Boston Brace Baby Order Form Instructions

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 can fabricate the desired orthosis.

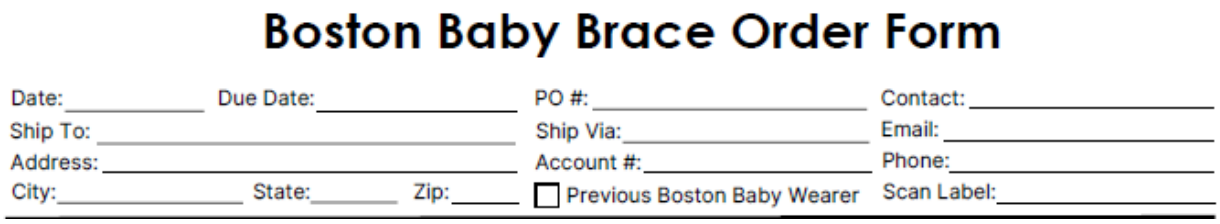
PLEASE DO NOT use this as your clinical note.

This form is for the fabrication of the Boston Brace Baby orthosis. Use this form if your patient is three years old or younger and presents with an idiopathic or congenital curve.

All items in bold are required (measurements) and represent the recommended standard.

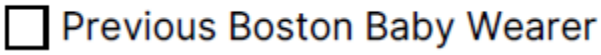
The use of a thermal sensor is standard of care for infantile and congenital scoliosis. Discuss this with the parents/caregiver.

Demographics:



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.

Previous Wearer:



Let us know if the patient has worn a Boston Baby brace before. If so, our technicians will notify you if there is a design change.

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

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.

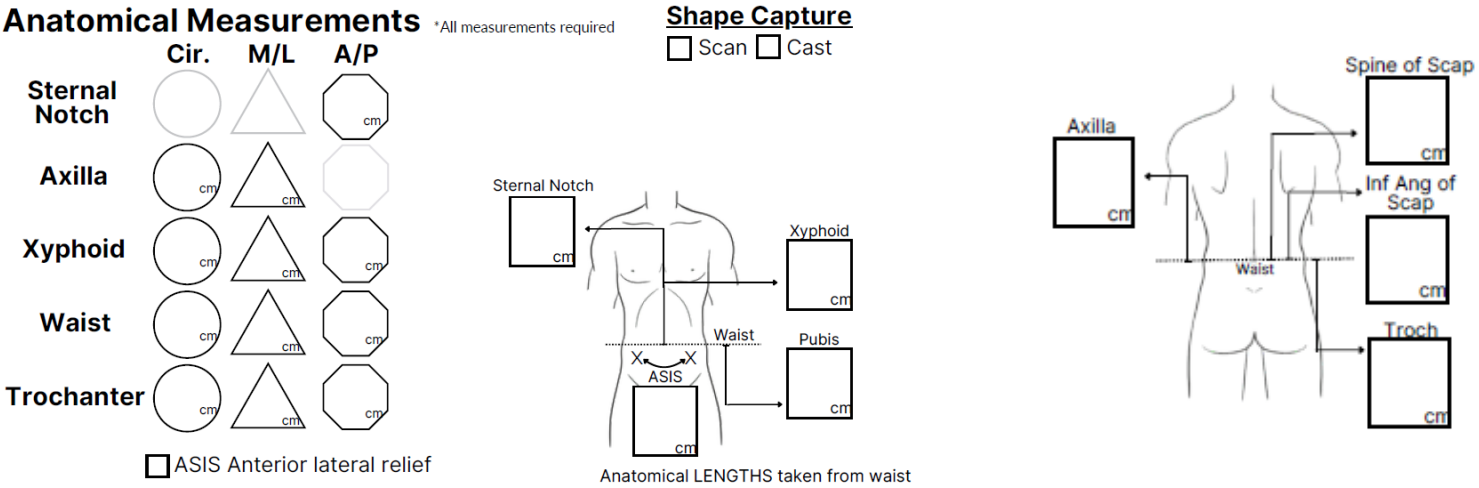
Diagnosis is needed to complete records. Infantile idiopathic scoliosis (idiopathic scoliosis that is first diagnosed at 3 years of age and younger), congenital scoliosis (scoliosis secondary to boney abnormality) and neuromuscular scoliosis.

Radiographic:

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

Review the patents x-ray and complete the table above by identifying the side of the convexity, apical Lumbar/Thoracolumbar (TL) and Thoracic apex and Cobb value(s). For single curves, add NA to appropriate box.

Anatomical Measurements:



All Circumferential, ML AP, and linear measurements in bold are required. All measurements are to be in centimeters. Note the distance from the waist to the greater trochanter. This will equate to the posterior inferior trim line.

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.

ASIS relief: If the patient has a prominent ASIS or iliac crest, check this box and CAD will add additional relief in the CAD model of the patient.

Brace Design:

Brace Design

Liner	Plastic	Transfer	Straps	Pads
☐ **3/16" Aliplast**	☐ **1/8" Copoly**	1st_____	☐ **White**	☐ **.5" Installed**
☐ Other:_____	☐ Other: _____	2nd_____	☐ Black	☐ .5" Un-Installed
				☐ Unfinished Pads

All Boston Brace Baby orthoses have a posterior opening to accommodate the anterior window.

Liner:

Standard liner choice is 3/16" Aliplast. If a non-standard choice is desired, check the "Other" section and write the specific material in the other text box.

Plastic:

Standard plastic is 1/8" Copoly. If a non-standard choice is desired, check the "Other" section and write the specific material in the other text box.

Transfer:

Choose their first and second choice of transfer using the Boston O&P transfer tool. (https://www.bostonoandp.com/transfers/brace/). Write the brace **transfer name** in this section. Every attempt will be made to provide the first choice.

Straps:

Standard straps are white. Indicate color of straps to be provided.

Pads:

Installed pads are the standard. Pads are pre-trimmed and skived per the curve pattern and brace design. Check the box to let us know how you want the pads to be provided.

OPSB Sensor:

OPSB™ Sensor

☐ Send Sensor
☐ Sensor Hole

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

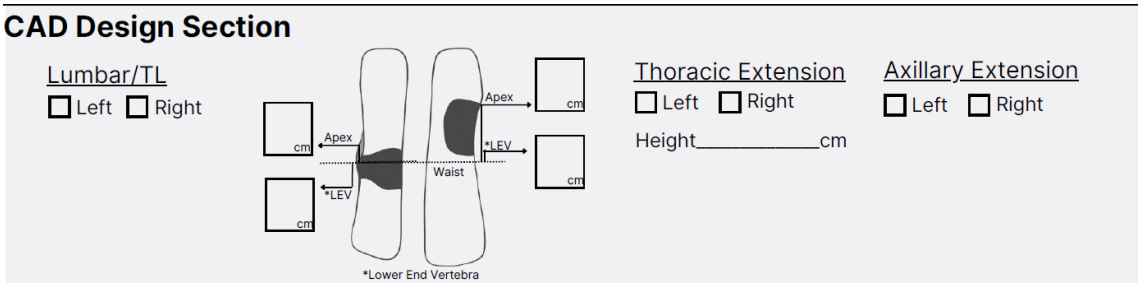
Send Sensor:

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.

CAD Design:



The above section is optional.

If left blank, lab standards will be followed analyzing the scan/cast of the patient and blueprinting the radiograph.

If you wish to design the brace, then this section needs to be COMPLETED in full. Partially completed work orders will require a call to the treating clinician and may delay fabrication.

The linear measurements represent both the dimensions of the internal pushes/shift as well as the orientation and position of the pads. These heights are based on the blueprint of the patient's x-ray and your clinical exam.

Lumbar/TL:

Indicate left or right lumbar/TL apex.

Push/Shift and Pad Dimensions:

Indicate the dimension of the lumbar push and pad by writing in a whole number value for waist to apex and waist to lower end vertebra

Indicate the dimension of the thoracic push and pad by writing in a whole number value for waist to apex of the thoracic curve and waist to lower end vertebra.

Thoracic Extension:

Indicate left or right thoracic apex. The height is to the midsagittal point

of the thoracic extension.

Axillary Extension:

Indicate left or right lumbar apex.

To maximize the de-rotational effort of the Boston Brace Baby orthoses and to not impede breathing mechanics an open abdomen is standard. The kidney bean shape allows for this while providing a de-rotational force coupler.

The thoracic window maximizes the lateral shifting of the spine while also providing space for breathing.

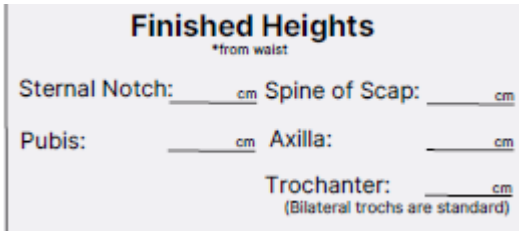
The size and shape of both windows is determined by the shape of the patient and curve type.

It is standard to cut out the abdominal window. It is standard to not cut out the thoracic window.

Scoli T's:

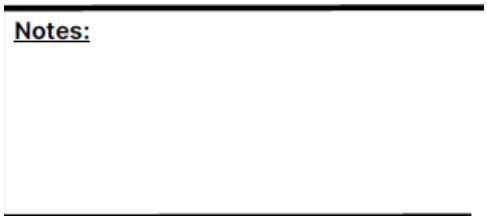
If you are providing the patient with a Boston Scoliosis T shirt indicate the type and design (single or double axillary flap) along with the quantity. The size is determined from the submitted measurements.

Finish heights from waist:



Finished heights measurements are used to finish the orthosis. All measurements use the waist as the base line.

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.