needle should also be inserted approximately 3 to 5 mm below the skin surface to perform a true intramuscular injection. Injections should not be performed below the lateral aspect of the nasal alar cartilage to avoid paralysis of the orbicularis oris muscle that will induce asymmetry of the mouth and lips (Figure 5-8).

Injection of the platysma muscle should be directed at reducing the appearance of the thickened platysmal bands that develop from repeated spastic contraction. Multiple injection sites are employed along the length of the platysmal bands for a total of 2 to 3 injection sites per vertical band, with each injection site receiving 2.5 to 5 units of Botox (Figure 5-9).