UBT446

Enhance appearance using scalp micropigmentation techniques

ASSIGNMENT 6

Contraindications, clinical applications and referral

Student name	
Tutor	
Date issued	
Date completed	

Aim

To demonstrate knowledge of contraindications that prevent or restrict scalp micropigmentation, conditions requiring medical referral, safe clinical decision-making and the appropriate clinical applications and limitations of SMP.

Instructions

Complete all sections. Never advise a client to stop or alter prescribed medication.

Student signature	
Date	

Task 1 - Match the terms with the descriptions

1. Suitability and decision terminology

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Contraindication	____
B. Prevent treatment	____
C. Restrict treatment	____
D. Postpone	____
E. Decline	____
F. Refer	____
G. Medical information or clearance	____

Descriptions

1. Delay SMP until a temporary issue has resolved, stabilised or been appropriately assessed.
2. A factor that may make treatment unsafe, unsuitable or outside scope.
3. A factor requiring adaptation, postponement, further information or individual assessment before a decision.
4. Direct the client to an appropriate healthcare professional when assessment or diagnosis is required.
5. A factor that means treatment must not proceed in the current circumstances.
6. Do not provide SMP when it remains unsafe, inappropriate, uninsured or outside competence.
7. Relevant documented advice that informs but does not replace the practitioner's own suitability assessment.

Task 1 - Match the terms with the descriptions

2. Local scalp and skin findings

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Open wound, cut, abrasion or unhealed trauma	____
B. Contagious scalp/skin or blood-borne disease	____
C. Active dermatosis, rosacea or severe acne	____
D. Sunburn, suntan or highly reactive skin	____
E. Suspicious lesion, skin cancer or undiagnosed lump	____
F. Mole, birthmark, vascular skin or vitiligo	____
G. Keloid tendency or keloid scar	____

Descriptions

1. An abnormal or changing finding that must not be tattooed and requires medical assessment before cosmetic camouflage.
2. A break in the skin barrier or recent injury that must heal before SMP is reconsidered.
3. A raised scar response extending beyond the original wound boundaries; keloid scarring prevents treatment.
4. A contagious scalp or skin condition requiring treatment to be postponed. The risk of blood-borne infection must be managed using standard precautions for every client and in accordance with current law, insurance and occupational policy.
5. A pigmented, depigmented or vascular feature that must be identified and protected from needling, and assessed or referred if abnormal or uncertain.
6. Acute UV injury must recover; an active tan or very sensitive or reactive skin also requires individual assessment and may restrict treatment timing or technique.
7. Active psoriasis, eczema, dermatitis, rosacea, severe acne or similar inflammation requiring postponement until the condition is clinically calm and suitable.

Task 1 - Match the terms with the descriptions

3. Medical history and medicines

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Bleeding disorder or haemophilia	____
B. Anticoagulant or antiplatelet medicine	____
C. Diabetes	____
D. Immune condition or immunosuppression	____
E. Chemotherapy or radiotherapy	____
F. Epilepsy	____
G. Thyroid or endocrine disorder	____

Descriptions

1. May influence bleeding or bruising; the practitioner must never instruct a client to stop prescribed medicine.
2. May be associated with hair loss, skin change or altered treatment response and requires review of stability and relevant advice.
3. May significantly increase bleeding risk and requires a decision consistent with medical advice, insurance and centre policy.
4. May affect healing or infection risk and requires individual assessment and, where indicated, medical advice.
5. Current or recent oncology treatment requiring postponement and appropriate medical liaison or clearance.
6. Requires assessment of control, triggers, medicines and emergency planning.
7. May affect healing and infection risk; control, complications and medical advice must be considered.

Task 1 - Match the terms with the descriptions

4. Medicines, allergy and implanted-device considerations

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Isotretinoin (Roaccutane)	____
B. Photosensitising medicine	____
C. Systemic or topical steroid use	____
D. Long-term anti-inflammatory medicine	____
E. Metal or product allergy	____
F. Cochlear implant (internal auditory device)	____
G. Medication review	____

Descriptions

1. Check every medicine, dose, indication and possible effect on bleeding, healing, immunity, photosensitivity or consent capacity.
2. May alter inflammation, immunity or healing and requires individual risk assessment and relevant advice.
3. Requires confirmation of the allergen and compatibility of needles, pigments, anaesthetics and other relevant products.
4. Apply current prescriber advice, insurance and centre policy rather than changing medication.
5. Requires device-specific risk assessment and appropriate medical/manufacturer information.
6. May affect healing or bleeding and should be considered without instructing the client to alter prescribed treatment.
7. May increase sensitivity to ultraviolet radiation or light-based procedures and requires medicine-specific assessment.

Task 1 - Match the terms with the descriptions

5. Recent procedures and temporary restrictions

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Recent IPL or laser	____
B. Recent dermabrasion or skin peel	____
C. Recent botulinum toxin or dermal filler	____
D. Recent epilation	____
E. Recent piercing or scalp procedure	____
F. Recent blood donation	____
G. Recent scar tissue	____

Descriptions

1. Needs sufficient recovery and consideration of the treated area, tissue response and provider advice before SMP.
2. Requires complete recovery and confirmation that skin integrity and sensitivity have returned to a suitable baseline.
3. Must mature and stabilise; elapsed time alone does not confirm suitability.
4. Requires recovery from temporary skin irritation and restoration of an intact, clinically calm surface.
5. Requires recovery and consideration of general wellbeing, local rules and the client's individual health.
6. Requires healing and assessment of tissue trauma, infection risk, location and interaction with the planned area.
7. Requires appropriate spacing and consideration of local swelling, bruising and the advice of the treating professional.

Task 1 - Match the terms with the descriptions

6. Psychological suitability, consent and referral

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Anxiety	____
B. Poor mental or emotional state	____
C. Unrealistic expectations	____
D. Capacity to consent	____
E. Uncertain diagnosis	____
F. Objective referral	____
G. Documentation	____

Descriptions

1. Record findings, advice, decisions, consent, referrals and any relevant medical information accurately.
2. The practitioner recognises uncertainty and does not attempt to diagnose a medical condition.
3. Explain the reason for assessment calmly and professionally without alarming the client or claiming a diagnosis.
4. May require additional explanation, support, breaks or postponement if informed decision-making or safe treatment is affected.
5. The client must understand, retain and weigh relevant information and communicate a voluntary decision.
6. A presentation in which wellbeing, motivation or decision-making may make cosmetic treatment unsuitable or require postponement/referral.
7. Beliefs about cure, regrowth, permanence or perfection that must be corrected before consent; treatment may need to be declined.

Task 1 - Match the terms with the descriptions

7. Clinical applications of SMP

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Shaven-effect simulation	____
B. Density enhancement	____
C. Hairline simulation	____
D. Alopecia camouflage	____
E. Scar camouflage	____
F. Hair-transplant donor camouflage	____
G. Scalp-to-hair contrast reduction	____

Descriptions

1. Optically reduces visible scalp between existing hairs without increasing biological follicle numbers.
2. Cosmetic recreation or enhancement of a frontal or temporal boundary using follicle-like impressions.
3. Reduces the colour contrast of suitable stable scar tissue without removing the scar or restoring normal texture.
4. Creates the visual appearance of closely shaved follicles in areas of hair loss.
5. Camouflages suitable stable FUT linear or FUE dot scarring following full assessment.
6. A core optical principle used in density work, scar work and other suitable presentations.
7. Reduces visible contrast in an appropriately assessed stable pattern of hair loss; it does not treat the cause.

Task 1 - Match the terms with the descriptions

8. Scope, limitations and long-term outcomes

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Cosmetic camouflage	____
B. Optical effect	____
C. Expected fading	____
D. Colour change	____
E. Maintenance	____
F. Texture limitation	____
G. Professional scope	____

Descriptions

1. Gradual reduction in pigment visibility over time, influenced by treatment and individual factors.
2. The limits of the practitioner's competence, qualification, insurance and legal authorisation.
3. Future treatment that may be needed to refresh, rebalance or modify the healed result.
4. Improvement in appearance without curing hair loss, skin disease or scar formation.
5. SMP changes visible colour contrast but cannot restore normal skin, scar or hair texture.
6. A visual illusion produced by controlled pigment impressions and reduced contrast.
7. Possible alteration in healed pigment appearance due to depth, pigment, skin, healing, UV exposure and time.

Task 2 - Answer the questions

Contraindications, clinical applications and referral

1. Explain the difference between a contraindication, prevent treatment and restrict treatment, and a condition requiring medical referral.

2. Identify local scalp or skin findings that require SMP to be postponed, declined or referred, and explain why abnormal lesions must not be camouflaged before assessment.

3. Explain how bleeding disorders, anticoagulant or antiplatelet medicines, diabetes and impaired immunity influence suitability. Include the practitioner's limits regarding prescribed medicines.

Task 2 - Answer the questions

Contraindications, clinical applications and referral

4. Explain how active psoriasis, eczema, dermatitis, rosacea, severe acne, folliculitis, herpes simplex and other contagious conditions should influence treatment planning. Include the current safety principle for blood-borne viruses.

5. Describe how isotretinoin, photosensitising medicines, steroids, long-term anti-inflammatory use and allergy history should be assessed. Include the relevant wording.

6. Explain the considerations for a client with epilepsy, an endocrine or thyroid disorder, current/recent cancer treatment or a cochlear implant.

Task 2 - Answer the questions

Contraindications, clinical applications and referral

7. Describe how recent IPL/laser, peels, dermabrasion, epilation, injections, piercings, surgery, scar formation or blood donation may affect timing.

8. Explain how anxiety, mental and emotional wellbeing, capacity, motivation and expectations affect psychological suitability and valid consent.

9. Describe a safe referral process for suspicious, unexplained or uncertain findings, including communication, documentation and follow-up.

Task 2 - Answer the questions

Contraindications, clinical applications and referral

10. Describe the main clinical applications of SMP and explain how each produces cosmetic or optical improvement rather than medical treatment or hair regrowth.

11. Explain important limitations and long-term considerations, including progressive hair loss, fading, colour change, maintenance, skin/scar texture and incomplete camouflage.

12. Explain how consultation findings, insurance, competence, risk assessment and professional scope are combined to decide whether to proceed, adapt, postpone, decline or refer.

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

1. What is a contraindication?
A. A factor that may make SMP unsafe or inappropriate
B. A guaranteed complication
C. A pigment shade
D. A hairline style
Answer: _____

2. What does prevent treatment mean?
A. Use a darker pigment
B. Do not proceed in the current circumstances
C. Ignore the finding with consent
D. Treat at a greater depth
Answer: _____

3. What does restrict treatment mean?
A. It always guarantees treatment
B. It means diagnose the client
C. Assess the factor and adapt, postpone or obtain information before deciding
D. It only changes the price
Answer: _____

4. Which finding requires SMP to be postponed?
A. Healthy intact scalp
B. Stable established hair loss
C. Realistic expectations
D. Open or unhealed skin
Answer: _____

5. What is appropriate for an active scalp infection?
A. Postpone until appropriately resolved
B. Treat around visible pustules
C. Increase pigment concentration
D. Cover it before referral
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

6. What is the safest approach to active psoriasis in the treatment area?
A. Needle only the plaques
B. Do not treat during the active flare
C. Increase needle depth
D. Ignore inflammation
Answer: _____

7. Why should sunburn delay treatment?
A. It guarantees pigment retention
B. It identifies skin undertone
C. It is acute skin injury requiring recovery
D. It sterilises the scalp
Answer: _____

8. What should happen when a lesion or lump is suspicious or unexplained?
A. Camouflage it immediately
B. Diagnose it as benign
C. Needle through it lightly
D. Refer for appropriate medical assessment before SMP
Answer: _____

9. Which safety principle must be applied when managing the risk of blood-borne infection?

A. Use standard precautions for every client and follow current law, insurance and occupational policy
B. Assume clients without disclosure present no risk
C. Refuse every client with any historic infection
D. Let consent replace infection-control procedures
Answer: _____

10. Which statement about a large mole is safest?
A. Needle directly through it
B. Identify and avoid it; refer if abnormal or uncertain
C. Remove it during SMP
D. Assume it is harmless
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

11. Why is haemophilia relevant?
A. It determines hairline shape
B. It improves healing
C. It may create significant bleeding risk
D. It prevents all bruising
Answer: _____

12. What should an SMP practitioner tell a client taking prescribed anticoagulants?
A. Stop them for seven days
B. Double the dose
C. Replace them with aspirin
D. Do not stop or alter them on the practitioner's instruction
Answer: _____

13. Why may diabetes affect suitability?
A. It may affect healing and infection risk
B. It always determines pigment colour
C. It guarantees a poor result
D. It has no clinical relevance
Answer: _____

14. Why is immunosuppression relevant?
A. It prevents inflammation completely
B. It may increase infection and healing concerns
C. It guarantees retention
D. It determines Fitzpatrick type
Answer: _____

15. What is appropriate during current chemotherapy or radiotherapy?
A. Proceed because SMP is cosmetic
B. Only change the pigment
C. Postpone and seek appropriate medical information or clearance
D. Treat if consent is signed
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

16. How should medication be reviewed?
A. By colour of the tablets
B. Only when the client asks
C. To decide what the client should stop
D. For effects on bleeding, healing, immunity, photosensitivity and consent capacity
Answer: _____

17. What is the generic name of Roaccutane?
A. Isotretinoin
B. Minoxidil
C. Lidocaine
D. Adrenaline
Answer: _____

18. When should SMP be avoided in relation to isotretinoin/Roaccutane?
A. Treat on the same day
B. Prevent treatment during use and for six months afterwards
C. Wait only 24 hours
D. No timing is listed
Answer: _____

19. Why may photosensitising medicine matter?
A. It creates new follicles
B. It removes allergy risk
C. It can increase sensitivity to ultraviolet radiation or light-based procedures
D. It always improves healing
Answer: _____

20. What should allergy assessment include?
A. Only shampoo
B. Only hair colour
C. Only the machine brand
D. Needles, pigments, anaesthetics, adhesives and all relevant products
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

21. How is an allergy to surgical-grade stainless steel classified?
A. As a factor that prevents treatment
B. As a pigment-selection issue only
C. As proof of suitability
D. As an aftercare preference
Answer: _____

22. Which statement about steroids is correct?
A. They are irrelevant to treatment
B. Their possible effects on immunity, skin and healing require assessment
C. The practitioner should stop them
D. They guarantee infection
Answer: _____

23. What should be considered for epilepsy?
A. Hair colour only
B. Pigment brand only
C. Control, triggers, medicines and emergency planning
D. Appointment price only
Answer: _____

24. What should be considered for a cochlear implant?
A. Automatic treatment over the device
B. Only hair density
C. No assessment because it is internal
D. Device-specific assessment and appropriate medical/manufacturer information
Answer: _____

25. What is appropriate after recent IPL or laser in the area?
A. Allow recovery and assess timing, tissue response and provider advice
B. Treat immediately at full density
C. Ignore the previous procedure
D. Use more passes
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

26. What is appropriate after recent dermabrasion or a skin peel?
A. Needle peeling skin
B. Wait for complete recovery and suitable skin integrity
C. Treat through inflammation
D. Use consent to override healing
Answer: _____

27. Why are recent botulinum toxin or filler treatments relevant?
A. They create scalp follicles
B. They eliminate risk
C. Timing, local swelling/bruising and provider advice may affect planning
D. They always prevent SMP permanently
Answer: _____

28. What is required before treating recent scar tissue?
A. Only the calendar date
B. Only client preference
C. Only a darker pigment
D. Evidence that it is mature, stable, intact and suitable
Answer: _____

29. Why may recent blood donation be considered?
A. Recovery, general wellbeing and applicable guidance may affect timing
B. It changes pigment colour permanently
C. It creates keloids
D. It guarantees anaemia
Answer: _____

30. What is valid consent?
A. A signature that overrides all risk
B. A voluntary decision made with capacity and adequate information
C. The tutor's treatment choice
D. A verbal promise of perfection
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

31. Why are unrealistic expectations relevant?
A. They replace consultation
B. They improve retention
C. They may prevent valid agreement on an achievable cosmetic outcome
D. They determine needle size
Answer: _____

32. What is the correct role when diagnosis is uncertain?
A. Name the disease
B. Prescribe treatment
C. Guarantee that it is harmless
D. Recognise uncertainty and refer rather than diagnose
Answer: _____

33. How should a referral be explained?
A. Objectively and professionally, without diagnosing or alarming the client
B. As a confirmed cancer diagnosis
C. Without any record
D. Only after SMP
Answer: _____

34. What should be documented after a referral recommendation?
A. Only the treatment price
B. The finding, advice, decision, response and relevant follow-up
C. Only pigment batch
D. Nothing unless treatment proceeds
Answer: _____

35. Does medical clearance automatically make SMP suitable?
A. Yes, in every case
B. Yes, consent is unnecessary
C. No; the practitioner must still assess scope, insurance and treatment risk
D. Yes, the scalp need not be assessed
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

36. What is shaven-effect SMP?
A. Surgical follicle transplantation
B. Medical treatment of alopecia
C. Removal of scar tissue
D. Cosmetic simulation of visible closely shaved follicles
Answer: _____

37. What is density enhancement?
A. Optical reduction of scalp visibility between existing hairs
B. Creation of new biological follicles
C. Treatment of infection
D. Permanent prevention of hair loss
Answer: _____

38. What is alopecia camouflage?
A. A cure for autoimmune disease
B. Cosmetic contrast reduction in an appropriately assessed stable presentation
C. Guaranteed hair regrowth
D. A diagnostic test
Answer: _____

39. What can SMP do for suitable stable scar tissue?
A. Remove fibrous tissue
B. Restore normal texture
C. Reduce visible colour contrast
D. Guarantee invisibility
Answer: _____

40. Which hair-transplant scars may be cosmetically camouflaged after assessment?
A. Only infected scars
B. Only open scars
C. Every keloid scar
D. Suitable stable FUT linear and FUE dot scars
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

41. Which statement best describes SMP?
A. It produces a cosmetic optical effect rather than treating the cause of hair loss
B. It creates new follicles
C. It cures all alopecia
D. It prevents ageing
Answer: _____

42. What is an important texture limitation?
A. SMP removes every depression
B. SMP cannot restore normal skin or scar texture
C. SMP makes keloids flat
D. SMP replaces collagen
Answer: _____

43. What is expected fading?
A. Immediate infection
B. Hair regrowth
C. Gradual reduction in visible pigment intensity over time
D. Permanent swelling
Answer: _____

44. Why may maintenance be required?
A. To cure alopecia
B. To replace consent
C. To create follicles
D. To refresh or rebalance the cosmetic result over time
Answer: _____

45. Why must progressive hair loss be discussed?
A. It may expose untreated scalp and alter the future design
B. SMP permanently stops progression
C. It has no effect on planning
D. It guarantees maintenance is unnecessary
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

46. What does adapt mean in clinical decision-making?
A. Ignore a contraindication
B. Modify the plan safely for an individual factor within scope
C. Diagnose a disorder
D. Always increase depth
Answer: _____

47. What does decline mean?
A. Proceed with consent only
B. Treat more lightly
C. Do not provide treatment when it remains unsafe, inappropriate or outside scope
D. Refer every healthy client
Answer: _____

48. What is professional scope?
A. The client's preferred price
B. A pigment mixing ratio
C. A hair-loss scale
D. The limits of competence, qualification, insurance and legal authorisation
Answer: _____

49. Can client consent override a contraindication?
A. No; consent does not make unsafe or inappropriate treatment acceptable
B. Yes, always
C. Yes, if payment is made
D. Yes, if treatment is lighter
Answer: _____

50. What is the safest overall suitability principle?
A. Treat every requesting client
B. Treat only when full assessment supports safety and suitability; otherwise adapt, postpone, decline or refer
C. Diagnose all uncertain findings
D. Use one rule for every client
Answer: _____