



Hair & Scalp Analysis
+ Consultations
Masterclass

Scalp Scope Analysis & Consultation Report

Client Name: _____

Date of Analysis: ___/___/___

Section 1: Client Information & History

✓ Primary Scalp Concern: (Check all that apply)

- Excessive shedding _____
- Thinning hair _____
- Flaky scalp / dandruff _____
- Scalp irritation / redness _____
- Oily scalp buildup _____
- Other: _____

✓ Hair Care Routine & Products Used:

- ◆ Shampoo: _____
- ◆ Conditioner/Treatment: _____
- ◆ Styling Products: _____
- ◆ Chemicals: _____

✓ Health & Lifestyle Factors:

- Recent hormonal changes _____
- Stress-related hair loss _____
- Nutritional deficiencies _____
- Previous scalp treatments _____
- Tight/Pressure-Induced Hairstyles _____

Section 2: Scope Analysis Finding

✓ Follicle Health Assessment:

- Healthy follicles Plump/Intact Miniaturized Fibrosed Dormant/Closed
- Multiple hairs per follicle Dilated follicle opening Inflamed Keratin-plugged
- Sebum-clogged Follicular dropout

✓ Scalp Condition:

- Balanced & hydrated Oily Scalp Dry / flaky scalp Redness / inflammation
- Thick scale / plaque Sticky / shiny residue Yellow greasy buildup
- White patches / scale Scratch marks / excoriation Crusting / hardened debris
- Pustules or papules Perifollicular discoloration Pigmented patches
- Visible veining / capillary pattern Odor Heat / burn zones Tightness / low pliability Chemical irritation Environmental debris Dandruff w/ color shift: white_____ yellow_____ brown_____

✓ Circulation & Scalp Oxygenation:

- Good blood flow visible Poor circulation (pale scalp) Stagnant follicle growth
- Flushed or red tone Visible veining or capillary prominence Cool to the touch
- Tight or restricted mobility Dry or desiccated tissue Moist scalp with excessive sweating Tingling or burning sensation (client reported)

✓ Scope Images Attached: Yes No

Section 3: Practitioner Diagnosis & Recommendations

✓ Summary of Findings: _____

✓ Prognosis: _____

✓ Suggested Treatment Plan:

- Scalp detox & exfoliation
- Deep hydration therapy
- Anti-inflammatory scalp treatment
- Hair growth stimulation (microneedling, red light therapy)
- Internal support (supplements, nutritional adjustments)

✓ Follow-Up Plan:

- Next session scheduled: // ____
- Expected progress check-in: // ____

✓ Practitioner Notes:

Scalp Scope Analysis & Consultation Report – COMPANION GUIDE

Section 1 – Client Information History

Use this section to gather meaningful insights that support diagnosis, build rapport, and set the tone for ethical care.

✓ Primary Scalp Concern

☑ **Goal:** Identify why they came in and how long it's been happening

Example Script:

- “Can you tell me what’s bothering you most with your hair or scalp right now?”
- “When did you first notice the shedding/thinning/irritation starting?”
- “Has anything changed recently that made the concern worse?”

**Tie client complaints to underlying patterns:

- **Excessive Shedding:** May suggest telogen effluvium, iron deficiency, stress, or postpartum shifts. Ask about duration, seasonality, and recent life changes.
- **Thinning Hair:** Often linked to miniaturization, hormonal imbalance, PCOS, DHT effects, or nutritional factors. Document where thinning is most pronounced.
- **Flaky Scalp / Dandruff:** Indicates surface inflammation, seborrheic activity, or product buildup. Note texture and flake color.
- **Scalp Irritation / Redness:** Flags possible dermatitis, folliculitis, or chronic inflammation. Ask about itch, burn, and frequency.
- **Oily Scalp Buildup:** May reflect sebaceous gland overactivity, poor cleansing habits, or fungal imbalance. Document if it’s localized or full scalp.
- **Other (Write-In):** Listen for unique complaints like odor, tightness, or tingling and describe in the client’s own words.

✓ Hair Care Routine & Products Used

☑ **Goal:** *Understand what they're using, how often, and if anything may be contributing*

Example Script:

- “Walk me through your typical wash day—what products do you use?”
- “How often are you shampooing or conditioning, and what brand/type?”
- “Do you apply anything directly to your scalp?”
- “Have you had any reactions to color, relaxers, or treatments?”

****Evaluate impact of maintenance habits on scalp ecology:**

- **Shampoo:** Ask for brand/type, frequency, and specific goals (clarifying, hydrating, etc.)
- **Conditioner/Treatment:** Note whether it's applied to scalp or ends, and any recent changes to formulas.
- **Styling Products:** Document use of gels, sprays, oils—especially those applied near the scalp. Ask about buildup or scalp sensitivity.
- **Chemicals:** Include color, bleach, relaxers, keratin, or smoothing treatments. Note timing of last service and frequency.

✓ Health & Lifestyle Factors

☑ **Goal:** *Explore systemic and environmental triggers*

Example Script:

- “Have you had any hormonal shifts lately—things like birth control, postpartum, menopause, or PCOS?”
- “Would you say stress has affected your hair over the last few months?”
- “Are you taking any vitamins or supplements for your hair or overall health?”
- “What types of styles do you wear most—and do they ever feel tight or uncomfortable?”

****Bridge cosmetic observations with systemic considerations:**

- **Recent Hormonal Changes:** Look for postpartum, menopause, contraceptive use, thyroid issues, PCOS. Ask about timing and symptoms.
- **Stress-Related Hair Loss:** Explore emotional stressors, sleep patterns, or illness history. Document any known triggering events.
- **Nutritional Deficiencies:** Ask about diet type, known low iron or vitamin D, poor hydration. Tie this into lab panel recommendations if appropriate.
- **Previous Scalp Treatments:** Include prior trichology, dermatology, or self-led protocols. Ask what was used and how the client responded.
- **Tight/Pressure-Induced Hairstyles:** Buns, braids, wigs, locs, tension styles. Note style frequency and known discomfort.

Bonus Tips:

Use Open-Ended Questions

Why it matters: Encourages storytelling, reduces yes/no answers, and helps uncover layers of client history.

Example: Instead of “Do you have stress?” ask: “**Can you walk me through what’s been stressful lately and how it’s affected your hair or scalp?**”

Open questions invite real answers. Closed questions limit insight.

➤ ***Mirror Their Language***

Why it matters: Builds trust, validates client experience, and makes consultations feel personal and respectful.

Example: If a client says: “My scalp feels tight and hot when I wear my bun too long.” Mirror with: “**Got it—so that tightness and heat comes on mostly after wearing buns. I’ll document that tension response.**”

Mirroring isn’t just repeating—it’s reflecting back with care and clarity.

➤ **Practice Cultural Sensitivity**

Why it matters: Prevents assumptions, honors diversity in hair care traditions, and ensures inclusive consultations.

Example: Don't assume someone uses shampoo weekly or avoids oils. Instead, ask: **“How do you care for your scalp between styles?”** or **“What products feel best to you after a protective style?”**

Trichology isn't one-size-fits-all—your students learn to meet clients where they are.

➤ **Validate Their Experience**

Why it matters: Creates emotional safety, especially if clients have felt dismissed, judged, or unheard before.

Example: Client: “I've tried so many oils and nothing works.” Respond with: **“I hear you. It can be so frustrating to try product after product without answers. Let's figure out what your scalp is really asking for.”**

Validation shifts the energy from judgment to partnership.

Section 2: Scope Findings Communication

Use these phrases to describe what’s seen through the scope with clarity, compassion, and clinical confidence.

Follicle Health Assessment

<input checked="" type="checkbox"/> Finding	Meaning	Scripting Example
Healthy Follicles	No visible concerns; stable follicle tone	“Your follicles here look balanced and healthy—great baseline to build from.”
Plump / Intact	Full, open pore with visible growth	“These follicles look nourished and active—great signs of growth potential.”
Miniaturized	Reduced diameter; linked to hormonal thinning	“These follicles are smaller than usual—it can relate to hormone shifts or inherited patterns.”
Fibrosed	Collapsed or pitted—possible scarring	“Some follicles appear shut or flattened—this may point to long-term inflammation or scarring.”
Dormant / Closed	No active shaft; possibly in telogen phase	“These follicles look dormant—often a rest phase or related to stress. We’ll watch for activation.”
Multiple Hairs per Follicle	Density or crowding with multi-shaft pattern	“Some follicles show more than one hair—that’s common in high-density areas and can be healthy.”
Dilated Opening	Enlarged pore without active growth	“This follicle opening is wide, but no hair is present—it might need stimulation or detox.”
Inflamed	Red halo or swelling around follicle	“There’s redness around these follicles—it may signal irritation or early inflammation.”

Keratin-Plugged	Hardened debris blocking pore	“This follicle is sealed with buildup—it can block growth. A targeted cleansing may help.”
Sebum-Clogged	Waxy/oily obstruction	“I see oil congestion here—linked to sebum imbalance or product overload. Detoxing may help.”
Follicular Dropout	No follicle visible; possible scarring	“This area shows complete dropout—follicles may have been lost. We’ll look into the cause gently.”

Scalp Condition Indicators – Expanded Options

Inflammatory & Irritative Conditions

- **Erythema (Redness):** Diffuse or localized inflammation
- **Perifollicular Haloing:** Red rings around follicles (seen in LPP or CCCA)
- **Pustules or Papules:** Folliculitis or infection
- **Excoriation or Crusting:** Trauma from scratching, possible secondary infection
- **Burning Sensation (client-reported):** Neurological inflammation or sensory nerve involvement

Flaking & Debris Conditions

- **Fine Flaking:** Often cosmetic or due to dryness
- **Thick Scale:** Psoriasis or chronic dermatitis
- **Yellow Greasy Flakes:** Seborrheic dermatitis
- **Sticky Buildup or Residue:** Product accumulation or fungal overgrowth
- **Keratin Plugging:** Follicular debris (may obscure growth)

Moisture & Sebum Balance

- **Dry/Desiccated Scalp:** White cracking, dull tone
- **Oily/Greasy Scalp:** *Excess sebaceous output*

- **Mixed Zones (Combination):** T-zone buildup, dry temples
- **Sweat Gland Overactivity:** Moisture at nape or under styles

Microbial & Environmental Observations

- **Fungal Patterning (hypothesized):** White fluff, circular buildup
- **Environmental Exposure:** Signs of chemical irritation, pollution residue
- **Odor (client-reported):** Suggestive of imbalance or microbial colonization

Other Documentable Observations

- **Scalp Mobility:** Stiff or tight vs. pliable (may impact vascular flow)
- **Discoloration:** Hyperpigmentation or hypopigmented patches
- **Visible Veining or Capillary Clusters:** May indicate vascular sensitivity
- **Scar Tissue or Atrophy:** Document history-related changes

Prompt: “Does the follicle appear structurally sound? Are signs of inflammation or scarring present?”

Reflection Area: “How would I explain this without alarming the client?” “What follow-up questions could clarify what I’m seeing?”

Section 2: Scope Findings Communication (cont.)

Scalp Condition Indicators

Finding	What It May Mean	Student Scripting Example
Balanced & Hydrated	Healthy tone, moisture, no debris	“Your scalp looks clean and balanced here—great environment for follicle function.”
Oily Scalp (Sebum Buildup)	Excess oil or product congestion	“There’s some excess oil here—sometimes that means your scalp needs a different cleansing routine.”
Dry / Flaky Scalp	Cosmetic dryness or early inflammation	“I see some light flaking, which could mean your scalp’s a bit dry or irritated—do you feel any itchiness?”
Redness / Inflammation	Irritative response or reactivity	“There’s some redness here—often a sign of sensitivity or inflammation. Let’s talk about recent styles or products.”
Flaky / Dry Scale	Dandruff or superficial dermatitis	“These flakes may point to dryness or imbalance. Is this a new change—or something you’ve noticed before?”
Yellow Greasy Buildup	Seborrheic activity or fungal overgrowth	“This buildup looks sticky and yellow—sometimes this signals scalp congestion or imbalance. Let’s explore your routine.”
Scratch Marks / Excoriation	Physical trauma from irritation or itch	“There are areas that look scratched—did this zone feel irritated or itchy before?”
Crusting / Hardened Debris	Dried discharge, infection, or scalp trauma	“I’m seeing hardened buildup here—it could be from inflammation, trauma, or product layering. Let’s assess what’s contributing.”

Reflection Area: How do I communicate *non-judgmentally* when build up or flaking is present? How can I invite the client to participate in exploring solutions?

Scalp Condition Indicators – Diagnostic Reference

<u>Checkbox</u>	<u>Indicator</u>	<u>What It Might Suggest</u>
<input type="checkbox"/> Balanced & Hydrated	Healthy scalp microbiome with no visible inflammation, debris, or dryness; supports optimal follicle performance	A healthy scalp microbiome, stable sebum production, and optimal follicle function.
<input type="checkbox"/> Oily Scalp (Sebum Buildup)	Overactive sebaceous glands, poor product clearance, or fungal imbalance; may contribute to clogged follicles and inflammation	Hormone influenced, congestion from products, yeast, lack of internal hydration
<input type="checkbox"/> Dry / Flaky Scalp	Cosmetic dryness, over-cleansing, environmental dehydration, or early dermatitis	Dehydration, compromised scalp barrier, non-infectious yeast related issues, disruption of microbiome from chemicals
<input type="checkbox"/> Redness / Inflammation	Irritative response from styling, product sensitivity, autoimmune activity, or underlying infection	Chemical exposure, early scarring, bacterial overgrowth, mechanical stress, high heat or stress
<input type="checkbox"/> Thick Scale / Plaque	Psoriatic buildup, chronic eczema, or hyperkeratosis; may reflect long-term inflammation or skin barrier disruption	Scalp is experiencing chronic skin barrier disruption, often linked to keratin retention disorders or inflammatory conditions
<input type="checkbox"/> Sticky/Shiny Residue	Product congestion or biofilm-like surface coating; impairs follicle	Heavy products leaving an unabsorbed layer on scalp, poor airflow and scalp

	oxygenation and scalp balance	microbiome imbalance, impaired oxygen
<input type="checkbox"/> Yellow Greasy Buildup	Seborrheic dermatitis, yeast imbalance (Malassezia), or poor scalp cleansing; often associated with odor or itch	Oily flakes combining with microbiome imbalance. Hormonally driven, overactive sebaceous glands, scalp response to occlusion
<input type="checkbox"/> White Patches / Scale	Cosmetic buildup or tinea-related fungal presence; may indicate keratin turnover disorder or oxidative residue	Residue from dry shampoo, fungal infection, poor exfoliation, family history, post chemical irritation, dermatitis
<input type="checkbox"/> Scratch Marks / Excoriation	Trauma from itch, anxiety, or inflammation; can lead to secondary infection or pigment changes	Inflammatory discomfort, fungal imbalance, product overload, stress, anxiety, chemical reaction,
<input type="checkbox"/> Crusting / Hardened Debris	Dried discharge from inflammation or microbial imbalance; may signal folliculitis or unresolved dermatitis	Response to irritation, inflammation, infection, chronic yeast imbalance, post chemical reaction, autoimmune (psoriasis or LPP)
<input type="checkbox"/> Pustules or Papules	Folliculitis, bacterial congestion (staph), or acneiform irritation; may require medical referral if widespread	Staph, Malassezia yeast, blocked follicles due to product buildup, no ventilation, repetitive friction, hormones, scalp disorder
<input type="checkbox"/> Perifollicular Discoloration	Early signs of autoimmune activity (e.g., CCCA, LPP); often indicates inflammation near follicular units	Autoimmune attack on follicle base, inflammation of follicle, healing after chemicals, past damage or vascular disruption, dilated capillaries

<input type="checkbox"/> Pigmented Patches	Post-inflammatory hyperpigmentation, vitiligo, or healing lesions; document for pattern monitoring	Left behind after scratching, irritation, infection or chemical trauma, early autoimmune scarring, dermatological conditions, styling or friction
<input type="checkbox"/> Visible Veining / Capillary Pattern	Thin or reactive skin; may reflect vascular prominence or reduced scalp padding in aging or stress zones	Common is low subcutaneous padding, aging scalps or low density hair areas. Vascular responsiveness, thin tissue visibility, scalp reaction to product exposure, heat or allergens.
<input type="checkbox"/> Odor	Microbial overgrowth, fungal imbalance, or product rot; often paired with occlusion and warmth retention	Yeast or bacteria overgrowth in warm, oily, low oxygen environments. Heavy products left on scalp unwashed for extended periods.
<input type="checkbox"/> Heat / Burn Zones	Product sensitivity, allergic reaction, or styling-induced vasodilation; document sensation and exposure history	After effects of chemical exposure, friction trauma or vascular reactivity
<input type="checkbox"/> Tightness / Low Pliability	Chronic tension, early scarring, or reduced circulation; assess for style history and discomfort	Mechanical history such as repeated tight hairstyles, vascular responsiveness in follicle, potential scarring or fibrosis like CCCA or LPP.
<input type="checkbox"/> Chemical Irritation	Reaction to relaxers, dyes, bleach, or keratin; observe for redness, flaking, or burning sensations	Exposure to relaxers, bleach, dyes or harsh preservatives. Skin reactive due to loss of natural oils and protective function.

<input type="checkbox"/> Environmental Debris	Particulate exposure (dust, lint, pollution); common in uncovered styles or outdoor work environments	External exposure (dust, pollen, lint fibers, dirt, residue, fuzz, adhesives, gel leading to follicular buildup and tissue hygiene.
<input type="checkbox"/> Dandruff with Color Shift	White: dryness; Yellow: seborrheic/fungal; Brown: oxidized oil or buildup; guides protocol selection	White flakes-dehydration, hygiene; Yellow-sebum-rich pointing to yeast or fungal imbalance, especially with odor or irritation; Brown-stagnation from product buildup, not cleansing, or air oxidation of oils; White turns to brown or yellow-progression from dryness, congestion and imbalance.

Scalp Condition Indicators – Protocols

Indicator	Protocol
Balanced & Hydrated	Maintain routine; support with lightweight humectants, gentle cleansers, and scalp massages. Educate on protective styling and seasonal hydration changes.
Oily Scalp (Sebum Buildup)	Use clarifying cleansers (1–2x/week), introduce yeast-balancing agents (e.g. tea tree, zinc pyrithione), reduce occlusive product layering. Monitor hormonal patterns and stress levels.
Dry / Flaky Scalp	Switch to hydrating, low-pH cleanser. Add scalp oils with fatty acids (jojoba, squalane), increase water intake, and reduce heat styling. Include barrier-repair ingredients (panthenol, ceramides).
Redness / Inflammation	Pause chemical services. Apply anti-inflammatory topical (aloe, chamomile, green tea), cleanse with low-surfactant formulas, reduce friction/styling tension. Refer if autoimmune signs persist.
Thick Scale / Plaque	Use gentle exfoliating scalp mask (salicylic acid or urea), avoid harsh scrubbing. Introduce anti-inflammatory rinse and hydrate deeply. Refer if plaques are persistent or symmetric.
Sticky / Shiny Residue	Detox/clarify, limit wax-based products, edge control and heavy oils. Introduce balanced scalp toner (e.g. witch hazel, rosemary), increase rinse time and scalp friction during cleansing.
Yellow, Greasy Buildup	Antifungal cleanser (e.g. ketoconazole or zinc-based), introduce yeast-balancing rinse, reduce occlusion (e.g. headwear, wraps). Adjust diet to reduce glycemic spikes, monitor sweat retention.
White Patches / Scale	Scope test for lift-ability. If removable: detox shampoo and scalp brush. If adherent: assess for fungal or keratin imbalance. Add antifungal or keratin-regulating topical.

Scratch Marks / Excoriation	Calm irritation with anti-itch topicals (e.g. colloidal oatmeal, zinc), reduce triggers (e.g. tight styles, chemicals), and track behavioral patterns. Offer comfort-focused care plan and gentle exfoliation.
Crusting / Hardened Debris	Apply pre-cleanse scalp oil/serum to soften, follow with detox shampoo and topical antimicrobial if needed. Refer if debris bleeds, crusts deeply, or emits odor. Educate on scalp healing phases.
Pustules / Papules	Cleanse with antimicrobial shampoo, avoid occlusive oils. Apply lightweight anti-inflammatory topical (e.g. tea tree, calendula). Refer for persistent pustules or follicular dropout zones.
Perifollicular Discoloration	Document and monitor monthly. Introduce anti-inflammatory topicals (e.g. green tea extract, niacinamide), gentle oxygenating cleanser, scalp massage. Refer for scarring activity.
Pigmented Patches	Moisturize and fade with pigment-regulating topical (e.g. kojic acid, licorice root). Address source: friction, irritation, or chemical trauma. Track symmetry and healing progression.
Visible Veining / Capillary Pattern	Use calming, vascular-supportive topical (e.g. arnica, caffeine). Reduce heat exposure and tension styling. Monitor for vascular inflammation and pair with scalp hydration.
Odor	Scalp detox, antifungal cleanser, review sweat and product layering history. Introduce airflow-promoting styles and oxygenating scalp scrub.
Heat / Burn Zones	Soothe with cooling topical (e.g. aloe, cucumber, green tea), reduce heat and chemical exposure. Avoid exfoliation until redness subsides. Refer if skin peels or blisters.
Tightness / Low Pliability	Scalp massage protocol with warm oils (e.g. castor, peppermint), gentle exfoliation, circulation-promoting rinses, and style tension reduction. Monitor for scarring signs.

Chemical Irritation	Pause chemical services, apply anti-inflammatory topical, rebuild barrier with fatty acid oils and emollients. Use low-pH cleanser and refer if skin is broken or blistered.
Environmental Debris	Introduce pre-cleanse rinse, clean scalp brush, increase mechanical exfoliation. Educate on headwear hygiene and pillowcase habits.
Dandruff with Color Shift	→ White: Add moisture (humectant cleanser, scalp oil), reduce surfactant exposure. → Yellow: Use antifungal cleanser, reduce occlusive product use. → Brown: Detox cleanse, increase rinse time, exfoliate gently. → Track flake progression and pair with airflow-enhancing style choices.

NOTES: _____

Circulation & Oxygenation Indicators

<u>Checkbox</u>	<u>Term</u>	<u>Meaning</u>
<input type="checkbox"/> Good blood flow visible	Healthy tone, soft tissue, slight capillary presence	“What zones appear pink, mobile, or responsive under scope?”
<input type="checkbox"/> Pale scalp tone	Reduced circulation or oxygen delivery	“Does the scalp look dull, cool, or desaturated?”
<input type="checkbox"/> Flushed or red tone	Vasodilation, heat, inflammation	“Could styling, stress, or product sensitivity be creating this pattern?”
<input type="checkbox"/> Visible veining	Prominent capillaries or vascular clusters	“Is vascularity present in thin tissue? Document with client comfort check.”
<input type="checkbox"/> Cool to the touch	Poor blood flow or tension zone	“Do styles or wigs restrict circulation in this area?”
<input type="checkbox"/> Tight or restricted mobility	Scar-prone tissue or mechanical tension	“Can you gently lift and pinch this zone—or is it stiff and resistant?”
<input type="checkbox"/> Stagnant follicle growth	Dormant activity in low-circulation regions	“Do follicles appear faded or non-responsive?”
<input type="checkbox"/> Dry / desiccated tissue	Poor moisture retention or dull texture	“Does this area lack hydration or appear cracked/flaky?”
<input type="checkbox"/> Moist scalp or sweating	Active glands or occluded styles	“Is there excessive moisture retention from styling, heat, or buildup?”
<input type="checkbox"/> Tingling / burning sensation (client-reported)	Neurovascular inflammation or sensitivity	“Has the client noted heat, discomfort, or nerve-like symptoms?”

Circulation & Oxygenation Indicators – Protocols

<input checked="" type="checkbox"/>	Indicator	Care Strategy	Optional Topicals
<input type="checkbox"/>	Pink, mobile, well-toned tissue	Maintain circulation support with weekly scalp massage, balanced hydration, and gentle friction during wash routines	Peppermint oil, rosemary serum
<input type="checkbox"/>	Pale or dull scalp tone	Stimulate blood flow with warm oil massage, increase scalp movement, review product that may block oxygen	Castor oil, caffeine-infused serum
<input type="checkbox"/>	Cool-to-touch zones	Heat therapy (e.g. warm compress, pre-shampoo massage), reduce occlusive styling, monitor underlying circulatory patterns	Arnica, ginseng tonic
<input type="checkbox"/>	Poor tissue mobility / tightness	Tension release protocol: gentle stretching, castor oil massage, anti-fibrosis rinse. Pause tight braiding or wraps	Sea buckthorn oil, ceramide balm
<input type="checkbox"/>	Visible capillaries / veining	If reactive: introduce calming rinse and pause heat. If thin tissue: reinforce hydration and reduce styling trauma	Calendula tea rinse, chamomile extract
<input type="checkbox"/>	Flushed or reddened areas after touch	Calming protocol: cooling gel, barrier-restoring topical, reduce friction styling. Track reactivity zone-wise	Aloe vera, green tea serum
<input type="checkbox"/>	Scalp that feels warm to client or to touch	Cooling topical, oxygen-promoting cleanser, airflow-	Cucumber extract, niacinamide

		based styling. Reduce heat tools and product layering	
<input type="checkbox"/>	Zones with little follicular movement	Circulation protocol: gentle exfoliation, massage tools, pre-shampoo oil. Evaluate adjacent zone tone and tissue integrity	Tea tree oil, rosemary toner
<input type="checkbox"/>	Ashy or gray undertone in melanated scalps	Boost oxygenation with scalp massage, increase hydration, review product load. Add humectant and circulation tonics	Licorice root, peppermint hydrogel
<input type="checkbox"/>	Tone shifts between zones	Zone-specific mapping and care: crown massage for stiffness, frontal hydration for pigment, nape exfoliation for stagnation	Multi-zone tonic rotation (castor, aloe, tea tree)

Scripting Tips:

- “This area feels a bit cooler—sometimes that means blood flow is lower there, and we can use a gentle oil massage to support circulation.”
- “I’m seeing a nice flush when I touch here—that’s a good sign of scalp responsiveness!”
- “This area looks a bit dull compared to others. Let’s work on bringing life back with a circulation boost and hydrating care.”

Hair & Scalp Dis-ease Type Overview Table

Case #	Condition	Visual Features (Under Scope)	Referral Needed	Notes
1	Early Androgenetic Alopecia	Miniaturization, crown thinning	Optional	Non-scarring, progressive
2	Traction Alopecia	Follicle dormancy, broken shafts, redness	Optional	Tension-based, reversible
3	Seborrheic Dermatitis	Yellow, greasy scales, inflammation	Case-by-case	Misdiagnosed as dry scalp
4	Postpartum Hair Loss	Uniform shedding, telogen club hairs	No	Self-resolving, temporary
5	Scarring Alopecia (Cicatricial)	Smooth texture, absent follicles	Yes	Permanent loss risk
6	Alopecia Areata	Exclamation hairs, patchy hair loss	Yes	Autoimmune origin
7	Male Pattern Hair Loss	Crown thinning, receding temples	Optional	Hormone-linked
8	Female Pattern Hair Loss	Diffuse crown thinning, miniaturization	Optional	Often hormonal
9	CCCA	Central scarring, shiny scalp, follicle loss	Yes	Urgent dermatology case

10	Lichen Planopilaris (LPP)	Perifollicular scale, redness, follicle loss	Yes	Autoimmune
11	Frontal Fibrosing Alopecia (FFA)	Hairline recession, smooth frontal scalp	Yes	Progressive, subtle signs
12	Tinea Capitis	Brittle shafts, black dots, circular flaking	Yes	Fungal, contagious

CASE STUDIES

Tasha M. – Crown Congestion & Early Dropout

Client Profile

- **Name:** Tasha M.
- **Age:** 38
- **Lifestyle:** Corporate professional, high-stress role, frequent travel
- **Hair History:** Wears braided styles with added hair 2–3 weeks at a time
- **Health Notes:** Recently diagnosed with iron deficiency; reports fatigue and irregular sleep
- **Primary Concern:** “My crown feels sore and looks thinner every month.”

Scope Findings

- **Zone:** Crown
- **Tone:** Dull gray-brown with slight pigment haloing
- **Mobility:** Low; tissue feels tight and resistant to stretch
- **Follicle Behavior:** Sparse density, blocked ostia, sticky buildup
- **Additional Notes:** Mild flaking, no pustules or redness

Diagnostic Interpretation

- Signs of **chronic congestion** and **early-stage scarring behavior**
- Possible contribution from **styling tension, poor oxygenation, and systemic fatigue**
- No active inflammation, but tissue shows signs of vascular sluggishness and follicular dormancy

Recommended Care Plan: *Crown Detox Revival*

Goals:

- Loosen tissue, improve circulation, reduce buildup, and support follicle responsiveness

Therapies:

- Steam therapy + clay-based detox rinse
- Oxygenating mist with aloe + cucumber
- Stretch massage protocol (2x/week)
- Iron-rich nutritional support (refer to wellness partner)
- Reassessment in 6 weeks with scope visuals

Client Scripting Practice

“Tasha, your crown is showing signs of congestion and reduced movement. That tightness and thinning may be linked to styling tension and low oxygenation. We’ll start with a detox and circulation plan to help your scalp breathe again—and we’ll track your progress visually so you can see the change.”

Case Study 1 – *Jamal R.*

Client Profile: Age: 42 | Concern: Edge thinning and tightness

Lifestyle: Barber, wears durags daily

Hair History: Tight fades, edge control use

Health Notes: Occasional headaches

Scope Findings:

- **Zone:** Frontal hairline
- **Tone:** Pale, shiny, reduced pigment
- **Mobility:** Very low
- **Follicle Behavior:** Dropout, miniaturized hairs
- **Notes:** No flaking or inflammation

Your Diagnostic Interpretation:

Care Plan Builder:

Scripting Practice:

Case Study 2 – Danielle S.

Client Profile: Age: 29 | Concern: Flaking and odor after workouts Lifestyle: Fitness instructor, wears headbands Hair History: Natural, co-wash routine Health Notes: Stress, antibiotics, irregular periods

Scope Findings:

- **Zone:** Nape and crown
- **Tone:** Slightly red, sticky buildup, yellow flakes
- **Mobility:** Moderate
- **Follicle Behavior:** Present, surrounded by debris
- **Notes:** Mild odor, no pustules

Your Diagnostic Interpretation:

Care Plan Builder:

Scripting Practice:

Case Study 3 – Marisol G.

Client Profile: Age: 35 | Concern: Lifeless hair, no growth Lifestyle: Busy mom, minimal self-care Hair History: Buns, scarves, low product use Health Notes: Postpartum, fatigue, low mood

Scope Findings:

- **Zone:** Crown and temples
- **Tone:** Pale, ashy
- **Mobility:** Mild resistance
- **Follicle Behavior:** Miniaturized shafts, low density
- **Notes:** No inflammation or buildup

Your Diagnostic Interpretation:

Care Plan Builder:

Scripting Practice:
