

# Boston Soft Spinal Orthosis Corrective Order Form

## Instructions

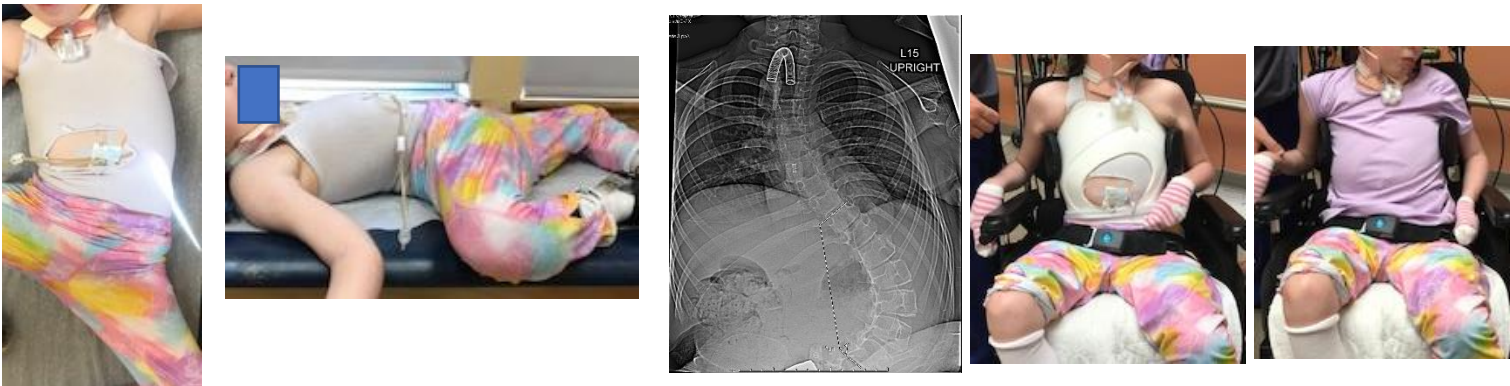
Reminder – this form is for the technicians and goes with the flow of fabrication. All items on this form need to be completed to ensure customer service and manufacturing are able to fabricate the desired orthosis.

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](http://www.bostonoandp.com))

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



Asymmetrical abdominal window



Transverse view with lumbar pad



Enhanced lumbar support (left)



Lumbar relief (Right)

An audio review of this document is available at: [Boston Soft Spinal Corrective order form instructional video](#)

## Demographics:

Date: _____	Due Date: _____	PO #: _____	Contact: _____
Ship To: _____	Ship Via: _____	Email: _____	
Address: _____	Account #: _____	Phone: _____	
City: _____	State: _____	Zip: _____	<input type="checkbox"/> Previous SSO Corrective Wearer Scan Label: _____
<hr/>			
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.

## 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.

## 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 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.

## Scan label:

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

**Shape Capture and Percent Symmetry:**

**Shape Capture**

Scan  Cast  Measure Only

**Percent Symmetry**

As Is  25%  50%  75%  100%

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

**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 symmetize (balance) the scan. Let us know the percent symmetry you want built into the model. This is based on your clinical exam.






















**Chest Relief**

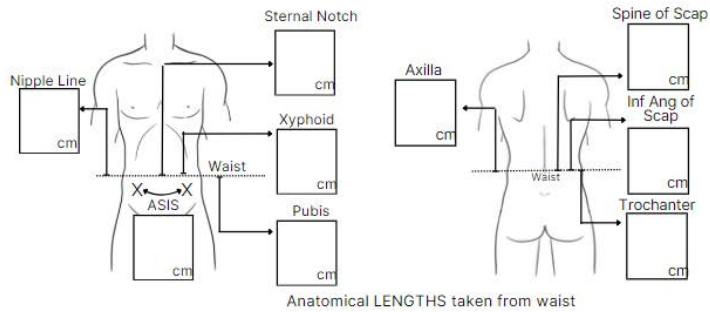
Build Breasts into orthosis  
Cup Size: \_\_\_\_

If the patient has chest development or anticipated development, check the box and let CAD know the cup size so they can modify the relief accordingly.

**Anatomical Measurements:**

**Anatomical Measurements**

	Cir.	M/L	A/P
<b>Axilla</b>	 cm	 cm	 cm
<b>Nipple Line</b>	 cm	 cm	 cm Sternal Notch
<b>Xyphoid</b>	 cm	 cm	 cm
<b>Lower Rib</b>	 cm	 cm	 cm
<b>Waist</b>	 cm	 cm	 cm
<b>ASIS</b>	 cm	 cm	 cm
<b>Trochanter</b>	 cm	 cm	 cm Pubis



**All measurements are required.**

**Linear Measurements**

Linear measurements are from the waist to the anatomical landmark regardless of scan type. The axilla measurement is to the maximum height under the arm needing an axillary extension.

## ASIS measurements

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



## G-tube/Baclofen Pump

	G-Tube Relief	Baclofen Pump Relief
Waist to Device	cm	cm
Center to Device	cm	cm
PT's Side	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cut Out	<input type="checkbox"/> Left <input type="checkbox"/> 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.

## Brace Design

<b>Brace Design</b>		<u>Plastic</u>	<u>Abdominal Shape</u>	<u>Abdominal Window</u>	<u>Window Type</u>	<u>Straps</u>
<u>Opening</u>	<u>Liner</u>	<input type="checkbox"/> 1/8" Copoly	<input type="checkbox"/> Neutral	<input type="checkbox"/> Foam and plastic	<input type="checkbox"/> Asymmetrical	<input type="checkbox"/> White
<input type="checkbox"/> Posterior	Inner Soft:	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Plastic only	<input type="checkbox"/> Symmetrical	<input type="checkbox"/> Black
<input type="checkbox"/> Anterior	<input type="checkbox"/> 3/16"	<u>Transfer</u>	<u>Lordosis</u>			
<small>w/Tongue 1/8" Firm</small>	<input type="checkbox"/> Other: _____	1st _____	<input type="checkbox"/> 25 degrees	<u>Kyphosis</u>		<u>Boston Sensor</u>
	Outer Firm: <b>1/8"</b>	2nd _____	<input type="checkbox"/> Match scan/cast	<input type="checkbox"/> 25 degrees		<input type="checkbox"/> Send Sensor
	Foam Color:		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Match scan/cast		<input type="checkbox"/> Sensor Hole
	<input type="checkbox"/> White			<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____					
	<small>Pink, Blue, Bright Green, Red</small>					
<u>Finished</u>	<u>Thoracic Window</u>	<u>Troch Ext.</u>	<u>Thoracic Ext.</u>			
<input type="checkbox"/> Yes	<input type="checkbox"/> Plastic only	<input type="checkbox"/> Left	<input type="checkbox"/> Left			
<input type="checkbox"/> No	<input type="checkbox"/> Foam and plastic	<input type="checkbox"/> Right	<input type="checkbox"/> Right			
<u>Pads</u>	<u>TL Ext.</u>	<u>Lumbar</u>	<u>Axillary</u>			
<input type="checkbox"/> .5 Installed	<input type="checkbox"/> Left	<input type="checkbox"/> Left	<input type="checkbox"/> Left			
<input type="checkbox"/> .5 Un-installed	<input type="checkbox"/> Right	<input type="checkbox"/> Right	<input type="checkbox"/> Right			
<input type="checkbox"/> Unfinished	Height: _____					

The brace design section is to be completely filled out. Any section left blank will default to the standard (Bold). If the Boston Sensor/Sensor hole is left blank, no sensor will be sent, and no hole will be drilled into the orthosis.

## 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.

## 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.

## Structure

The frame may be internal or external. It is one continuous structure that will follow TLSO or LSO trimline. Indicate the type (External is recommended) and thickness of plastic. Use our transfer selection tool: <https://www.bostonoandp.com/transfers/brace/> to assist you and the parents/patients in selecting the transfer. Enter the transfer's name if requested.

## Plastic

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

## 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 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.

## 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.

## 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.



Symmetrical window type  
with plastic and foam cut  
out



Asymmetrical window type  
with plastic only cut out



## 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.

## 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 apex of the kyphosis

## Boston Sensor

Indicate by checking the Send Sensor box, if a thermal sensor is to be sent with the orthosis to monitor the patients wear schedule.

If a sensor hole is to be drilled into the brace, check the sensor hole box.

## Finished

Indicate if you want to receive the orthosis finished to the finished trim lines. Unfinished will be trimmed off the foam model along the anterior/posterior trim lines only.

## 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.

	<b>Troch Ext.</b> <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>Thoracic Ext.</b> <input type="checkbox"/> Left <input type="checkbox"/> Right Height: _____	<b>TL Ext.</b> <input type="checkbox"/> Left <input type="checkbox"/> Right Height: _____	<b>Lumbar</b> <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>Axillary</b> <input type="checkbox"/> Left <input type="checkbox"/> Right		
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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.**

When requesting a Thoracic or TL extension, please provide the height in CM.

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.

The TLSO/LSO check box is for you to describe the trimline of the orthosis. 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.**

The above schematic also shows the coronal profile of the orthosis.

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.

### Scoli Tees

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.

### Scoli Tees

Single

Double

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

### Notes

<b>Notes:</b>          
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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.