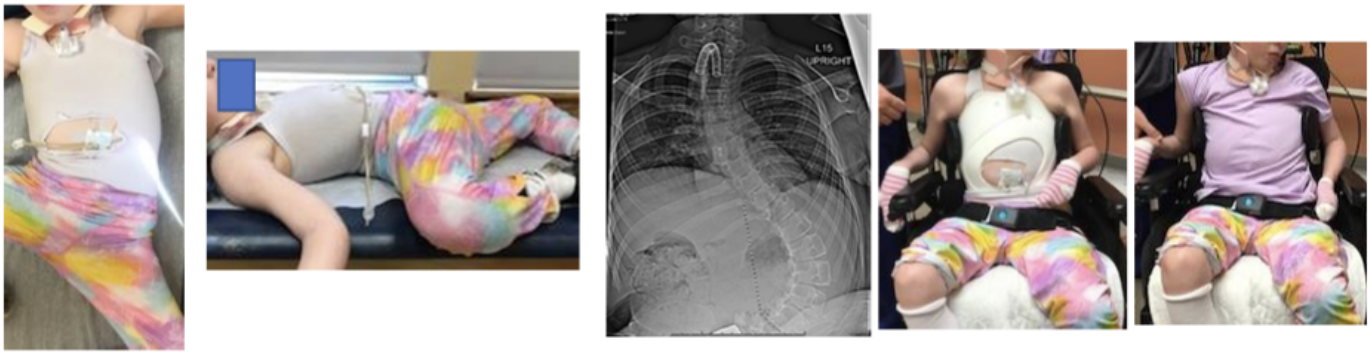
Boston Soft Spinal Orthosis Corrective Order Form Instructions

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.

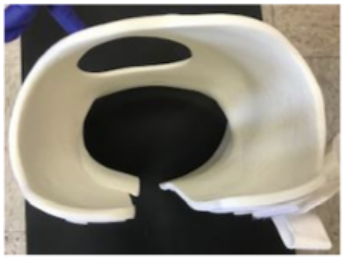
PLEASE DO NOT use this as your clinical note.

This form is for the fabrication of a corrective soft spinal orthosis. Use this form if your patient presents with neuromuscular scoliosis, pelvic obliquity and the treatment goal is to improve sitting/standing posture and head/neck control. (Refer to Decision tree at www.bostonoandp.com)

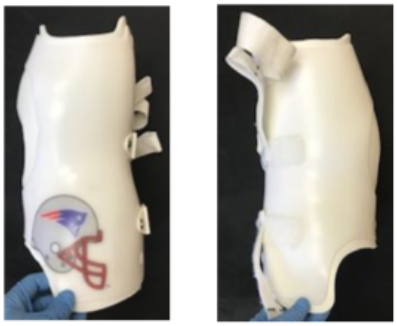
This device is designed to provide corrective forces in all three planes. Your clinical expertise and the patient's



Asymmetrical abdominal window



Transverse view with lumbar pad



Enhanced lumbar support (left)
Lumbar relief (Right)

presentation will determine the percent correction and brace design.

Below is an example of a CP patient, GMFCS 5, with a Boston Brace Soft Spinal Corrective orthosis to address her needs.

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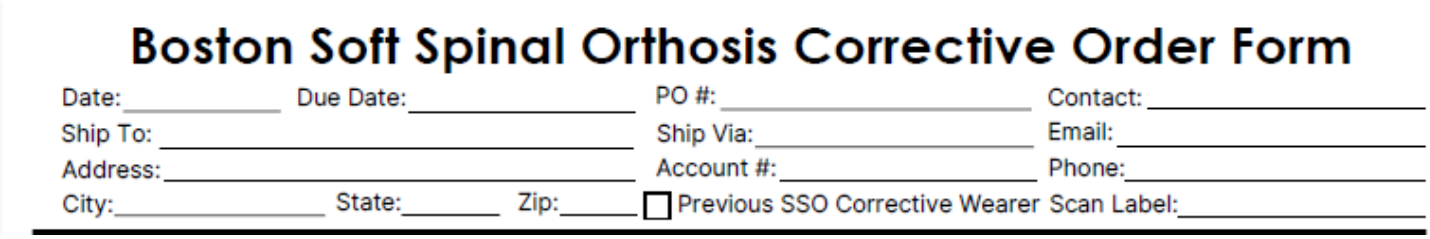
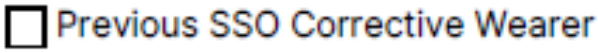
Demographics:



Customer service uses this section to initiate the fabrication process. All of the above information 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 SSO Corrective Wearer:



If the patient is a previous soft spinal corrective wearer, check the Previous SSO Corrective Wearer box. This will let CAD know to look at the previous scan and SSO design and will notify you if there are recommended changes in the brace design.

Scan label:

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

Captevia: File name is auto populated. Write Captevia as the scan label. 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 spinal; date of scan

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

Scan Label: jsmith#1jdspinal04012020

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

Anterior section: jsmith#1jdspinal04012020_ant

Posterior section: jsmith#1jdspinal04012020_post

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

Patient Name:_____ Ht: ____ft____in Wt:_____lbs
Age:_____ Sex:_____ 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 the patient's name 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.

G-Tube/Baclofen Pump Relief:

	G-Tube Relief	Baclofen Pump Relief
Waist to Device	cm	cm
Center to Device	cm	cm
PT's Side	☐ Left ☐ Right ☐ Cut Out	☐ Left ☐ Right

Many patients needing a Soft Spinal Corrective will have a G-tube and or Baclofen pump. Complete this section by providing the coordinates for both the center of the G-tube and Baclofen pump so that CAD can correctly place the relief areas during the modification process. All measurements (waist to center of the device, and torso center line to device) are to be in centimeters. Indicate if the device(s) is on the patient's left or right side.

Chest Accommodation:

☐ Build Breasts into orthosis

Cup Size: ____

** Waist to nipple line required in best seated position*

Indicate if the orthosis needs to accommodate chest development. Provide both the breast cup size and the linear distance, taken while the patient is in their best (most balanced) seated position, from the patient's waist to nipple line. This measurement is important for both made to measure and made from scan TLSOs.

Shape Capture, Percent Symmetry/Flexibility and 3D (built in) modifications:

Shape Capture

☐ Scan ☐ Cast ☐ Measure Only

Percent Symmetry/Flexibility

☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100%

3D Modifications- *Built in correction*

☐ Yes ☐ No

Shape Capture:

This corrective Soft Spinal Orthosis may be fabricated from scan, cast, or measurement only. Scanning is optimal. See our bivalve scanning instructions. When taking a bivalve scan, measurements are required, particularly the AP measurements. Indicate how the shape was captured.

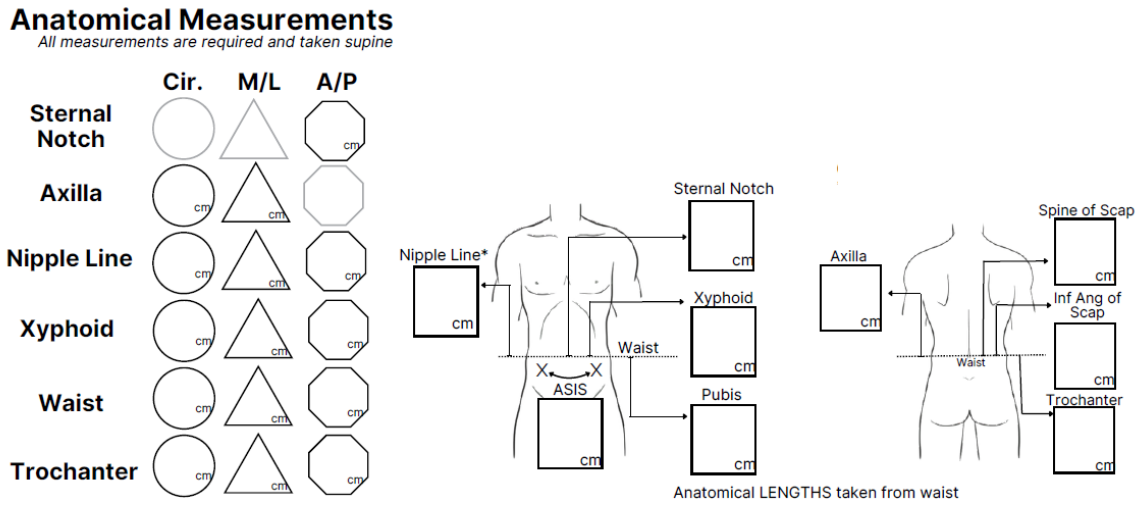
Percent Symmetry:

The Boston Soft Spinal Corrective is designed to reduce the neuromuscular curve. To do this, corrective forces are built into the orthosis. The first step is to balance the scan. Let us know the percent symmetry (balance) you want built into the model. This is based on the patient's flexibility from your clinical exam.

3D Modifications:

The second step to building corrective forces into the Boston Soft Spinal Corrective orthosis is to build in patient specific corrective pushes and shifts into the brace to create an asymmetrical model over which the brace is fabricated. Corrective padding and widow relief areas are also added to the brace to enhance the correction. Indicate if 3D modifications are to be built into the brace.

Anatomical Measurements:



All measurements are required.

Linear Measurements

Linear measurements are from the waist to the anatomical landmark regardless of scan type. All are taken in supine, other than waist to nipple line. The axilla measurement is to the maximum height under the arm needing an axillary extension.

Waist to Nipple line is taken with the patient in their most balanced sagittal plane alignment. This will ensure the chest accommodation is positioned correctly.

When providing ASIS to ASIS linear measurement (A), use a cloth tape measure to follow the patient's body contours.

Sagittal Plane Alignment and Window Relief Types

Lordosis	Kyphosis	Abdominal Shape	Window Type
☐ **25 degrees** ☐ Other: ____	☐ **25 degrees** ☐ Other: ____	☐ **Neutral**	☐ **Asymmetrical**
☐ Match scan/cast	☐ Match scan/cast	☐ Other: ____	☐ Symmetrical

Lordosis:

For this population, we need to provide support to the pelvis and help improve the extension response to help these patients with postural control. The minimum amount of lordosis that we recommend is 25 degrees, but you can have us match the scan/cast or specify the amount of lordosis. During your evaluation, you will determine the proper amount of lordosis needed for support.

Kyphosis:

Let us know the amount that will maximize the patient's sagittal balance. We recommend 25 degrees of thoracic kyphosis as the posterior superior trim line will be trimmed at the level of the apex of the kyphosis

Abdominal Shape:

We do not provide any abdominal compression. Neutral would be a convex abdomen dictated by the patient's measurements/shape. If a scan (recommended) or cast is provided, we will match the presentation. If the patient requires additional relief, indicate the amount of relief in the general terms of small, medium and large. This will provide the CAD technician with some guidance.

Window Type:

Symmetrical: allows for maximum expansion of the abdomen for respiration, while still maintaining contact on the anterior ribcage. Available with just the plastic trimmed out or both plastic and foam.

Asymmetrical: allows for expansion of the abdomen for respiration and provides some rotary control if the patient requires additional support. Available with just the plastic trimmed out or both plastic and foam.

Symmetrical window type with plastic and foam cut out

Asymmetrical window type with plastic only cut out

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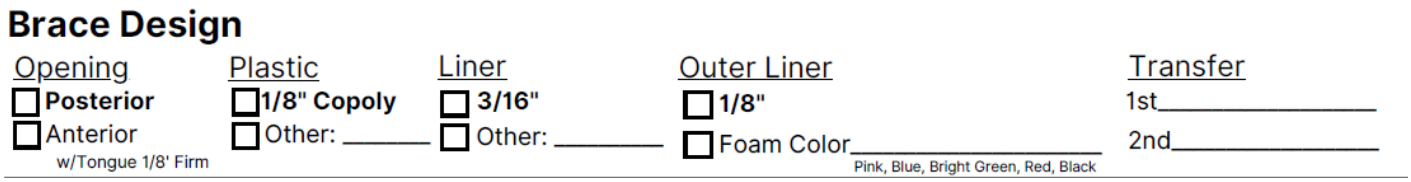
Brace Design:



The brace design section is to be filled out completely. Any section left blank will default to the standard (Bold).

Opening:

Two options exist for the Corrective orthosis. Our clinical experience has shown the bivalve to be ineffective in controlling the neuromuscular curve. Let us know if you want a posterior or anterior design. Anterior designs has a 1/8" tongue attached.

Plastic:

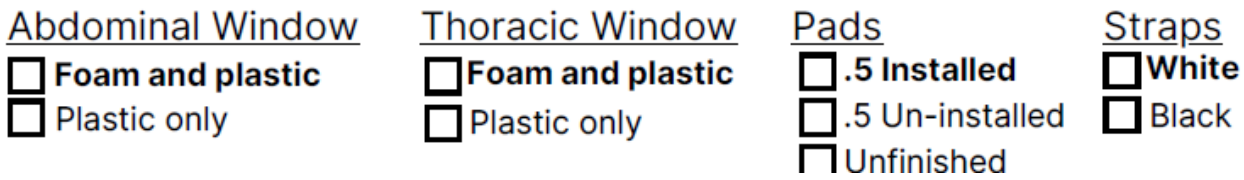
We recommend Copoly for its durability and strength. Let us know the thickness, 1/8 inch is our standard.

Liner:

The inner foam lining is available in different thicknesses. The outer 1/8 foam is firm and the standard is white. Other color options include pink, blue, bright green, and red. If you wish to have a foam with color (external foam only), it is only available in 3/16. Please state the color requested.

Transfer:

Use our transfer selection tool: https://www.bostonoandp.com/transfers/brace/ to assist you and the parents/patients in selecting the transfer. Enter the top two transfer names.



Abdominal Window:

We recommend an abdominal opening – this helps reduce any respiratory impediment and improve comfort for the patient. If you want an abdominal opening, let us know if you want just the plastic removed or the plastic and foam.

Thoracic Window:

The thoracic window height is at least one rib higher than the thoracic extension. It can be just plastic or plastic and foam. It's recommended to be plastic, and foam provide maximum relief space for the patient to shift into.

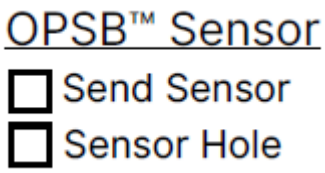
Pads:

Let us know if you want to have the pads installed or not.

Straps:

Straps are available in white or black. Strap transfers are no longer an option here as they decrease the life and integrity of the straps.

OPSB Sensor:



The OPSB Sensor adherence monitor is standard of care for the Boston Brace Soft Spinal Corrective.

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.

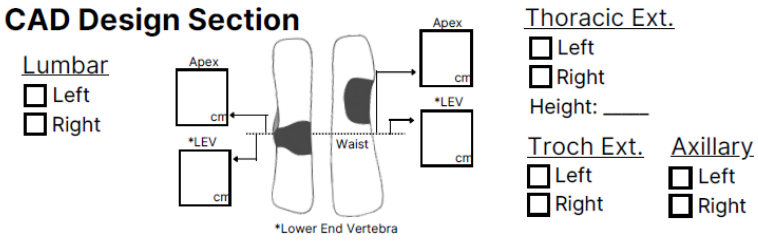
Send Sensor:

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 Section:

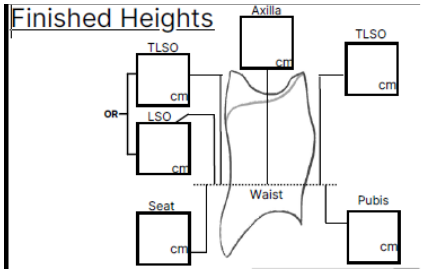


The section above describes the specifics of your scoliosis brace design. This section is based on the patient's physical presentation, your clinical evaluation and the x-ray.

Our technicians can complete this section for you, or you can state the brace design.

Indicate the laterality of the curve (s), as well as the Thoracic and Axillary extension. Each box represents the linear measurement from waist to the apical vertebra (superior box) or the bottom of the curve (inferior box). Measurements are based on the x-ray and your clinical exam of the patient.

Finished Heights:



The above schematic shows the sagittal profile of the orthosis. Note the posterior superior can be finished at the TLSO (spine of scapulae) or LSO (apex of kyphosis) height. This is dictated by the patient presentation and goals of orthotic management.

When controlling kyphosis, it is recommended to have a TLSO anterior trimline, and an LSO (at the level of the kyphotic apex) posterior trimline. All trim line measurements will be from the waist to the end point of the foam.

The plastic frame/stays will be trimmed 2.5 cm shorter than the foam. Please provide the maximum height of the foam trimline.

Scoli Tees:

Scoli Tees

☐ Single ☐ Double Qty:_____

Indicate if you are providing the patient with a Boston Scoliosis T shirt. There are options for shirts with two underarm flaps or a single. The T-shirts do not have a front or back, so a single axilla can be left or right. The size is determined from the submitted measurements.

Notes:

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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