Growth99

THIRD ANNUAL EDITION

GROWTH99 PROPRIETARY RESEARCH

The 2027 State of Aesthetic & Elective Wellness Marketing

What the Winners Do Differently.

2025 2026 2027

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How this report is *structured.*

Three parts. Read in order, or skip to the one your job needs most.
Skim it in ten minutes or read it in forty.

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PART #1

Context

Brings you in.

Executive Summary · A Letter from Rob Pickell · How to Read This Report · If It Feels Harder · Three Kinds of Practice · The Three-Year Arc · Who Answered

The gap between winning and the rest has become *unbreachable* without one specific move.

62% of the practices in our Momentum cohort posted 10% or more revenue growth over the past 12 months. Only 32% of the Middle cohort did. Only 8% of the Waiting cohort did.

The one thing the Momentum cohort has done that the rest have not is pair measurement discipline with clear positioning. 11% of practices in our 2027 sample have made that move. The other 89% are still asking why word-of-mouth isn't enough.

This report draws on 73 completed survey responses from U.S. aesthetic and elective wellness practice leaders, with three-year comparisons to the 2025 (n=107) and 2026 (n=81) editions.

It introduces three cohorts that explain the market in 2027: Momentum (11% of practices), Middle (73%), and Waiting (16%). It closes with the five moves that take a practice from the Middle to Momentum.

11%

made the move

Measurement discipline + clear positioning

62%

of Momentum grew 10%+

vs. 32% Middle, 8% Waiting

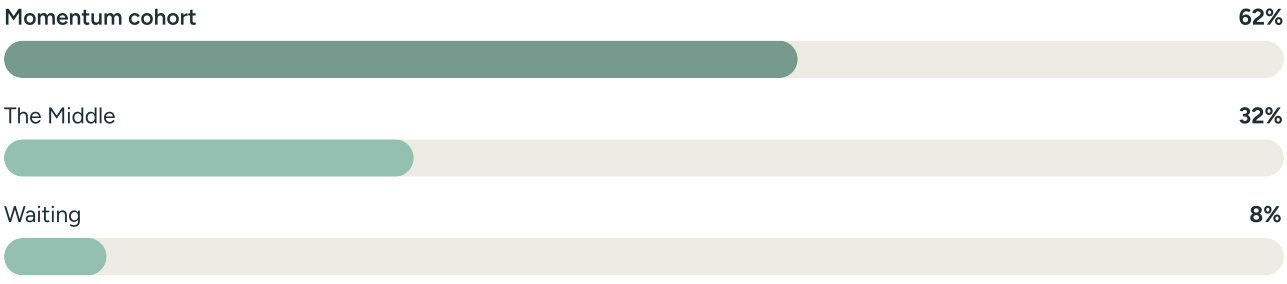
89%

are still waiting

asking why word-of-mouth isn't enough

The Momentum cohort grows at nearly double the rate of the Middle

% of practices in each cohort posting 10%+ revenue growth, 2027 survey (n=73)



↗ Momentum: 2× Middle, 8× Waiting. The gap is measurable, and it is widening.

Share this report with anyone on your team deciding where to invest, who to hire, and what to say yes to in the next 12 months.

A LETTER FROM ROB PICKELL

Three years in, the patterns are *unmistakable.*



Three years ago, we published the inaugural State of Aesthetic and Elective Wellness Marketing Benchmark Report because practice owners deserved a clearer view of this industry than anecdote and sales pitch could provide. Three years in, the patterns are unmistakable, and I can tell you with real confidence what the practices winning in this market do differently from the rest. That is what this report is for.

The headline from this year's data: the practices treating marketing as a discipline, not a line item, are pulling away from the rest. We saw it starting in 2025. We watched it accelerate in 2026. In 2027, the gap is wide enough to call by name. You will meet it in these pages as three distinct cohorts, each defined by what they are doing (or not doing) about the three problems that have defined this industry for three years running.

A few numbers that stopped me as the data came in:

- **Marketing investment is maturing.** Practices are deciding where to spend based on return instead of cost, and this is the first year our data shows that shift as the norm, not the exception.
- **Differentiation remains the stuck problem.** For three years running, roughly three in four practices tell us differentiation is hard. No amount of marketing spend has moved that number.
- **AI arrived faster than any shift we have measured.** Adoption surged in two years. Ownership and measurable ROI have not kept pace, and the practices that closed that gap first are the ones pulling away.

The finding that stopped me cold this year: among the practices we labeled Momentum, 62% posted 10% or more revenue growth. Among the Middle, 32%. Among the Waiting, 8%.

The gap is real, it is measurable, and it is widening. Last year I thought the gap between winners and the rest was mostly a marketing-spend story. This year's data says it is a measurement and ownership story that marketing spend only accelerates.

Here is what I want every reader of this report to take away, whether your practice is a first-year, single-location start-up or a seven-figure, multi-location operation: this data is yours to use. It is not meant to grade your practice. It is meant to show you what the practices winning right now are actually doing differently, and to give you the moves they made in the order they made them.

At Growth99, we remain laser-focused on partnering with aesthetic and elective wellness practices to turn clinical excellence into real, measurable growth. You bring the craft only you can bring. We bring the marketing expertise, the measurement, and the search strategy that make your work findable to the right patients. Together, that is a plan.

On behalf of our entire team, I am grateful for the opportunity to support your practice. I would love to hear what resonated, what surprised you, and what you want to see in the 2028 edition.

To your continued success,

Rob Pickell

CEO, GROWTH99

Looking for your practice in the data?

Start with the three cohorts on page 07.

Locate yourself in Momentum, Middle, or Waiting, then jump to the five moves on page 28.

Where is the industry heading?

Start with the three-year arc on page 08.

The 2027 data makes patterns visible that no single-year report could.

Briefing your team?

Every data section opens with the finding and closes with a larger, more prominant quote.

Skim it in ten minutes or read it in forty.

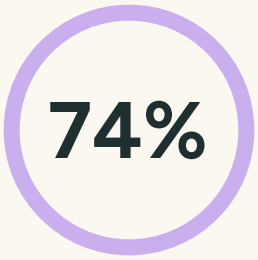
If marketing feels harder lately, you're reading the data *right.*

If leads feel harder to come by this year, if standing out from the practice down the street feels impossible, if AI feels like noise with no owner and no obvious payoff, you are not alone. You are not behind. You are running a practice at the exact moment this industry quietly rewired itself.



Name A Lead Problem As Their #1 Growth Block

Too few leads, or the wrong leads



Say Differentiation Is Hard

77% in 2025 · 77% in 2026



Have No One Owning AI Marketing Strategy

38% call AI's impact "neutral"

This is why the 2027 edition reads differently. Growth99 is the only platform in aesthetic and elective wellness marketing that now holds three full years of continuous benchmark data on the same questions, which shows which problems the industry is actually solving, which have refused to move, and which are brand new in your field.

Three kinds of practice in this market *now.*

The 2027 data points to three distinct kinds of aesthetic and elective wellness practice, defined by what they are doing about the three stuck problems: leads, differentiation, and AI ownership.

Three cohorts in the market now

Share of practices, 2027 benchmark (strict cuts: measures CPL + CPA, formal AEO/GEO, named AI owner)



Momentum 11% · The Middle 73% · Waiting 16%

↗ 2027 Growth99 benchmark (n=73): Momentum 8 · Middle 53 · Waiting 12

Momentum

11% · n=8

These practices know their cost per lead and cost per acquired patient, and review them with their team monthly.

They have a formal strategy for showing up in AI-driven search and have decided who owns AI. Their next bottleneck is clinical capacity, not patient flow.

Grew 10%+: 62%

The Middle

73% · n=53

The largest group. Spending more on marketing than two years ago, adding GLP-1, peptides or hormone therapy, experimenting with AI tools.

What they have not done is pick a position, name an owner, or commit to measurement. The investment is real. The clarity is not.

Grew 10%+: 32%

Waiting

16% · n=12

Running the practice they built years ago, carried by word-of-mouth and a loyal patient base earned one patient at a time.

The market around this cohort is changing faster than ever, and the moves that would protect this base are the same ones that open the door to the next.

Grew 10%+: 8%

> *We bring the marketing expertise. You bring the clinical excellence. Together, that's unbeatable.*

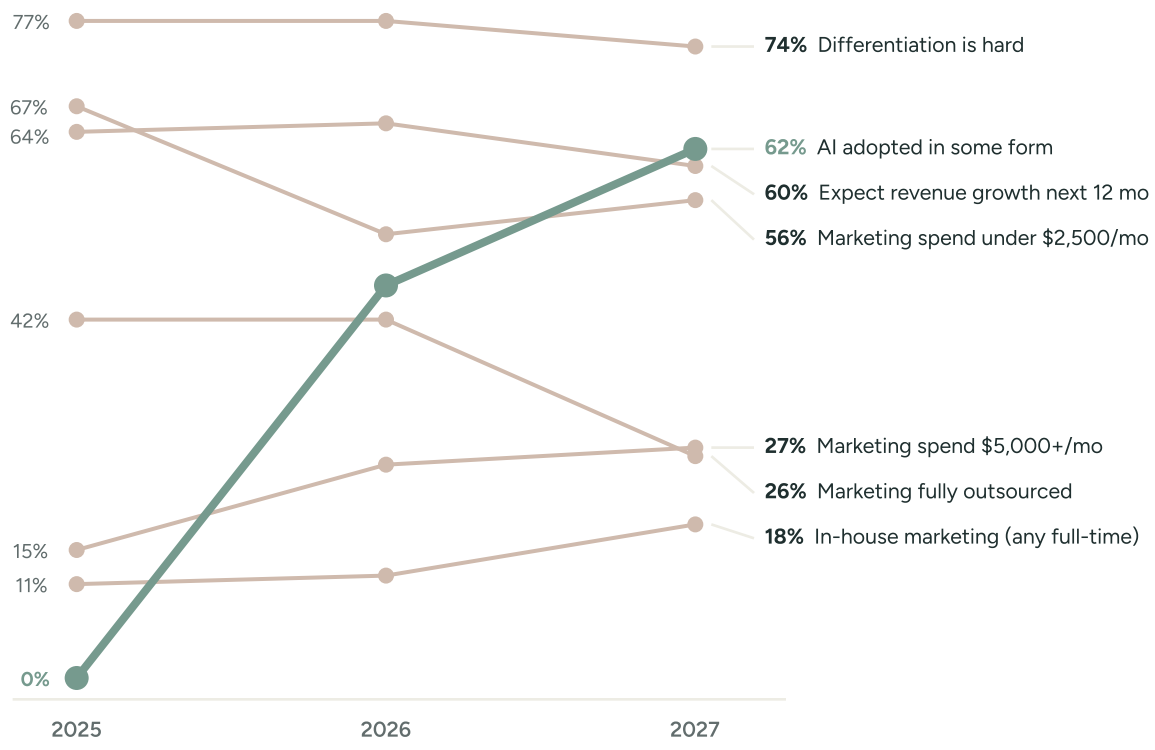
PROXY CUTS FROM THE 2027 SURVEY CROSSTABS

Investment up. Differentiation stuck. *AI accelerating.*

Read the 2027 numbers alongside 2025 and 2026 and the story stops being about any single year. It's about an industry maturing in some places, standing still in others, and reshaping around forces (AI, AEO/GEO, GLP-1) that didn't exist as line items three years ago.

Eight Metrics, Three Editions.

Growth99 benchmark reports, 2025 to 2027 (% of practices)



↗ Growth99 benchmark reports, 2025 to 2027 (n=107, n=81, n=73)

Investment is up, and smarter

The $5K+ per month cohort nearly doubled in two years (15% → 27%).

Differentiation hasn't budged

Three in four practices still find it hard. No spend or technology has moved it.

Staffing is finally shifting

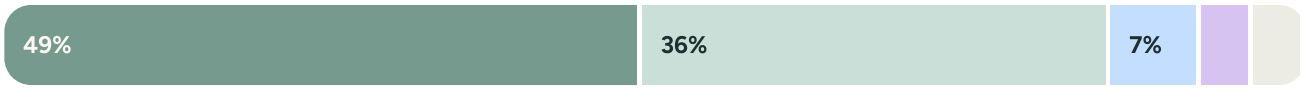
Fully outsourced dropped from 42% to 26% in one year. Hybrid is now the most common model.

The voice of the operator *running the floor.*

73 practices completed the full survey. Most are owner-led, growing, single-location practices, which is where most of the industry sits.

73
PRACTICES

Primary role



Owner/Founder 49% · Practice Manager 36% · Marketing lead 7% · Clinical lead 4% · Other 4%

Specialty

Med Spa	**75%**
Regenerative Medicine	7%
Wellness	7%
Plastic Surgery	3%
Longevity, Dermatology, Dental	8%

Years operating

Under 1 year	8%
1–3 years	**30%**
4–6 years	25%
7–10 years	14%
10+ years	23%

Revenue, last 12 months

Under $500K	**29%**
$500K–$999K	23%
$1M–$1.99M	21%
$2M–$2.99M	7%
$3M–$4.99M	5%
$5M+	7%
Prefer not to say	8%

Locations

78% 1 location

18% 2–3 locations

4% 6 or more

PART #2

Findings

Shows you the data.

Growth · The Lead Problem · Spend & Measurement · AI in Marketing Operations · Patient-Facing AI · AEO/GEO · Service Expansion & GLP-1 · Differentiation

FINDING ONE

Growth: softer than it *looks.*

One in three practices is flat, declining, or not tracking growth at all. The ambition in next year's plans says they intend to change that. The infrastructure to actually do it is uneven.

Of Practices Are Flat, Declining, Or Not Tracking Growth At All.

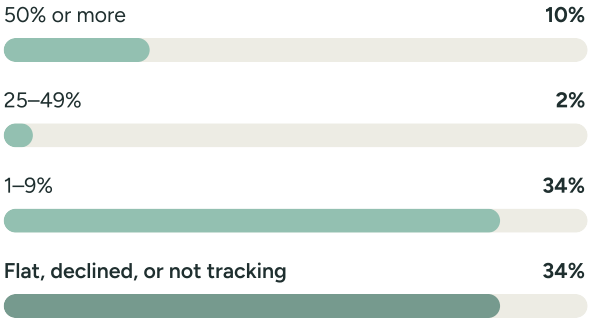
34%

Real work for not much *lift.*

Add up the share of practices that were fl**at, declined, or aren't tracking growth at all** and you get **34%**, roughly one in three. That's the number that doesn't make it onto most industry panels.

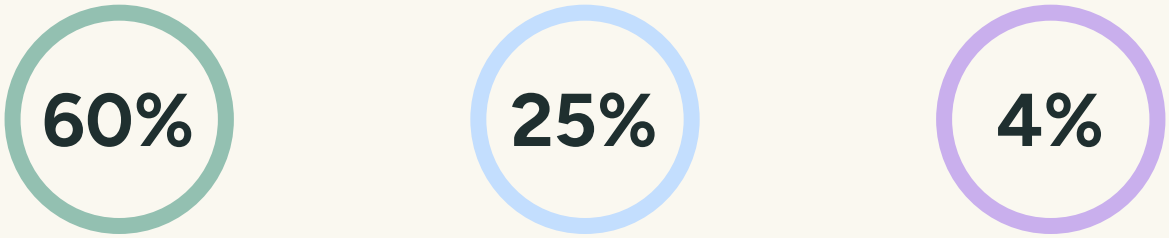
The headline growers are real: 10% posted 50% or more growth, and another 2% booked 25–49%. But the middle of the market is grinding out 1–9% growth (34% of the sample).

Past 12 months, revenue growth



↗ 2027 Growth99 benchmark (n=73)

Next 12 months: what practices expect



expect 10% growth or more

expect 25% growth or more

expect a decline

> *The optimism gap between what happened and what's planned is the single most important thing a growth partner can read in this data.*
>
> FINDING ONE

Practices know what they want, and most of them don't have the measurement, the lead flow, or the positioning to get there on momentum alone.

FINDING TWO

The lead problem is still the lead *problem.*

Most of the industry is running on referrals. Most of them also say referrals aren't enough. The practices that moved past the lead problem are the ones with a measured pipeline, not a bigger friend list.

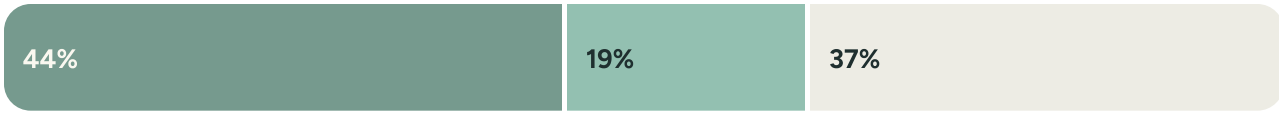
Of Practice Leaders Say Leads Are Their Biggest Growth Block.

63%

Referrals are the floor. They aren't *enough.*

Asked for the single biggest thing keeping their practice from reaching its next stage, 63% named leads. Every other barrier (pricing pressure, staffing, owner bandwidth, capacity, capital) combined doesn't outweigh those two.

The single biggest thing blocking the next stage of growth



Not enough leads coming in 44% · Lead quality is poor / not converting 19% · All other barriers combined 37%

↗ 2027 Growth99 benchmark (n=73)

56%

say word-of-mouth is their #1 new-patient channel

TOP NEW-PATIENT CHANNEL

Word-of-mouth	56%
Paid search	~12–15%
Organic search	~12–15%
Organic social	~12–15%
Email	1 practice

Translated: most of the industry is running on referrals, and the single biggest growth barrier they name is that referrals aren't enough. The practices that said something other than leads were disproportionately the ones already investing in marketing with real measurement. They've moved past the lead problem into bandwidth, conversion, and capacity problems.

> *Everyone else is still trying to solve a lead equation they haven't fully written down.*
>
> FINDING TWO



FINDING THREE

Marketing spend is steady. Measurement *isn't.*

Marketing without cost per lead and cost per acquired patient is a guess with a budget attached. That is not a tooling problem. That is an operating-system problem.

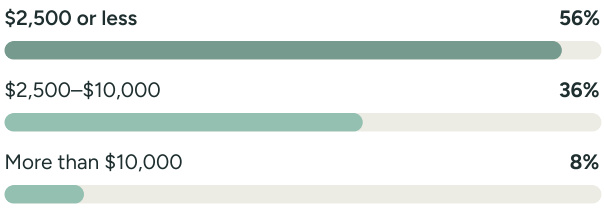
Know Both Their Cost Per Lead And Cost Per Acquired Patient.

29%

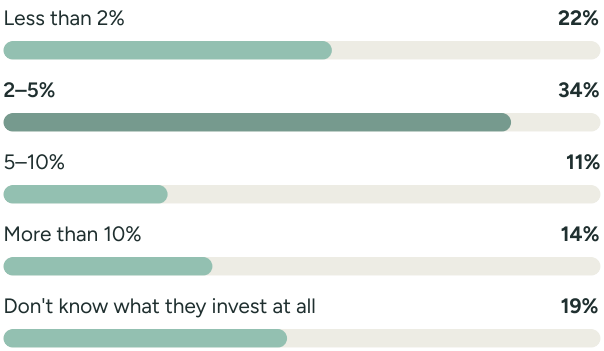
Spending modestly. Measuring *rarely.*

Most practices spend modestly and consistently. The staffing picture is the real story: fewer than one in five has a dedicated in-house marketing function. Practices want ownership, but they know they can't do it alone.

Monthly marketing spend

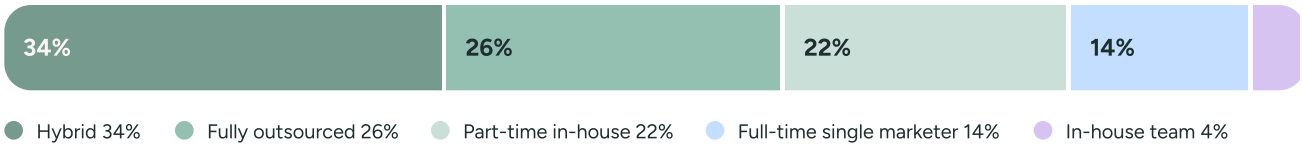


Marketing spend as share of revenue

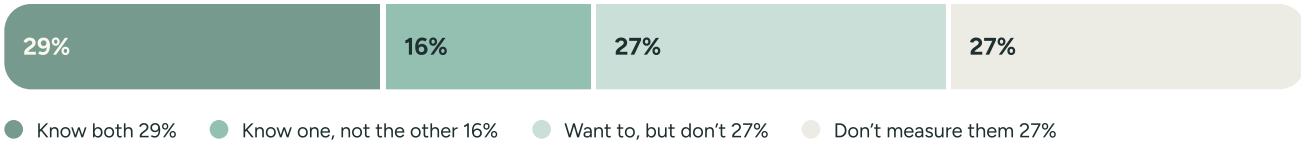


How marketing is staffed

Hybrid (in-house lead + outsourced execution) is now the single most common structure



Do you know your cost per lead (CPL) and cost per acquired patient (CPA)?



↗ 2027 Growth99 benchmark (n=73)

More than half the industry is making marketing decisions without the two numbers that would tell them whether those decisions are working.

> *Marketing without CPL and CPA is a guess with a budget attached.*
>
> FINDING THREE

FINDING FOUR

AI in marketing: adoption without *ownership.*

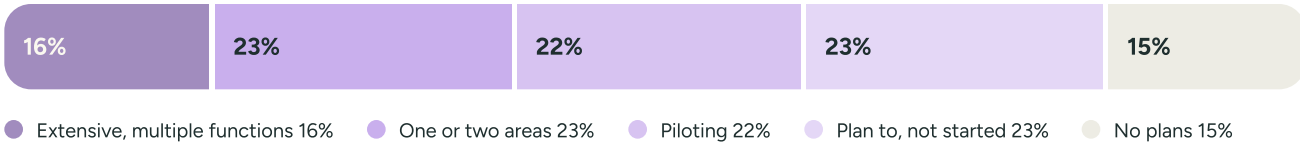
AI is in the building. It just doesn't have a job yet. 38% describe the past year of AI in marketing as neutral. Those two numbers are the same number.

Have No One Specifically Owning AI Marketing Strategy.

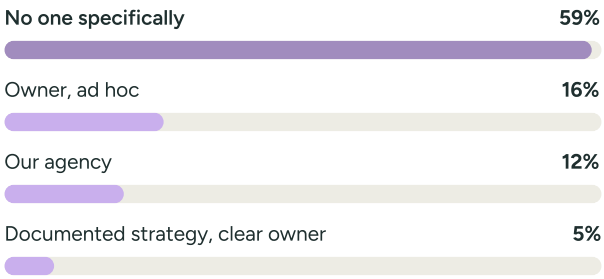
59%

Adoption is wide. Impact hasn't *landed yet.*

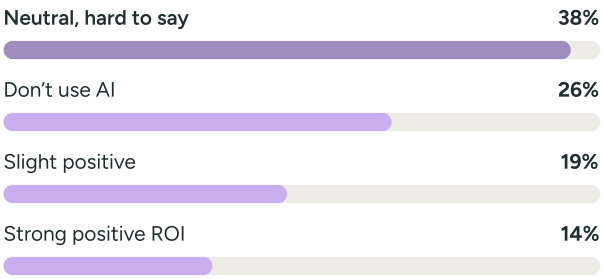
AI adoption in marketing



Who owns AI marketing strategy



AI's impact over the past year



AI is doing the low-stakes, high-volume work: writing captions, replying to "what's your pricing" messages, drafting newsletters. It is not yet running the acquisition engine.

Ownership is the real tell. 59% of practices have no one specifically responsible for AI marketing strategy. 16% say the owner handles it ad-hoc; 12% say the agency owns it; only 5% have documented a strategy with clear ownership. Which explains the ROI read: 38% describe AI's impact over the past year as "neutral, hard to say either way," 26% don't use it, 19% see slight positive impact, and only 14% report strong positive ROI.

> *AI is in the building. It just doesn't have a job yet.*
>
> FINDING FOUR

FINDING FIVE

Patient-facing AI: a wide-open *lane.*

Four in ten practices have no AI touchpoint between “patient lands on the website” and “someone picks up the phone.”



Use No Patient-Facing AI Tools At All

41%

Automating the first touch. Not yet the *consultation.*

41%

Use No Patient-Facing AI Tool

Four in ten practices

41% of practices use no patient-facing AI tool at all. That's four in ten med spas with no AI touchpoint between "patient lands on the website" and "someone picks up the phone." Among the practices that have deployed something, chatbots and booking automation lead.

The pattern maps cleanly to the lead problem. Practices are starting to automate the first touch (a chatbot that answers at 9pm on a Friday, a booking link that doesn't lose a lead to voicemail). What they haven't tackled yet is using AI to raise the quality of the consultation itself: skin analysis, visualizations, personalized recommendations. That's where the next 12 months of competitive differentiation sit for practices that get there first.

THE NEXT LANE

- ☑ Skin analysis
- ☑ Visualizations
- ☑ Personalized recommendations



FINDING SIX

AEO/GEO: the new *search* story.

Patients are starting their med spa research in AI answer engines now. The practices with a formal AEO/GEO strategy are the ones whose organic traffic is still growing.

Of Practices With A Formal AEO/GEO Strategy Saw Organic Traffic Go Up.

67%

The finding that quietly matters *most.*

Asked whether they're actively optimizing their website and content for AI-driven search (AEO/GEO), 60% said yes in some form. Patients increasingly start their research in ChatGPT, Perplexity, Gemini, and Google's AI Overviews.

Optimizing for AI-driven search (AEO/GEO)



- Formal strategy in place 33%
- Experimenting 27%
- Aware, haven't started 22%
- Don't know what AEO/GEO is 18%

↗ 2027 Growth99 benchmark (n=73)

FORMAL AEO/GEO STRATEGY · N=24

67%

reported organic search traffic up over the last 12 months.

NO STRATEGY OR AWARENESS · N=29

~50%

were flat, down, or not tracking. Only a handful reported significant gains.

The sample is small, so treat it as a signal rather than a proof. But the direction is unmistakable.

First-week play: AEO/GEO

- [x] **Rewrite one service page for AI answer engines**
- [x] **Audit Google Business Profile and name your signature**
- [x] **Request three citations with your patient segment named**
- [x] **Query-monitor your practice in ChatGPT and Perplexity monthly**

TAKE ACTION

Make it findable.

The full first-week play, step by step.

Move 4, page 30 →

FINDING SEVEN

Service expansion & GLP-1: broad, but *shallow.*

Nearly half the industry added GLP-1. For two-thirds of them, it's still a side service, not a revenue engine.



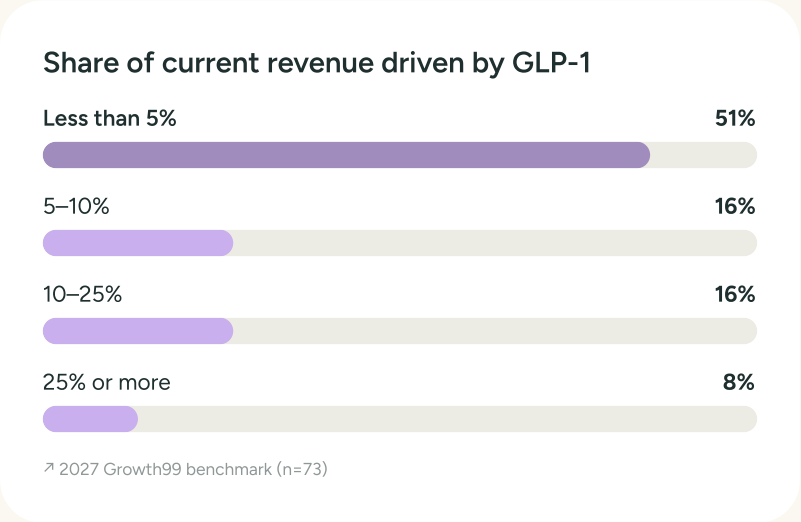
Expanded Their Service Menu In The Past 12 Months.

89%

Adding a service doesn't add *patients.*

Service expansion is the industry's dominant tactic for growth right now. Only 11% of practices said they haven't meaningfully expanded their service menu in the past 12 months.

GLP-1 is the headline, but the reality underneath it is more complicated. Of the practices in the sample, 51% say GLP-1 drives less than 5% of their current revenue. Another 16% put it at 5–10%, 16% at 10–25%, and only 8% at 25% or more. In other words: nearly half the industry added GLP-1, and for two-thirds of them, it's still a side service, not a revenue engine.



That's not a failure of GLP-1 as a category.

It's a sign that service expansion without marketing expansion delivers less than the brochure promised.

> *Adding a service doesn't add patients. Making sure patients know you offer it, and that you're the practice to trust with it, is a separate project, and most practices haven't done the second one yet.*
>
> FINDING SEVEN

FINDING EIGHT

Differentiation: the lever most practices haven't *pulled.*

There's a med spa down the street with the same injectables, the same laser, and, as the data shows, the same AI chatbot.

Say Differentiating From Local Competitors Is Hard Or Very Hard.

74%

Offering everything means competing on *everything.*

74%

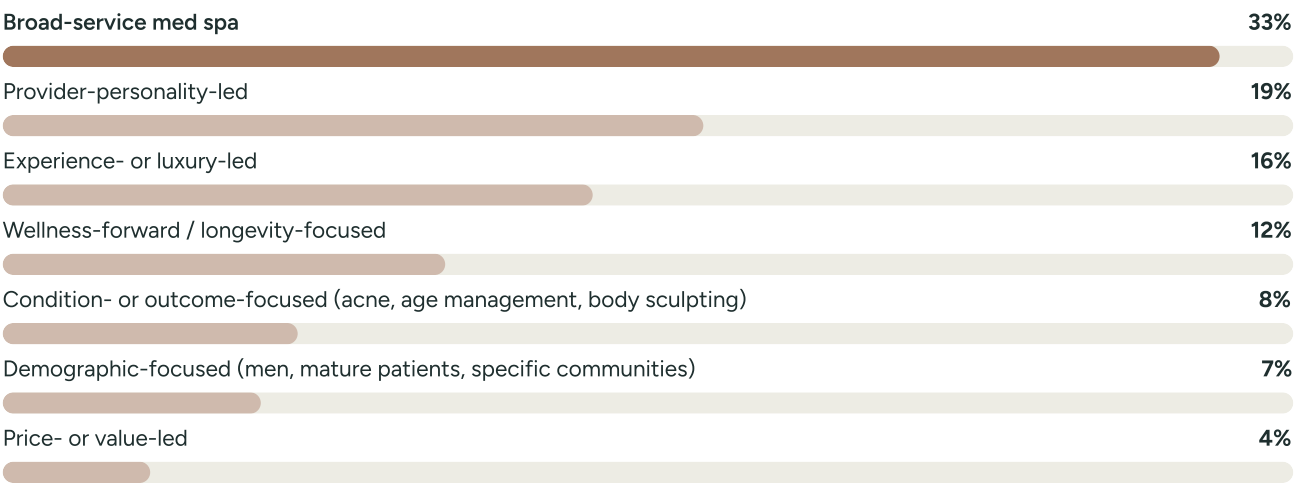
rated differentiation 3, 4 or 5 (hard)

Only 8% rated it a 1 (easy)

The biggest cohort calls itself a "broad-service med spa": 33% of all respondents. That same cohort is disproportionately the one rating differentiation "very hard": 7 of the 10 practices that rated it 5/5 come from this group.

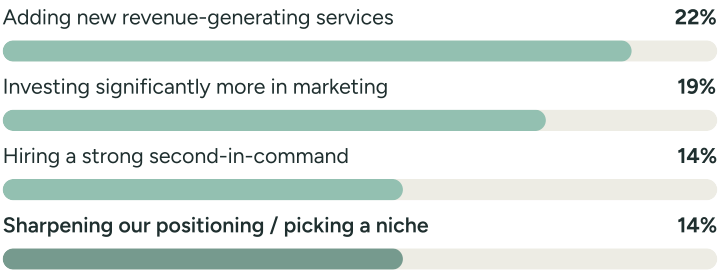
Positioning strategy

% of practices



↗ 2027 Growth99 benchmark (n=73)

The single biggest thing that moved your practice to its current stage



> *The practices that have grown know what moved them. Positioning is on the list.*
>
> FINDING EIGHT

PART #3

Playbook

Tells you what to do.

How to Fix the Stuck Number · The Five Moves · The 5-Move Scorecard · Multi-Location · What Practices Say Is Changing · What This Means · Where to Go From Here

What the Momentum cohort does *differently.*

Three years of the same 77% says something uncomfortable: the differentiation problem is not solved by spending more money, buying more tools, or adding more services. It is solved by doing a different kind of work, in a specific order. The Momentum cohort proves it.

If you want to move your practice from the Middle to Momentum, these are the five moves the three-year data most strongly supports. They are listed in the order the Momentum practices made them, not the order they are easiest.

#1 **Pick your patient.**
Name a specific segment you serve exceptionally well. p. 29

#2 **Pick your signature.**
A protocol competitors can't replicate by Monday. p. 29

#3 **Pick your story.**
"Why us" in one sentence that doesn't lean on price. p. 30

#4 **Make it findable.**
Show up in the AI answers patients ask now. p. 30

#5 **Measure the two numbers.**
CPL and CPA, reviewed with your team monthly. p. 31

↗ The five-move path, drawn from Momentum-cohort behaviors in the 2027 survey

MOVE 1 · TAKE ACTION

Pick your patient.

Three questions decide the segment your practice is positioned to serve.

Use the scorecard, page 33 →

The broadest cohort in our 2027 survey (33% of all practices) describes itself as a "broad-service med spa," and it is also the cohort rating differentiation hardest. The practices that find differentiation easiest have named a specific patient they serve exceptionally well: a demographic, a condition, a stage of life.

What this looks like: age management for professional women 50+, concierge male aesthetic services, condition-focused wellness protocols, post-partum recovery programs. The point is not the category. The point is committing to one.

Three questions to answer before you pick

- **Who are your happiest, highest-value patients?**
  And what do they have in common beyond demographics?
- **What can your clinicians serve better than anyone within 10 miles?**
  Based on real expertise rather than aspiration.
- **Would you recognize your patient on the street?**
  And would you know exactly what to say?

Not "injectables and laser." A named protocol, a proprietary combination, or an elevated standard of care that a competitor in your market can't replicate by Monday. 17% of practices in our 2026 data completely overhauled their service approach, and they disproportionately report earned growth, not aspirational growth.

> *A patient can share "I did the Reset at your practice" with a friend in a way they cannot share "I did some lasers."*
>
> MOVE 02

MOVE 2 · TAKE ACTION

Pick your signature.

Name it. A journey like "The Reset: a 90-day skin program combining three treatments at a defined cadence."

Score it on page 33 →

MOVE 3 · TAKE ACTION

Pick your story.

Write the one sentence first, from the patient's seat. Then ask your whole team to say it back from memory.

Score it on page 33 →

If your front-desk team cannot answer "why should I come here instead of the med spa three blocks away" in one sentence that doesn't lean on price or location, your website can't either. The three pillars matter in this order: who, what, how. Most practices start at "how" and never fix "who."

FILL IN THE BLANKS

"I come here because [practice] specializes in [patient segment] and the [signature protocol] got me the result nobody else could."

AEO/GEO (Answer Engine and Generative Engine Optimization) moved from a concept nobody tracked in 2025 to a formal strategy at 33% of practices in 2027. When a patient asks ChatGPT, Perplexity, or Google's AI Overview for the best med spa in their city, your positioning only works if it shows up in that answer.

Structured content for AI answer engines names your patient segment and your signature in plain language, answers the specific questions patients type into AI chat, publishes reviews and before-and-afters with the protocol named, and earns citations in the sources AI engines read.

MOVE 4 · TAKE ACTION

Make it findable in the search that matters now.

Start with the first-week play below.

A first-week play, if you want to start today

- **Rewrite one service page**
  Answer "best [treatment] for [patient segment] in [city]" in a single clear sentence a patient would recognize.
- **Audit your Google Business Profile**
  Make sure your signature protocol is named in your services list, not buried in a long treatment menu.
- **Request three citations**
  From local directories, aesthetic directories, and review sites, with your patient segment named.
- **Query-monitor monthly**
  Type the three questions your ideal patient would ask ChatGPT and record whether your practice shows up.

MOVE 5 · TAKE ACTION

Measure the two numbers that change every decision.

Cost per lead. Cost per acquired patient. Reviewed with your team monthly.

Score it on page 33 →

56% of practices in our survey don't know both numbers. Without them, every marketing decision is a guess with a budget attached. With them, the next 12 months of growth stops being a wish and starts being a plan.

What this looks like: a one-page monthly report that answers three questions.

1. What did we spend, by channel?
2. What did each channel return in leads and acquired patients?
3. What did it cost per lead and per acquired patient vs. last month and last quarter?

> *They review it monthly whether or not anything looks wrong, which is how you catch something looking wrong before it compounds.*
>
> MOMENTUM COHORT

Momentum vs. Middle, move by move

THE 5 MOVES	MOMENTUM COHORT	MIDDLE COHORT
Pick your patient	Named a specific segment they serve exceptionally well	"Broad-service med spa" (33% of practices)
Pick your signature	A protocol or combination competitors can't replicate by Monday	Same injectables and laser menu as the practice down the street
Pick your story	Front desk answers "why us" in one sentence that doesn't lean on price	Generic brand messaging, "we care about our patients"
Make it findable	Formal AEO/GEO strategy, organic traffic still growing	Aware of AI search, waiting to see
Measure CPL and CPA	Both numbers, reviewed with the team monthly	One number, or neither, or "we want to but don't"

HOW THE FIVE MOVES PLAY BY PRACTICE SIZE

Three starting places. *One destination.*

Not every practice should run all five moves in the same order. The 2027 data suggests three distinct starting places based on where you are today.

First-year or sub-$500K, single location

5 1 3 2 4

MOVE ORDER

Start with move 5 and nothing else. The measurement alone shows where your current dollars are already leaking. Then layer moves 1 and 3 as bandwidth allows. Moves 2 and 4 compound once the first three are right.

Growing single location, $500K–$2M

1 2 3 4 5

MOVE ORDER

All five matter at once, in the order listed. Practices in this band who skip measurement tend to plateau around $1.5M. The ones who do all five pull into the Momentum cohort within 18 months.

Multi-location or seven-figure, above $2M

5 4 1 2 3

MOVE ORDER

Move 5 comes first and runs per location. Move 4 runs centrally with location-level landing pages. Moves 1–3 adapt per location, but the brand position has to be consistent across sites or lead flow dilutes.

THE PRACTICE OWNER PICKS

- ☑ **The patient**
- ☑ **The signature**
- ☑ **The story**

Decisions only you can make, because they are decisions about your craft.

GROWTH99 BRINGS

- ☑ **The search strategy**
- ☑ **The measurement**
- ☑ **The reporting cadence**

What makes those decisions visible to the right patients and defensible on your P&L.

> *Your clinical excellence deserves to be found. We own the finding so you don't have to.*
>
> THE HONEST DIVISION OF LABOR

TEAR-OUT · GROWTH99 2027 BENCHMARK

The 5-Move *Scorecard.*

Growth99

PRACTICE _____ DATE _____ COMPLETED BY _____

For each move, mark where your practice is today, then write your answer. Start with the move your practice size calls for (page 32).

1 Pick your patient

Momentum: named a specific segment they serve exceptionally well

☐ Not started ☐ In progress ☐ Done

Our patient is...

2 Pick your signature

Momentum: a protocol competitors can't replicate by Monday

☐ Not started ☐ In progress ☐ Done

Our signature is called...

3 Pick your story

Momentum: front desk answers "why us" in one sentence, no price

☐ Not started ☐ In progress ☐ Done

Why us, in one sentence...

4 Make it findable

Momentum: formal AEO/GEO strategy, organic traffic still growing

☐ Not started ☐ In progress ☐ Done

The 3 questions our patient asks AI...

5 Measure CPL and CPA

Momentum: both numbers, reviewed with the team monthly

☐ Not started ☐ In progress ☐ Done

CPL: $_____ CPA: $_____ Review day: _____

OUR FIRST MOVE THIS QUARTER _____ OWNER _____ REVIEW DATE _____

↗ Print this page or fill it in digitally with your team · growth99.com

A smaller cohort with a lead-flow *problem.*

22%
operate more than one location

18%
run 2–3 sites

4%
run 6 or more

22% of the sample operates more than one location: 18% run 2–3 sites, 4% run 6+. The pattern: lead flow per location, not brand or ops, is the hardest multi-location problem to solve. A second location doubles the staff, the rent, and the overhead; it does not automatically double the leads.

How multi-location practices run marketing

Among practices that answered the structure question (26% of the full sample)



Centrally 73% · Hybrid: central strategy, local execution 15% · Each location runs its own 8%

↗ 2027 Growth99 benchmark (n=73)

Structurally, among the practices that answered the multi-location structure question (26% of the full sample), the clear majority, 73%, run marketing centrally; another 15% use a hybrid central-strategy / local-execution model; just 8% let each location run its own. Centralization is now the default once a practice has more than one site.

> *That's where most multi-location growth stalls. A shared marketing engine earns its keep.*
>
> MULTI-LOCATION

And where the money is going *next.*

55%

name economic pressure or competition as the biggest change

Asked for the single biggest change they've seen in the industry over the past 12 months, the answers divide into two halves. More than half the industry (55%) names either economic pressure or competition as the dominant force.

These aren't new problems. They are compounding. GLP-1, wellness, and AI are now familiar enough that practice owners name them as part of the environment rather than as novelties.

#1 investment focus, next 12 months

Marketing & patient acquisition	**52%**
Technology & automation (incl. AI)	11%
Owner / leadership development	10%
New locations	8%
New service offerings	8%

Tech improvement with the biggest impact

Practice management system integration	**26%**
Patient communication tools	19%
Booking automation	16%
Reputation management	16%

The story is coherent. Practices know competition is tightening and the consumer is pickier. They're planning to meet it the same way they've always met it (with better marketing), but they're also, finally, asking for the connected tech stack that makes that marketing stick.



Five things to carry out of this *report.*

Written to the practice owner who is excellent at the clinical work and did not get into this to become a marketer.

#1 **Measurement is the unlock before everything else.**
More than half this industry spends on marketing without knowing CPL or CPA. Reported monthly, they turn marketing from a cost center into a lever you pull on purpose.

#2 **Word-of-mouth is a floor, not a plan.**
A referral engine you can trace, a search presence patients find before they ask a friend, and a response system that catches every inquiry.

#3 **Pick a lane.**
Three in four practices say differentiation is hard; the ones with the clearest positioning find it meaningfully easier. Make your clinical choices visible before a patient walks in.

#4 **The search story has moved.**
AI-driven search is already deciding who shows up. The practices with a formal AEO/GEO strategy are the ones whose organic traffic is still growing.

#5 **AI without ownership is just more software.**
You don't need an AI department. You need one person, or one partner, accountable for which tools you use, where they fit, and what good looks like.

> *Three years running, the data has said the same thing: the practices who move win. The ones who wait don't. The next twelve months are a choice, not a forecast.*

Your clinical excellence deserves to be *found.*

Three years in, we are more invested than ever in helping aesthetic and elective wellness practices turn clinical excellence into real, measurable growth. If this report sparked a question, a disagreement, or a conversation inside your practice, we would love to hear about it.

If you want to talk through where your practice sits in this data and what the first move looks like for you, book a consult.

BOOK A CONSULT



On behalf of our entire team, thank you for reading.

Methodology at a *glance.*

The 2027 State of Aesthetic & Elective Wellness Marketing: What the Winners Do Differently is the third annual benchmark from Growth99 and reflects the second year of continuous year-over-year comparisons on the same core questions.

DIMENSION	2027 EDITION
Sample size	73 aesthetic and elective wellness practices
Survey period	October 2026
Survey format	Online, administered by Growth99 to practice decision-makers
Geographic distribution	National sample across the United States and Canada
Survey scope	25+ aspects of current and future marketing strategy

Year-over-year comparisons

Three-year trend data draws on prior editions: the 2025 inaugural report (n=107, surveyed Q4 2024) and the 2026 edition (n=81, surveyed Q4 2025). Metrics compared across years use consistent survey questions. Metrics new in 2027, notably formal AEO/GEO strategy and named AI ownership, are reported for 2027 only.

Cohort definitions

Momentum includes the 8 practices (11%) meeting all three strict criteria: knowing both CPL and CPA, having a formal AEO/GEO strategy, and having a specifically named owner of AI marketing strategy.

Waiting includes the 12 practices (16%) citing word-of-mouth as their #1 acquisition channel with no AEO/GEO strategy and no current AI adoption in marketing.

Middle is the remaining 53 practices (73%).

Data sources

Growth99 proprietary research is the primary source for every finding. External industry context is drawn from AmSpa's State of the Industry Survey (medical spa count, revenue averages, and visit rates) where cited inline.

A note on interpretation

Benchmark samples of this size and composition are directional, not statistically representative of every corner of the industry. Where a larger external source clarifies or qualifies a finding, we name it inline so readers can evaluate for themselves.

What's not in this edition

Anonymized case studies from practices in each cohort are on the roadmap for the 2028 edition. To share how your practice moved between cohorts, reach out at marketing@growth99.com.

Growth99

You bring the clinical excellence. We bring the marketing expertise, the measurement, and the search strategy.

Together, that's unbeatable.

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