Boston Brace Night Shift 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 the Boston Brace Night Shift orthosis. All items in bold are required and represent the recommended standard.

The OPSB Sensor is standard of care for our scoliosis patients. Discuss this with the parents/caregiver.

Demographics:

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

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 Wearer:

☐ Previous Nightshift Wearer

Let us know if the patient has worn a nighttime brace before. If so, our technicians will notify you if there is a design change.

Scan label:

Scan Label:_____

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

Captevia: File name is auto populated. The file will include both scans if taking a bivalve scan.

Techmed: File name is auto populated within Boston O&P App. 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 scoli; date of scan

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

Scan Label: jsmith#1jdscoli04012020

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

Anterior section: jsmith#1jdscoli04012020_ant
Posterior section: jsmith#1jdscoli04012020_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 all information 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.

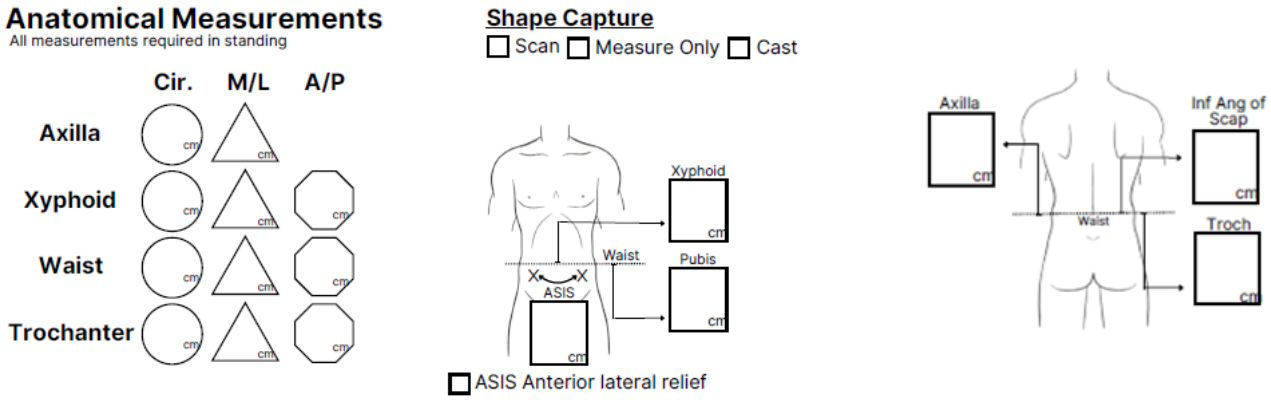
**Required	Lumbar/TL	Thoracic
Convexity	☐Left ☐Right	☐Left ☐Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

The above chart must be fully completed to monitor outcomes and provide guidance for shift/push 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 push magnitude built into the brace

Anatomical Measurements:

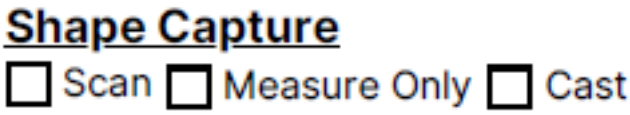
All Circumferential, ML, AP and linear anatomical measurements are required. We recommend taking these measurements in standing.

If the patient has prominent ASIS or Iliac Crests, check the ASIS Anterior lateral relief box, an additional relief will be added to the CAD model of the patient.



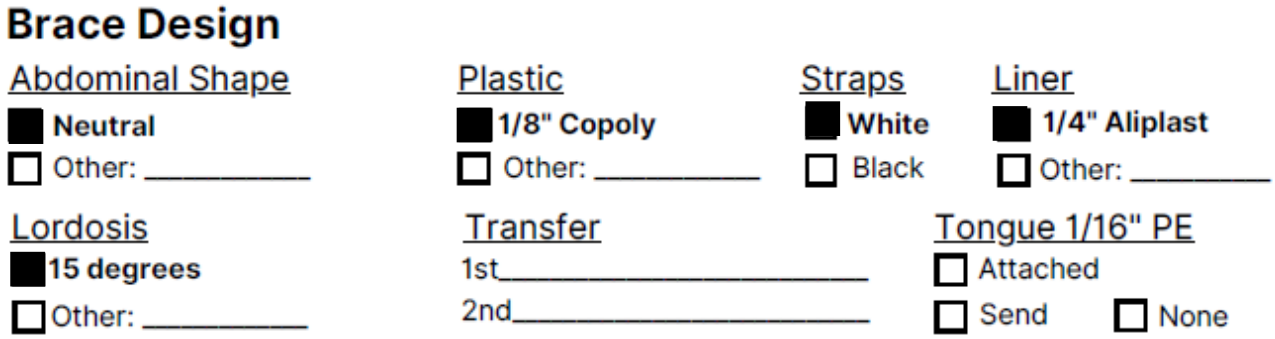
Shape Capture

Indicate the method used to capture the patient's shape. This lets customer service know if they need to contact you or not if a scan is not attached to the order.



Brace Design

Standard options are prefilled, if you wish something outside of the standard, please uncheck the standard box and check the other and fill in the text box.



Abdominal Shape:

We do not provide any abdominal compression. Neutral would be a flat/convex abdomen dictated by the patient's measurements/shape.

Abdominal relief is relative to the patient's size. If you would like a relief, use the terms small/medium/large to provide guidance to our CAD technicians. Provide AP measurements at the xyphoid, waist and pubis if a relief is requested.

Plastic:

1/8-inch co-poly and ¼ inch Aliplast are the standard plastic/liner for the Night Shift. If your patient requires something different, indicate the thickness and plastic/foam type required.

It is standard for the tongue to be attached, please indicate if you prefer it to be sent separate.

Straps:

Standard straps are white. Indicate the color of the straps requested by the patient. Strap transfers are no longer an option here as they decrease the life and integrity of the straps.

Liner:

¼ inch Aliplast lining is the standard. Indicate both the foam type and thickness if ordering outside of the standard.

Lordosis:

The standard is 15° lordosis. The goal is sagittal balance, so minor adjustments may be made in CAD. Let us know the desired lordosis for your patient if other than 15°.

Transfer:

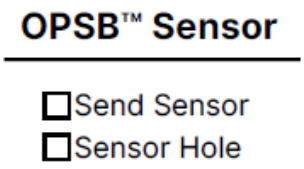
Patients may choose their transfer using the Boston O&P transfer tool. (https://www.bostonoandp.com/transfers/brace/). Write the brace *transfer name* in this section as well as a backup choice. Two transfers cannot be combined.

Tongue:

A 1/16 inch attached polyethylene tongue is standard. If you wish to have the tongue unattached, click the send box.

Check none, if you do not want a tongue to be sent with the brace.

OPSB Sensor:



The OPSB Sensor adherence monitor is standard of care for the Boston Night Shift.

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.

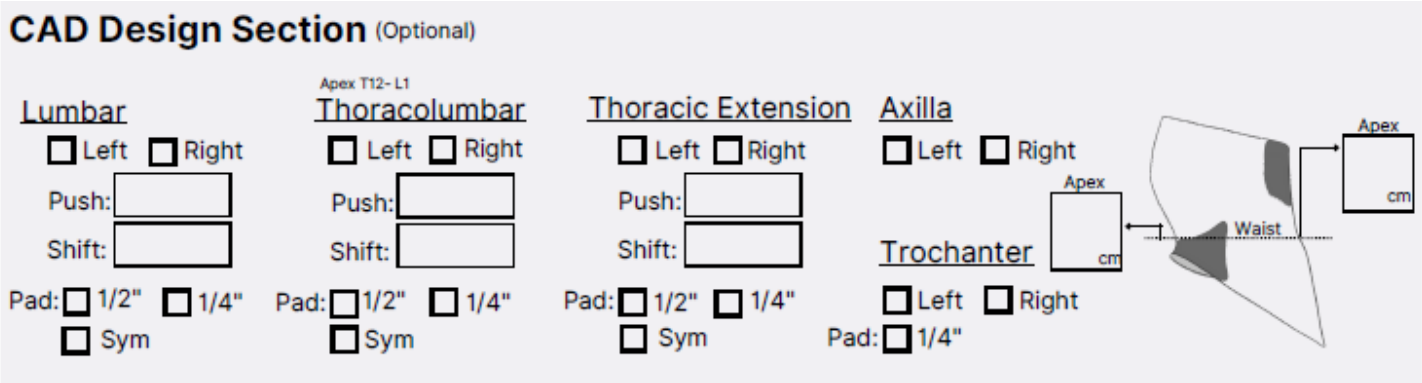
Send Sensor:

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: Optional

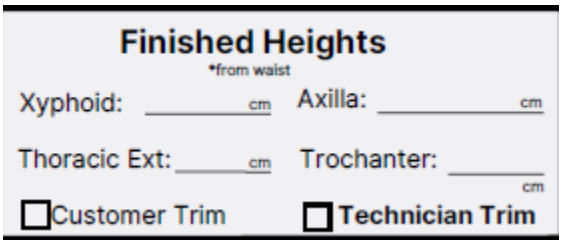


The brace design is determined by the x-ray blueprint and the patient presentation. This section is optional. Our CAD technicians will complete.

Scoli T's:

Indicate how many Scoli Tees you would like sent with your orthosis and if you prefer single or double underarm flaps. 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.

Finish Heights



All finished heights are to be in CM and are taken from the waist. If providing finished heights, and you do not want the lab to adjust those heights, check customer trim. If you want the lab to determine the finish heights, or you are okay with the lab adjusting the provided heights, check Technician Trim.

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.