Boston Brace RC Measurement form and 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.

Demographics:

Boston RC Brace Order Form

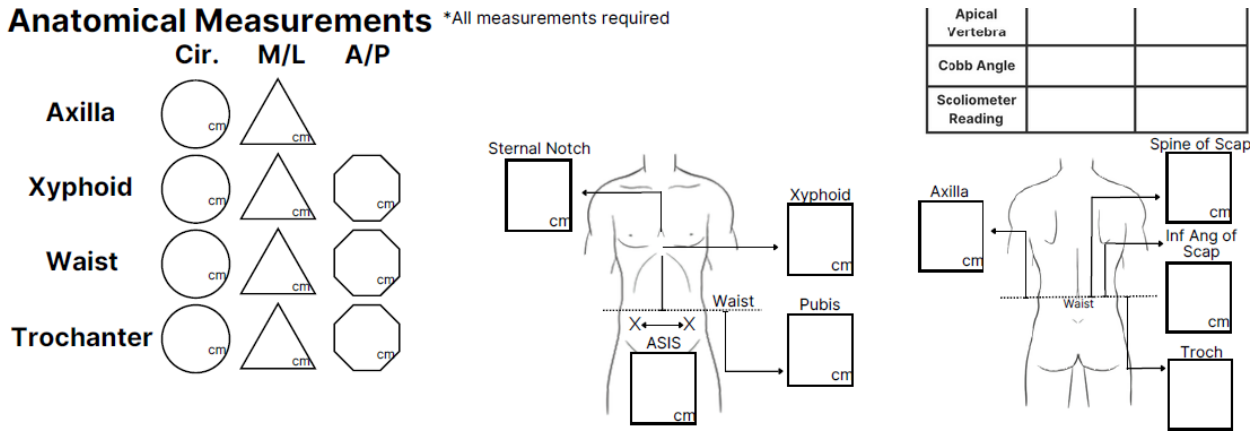
Date:_____ Due Date:_____ PO #:_____ Contact:_____
Ship To:_____ Ship Via:_____ Email:_____
Address:_____ Account #:_____ Phone:_____
City:_____ State:_____ Zip:_____ ☐ Previous RC Wearer Scan Label:_____

Patient Name:_____ Ht: ____ft____in Wt:_____lbs
Age:_____ Sex:_____ Diagnosis:_____

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. 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.

Measurements:

We no longer require circumferential, ML or AP measurements. Scan label is required to make sure the correct scan is modified.



**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 modification 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 curve type and modifications built into the brace.

Brace Design:

Brace Design	Plastic	Straps	Transfer	Boston Sensor
	☐1/8" Copoly ☐Other: _____	☐White ☐Black	1st_____ 2nd_____	☐Send Sensor ☐Sensor Hole

Plastic:

Standard plastic is 1/8 copoly. If a different plastic or thickness is required, write that in the other section.

Straps:

Straps Indicate the color of the straps requested by the patient. White straps are the standard.

Transfer:

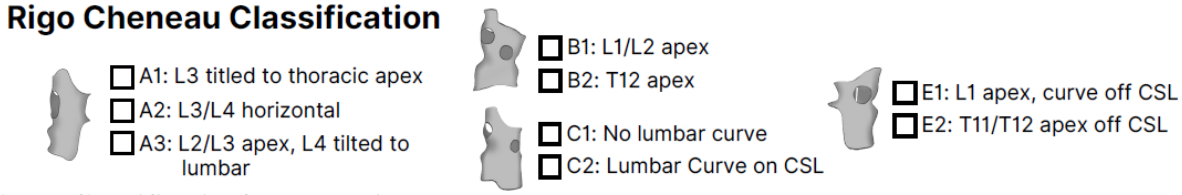
Brace transfers can be chosen in this section. Strap transfers are no longer an option here as they decrease the life and integrity of the straps. Indicate a second-choice option in the event the first choice is not available.

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:

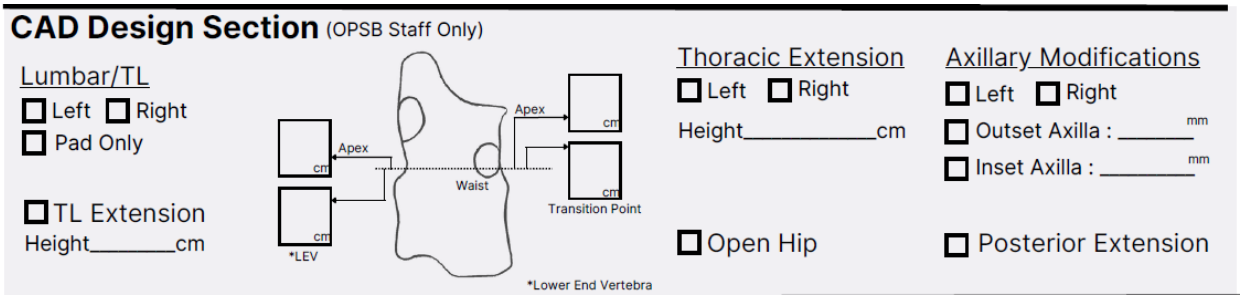
A hole is drilled in the center of the anterior section of the orthosis unless otherwise specified in the notes section of the order form.



Curve Classification/Brace Design:

The section above describes the curve presentation, shows the brace design and allows you to choose the curve classification based on the Rigo-Cheneau classification. Upon evaluating the patient's presentation and radiograph, check the box specifying the brace design.

The section below is optional – If you complete it, it needs to be FULLY filled out. If left blank fabrication will complete per standards based off scan and Xray.



Lumbar/Thoracolumbar (TL):

Indicate the side of the curve, left or right. Pad only indicates there will not be any lumbar modification made to the model and only a lumbar pad will be provided. If a lumbar or thoracolumbar curve does not exist leave this section blank.

TL Extension:

This is a plastic extension from the waist superiorly on the convex side of a Lumbar/TL curve. It is intended to extend the lever arm of the lumbar/TL push and aid in providing a medially directed vector.

Schematic Boxes:

Indicate the linear distance from the waist to apex of the lumbar/TL curve, waist to the lower end of the lumbar/TL curve, the waist to the superior endplate of the thoracic curve, and the waist to the lower end vertebra of the thoracic curve.

Thoracic extension:

Indicate the side of the curve, left or right. This is the length from waist to the midline (the midpoint of the Anterior/posterior dimension of the patient) of the rib corresponding to the apical vertebra. The height of the extension is determined by analyzing both the radiograph and clinical presentation of the patient.

Open Hip:

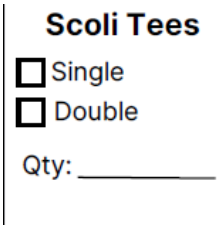
Indicates if the trim line at the hip is at the height of the iliac crest.

Axillary Modifications:

Indicate the left or right side. The axillary modifications consist of either an outset or inset axilla.

Posterior Extension:

This is a unilateral extension to the spine of scapulae on the same side as the axillary extension. It serves to control shoulder rotation.



Scoli Tees:

If providing the patient with a Boston T-shirt to wear under the brace, indicate the style (single or double underarm flap) and the quantity. The size is determined from the submitted measurements. We no longer offer silver tees.

Notes:

Notes:

Use this section for a special requirement that is not able to be communicated to the lab via any of the above sections on the form.