

Boston Brace Baby Order Form Instructions

BOSTON BRACE BABY ORDER FORM						Print Form
Date:	Due Date:	Contact:				
Ship To:	Account:	Phone:				
Address:	PO#:	Fax:				
City:	State:	Zip:	Ship Via:	Email:		
Patient Name:						Previous Wearer: <input type="checkbox"/> Yes <input type="checkbox"/> No
						If yes, specify Troch/Auxiliary
Age:	Sex:	Ht:	ft.	in.	Wt:	lbs.
Diagnosis:						Troch Extension <input type="checkbox"/> Left <input type="checkbox"/> Right
Measurements (cm)						Scan Label:
Circ	ML	A/P				
Sternal Notch						
Axilla						
Xyphoid						
Waist						
Trochanter						
		Pubis				
CAD			Lumbar / TL			
			<input type="checkbox"/> Left <input type="checkbox"/> Right			
Thoracic Extension						
<input type="checkbox"/> Left <input type="checkbox"/> Right						
Height			cm			
Scoli T's (Customer Service will determine the right size for your patient based off the measurements provided)						Quantity
<input type="checkbox"/> White <input type="checkbox"/> Single						<input type="checkbox"/> Silver <input type="checkbox"/> Double
Liner		Plastic		Transfer		Brace:
<input type="checkbox"/> 3/16" allplast		<input type="checkbox"/> 1/8" copoly				
<input type="checkbox"/> Unlined		<input type="checkbox"/> Other:				
<input type="checkbox"/> Partial liner						
Pads		Gusset		Straps		iButton
<input type="checkbox"/> .5" installed		<input type="checkbox"/> No		<input type="checkbox"/> White		Send Button <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 5" un-installed		<input type="checkbox"/> Yes		<input type="checkbox"/> Black		Drill Hole in Plastic <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other:						Foam cut out only <input type="checkbox"/>
		Abdominal Window:				Thoracic Window:
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Finish Heights (from waist)		Finishing		Notes:		
Sternal	Axilla:	Posterior opening ONLY				
Pubis:	Spine of Scap:	Anterior window sized to patient model				
	Seat:					
	Troch	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Rev 18 10/20						

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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 Baby orthosis. Use this form if your patient is three-year-old or younger and presents with an idiopathic or congenital curve.

All items in bold are required (measurements) and represent the recommended standard.

The iButton is standard of care for infantile and congenital scoliosis. Discuss this with the parents/caregiver.

An audio review of this document is available at: [Boston Brace Baby Order Form Review](#)

Demographics:

Date:	<input type="text"/>	Due Date:	<input type="text"/>	Contact:	<input type="text"/>
Ship To:	<input type="text"/>	Account:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	PO#:	<input type="text"/>	Fax:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
		Ship Via:	<input type="text"/>	Email:	<input type="text"/>

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.

Patient Name:	<input type="text"/>	Previous Wearer:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Age:	<input type="text"/>	Sex:	<input type="text"/>	Ht:	<input type="text"/> ft. <input type="text"/> in.	Wt:	<input type="text"/> lbs.	Diagnosis:	<input type="text"/>	If yes, specify Troch/Axillary:	
										Axillary Extension	<input type="checkbox"/> Left <input type="checkbox"/> Right
										Troch Extension	<input type="checkbox"/> Left <input type="checkbox"/> Right

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.

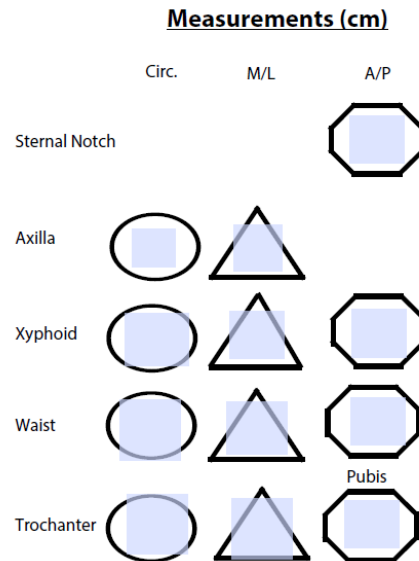
Age and Sex are needed to complete our records in the event you need the manufacturing record. Height is broken down into feet and inches to ensure proper record keeping. Weight is requested to be in pounds. Diagnosis is needed to complete records. There are two options available from the drop down window: infantile – idiopathic scoliosis that is first diagnosed on patients 3 years of age and younger, and congenital – scoliosis due to a boney abnormality.

Previous Wearer:

Indicate if your patient has worn a brace before or not. If they have worn a brace, check the “yes” box and indicate the side of the Axillary and Troch Extensions on their current brace. This will allow the CAD team to know if a brace design change is recommended, so they can notify the fitting clinician.

If they have not worn a brace before, check the “no” box and proceed to the measurements section.

Measurements:



Circumferential, ML, and AP measurements required.

All measurements to be taken with the patient standing (upright position)

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.

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.

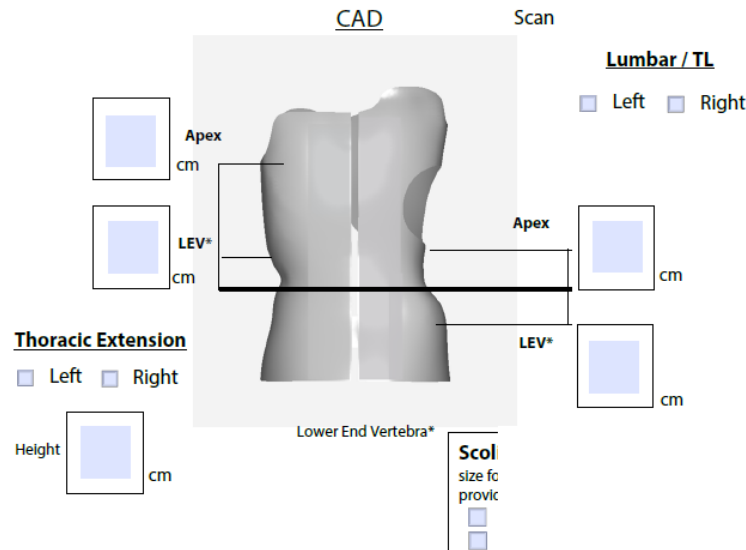
Scan Label: jsmith#1jdscoli04012020

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

Anterior section: jsmith#1jdscoli04012020_ant

Posterior section: jsmith#1jdscoli04012020_post

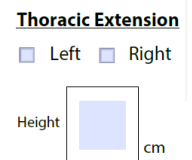
CAD:



The above section is optional. The linear measurements represent both the dimensions of the internal pushes/shift as well as the orientation and position of the pads. These heights are based on the blueprint of the patient's x-ray and your clinical exam.

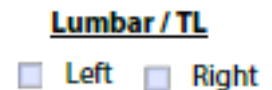
Thoracic:

Indicate left or right thoracic apex. The height is to the midsagittal point of the thoracic extension.



Lumbar/TL:

Indicate left or right lumbar or thoracolumbar (TL) apex.
Note: A short TL extension may be provided to assist with moving the TL spine toward the central sacral line.



Scoli T's:

Scoli T's (Customer Service will determine the right size for your patient based off the measurements provided)
 White Single Quantity:
 Silver Double

Indicate if you are providing the patient with a Boston Scoliosis T shirt. There are a few options. Standard or silver (note that the silver is not to be worn when being x-rayed). Also, there are 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.

Boston Brace Baby design

Liner		Plastic		Transfer	Pads		Gusset	Straps	iButton	
<input type="checkbox"/> 3/16" aliplast	<input type="checkbox"/> 1/8" copoly	Brace: <input type="text"/>		<input type="checkbox"/> .5" Installed	<input type="checkbox"/> No		<input type="checkbox"/> White	Send iButton	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Unlined	<input type="checkbox"/> Other: <input type="text"/>			<input type="checkbox"/> .5" un-installed	<input type="checkbox"/> Yes		<input type="checkbox"/> Black	Drill Hole in Plastic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Partial liner				<input type="checkbox"/> Other: <input type="text"/>				Foam cut out only	<input type="checkbox"/>	

Liner and Plastic:

Standard liner choice is 3/16" aliplast. Unlined provides the most low-profile orthosis. The partial liner consists of 1/8" foam just superior and inferior to the waist. Crest rolls are included. Standard plastic is 1/8" copoly. If a different plastic choice is desired, write it in the "Other" section.

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.

Pads:

Pads are pre-trimmed and skived per the curve pattern and brace design. Pads may be pre-installed to ease the fitting process. Let us know how you want to receive your .5-inch pads.

Gusset:

The gusset is an elastic cover for the window. If a gusset is chosen, the color will match the strap choice.

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.

iButton:

iButton

Send iButton Yes No

Drill Hole in Plastic Yes No

Foam cut out only

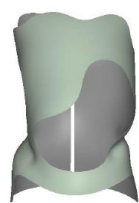
The iButton adherence monitor is standard of care for the Boston Brace 3D. iButtons may be transferred to a patient's subsequent brace.

Indicate if an iButton is to be sent with the brace.

If the patient has an iButton, and just needs to have the hole drilled into the brace, check no to send the iButton, and yes to drill a hole in the plastic.

If you only want the foam removed from the brace, regardless of whether an iButton is to be sent or not, and no hole drilled into the plastic, check the foam cut out only.

Abdominal and Thoracic Windows:



Abdominal Window:

Yes

No



Thoracic Window:

Yes

No

To maximize the de-rotational effort of the Boston Brace Baby orthoses and to not impede breathing mechanics it is recommended to have an open abdomen. The kidney bean shape allows for this while providing a de-rotational force coupler.

The thoracic window maximizes the lateral shifting of the spine while also providing space for breathing.

Size and shape of both windows is determined by the shape of the patient and curve type.

Finish heights from waist:

Finish Heights (from waist)

Sternal:	<input type="text"/>	Axilla:	<input type="text"/>
Pubis:	<input type="text"/>	Scap:	<input type="text"/>
		Seat:	<input type="text"/>
		Troch	<input type="checkbox"/> Left <input type="checkbox"/> Right

Finished heights have been reorganized and simplified. They go from anterior to lateral to posterior. (all superior to inferior). All measurements are in centimeters. The anatomical lengths provided above are used for modifying the scan. These measurements are used to finish the orthosis.

Notes

Notes: <input type="text"/>

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.