INJURY ANALYTICS LAB
George Mason University

Beyond the Naked Eye

Advancing Bruise Detection and Documentation Across All Skin Tones

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NOVEMBER 5, 2026
0800 – 0900 ET

Presenters

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Katherine Scafide, Ph.D., RN, FAAN, FAAFS



- Dr. Katherine Scafide is a tenured Associate Professor in the School of Nursing within the College of Public Health at George Mason University. She is an internationally recognized nurse scientist whose work integrates forensic science, digital health, and artificial intelligence to improve the detection and documentation of injuries across all skin tones.
- Dr. Scafide is a Principal Investigator and, with Dr. Janusz Wojtusiak, Co-Director of the Injury Analytics Lab (IAL), an interdisciplinary research environment spanning nursing, engineering, computer science, biostatistics, forensic science, and public health. Her studies established the evidence base for alternate light source (ALS) illumination in detecting and documenting bruises across diverse skin tones. Her research program is supported by over $10 million in external funding, including awards from the U.S. Department of Justice, NIH-affiliated initiatives, and private foundations. A major focus of her work is the Evidence-based AI Software for Injury Detection (EAS-ID) program, which develops AI-enabled, imaging-based tools to support accurate injury assessment across skin tones and care settings.
- Her scholarship includes clinical trials, imaging and measurement science, and implementation research, with publications in leading forensic and health journals. She also contributes to national standards through service with the National Institute of Standards and Technology Organization of Scientific Area Committees for Forensic Science.
- A forensic nurse by training, Dr. Scafide focuses her research on translating imaging science into practical tools for clinicians who care for patients experiencing violence. Her team's work led to a granted U.S. patent for AI-assisted bruise detection.

Janusz Wojtusiak, Ph.D.



- Dr. Janusz Wojtusiak is a Professor of Health Informatics at George Mason University. He directs the Division of Health Informatics Programs and the Machine Learning and Inference Laboratory, and he is Co-Director of the Injury Analytics Lab. He earned his PhD in Computational Sciences and Informatics from George Mason University and an MS in Computer Science from Jagiellonian University in Poland.
- His research centers on intelligent systems in health, including human-oriented machine learning, interpretable and transparent AI, analysis of complex temporal data, and synthetic patient data. Dr. Wojtusiak is Co-Principal Investigator on the Evidence-based AI Software for Injury Detection (EAS-ID) project, where he leads development of the platform's software and AI systems. He has authored more than 100 publications.

BEFORE WE BEGIN

Disclosures

PRESENTERS

- Neither presenter has financial relationships with ineligible companies to disclose.
- Presentation is funded by the George Mason University (GMU) Foundation.
- Presenters are inventors on U.S. Patent No. 12,657,720, assigned to GMU; not licensed and generates no royalties.
- Claude (Opus 5.5; Anthropic) and ChatGPT (GPT-5.6 Sol; OpenAI) provided some assistance with slide content, layout, and figures. All outputs were reviewed and verified by presenters for accuracy, balance, and independence. Prompts/outputs are stored outside the organization.

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LEARNING OBJECTIVES

At the conclusion of this session, participants will be able to



01

Describe the limitations of white-light visual assessment for detecting and documenting bruises across skin tones.



02

Explain the evidence supporting alternate light source (ALS) use to improve bruise detection and documentation in clinical practice.



03

Discuss emerging AI-enabled imaging approaches, including the development of EAS-ID app, and their potential role in standardizing injury documentation.

AUDIENCE POLL 1 OF 4

How often do you document bruises or other injuries in your role?

- **A** Daily or weekly
- **B** Monthly
- **C** Rarely
- **D** Never



Answer in PollEverywhere

WHY IT MATTERS

Bruises are often the only visible evidence of violence

- **Intimate partner violence**
- **Strangulation**
- **Child or elder maltreatment**
- **Sexual assault**

Soft tissue injury is the most common finding in patients reporting violence.

Brown et al., 2024; U.S. Department of Defense, 2019, 2021

Who documents them in the Military Health System (MHS)

First exam	Emergency, primary care and pediatric clinicians at the MTF
The record	Notes and photos in MHS GENESIS; DD Form 2911 for sexual assault exams
Decisions	FAP Incident Determination Committee, command, courts

Forensic examiners see IPV patients only on request, where available.

THE DOCUMENTATION BURDEN

Accurate documentation is demanding

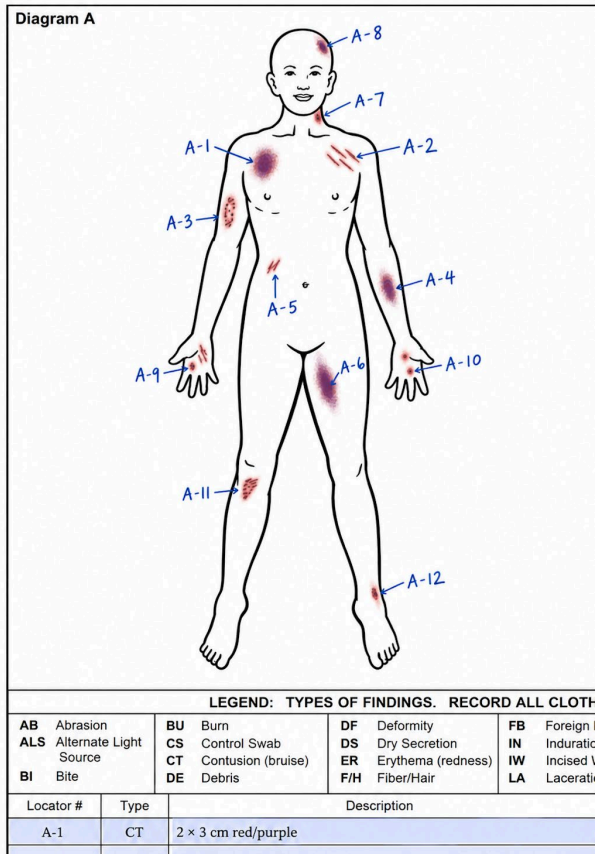


Illustration adapted from DD Form 2911 (AI-generated)

For every injury

Location · size · type · description · photographs with scale

DD Form 2911 legend entry

```
A-1, CT 2×3 cm red/purple
```

- Multiple or complex injuries multiply the work
- Diagram, measurements and photos are kept in different places
- Time pressure leads to omissions and inconsistent descriptions between examiners

U.S. Department of Defense, 2025 (DD Form 2911 instructions)

AUDIENCE POLL 2 OF 4

What is the biggest challenge in documenting injuries in your practice?

- **A** Injuries that are hard to see (e.g., darker skin, early or deep bruising)
- **B** Not enough time during the visit
- **C** Describing injuries consistently (size, color, type)
- **D** Knowing what needs to be documented
- **E** I rarely document injuries in my role



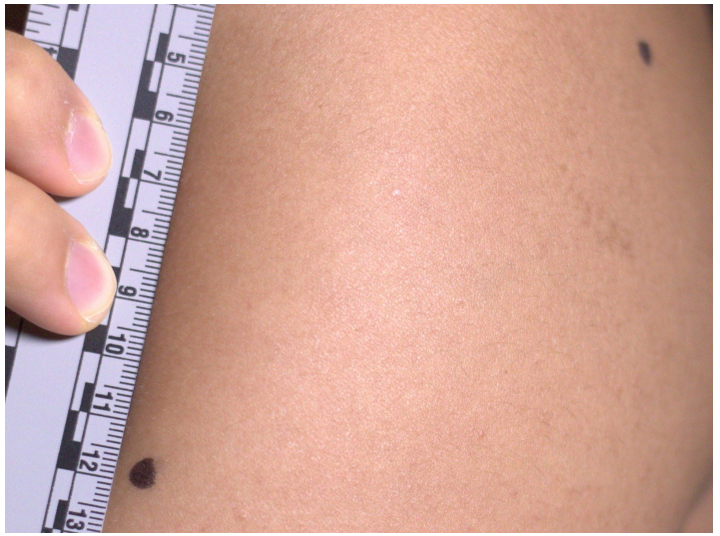
Answer in PollEverywhere

WHITE LIGHT

Skin tone changes what the eye can see



Lighter skin · 24 hours, white light



Medium skin · 24 hours, white light



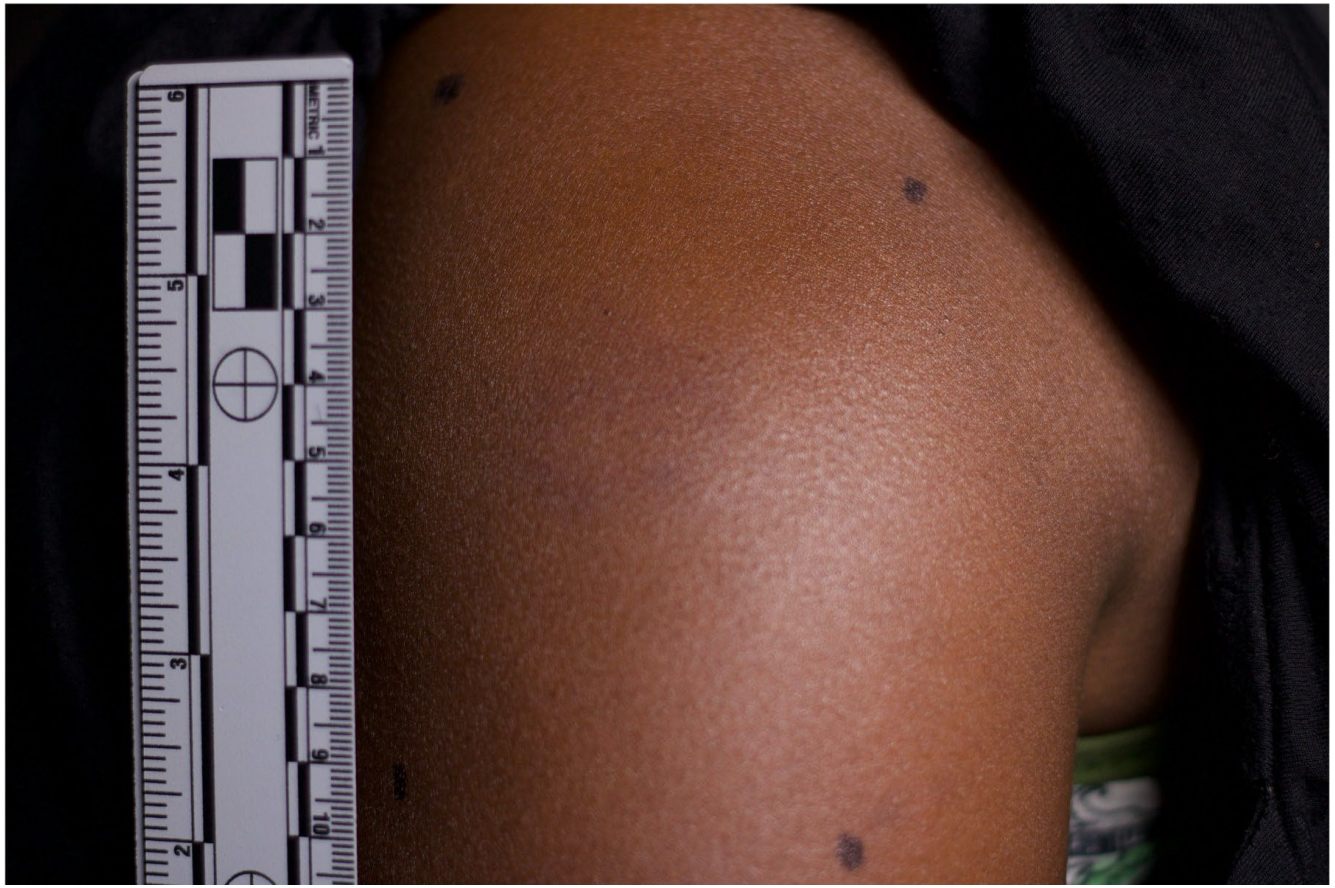
Darker skin · 24 hours, white light

Melanin masks the color contrast clinicians rely on, so bruising is documented less often on darker skin.

Brady et al., 2023; White et al., 2026

AUDIENCE POLL 3 OF 4

Can you see a bruise in this image?

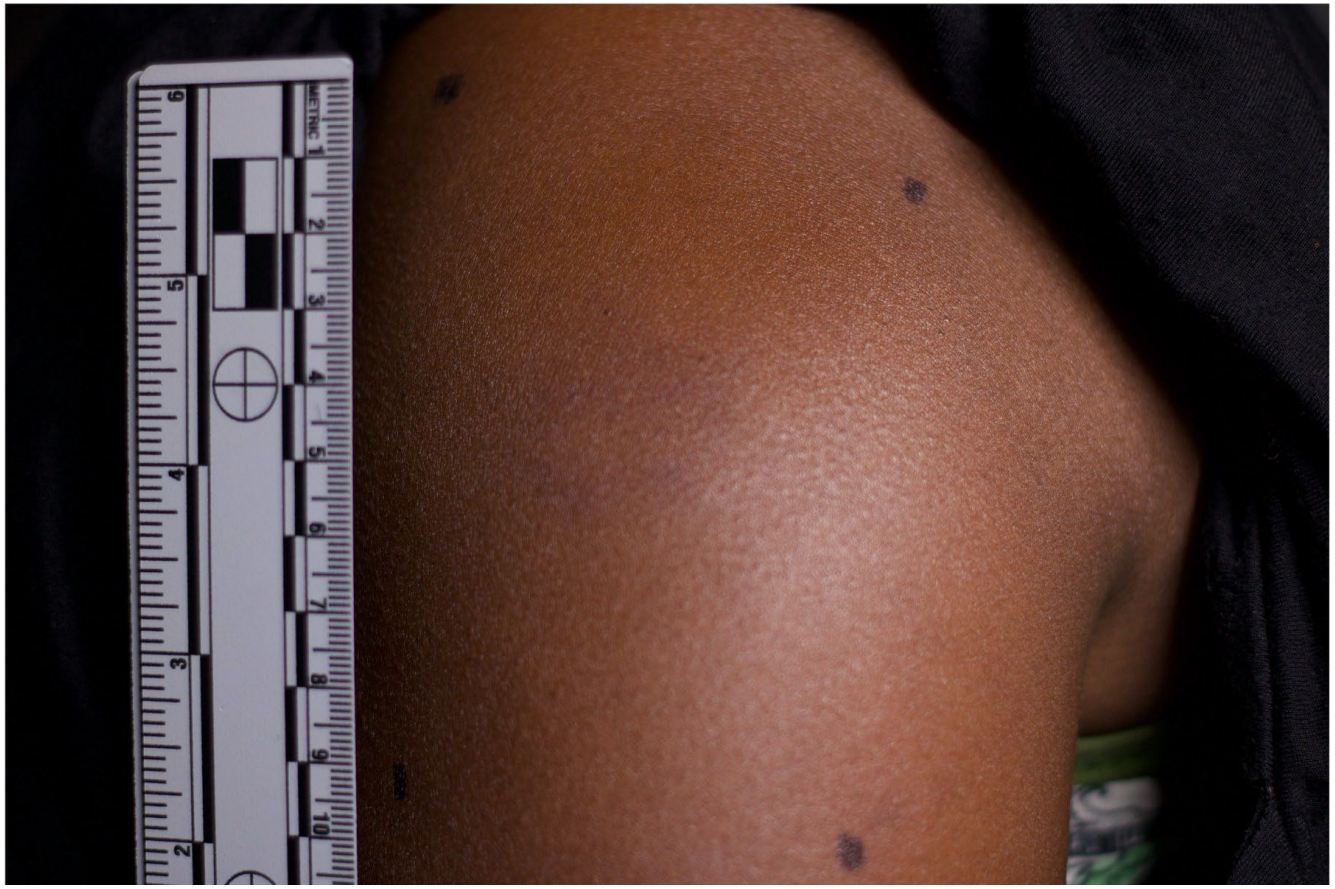


- **A** Yes, clearly
- **B** I think so
- **C** No

Answer in PollEverywhere

THE TAKEAWAY

Absence of visible injury is not absence of injury



This bruise is 24 hours old.

Under standard exam lighting, it is barely visible.

Two ways past the limits of the eye

Change the light

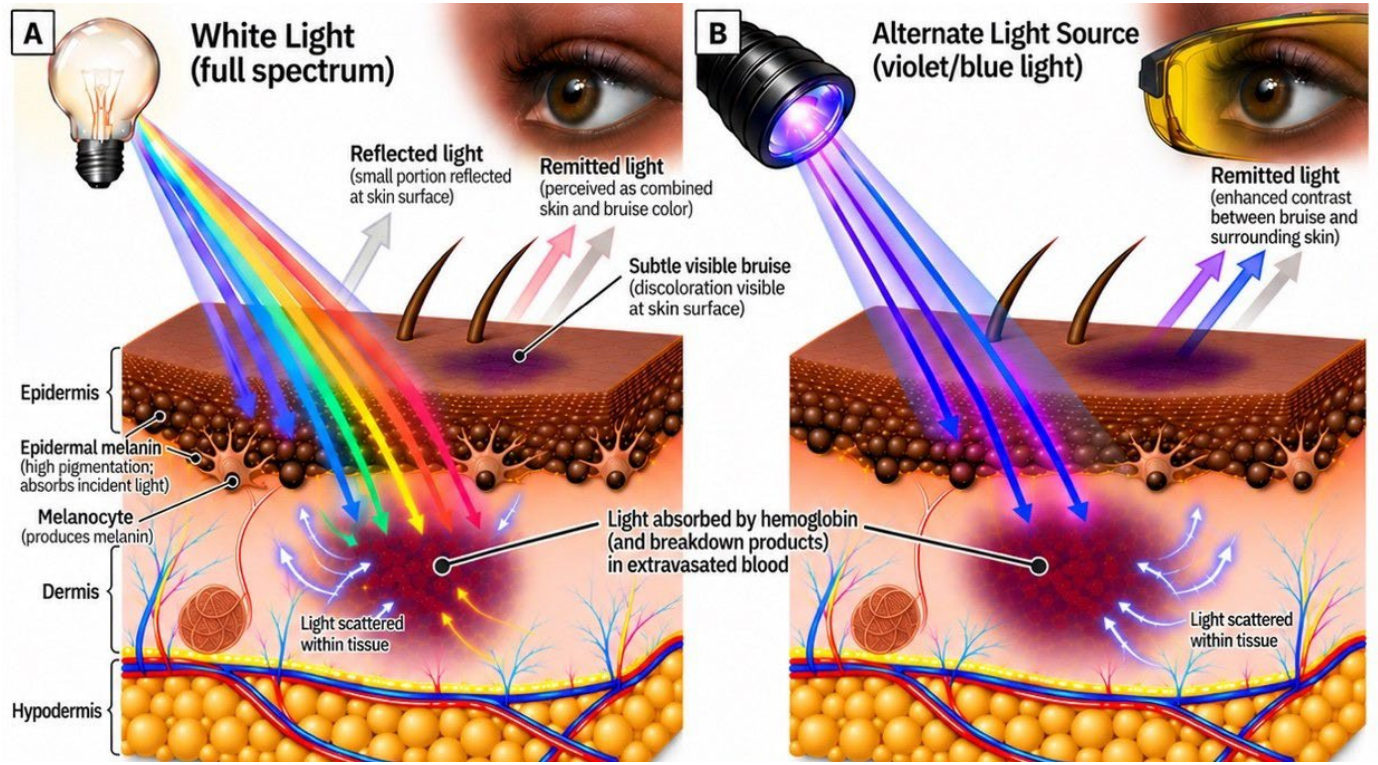
Alternate light source (next)

Change the eye

AI in the EAS-ID app (Dr. Wojtusiak)

THE SCIENCE

How an alternate light source works

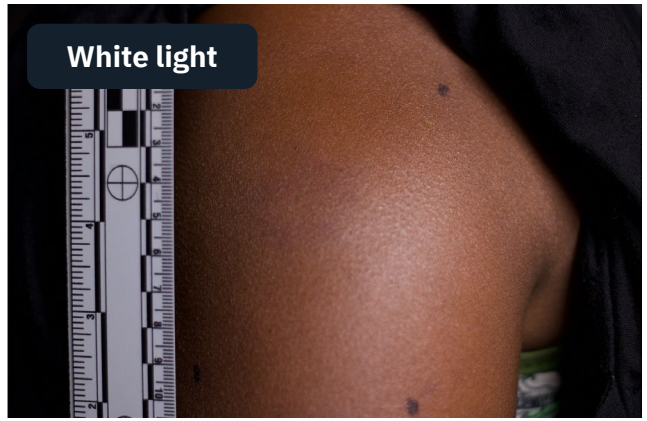


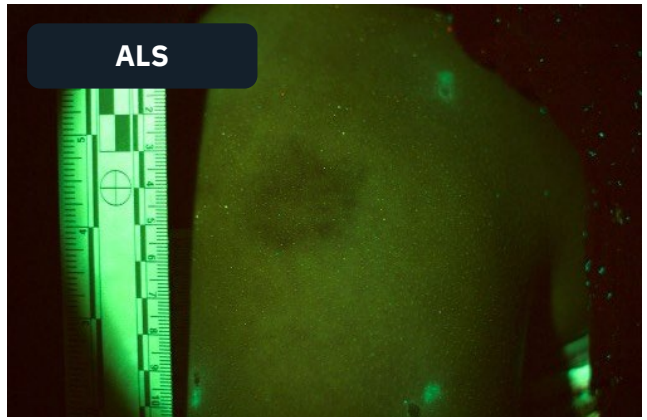
Absorption (dark) suggests possible trauma · **Fluorescence (glow)** suggests a substance on the skin

Scafide & Ekroos, in press, Figure 1; Lister et al., 2012

THE EVIDENCE

ALS reveals more evidence of bruising





5.3× higher odds of detecting evidence of bruising with violet light (415 nm) and a yellow filter vs. white light (RCT, 157 adults, six skin color categories)

At 4 weeks	82% of bruises still detectable under ALS vs. 51% under white light (Scafide, Sheridan, et al., 2020)
Visibility	Violet light (415 nm) with a yellow filter improved visibility across all skin colors (Downing et al., 2024)
Skin tone	Only violet (415 nm) and blue (450 nm) light outperformed white light on brown and dark skin (Scafide et al., 2022)
The gap	National protocols give little guidance on how to use ALS (U.S. DOJ, 2024)

Scafide, Sheridan, et al., 2020; Downing et al., 2024; Scafide et al., 2022; U.S. Department of Justice, 2024

ATLAAST

From evidence to practice guidance

Alternate Light Assisted Assessment (AtLAAST) for Skin Trauma: evidence-based clinical recommendations (Scafide & Ekroos, in press)



Indicated

- Adults and post-pubescent adolescents
- Reported, suspected or apparent recent trauma
- Patient consents and is medically stable

Use caution

- Pre-pubescent children: evidence insufficient for routine use
- Skin conditions or tattoos that confound interpretation

Not supported

- Searching for occult bruising without history or finding
- Stand-alone diagnosis of injury
- Mucosal surfaces or areas near the eyes

Scafide & Ekroos, in press; Scafide, Ekroos, Mallinson, et al., 2023

EQUIPMENT AND SETTING

Set up for what the evidence supports

Violet light (415 nm) + yellow goggles

Absorption. Default for areas of reported or apparent trauma

Blue light (450 nm) + orange goggles

Fluorescence of substances; absorption also visible

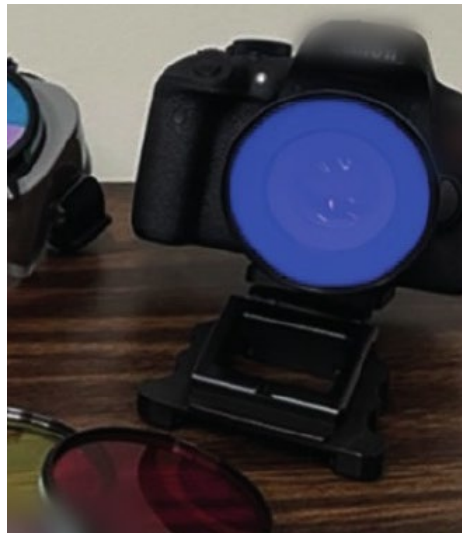
Trial units on the range of skin tones you serve; ask manufacturers for intensity data.



ALS units (violet, blue)



Yellow and orange goggles



Camera with matching filters

Equipment

- Eyewear for everyone in the room
- Non-fluorescing scale under both lights
- ALS images labeled separately

Setting

- Daylight white light (5000–6500 K) first
- Minimize ambient light for ALS
- Darker room, more time for darker skin

Scafide & Ekroos, in press (Table 1); Scafide et al., 2022; Scafide et al., 2025; Finnane et al., 2017

STEPWISE ASSESSMENT

The ALS-assisted skin assessment

1

Before

- Explain purpose, safety and limits
- Ongoing consent
- Ask about topical products in the past 48 h

2

White light first

- Head-to-toe or focused exam
- Collect evidence
- Photograph and document

3

ALS

- Eyewear on, room dimmed, everyone still
- Blue + orange: fluorescence
- Violet or blue + yellow: absorption
- Photograph with matching filter

4

Cleanse and repeat

- Only if a topical product is suspected
- Sample first, then cleanse
- Repeat ALS; label new images

5

After

- Review findings with the patient
- Consider follow-up at 24–72 h
- Disinfect equipment

Adapted from Scafide & Ekroos, in press (Table 3)

DOCUMENTATION

Document what you saw under each light

White light

- Type, size, shape, color, swelling
- Location on a body map
- Signs of healing
- Patient-reported symptoms

ALS

- Device, wavelength and goggle color
- Absorption or fluorescence: present or absent
- Location, size and shape
- Whether findings align with white light



White light



ALS: blue light (450 nm)

Same scale, same framing, labeled by light source

Photos: 90° to the skin · orientation shot · with and without scale · centered and in focus
Also record: skin tone on a standardized scale · reasons for any deferred or partial assessment

Adapted from Scafide & Ekroos, in press (Table 4); White et al., 2026

INTERPRETATION AND SAFETY

Interpret within limits

Absorption ≠ confirmation

Presence of absorption does not confirm trauma

No absorption ≠ no injury

Absence of absorption does not exclude trauma

- **Limited specificity:** acne, scars, pressure injuries, nevi, pigment disorders, tattoo ink and topical products can look similar
- **Cannot date an injury:** absorption can persist for weeks
- **Testimony:** describe what you observed; presumptive, not confirmatory



≤0.25 s

Maximum direct eye exposure to ALS light.

Eyewear for everyone present; turn the unit off if eyewear comes off.

Scafide & Ekroos, in press; Lombardi et al., 2015; Hauda et al., 2026; CENELEC, 2008

IMPLEMENTATION

Bringing ALS into MHS practice

Sexual assault exams

DD Form 2911 already calls for an ALS scan

Emergency departments

First exam for many IPV patients

Pediatrics

Use caution: evidence insufficient before puberty

Suggested program needs

Training

Didactic plus hands-on; competency before independent use; annual refresher

Equipment

Validated units, eyewear, non-fluorescing scales

Documentation

A place in the record for ALS findings and photos

Partners

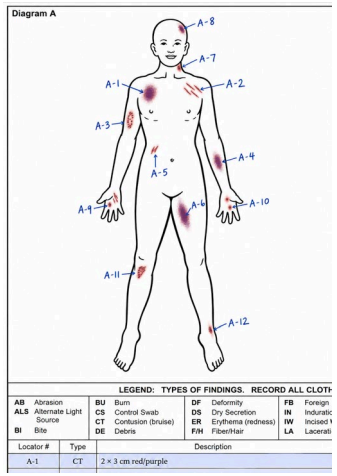
Education for law enforcement, legal and advocacy partners

Scafide & Ekroos, in press; U.S. Department of Defense, 2021, 2025

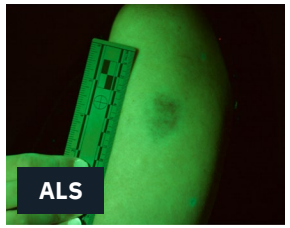
FROM CHANGING THE LIGHT TO CHANGING THE EYE

Every finding, every light, one record

TODAY







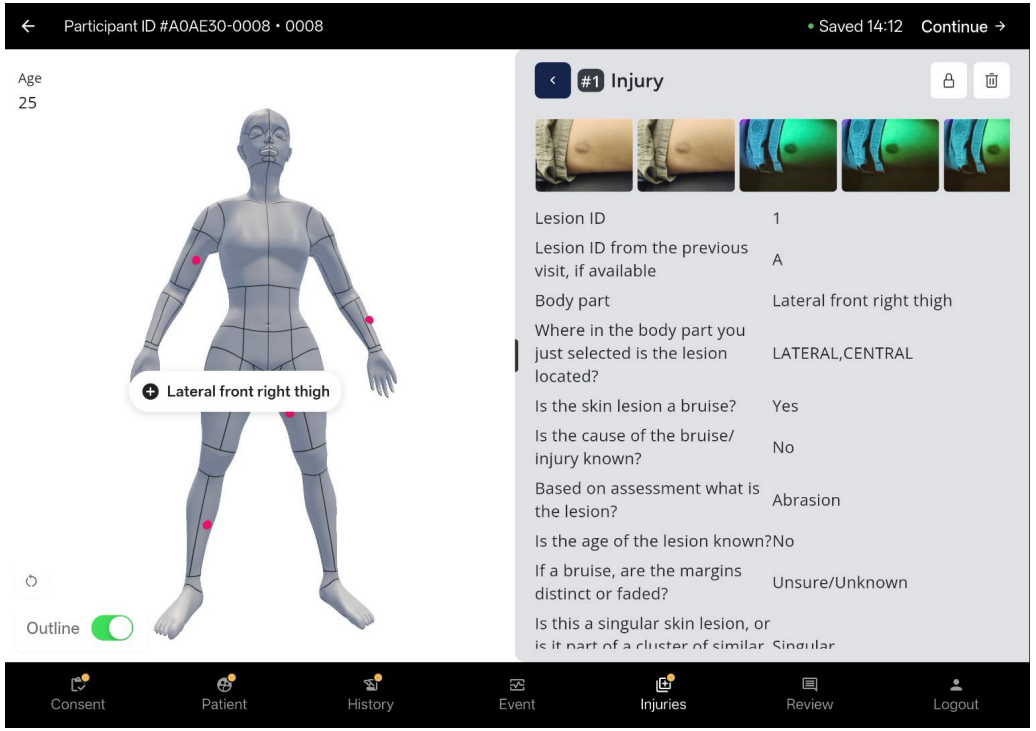
EHR note

Bruise L upper arm, approx. 3 × 2 cm…

Diagram, photos and notes kept in separate places

Next: changing the eye. Dr. Janusz Wojtusiak on AI in EAS-ID

EAS-ID (IN DEVELOPMENT)



COMPARABLE TOOLS

Other tools for injury documentation

Exam documentation systems

Used in hospital and SANE programs

RESPOND Examiner
Forensic photos and forms in one place; body maps; links to the EHR

EVA (MobileODT)
Mobile photo and video capture with body maps and TeleSANE consults

SAFE-T
Forensic camera, secure portal and telehealth support for sexual assault exams

Cortexflo (Fernico)
High-resolution exam imaging with built-in ALS and TeleSANE

Mobile documentation apps

Built for specific settings and users

MediCapt (Physicians for Human Rights)
Clinician app that standardizes sexual violence documentation in low-resource settings

Kulpa (UK)
Patient-facing app that stores scaled injury photos until the user shares them with police

AI-assisted skin imaging

Research and other clinical uses

Forensic 3D avatars
Full-body scans with AI-assisted injury detection and 3D visualization (Thali et al., 2026)

AI skin-image apps
Built mainly to screen for skin cancer, not to document injuries

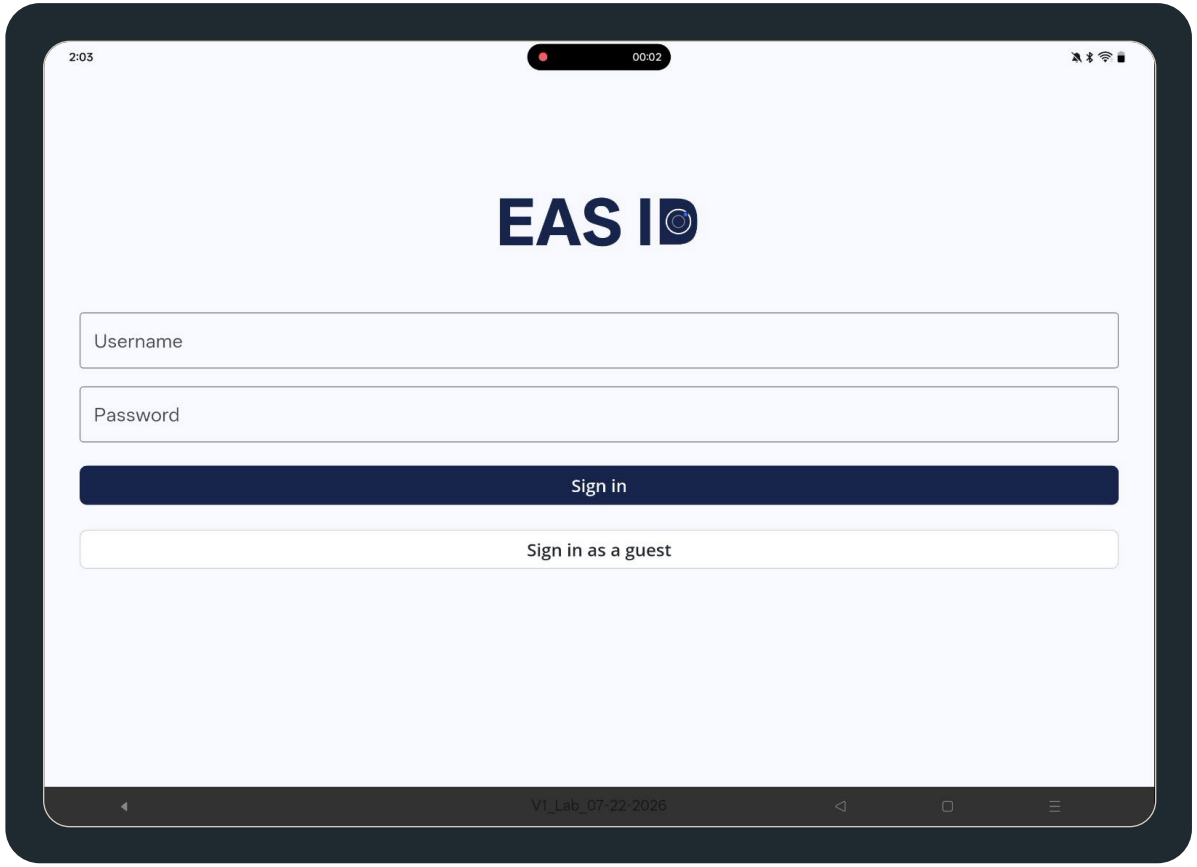
Listed for context, not endorsement. Features summarized from each developer's public information.

Fernico, n.d.; Kulpa, n.d.; MobileODT, n.d.; Physicians for Human Rights, n.d.; RESPOND Clinical, n.d.; SAFE-T System, n.d.; Thali et al., 2026

THE APP

EAS-ID guides the whole exam on one tablet

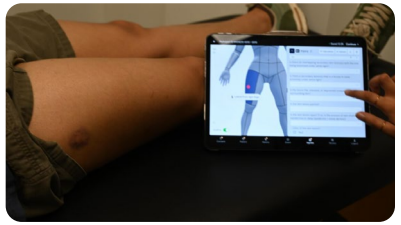
01	**Patient**	who is being examined
02	**Consent**	permission on record
03	**History**	health background
04	**Event**	what happened
05	**Injuries**	map and photograph
06	**Review**	check every detail
07	**Transmit**	transmit record to secure platform

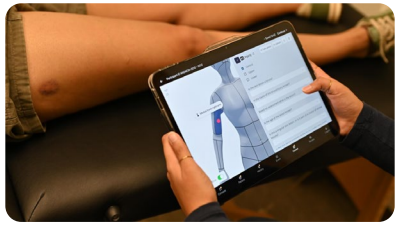


IN THE EXAM ROOM

Documented at the patient’s side

The examiner holds one tablet and builds the whole record without stepping away from the exam table.

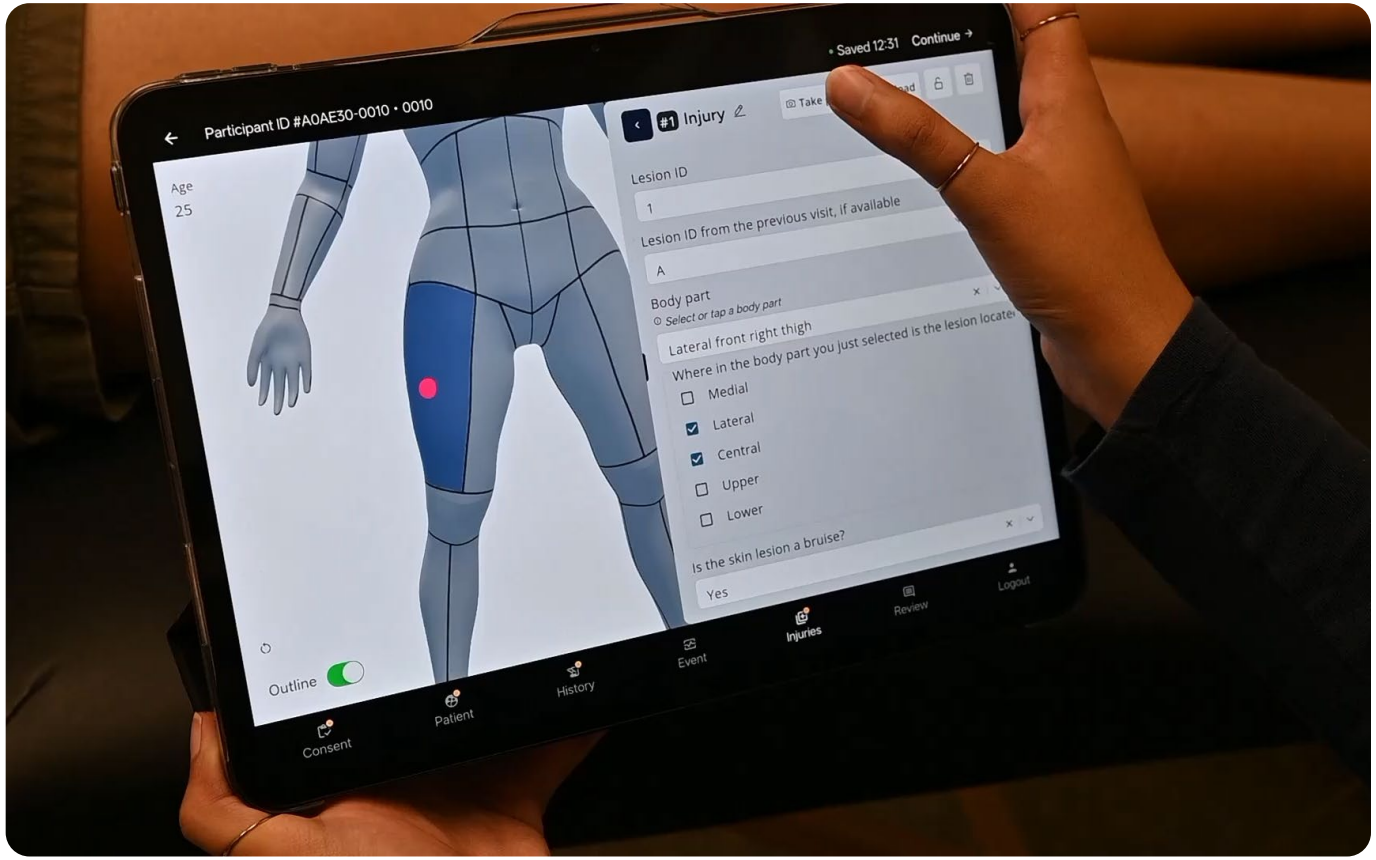






WHITE LIGHT

AI flags possible injury through the camera

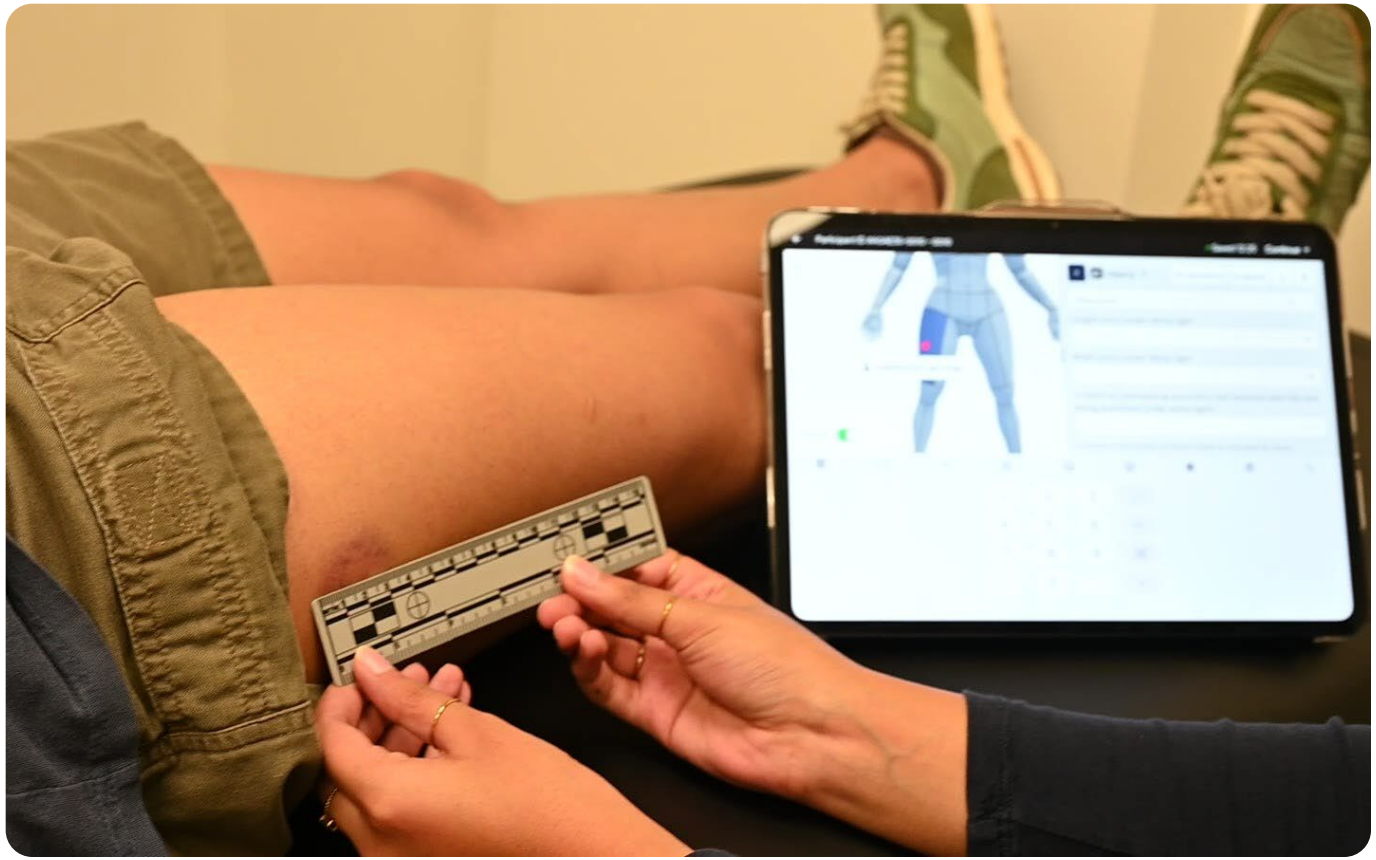


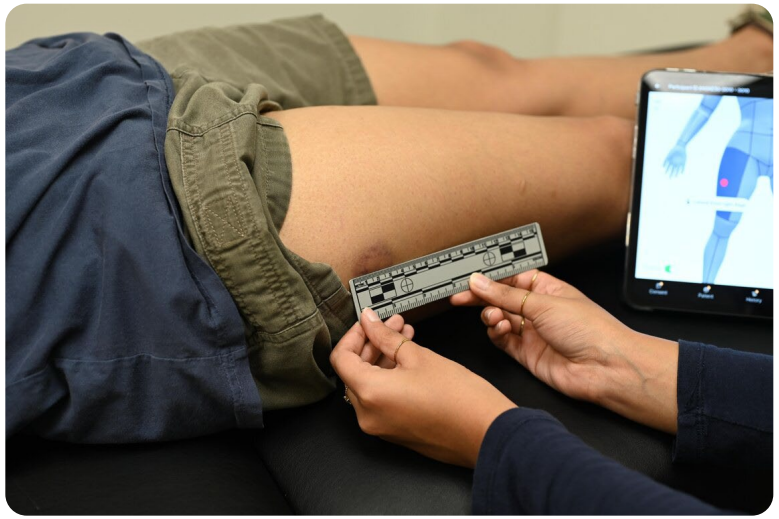


Examiner holds the tablet steady, waits for a stable result, then captures the image.

MEASURING

Measurements go straight into the record



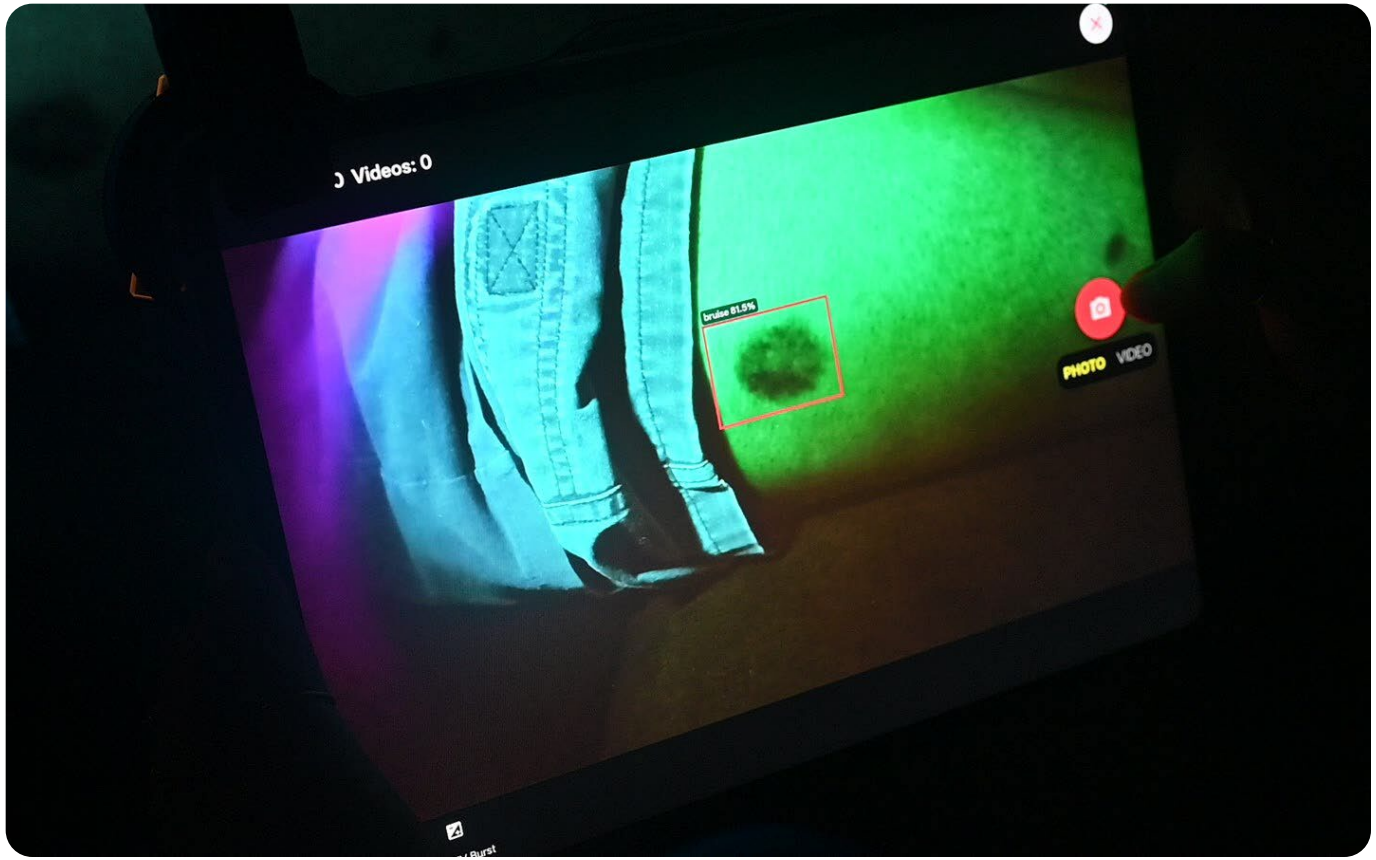


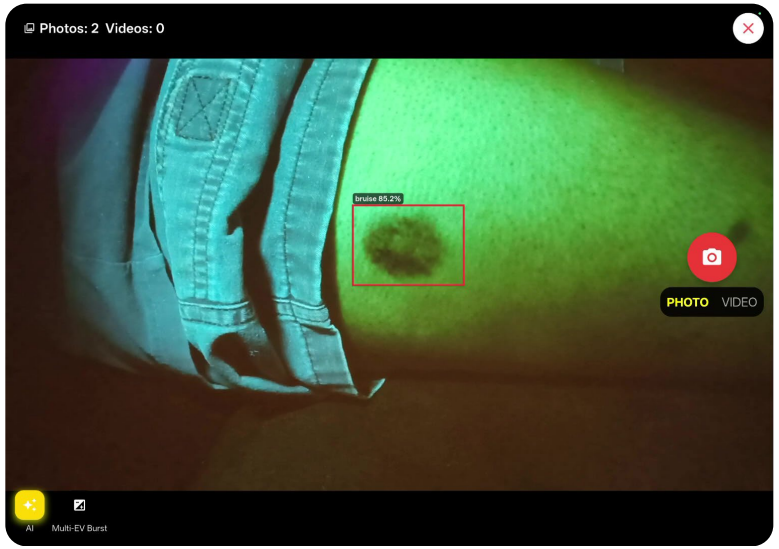
Examiner measures length and width against a scale and types both into the tablet, right at the exam table.

New version automatically captures measurements from taken photo.

ALTERNATE LIGHT SOURCE

AI works with ALS



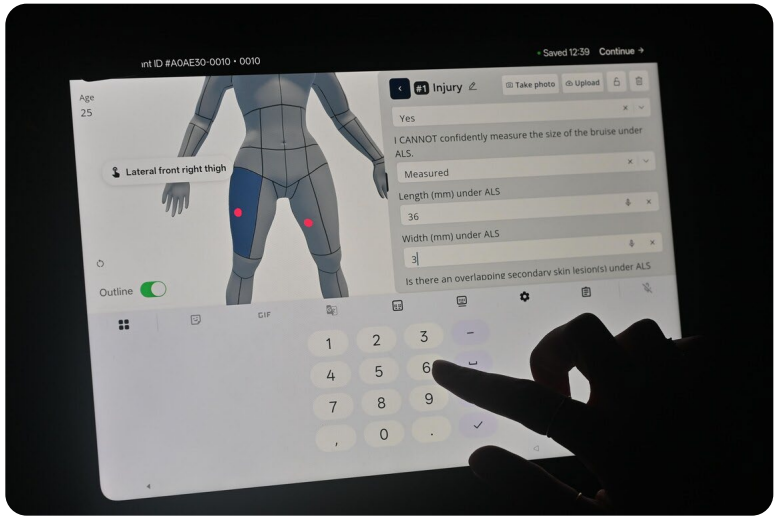


AI models in the app are specifically trained to work with ALS.

MEASURING UNDER ALS

Each light gets its own measurements

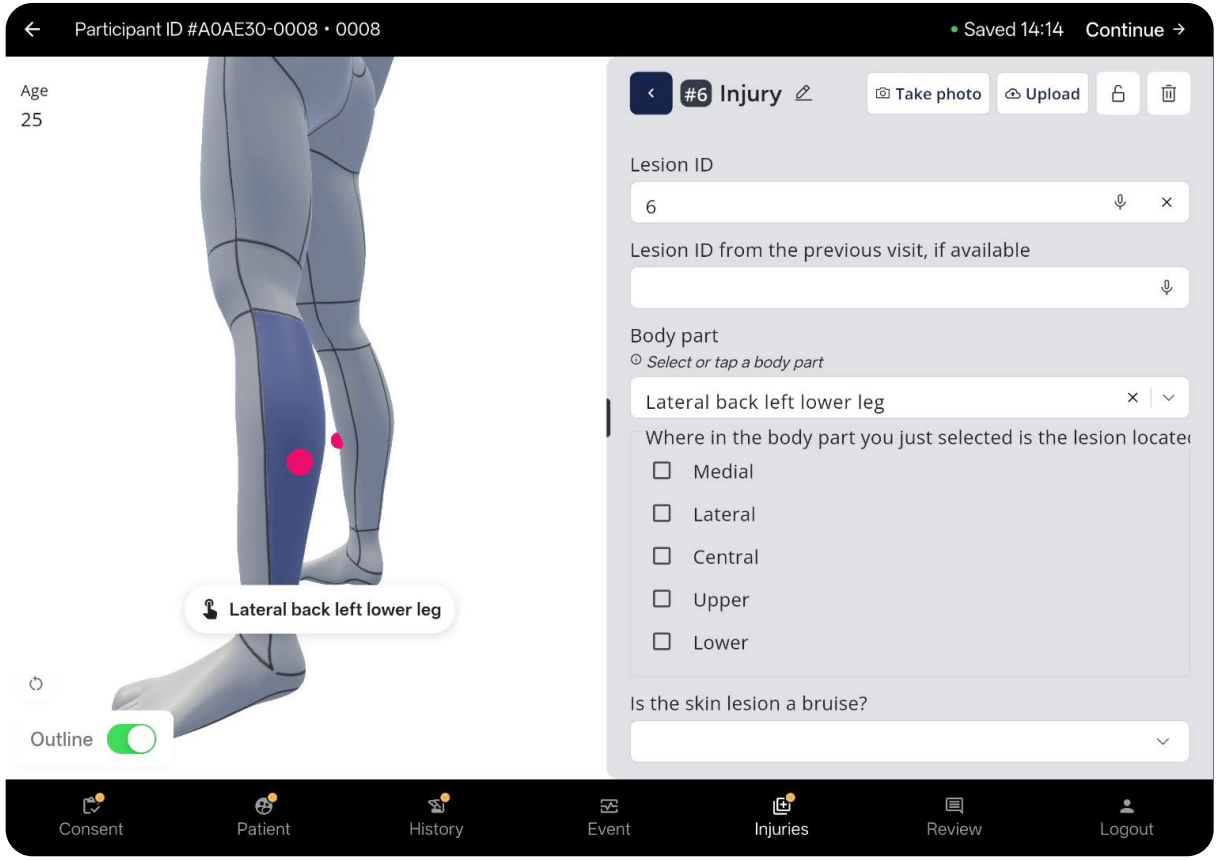


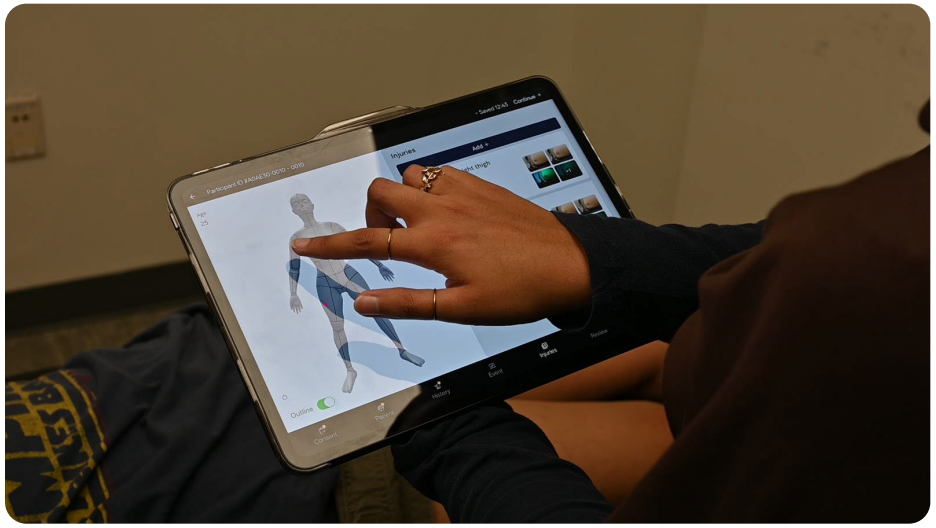


Record keeps length and width under white light and under ALS in separate fields, so both readings are saved.

3D BODY MAP

The app creates a 3D representation of injury locations

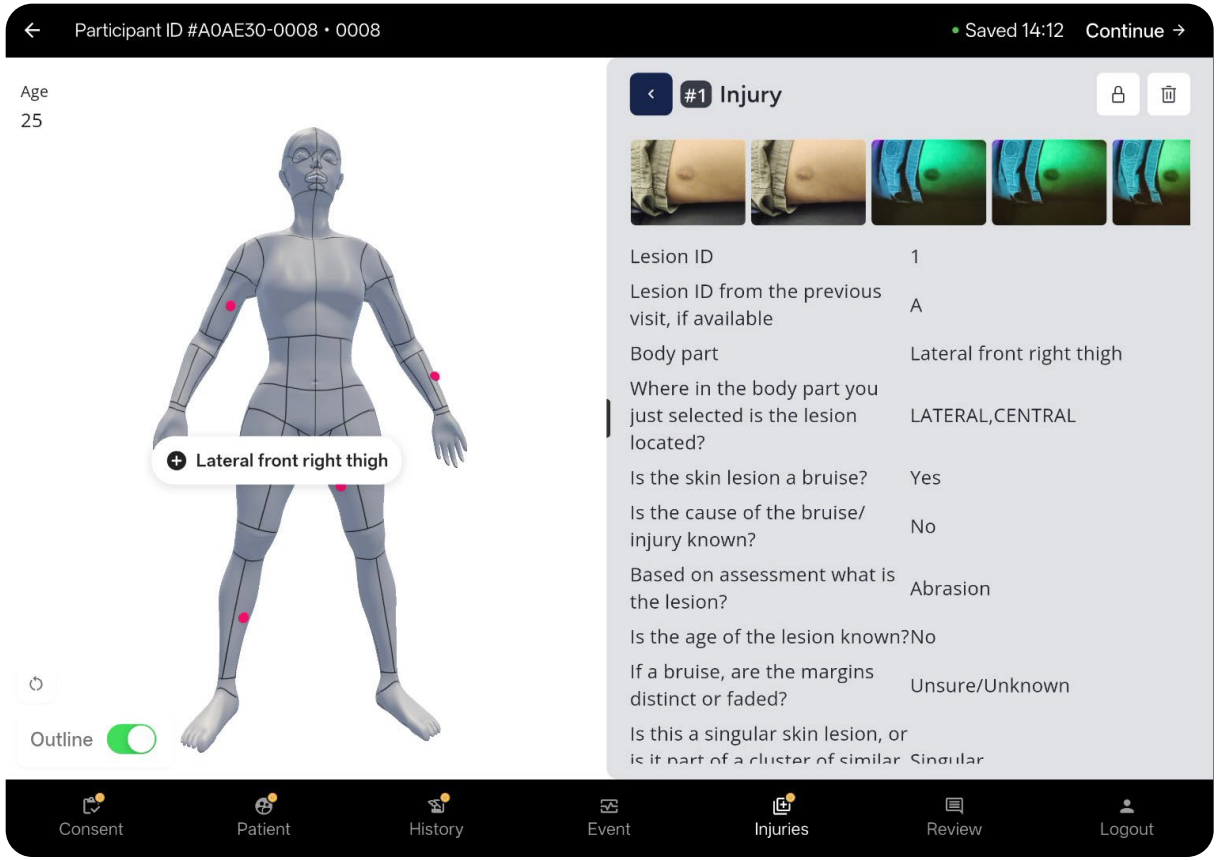




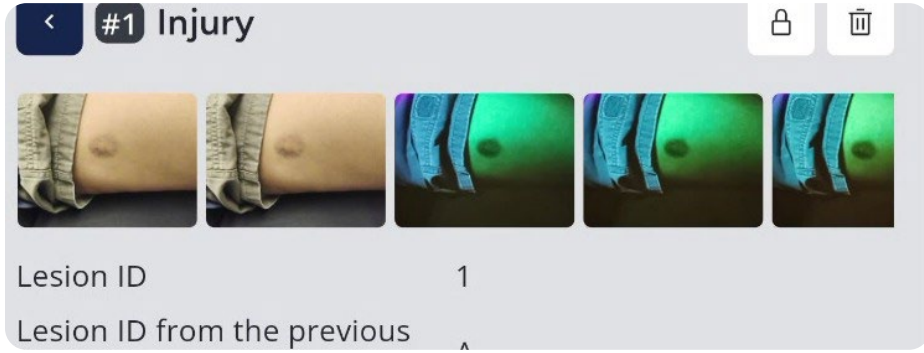
Turn the body to any side and tap where the injury is. The app fills in the body part and opens a new record.

INJURY RECORD

One tap opens the full injury record

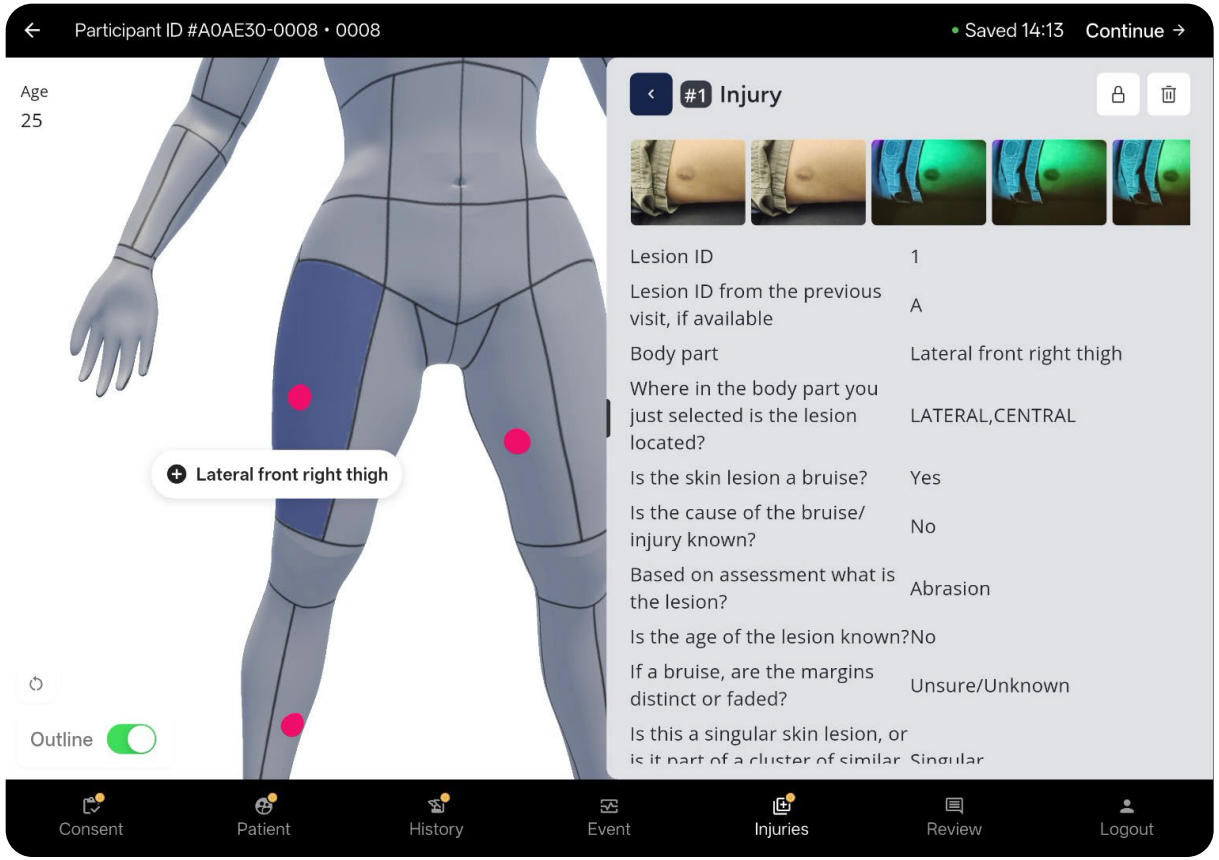


- ✓ Injury ID and body location
- ✓ Injury type
- ✓ Length and width
- ✓ Visibility under white light and ALS
- ✓ Skin tone readings
- ✓ White light and ALS photos



MOVING BETWEEN INJURIES

Map, details and photos stay connected



01 Tap any marker on the body

02 Its details and photos open

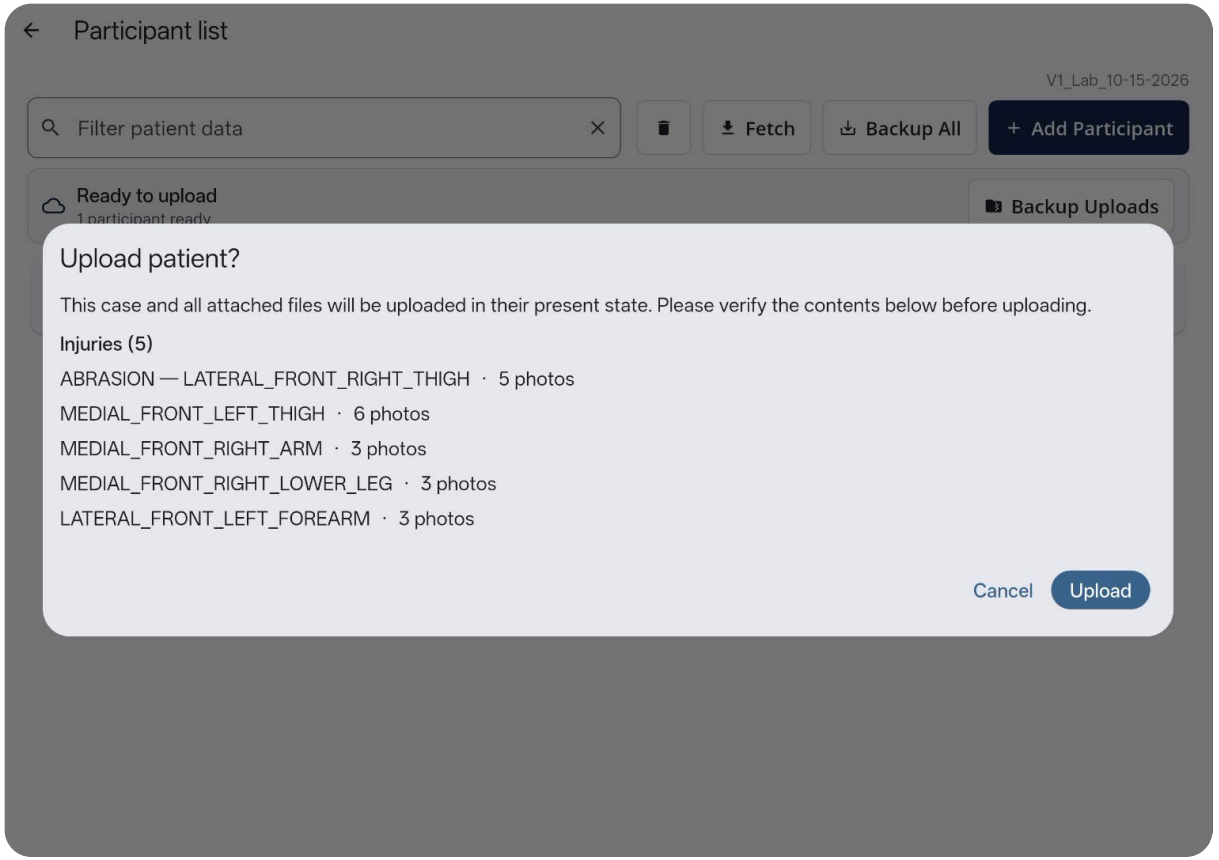
03 Tap another, and the record follows

04 Rotate the body, and every marker stays in place

This link between the body map, the details and the photos is the heart of EAS-ID.

REVIEW AND UPLOAD

Each exam ends in a complete record



IN THE FINISHED RECORD

- ✓ Patient, consent, history and event details
- ✓ Every injury placed on the body map
- ✓ Photos linked to each injury

Before uploading, the app lists every injury and its photo count, so the examiner can confirm nothing is missing.

For security reasons, app can be configured to automatically remove all or select data after successful transmission.

EAS-ID APP

Completely configurable



App can be adapted to specific needs

- ✓ Structured fields
- ✓ Exam workflow
- ✓ AI tools & guidance

THE EAS-ID PLATFORM

Two connected parts

Tablet app, at the exam

- ✓ Configurable clinical documentation
- ✓ Photos under white and alternate light
- ✓ A 3D body map that links photos, measurements and notes
- ✓ Review, correct and resume a case before submitting

Web platform, after the exam

- ✓ About 30,000 curated, de-identified reference images currently available (more coming)
- ✓ Search by skin tone, body site, injury type, injury age and lighting
- ✓ Clinicians review submitted cases and follow-up visits
- ✓ Role-based access, with reference images kept separate

Connected, traceable records, with the examiner in control and data protected.

HOW THE PLATFORM IS USED

Three uses of the platform

Clinical documentation mode

- ✓ Transmit data from tablet
- ✓ Complete documentation
- ✓ 3D body map and experience that maps the tablet app
- ✓ Review, correct and resume a case before submitting

Clinical reference set mode

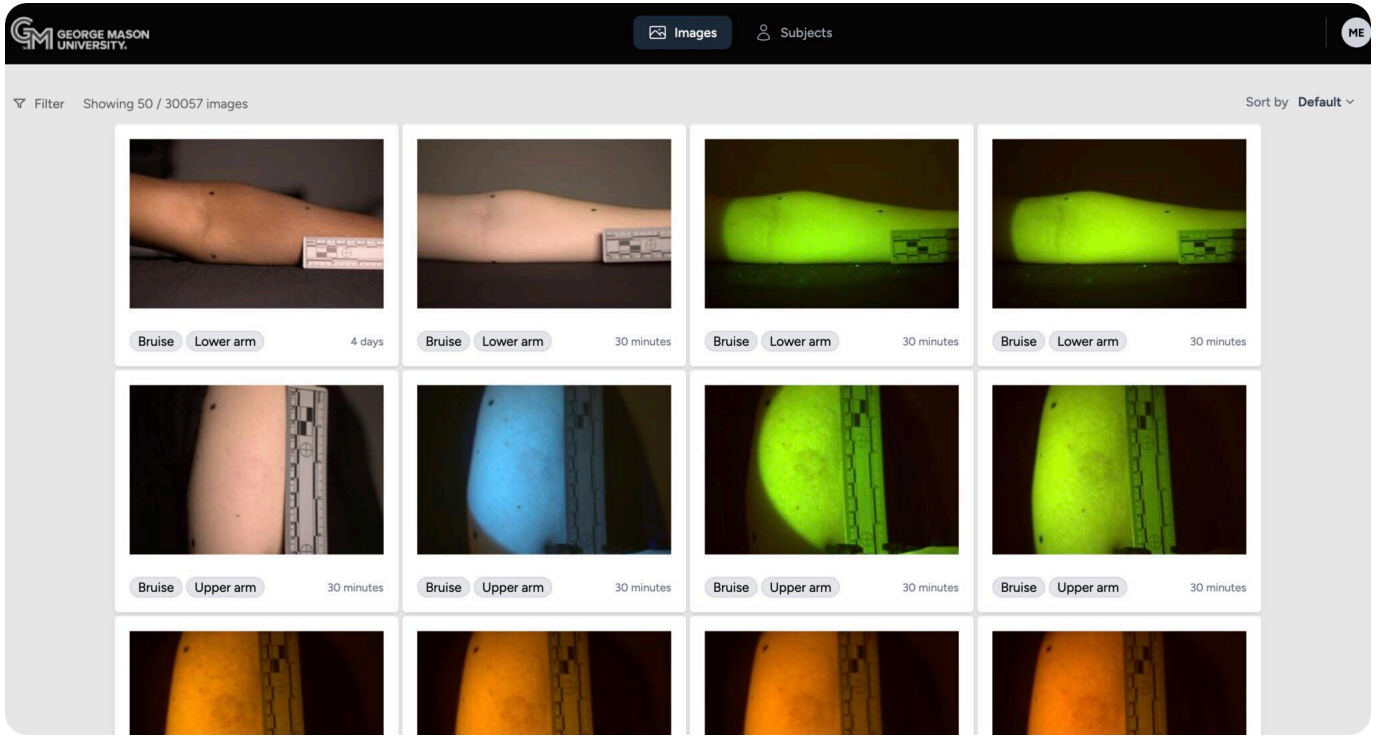
- ✓ Find images
- ✓ Compare to own images
- ✓ Apply AI models to classify and describe injuries
- ✓ Research injuries

Researcher mode

- ✓ Find images
- ✓ Build cohorts
- ✓ Export data
- ✓ Apply AI tools
- ✓ Build AI tools

THE EAS-ID WEB PLATFORM

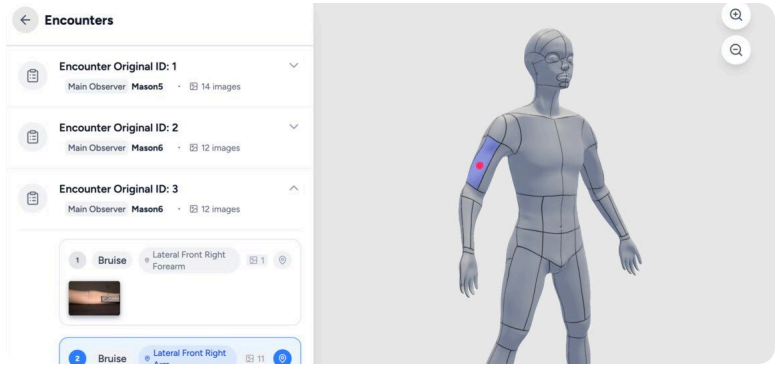
A searchable library of bruise images



Search about 30,000 curated, de-identified reference images by skin tone, body location, injury type, time since injury and lighting.



One bruise over time, under many lights



Each case's visits on a 3D body map

THE DATA BEHIND THE AI

Our injury image library keeps growing

140,000+

images of bruises and skin lesions in our full research repository

A dataset of this scale is what makes more accurate injury detection across all skin tones possible.

57,500+

new images collected in the past six months

5000+

new bruises added in the past six months

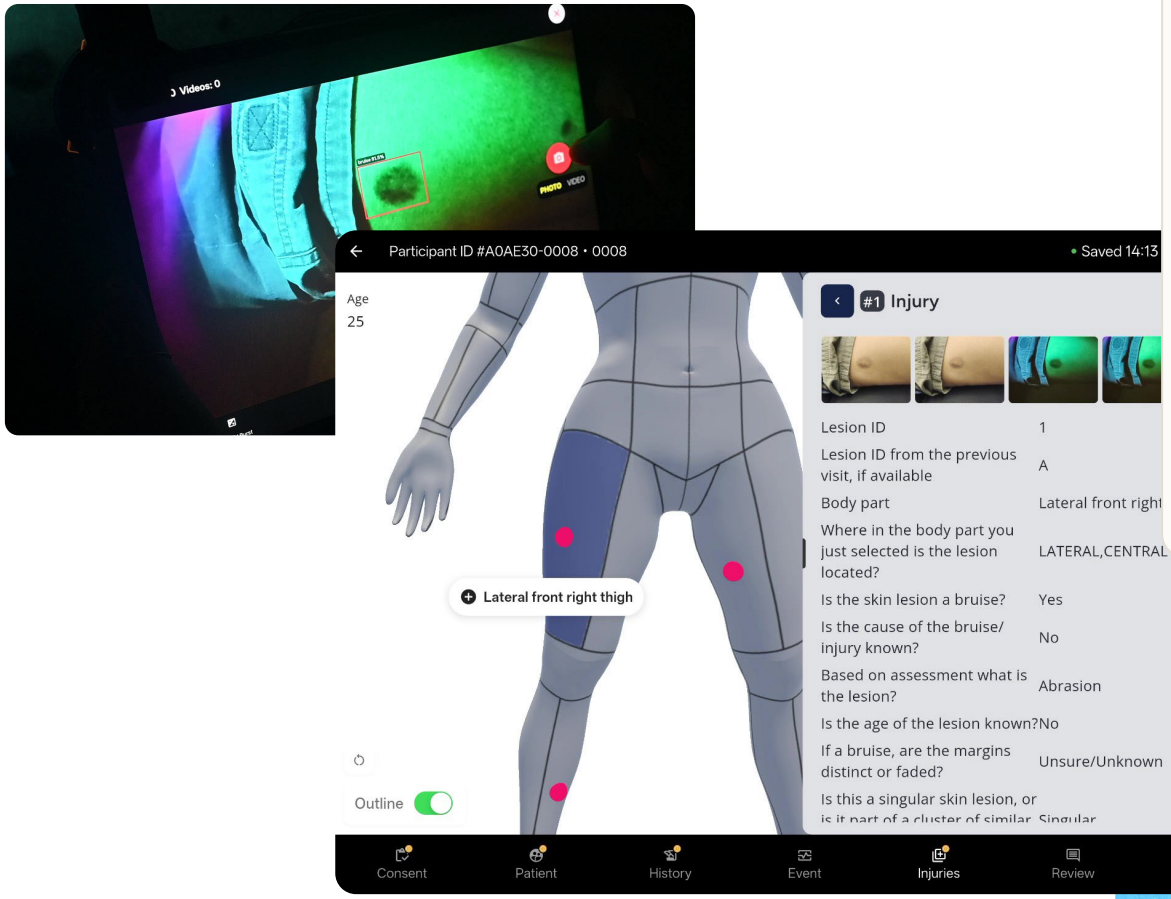
18

distinct data sources feeding our model

Collected through years of lab work, collaborations, crowdsourcing, and hospital partnerships.

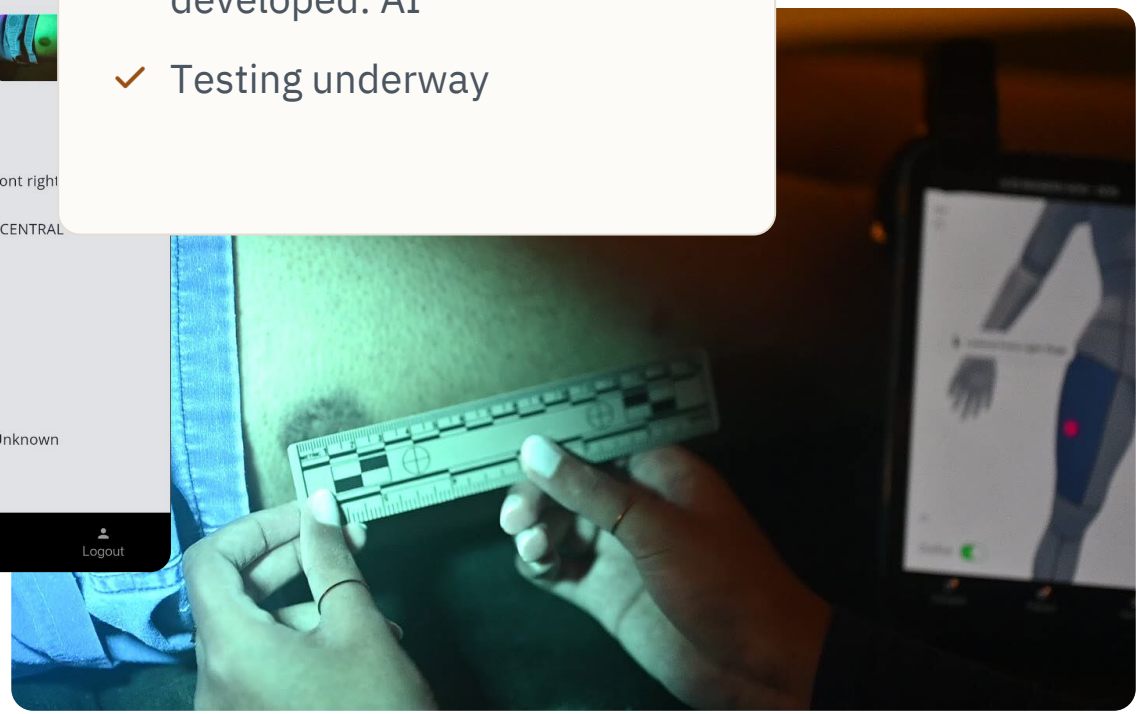
WORKING PROTOTYPE

Prototype EAS-ID app



Prototype

- ✓ All videos recorded using working prototype
- ✓ New capabilities being developed: AI
- ✓ Testing underway



AUDIENCE POLL 4 OF 4

Which EAS-ID feature would help your documentation most?

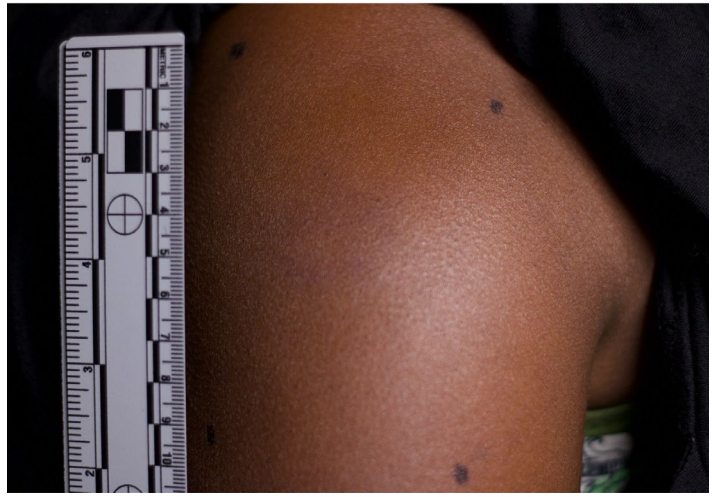
- **A** AI-assisted detection of possible injury
- **B** Automatic measurement
- **C** 3D body map
- **D** Photos linked to each injury
- **E** Reference image library



Answer in PollEverywhere

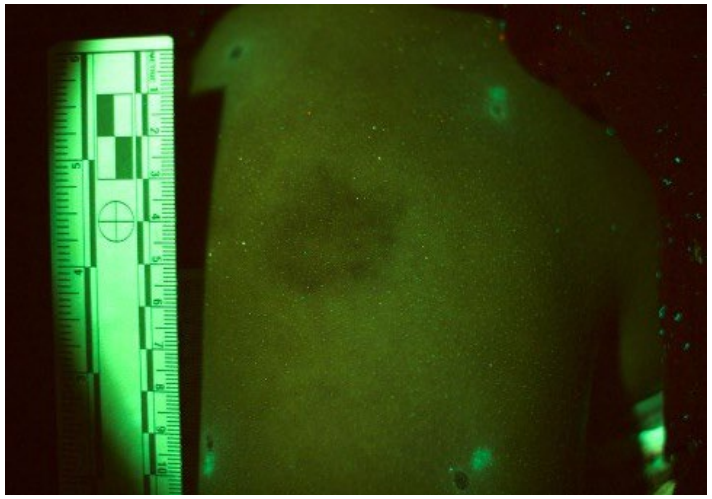
BRINGING IT TOGETHER

Change the light, change the eye



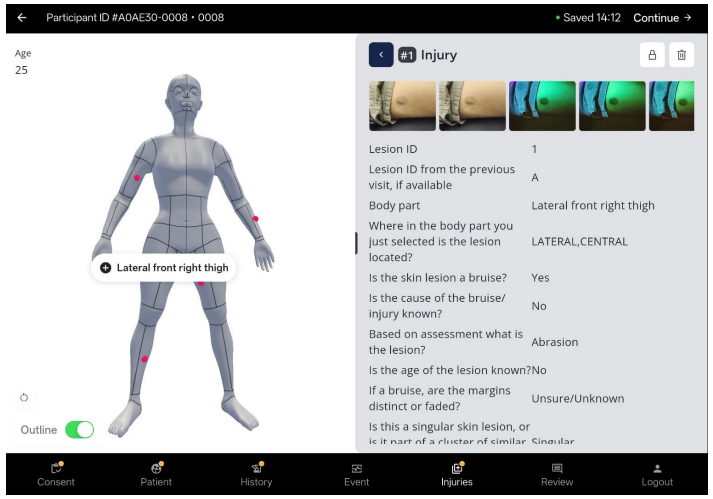
The eye misses

White light alone misses evidence of bruising, especially on darker skin



Change the light

ALS, used and interpreted per AtLAAST, reveals more evidence of bruising



Change the eye

AI in EAS-ID flags possible injury and links every finding in one record

KEY TAKEAWAYS

Three things to remember

01

A white-light exam alone misses bruises, especially on darker skin. Absence of visible injury is not absence of injury.

02

ALS is an evidence-based adjunct that reveals more evidence of bruising than white light alone. AtLAAST guides its use: white light first, standard equipment and steps, separate documentation for each light, and interpretation within limits.

03

Structured, image-linked documentation, including AI-enabled tools in development such as EAS-ID, can make injury records more consistent and defensible while keeping the clinician in control.

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Images and videos were taken by members of our IAL team: Dr. Niloofar Kalantari, Rahul Mendes, Dr. Rahul Bijijepalli, Emily Swann, Dr. Vibha Gadhe, Manisha Kathi, and Ashwin Shenolikar. Thank you!

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