run by or with full oversight by qualified dermatologists offer these services, this is an area rife with misleading claims,

due to the many corporate-run day spas that perform these treatments with poor results traceable to untrained individuals and little medical oversight. It is this dermatologist's fervent hope that this problem will be addressed by the governing authorities and medical review boards on a state-by-state basis.

MANICURES AND PEDICURES

These procedures are often done in day spas, and medical day spas are no exception. They provide many patients a source of pleasure and can be effectively performed in a much more sterile environment when done in a dermatology setting. Most salons do not carry tools such as autoclaves and even bactericidal trays that can render tools sterile. Many of the technicians performing these procedures have little or no education in sterile technique. This has resulted in several high-profile instances of contamination with mycobacterium infection in the baths or tools used for these procedures.⁸

In our clinic, we no longer perform this procedure due to poor reimbursement and the lack of interest compared with the price necessary to make the procedure sterile and profitable. This situation is one that bodes ominous consequences for many who seek out these services in a nonclinical setting.

MASSAGE

Although massage is a mainstay of the destination spa, most medical spas in nonresort towns may have less traffic for this procedure. Although we perform massage, it is not one of our main sources of revenue. The top 10 of the many different forms of massage, according to about.com,⁹ are Swedish massage therapy, aromatherapy, hot stone massage, deep tissue massage, shiatsu, Thai massage, pregnancy massage, reflexology, sports massage, and back massage.

Swedish massage is the most common type of massage therapy in the United States. Using long smooth strokes, massage therapists knead with circular movements on superficial layers of muscle using massage lotion or oil.

Aromatherapy adds essential oils that address specific needs to the massage. The masseuse selects oils that are relaxing, energizing, stress reducing, and balancing, the most common of which is lavender. Aromatherapy massage is used for many stress-related conditions and conditions with an emotional component.

Hot stone massage involves using heated, smooth stones on the body to warm and loosen

tight muscles. It is especially useful for those who are seeking a more superficial massage.

Deep tissue massage targets the deeper layers of muscle and connective tissue. Using slower strokes or friction techniques across the grain of the muscle, the massage therapist kneads tight or painful muscles or muscles that have sustained injuries.

Shiatsu, a Japanese technique, uses localized finger pressure to simulate acupuncture point manipulation. Thai massage also uses gentle pressure on specific points, incorporating compressions and stretches. Pregnancy massage is an increasingly popular massage for expectant mothers. Massage therapists become certified in this technique and may have special instruments for this. Reflexology is a form of foot massage that involves applying pressure to trigger points on the foot that presumably correspond to organs and systems in the body.

Sports massage is specifically designed for people who are involved in physical activity, with faster strokes than in Swedish massage and with stretching incorporated into the massage. Back massage is commonly performed solely during the treatment. Other techniques, such as Reiki and cranio sacral massage, are beyond the scope of this article but are offered in some medical spas.^{10,11}

WAXING

Waxing is a procedure that incorporates various waxes used as a short-term (2- to 8-week) depilatory for unwanted hair. This is used in many salons and medical spas for the patient who wishes removal of hair from facial, back, or bikini/leg areas.

PRODUCT SALES

Although any dermatology spa maintains its character via procedures offered, the bulk of the profits revolve around product sales. These sales are often made by the estheticians or the dermatology staff in conjunction with the estheticians. It is important to have a product line that is excellent and that is embraced by the staff, or the sales will lag. Additionally, it is important to have excellent oversight of inventory, sales records, tax receipts, and product freshness.

Considering that many spas in the area begin stocking the same product once one spa introduces it, it is important to keep an eye on prices in the community and other operations' promotions to be competitive. Product sales are such an important part of the operation that it is important to have a manager who agrees with the overall philosophy.

Because certain employees of a spa may not be the best at product sales, it is important to have "closers" for the patients who may wish to purchase product but need assistance at the check-out counter.

WEB SITE

Any spa should have a Web site that allows for patients to explore available options. These include the potential to give a gift certificate, book an appointment or inquire into booking an appointment, and see a price list of procedures. Our Web site has been a source of great PR for the day spa and is constantly updated. Additionally, we send a monthly newsletter to our patients via e-mail that includes a special of the month.

GIFT CERTIFICATES

One of the biggest "products" of a Web site is the gift certificate business, especially around the holidays. Christmas and Valentine's Day provide quite a bit of business for the rest of the year if gift certificate business is courted and strongly received. Gift certificates are placed at locations within the office for easy access by patients. There are many rules in different states regarding gift certificates and the ways in which they may or may not be redeemed. Additionally, if they are not used, the office may be required to refund the money to the state. It is important to check with your accountant to find out the answers and proper procedures for your situation. As for the appearance of the gift certificates, they may range from a handwritten certificate on embossed paper to a card that is credit-card-like and entered into a system. Our office uses both and can provide them depending on the wishes of the purchaser. Credit card companies often work with an office to make a very attractive card.

THE FUTURE OF SPA DERMATOLOGY

This author is somewhat circumspect about the opportunities in the future for this part of dermatology. Although I am personally enthusiastic about the types of services provided in my clinic for dermatology patients and for nonpatients via the day spa, I am concerned that there are many other spas in operation that are manned by nonphysicians and/or nondermatologists or core cosmetic surgery specialists that may be providing less than optimal care for the public. In recognition of these concerns, this article discusses different outcomes based on the type

of dermatology spa experience offered in the future.

NONMEDICALLY SUPERVISED, FAUX-DERMATOLOGY SPAS

There are many more nonmedically supervised spas than there are true, dermatology-run spas. In Omaha, Nebraska, there are at least five such spas in operation, and more are coming. The owners and operators range from physician assistants to emergency physicians to a dentist. The common factor seems to be the desire on the part of the owners/managers to leave their area of expertise and dabble in dermatology, and the results have ranged from misleading to disastrous. Many complications from these clinics have been noted in the community, including poor results, scarring from inappropriately performed laser procedures, infections from poor wound care after the procedures, and poor advice regarding such wound care. As a consequence of poor management and poor procedure technique, many of these clinics have gone bankrupt or are out of business. One has been cited for not following state regulations regarding who should perform medical procedures. At least one medical malpractice suit has been filed against one clinic that did not carry malpractice insurance; this clinic is still in operation.

It seems that these types of "faux dermatology" clinics are here to stay, but it would be hoped that regulations may force a modicum of services that approximate the high level of care that dermatologists and other core specialists provide. This probably will not happen without a huge amount of work on the part of dermatologists and the state officials overseeing these sorts of ventures. Although it has always been the practice in the medical profession to try to work with fellow practitioners whose results are not up to par, that will not work for many of these clinics that have no oversight and are run by a corporate group thousands of miles away that has no intention of stepping foot in the town in which they operate the clinic. They hire nurses or people with less or no credentials to administer the treatments and pocket the earnings for the corporation. This is the type of disconnect that leads to disasters such as were mentioned previously.

In Florida, Dr. Mark Nestor spearheaded the effort in 2006 to pass a bill to improve standards in medispas. The bill was signed by Governor Jeb Bush. His accounting of the process is detailed here (Mark Nestor, personal communication, 2007):

The genesis of the Florida Legislation is that it essentially tightens supervision requirements in all offices including Dermatology offices and med spas. The reason for the law is simply patient safety issues. The physicians in the state of Florida, as well as the board of medicine were seeing significant problems with burning from lasers as well as problems with fillers and other issues. We had a total fiasco with Botox that was injected by a chiropractor (in Florida). The legislature and the board also recognized that there was extremely lack of supervision in the area of "medical spas" and patient safety was significant concern. Based on this, the Florida Society of Dermatology and Dermatologic Surgery as well as the Florida Medical Association and multiple state organizations and societies sponsored what has been known as HB 699 or the 'Safe Supervision Bill', which was signed into law by Governor Jeb Bush and went into effect July 01, 2006. This bill essentially sets new standards for physician supervision of nurse practitioners and physician assistants.

The bill limits the number of satellite offices that a physician can supervise: four for primary care, two for special care, and two eventually phasing to one for offices offering primary dermatologic care, including those offices offering primary aesthetic skin care services. It also limits two main supervisor satellite offices offering primary dermatologic care. The physicians who supervise the satellite office offering dermatologic care (including aesthetic care or Med Spas) have to be board eligible, board certified dermatologists or plastic surgeons. This last aspect was a reaction to multiple medical spas that were opening up and being supervised by retired radiologists.

This bill was fought vigorously by certain aesthetic laser companies but the Florida Society along with Florida Medical Association, with backing from the American Academy of Dermatology and American Society of Dermatologic Surgery prevailed and the bill was passed. The bill has been in effect and we feel that, to-date, there has been improvement in patient safety. At this point, there have been numerous violations that have been identified and these violations have been addressed on an ongoing basis. We feel that the Florida Society has done a great service for the patients in State of Florida who desire appropriately supervised care and safe treatment.

This is one bright spot in a field where safety has not always been of paramount importance and legislation has been weak or non-existent. For some of the spas, such as the aforementioned that have a medical owner in state, that individual may never be involved because he or she may be busy in a practice, while the spa is being managed and operated by a noncredentialed employee. The labeling of the spa in these instances is often misleading; terms like “dermatologic” and “skin practitioners” are used, but no explanation of the qualifications of the people who perform the procedures is offered. Finally, there are many tales of “cheap Botox” for \$99 or less at these sorts of facilities, accompanied by the concern and frequent reality that the Botox is watered down or, in some cases, bogus. The author notes the many arrests in the last Botox scandal at clinics such as these where “Chinese” Botox was being substituted for the real Botox (as referenced in Dr. Nestor’s note).

TRUE SPA DERMATOLOGY

The future of spa dermatology in which a dermatologist provides care within their office or practice and oversees the everyday activities of the spa seems bright. Dermatologists coming out of residency have never been more interested in these sorts of endeavors and have never been exposed to as much cosmetic dermatology as they are now taught in their programs and after their entrance into practice. Organizations such as the American Academy of Dermatology, the American Society of Dermatologic Surgery, and the American Society of Cosmetic Dermatology and Aesthetic Surgery offer numerous opportunities for dermatologists to learn more about this field. Additionally, companies are providing more opportunities for education, and product selection for lasers/equipment and cosmetic/cosmeceutical products is at an all-time high. The boom in such procedures and concurrent interest among prospective patients has spurred larger numbers of companies, which can only improve the options available.

The challenge for the practitioner, and for the dermatologist in particular, is how to run this type of facility in a profitable and personally rewarding manner. There are many facilities that are not able to survive in the current environment. This may be an opportunity for the dermatologist who is willing and able to provide these services from within or near their clinic.

The dermatologist in practice has a natural advantage over the nondermatologist because he or she has a built in base of patients who know the quality of the clinic’s services and have seen

them for other, related concerns. It is my opinion that this makes the dermatology practice—run spa a higher-quality entity in the public mind than the spa that is run by a nurse, noncore cosmetic MD, or less. On the other hand, the public needs to be educated on the differences or they may assume that a pretty spa with a clean look translates to good medical practice. As many dermatologists know, this could not be further from the truth.

Starting a dermatology spa in the future is going to be easier than ever before due to company support and a population of estheticians that is willing and interested in working for a dermatologist. This is evidenced by the creation of magazines solely devoted to estheticians working in medical practices (PCLjournal.com, medesthetics.com). My staff has improved greatly over the years as a consequence of improved training of estheticians, and I expect the quality of estheticians to improve more with time. Additionally, the esthetician schools and magazines are more aware of the natural alliances between estheticians and dermatologists than they were in the past. When I started my medical day spa, there was a lack of trained estheticians who were willing to consider working for a dermatologist. We have many more applications than we ever did before, including applications from trained staff with over 12 years of experience.

With the lines between dermatology- and non-dermatology-related services blurring, it is going to be increasingly important to market services well and make sure that the public knows the importance of seeking a professional who deals in skin issues on a daily basis. This is essential for the field to continue to be held in high regard by the consumers and patients.

It is necessary for practitioners to invest additional time and effort to ensure that safety is of paramount importance. This may mean self-regulation of spas that may not be performing up to medical standards or provision of legislation to insure regulation. With proper attitude and involvement of dermatologists on all levels of medical spas, the future of spa dermatology should remain bright.

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