






















# Boston Soft Spinal Orthosis Postural Order Form

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

Patient Name: \_\_\_\_\_ Ht: \_\_\_\_ ft \_\_\_\_ in Wt: \_\_\_\_ lbs  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

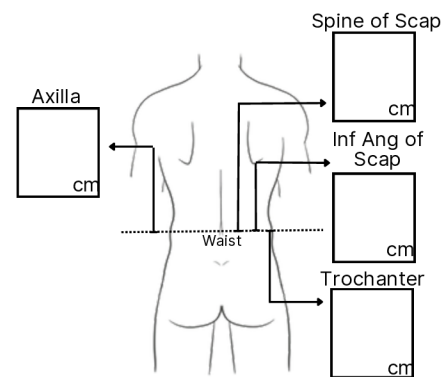
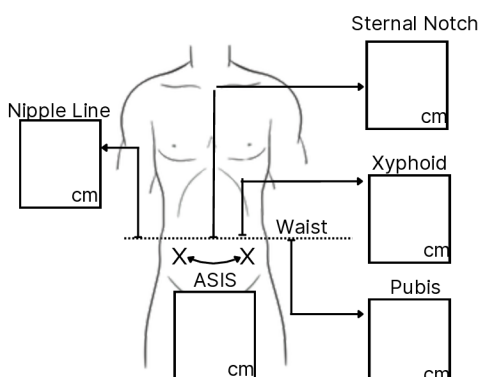
## Anatomical Measurements

|                    | Cir.  | M/L   | A/P   |
|--------------------|---|---|---|
| <b>Axilla</b>      |    |    |    |
| <b>Nipple Line</b> |    |    |    |
| <b>Xyphoid</b>     |    |    |    |
| <b>Lower Rib</b>   |    |    |    |
| <b>Waist</b>       |    |    |    |
| <b>ASIS</b>        |   |   |   |
| <b>Trochanter</b>  |  |  |  |

Sternal Notch  
Pubis

## Shape Capture

☐ Scan ☐ Cast ☐ Measure Only  
Percent Symmetry  
☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100%



Anatomical LENGTHS taken from waist

|                  |  |  |
|------------------|--|--|
|                  | 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<br><input type="checkbox"/> Cut Out | <input type="checkbox"/> Left <input type="checkbox"/> Right |

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

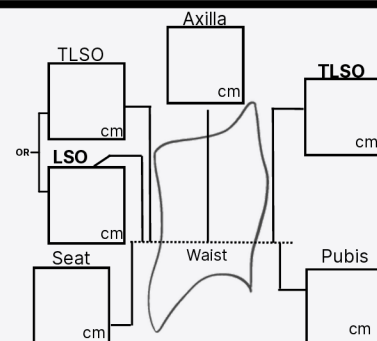
## Brace Design

| Opening                                  | Liner                                | Plastic                               | Design                             | Abdominal                            | Abdominal                                 | Straps                               |
|--|--------------------------------------|---------------------------------------|------------------------------------|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Posterior       | Inner Soft:                          | <input type="checkbox"/> Copoly: 1/8" | <input type="checkbox"/> Frame     | <u>Shape</u>                         | <u>Window</u>                             | <input type="checkbox"/> White       |
| <input type="checkbox"/> Anterior        | <input type="checkbox"/> 3/16"       | <input type="checkbox"/> MPE: 1/8"    | Stays:                             | <input type="checkbox"/> Neutral     | <input type="checkbox"/> Plastic only     | <input type="checkbox"/> Black       |
| <input type="checkbox"/> Bivalve         | <input type="checkbox"/> Other: ____ | <input type="checkbox"/> Other: ____  | <input type="checkbox"/> Permanent | <input type="checkbox"/> Other: ____ | <input type="checkbox"/> Foam and plastic |                                      |
| <input type="checkbox"/> Smooth overlap  | Outer Firm:                          |                                       | <input type="checkbox"/> Removable |                                      |   |                                      |
| <input type="checkbox"/> Butting overlap | <input type="checkbox"/> 1/8" white  |                                       | <u>Transfer</u>                    |                                      |   |                                      |
| <input type="checkbox"/> Tongue: 1/8'    | Foam Color: _____                    |                                       | 1st _____                          |                                      |   |                                      |
| Firm                                     | Pink, Red, Blue, Bright Green        |                                       | 2nd _____                          |                                      |   |                                      |
|  |                                      |                                       |                                    |                                      | <u>Finished</u>                           | <u>OPSB™ Sensor</u>                  |
|  |                                      |                                       |                                    |                                      | <input type="checkbox"/> Yes              | <input type="checkbox"/> Send Sensor |
|  |                                      |                                       |                                    |                                      | <input type="checkbox"/> No               | <input type="checkbox"/> Sensor Hole |

## CAD Design Section

(Optional)

| Lordosis                                 | Kyphosis                                 | Troch Ext.                     |
|--|--|--------------------------------|
| <input type="checkbox"/> 25 degrees      | <input type="checkbox"/> 25 degrees      | <input type="checkbox"/> Left  |
| <input type="checkbox"/> Match scan/cast | <input type="checkbox"/> Match scan/cast | <input type="checkbox"/> Right |
| <input type="checkbox"/> Other: ____     | <input type="checkbox"/> Other: ____     |                                |



## Scoli Tees

- ☐ Single  
☐ Double

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

## Notes: