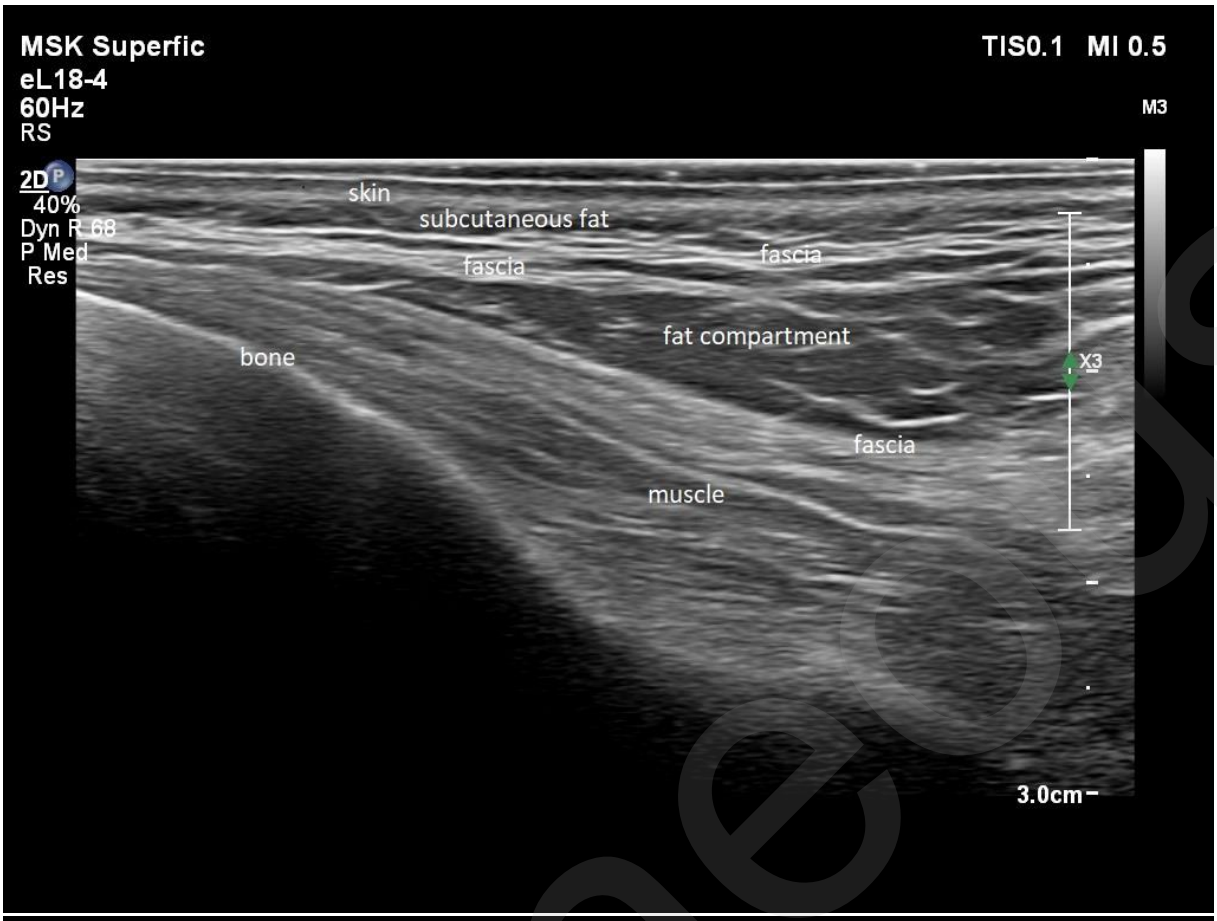
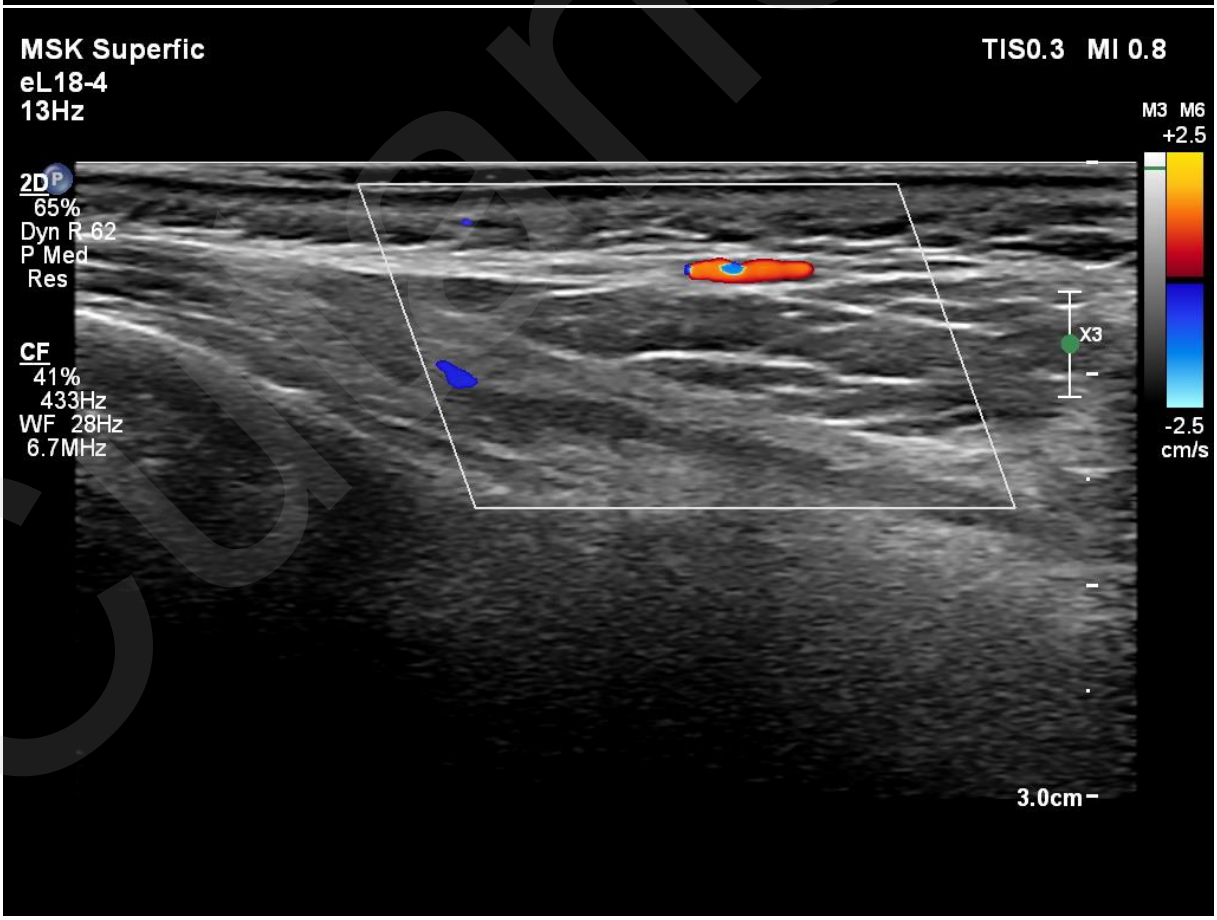
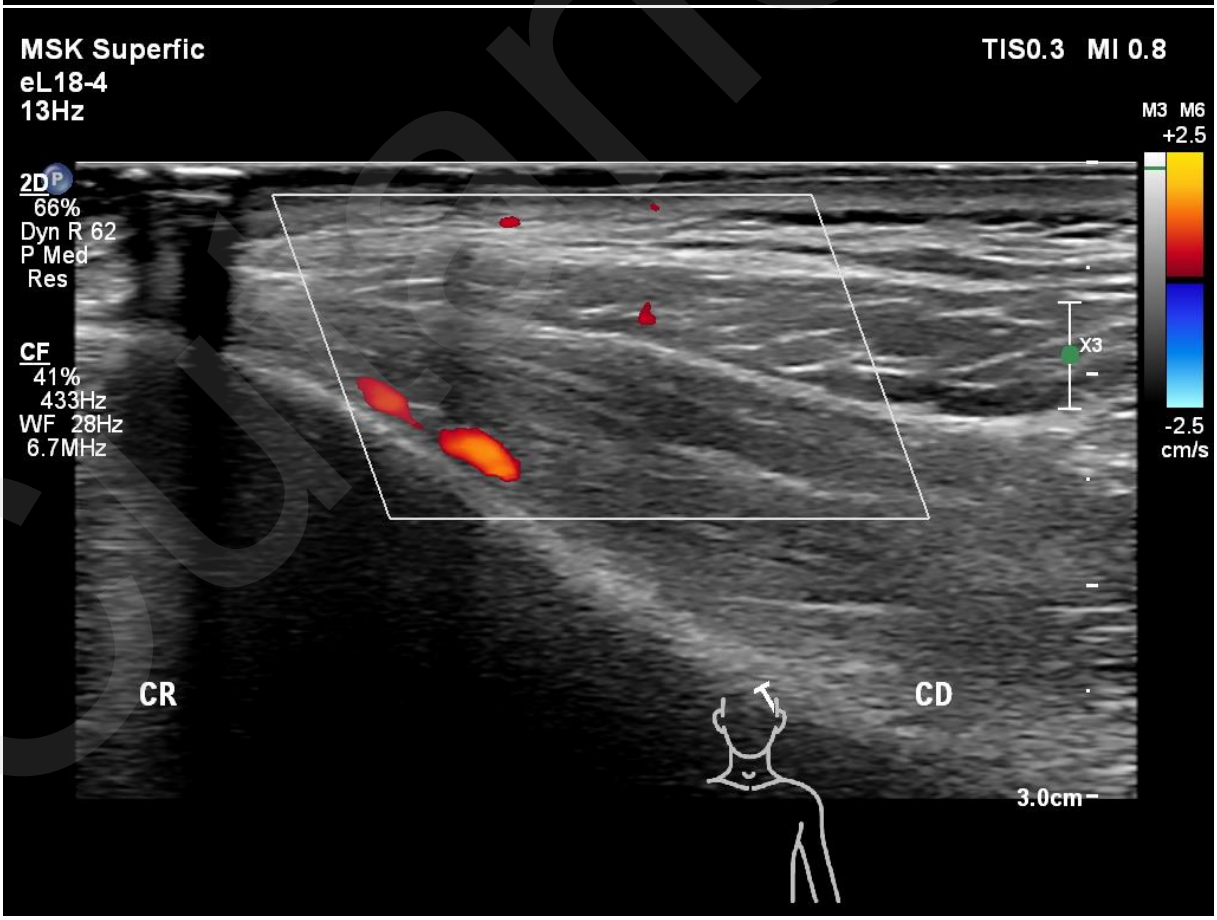
STANDARD POSITION 5: TEMPLES

Cutaneous


MSK Superfic
eL18-4
60Hz
RS
TIS0.1 MI 0.5
M3
2D
40%
Dyn R 68
P Med
Res
skin
subcutaneous fat
fascia
fascia
fat compartment
bone
X3
fascia
muscle
3.0cm


MSK Superfic
eL18-4
13Hz
TIS0.3 MI 0.8
M3 M6
+2.5
2D
65%
Dyn R 62
P Med
Res
CF
41%
433Hz
WF 28Hz
6.7MHz
X3
-2.5
cm/s
3.0cm

Cutaneous
eL18-4
65Hz
RS
2D
38%
Dyn R 64
P High
Res
TIS0.1 MI 0.5
M3
X4
2.5cm


MSK Superfic
eL18-4
13Hz
2D
66%
Dyn R 62
P Med
Res
CF
41%
433Hz
WF 28Hz
6.7MHz
TIS0.3 MI 0.8
M3 M6
+2.5
-2.5
cm/s
X3
CR
CD
3.0cm

Cutaneous

STANDARD POSITION 5: TEMPLES

Start semi-vertically on the temple.

- Identify the two fat pads. Measure their maximal thicknesses.
  Can you reach and inject the inferior temporal fat pad?

- Identify the temporal muscle. Measure its maximal thickness in rest and during contraction.
  We think this muscle is particularly apt to sarcopenia. Can we relate muscle thickness with age in this group?

- What is your normal treatment regimen in the temples?
  Have a look on this plane with ultrasound and see how you can get into the correct area? Measure the space you have to inject into. Is it devoid of vessels? Can you reach it by sliding into it from cranially of caudally?

Vessels

- Start vertically on the temple. Look for the superficial temporal artery crossing in the fascia. Follow it all the way up to the crest.
  Does it run in front of the margin of the hairs in any part of the injection area?

- Locate the deep temporal arteries.
  If you would perform a "Swift gunshot injection" would that be safe in your model?

- Place the probe horizontally at the zygoma / temporal area and try to find the zygomaticorbital artery

Fillers

If you see any filler in your model:

- What type of filler is it?
- Is it injected in the correct plane?

Additional exercise

Cutaneous

- In the intermediate fat compartment runs the middle temporal vein. A branch is the sentinel vein piercing through the fat pad. Can you see these?

Cutaneous