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DCMT Method for Safe Manicure and Clean Gel Coating



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Introduction

An atraumatic manicure is an approach to nail care that minimizes the risk of damage to the skin and the natural nail plate. The Dermacare Cuticle-Safe Manicure Technique (hereinafter -DCMT) was specifically developed to provide safe cuticle area care while achieving a clean, aesthetically refined result without trauma. This introduction highlights the importance of this technique: the health of the client's nails and surrounding skin must always be the top priority, as improper manicure services can lead to infections, inflammation (paronychia), and other complications.

DCMT is based on modern knowledge of nail unit anatomy as well as on recognized sanitation and safety standards adopted within the U.S. beauty industry (OSHA, EPA, State Boards of Cosmetology, etc.). Atraumatic practice means that living tissues-particularly the proximal nail fold and surrounding periungual skin structures-are not damaged during the service; only nonliving cuticle tissue adhered to the nail plate is carefully removed. This approach improves the overall quality of the manicure service, increases the longevity of the nail service, and reduces the risk of complications.

This instructional manual provides a detailed explanation of the principles and procedural steps of DCMT within the practice of a combined manicure technique (integration of electric file and manual manicure methods). The manual is intended for students and instructors in cosmetology education programs, as well as for licensed nail technicians seeking to enhance their professional skills.

The progressive structure of the material-from the fundamentals of professional requirements and workstation setup to the step-by-step procedural algorithm of the proprietary technique-allows readers to systematically develop both theoretical knowledge and practical skills related to atraumatic manicure services. All recommendations are based on official U.S. regulatory documents and authoritative professional publications, ensuring the relevance and professional reliability of the information presented.

The theoretical definitions, terminology, and anatomical descriptions presented in this instructional manual are based on consolidated information from contemporary dermatology, anatomy, and cosmetology education sources. The material is presented in an adapted instructional

format intended for practical application, without direct citation within the text. A complete list of referenced sources is provided at the end of the manual.

Purpose and Objectives of the Instructional Manual

The purpose of this manual is to teach the safe and effective performance of a combined manicure service using the proprietary DCMT technique, which focuses on atraumatic cuticle area care. The manual is designed to develop the reader's understanding of professional standards, sanitation regulations, and technical procedures required to perform a high-quality manicure while minimizing the risk of injury to the client.

Main Objectives

- Introduce professional and sanitation requirements in the United States for nail salons and nail technicians, including the role of the State Board of Cosmetology, OSHA (Occupational Safety and Health Administration) requirements, protocols for handling accidental cuts and blood exposure incidents, the use of Safety Data Sheets (SDS), EPA-registered disinfectant standards, and proper workstation setup and organization in accordance with regulatory requirements.
- Identify and describe the products, tools, and equipment required for performing a combined manicure using the DCMT technique, with particular emphasis on the types and classification of electric file bits (e-file bits) and safety guidelines for their use.
- Provide knowledge related to nail and skin assessment, developing the ability to evaluate the condition of the natural nail plate and surrounding tissues, and to identify contraindications (infections, skin damage, etc.) before beginning a manicure service.
- Review the preparatory stage of a combined manicure, including proper performance of hygienic and preparatory procedures such as hand sanitation, removal of previous nail coating or enhancement product, cuticle pushback, preparation of the proximal nail fold area, use of cuticle remover, and preparation of the natural nail plate for service.
- Present in detail the proprietary DCMT cuticle care technique, including correct positioning of the technician's and client's hands, finger support and tissue stabilization, proper hand positioning, electric file bit positioning and working angle, the step-by-step algorithm for cuticle area refinement, and comparison with traditional cuticle-cutting (traditional) manicure techniques.

- Provide step-by-step instructions for performing the complete DCMT combined manicure service, from preparation to final care, integrating both electric-file techniques and manual manicure methods.
- Analyze common mistakes when working with the cuticle area and electric file bits, explain their causes, and propose practical methods for correction and prevention.
- Explain the requirements and procedures for cleaning, disinfection, sterilization (where applicable), and proper storage of reusable tools according to U.S. standards to ensure client safety and prevent infection.
- Provide client aftercare recommendations for maintaining nail and skin health after a manicure, helping to preserve the results of the service and extend the wear of the nail coating.
- Define criteria for evaluating manicure service quality and provide a checklist that technicians or instructors can use to monitor completion of each stage of the service.
- Provide review questions for self-assessment or examination purposes in order to reinforce the knowledge acquired.
- Develop a glossary of terms with explanations of specialized terminology used throughout the text to improve understanding.
- Provide references, including official U.S. regulations, standards, and professional publications on which this manual is based, to support further professional study and continuing education.

After mastering the material presented in this instructional manual, the reader will gain a comprehensive understanding of how to perform an atraumatic combined manicure service using the DCMT technique while maintaining the highest standards of safety, sanitation, and professional nail technology practice.

1 Professional and Sanitation Requirements in the United States

To ensure the safety of clients and nail technicians in the United States, a comprehensive system of professional and sanitation regulations is in place. This system includes requirements established by state regulatory authorities (State Boards of Cosmetology), federal workplace safety standards (OSHA), hygiene protocols established by public health authorities, and environmental standards governing disinfectants (EPA). The key components of these requirements are outlined below.

1.1 Role of the State Board of Cosmetology

Each U.S. state operates a State Board of Cosmetology—a regulatory authority responsible for overseeing the licensing of beauty industry professionals, establishing education requirements, and enforcing sanitation standards. The primary goal of these boards is to protect public health and safety by establishing standards of professional competence and safe practice. The State Board determines the required number of training hours for future nail technicians, the content of licensing examinations (both theoretical and practical), and sanitation regulations for salons. For example, the Board ensures that salons maintain proper conditions such as cleanliness, appropriate equipment, disinfectants, and records of disinfection or sterilization procedures. State Board inspectors have the authority to conduct salon inspections to ensure compliance with regulations and may impose fines or suspend licenses in cases of violations. Typical requirements include the availability of hot and cold running water, designated containers for clean and used implements, proper storage of chemicals, and the use of approved professional products only. For example, the use of liquid methyl methacrylate (MMA) for nail enhancements is prohibited, the use of credo blades for cutting skin is not permitted, and abrasive nail files must be either disposable or properly disinfected if designed for reuse. The State Board also establishes safety protocols for services, including procedures for handling situations in which a client or technician experiences a cut (Blood Exposure Procedure).

1.2 OSHA Requirements and the Blood Exposure Procedure

Federal OSHA (Occupational Safety and Health Administration) regulates safe working conditions for salon employees. OSHA requires employers to assess biological hazards such as exposure to blood or other bodily fluids and, when such risks exist, to comply with the Bloodborne Pathogens Standard (29 CFR 1910.1030). This means that salons must develop and implement a Blood Exposure Procedure and train staff on how to respond to such incidents. If a bleeding injury occurs during a manicure service, the standardized protocol (based on State Board and National Interstate Council of State Boards of Cosmetology recommendations) includes the following steps:

- Immediately stop the service. Stop the procedure as soon as a cut or bleeding is detected.
- Put on gloves. The technician must wear disposable gloves to avoid direct contact with blood.
- Treat the wound.

If the client is injured, ask the client to rinse the cut with water if necessary, then gently blot the wound with a clean disposable towel without rubbing.

- If the technician is injured, apologize to the client and step away to treat the wound. The wound should be rinsed with water, blotted with sterile gauze, treated with an antiseptic, and covered with an adhesive bandage.
- Dispose of contaminated materials.

All disposable items that came into contact with blood (cotton pads, wipes, gloves, etc.) must be discarded immediately. It is recommended to place them in a separate plastic bag and dispose of them in the trash. These materials are considered potentially contaminated biological waste and must be handled appropriately.

- Disinfect implements and the workstation.

Any reusable implements that may have come into contact with blood must be immediately placed in the “used implements” container and thoroughly disinfected before reuse. The work surface, armrest, and any other contaminated areas must be cleaned and disinfected with an appropriate EPA-registered disinfectant.

- Remove gloves and wash hands.

After providing first aid, the technician must carefully remove and dispose of gloves and then thoroughly wash hands with soap and water or use an approved hand sanitizer.

- Continue the service (if safe and appropriate).

The injured area on the client should be covered with a bandage. If the client agrees and it is safe to proceed, the service may continue with increased caution. If the situation does not allow continuation (serious injury, client discomfort, etc.), the service must be discontinued.

This protocol complies with OSHA requirements and National Interstate Council (NIC) standards. Additionally, OSHA requires employers (salon owners) to evaluate whether employees should be vaccinated against hepatitis B. If technicians may be regularly exposed to blood, they must be offered the hepatitis B vaccination at no cost.

1.3 Safety Data Sheets (SDS) and Hazard Communication

OSHA requires employers to comply with the Hazard Communication Standard (29 CFR 1910.1200), which ensures that employees are informed about hazardous chemicals present in the workplace. Each product containing potentially hazardous chemicals (disinfectants, polish removers, primers, etc.) must have a Safety Data Sheet (SDS). An SDS is a standardized document that provides information about the chemical composition of a product, its hazards, safety precautions, first aid procedures, storage conditions, and disposal requirements. Salon owners are required to maintain up-to-date SDS documentation for all products used in the salon and must ensure that employees have access to these documents. Technicians should review SDS documents to understand safety precautions, such as wearing gloves or masks when working with certain products, procedures for accidental exposure to skin or eyes, and proper storage and disposal of chemicals. Since 2013, SDS documents have replaced the older MSDS format and now follow a standardized 16-section structure. For example, Cal/OSHA (California Occupational Safety and Health Administration) requires that all SDS documents be accessible to employees in the salon. If a document is missing, the employer must obtain it from the manufacturer or supplier.

Compliance with the Hazard Communication Standard also includes proper labeling of chemical containers and employee training. All containers

holding chemicals-especially those transferred into secondary containers-must be clearly labeled. Salons must also provide training to employees regarding chemical hazards, warning labels, and the use of personal protective equipment (PPE), such as gloves when working with high-concentration disinfectants or protective eyewear when handling corrosive liquids. OSHA requires that this training be provided upon hiring and updated whenever new hazardous products are introduced.

1.4 Disinfection and Sterilization (EPA Standards)

Within the beauty industry, the U.S. Environmental Protection Agency (EPA) regulates disinfectants. An EPA-registered disinfectant is a product whose effectiveness against bacteria, fungi, and viruses has been scientifically verified. Most state regulations require salons to use EPA-registered disinfectants for implements and surfaces. Disinfectant labels always include an EPA registration number and a list of microorganisms the product is proven to eliminate. Salons commonly use disinfectants based on quaternary ammonium compounds (QUATS), phenols, or chlorine compounds, labeled as bactericidal, fungicidal, and virucidal. Typical state requirements (for example in California) include the following procedures. Before disinfection, implements must be cleaned of visible debris such as skin particles, dust, and oils. Implements must then be fully immersed in a disinfectant solution for the time recommended by the manufacturer (commonly about 10 minutes), rinsed with clean water, and dried with a clean towel. Disinfectant solutions must be prepared and replaced according to manufacturer instructions, typically daily or whenever contamination is visible. After processing, implements must be stored in a clean, closed container labeled “Disinfected Implements”. Important: UV sterilizers (germicidal lamps) are not considered a method of disinfection. They are used only for storing already disinfected implements because they do not eliminate all pathogens. Both EPA guidelines and State Board regulations emphasize that ultraviolet cabinets may help maintain sanitation but cannot replace chemical disinfection or sterilization.

The Blood Exposure Procedure described earlier is also often included in State Board requirements. For example, in Kansas and several other states, performing the procedure for handling a cut is part of the practical licensing examination. Technicians must keep a first-aid kit at their workstation

containing disposable supplies such as antiseptic, bandages, wipes, gloves, and waste bags to allow immediate implementation of the protocol.

Step-by-Step Procedure for Disinfection, Sterilization, and Storage of Implements

Proper disinfection, sterilization, and storage of implements form the foundation of infection control in manicure practice.

Categories of Tools and Supplies.

First, it is important to understand that all items used during manicure services fall into two categories: disposable and reusable. Disposable items (paper nail files, buffers, orangewood sticks, wipes, gloves, etc.) must be discarded after a single use. Reusable items (metal implements, e-file bits, brushes) must be cleaned, disinfected, and, when possible, sterilized.

Processing Stages for Reusable Implements

1. Preliminary disinfection of used implements.

Immediately after completing the service, all implements that have contacted skin or nails (scissors, nippers, pushers, e-file bits, attachments) must be placed into a container labeled “Used/Dirty Implements”. If implements may be contaminated with biological fluids such as blood, they should be placed in disinfectant solution immediately or stored in a closed container to prevent accidental injury. OSHA recommends wearing gloves when handling used implements.

2. Cleaning (pre-disinfection cleaning).

Before disinfection, implements must be thoroughly washed to remove organic debris and residues. Using running water, a brush, and soap or detergent, carefully clean each implement to remove skin particles, dust, blood, and oils. This step is critical because disinfectants cannot work effectively if debris remains on the implements. After washing, rinse implements with clean water. Ultrasonic cleaners may also be used for more thorough cleaning. After cleaning, implements are dried with a disposable towel.

3. Chemical disinfection.

Clean, dry implements are fully immersed in a working solution of an EPA-registered disinfectant suitable for salon implements. Typically, this solution contains quaternary ammonium compounds diluted with water according to the recommended ratio. The disinfectant must be freshly prepared and must completely cover all implements. The soaking time should follow manufacturer instructions, usually between 10–30 minutes. Excessively long

exposure should be avoided because it may cause corrosion or residue buildup. Implements should not be overcrowded in the container; each implement must be fully submerged.

4. Removal and rinsing.

Using gloves or tongs, remove implements from the disinfectant solution after the required contact time. Rinse them thoroughly with running water to remove chemical residues that could irritate the skin during the next use.

5. Drying.

Clean, disinfected implements must be dried using a disposable towel.

Moisture must not remain on the implements, as it can cause rust and create conditions favorable for microbial growth.

6. Sterilization (when possible).

Sterilization destroys all microorganisms, including spores. In salons, sterilization is performed using an autoclave (steam sterilizer) or a dry-heat sterilizer. Many states do not require sterilization for manicure implements, but it is strongly recommended because disinfection does not destroy bacterial spores or certain resilient viruses. For example, California requires autoclaves for electrolysis but not for manicure implements. Nevertheless, many responsible salons voluntarily implement autoclave sterilization to improve safety. Sterilization procedure: After disinfection and drying, implements are packaged in sterilization pouches with indicators and placed in the autoclave. A typical autoclave cycle is approximately 121°C (250°F) under pressure for 15–20 minutes. Dry-heat sterilization parameters may include 160°C (320°F) for 2 hours or 180°C (356°F) for 30 minutes, depending on manufacturer instructions. After the cycle, implements remain sealed in sterile pouches until use. If a pouch becomes torn or opened, its contents are no longer considered sterile and must be re-sterilized.

7. Storage of clean implements.

Disinfected or sterilized implements must be stored in a way that prevents recontamination. This may include cabinets, UV storage boxes, or closed containers labeled “Clean Implements”. If UV cabinets are used, remember that they maintain sanitation but do not sterilize implements. Each package or implement set should be opened only in front of the client immediately before use. Ideally, separate implement sets should be prepared for each client.

8. Disinfection of equipment and surfaces

In addition to implements, work surfaces and equipment must also be disinfected.

- The workstation, armrest, and lamp must be wiped with disinfectant after each client.
- Nail dust collectors must be cleaned daily and filters replaced or washed.
- Manicure bowls and soaking containers must be washed with soap and disinfected after each client.
- Cloth towels must be laundered after each use using hot water and bleach or disinfectant.
- Trash bins must be cleaned daily and liners replaced.
- If surfaces come into contact with blood, they must be disinfected using a product effective against hepatitis and HIV viruses (for example chlorine-based disinfectants).

Safe Handling of Chemical Disinfectants.

Technicians must protect themselves when working with concentrated disinfectants. Concentrates should be diluted while wearing gloves and avoiding skin contact. Adequate ventilation or respiratory protection should be used because vapors from concentrated chemicals may be harmful. Disinfectants must be stored in their original labeled containers with closed lids and kept out of reach of clients, separate from food areas. Solutions must be replaced according to instructions or when visibly contaminated.

Record Keeping and Quality Control.

Many licensing regulations require salons to maintain disinfection or sterilization logs. These may include the date, a list of sterilized implements, and the responsible technician's signature. Autoclave performance should also be tested regularly using indicator tests or monthly spore tests.

Following these procedures ensures that each client receives services with properly disinfected and sterile implements while minimizing the risk of disease transmission. Compliance with these requirements is not only a legal obligation but also ensures the safety of clients and employees while improving the reputation of the salon. The following sections of the manual provide more detailed information on specific topics, including materials, tools, and the atraumatic manicure technique.

1.5 Ventilation, Lighting, and Workstation Requirements

U.S. sanitation regulations establish several requirements regarding the salon environment and workstation organization for nail technicians.

Cleanliness of the premises and implements.

Salons must maintain cleanliness in all areas. After each client, the workstation must be cleaned of dust and disinfected, including the table surface, armrest, lamp, and any items that came into contact with the client's hands. Each client must be provided with a clean towel or disposable paper towel. All reusable implements must be cleaned and disinfected after use. Disposable implements (such as wooden sticks, files, and buffers that cannot be disinfected) must be discarded and never reused.

Client health screening.

Manicure services must not be performed if the client shows signs of infection or open wounds on the hands, such as pustules, fungal nail infections, inflammation around the nail, or bleeding wounds. The technician must visually inspect the client's hands before beginning the service and refuse or postpone the procedure until the condition resolves. Services may only be performed on healthy nails and intact skin to prevent the transmission of infection.

Handwashing.

Technicians must wash their hands and ask clients to wash their hands with soap before beginning the service. Hands may also be treated with hand sanitizer. Hand hygiene reduces the risk of infection during accidental micro-cuts. Hands must also be washed after completing each client service and after contact with potentially contaminated objects.

Personal Protective Equipment (PPE).

Technicians should use PPE when necessary. Disposable nitrile or vinyl gloves should be worn when there is a risk of contact with blood or irritating chemicals. Many technicians wear gloves continuously to protect the skin from prolonged exposure to dust and chemicals. Protective masks or respirators are recommended when working with nail dust or artificial nail materials. For example, N95 respirators may reduce inhalation of fine particulate dust. Safety glasses or face shields are recommended when trimming nails or working with e-file bits to prevent debris from entering the eyes. They should also be used when handling concentrated chemical

products. OSHA and EPA recommend long-sleeved clothing and protective aprons to protect the skin from accidental chemical exposure.

Ventilation.

Nail salons must have proper ventilation to remove chemical vapors from nail products and dust generated during filing. OSHA and CDC/NIOSH recommend using local exhaust ventilation systems at manicure stations, such as tables with built-in dust collectors or portable ventilation units that capture dust and vapors directly from the work area. General ventilation should ensure adequate air exchange in the room. Proper ventilation reduces concentrations of volatile organic compounds (VOCs) such as acetone, toluene, and formaldehyde, improving air quality for both technicians and clients. Many states legally require ventilation systems in new salons.

Electrical safety.

The manicure workstation must be electrically safe. Electrical devices such as e-files, lamps, and ventilation equipment must be plugged directly into outlets. Avoid overloading circuits with multiple extension cords or damaged adapters. Electrical cords must be positioned to prevent damage or contact with water. Electrical devices must never be used near sinks or water sources. Cables should be inspected regularly; if damage or exposed wiring is detected, the equipment must be removed from service immediately.

Storage of chemical products.

Many cosmetic products are flammable, such as acetone or alcohol-based disinfectants. Regulations require these products to be stored in tightly closed containers, in well-ventilated areas, and away from open flames. Large quantities of flammable liquids should be stored in fire-resistant metal cabinets. Cosmetic chemicals must never be stored near food. Salons must have separate storage areas for chemicals and designated areas for eating or rest.

Disinfection and sterilization logs.

Some states require documentation of sterilization procedures (for example autoclave cycles), including the date, time, cycle parameters, and cleaning logs for pedicure tubs. Maintaining these records ensures accountability and helps regulatory inspectors verify compliance with sanitation procedures.

2 Tools, Materials, and Equipment

To perform a combined manicure using the DCMT methodology, appropriate materials and professional implements must be prepared. This section provides a list of the primary equipment and implements, their classification, and safety requirements for working with them.

2.1 Workstation and Equipment

- Manicure table with lighting.

The table must be of sufficient size, with a stable, flat surface that can be easily disinfected (glass, plastic, or metal). It is preferable for the table to have a built-in dust collector or ventilation system to capture dust generated during filing. Lighting should be provided by a desk lamp with adjustable, bright illumination-preferably a cool-spectrum LED lamp-to ensure clear visibility of fine details. The light should illuminate the working area without creating shadows, which is particularly important when working in the cuticle area.

- Technician and client seating.

The technician should use an adjustable chair on wheels with proper back support. This is necessary for correct ergonomics to prevent strain on muscles and joints. The technician should adjust the chair height so that the forearms remain parallel to the table surface. The client's chair must be comfortable, with a height that allows the client to rest their hands on the table without raising their shoulders. Proper body and hand positioning reduces fatigue and the risk of musculoskeletal strain.



- Electric nail file (e-file).
This is the key piece of equipment for performing a combined manicure. The electric nail file should have adjustable speed (preferably up to 20,000–30,000 RPM), a reverse function (rotation in both directions), and a standard collet for 3/32-inch e-file bits, which is the professional industry standard. Professional e-files typically have a power output of 20–40 watts or higher, ensuring stable operation without loss of speed under pressure. The handpiece (micromotor) should be comfortable, lightweight, and produce minimal vibration. The control panel should clearly display operating parameters such as speed and rotation direction.



- Dust collector or ventilation system.

If the manicure table is not equipped with a built-in dust collector, it is recommended to use a portable tabletop nail dust collector. It captures fine dust generated during filing of the nails and surrounding skin, preventing inhalation and accumulation on surfaces. The presence of a dust collector is considered best practice for maintaining hygiene standards in professional nail salons. Dust collector filters must be cleaned and replaced regularly.



- Disinfection containers.
The workstation must include designated containers: one for used implements (labeled “Used/Dirty Implements”) and another containing disinfectant solution for soaking implements. The disinfectant container must be deep enough to fully immerse implements. It must be tightly closed with a lid and clearly labeled (“Disinfectant Solution”). Closed cabinets or UV storage boxes are also required for storing disinfected implements separately from contaminated implements.

- Professional UV/LED curing lamps (for salon use).



Key factors when selecting a curing lamp:

- UV/LED combination or LED diodes - ensure full curing of modern gel polish systems.
- Lamp power (watts) - determines curing speed and depth; professional models are typically 36 W or higher.
- Automatic sensor and timer - provide convenience and accurate curing time control.

2.2 Safety Procedures with Electric Nail Equipment

Working with electric nail equipment in manicure practice requires strict adherence to safety procedures, since electric-file manicure techniques involve high-speed rotating bits and direct contact with anatomically sensitive areas. Failure to follow safety rules may lead to mechanical injuries, thermal burns, micro-cuts, damage to the natural nail plate, and an increased risk of infection.

According to the requirements of the State Board of Cosmetology, OSHA (Occupational Safety and Health Administration) standards, and generally accepted professional safety practices in cosmetology, the technician must ensure safe working conditions for both the client and themselves.

Requirements for Electric Nail Equipment.

Working with electric nail equipment requires strict adherence to safety procedures because electric-file techniques involve high-speed rotating bits and direct contact with sensitive anatomical areas.

Before beginning work, the technician must check:

- the integrity of the device housing;
- the proper functioning of the power cord;
- the absence of unusual noise or overheating during operation.

The technician must also ensure that the e-file bit is securely fixed in the handpiece to prevent it from being ejected during rotation. The rotating bit must never be touched with fingers, and the e-file must not be turned on without a bit inserted. During operation, the device must not overheat-allow breaks during long procedures and ensure that ventilation openings on the handpiece are not blocked.

A professional manicure e-file must:

- have a properly functioning motor with adjustable speed control;
- be certified for professional use;
- have a stable bit-locking system without looseness or vibration;
- undergo regular technical inspection and cleaning.

Before beginning work, the technician must verify:

- the integrity of the device housing;
- the condition of the power cord;
- the absence of abnormal noise or overheating during operation.

The use of defective or uncertified equipment is strictly prohibited.

Safe Use of E-File Bits.

E-file bits must:

- be used strictly for their intended purpose;
- correspond to the type of procedure being performed;
- be properly disinfected and sterilized or be disposable according to sanitation protocols.

Basic safety rules:

- never install or remove an e-file bit while the device is powered on;
- the bit must be securely locked in the handpiece;
- e-file bits with damaged coating or deformation must not be used;
- rotation speed must be selected individually depending on the working area, skin type, and condition of the natural nail plate.

Special attention must be given when working in the proximal nail fold and cuticle area, where the risk of injury is highest.

Control of Pressure and Bit Position

During electric-file manicure procedures, it is strictly prohibited to:

- apply excessive pressure to the skin or natural nail plate;
- keep the e-file bit stationary in one position;
- work with the bit at a sharp angle relative to the nail plate.

The e-file bit should:

- glide smoothly and evenly across the surface;
- move continuously;
- remain parallel or at a controlled safe angle to the working surface.

Failure to follow these rules may result in overheating of tissues, client discomfort, and micro-injuries.

Protection of the Client and Technician

To reduce risks during electric-file procedures, the following protective measures are recommended:

- use of disposable gloves;
- protective mask or respirator (especially when working with nail dust);
- protective eyewear when necessary;
- use of a dust extraction system to reduce airborne nail dust.

The technician must immediately stop the procedure if:

- the client experiences pain or discomfort;
- redness, bleeding, or tissue damage occurs;
- overheating of the treated area is detected.

Prevention of Injuries and Errors

To prevent trauma:

- work only on a clean, dry nail surface;
- do not exceed recommended rotation speeds;
- continuously monitor the condition of the client's skin;
- combine electric-file techniques with atraumatic methods (according to the proprietary DCMT technique).

If the skin is thin, sensitive, or has visible capillaries close to the surface, electric-file work must be performed with maximum caution or limited, followed by gentle polishing without cutting.

Compliance with safety procedures when working with electric nail equipment is an essential part of a professional nail technician's work. Proper control of speed, pressure, bit position, and tissue condition minimizes the risk of injury, ensures client comfort, and achieves high-

quality results within the atraumatic concept of the Dermacare Cuticle-Safe Manicure Technique (DCMT).

2.3 List of Implements and Their Use in Manicure

- Metal cuticle pusher.

A pusher is a double-ended metal implement: one side has a rounded, spoon-shaped end used to push back the cuticle, while the other side may have a sharper tip or knife-shaped edge used to gently remove lifted cuticle from the nail plate. It is used at the initial stage to push back the cuticle before working on the proximal nail fold with an e-file bit. It can also be used after softening the cuticle with cuticle remover or soaking to open the proximal nail fold and separate nonliving tissue. Usage rules: the pusher is held at approximately a 30–45° angle to the natural nail plate and moved gently without excessive pressure toward the base of the nail. The nail plate must not be scratched with the blade of the pusher, as this may damage the keratin layers. Excessive force must also be avoided to prevent injury to the nail matrix. Metal pushers must be disinfected and sterilized after each client because they come into contact with skin and nails.



- Manicure scissors and cuticle nippers. Usage rules.

Two types of implements are traditionally used to remove cuticle and hangnails: curved manicure scissors or cuticle nippers. In classic manicure, cuticle nippers—small plier-style implements with thin cutting edges—are commonly used. In the DCMT technique, preference is given to specialized hook scissors (hook-tip cuticle scissors). These scissors have uniquely

shaped blades that are thin, curved, and slightly hook-shaped at the tip. This shape allows the blades to follow the natural contour of the cuticle and create a continuous cut without jagged edges.

Advantages of hook scissors: the curved blade follows the cuticle line, allowing precise and clean removal of nonliving tissue. Sharp tips allow easy insertion under lifted cuticle. High-quality scissors also have rounded, polished outer edges to reduce the risk of accidental puncture or injury to the client. Manufacturers note that professional hand sharpening and the specialized design of hook scissors allow safe work when proper technique is used.

Rules for using scissors or nippers: they must be sterile and sharp. Dull implements pull and tear the skin, causing hangnails and injuries. When trimming the cuticle, scissors are held almost parallel to the nail plate, removing only the thin transparent layer of nonliving tissue. Cutting into living tissue must be avoided, as it may cause bleeding and scarring. When using nippers, the blades are placed at approximately a 45° angle to the nail and small sequential cuts are made along the line of the pushed-back cuticle. Hook scissors may allow one continuous cut from one side of the nail (sidewall area) to the other without interruption. With sufficient experience, this allows the cuticle to be removed in one continuous ring. Typically this involves approximately 8–12 micro-cuts with hook scissors when removing the keratinized portion of the proximal nail fold.





2.4 Classification of E-File Bits

- E-file bits (attachments) and their use.

E-file bits are interchangeable attachments of various shapes and abrasiveness that are inserted into the handpiece of the electric nail file. For the DCMT technique, a set of bits for working with the cuticle area and natural nail plate is required. Below are the main types, their purpose, and safety considerations.

- Diamond e-file bits.

These bits are made from a metal shaft coated with fine diamond particles. They are suitable for working on natural nails and skin because they do not have cutting teeth and instead function through gentle abrasion. A commonly used shape for manicure is the flame bit—an elongated cone-shaped bit that narrows toward the tip and is used to clean the sidewalls and lift the cuticle. Diamond bits come in various levels of abrasiveness (coarse, medium, fine). Abrasiveness is often indicated by a colored band:

black and green - very coarse / coarse

blue - medium

red - fine

yellow and white - extra fine (polishing)

For working with living skin and natural nails in the DCMT technique, fine-grit (red band) bits are typically used, as coarse bits may damage tissue.



- Carbide e-file bits.

These bits are made from hard metal alloys and have spiral cutting flutes. They are primarily used for removing artificial nail enhancements such as gel or acrylic because they efficiently remove hardened product. Carbide bits are not used for working on cuticles or skin.

Color coding of burrs

	Black	Super Coarse
	Green	coarse
	Blue	medium
	Purple	medium, fine tooth
	Orange	medium
	Red	fine
	Yellow	super fine
	White	extra fine



- Silicone polishing bits.

Silicone polishers are used at the final stage to polish the natural nail plate and smooth the surrounding skin. They contain abrasive particles embedded in a flexible material and allow polishing with minimal risk of cuts. Polishers may vary in grit level (coarse for initial smoothing, fine for high shine). In DCMT, after cuticle removal, a silicone polisher with a drop of oil may be used to smooth the proximal nail fold.



Selection of E-File Bits According to Cuticle Type and Skin Condition.

In atraumatic combined manicure practice using the DCMT methodology, proper selection of e-file bits is based on prior assessment of the cuticle, proximal nail fold, and natural nail plate condition. Within the Dermacare Cuticle-Safe Manicure Technique (DCMT), the e-file bit is not considered a universal tool but rather an individually selected instrument based on the client's physiological characteristics.

An incorrectly selected e-file bit type or abrasiveness may lead to:

- irritation of the capillary layer;
- overheating of tissues;
- micro-injuries;
- increased bleeding;
- formation of hangnails.

For this reason, each DCMT procedure begins with evaluation of the cuticle type before selecting implements.

Preparation for the Diagnostic Stage

Analysis of the cuticle type and nail plate condition is performed:

- before beginning electric-file work;
- after pushing back the cuticle with a pusher or orangewood stick;
- considering the tissue response to minimal contact.

The diagnostic results determine:

- the type of e-file bit used;
- abrasiveness level;
- whether cuticle trimming is necessary;
- whether stabilization of the proximal nail fold is required;
- the depth and technique of further treatment.

This approach ensures individualization of the procedure and forms the foundation of the atraumatic concept of the Dermacare Cuticle-Safe Manicure Technique.

Understanding the cuticle type allows the technician to choose the least traumatic method, ensure client comfort, and achieve a stable aesthetic result without damaging tissue integrity.

Use of E-File Bits and Safety Technique.

When working with an electric nail file, it is extremely important to select the correct speed and avoid excessive pressure. For delicate work (for example with a flame bit), approximately 15,000 RPM is usually sufficient, depending on abrasiveness and technician experience.

Low speeds (below 10,000 RPM) may cause jerking or snagging of the bit on the skin, while excessively high speeds (above 20,000 RPM on skin) may cause friction burns. The bit must be held steadily to avoid sudden jumps. Work is performed mainly using the side surface (working belly) of the bit, not the sharp tip itself. Movements must be light and pressure-free-the bit should polish rather than cut. If strong heat develops or the client feels pain, something is incorrect: either the speed is too high, pressure is excessive, or the bit is dull or too coarse.

Most diamond and carbide bits can be sterilized in a dry-heat sterilizer or autoclave, provided the manufacturer's instructions allow it.

2.5 Consumable and Auxiliary Materials

- Nail files and buffers.

Abrasive nail files are used to shape the free edge of the nail and to smooth the nail surface (buffers). In the United States, most nail files are considered single-use, especially those made from porous materials, because cardboard cores cannot be fully disinfected. Some states allow reusable files with replaceable abrasive inserts or metal bases with disposable adhesive strips. In all cases, the file must be clean and have an intact abrasive surface without damage or contamination. For natural nails, a grit level of 180–240 grit is generally recommended for shaping and smoothing. While filing, the technician must ensure the nail is not filed down to redness, which indicates proximity to the capillaries in the nail bed.



- Dust brush.

A small manicure brush is used to remove nail dust from nails and fingers during the service. It may be plastic (which can be disinfected) or disposable. The brush should be used gently to avoid scratching the skin with stiff bristles.



- Cuticle remover (alkaline).

This is a chemical product designed to soften and dissolve nonliving cuticle tissue. Mechanism of action: the alkaline component breaks down keratin in dead skin cells, effectively separating the cuticle from the nail plate so that it can be easily removed with minimal mechanical force. Removers are available in liquid or gel form; gel formulas are more convenient because they do not spread across the nail surface. The advantage of using a remover is reduced mechanical trauma-when the cuticle is properly softened, it can be removed with light scraping and minimal cutting. How to use: apply the product with a brush or dropper along the cuticle line and leave it for 15–60 seconds, depending on cuticle thickness. Then push back the cuticle with a pusher and remove softened residue with a wipe or brush. It is important to remove any remaining product and rinse or neutralize it with water after the procedure.

- Skin antiseptic.

Required for disinfecting the hands of both the client and technician before starting the procedure (if handwashing is not possible), after completion of the procedure, and for disinfecting minor cuts. Sprays or gels based on 60–70% isopropyl alcohol, chlorhexidine, benzalkonium chloride, or similar antiseptic agents are commonly used. Fast-drying products that do not leave a sticky residue are preferred.

- Nail preparation products.

These include nail dehydrators (nail prep) for cleansing the nail plate before applying base coat, primer (if gel polish application is planned), cuticle oil used at the final stage to moisturize the surrounding skin, and hand cream.

- Additional disposable supplies.

These include paper towels or wipes (used under the client's hands or for cleaning implements), lint-free wipes, applicators or cotton swabs (for precise application of remover or antiseptic), disposable nail files or buffers (if the salon follows that policy), wooden orangewood sticks, disposable gloves, masks, and similar supplies.

In summary, providing high-quality materials and professional implements is an essential condition for the successful implementation of the DCMT technique. Each implement must also be used according to its intended purpose and in compliance with sanitation and safety standards to ensure that the procedure remains atraumatic and comfortable for both the client and the technician.

3 Structure of the Nail and Layers of the Nail Plate

The nail is a complex keratinized anatomical structure that is part of the nail unit and performs protective, supportive, and sensory functions. The nail unit consists of interconnected anatomical components, each of which has a specific functional role.

Nail plate - a dense, semi-transparent keratin structure composed of hardened keratin cells. It provides mechanical protection for the distal phalanges of the fingers and serves as the foundation for decorative and strengthening nail coatings.

Nail matrix - the growth area of the nail located beneath the proximal nail fold. The cells of the nail plate are produced in the matrix; therefore, any damage to this area may result in impaired nail growth or nail deformities.

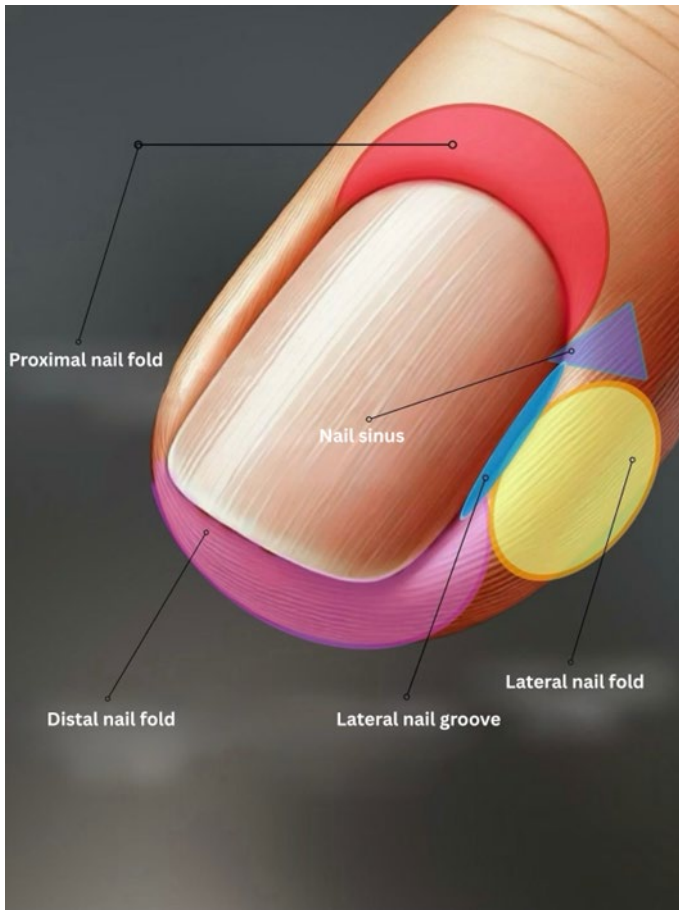
Proximal nail fold - the fold of skin located at the base of the nail that partially covers the nail plate and performs a protective function, shielding the matrix from mechanical damage and microbial contamination.

Eponychium - the living skin at the base of the nail that forms a natural protective barrier between the proximal nail fold and the nail plate. Its integrity is critically important for preventing infections.

Cuticle - a thin layer of nonliving, keratinized tissue formed from the underside of the eponychium that adheres to the surface of the nail plate. It provides an additional protective barrier and requires careful handling during professional manicure services.

Nail bed - the living tissue beneath the nail plate on which the nail plate rests. It supplies nutrients to the nail and contributes to the color and flexibility of the nail plate.

Hyponychium - the area of skin located beneath the free edge of the nail that forms an additional protective barrier preventing the entry of pathogens and debris under the nail plate.



Proximal nail fold (nail fold) - the fold of skin located at the base of the nail that overlaps the proximal portion of the nail plate and protects the nail matrix from mechanical, chemical, and microbial influences.

Nail sinus - the recessed area between the proximal and lateral nail folds where the nail plate originates; anatomically associated with the matrix region.

Lateral nail fold - the thickened fold of skin located along the sides of the nail plate that provides lateral protection for the nail and helps stabilize the nail plate on the nail bed.

Lateral nail groove - the side channel between the nail plate and the lateral nail fold where the edge of the nail plate runs; this area is sensitive and prone to trauma and inflammatory conditions.

4 **Diagnosis of Nails and Skin. Nail Disorders**

Before beginning a manicure service, it is extremely important to perform an examination and assessment of the client's hands—commonly referred to as a nail and skin assessment. This allows the technician to identify possible contraindications, select the appropriate technique and products, and prevent injuries or the spread of infection. Within the DCMT methodology, assessment is an essential step, as the technique emphasizes an individualized approach and safety.

Examination of the Skin of the Hands and Nail Folds.

- The technician checks for cuts, scratches, wounds, or inflammation around the nails. If open wounds or ulcers are present, manicure services must not be performed in those areas. It is especially unsafe to perform services when there is purulent inflammation (felon) or fresh cuts, as this creates a risk of infection for both the client and the technician. In such cases, the client should be advised to postpone the manicure until healing has occurred.
- The condition of the cuticle and proximal nail fold is evaluated: thickness, the degree to which the skin overlaps the nail plate, and the presence of hangnails. In some clients the cuticle is very thin and barely visible, while in others it is thick, dry, and overgrown onto the nail plate. This determines the treatment approach: for thin cuticles—minimal intervention; for thick cuticles—additional softening (reapplication of cuticle remover) and careful trimming may be required.
- The condition of the lateral nail folds is assessed to determine whether cracks, calluses, or areas of friction are present. If the skin is very dry with fissures, intensive moisturizing should be recommended after the manicure service.

Examination of the Nail Plate

- Shape and length of the nails.
The technician determines the client's preferred nail shape (square, oval, almond, etc.) and evaluates whether it can be achieved with the current nail length. It should also be noted whether nails tend to grow inward at the corners (especially on the thumbs); if so, deep filing of the corners should be avoided.
- Thickness of the nail plate.

Some clients have very thin nails that peel easily; in such cases, the nail surface should not be aggressively filed, and e-file bits should be used gently (or avoided entirely on the nail plate). Conversely, if the nails are thickened (hyperkeratosis or possible fungal infection), this may indicate a medical condition. A nail technician does not treat fungal infections but may suspect them and recommend that the client consult a dermatologist.

- Color and surface of the nail.

Attention should be paid to discoloration (yellow spots, white spots, bluish tones). White spots (leukonychia) are usually cosmetic and do not interfere with manicure services, but yellow, brown, or green discoloration may indicate a nail infection (fungal or bacterial). If there is suspicion of onychomycosis (fungal infection)-manifested by thickening, brittleness, and discoloration of the nail-the technician must not expose themselves or other clients to risk. In such cases, the client should be refused service and advised to seek medical treatment. Performing services on infected nails is prohibited by regulations (for example, California regulations explicitly prohibit servicing clients with fungal infections).

- Surface irregularities of the nails.

The technician should observe whether ridges, waves, or depressions are present. Longitudinal ridges may be a normal variation (especially in older clients). Transverse ridges (Beau's lines) may indicate previous stress or illness. These structures should not be altered; however, caution must be used during polishing to avoid excessive thinning of the nail plate. If the nails show pronounced convex curvature (watch-glass nails) or other shape abnormalities, the technician should take this into account when selecting the length and shape of the free edge.

- Nail separation (onycholysis).

If the nail plate has partially detached from the nail bed (a hollow space beneath the nail, often appearing whitish), the area must not be aggressively trimmed or filed. It should be gently cleaned of debris and disinfected, but applying nail polish or coatings over this area is not recommended. The client should be advised to keep the nail shorter until healthy growth occurs.

Nail Diseases and Nail Damage

Leukonychia



White spots, lines, or air bubbles between the layers of the nail.

Nail Psoriasis



Brittle nails, color changes to yellow or brown, thickening of the skin under the nail, bleeding under the nail, separation of the nail from the nail bed.

Onychoschizia



Horizontal splitting at the free edge of the nail, thin and fragile nails.

Onychorrhexis



Longitudinal splitting or ridging of the nail plate.

Onychogryphosis



Very thickened nails that resemble an animal horn or the claw of a griffin.

Ingrown Nail



Swelling, itching, pain, redness of the skin, and possible pus formation.

Onychomycosis



Fungal infection of the nail and surrounding skin, leading to changes in nail shape, thickness, and color, often accompanied by nail plate destruction.

Onycholysis



Separation of the nail plate from the nail bed, causing lifting, thickening, and color changes of the nail.

Paronychia



Swelling, pain, and redness of the skin around the nail fold (cuticle), with yellow pus formation.

Koilonychia



Central depression of the nail plate; spoon-shaped nail deformity with a smooth surface.

Individual Health Considerations of the Client.

- The technician may ask the client whether they have diabetes or circulatory disorders. Clients with diabetes or poor circulation require special attention, as even small cuts may heal more slowly and are more prone to infection. With diabetes, the skin may be very dry; therefore, it is

preferable not to trim the cuticle if it can be managed with electric-file work and gentle polishing alone. It is also recommended to apply an antiseptic cream after the manicure.

- Allergies: if the client reports allergies to certain substances (for example, latex-then the technician should use nitrile gloves; or allergies to specific fragrances or oils-those components should be avoided). Some individuals may have allergic reactions to acrylates (present in gels and gel polish). Although this is less relevant for basic manicure services, it should be considered if nail coating is planned.
- Medications: certain medications may affect nails and skin. For example, isotretinoin (a medication used for acne treatment) can make the skin extremely thin and sensitive. Manicure services for such clients must be performed very carefully, without aggressive electric-file techniques or only at minimal speeds, and aggressive cuticle trimming should be avoided.
- Psychological state and pain threshold.

The technician should assess the client's sensitivity and comfort level. Some clients are relaxed and trusting, while others may be tense and withdraw their hand at the slightest discomfort. This should also be taken into account: such clients may benefit from detailed explanations of each step or from a gentler technique with reduced use of electric equipment.

Diagnostic Documentation.

In many U.S. salons, clients complete a short questionnaire or client consultation form before a manicure service, indicating their health status, confirming the absence of contraindications, and giving consent to the procedure. This practice is beneficial from both a legal and practical standpoint, as clients may recall important details such as diabetes, allergies, or medications. The technician may also record notes regarding the client's nail characteristics in order to track progress or identify patterns (for example, recurrent hangnails on the same finger-possibly indicating nail biting or lack of glove use when working with household chemicals).

After completing the diagnostic assessment, the technician determines whether the manicure procedure can be performed and, if so, which method and products should be used. If no contraindications are identified, the technician may proceed to the preparation stage of the manicure service.

5 Dermacare Cuticle-Safe Manicure Technique (DCMT): Proprietary Technique and Step-by-Step Algorithm for Performing a Combined Manicure

5.1 General Concept of the DCMT Proprietary Technique

The Dermacare Cuticle-Safe Manicure Technique (DCMT) is a proprietary method of atraumatic combined manicure based on anatomically informed work with the cuticle and proximal nail fold in order to minimize the risk of injury, bleeding, and disruption of tissue integrity.

The key principle of the DCMT technique is tissue control rather than the depth of mechanical intervention. The technique combines electric-file (e-file) and manual procedures, with priority given to safety, stability, and predictable results.

5.2 Indications and Limitations for the Use of the DCMT

Indications.

- normal to moderately dry cuticle
- clients with a history of traumatic manicures
- presence of hangnails caused by aggressive techniques in the past
- need for a clean cuticle contour without deep cutting

Limitations.

- active inflammatory conditions
- skin damage in the proximal nail fold area

In cases of increased risk, the technique is adapted by minimizing or eliminating mechanical trimming.

5.3 Preparation for DCMT Manicure

Before beginning the procedure, the technician must:

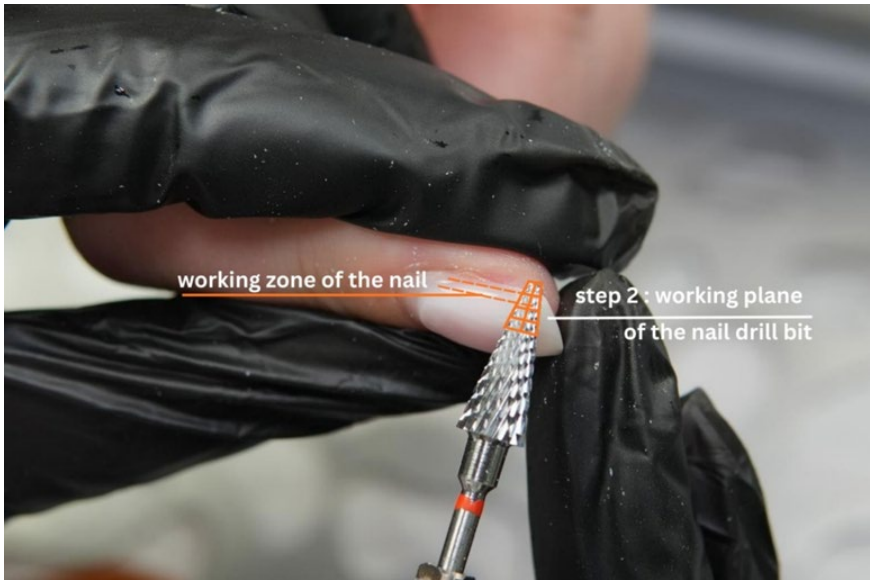
- perform a visual and tactile assessment of the cuticle and proximal nail fold
- evaluate tissue response to minimal contact

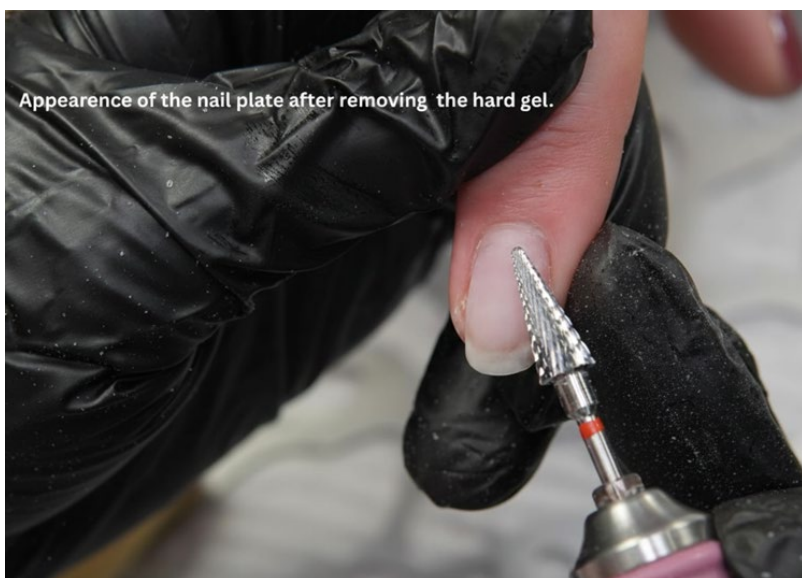
- select tools and abrasiveness according to the skin type
- ensure correct positioning of the client's hand and stability of the technician's working posture

The preparation stage is critical for the safe performance of subsequent steps.
Main Steps of the Preparatory Stage of a Combined (E-File and Manual) Manicure

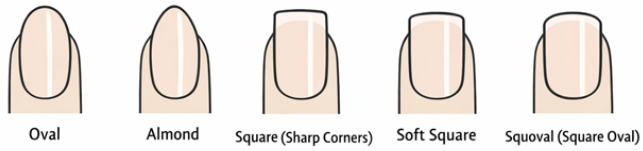
1. Hand disinfection The technician asks the client to wash their hands with soap and warm water (or, if this is not possible, disinfects the client's hands with a skin antiseptic). The technician also washes and/or disinfects their own hands before starting the service. This step reduces the microbial load and makes the procedure safer. Hands are dried with a disposable towel. If there is a significant amount of cream or oil on the client's hands, they should be degreased with an alcohol wipe so that instruments do not slip.

2. Removal of old gel polish coating (if necessary) If nail polish or gel polish is present, it must be removed. Regular nail polish is removed using a cotton pad soaked in nail polish remover (preferably acetone-free to reduce excessive dehydration of the nail plate). Gel polish is removed by filing with a carbide bit (corn-shaped or cylindrical, medium grit) at approximately 25,000–27,000 RPM. Within the atraumatic manicure approach, coating removal must also be performed carefully: filing should stop once a thin residual layer of product remains in order to avoid over-filing the natural nail plate. Bits used for removing gel polish systems also have designated working zones and a specific movement pattern. After removing the old coating, gently remove excess dust from the client's nails and fingers with a soft dust brush.





3. Nail shaping. At the beginning of the manicure service, nails are shaped to the desired form and length if significant length correction is required.



The nail may be shortened with nail nippers or manicure scissors if more than 2–3 mm must be removed. Then a 100- or 180-grit nail file is used to shape the free edge evenly by filing from the sidewalls toward the center. It is important to maintain a consistent angle of the file relative to the nail and avoid excessive “sawing” motions that may lead to nail splitting. Corners (especially for square shapes) should be slightly softened so they are not sharp. Filing is performed on dry nails before soaking or applying cuticle remover because softened nails are more prone to splitting.



The nail surface may also be lightly refined using a 180-grit buffer.



4. Opening the sinuses and initial cuticle pushback

- the cuticle is gently pushed back with a cuticle pusher or orangewood stick
- movements are controlled and without pressure
- tissue response is evaluated

Purpose: to visualize the working area without causing trauma.

The keratinized layer is pushed back while holding the pusher at approximately a 45-degree angle to the nail plate. If using an orangewood stick, gentle pushing movements begin from the right sinus and move toward the left sinus. Work is performed finger by finger using a conveyor method, processing all ten nails sequentially.



Electric-File Processing of the Proximal Nail Fold

- a fine-grit diamond flame bit (red band) is used
- work is performed at a controlled angle
- movement is continuous without stopping at a single point

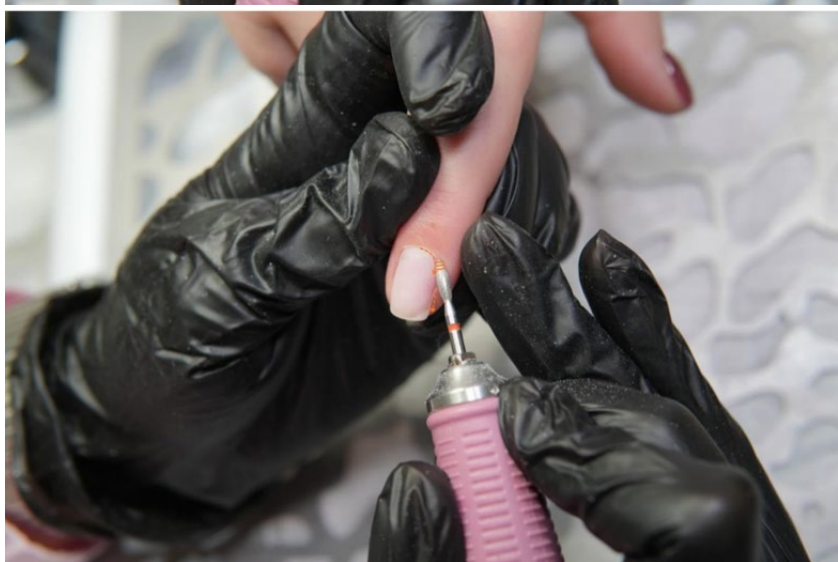
Purpose: to remove the pterygium and prepare the cuticle edge for possible trimming. Removal of Pterygium Pterygium is a thin film of keratinized tissue remaining on the nail plate. The bit is used to clean the nail plate of this residue, especially in the lunula area. This is performed using very gentle movements with a fine-grit diamond bit.

First ensure that the client's hand is positioned comfortably and that the technician has proper finger support (finger rest) to accurately control the movement of the bit.

Position of the Bit When Working in the Cuticle Area. In the DCMT technique, the primary electric-file bit is the diamond flame bit. Insert the bit into the handpiece and secure it. Set the speed to 10,000–15,000 RPM with forward rotation (clockwise). Process the proximal pocket to remove adhered keratinized tissue (pterygium) sequentially on all ten nails. **Tip:** the depth to which the tip of the orangewood stick can enter beneath the proximal fold indicates approximately how far the flame bit may safely enter beneath the fold. The axial line of the bit should be almost parallel to the nail plate to avoid cutting into the nail surface. The bit gently lifts the cuticle, removing dead skin from the nail plate and from the inner surface of the

cuticle. Important: do not insert the bit deeply under the skin; only the upper third of the bit is used. Movements should be light and sweeping. Holding the bit at approximately a 30–40° angle, move from the center of the nail toward the left lateral nail fold, guiding the tip of the bit beneath the cuticle. The left sinus is also processed. Dust from processed keratinized tissue is removed with a soft brush so that the working area can be clearly seen for the next step.







Switch the machine to reverse rotation and process the proximal pocket in the same manner, moving from the center toward the right sinus. This is known as the two-direction technique, allowing both sides of the fold to be cleaned thoroughly. The preparation stage concludes when:

- the cuticle is maximally opened (pushed back) and partially cleaned
- the nails have the desired shape
- the workstation is organized and tools are prepared

At this point, all conditions for performing an atraumatic DCMT manicure service are established.

5.4 Special Fixation of the Proximal Nail Fold

One of the fundamental distinctions of the DCMT technique is active fixation of the proximal nail fold with the technician's thumb.

Principle of the Technique.

Light controlled pressure from the technician's thumb on the proximal fold with slight downward displacement allows:

- stabilization of the tissue
- reduction of tissue mobility
- bringing the keratinized edge into the working plane
- shifting the capillary zone deeper away from the cutting line

Practical Fixation of the Proximal Fold

- the technician's thumb stabilizes the fold with light pressure and slight downward displacement

- the tissue becomes stabilized
- the boundary between living and keratinized tissue becomes clearly visible

This step is mandatory before any mechanical trimming.

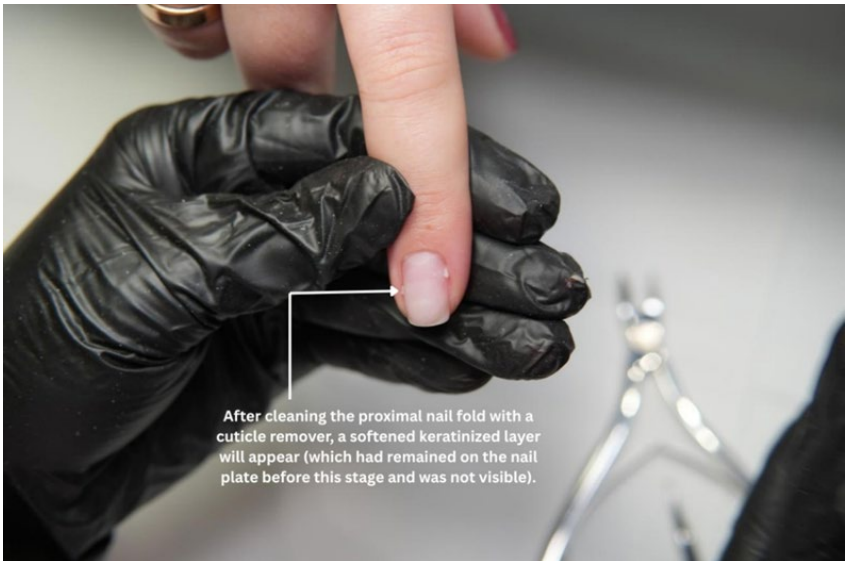
This technique changes the anatomical position of the tissues relative to the instrument and forms the basis of a safe cut.

Use of Cuticle Remover and Mechanical Cuticle Trimming.

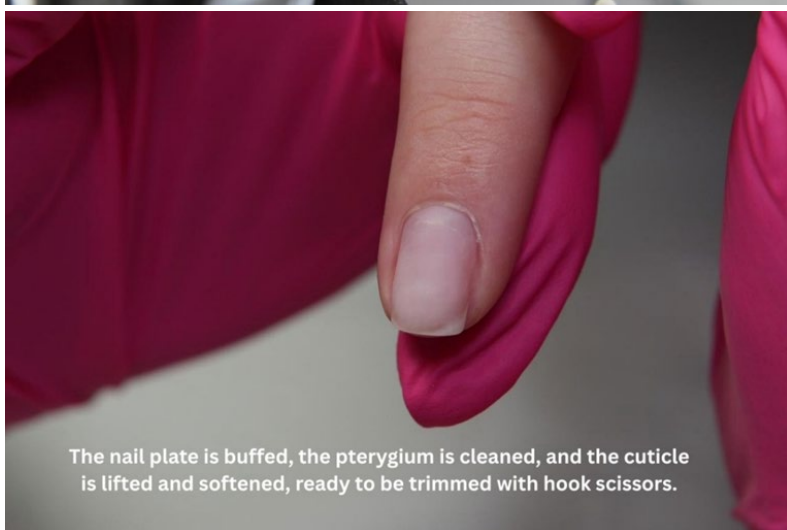
- hook-type scissors or cuticle nippers are used
- only the keratinized “collar” is trimmed
- the cut is performed in a continuous line

If the boundary between living and keratinized tissue is unclear, trimming must not be performed. In the DCMT combined manicure technique, nails are not soaked in water. A dry manicure technique is used because electric-file bits work more effectively on dry skin. Soaked skin also increases in volume and may develop minor peeling after drying, which complicates polishing. Instead, a cuticle remover is typically used as an alternative to soaking. Application of Cuticle Remover. A drop of remover is applied along the cuticle line of each nail using a brush or dispenser. Exposure time follows the manufacturer’s instructions, usually 15 seconds to 1 minute. The remover must not remain on the skin longer than recommended to avoid irritation. After the remover has acted, a pusher is used to gently push the softened cuticle away from the nail. Excessive force should not be applied. The scraper side of the pusher may also be used carefully to remove remaining pterygium from the nail plate.

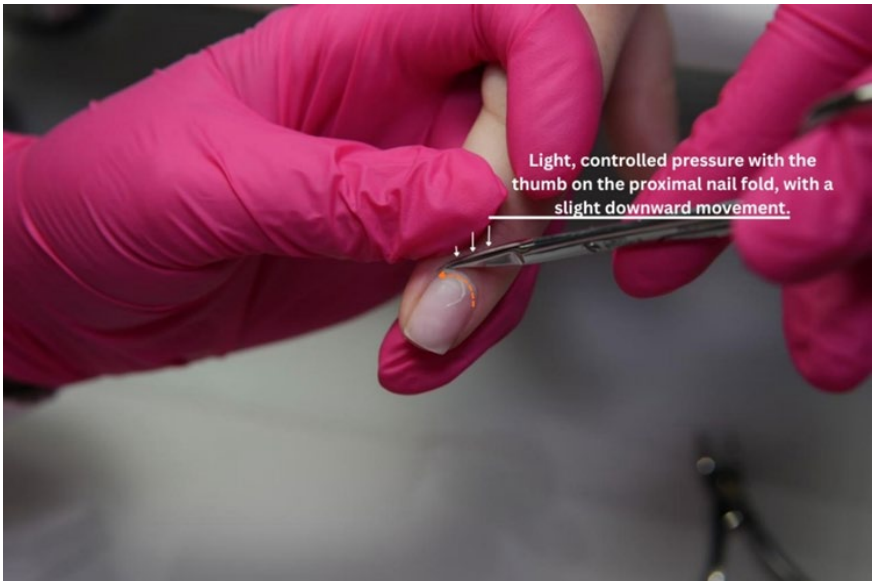
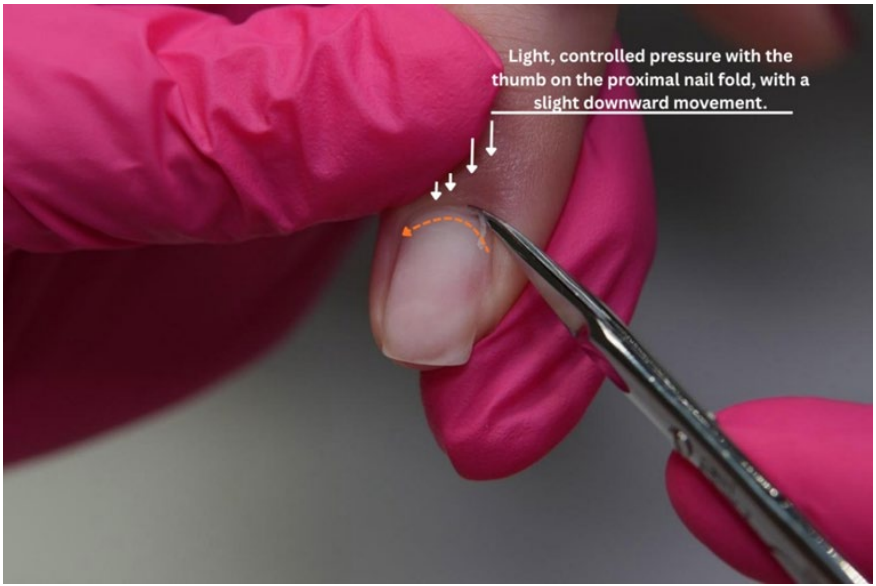




At this stage, a white ring of separated cuticle becomes visible. Remains of remover and dissolved tissue are wiped away with a damp wipe or rinsed with clean water, after which the fingers are dried thoroughly. Before trimming, ensure the nail plate is completely free of remover.



Cuticle Trimming. The client's finger is stabilized using the DCMT fixation technique. Once the cuticle is separated, sterile hook scissors are used. The cut begins at one side of the nail where the cuticle transitions into the lateral nail fold. The scissors are held almost parallel to the nail plate, with the tip of the lower blade slightly directed beneath the cuticle. Small incremental cuts are made with blade openings of approximately 1.5–2 mm, moving along the cuticle without lifting the scissors from the skin. The hook-shaped blade helps follow the natural contour of the cuticle. Important: only the thin translucent layer of non-living keratinized tissue should be removed.



If the entire cuticle cannot be removed in one pass, remaining fragments may be carefully removed with cuticle nippers.



When cutting with scissors, the technician's elbow should remain relaxed and slightly away from the body to allow proper wrist rotation.



Final result of the Dermacare Cuticle-Safe Manicure Technique (DCMT)

Polishing the Cuticle Line (if necessary)

- refinement using silicone polishing bits
- smoothing of the skin surface
- verification of tissue integrity

Preparation for Coating and Polymerization

- cleansing and dehydrating the nail plate

- application of the gel polish system while preventing product contact with skin
- polymerization according to lamp and product specifications

5.5 Quality Criteria for Performing the DCMT Technique

The result is considered high quality if:

- no bleeding occurs
- the cuticle contour is even and clean
- there is no irritation or burning sensation
- the coating does not touch the skin
- the skin remains intact and calm

5.6 Novelty Justification (Existing Techniques Analysis)

In modern professional practice, three manicure approaches are widely recognized:

- classic (cuticle-cutting) manicure
- electric-file manicure
- combined manicure

Classical (Cuticle-Cutting) Manicure - Limitations of Excessive Soaking. In classical manicure, the preparatory stage often involves soaking the skin. Excessive hydration temporarily obscures the boundary between keratinized and living tissue, making it more difficult to control the cutting line. This increases the likelihood of accidental cutting even with experienced technicians.

Additionally, over-hydration makes it difficult to evaluate the true thickness of keratinized tissue, which may lead to micro-trauma in the nail matrix area and compensatory thickening of the cuticle.

Electric-File Manicure - Limitations.

The electric-file method relies on abrasive processing of the cuticle area using drill bits without direct cutting.

Although often considered less invasive, its effectiveness depends strongly on skin type and proximal fold condition.

Thin or sensitive skin may develop overheating, irritation, or micro-erosions even without visible damage. Without proper stabilization of the proximal

fold, the bit operates on a mobile surface, increasing the risk of uneven tissue removal.

Combined Manicure - Accumulated Risks

The combined method integrates electric-file preparation with trimming instruments.

Because both approaches are used, risks from each technique may accumulate.

Common complications include:

- micro-injuries caused by excessive mechanical intervention
- bleeding due to damage to the capillary network
- uneven or ragged cuticle edges caused by unstable tissue tension
- increased post-service sensitivity due to disruption of the protective skin barrier

DCMT Method Differentiation

The proprietary DCMT technique does not contradict industry standards; instead, it modifies the sequence and control of procedural actions.

Key elements include:

- mandatory fixation of the proximal fold before trimming
- controlled tissue tension
- standardized control of instrument angle and working depth

An additional feature is slight downward displacement of the proximal fold, which moves the capillary zone deeper and reduces the likelihood of bleeding.

DCMT emphasizes controlled correction rather than maximum removal, preserving the barrier function of the tissue.

The method does not change the tools themselves but changes the conditions in which they are used. Controlled softening without excessive soaking preserves clear visualization of keratinized tissue boundaries. Fixation of the proximal fold creates a stable working surface and significantly reduces the risk of accidental injury.

Comparative Table: DCMT and Standard Manicure Techniques

Criterion	Classical (Cuticle-Cutting)	Combined	Electric-File	DCMT
Principle of cuticle work	Mechanical trimming after pushback	Combination of e-file processing and trimming	Removal with abrasive bit	Fixation and controlled correction
Control of tissue position	Manual stabilization	Partial stabilization	Minimal stabilization	Standardized fixation
Work near capillary zone	Visual orientation	Partial control	Surface orientation	Controlled repositioning
Risk of micro-trauma	Possible	Moderate	Possible	Reduced
Control of depth	Technician-dependent	Technique-dependent	Speed and pressure	Standardized parameters

Results Evaluation Protocol.

Within the DCMT technique, results are evaluated using both visual and measurable indicators.

Client discomfort is assessed using a 0–10 scale:

0 - no sensation

1–3 - minimal discomfort

4–6 - moderate discomfort

7–10 - pronounced pain or burning

The technician records:

- presence or absence of micro-cuts
- presence of bleeding (yes/no, location)
- evenness of the cut line
- integrity of the proximal nail fold
- degree of tissue trauma
- compliance with the fixation protocol

Cuticle condition dynamics are evaluated after 7, 14, and 21 days.

Parameters recorded include:

- evenness of the cuticle contour

- presence of hangnails
- dryness
- peeling
- compensatory thickening

Photo documentation should be performed under identical lighting conditions.

Coating wear duration is recorded as the number of days until lifting occurs near the proximal fold or until coating integrity is lost.

This helps evaluate adhesion stability and the effect of tissue stabilization. Refer to Appendix A.

Standardized DCMT Forms Program.

DCMT is defined as a standardized professional system that can be reproduced by other technicians without loss of quality.

The program establishes unified rules for:

- collecting baseline data
- documenting risks and control points
- recording procedure outcomes

It may be used in salon practice and cosmetology education programs.

Standardized forms allow:

- documentation of baseline nail condition
- confirmation of informed client consent
- documentation of blood exposure procedures if necessary
- evaluation of tissue condition dynamics
- correlation between tissue condition and coating wear.

Refer to Appendix B and C.

Methodological Conclusion for Section 5

The Dermacare Cuticle-Safe Manicure Technique demonstrates that safe manicure practice depends not on the depth of cutting but on anatomical understanding, proper tissue stabilization, and controlled technique. The combination of electric-file preparation, tissue stabilization, and minimal mechanical trimming forms the atraumatic DCMT approach.

In DCMT, the eponychium remains intact, which contributes to longer-lasting results. As the cuticle regrows, it forms a thin, even line rather than irregular fragments. A properly mastered DCMT manicure service typically takes approximately the same time as a classical manicure or about 5–10 minutes longer, while providing improved safety and consistency of results.

6 Nail Coating with Gel Polish Materials: Preparation, Application, and Polymerization

Applying gel polish materials is the final stage of a combined manicure service and requires the same level of precision as cuticle and skin work.

The durability of the coating, absence of lifting, prevention of allergic reactions, and avoidance of deformation directly depend on proper preparation of the nail plate, control of layer thickness, and complete polymerization of each layer.

Within the framework of the Dermacare Cuticle-Safe Manicure Technique (DCMT) methodology, coating is performed in accordance with the principle of minimal material load on the nail plate and surrounding skin.

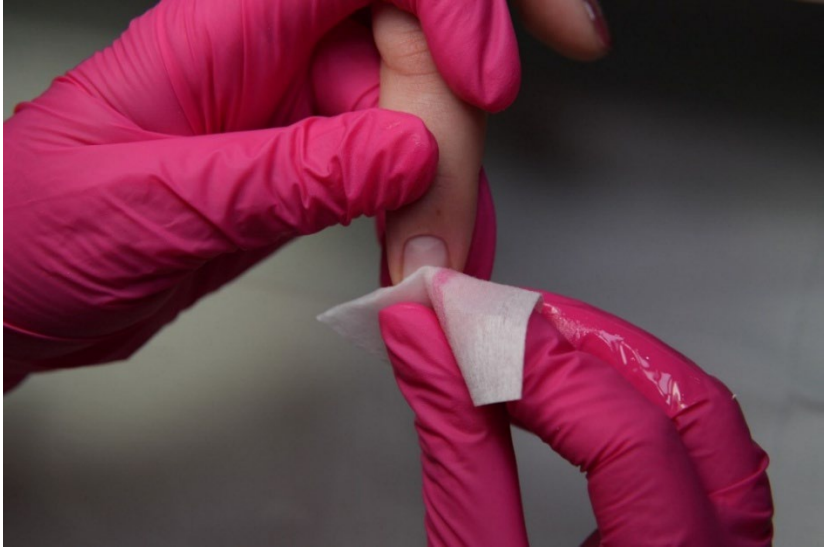
6.1 Preparation of the Nail Plate for Coating

Purpose of the Stage.

To create a clean, dry, and stable surface that allows proper adhesion of materials without damaging the structure of the natural nail.

Sequence of Actions.

1. Completely remove any remaining cuticle remover from the manicure stage using water or a damp wipe.
2. Ensure that no residual cuticle film or product remains on the nail plate.
3. Cleanse and dehydrate the nail plate using 99% isopropyl alcohol or a professional nail cleanser.



Quality Control

- the nail plate is dry and matte
- there is no surface shine
- there are no damaged or overheated areas

6.2 Application of Rubber Base (Base Coat)

Purpose of the Stage.

To ensure reliable adhesion of subsequent materials and protect the natural nail plate.

Application Technique.

1. Apply the rubber base in a thin sliding layer evenly across the entire nail plate. Before applying the base coat, gently push back the proximal nail fold on all ten nails to allow more precise detailing of the nail plate near the cuticle area.





During application, stabilize each client's finger sequentially by slightly lifting the proximal nail fold with the technician's thumb.

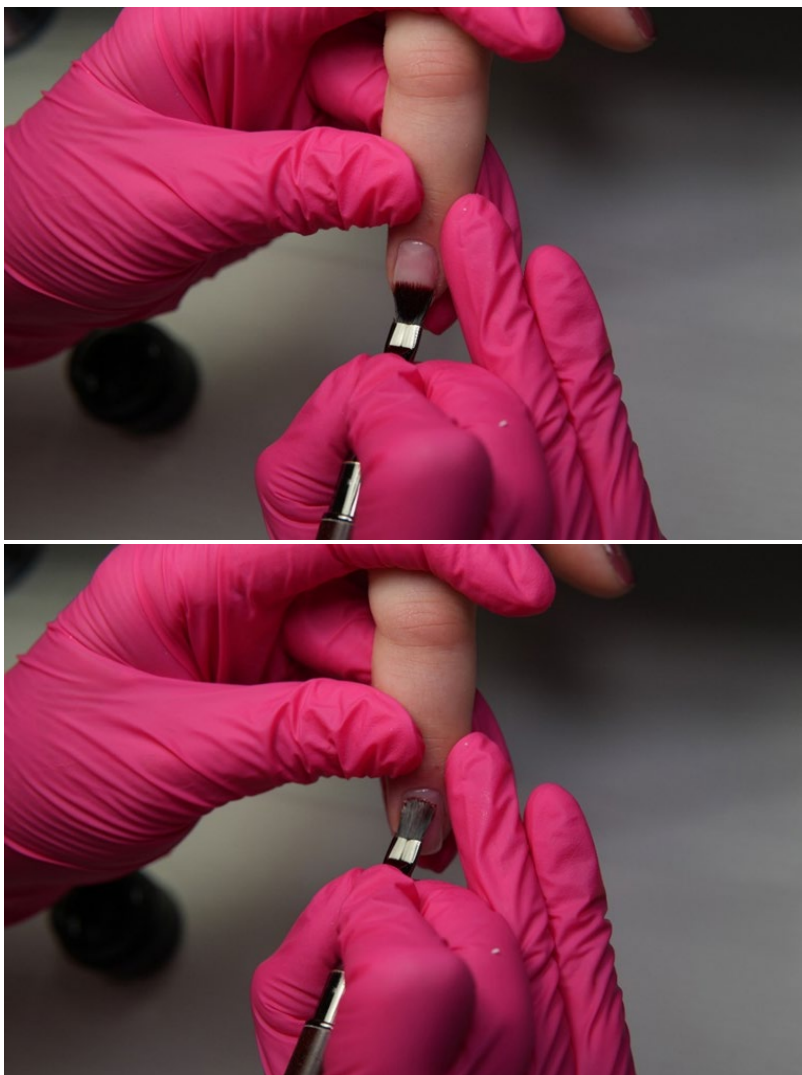
The base layer is applied:

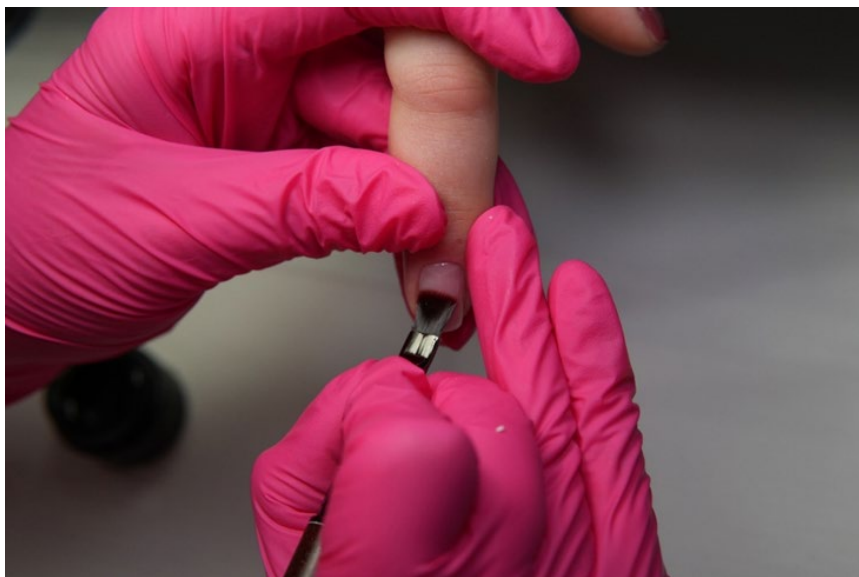
- without leveling
 - without accumulation of material in the cuticle or sinus areas
2. Carefully cap (seal) the free edge.
 3. Ensure that the product does not flood onto the surrounding skin.

Polymerization

- 1 minute in an LED or UV/LED lamp, according to manufacturer recommendations.









Methodological Notes.

In the DCMT technique, rubber base is not used as a thick leveling layer. Its primary function is to act as an adhesion layer and flexible cushioning layer between the natural nail and the strengthening material.

6.3 Application of Hard Gel and Formation of the Apex

Purpose of the Stage.

To strengthen the nail plate and create proper nail architecture without excessive material load.

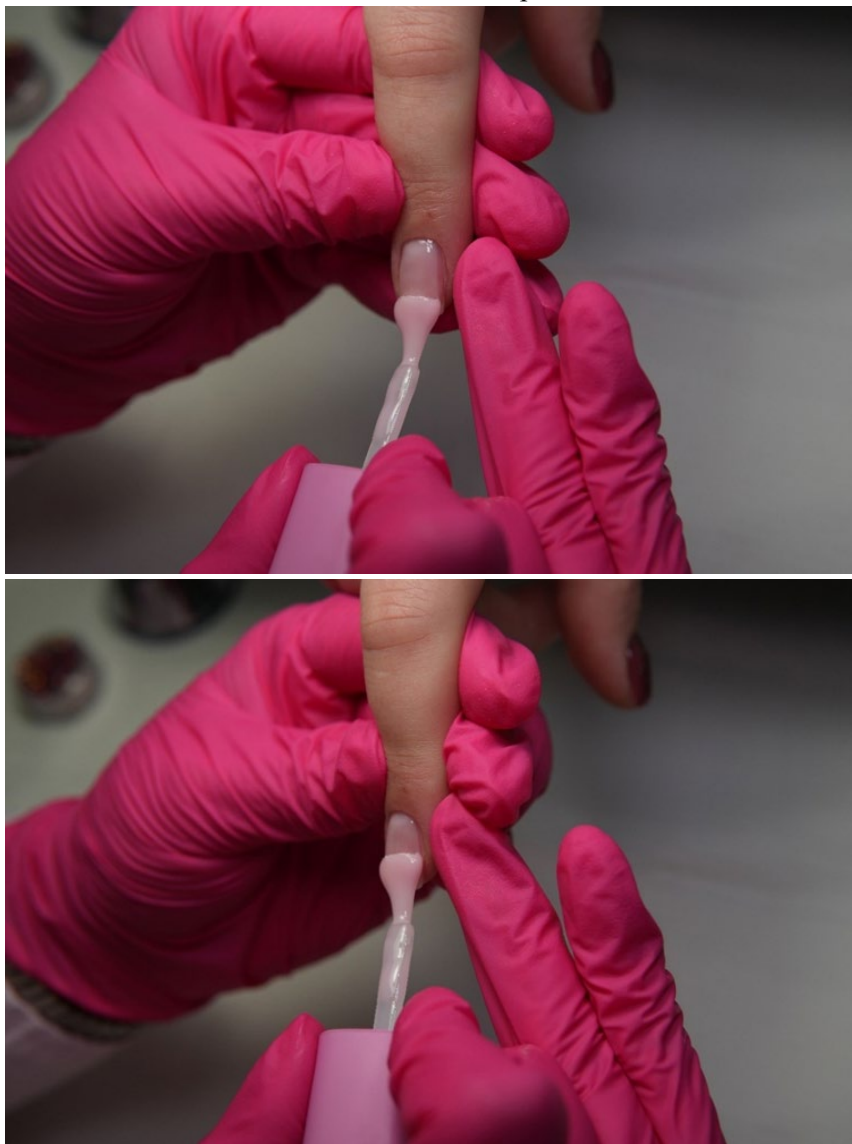
Application Technique.

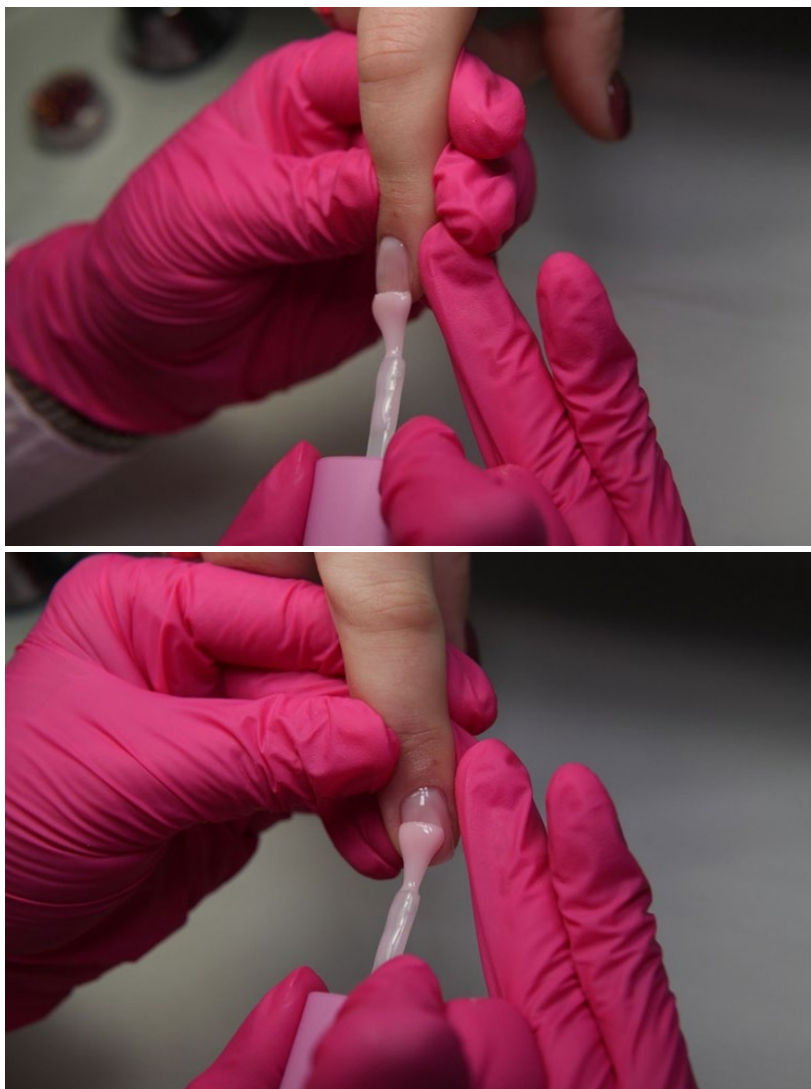
1. Apply a thin layer of hard gel (builder gel).
2. Form the apex (stress area):
 - taking into account the nail length
 - without excessive bulk
 - with a smooth transition in the cuticle area

Step-by-Step Instructions for Gel Application with Nail Plate Leveling (Apex Formation). This method allows proper nail architecture and optimal wear of the coating for up to three weeks:

1. Apply a thin layer of gel across the entire nail plate without curing, creating a wet base layer.
2. On the wet layer, slightly above the center of the nail, place a small drop of gel and, using a brush, gently guide it toward the cuticle area and then pull it toward the free edge. The stretched drop should form a triangular

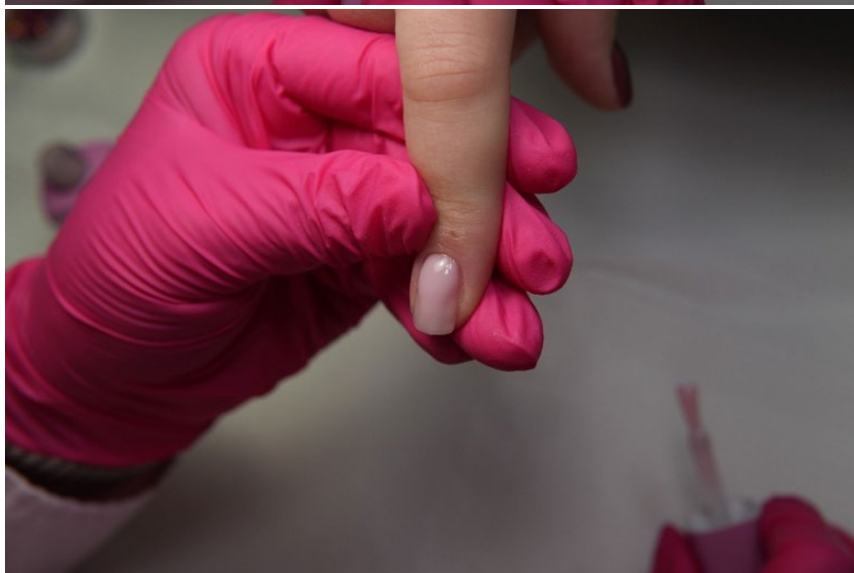
distribution pattern. If necessary, for better self-leveling of the material, the client's hand may briefly be turned palm up (nails facing downward) toward the table for approximately 2 seconds. This allows additional self-leveling of the gel. On a properly leveled gel coating surface, a clear oval-shaped light reflection should be visible under the desk lamp.



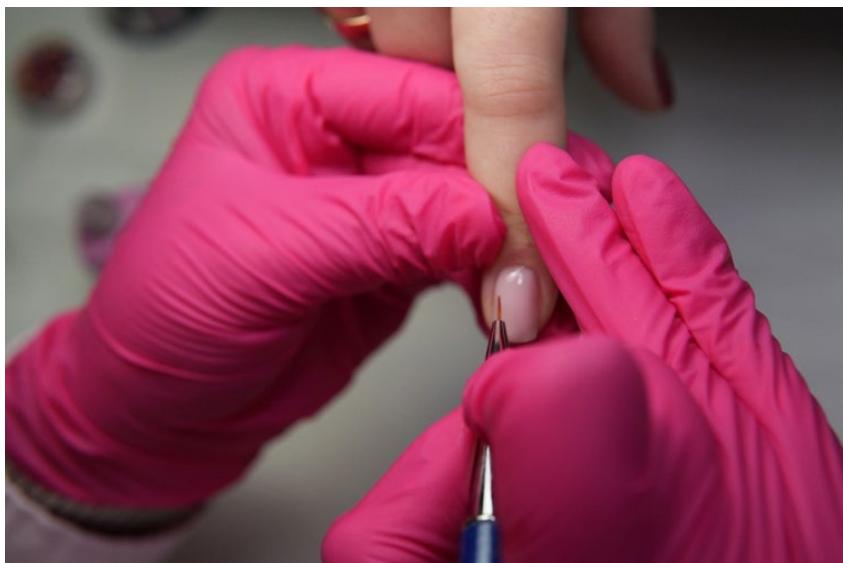














If the reflection resembles a figure eight, pear shape, or crescent, leveling has not been performed correctly. This indicates uneven distribution of material, which may lead to lifting within the first days after the manicure and an aesthetically unbalanced appearance. To correct this, adjust the wet gel with a thin brush and briefly turn the client's finger downward again for 2–3 seconds to allow the gel to self-level. Then check the reflection again.

Functions of the Apex.

- strengthens the nail plate
 - distributes pressure evenly across the nail plate
 - creates proper nail architecture
 - improves durability of the gel polish coating
3. Check the symmetry and balance of the nail in profile view.
 4. Apply hard gel one nail at a time.

Polymerization

- 1 minute in the lamp

Quality Control.

- the apex is clearly formed
- the surface is smooth, without bumps or depressions
- the material does not contact the surrounding skin

6.4 Application of Color Coating

Purpose of the Stage.

To give the nails the desired color without disrupting the nail architecture or the clean cuticle contour.

Application Technique.

- Select the color according to the client's preference.
- Apply the colored gel polish in a thin, even layer covering the entire nail plate.







- If necessary, apply a second layer while maintaining the same thickness.
Each layer must be fully cured before applying the next layer.

Polymerization

- 1 minute for each layer

Methodological Notes

A thick color layer increases the risk of incomplete polymerization.

The product must not flow into the cuticle area or lateral nail folds.

6.5 Application of Top Coat and Final Polymerization

Purpose of the Stage.

To protect the coating, provide a glossy or matte finish, and seal the final result.

Application Technique.

1. Apply the top coat (top gel) in a thin, even layer.
2. Seal the free edge.
3. Ensure that the material does not flood into the cuticle area.

Polymerization

- 1 minute in the lamp

6.6 Quality Criteria for Gel Polish Coating

The coating is considered correctly applied if:

- all materials are fully polymerized
- the surface is smooth and even, without waves or thickened areas
- the apex is anatomically correct
- the product does not contact the skin
- the client does not experience burning or discomfort

Methodological Conclusion for Section 6.

Application of gel polish materials within the DCMT technique is based on the principles of precise material control, correct layer thickness, and full polymerization of each layer.

This approach ensures long-lasting wear, balanced nail architecture, and protection of the natural nail plate, while maintaining the atraumatic principles of the DCMT methodology.

7 Common Mistakes and Their Correction

Even experienced nail technicians are not immune to mistakes. Identifying common errors and understanding how to prevent or correct them is an important part of professional training. Below are the most frequent mistakes that occur during combined manicures and cuticle work, as well as methods for correcting them within the framework of the DCMT methodology.

Mistake 1: Excessive cuticle trimming (injury to the eponychium).

This occurs when the technician removes not only the dead cuticle but also cuts into the living skin of the proximal nail fold. Signs include bleeding, an excessively deep “exposed” margin around the nail, and the client experiencing a stinging sensation. How to prevent it: Always identify the boundary between the cuticle (non-living keratinized tissue) and the eponychium (living skin). Use high-quality, properly sharpened instruments so the skin is cut cleanly rather than pulled-dull tools can easily tear living tissue.

Mistake 2: Incomplete cuticle removal (untidy appearance).

This is the opposite situation: the technician is overly cautious and leaves part of the cuticle attached to the nail plate. As a result, the manicure appears untidy: remnants of skin are visible, the coating may apply unevenly, and product may flood into the cuticle area. How to prevent it: Perform all preparation stages thoroughly so that trimming is complete. When working with scissors, ensure that the cut follows the boundary of the separated keratinized tissue. If necessary, process the area again with the flame-shaped diamond bit. It is safer to remove residual keratinized tissue with the e-file than to trim blindly afterward. How to correct it: if cuticle remnants are noticed after trimming, they can be carefully removed with fine scissors. If the coating has already been applied and remnants are noticed, it is preferable to leave them and correct the issue during the next service rather than risk damaging the coating.

Mistake 3: Formation of hangnails after the manicure.

Clients sometimes complain about hangnails appearing 1–2 days after a manicure. The cause is usually uneven cuticle trimming or excessively dry skin that later cracks. How to prevent it: polish the cut edge of the cuticle using a silicone polishing bit. Avoid cutting the cuticle in fragments-aim to remove it as a continuous line. After the manicure service, always apply cuticle oil and recommend that the client moisturize the cuticle

area daily. How to correct it: if a hangnail has already formed, it should be trimmed with sterile cuticle nippers as close to the base as possible, and the area should be disinfected. Advise the client not to tear hangnails off themselves but to return for correction or carefully trim them at home using sanitized manicure scissors after disinfecting the area.

Mistake 4: Heat spikes and discomfort from the electric file.

Sometimes the client experiences a burning sensation during electric-file work. This indicates that the bit is overheating the nail plate or surrounding skin. Red abrasion marks (often called “rings of fire”) may also appear when a coarse bit is used. How to prevent it: do not hold the bit in one place for too long, especially at high speeds. Follow the rule: several light passes are better than one pass with pressure. Use fine-grit diamond bits (red band) when working on natural nails. Monitor the condition of the bits—if a diamond bit overheats, it may be clogged with dust or worn out. Also check the RPM, which may be too high for the area being treated. How to correct it: if the client feels heat, stop immediately and allow the nail to cool. A brief pause usually resolves the issue. Visible burn marks on the nail plate cannot be corrected until the nail grows out, so prevention is critical. Drill bits have a limited service life and gradually become dull, which can cause discomfort for the client. One of the first signs of a dull bit is a burning sensation when working on the nail plate. Replace bits after approximately 50 services and maintain records of their usage.

Mistake 5: Incorrect bit angle or direction during e-file work.

Holding the bit at an incorrect angle may cause scratches on the nail plate or cuts on the skin. For example, if the flame bit is positioned perpendicular to the nail, its tip may dig into the nail plate or damage the matrix area. How to prevent it: always position the bit almost parallel to the nail plate (no more than about 45°). Work with the side surface of the bit, not the tip. Be mindful of the rotation direction—movements should follow the rotation of the bit to prevent it from catching or jumping. Regularly practice hand positioning without a client by rehearsing movement paths with the machine turned off. How to correct it: minor scratches on the nail plate can usually be smoothed with a fine buffer.

Mistake 6: Failure to follow instrument sanitation protocols.

This is a systemic error: tools are not properly cleaned or disinfected, disposable materials are reused, or sanitation procedures are ignored. The result is an increased risk of infection for clients, including fungal or

bacterial contamination. How to prevent it: always follow the established sanitation and disinfection protocol. After each client, all reusable tools must undergo proper cleaning and disinfection. Files and buffers must be discarded or provided to the client if they are single-use items. Maintain records of disinfectant solution changes and sterilization cycles, and do not exceed recommended usage periods. Monitor disinfectant expiration dates and ensure the correct solution concentration. How to correct it: if you discover that an item has not been properly disinfected, correct the situation immediately-even if the client must wait. Client safety must always take priority over speed.

Mistake 7: Incorrect sequence of procedure steps.

For example, the technician applies gel polish and then attempts to remove dust or excess cuticle. Another example is forgetting to shape the nails before softening the cuticle, which leads to filing softened nails afterward. How to prevent it: Strictly follow the procedural protocol (see previous sections) and develop the habit of performing steps in the correct sequence. Beginners may benefit from keeping a visible procedure checklist at their workstation. How to correct it: if you notice a sequence error during the service, calmly explain to the client that you need to briefly return to a previous step (for example, to correct the nail shape). Correct the step and continue properly. This is preferable to ignoring the mistake, which would compromise service quality.

Mistake 8: Excessive procedure time.

Although not a direct technical error, an excessively long manicure service can fatigue both the client and the technician, reducing concentration and increasing the likelihood of mistakes. How to prevent it: develop an efficient working pace. The DCMT technique is designed to be systematic and efficient; if you spend too much time on a particular stage, analyze the reason. Additional practice may be needed, or different tools may be more appropriate (for example, using a slightly higher-grit abrasive to reduce polishing time while maintaining control). How to correct it: if the client becomes fatigued during a long procedure, you may suggest that they gently move their fingers, stretch their hands, or take a short 1–2 minute break before continuing.

8 Client Recommendations (Aftercare)

A quality manicure service does not end when the client leaves the workstation. The longevity of the results and the health of the nails depend largely on how the client cares for their nails and surrounding skin after the procedure. Therefore, it is important to provide the client with home care recommendations (aftercare).

Clients often underestimate this aspect, but a knowledgeable nail technician will always recommend several simple steps that help maintain the nails in excellent condition between appointments.

Below are typical client recommendations after a manicure performed using the DCMT methodology.

Cuticle moisturizing.

Explain to the client that regular moisturizing of the cuticle area is essential for maintaining skin elasticity and preventing hangnails. Recommend applying cuticle oil or a nourishing hand cream around the nails daily, preferably in the evening. A few gentle massage movements around the base of the nail help improve blood circulation and support healthy nail growth. This is especially important during colder seasons or with frequent exposure to water and detergents, when the skin tends to dry out quickly.

Avoid aggressive exposure during the first 24 hours.

After a manicure service, the skin around the nails may be slightly sensitive. Therefore, during the first 24 hours, it is advisable to avoid exposure to strong chemicals or prolonged soaking of the hands. For example, the client should avoid swimming in chlorinated pool water or performing intensive cleaning tasks without gloves immediately after the service. If dishwashing or household cleaning is necessary, protective rubber or nitrile gloves should be worn. This recommendation should also be followed regularly, as household chemicals can significantly dry the skin and may damage the manicure.

Handle nails with care.

Advise the client not to use their nails as tools—for example, to open lids, scrape stickers, or pry open objects. Such actions can lead to lifting of the coating, cracks, or nail breakage.

Do not bite or tear the cuticle.

Some clients have a habit of biting hangnails or pulling off pieces of skin. Explain that this can introduce infection and may lead to painful inflammation (paronychia). It is better for the client to schedule a correction

appointment if something becomes bothersome. If necessary, they should carefully trim the hangnail with clean manicure scissors or cuticle nippers after properly disinfecting the area.

Maintain the nail shape.

If the nails grow out and begin to interfere with daily activities, it is better to gently file them using a nail file at the same angle used in the salon rather than waiting until they break. Show the client how to use a fine-grit nail file (glass or 180–240 grit) and recommend keeping one available at home if needed. If the nails are brittle, strengthening nail treatments or specialized nail oils may also be recommended.

Protection from cold and sun exposure.

In winter, clients should wear gloves to protect the skin of the hands and nails from excessive cold. Low temperatures can slow circulation and contribute to dryness and brittleness. In summer, recommend using hand cream with SPF protection, as ultraviolet exposure accelerates skin aging and may cause fading or discoloration of nail coatings.

If a coating has been applied (nail polish or gel polish).

- Refresh the protective layer regularly.

Traditional nail polish should ideally be covered with a fresh layer of top coat every 2–3 days to prevent chipping.

- Avoid prolonged soaking of the nails in hot water.

Extended exposure to hot water (for example, during long baths) may weaken adhesion and lead to lifting of the coating.

- Do not use nails to open containers or cans.

This is one of the most common causes of coating damage or chipping.

- Gel polish removal.

Clients should never peel or pick off gel polish as the nails grow out. Instead, they should schedule a professional removal appointment to avoid damaging the natural nail plate.

Interval between manicure appointments

The optimal interval between manicure services is typically 2–4 weeks, depending on the client's nail growth rate and the condition of the cuticle.

Encourage the client to schedule their next appointment in advance. Manicures performed too frequently (for example, weekly) do not allow

sufficient time for the skin to recover, while excessively long intervals (for example, once every two months) may require more extensive cuticle work.

A balanced interval-often around three weeks-is comfortable for most clients.

Individual recommendations

If the client has specific needs, personalized care recommendations may be provided.

For example:

- for weak or thin nails - a course of strengthening treatments
- for very dry skin - a rich hand cream containing ingredients such as hyaluronic acid or urea
- for intensive overnight care - moisturizing gloves or hand masks

These recommendations may be provided verbally or as a small printed aftercare guide. Clients appreciate professional attention and guidance, and by following these recommendations they will notice that their manicure lasts longer and their hands maintain a well-groomed appearance.

Final Note.

Aftercare is a shared responsibility between the technician and the client:

the technician performs the service professionally in the salon, and the client maintains the results at home.

9 Manicure Quality Evaluation Criteria (DCMT)

Hygiene and Preparation.

The technician's and the client's hands are disinfected; the technician works in clean gloves; all instruments are properly disinfected or sterilized; the workstation is organized and sanitary; and safety protocols are followed (electrical cords properly arranged, adequate ventilation present, and no unnecessary items in the work area).

Client Assessment.

The technician performed a visual assessment of the client's hands and nails, identified potential concerns, and correctly declined or postponed the service if contraindications were present. The technician also considered the client's preferences regarding nail shape while providing appropriate professional recommendations.

Nail Shape.

All nails have the intended shape and are symmetrical. The free edge is smooth, without splits or cracks. Corners are not excessively sharp (unless specifically requested). Nail length on each hand is consistent, and both hands appear visually balanced.

Condition of the Cuticle.

There are no hangnails or cuts around the nails. The cuticle has been completely removed from the nail plate (no residual cuticle film or fragments remain). The cut line is even and smooth and does not catch when the client runs a finger across it. There is no redness, swelling, or other signs of tissue trauma.

Nail Folds and Surrounding Skin.

The lateral nail folds are clean, with no accumulation of keratinized skin. The surrounding skin has not been cut or damaged (no "cut corners" or torn skin). The overall appearance shows healthy, elastic skin moisturized with oil, with no visible blood or serous discharge.

Nail Surface.

If no color coating was applied, the nail plate is smooth, free of scratches, and appears matte or with a slight natural shine.

If a coating was applied, it is even and applied close to the cuticle (for gel polish-close but not touching the skin), without bubbles, streaks, or

thick areas. The free edge is properly capped (sealed), and the top coat is smooth and glossy without scratches.

Symmetry and Aesthetic Result.

The manicure appears equally neat on all fingers. There is no inconsistency, such as one finger being over-trimmed while another still has excess cuticle. The result is balanced and harmonious. The final appearance shows well-groomed nails, clean fingers, and properly absorbed cuticle oil without excess residue.

Service Time.

The student completed the service within the allotted time (if a standard is established, for example, approximately 1 hour). If additional time was required, it is taken into consideration; however, quality always takes priority. In examination settings, time management is important, but never at the expense of client safety.

Technique Compliance.

The procedure itself is evaluated to determine whether the technician held instruments correctly and followed proper professional protocols. For example, instruments are not placed on non-sanitized surfaces, and the electric file bit is used safely without contacting the nail plate or skin in a damaging manner. Instructors may assign separate scores for technical execution.

Workstation Organization After the Procedure.

The student demonstrates knowledge of proper post-service sanitation procedures. Instruments are placed into the designated container for disinfection, waste is removed, work surfaces are disinfected, and gloves are removed and disposed of correctly. This stage is also part of the professional evaluation.

Manicure Performance Checklist (DCMT).

(This checklist may be used by the technician before and during the service as a reminder to ensure that no step is missed. It can also be used as an evaluation form by marking completed steps.)

1. Preparation for Work.

- Instruments are disinfected or sterilized and arranged on a clean towel, disposable pad, or workstation mat.
- Hand antiseptic, cuticle remover, cuticle oil, nail files, and buffers are prepared on the workstation.

- The technician has washed or disinfected their hands; the client has sanitized their hands.
- If necessary, gloves and a mask are worn; hair is secured and nothing interferes with the work process.

2. Client Assessment and Nail Shaping.

- The condition of the nails and surrounding skin has been examined and no contraindications are present.
- Nail shape and length have been agreed upon with the client.
- Previous coating (nail polish or gel polish) has been completely removed without damaging the nail plate.
- Nails are shaped with a file, the length is even, and the nail surface is lightly refined if necessary.

3. Cuticle Preparation.

- The cuticle has been gently pushed back using a cuticle pusher or an orangewood stick.
- The electric file is set to the appropriate speed and the correct drill bit is selected.
- The drill bit has cleaned the lateral sinuses and lifted the cuticle along its entire length.
- Movements with the drill bit were performed correctly (no jerking movements, proper finger support, correct working angle).
- The cuticle has been separated from the nail plate and the pterygium has been removed (the nail plate is clean).
- The drill bit did not cause trauma to the nail plate (no scratches or over-filing) or to the surrounding skin.
- All dust has been thoroughly removed with a dust brush.
- Cuticle remover has been applied and left for the recommended time (without overexposure).
- The cuticle has been pushed back again and the nail plate has been cleaned of remaining pterygium.
- Remover residue has been rinsed or neutralized and the fingers have been thoroughly dried.

4. Cuticle Trimming.

- The proximal nail fold has been stabilized before trimming.
- Hook scissors or cuticle nippers are disinfected or sterilized and properly sharpened.

- The cuticle has been trimmed evenly along the separated edge without jagged areas.
- No living skin has been cut (no bleeding or injuries are present).
- Remaining fragments of keratinized skin have been removed and the area has been cleaned.

5. Coating.

- (If traditional nail polish) A base coat is applied, followed by two even layers of color and sealed with a top coat.
- (If gel polish) All layers are applied evenly without flooding the cuticle area and are fully cured in the lamp.
- The surface of the coating is smooth and glossy, and the nails appear aesthetically balanced.

6. Completion

- Cuticle oil has been applied and a light massage has been performed.
- Hands are cleaned of product residue and the finished nails are presented to the client.
- Aftercare recommendations have been provided to the client (verbally or in written form).
- The client confirms satisfaction with the result.

7. Post-Service Cleanup

- All used files, buffers, and disposable applicators are discarded.
- Reusable instruments are placed into disinfectant solution according to sanitation protocols.
- The work surface is disinfected, waste is disposed of, and the technician washes or sanitizes their hands.

10 Control Questions

To assess comprehension of the material, the following list of control questions is provided. These questions may be used for self-assessment by technicians as well as for tests or examinations related to this topic. The questions cover the main concepts, requirements, and practical aspects discussed in this manual.

1. What function does the cuticle perform, and why should it not be completely removed together with living tissue?
2. Name the main professional organizations and regulatory authorities in the United States that regulate sanitation requirements in manicure practice. (Who are OSHA, the EPA, and the State Board of Cosmetology, and what are their roles?)
3. List the steps of the protocol to follow if an accidental cut occurs during a manicure service (Blood Exposure Procedure).
4. What is a Safety Data Sheet (SDS), and why is it required in a nail salon?
5. What characteristics must a disinfectant for tools have according to EPA requirements?
6. What is the difference between disinfection and sterilization? What sterilization methods may be used for manicure tools?
7. Describe the correct position of the flame-shaped e-file bit when performing cuticle work and explain the proper movement technique when using it.
8. What types of drill bits (e-file bits) are used in a combined manicure, and what are their primary functions?
9. What is the fundamental principle of the proprietary DCMT combined manicure technique? How does it differ from a traditional classic (cuticle-cutting) manicure?
10. Name three common mistakes that occur during cuticle work and explain how they can be prevented.
11. What safety measures should a technician follow when working with chemical products in a nail salon? (Provide examples related to ventilation, gloves, and proper storage.)
12. Describe the procedure for disinfecting metal tools after servicing a client, beginning immediately after the service is completed.
13. What disposable materials are commonly used during a manicure service, and why must they never be reused?
14. What is a cuticle remover, and how should it be used correctly during a manicure procedure?

15. What hand and nail care recommendations should be provided to a client after a manicure? Name at least three.
 16. What is the purpose of each of the following tools?
 - a) cuticle pusher
 - b) hook scissors
 - c) diamond flame-shaped e-file bit
 17. Explain the concept of an “atraumatic manicure.” Why can the DCMT methodology be considered atraumatic?
 18. What sanitation requirements apply to a nail technician’s workstation? (Consider water access, furniture, lighting, ventilation, and overall cleanliness.)
 19. What should a technician do if signs of a fungal infection are detected on a client’s nails during a manicure service?

When answering these questions, students should demonstrate an understanding of both the theoretical foundations and practical techniques described in this manual. Detailed responses allow the instructor to evaluate the student’s level of mastery of the material.

11 Glossary

This section provides brief definitions of the main terms and concepts used in this manual. The glossary is useful for quick reference or clarification of terminology, especially when the manual is used by technicians during practical work.

- **Atraumatic manicure:**

A manicure method in which the living tissues of the nail unit and surrounding skin are not injured or damaged. It involves the careful removal of only non-living keratinized tissue, with minimal or no cutting.

- **Proprietary technique (in manicure):**

A specific methodology developed by a particular technician, educator, or school that includes distinctive techniques or procedural elements. In this manual, this refers to the Dermacare Cuticle-Safe Manicure Technique (DCMT), which emphasizes safe and controlled cuticle work.

- **Apex:**

An anatomically correct increase in material thickness in the stress area of the nail enhancement. The apex reinforces the nail structure and is typically positioned approximately one-third of the nail length from the cuticle area.

- **Cuticle:**

A thin layer of non-living keratinized tissue located on the nail plate at the base of the nail. The cuticle originates from the underside of the eponychium and helps seal the space between the nail plate and the proximal nail fold. In manicure services, this dead tissue is carefully removed.

- **Eponychium:**

The living skin at the base of the nail that forms the outer portion of the proximal nail fold. It provides a protective seal over the nail matrix and should not be cut during manicure services.

- **Proximal nail fold:**

The fold of skin located at the base of the nail plate that protects the nail matrix. The visible outer portion of this fold is referred to as the eponychium. The nail plate emerges from beneath this fold.

- **Pterygium:**

In nail care terminology, a thin layer of adhered cuticle that remains attached to the nail plate after cuticle pushback. It is removed during manicure services through gentle mechanical or electric-file refinement.

- **Hangnail:**
A small torn piece of skin near the nail fold that partially lifts away from the surrounding tissue. Hangnails commonly occur due to dryness, irritation, or trauma to the cuticle area and may become painful or inflamed.
- **State Board of Cosmetology:**
A regulatory authority in each U.S. state responsible for licensing cosmetologists, nail technicians, estheticians, and other beauty professionals. It establishes education requirements and sanitation regulations for professional practice.
- **OSHA (Occupational Safety and Health Administration):**
The federal workplace safety authority in the United States. OSHA establishes standards for safe working conditions, including regulations applicable to nail salons such as bloodborne pathogen safety and chemical hazard communication.
- **EPA (Environmental Protection Agency):**
The U.S. federal agency responsible for environmental protection. In the salon industry, the EPA regulates the registration and approval of disinfectants used for non-porous tools and surfaces.
- **CDC (Centers for Disease Control and Prevention):**
A U.S. public health agency that develops recommendations related to infection control, including hand hygiene and sterilization practices. Although it does not directly regulate salons, its guidance is widely used as a professional reference.
- **NIC (National Interstate Council of State Boards of Cosmetology):**
An organization that develops model licensing examinations and standardized procedures for cosmetology professionals, including protocols such as the Blood Exposure Procedure.
- **SDS (Safety Data Sheet):**
A document that provides detailed information about a chemical product's composition, hazards, safe handling procedures, storage requirements, and emergency measures. Salons are required to maintain accessible SDS documentation for hazardous chemicals.
- **Disinfection:**

The destruction of most pathogenic microorganisms (such as bacteria, fungi, and viruses) on non-porous surfaces using EPA-registered chemical disinfectants. Disinfection does not eliminate bacterial spores.

- **Sterilization:**

The complete destruction of all forms of microbial life, including bacterial spores. Sterilization methods include autoclaving (pressurized steam sterilization) or dry heat sterilization. In salon practice, sterilization typically follows cleaning and disinfection.

- **Antisepsis:**

The use of antimicrobial agents on living tissues to reduce or inhibit microorganisms. Examples include alcohol-based antiseptics, chlorhexidine, or hydrogen peroxide applied to the skin.

- **Cuticle nippers:**

A small plier-style instrument with two sharp cutting jaws connected by a spring mechanism. It is used to trim cuticle tissue and remove hangnails.

- **Hook scissors:**

Specialized manicure scissors with curved, hook-shaped blade tips designed for precise cuticle trimming along the natural contour of the nail.

- **Cuticle pusher (pusher):**

A double-ended metal tool used during manicure services. One end is designed to gently push back the cuticle, while the opposite end may be used to remove adhered pterygium from the nail plate.

- **Orangewood stick:**

A disposable wooden manicure stick, traditionally made from orange wood or another dense wood. It typically has a pointed end and an angled end and is used for gentle cuticle pushback, cleaning under the nails, or correcting polish application.

- **Nail drill (electric file, e-file):**

An electric device with a handpiece (micromotor) that rotates interchangeable bits at controlled speeds. It is used for refining nail shape, removing gel polish or enhancement materials, and performing cuticle area work.

- **Drill bit (e-file bit):**

A replaceable attachment used with an electric nail file. Bits are available in various shapes, materials, and abrasiveness levels. Common materials include carbide, diamond-coated metal, ceramic, and silicone.

- **Diamond flame-shaped bit:**

A narrow, elongated conical e-file bit resembling a flame. It is commonly used to lift the cuticle, clean the sidewalls, and remove pterygium from the nail plate.

- Bit grit (bit abrasiveness):

The level of abrasiveness of an e-file bit. For diamond bits, abrasiveness is determined by particle size and is often indicated by color bands (for example: red – fine, blue – medium, green – coarse).

- Workstation ventilation:

A system designed to remove airborne dust and chemical vapors from the work environment. It includes general salon ventilation as well as local exhaust systems such as tabletop dust collectors.

- Paronychia:

Inflammation of the skin surrounding the nail fold, usually caused by bacterial or fungal infection entering through damaged skin or hangnails. Symptoms include redness, swelling, pain, and sometimes pus formation.

- Onychomycosis (nail fungus):

A fungal infection of the nail plate caused by dermatophytes or other fungi. Symptoms include discoloration, thickening, brittleness, and separation of the nail from the nail bed. Nail technicians must not perform services on infected nails and should recommend medical consultation.

- MMA (Methyl Methacrylate):

A liquid monomer historically used in nail enhancement products but banned or heavily restricted by many State Boards due to health risks and excessive rigidity that can damage the natural nail plate. Professional systems use EMA (ethyl methacrylate) instead.

- UV sterilizer (UV cabinet):

A storage cabinet equipped with ultraviolet light used to maintain the cleanliness of already disinfected tools. UV cabinets do not sterilize tools and cannot replace proper cleaning, disinfection, or autoclave sterilization.

- Bloodborne pathogens:

Microorganisms present in blood that can cause disease, including viruses such as hepatitis B, hepatitis C, and HIV. Although transmission risk in manicure services is low, OSHA blood exposure procedures must be followed if skin is broken.

- Hazard Communication Standard:

An OSHA regulation (29 CFR 1910.1200) requiring chemical hazard labeling, availability of Safety Data Sheets, and employee training regarding chemical safety in the workplace.

- **Cuticle remover:**

A cosmetic product used to soften and dissolve keratinized cuticle tissue. It typically contains alkaline agents such as potassium hydroxide or sodium hydroxide along with moisturizing ingredients.

- **Primer / dehydrator:**

Products used to prepare the nail plate before applying artificial nail coatings. A dehydrator removes moisture and oils from the nail plate, while a primer improves adhesion of gel or acrylic systems. Primers may be acid-based or acid-free.

- **Buffer (buffing block):**

A soft abrasive tool, typically rectangular, used to smooth or lightly polish the nail surface. Buffers often have multiple sides with different grit levels.

- **Combined manicure:**

A manicure technique that integrates electric-file work with manual cutting tools. For example, the cuticle may be lifted and refined with an e-file and then precisely trimmed with scissors or nippers.

- **Aftercare:**

Post-service recommendations provided to the client for maintaining nail and skin health at home. Examples include moisturizing the cuticle, protecting the hands from chemicals, and maintaining nail shape between appointments.

- **Instrument setup:**

A prepared arrangement of sterilized tools presented to the client before the service begins. Sterile instruments are typically stored in sealed sterilization pouches and opened in the client's presence.

- **Fan file:**

A curved paper nail file used for shaping the free edge of the nail. The name "fan file" refers to its slightly curved shape that resembles a fan.

- **Metal hatchet pusher:**

A specialized pusher with a flat rectangular blade resembling a small hatchet. It is used to gently scrape adhered pterygium from the nail plate.

The glossary may be expanded if necessary, but the terms above cover the core terminology used throughout this manual.

12 Sources

This section lists the sources on which this instructional manual is based. All sources are official regulatory documents and publications from the United States that ensure the relevance and reliability of the information.

1. Occupational Safety and Health Administration (OSHA) – Health Hazards in Nail Salons – Biological Hazards

(Guidance explaining occupational risks for nail technicians, including procedures for preventing blood exposure and proper disinfection of tools.)

2. National Interstate Council of State Boards of Cosmetology (NIC) – Policy on Blood Exposure Procedure

(A protocol outlining the required actions when a client or technician experiences a cut during a manicure service.)

3. California Board of Barbering and Cosmetology – Health and Safety Regulations, Article 12

(Definitions and requirements related to disinfection, tool sterilization, workstation maintenance, prohibited products, and other regulatory standards.)

4. Occupational Safety and Health Administration (OSHA) – Stay Healthy and Safe While Giving Manicures and Pedicures: A Guide for Nail Salon Workers

(A guide for salon workers addressing chemical hazards, ventilation, ergonomics, and infection prevention.)

5. U.S. Environmental Protection Agency (EPA) – Protecting the Health of Nail Salon Workers

(EPA recommendations for safety in nail salons, including hygiene practices, chemical storage, glove use, and ventilation.)

6. California Board of Barbering and Cosmetology – CASafeSalon: Safety Data Sheets

(An informational bulletin explaining the importance of SDS documentation and Cal/OSHA requirements for maintaining accessible Safety Data Sheets in salons.)

7. Healthline – What Is a Cuticle and How Can You Safely Care for It?

(A medical publication providing a dermatological overview of cuticle function, risks associated with cutting the cuticle, and general care recommendations.)

8. Staleks (tool manufacturer) – Description of professional hook scissors for cuticle work

(Technical description of curved-blade manicure scissors designed for safe and precise cuticle trimming.)

9. Brunson (manufacturer/distributor) – Description of the diamond “flame” drill bit for cuticle work

(Description of the application and characteristics of the bit, including effective cleaning of the cuticle area without damaging the surrounding skin.)

10. Cuticle Remover – Product Information

(Description of the remover’s action, including the rapid breakdown of dead skin cells, typical composition such as potassium hydroxide and lanolin, and instructions for proper use.)

Each of the listed sources was used to verify and supplement the relevant sections of the manual, ensuring the methodological integrity and professional reliability of the material. Instructors and students may refer to these sources for a deeper understanding of specific topics or to update their knowledge in accordance with current professional standards.

13 Appendices

Appendix A. DCMT – Procedure Outcome Evaluation Protocol

Procedure date: _____

Client name: _____

Technician: _____

1. Objective indicators (evaluated by the technician)

Indicator	Result	Comments
Micro-cuts		
Bleeding (specify location)		
Evenness of the cut line		
Integrity of the proximal nail fold		
Proximal nail fold fixation performed		
Slight lowering of the proximal nail fold performed		
Depth of intervention (within physiological limits / excessive)		

Overall tissue trauma assessment:

☐ None ☐ Minimal ☐ Moderate

2. Client subjective evaluation

Level of pain or discomfort immediately after the procedure (0–10):

Evaluation Day	Evenness of Cuticle Contour	Hang nails	Dryness / Peeling	Thickening	Photo Documentation
Day 7	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Day 14	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Day 21	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

3. Coating wear duration

Date when the first lifting appeared: _____

Number of days of wear: _____

Area of lifting: _____

Technician signature: _____ Date: _____

Appendix B. DCMT – Informed Consent (Atraumatic Methodology) – U.S. Version

Client name: _____

Date of birth: _____

Procedure date: _____

Technician: _____

1. Procedure Information

I have been informed that the DCMT procedure (Dermacare Cuticle-Safe Manicure Technique) is a standardized atraumatic methodology designed to minimize mechanical impact on tissues and reduce the risk of injury to the capillary zone.

The technique involves controlled tissue stabilization, fixation, and gentle lowering of the proximal nail fold in order to adjust the position of capillaries and reduce the risk of accidental cutting. The procedure is performed according to a defined procedural algorithm and established control points.

I understand that during cosmetic procedures, even when an atraumatic approach is used, individual skin reactions may occur due to personal physiological characteristics or existing health conditions.

2. Sanitation Protocol and Safety

I have been informed that the technician is required to follow sanitation requirements, including infection-control standards applicable in the respective U.S. state. In the event of an unforeseen reaction, a regulated sanitation protocol will be applied.

Disposable materials are discarded after use, and reusable instruments are processed in accordance with regulatory requirements.

3. Voluntary Consent

I voluntarily give my consent for the DCMT procedure to be performed. I understand that this methodology is presented as an atraumatic technique and is performed according to a standardized system of documentation and quality control.

I confirm that I have provided complete information regarding my health status and that I have no undisclosed contraindications to the procedure.

Client signature: _____ Date: _____

Technician signature: _____ Date: _____

Appendix C.

FORM #1

Initial Client Assessment and Contraindication Questionnaire Dermacare Cuticle-Safe Manicure Technique (DCMT)

Purpose of the Document

This document is used prior to performing a procedure using the Dermacare Cuticle-Safe Manicure Technique (DCMT) and is intended for the initial assessment of the condition of the skin, cuticle, and proximal nail fold, as well as for making a professional determination regarding the appropriateness and method of performing the procedure.

The assessment is conducted to minimize the risk of microtrauma, bleeding, and damage to living tissues in the cuticle area.

1. Client Information

Date: _____

Client name / initials: _____

Contact information (optional): _____

The client's signature confirms the accuracy of the information provided.

Client signature: _____

Date: _____

2. Preliminary Assessment of Skin Condition and Contraindications

- ☐ Redness, inflammation, or skin irritation
- ☐ Signs of infection (fungal or bacterial)
- ☐ Wounds, cracks, or areas of bleeding
- ☐ Recent nail or periungual skin injuries
- ☐ Increased sensitivity or painful skin reaction
- ☐ Tendency toward bleeding
- ☐ Use of medications affecting blood clotting
- ☐ Allergic reactions to manicure materials

Additional comments from the client or technician:

3. Professional Tissue Assessment (DCMT Evaluation)

Skin and Cuticle Condition

Skin thickness:

☐ *thin* ☐ *medium* ☐ *thick*

Skin moisture level:

☐ *dry* ☐ *normal* ☐ *increased*

Tissue mobility and response:

☐ *stable* ☐ *moderately mobile* ☐ *highly mobile*

Visible vascular response (pink/red coloration):

☐ *none* ☐ *moderate* ☐ *pronounced*

Presence of keratinized cuticle:

☐ *minimal* ☐ *moderate* ☐ *pronounced*

Response to gentle pushback with a cuticle pusher:

- ☐ no reaction
- ☐ redness
- ☐ pain / discomfort

Boundary between keratinized cuticle and living tissue:

- ☐ clearly distinguishable
- ☐ partially distinguishable
- ☐ poorly distinguishable

4. Professional Decision

Based on the assessment conducted, the following decision has been made:

- ☐ The DCMT procedure may be performed without restrictions
- ☐ The DCMT procedure may be performed with protocol modification
- ☐ A procedure involving mechanical instrumentation is not recommended

Justification for the decision / recommendations:

This decision is made in accordance with the principles of the DCMT technique and is intended to ensure safety and preserve tissue integrity.

Technician signature: _____

Date: _____

14 Dermacare Cuticle -Safe Manicure Technique (DCMT) review by Nurse Practitioner Katsiaryna Moroz

EXPERT MEDICAL OPINION

Regarding the Safety and Clinical Rationale of the Proprietary Dermacare Cuticle-Safe Manicure Technique (DCMT)

Developed and Applied by Vira Bushta, Nail Artist

To Whom It May Concern:

My name is Katsiaryna Maroz, and I am a licensed nurse practitioner practicing in the State of California. I submit this letter as an independent professional medical opinion regarding the safety, physiological rationale, and preventive health significance of the proprietary Dermacare Cuticle-Safe Manicure Technique (DCMT) developed and applied by Vira Bushta, a nail artist and founder of Beauty Vibes LA.

This opinion is based on my professional training in clinical medicine, my experience in patient care involving skin and soft tissue conditions, and my review of Ms. Bushta's publicly available professional materials describing the methodology and principles underlying her technique. My evaluation is limited strictly to the medical and preventive implications of the method, particularly as they relate to tissue preservation, risk reduction, and prevention of dermatologic complications associated with manicure procedures. I do not address the cosmetic or artistic aspects of the service.

In my clinical experience, I have repeatedly encountered patients presenting with skin complications associated with improperly performed manicure procedures. These complications commonly include microtrauma to the cuticle region, disruption of the natural skin barrier surrounding the nail unit, inflammatory reactions, secondary bacterial contamination, and, in certain cases, fungal involvement. Such outcomes frequently result from techniques that fail to adequately distinguish between non-living keratinized cuticle tissue and the living structures of the proximal nail fold and surrounding skin.

From a medical perspective, the cuticle and proximal nail fold serve an important protective barrier function for the nail unit. Injury to this area may create a pathway for microbial entry and increase the risk of local infection, chronic irritation, and inflammatory disorders. For this reason, many dermatologists and medical professionals in the United States have expressed concern regarding manicure practices that involve aggressive cutting or uncontrolled mechanical manipulation of the cuticle area, particularly techniques that rely heavily on electric filing without sufficient anatomical precision.

After reviewing the available descriptions and demonstrations of Ms. Bushta's Dermacare Cuticle-Safe Manicure Technique, I identified several elements that distinguish this methodology from more aggressive approaches commonly observed in the industry.

First, the technique appears to be based on a clear anatomical distinction between non-living keratinized cuticle material and the living tissues of the proximal nail fold,

including the eponychial region. From a clinical standpoint, this distinction is critical, as bleeding, inflammation, and post-procedural complications typically arise when vascularized living tissue is inadvertently damaged. A methodology that explicitly incorporates this anatomical differentiation demonstrates a level of procedural awareness that is consistent with medically informed risk-reduction practices.

Second, the technique incorporates controlled stabilization of the proximal nail fold during the procedure. This element is medically relevant because uncontrolled movement of the skin is a common mechanical factor contributing to accidental lacerations or tearing during cosmetic procedures involving fine instruments. Stabilization of the tissue helps maintain a predictable working field and reduces the likelihood of unintended penetration into sensitive structures.

Third, the methodology appears to emphasize atraumatic manipulation and controlled instrument movement, avoiding excessive pressure, abrupt cutting motions, or unnecessarily deep tissue engagement. From a preventive health perspective, minimizing mechanical trauma to living tissue is a fundamental principle in reducing the risk of inflammation, delayed healing, and secondary infection.

In my professional opinion, the primary medical relevance of Ms. Bushta's Dermacare Cuticle-Safe Manicure Technique lies in its systematic effort to reduce clinically recognized risks associated with cuticle manipulation. Rather than eliminating cuticle work entirely, the method attempts to address existing concerns by introducing a more structured, anatomically informed, and reproducible approach to the procedure.

Within the context of the United States beauty and personal care industry—where issues of sanitation, client safety, and professional liability are increasingly emphasized—such approaches have practical significance. Techniques that reduce the likelihood of skin trauma and associated complications align with broader preventive health principles and with the expectation that cosmetic procedures should not compromise the integrity of living tissue.

Based on my review and within the limits of my professional medical competence, it is my opinion that the Dermacare Cuticle-Safe Manicure Technique (DCMT) developed by Vira Bushta represents an anatomically informed and clinically reasonable approach to cuticle treatment that prioritizes tissue preservation and risk reduction. When performed according to the described protocols, this methodology is capable of reducing the likelihood of skin trauma and related complications compared with more aggressive or less controlled manicure techniques.

Furthermore, it is my professional opinion that the continued development and dissemination of methodologies such as the Dermacare Cuticle-Safe Manicure Technique has the potential to contribute positively to professional standards within the United States nail care industry. Techniques that prioritize anatomical accuracy, tissue preservation, and reduction of procedural risk are consistent with broader public health principles and the increasing emphasis on safety in personal care services. Practitioners who introduce structured, medically informed approaches to commonly

performed cosmetic procedures may play an important role in advancing safer professional practices. For these reasons, the work of Vira Bushta represents a meaningful contribution to improving awareness of tissue-safe manicure techniques within the field.

Sincerely,



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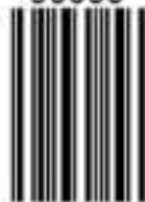
This book is a practical guide to safe, atraumatic manicure based on the Dermacare Cuticle-Safe Manicure Technique (DCMT). It explains how to work with the cuticle carefully, understand nail anatomy, follow U.S. sanitation standards, and perform clean, long-lasting gel polish application with less risk of trauma. Designed for students, educators, and nail technicians, it includes step-by-step instructions, professional safety principles, common mistakes, aftercare, and quality control tools to help improve both results and client safety.

Vira Bushta is an award-winning Nail Artist and educator, a licensed U.S. nail professional, and an international-level nail judge certified by the International Beauty Judging Academy (IBJA). She is a member of the Union of Beauty Professionals of Ukraine and holds a Level 2 (National Expert) qualification from the Beauty Salon Standards Committee (BSSC). A multiple champion in international competitions: Nailympia, World Beauty Championship and etc. Her signature approach combines unique techniques, strict hygiene standards, precise structure, and innovative design, setting a benchmark for modern nail aesthetics. Through teaching, expert appearances, and mentorship, she advances industry standards, earning recognition as a leading international artist

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