

# 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.

## Demographics:

### Boston Brace Original Order Form

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ PO #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Ship To: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ ☐ Previous Original Wearer Scan Label: \_\_\_\_\_

Customer service uses this section to initiate the fabrication process. All of 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.

The highlighted area above needs to be completed. We will keep a secondary record for you showing the patient's age, sex, height and weight as well as the diagnosis. Height and weight are needed in the event a second brace is required. By having this noted on the work order, it serves as a backup for your clinical record.

## 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

Make sure the patient's name is legible.

We will keep a secondary record for you showing the patient's age, sex, height, (in feet and inches) and weight (in pounds). This information may assist in justifying a new orthosis.

Diagnosis is needed to complete records. Infantile idiopathic scoliosis (idiopathic scoliosis that is first diagnosed at 3 years of age and younger), congenital scoliosis (scoliosis secondary to bony abnormality) and neuromuscular scoliosis.

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
















Patient Name: \_\_\_\_\_ Ht: \_\_\_\_ft\_\_\_\_in Wt: \_\_\_\_lbs  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Make sure the patient's name is legible.

We will keep a secondary record for you showing the patient's age, sex, height, (in feet and inches) and weight (in pounds). This information may assist in justifying a new orthosis.

Diagnosis is needed to complete records.

### Measurements:

Anatomical Measurements			
	<b>Cir.</b>	<b>M/L</b>	<b>A/P</b>
<b>Sternal Notch</b>			
<b>Axilla</b>			
<b>Xyphoid</b>			
<b>Waist</b>			
<b>Trochanter</b>			

**Kyphosis Options**  
☐ Sternal Bar  
☐ Pectoral Extensions

\*Anatomical & Finished Heights Required

**Shape Capture**  
☐ Scan ☐ Cast ☐ Measure Only

**Measurements Diagrams:**

**Left Diagram (Anatomical LENGTHS taken from waist):**

- Nipple Line
- ASIS
- Waist
- Pubis
- Xyphoid
- Sternal Notch

**Right Diagram (Kyphosis Apex):**

- Axilla
- Waist
- Trochanter
- Kyphosis Apex
- Inf Ang of Scap

**Required	Lumbar/TL	Thoracic
Convexity	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Apical Vertebra		
Cobb Angle		
Scolimeter Reading		

All Circumferential, ML, AP and linear anatomical measurements in bold are required.

### Shape Capture:

Indicate the method used to capture the patient's shape. This lets customer service know if they need to contact you or not if a scan is not attached to the order.

<b>**Required</b>	<b>Lumbar/TL</b>	<b>Thoracic</b>
<b>Convexity</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
<b>Apical Vertebra</b>		
<b>Cobb Angle</b>		
<b>Scoliometer Reading</b>		

The above chart must be fully completed to monitor outcomes and provide guidance for shift/push magnitudes. 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). Both the Cobb angle measurement and the scoliometer reading will help to determine the push magnitude built into the brace.

### **Kyphosis Options:**

**Kyphosis Options** \*Anatomical & Finished Heights Required

☐ Sternal Bar

☐ Pectoral Extensions



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 Boston Kyphosis brace. The order form and instructions are available on our website. ( <https://www.bostonoandp.com/products/ordering/> )

### **Brace Design:**

<b><u>Lordosis</u></b>	<b><u>Abdominal Shape</u></b>	<b><u>Lumbar Relief</u></b>	<b><u>Straps</u></b>	<b><u>Pads</u></b>
<input type="checkbox"/> <b>Match scan/cast</b>	<input type="checkbox"/> <b>Neutral</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> <b>White</b>	<input type="checkbox"/> <b>.5" Installed</b>
<input type="checkbox"/> 15 degrees	<input type="checkbox"/> 10 degrees from Pt. presentation		<input type="checkbox"/> Black	<input type="checkbox"/> .5" Un-Installed
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		<input type="checkbox"/> <b>Gusset</b>	<input type="checkbox"/> Unfinished Pads

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 it's 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.

### **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.

### **OPSB Sensor:**

The OPSB Sensor adherence monitor is standard of care for the Boston Night Shift.

Note: The OPSB Sensor is part of a system including a cloud storage platform, and App. A clinician cloud account needs to be set up and activated prior to launching the sensor. (Contact our Customer Service with more details.) The sensor needs to be activated (launched) at the time of fitting.

### **Send Sensor:**

The OPSB Sensor with instructions for how to enroll a patient to the cloud platform, launch and download 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.

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Liner

☐ 3/16" ☐ Unlined  
☐ Other: \_\_\_\_\_

Lumbar Reinforcement

☐ Left ☐ Right

Plastic

☐ Copoly 5/32"  
☐ Copoly 1/8"  
☐ Other: \_\_\_\_\_

Transfer

1st \_\_\_\_\_  
2nd \_\_\_\_\_

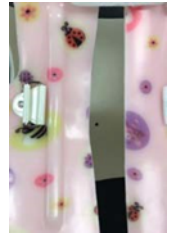
**Liner:**

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

**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.

**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.

**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.

**Finished:**Finished

☐ Yes  
☐ No

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

## **Brace Design:**

This section is optional. CAD will complete this section per the Blueprint of the X-ray. Check the boxes to indicate the brace design. The lines next to the pad options are for the dimensions of the pad with the number on the left being waist inferior, the number on the right being waist superior.

<b>Brace Design</b> (Optional)		
	Left	Right
Prokyphotic Extension:	<input type="checkbox"/>	<input type="checkbox"/>
Axilla:	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Extension:	____ <input type="checkbox"/>	<input type="checkbox"/> ____
Thoracic Pad:	____ <input type="checkbox"/>	<input type="checkbox"/> ____
Thoracic Window:	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Pad:	____ <input type="checkbox"/>	<input type="checkbox"/> ____
Trochanter Extension:	<input type="checkbox"/>	<input type="checkbox"/>
Trochanter Pad:	<input type="checkbox"/>	<input type="checkbox"/>

## **Finished Heights:**

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.

<b>Finished Heights</b> (From waist)	
*Sternal Notch: _____ cm	*Kyphosis Apex: _____ cm
Thoracic Ext: _____ cm	Axilla: _____ cm
Xyphoid: _____ cm	*Inf Angle Scap: _____ cm
Pubis: _____ cm	Seat: _____ cm

## **Scoli T's:**

### **Scoli Tees**

☐ Single ☐ Double

Qty: \_\_\_\_\_

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.

**Notes:**

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**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.

MAM-WI-0037

Rev 1