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How to capture high-quality patient photos and practice videos



Procedure pictures and patient testimonials are usually the first encounters a consumer will have with your aesthetic practice, thus creation of a high-quality before-and-after (B&A) photo gallery is an integral part of self-promotion and critical to your success. Here's what you need to know to build a successful gallery.

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Procedure pictures and patient testimonials are usually the first encounters a consumer will have with your aesthetic practice, thus creation of a high-quality before-and-after (B&A) photo gallery is an integral part of self-promotion and critical to your success. As such, it is imperative that anyone in your practice who is responsible for taking B&A photos and/or producing videos, learn the best approaches to creating effective content. This is the second of a three-part series on the significance of photo galleries, covering best practices for capturing consistent and compelling before-and-after clinical images.

A casual look at different galleries will often reveal a common problem, noted Terri Ross, an aesthetic medicine and plastic surgery consultant in Los Angeles, Calif. “Inconsistencies between the before photo and the after photo are usually based on a lack of standardization in lighting and patient positioning. Or, the practice may not have a dedicated room, so staff members are using different rooms, which also creates inconsistencies, particularly with the lighting. Standardization is key here,” she said.

When it comes to creating video content, a lack of planning and poor camerawork is evident in a lot of practices’ videos, said Dana R. Fox, CEO of Strategic Edge Partners in Seattle, Wash. “Many are amateur videos that may be fine for a blog post or something of that nature, but you want everything on your practice’s main website to represent you in the most professional way.”

It is fairly easy to make good quality B&As and videos these days, noted Joseph Niamtu III, D.M.D., a cosmetic surgeon in Norfolk, Va.

“One does not need to have an expensive camera to achieve high-quality clinical photos. Actually, most contemporary phones take quite good pictures. You must learn about the methods or techniques to achieve standardization in terms of technical issues, such as lighting, background and patient poses, as well as making sure patients aren’t wearing jewelry or makeup.”

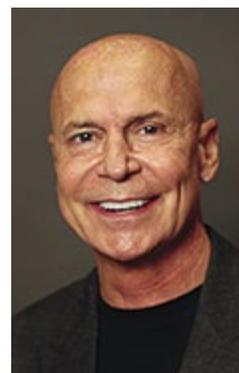
When considering the best location for shooting B&A photos within your



Terri Ross



Dana R. Fox



Joseph Niamtu, II, D.M.D.



Michael Cohen

practice Ms. Ross says, “If money was no object and space was no problem, you could carve out a dedicated photo room, built by a photography expert. You could fit a FotoFinder or Canfield visualization system in there, or one of the larger 360° systems.

“However, you don’t have to go that expensive a route,” she continued. “Hire a photo consultant to come in one day to teach the staff and to make sure that the room for photographing is adequately standardized. They could set it all up so everything is in position.”

“Even with all the technological advances of the fancy cameras and associated expense, really you just need the basics to get started,” Dr. Niamtu agreed.

“A lot of people would like to have a dedicated room that is all set up. And, though that is probably the ultimate in standardization, it is really impractical,” he shared.

“I run a busy office and I can take pictures all day, every day in every room of my office,” Dr. Niamtu continued. “I hang a black photographic background on the backs of the doors in each of my rooms so every room in my office is a photography suite. I close the door and the patient stands in a designated spot. I can achieve a standardized background on the fly.”

Simply put, it comes down to drawing a permanent line on the floor where the patient stands, and placing another mark where a tripod should sit, stated Michael Cohen, vice president of marketing at eRelevance, an Austin, Texas-based marketing service firm specializing in dermatology and plastic surgery practices.

Mr. Cohen recommends setting the tripod so that you’re achieving the same height and angle each time. “In addition, when you’re taking facial photos the makeup treatment should be the same in the before and the after,” he advised. “You’ll see some B&As where the person has no makeup on in one picture and has makeup on in the other picture. This is really not a fair comparison and people see through that.”

Camera position should not only be consistent from picture to picture, but



Jim Larkey



Ferdinand Mayer



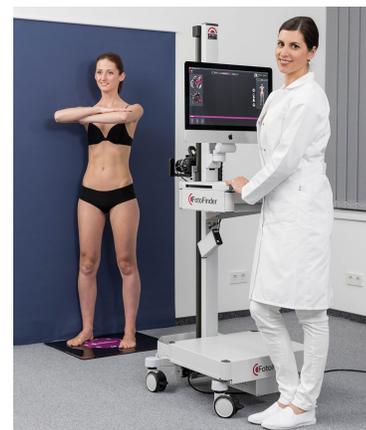
Scott Alten



Tim Sawyer

also well framed to show off the best outcomes clearly, noted Jim Larkey, senior director, product management and marketing at Canfield Scientific (Parsippany, N.J.).

“The patient, and specifically the area of interest for the intended procedure, needs to be framed by the camera as tightly as possible,” he said. “Don’t leave a lot of space around the patient’s head or body. Of course, also make sure the camera is focused on the specific area of interest in the photo. Take five photos of the target area, from left profile, left oblique, front, to the right oblique and right profile. Some procedures will benefit from extra photos, such as from above and/or below.”



According to Ferdinand Mayer, president of FotoFinder Systems, Inc. (Columbia, Md.), it can be useful to employ a camera flash in order to provide evenly lit, standardized illumination. “Relying on ambient light is not a good idea,” he stated.

“Create guidelines for your staff. For example, clearly state the distance that a face photo should always be captured at in terms of framing, so you avoid any distortion. You don’t want to get too close to the patient’s face with the camera. The nose appears much bigger in those close shots,” he added.

While B&A image galleries are very important as an online resource, marketing tool and an in-office reference, video is what consumers want to see. Therefore, more practices are shooting patient testimonials and actual procedures, and posting them on YouTube where they generate user comments, attract those who are curious about aesthetic treatments, and in many cases, lead to new patient inquiries.

“Video is so big right now,” said Scott Alten, managing partner at RxPhoto, LLC (Boston, Mass.).

“Practices can utilize video as a well-engaged way to involve their clients in the practice. You want to communicate effectively with the patient about all the treatments you provide, and demonstrate your expertise. Show different angles of different treatments or procedures. For instance, don’t just have a video that talks about the benefits of getting body contouring procedures, show an actual body contouring patient after treatment one, then treatment two. And mention that you have a package deal for two treatments, etc.”

A practice introduction and overview video is essential, stated Tim Sawyer, president and co-founder of Crystal Clear Digital Marketing (Orlando, Fla.). “If you are proud of your facility and it looks nice, you want to make sure that people can experience your office virtually. Introduce various treatment rooms, and discuss each and every treatment that you provide. Although you want the videos to look good, it doesn’t

have to be Hollywood quality. Many people just use their iPhones.”

Having some video expertise or contracting with a professional videographer to manage filming and post-production is often a more efficient approach, Ms. Fox noted.

“In addition, there’s an art to video. When we interview clients for video, we want to pull out the essence of that personality, and for many people it is not easy to be in front of the camera. It is not normal for most people, so they feel awkward and can look stiff, which is exactly the opposite of what you are trying to accomplish. Having a professional interviewer and a professional film videographer can be very important. They can capture and edit the footage appropriately, so that it ends up being fun to watch rather than a painful viewing experience.”

Along these lines, one step that practitioners don’t always consider is that every video has to be edited into a short form that people will want to watch on their smartphones, primarily, and which needs to be posted on a video streaming service, such as Vimeo or YouTube.

“Physicians have to be careful not to overload staff with video-related duties,” stated Ms. Fox. “Photo and video gathering are often delegated to a staff member that is on the run all day, seating patients or assisting in consultations. That’s why you would consider using professionals.”

Also, simply placing a practice video online doesn’t mean people will automatically find it and watch it. Videos are not yet searchable by Google-style search engine technologies and metrics.

“From a search engine optimization standpoint, video is not the greatest because there’s no content to be searched, per se,” said Mr. Sawyer. “What we recommend is setting up a part of your site where those videos can also be transcribed to text. You can hire someone to transcribe your video, which would be published with the video and available for Google to index for searching.

“Ultimately, the goal is to consistently create video content around your unique approach to treatments and procedures. You should be adding those on a regular basis because people do enjoy watching them, and they will come back for more,” Mr. Sawyer concluded.

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