**Desired Position, Shape, and Dynamic Range of the Normal Adult Eyebrow**

*Anthony P. Sclafani, MD; Matthew Jung, BA, MS*

**Objective:** To determine the resting and aesthetically desired position of the eyebrows and the range of eyebrow mobility.

**Methods:** Photographs were taken of 40 adult subjects in 5 poses: eyes open and eyes closed, maximum brow elevation and brow contraction, and brow positioned optimally by the subject. The height of the brow was measured relative to the orbital rim and surrounding structures in 6 locations: the medial brow, above the medial canthus, midpupil, lateral canthus, brow peak, and brow tail.

**Results:** Women desired the lower border of the brow to fall just below the orbital rim at the medial canthus, at the rim at the midpupillar line and several millimeters above the rim at the lateral canthus. Men desired a lower brow with a lower tail and a less accentuated peak. The brow peak in both women and men was just medial to the lateral canthus. Range of movement was greater medially in men and at the brow tail in women.

**Conclusions:** The aesthetic position of the medial and central brow is relatively low. The brow peak should be just medial to the lateral canthus. Surgeons planning forehead and brow surgery should consider these parameters to avoid creating an unnatural brow appearance.

**Trial Registration:** NCT00347308.

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The eyebrows form the superior aesthetic frame of the eyes, and they can impart a range of emotions to the patient’s appearance in addition to, in certain circumstances, a youthful and healthy or aged and infirm character. Aesthetic forehead surgeons strive to rejuvenate the upper face with a variety of techniques. However, these efforts are hampered, and comparisons across groups made difficult, by lack of a uniform definition of the aesthetic brow. Gunter and Antrobus have correctly pointed out that our understanding of the attractive eyebrow is influenced by the age, sex, culture, and ethnicity of the patient and by the surgeon and the observer. Additionally, as brow appearance is partially amenable to treatment with cosmetics, fashion trends will also influence the desirability of a particular brow position and shape.

From a surgical perspective, a number of procedures have been described that can alter the position and improve the appearance of the eyebrows. These techniques have been continually refined, as surgeons’ understanding and appreciation of the anatomy of the brow and forehead have increased, to provide stable and long-lasting support to brow elevation, with particular emphasis on individualizing the elevation provided to the distinct parts of the brow: the medial head, central third, peak, and tail.

A number of researchers have described the shape and position of the ideal brow. However, these aesthetics are influenced by culture and fashion. It is perhaps more important to recognize the features possible in an aesthetic brow, especially as determined by the patient, as well as the range of brow movement.

**METHODS**

This study was approved by The New York Eye & Ear Infirmary Institutional Review Board. We studied a convenience sample of healthy adult volunteers aged 20 to 70 years who had not had any upper facial surgery, facial trauma, or neuromotor disorders and who had not received any treatment with a dermal filler or neurotoxin within the previous 12 months. Subjects completed a brief questionnaire detailing age, weight, height, race, and ethnic origin. The orbital rim was marked on the subjects with a water-soluble ink at 3 locations: above the medial canthus, above the midpupil, and...
Table 1. Distances in Brow Measurements of Study Subjects

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Medial Canthus</th>
<th>Midpupillary Line</th>
<th>Lateral Canthus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Brow Border to Orbital Rim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum elevation</td>
<td>3.30 (2.38)</td>
<td>5.03 (2.61)</td>
<td>10.05 (3.42)</td>
</tr>
<tr>
<td>Repose, eyes closed</td>
<td>-3.03 (1.90)</td>
<td>-2.59 (2.09)</td>
<td>2.06 (3.06)</td>
</tr>
<tr>
<td>Repose, eyes open</td>
<td>-3.22 (1.91)</td>
<td>-2.26 (2.12)</td>
<td>2.75 (3.12)</td>
</tr>
<tr>
<td>Maximum contraction</td>
<td>-9.08 (2.41)</td>
<td>-10.25 (2.56)</td>
<td>-4.35 (3.22)</td>
</tr>
<tr>
<td>Upper Brow Border to Orbital Rim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age, y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-39</td>
<td>5.4 (2.3)</td>
<td>7.6 (3.1)</td>
<td>14.1 (2.6)</td>
</tr>
<tr>
<td>≥40</td>
<td>2.7 (3.3)</td>
<td>5.0 (1.9)</td>
<td>11.0 (3.1)</td>
</tr>
<tr>
<td>P value</td>
<td>.03</td>
<td>.07</td>
<td>.02</td>
</tr>
<tr>
<td>Lower Brow Border to Orbital Rim in the Optimal Brow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined</td>
<td>-2.68 (1.99)</td>
<td>-1.29 (2.98)</td>
<td>4.68 (4.28)</td>
</tr>
<tr>
<td>Women</td>
<td>-2.45 (1.93)</td>
<td>-0.85 (1.84)</td>
<td>5.67 (3.70)</td>
</tr>
<tr>
<td>Men</td>
<td>-3.44 (2.14)</td>
<td>-2.71 (2.80)</td>
<td>1.43 (4.73)</td>
</tr>
<tr>
<td>Upper Brow Border to Frontal Hairline for the Optimal Brow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>56.44 (6.81)</td>
<td>47.62 (6.76)</td>
<td>37.83 (9.53)</td>
</tr>
<tr>
<td>Dynamic Range of Brow Movement by Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age, y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-39</td>
<td>13.0 (2.9)</td>
<td>15.7 (2.6)</td>
<td>NA</td>
</tr>
<tr>
<td>≥40</td>
<td>9.8 (2.0)</td>
<td>12.7 (1.7)</td>
<td>NA</td>
</tr>
<tr>
<td>P value</td>
<td>.02</td>
<td>.01</td>
<td>NA</td>
</tr>
</tbody>
</table>

Abbreviation: NA, not applicable.

a Unless otherwise indicated, all data are reported as mean (SD) millimeters. Negative numbers indicate positions below the orbital rim.

b For all cases where lateral canthus > medial canthus, midpupillary line > medial canthus, and lateral canthus > midpupillary line, P<.001.

c No significant differences in medial canthus, midpupillary line, and lateral canthus.

d Lateral canthus < medial canthus, P<.001; midpupillary line < medial canthus, P<.005; and lateral canthus > midpupillary line, P<.02.

Table 2. Height Differences Between Medial Brow and Brow Tail

<table>
<thead>
<tr>
<th>Pose</th>
<th>Women</th>
<th>Men</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repose, eyes open</td>
<td>2.73 (4.17)</td>
<td>7.66 (5.05)</td>
<td>.04</td>
</tr>
<tr>
<td>Optimum brow</td>
<td>0.72 (4.62)</td>
<td>7.94 (4.90)</td>
<td>.01</td>
</tr>
<tr>
<td>P value</td>
<td>.002</td>
<td>&gt;.05</td>
<td>NA</td>
</tr>
</tbody>
</table>

A total of 40 subjects were enrolled in the study. Ten subjects were excluded from analysis because 1 or more photographs in their series of poses was out of focus, misframed, or the calibration ruler could not be clearly seen. Of the remaining 30 subjects, 23 were women, and 7 were men. The mean (SD) age of all subjects was 32.8 (12.3) years (age range, 20-70 years). There were 17 white, 8 Hispanic, and 5 Asian subjects.

At rest, with eyes open, the brow was noted to begin medial to the medial canthus (mean [SD] distance, 4.2 [3.3] mm). The average position of the lower border of the brow at the medial canthus was slightly below the orbital rim (~3.22 [1.91] mm, negative numbers indicating a position below the orbital rim). The midpupillary brow was slightly higher but still below the rim (~2.26 [2.12] mm), while at the lateral canthal position, the brow was above the rim (2.75 [3.12] mm). This relative brow shape (lower medially, higher at the lateral canthus) was maintained in all poses except for during maximum contraction, when the midpupillary segment was lowest (Table 1). The brow tail was slightly lower than the medial brow in both men and women in both the neutral gaze and the optimal position (Table 2). The angle of inclination of the eyebrow (medial brow to tail) relative to the horizontal was small (5.8° [5.7°]) and did not change significantly in the optimal brow. Patients older than 40 years had significantly lower brows than did younger patients (Table 1). Women’s brows were spaced slightly wider than men’s and had a greater mean (SD) interbrow distance (21.56 [5.7] vs 20.00 [4.4] mm).

The ideal brow position and shape were analyzed separately for men and women. The general brow shape was similar for the 2 groups, although women preferred a higher brow (Table 1). This is reflected in the amount of brow elevation needed to produce the ideal brow height (Table 3).

The brow tail was higher in women than in men in all poses (P<.005) and ascended more when the female subjects manually elevated the brow to the desired position from neutral gaze. The tail, in neutral gaze, sat slightly below the medial brow (mean [SD] distance, 3.9...
Table 3. Brow Elevation and Height Parameters of the Study Subjects

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Medial Brow</th>
<th>Medial Canthus</th>
<th>Midpupillary Line</th>
<th>Brow Peak</th>
<th>Lateral Canthus</th>
<th>Tail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired, from Repose (Eyes Open) to Optimal</td>
<td>0.59 (1.20)</td>
<td>0.80 (1.35)</td>
<td>1.78 (1.67)</td>
<td>2.20 (1.30)</td>
<td>3.21 (2.80)</td>
<td>2.59 (2.89)</td>
</tr>
<tr>
<td>P Value</td>
<td>.02</td>
<td>.02</td>
<td>&lt;.001</td>
<td>.001</td>
<td>.004</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Brow Height Relative to Medial Brow

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Medial Brow</th>
<th>Medial Canthus</th>
<th>Midpupillary Line</th>
<th>Brow Peak</th>
<th>Lateral Canthus</th>
<th>Tail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutral Gaze</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>0.00 (3.19)</td>
<td>4.78 (3.62)</td>
<td>9.40 (3.62)</td>
<td>10.10 (2.74)</td>
<td>9.79 (3.49)</td>
<td>-2.73 (3.43)</td>
</tr>
<tr>
<td>Men</td>
<td>0.00 (2.62)</td>
<td>5.51 (2.67)</td>
<td>8.70 (2.53)</td>
<td>9.49 (3.76)</td>
<td>9.05 (2.96)</td>
<td>-7.66 (4.34)</td>
</tr>
<tr>
<td>Optimal brow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>0.00 (3.47)</td>
<td>5.00 (3.83)</td>
<td>10.60 (4.18)</td>
<td>13.01 (4.04)</td>
<td>12.40 (5.00)</td>
<td>-0.73 (3.74)</td>
</tr>
<tr>
<td>Men</td>
<td>0.00 (2.83)</td>
<td>5.08 (2.89)</td>
<td>8.51 (2.85)</td>
<td>9.60 (3.71)</td>
<td>9.23 (3.72)</td>
<td>-7.93 (2.83)</td>
</tr>
</tbody>
</table>

Brow Height Change

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Medial Brow</th>
<th>Medial Canthus</th>
<th>Midpupillary Line</th>
<th>Brow Peak</th>
<th>Lateral Canthus</th>
<th>Tail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repose, eyes open, to maximum elevation</td>
<td>7.27 (2.48)</td>
<td>6.50 (2.44)</td>
<td>7.30 (2.30)</td>
<td>NA</td>
<td>7.30 (1.95)</td>
<td>3.68 (2.58)</td>
</tr>
<tr>
<td>Maximum elevation to maximum contraction</td>
<td>13.21 (3.47)</td>
<td>12.40 (3.00)</td>
<td>15.30 (2.90)</td>
<td>NA</td>
<td>14.40 (3.00)</td>
<td>6.22 (2.62)</td>
</tr>
</tbody>
</table>

Abbreviation: NA, not applicable.

aUnless otherwise indicated, all data are reported as mean (SD) millimeters. Negative numbers indicate positions below the orbital rim.

bReported numbers indicate distance from the medial brow: negative numbers indicate distance below the medial brow; positive numbers, distance above the medial brow. Tail < lateral canthus, P < .001 (neutral gaze and optimal brow, women and men); medial canthus < lateral canthus, P < .001 (neutral gaze and optimal brow, women); medial canthus < lateral canthus, P < .02 (neutral gaze, men); medial canthus < lateral canthus, P < .03 (optimal brow, men); medial brow < medial canthus, P < .001 (neutral gaze and optimal brow, women and men).

cDifferences not statistically significant except tail < medial brow, tail < medial canthus, tail < midpupillary line, and tail < lateral canthus (P < .001 for all comparisons).

dLateral canthus > medial canthus, P < .01; midpupillary line > medial canthus, P < .001; and tail < medial brow, tail < medial canthus, tail < midpupillary line, and tail < lateral canthus, P < .001. For midpupillary line > lateral canthus, P > .10.

Table 4. Horizontal Distance of the Brow Peak From the Medial Canthus, Expressed as a Percentage of the Palpebral Width and Horizontal Brow Length

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Palpebral Width</th>
<th>Brow Length</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lateral Limbus</td>
<td>Brow Peak</td>
</tr>
<tr>
<td>Neutral gaze</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>69 (4)</td>
<td>89 (13)</td>
</tr>
<tr>
<td>Women</td>
<td>70 (4)</td>
<td>88 (13)</td>
</tr>
<tr>
<td>Men</td>
<td>68 (3)</td>
<td>92 (13)</td>
</tr>
<tr>
<td>Optimal brow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>69 (4)</td>
<td>91 (13)</td>
</tr>
<tr>
<td>Women</td>
<td>70 (4)</td>
<td>91 (13)</td>
</tr>
<tr>
<td>Men</td>
<td>68 (3)</td>
<td>93 (13)</td>
</tr>
</tbody>
</table>

aAll data are reported as mean (SD) percentages.

[4.8 mm) but less so in the optimal brow (2.4 [5.6 mm). This change was significant only in women (2.7 [3.4 mm) (P < .002).

Since the tail and the medial end of the brow lie outside and cannot be referenced to the orbital rim, the brow in neutral pose and in an idealized position was analyzed and referenced to the medial brow. The overall shape of the brow can be determined by evaluating some of the data in Table 3. The brow rises abruptly at the medial canthus and then continues to rise more gently to the midpupil. There is a gentle upward slope toward the brow peak, a slight decrease toward the lateral canthus, and then an abrupt decline to the brow tail. Women desired brow peaks higher than men, relative to the medial brow (mean [SD] distance, 13.01 [4.04] vs 9.60 [3.71] mm), although men positioned the brow tail further below the medial brow than women did (−7.93 [2.83] vs −0.73 [3.74] mm).

The horizontal distance of the brow peak from the medial canthus was determined and then expressed as a percentage of both the individual’s brow length and the palpebral width. The same determination was made for the position of the lateral limbus, and the values were compared (Table 4). It can be seen that both the neutral gaze and the optimal positions of the brow peak are much farther lateral than the lateral limbus and just medial to the lateral canthus (89% of palpebral width). They also lie at the junction of the medial and lateral thirds of the brow (65%-69% of brow length).

Mobility of the brow was greatest in the vertical dimension and most significant in the midportion of the brow. From a neutral, eyes-open pose, the average maximum brow elevation was 6.30 to 7.30 mm, with no statistically significant difference between the medial, central, and lateral brow. Maximum excursion (maximum
anywhere from just below to 1 cm above the orbital rim and Kim,8 working with digital modifications of 4 mod-
junction of the middle and lateral thirds of the brow. Biller is positioned just medial to the lateral canthus, or at the
the inferior border of the medial brow. The brow peak
with the peak of the brow approximately 13 mm above
eral canthal brow higher than the medial canthal brow,
subjects placed the ideal brow tail slightly below the me-
determ,5-8 15 to 16 mm above the upper lid crease, 9,11 or
brow as well as ideal brow position and shape as deter-
described more laterally.5-8 Moreover, the height of the
brow has been described as 2.5 cm above the midpu-
Past 30 years. The traditional description by Westmore2
a number of ways and with differing aesthetics over the
brow shape and position has been variably described in
patients younger than 40 years could move their medial
more than that of other parts of the brow. Interestingly,
patients younger than 40 years could move their medial
brow more than older patients could (mean [SD] dis-
tance, 13.0 [2.9] vs 9.8 [2.0] mm) (P = .02), and the same
was true for the central brow (15.7 [2.6] vs 12.7 [1.7]
mm) (P = .01) (Table 1). Men had a greater range of move-
ment of the medial brow and median canthus than women
did: 16.55 (3.93) vs 12.19 (2.65) mm (P = .02) and 17.92
(4.49) vs 13.72 (3.02) mm (P = .049), respectively, while
women were able to elevate the tail of the brow more from
Interbrow movement is primarily a medially directed
movement, with significantly less movement laterally on
brow elevation. Interbrow distance changed less than 1
mm between neutral gaze and maximal elevation. Over-
all, total horizontal brow mobility was slightly more than
4 mm (Table 5).

**Table 5. Interbrow Movement**

<table>
<thead>
<tr>
<th>Pose Transition</th>
<th>Distance, Mean (SD), mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>From repose (eyes open) to maximum contraction</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>3.26 (1.75)</td>
</tr>
<tr>
<td>Men</td>
<td>3.76 (3.02)</td>
</tr>
<tr>
<td>From repose (eyes open) to maximum elevation</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>0.90 (1.94)</td>
</tr>
<tr>
<td>From maximum contraction to maximum elevation</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>4.14 (2.54)</td>
</tr>
<tr>
<td>From repose (eyes open) to optimal position</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>0.32 (1.30)</td>
</tr>
</tbody>
</table>

Brow shape and position has been variably described in
a number of ways and with differing aesthetics over the
past 30 years. The traditional description by Westmore2
and others3,4 defined an arched brow with a peak above the
lateral limbus. Over the years, this peak has been
described more laterally.5,6 Moreover, the height of the
brow has been described as 2.5 cm above the midpu-
15 to 16 mm above the upper lid crease, 9,11 or
wherever from just below to 1 cm above the orbital rim.3,4,6,9,12 However, as reported herein, we have determined
the normal position and range of motion of the brow as well as ideal brow position and shape as determined by the subject.

Subjects in this study indicated a desire for a shape-
y but comparatively unelevated brow. In general, female
subjects placed the ideal brow tail slightly below the me-
dial brow, and the midpupillary line, brow peak, and lat-\neral canthal brow higher than the median canthal brow,
with the peak of the brow approximately 13 mm above
the inferior border of the medial brow. The brow peak
is positioned just medial to the lateral canthus, or at the
junction of the middle and lateral thirds of the brow. Biller
and Kim,6 working with digital modifications of 4 mod-
 photographs, found that most subjects rated the brow
peak most pleasing when it was positioned at the lateral
limbus or halfway between the lateral limbus and the lat-
eral canthus. In the young white model, the ideal brow
peak was located above the lateral canthus, while it was
halfway between the lateral canthus and the lateral lim-
bus in the young Asian model. The faces of older white
and Asian models were judged most pleasing when the
brow peak was located above the lateral limbus. How-
ever, Baker et al7 noted that the ideal brow shape was af-
fected by facial shape; we have attempted to avoid some
of the limitations of subject photographs by asking the
subjects themselves to determine their ideal brow shape.
To our knowledge, ours is the first study to use this
method. We found no correlation between age and de-
sired brow position, as expressed as a percentage of either
palpebral width or brow length (r² = 0.035 and r² = 0.046,
respectively).

Women positioned the lowest point of the median can-
thal brow more than 2 mm below the orbital rim. The
midpupillary portion of the brow was less than 1 mm be-
low the rim, while the lateral canthal portion of the brow
was almost 6 mm above the lateral orbital rim. Female
subjects, on average, indicated a desire for 0.58 mm (me-
dial brow), 0.80 mm (median canthus), 1.78 mm (mid-
pupillary), 2.20 mm (brow peak), 3.21 mm (lateral can-
thus), and 2.59 mm (brow tail) elevation from neutral
gaze. The subjects in the study were not preselected as
brow surgery candidates with brow ptosis. However, it
is important to acknowledge that like these subjects, most
patients will be primarily interested in elevation of the
central and lateral brow. Medial brow surgery, in most
cases, will be performed for reduction of muscular hyper-
ponticity, not for significant brow elevation.

Not surprisingly, the brows of subjects older than 40
years old were significantly lower (median canthus, 2.7
mm lower; central brow, 2.6 mm lower; and lateral can-
thus, 3.1 mm lower) than those of younger patients. It
is interesting, however, that the dynamic range of mo-
tion of the medial and central brows of older patients was
roughly 3 mm less than that of younger patients. The rea-
son for this is unclear but may be related to a weakening
of the frontalis muscle with age, attenuation of the at-
tachments of the frontalis muscle with the overlying soft
tissue, skin elasticity, or other age-related skin changes.
The potential effect of various surgical procedures on this
mobility should be considered.

Some of our data provide cautionary information to
the forehead and brow surgeon. Maximum voluntary el-
vation of the supraorbital brow ranges from 12.40 to
15.30 mm, while the brow tail moves significantly less
(approximately 6 mm). This represents the distance from
the lowest point to which the patient can depress the brow
to the highest point she can elevate the brow. Given this,
even the most ptotic brow will require less than 10 mm
of true elevation. Indeed, the average subject in our study
could raise the supraorbital brow no more than 6.5 to
7.3 mm, and the brow tail 3.7 mm, above its position in
neutral repose. In addition, the change in interbrow dis-
tance from maximum elevation to maximum contrac-
tion of the brow was slightly greater than 4 mm, and the
average increase in this distance from frowning to re-
pose was 3.26 mm (women) to 3.76 mm (men). Even a
heavily furrowed glabella will rarely tolerate more than
3 mm of increasing brow separation. These data should
be kept in mind when determining appropriate brow elevation and manipulation.

In conclusion, forehead and brow aesthetic surgery can be a satisfying and highly effective means of rejuvenating the face. At its best, this surgery will make a face appear more youthful, peaceful, relaxed, and energized; however, at its worst, forehead and brow surgery can make a patient look angry, surprised, or bizarre. Our data support a more conservative approach to forehead and brow surgery because the amount of change desired by patients is relatively small. The amounts of elevation of the brow previously advocated in procedures such as the coronal forehead-lift factored in stretching of the skin-muscle-fascia carrier and did not directly apply to the brow movement desired. With more proximal and predictable forehead and brow procedures such as the endoscopic forehead-lift, the amount of elevation desired should be precisely known because there is less “play” and uncertainty in the elevation delivered. The surgeon must use his aesthetic judgment in determining the correct position and shape of the brow, but the data presented herein provide a better framework and scale for brow movement.

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Financial Disclosure: None reported.

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