

# Instructions for Boston Kyphosis Order Form

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.

## Boston Kyphosis Order Form

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

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Patient Name: _____	Ht: ____ft____in	Wt: ____lbs
Age: ____ Sex: ____	Diagnosis: _____	
















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### 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.

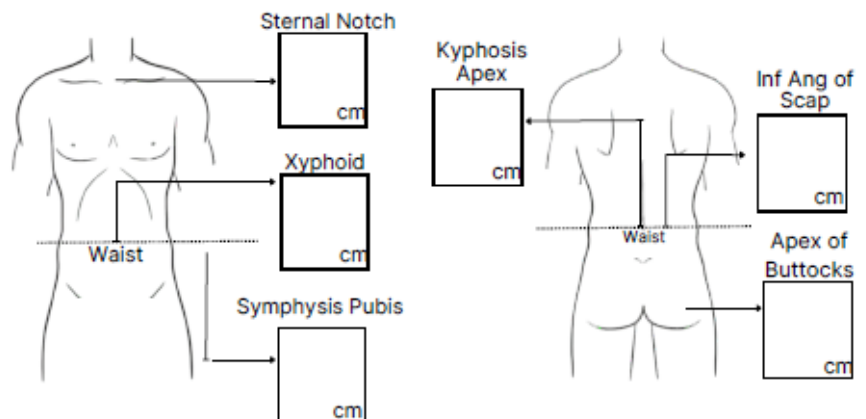
The highlighted area above needs to be completed. We will keep a secondary record for you showing the patient's age, sex, height and weight as well as the diagnosis. Height and weight are needed in the event a second brace is required. By having this noted on the work order, it serves as a backup for your clinical record.

### Anatomical Measurements

	Cir.	M/L	A/P
Sternal Notch			
Xyphoid			
Waist			
Pubis			
Trochanter			

### Shape Capture

☐ Scan ☐ Cast ☐ Measure Only



Anatomical LENGTHS taken from waist

### Anatomical Measurements:

We no longer require circumferential, ML or AP measurements when a scan is provided. Scan label is required to make sure the correct scan is modified. Indicate how the patient's shape was captured so customer service will know if a scan should be with the order.

If providing measurements only, the grayed-out circumference and ML boxes are not required.

Brace Design	<u>Lordosis</u>	<u>Abdominal Shape</u>	<u>Plastic</u>	<u>Straps</u>	<u>OPSB™ Sensor</u>
	<input type="checkbox"/> 15 degrees	<input type="checkbox"/> Neutral	<input type="checkbox"/> Copoly sized to model	<input type="checkbox"/> White	<input type="checkbox"/> Send Sensor
	<input type="checkbox"/> Other: ____	<input type="checkbox"/> Other: ____	<input type="checkbox"/> Other: ____	<input type="checkbox"/> Black	<input type="checkbox"/> Sensor Hole
			<u>Transfer</u>		
			1st _____		
			2nd _____		

**Brace Design** - The Boston Kyphosis Brace is anterior opening.

### Lordosis

Standard lordosis is 15 degrees. Provide a lordotic degree value if different than 15 degrees.

### Abdominal Shape

Neutral (flat) abdominal shape is the standard. Provide an abdominal relief description (small, medium, large) if abdominal relief is required.

### Plastic

Plastic thickness is determined by hip circumference. If a specific thickness is required provide value in millimeters.

### 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.

### Straps

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

## OPSB Sensor:

### OPSB™ Sensor

- ☐ Send Sensor
- ☐ Sensor Hole

The OPSB Sensor adherence monitor is standard of care for the Boston Kyphosis Brace.

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.

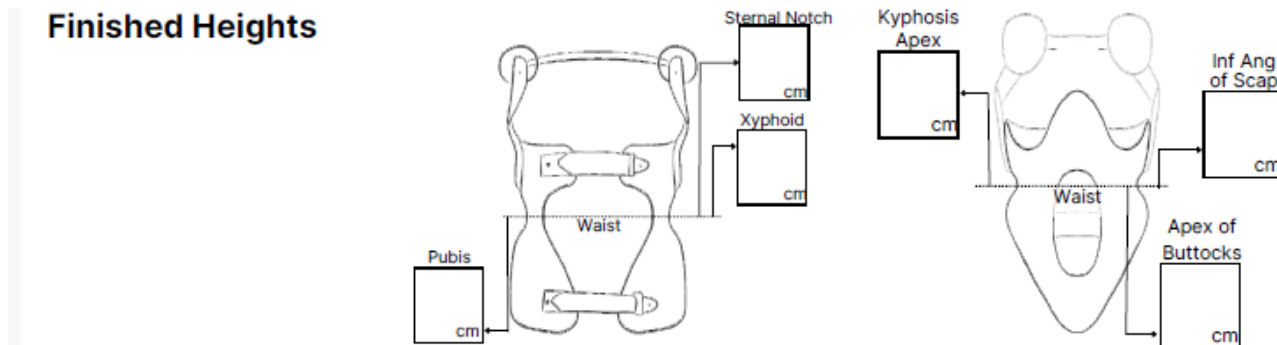
### Send Sensor:

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.

## Finished Heights



This section is optional. If completing this section, the entire section needs to be filled in.

The brace design is universal. The medial posterior superior trim line is at the level of the kyphosis apex. The posterior lateral trim line is at the inferior angle of the scapulae. The medial posterior inferior trim line is at the coccyx or mid buttocks depending on the flexibility of the kyphosis and amount of leverage required.

The anterior lateral corrective pads (cow horns) are just inferior to the clavicle. The medial anterior superior trim line at the xyphoid. The anterior inferior trim line is at the pubis.

This orthosis has bilateral open hips.

### **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.

### **Scoli Tees**

- ☐ Single  
☐ Double

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

### **Notes:**

### **Notes:**

This section is to be used for unique requests that are not an option on the order form.