Instructions for Boston Brace Original Order Form

Reminder – this form is for the technicians and goes with the flow of fabrication. All items on this form need to be completed to ensure customer service and manufacturing are able to fabricate the desired orthosis.

PLEASE DO NOT use this as your clinical note.

This form is for the fabrication of the Boston Brace Original Orthosis.

All items in bold are required (measurements) and represent the recommended standard. If your patient is three years of age or younger, consider the Boston Brace Baby orthosis. The order form and instructions are available on our website.

Demographics:

Date: _____ Due Date: _____	PO #: _____	Contact: _____	
Ship To: _____	Ship Via: _____	Email: _____	
Address: _____	Account #: _____	Phone: _____	
City: _____ State: _____ Zip: _____	☐ Previous Original Wearer	Scan Label: _____	
Patient Name: _____		Ht: ____ft ____in Wt: ____lbs	
Age: _____ Sex: _____ Diagnosis: _____			

Customer service uses this section to initiate the fabrication process. All the above is entered into our system. In the event we need to contact you, the treating orthotist, or if you have a question on the fabrication, having this information entered allows for easy retrieval.

Patient Name, Age, Sex, Height, Weight, Diagnosis:

We will keep a secondary record for you showing the patient's age, sex, height and weight as well as the diagnosis. This information may assist in justifying a new orthosis.

Make sure all information provided is legible.

Age and Sex are needed to complete our records in the event you need the manufacturing record. Height is broken down into feet and inches to ensure proper record keeping. Weight is requested to be in pounds. Diagnosis is needed to complete records.

Previous Original Wearer:

This notifies the technician to review potential previous finish orders. At times, a scoliosis curve may change and thus the design of the brace may change. If there is a change, it allows us to notify the clinician of design changes.

Scan label:

Scan Label: _____

Scan label is required to make sure the correct scan is modified.

Captevia: File name is auto-populated. The file will include both scans if taking a bivalve scan.

Laser scanner: Patient's first initial, last name; scan number; clinicians' initials; the word scoli; date of scan

i.e. patient John Smith is seeing clinician Jane Doe on April 1, 2020 for his first brace.

Scan Label: jsmith#1jdscoli04012020

Bivalve scan: Follow the sequence above and add _ant and _post after the date

Anterior section: jsmith#1jdscoli04012020_ant
Posterior section: jsmith#1jdscoli04012020_post

Anatomical Measurements

Shape Capture :

Let us know if you took a scan, cast or measurements only. In the event the cast/scan are submitted independent of the workorder, this lets us know additional items are needed to submit the order.Previous Wearer:

If yes, our fabrication technicians will check the previous design and alert you if a change is recommended. You will have the final word on the brace design.

Measurements:

Circumferential, ML, and AP measurements required. The sections in Bold are the minimum requirements if provided a cast or scan.

If taking a *bivalve scan*, please provide all measurements, circumferential, ML and AP measurements at the anatomical landmarks noted.

Linear Measurements:

Linear measurements are to the anatomical landmark regardless of scan type. The axilla measurement is to the maximum height under the arm needing an axillary extension. If, as is the case of a Thoracolumbar curve, the axilla may be well below the maximum axillary measurement, please provide the maximum height to assist in fabrication. The finish height section will assist in determining the finish measurements.

ASIS measurements:

Please provide the ASIS to ASIS linear measurement by following the patient's body contours using a cloth tape measure. The CAD software is design to follow the patients shape and not a point to point measurement provide by using a ML stick or the like.

**Required	Lumbar/TL	Thoracic
Convexity	☐Left ☐Right	☐Left ☐Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

The above chart must be fully completed to monitor outcomes and provide guidance for brace design. Indicate the side of the curve convexity (left or right). Please indicate the numerical values for Apical vertebra, Cobb angle, and scoliometer reading in the designated box. Apical vertebra: denote the apical vertebra for the curve(s) (Example- T9 or L3). Cobb angle: indicate the angle of the selected curve(s) in degrees (Example: 35deg). Scoliometer reading: document your findings from the scoliometer reading to determine the degree of rotation of the curve(s) (Example: 9 deg).

Kyphosis Option :

Kyphosis Options
☐ Sternal Bar
☐ Pectoral Extensions

Sternal Bar

Patients' presenting with both a kyphosis and scoliosis may   require a Stern Bar or Pectoral Extensions to be added to their Boston Brace Original.

Patients presenting with just a kyphosis are recommended to be fit with the Kyphologic brace.   The order form and instructions are available on our website. (https://www.bostonoandp.com/products/ordering/)

Brace Design:

Lordosis	Abdominal Shape	Lumbar Relief	Straps	Finished	Boston Sensor
☐ **Match scan/cast**	☐ **Neutral**	☐ Left ☐ Right	☐ **White**	☐ **Yes**	☐ Send Sensor
☐ 15 degrees	☐ 10 degrees from Pt.		☐ Black	☐ No	☐ Sensor Hole
☐ Other: _____	presentation				
	☐ Other: _____				

This section assists the CAD technician with sagittal plane design.

Lordosis:

We encourage scanning all scoliosis patients regardless of the type of orthosis being provided. Reduction of lordosis is no longer the standard. Overall sagittal balance is the goal. For some patients that may mean there is a reduction of lordosis, but its more about overall sagittal balance. Please see our video on how to manage your patient's sagittal profile when scanning. Let us know how we should adjust (or not) your patients' lordotic posture.

Abdominal Shape:

This allows the CAD technician to adjust the anterior section of the patient's sagittal profile. Neutral is flat to 3 degrees of convexity, (depending on measurements provided) 10 degrees from neutral would add more convexity to the anterior.

Let us know if you want the CAD technician to increase the relief area opposite the lumbar pad

Lumbar Relief:

Check the box (left or right) if you want to have CAD built in relief opposite the lumbar pad. This will allow the patient to de-rotate into the void area. If no box is checked, there will be no relief built into the orthosis.

Straps:

Standard straps are white. Indicate the color of the straps requested by the patient. Strap transfers are no longer an option here as they decrease the life and integrity of the straps.

Finished:

The finish room technicians will prepare the brace for first fitting. You may provide finish lengths. Not all lengths are from the waist.

Boston Sensor:

The Boston Sensor adherence monitor is standard of care for the Boston Brace Original. Indicate if the patient/parent agrees to have the Boston Sensor installed or not.

Send Sensor: The Boston Sensor with instructions for launching and downloading adherence data will be sent with the orthosis. This is for patients that have consented to having a sensor

installed into their orthosis.

Sensor Hole: A hole is drilled in the center of the anterior section of the orthosis unless otherwise specified in the notes section of the order form

Liner	Plastic	☐ Lumbar Reinforcement	Transfer
☐ 3/16" ☐ Unlined	☐ **Copoly 5/32"**		1st_____
☐ Other: _____	☐ Copoly 1/8"		2nd_____
	☐ Other: _____		

Liner:

Our standard is to line the brace with 3/16 aliplast. Let us know if you want the brace lined, unlined or something else

Plastic:

Copoly is our standard plastic, and the thickness is dependent on the brace size. Let us know if you want a different plastic or thickness than the standard.

Lumbar Reinforcement:

The lumbar reinforcement is defined as a built-in corrugation positioned superior to inferior just lateral to the posterior opening that assists in maintaining the lumbar push. This is not a standard for the Boston Brace Original. However, when treating patients with a higher BMI, an unlined or partially lined brace where primary lumbar control is needed, a reinforcement may be necessary.

If left blank, then no reinforcement will be added.

Transfer:

Patients may choose their transfer using the Boston O&P transfer tool. (https://www.bostonoandp.com/transfers/brace/). Write the brace transfers number in this section.

Scoli Tees

☐ Single   ☐ Double

Qty:_____

LAB USE ONLY

CAD	OVEN	DESIGN

FINISH	PADS	QC

Brace Design (Optional)

	Left	Right
Prokyphotic Extension:	☐	☐
Axilla:	☐	☐
Thoracic Extension: ____	☐	☐ ____
Thoracic Pad: ____	☐	☐ ____
Thoracic Window:	☐	☐
Gusset:	☐	☐
Lumbar Pad: ____	☐	☐ ____
Trochanter Extension:	☐	☐
Trochanter Pad:	☐	☐

Finished Heights (From waist)

Sternal Notch: _____ cm	Kyphosis Apex:_____ cm
Thoracic Ext: _____ cm	Axilla: _____ cm
Xyphoid: _____ cm	Inf Angle Scap: _____ cm
Pubis: _____ cm	Seat: _____ cm

Pads ☐ Yes ☐ No ☐ Send
Gusset ☐ Yes ☐ No ☐ Send

Notes:

Scoli T's:

Indicate if you are providing the patient with a Boston Scoliosis T shirt. There are a few options. Customer service will determine the size based on the measurements provided.

Brace Design (Optional):

Here you can provide the specifics for the brace design.

Finished Heights: (Optional):

All heights are from the waist. CAD will complete this section based on the scan and brace design. This section is optional. If you do wish to complete this section, the entire section needs to be completed.

Pads:

Indicate if you want the lab to install the pads. If not, and you want us to send the finished pads, check the send pads box.

Gusset:

The gusset is an elastic cover for the window. If a gusset is chosen, the color will match the strap choice.

Notes:

In the event a special request is made by the patient, or there is some unique anatomy or brace design needed that is not captured in the above sections, the notes section is where you may document this information.

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