

# Instructions for Boston Brace Original 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.

This form is for the fabrication of the Boston Brace Original orthosis.

All items in bold are required (measurements) and represent the recommended standard. If your patient is three years of age or younger, consider the Boston Brace Baby orthosis. The order form and instructions are available on our website.

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

An audio review of this document is available at: <https://vimeo.com/466688855>

## Demographics:

BOSTON BRACE ORIGINAL ORDER FORM					
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, Age, Sex, Height, Weight, Diagnosis:

Patient Name:	<input type="text"/>	<b>Impression</b>												
		<input type="checkbox"/> Scan Standing <input type="checkbox"/> Cast												
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"/>	<input type="checkbox"/> Measure only
														Previous Wearer: <input type="checkbox"/> Yes <input type="checkbox"/> No

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 provided 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.

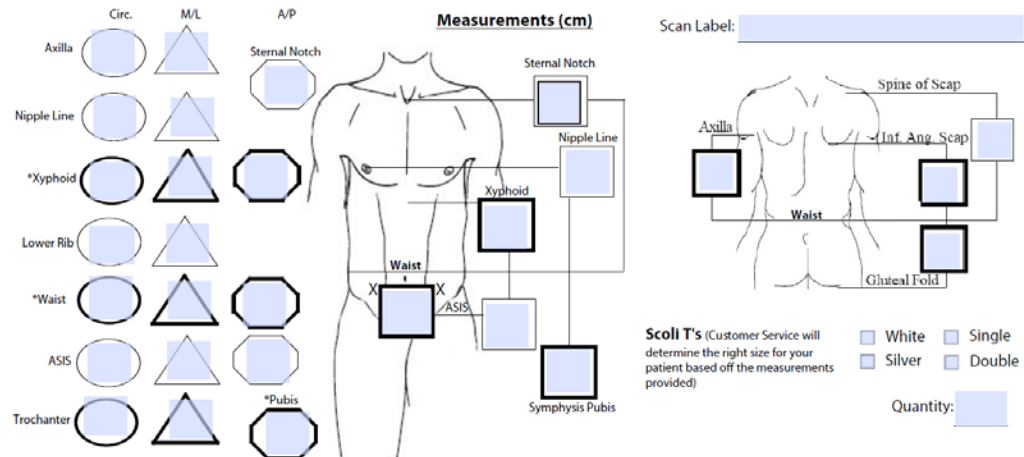
## Impression:

Let us know if you took a cast, scan or measurements only. In the event the cast/scan are submitted independent of the workorder, this lets us know additional items are needed to submit the order.

## Previous Wearer:

If yes, our fabrication technicians will check the previous design and alert you if a change is recommended. You will have the final word on the brace design.

## Measurements:



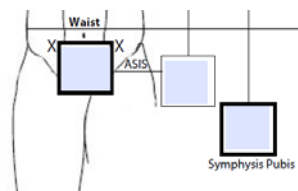
Circumferential, ML, and AP measurements required. The sections in Bold are the minimum requirements if provided a cast or scan.

If taking a *bivalve scan*, please provide all measurements, circumferential, ML and AP measurements at the anatomical landmarks noted.

## Linear Measurements:

Linear measurements are to the anatomical landmark regardless of scan type. The axilla measurement is to the maximum height under the arm needing an axillary extension. If, as is the case of a Thoracolumbar curve, the axilla may be well below the maximum axillary measurement, please provide the maximum height to assist in fabrication. The finish height section will assist in determining the finish measurements.

## ASIS measurements:



Please provide the ASIS to ASIS linear measurement by following the patient's body contours using a cloth tape measure. The CAD software is design to follow the patients shape and not a point to point measurement provide by using a ML stick or the like.

**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

**Scoli T’s:**

**Scoli T’s** (Customer Service will determine the right size for your patient based off the measurements provided)

- White     Single
- Silver     Double

Quantity:

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 if having an MRI). 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.

**Brace Design:**

**Lordosis**

- Match scan/cast
- 15°
- Other:

**Abdominal Shape**

- Neutral
- 10° from neutral
- 10° from Pt. presentation
- Other:

**Abdominal Relief\***

- S     M
- L     XL

\*if relief is required, please include A/P measures at xyphoid, waist and pubis

**Lumbar Relief**

- Left     Right

This section assists the CAD technician with sagittal plane design.

**Lordosis:**

We encourage scanning all scoliosis patients regardless of the type of orthosis being provided. Reduction of lordosis is no longer the standard. Overall sagittal balance is the goal. For some patients that may mean there is a reduction of lordosis, but its more about overall sagittal balance. Please see our video on how to manage your

patient's sagittal profile when scanning. Let us know how we should adjust (or not) your patients lordotic posture.

### **Abdominal Shape:**

This allows the CAD technician to adjust the anterior section of the patient's sagittal profile. Neutral is flat to 3 degrees of convexity,(depends on measurements provided) 10 degrees from neutral would add more convexity to the anterior, 10 degrees from presentation applies to cast or scans provided.

### **Abdominal Relief:**

This provides guidance to the CAD technician to know how much of a relief to provide. The amount is relative to the size of the patient.

### **Lumbar Relief:**

Let us know if you want the CAD technician to increase the relief area opposite the lumbar pad

### **Materials:**

<b>Liner</b>	<b>Plastic</b>	<b>Lumbar Reinforcement</b>	<b>Transfer</b>
<input type="checkbox"/> 3/16" alipast <input type="checkbox"/> Unlined	<input type="checkbox"/> Copoly sized to model	<input type="checkbox"/> Left <input type="checkbox"/> Right	Brace: <input type="text"/>
<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Other: <input type="text"/>		

### **Liner:**

Our standard is to line the brace with 3/16 aliplast. Let us know if you want the brace lined, unlined or something else

### **Plastic:**

Copoly is our standard plastic and the thickness is dependent on the brace size. Let us know if you want a different plastic or thickness than the standard.

### **Lumbar Reinforcement:**

The lumbar reinforcement is defined as a built-in corrugation positioned superior to inferior just lateral to the posterior opening that assists in maintaining the lumbar push. This is not a standard for the Boston Brace Original. However, when treating patients with a higher BMI, an unlined or partially lined brace where primary lumbar control is needed, a reinforcement may be necessary.



If left blank, then no reinforcement will be added.

### **Transfer:**

Patients may choose their transfer using the Boston O&P transfer tool.

(<https://www.bostonoandp.com/transfers/brace/>). Write the brace transfers number in this section.

**The section below is your choice – we can complete this section or you can direct the fabrication.**

<b>Brace Design (Optional)</b> Prokyphotic Extension: <input type="checkbox"/> Left <input type="checkbox"/> Right Axilla: <input type="checkbox"/> Left <input type="checkbox"/> Right Thoracic Extension: <input type="checkbox"/> Left <input type="checkbox"/> Right Thoracic Pad: <input type="checkbox"/> Left <input type="checkbox"/> Right Thoracic Window: <input type="checkbox"/> Left <input type="checkbox"/> Right Gusset: <input type="checkbox"/> Left <input type="checkbox"/> Right Lumbar Pad: <input type="checkbox"/> Left <input type="checkbox"/> Right Trochanter Extension: <input type="checkbox"/> Left <input type="checkbox"/> Right Trochanter Pad: <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>Finished:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Finish to tech discretion (If yes, please provide X-ray and complete all fields in <b>BOLD</b> ) <b>Finish Heights (from waist)</b> Sternal Notch: <input type="text"/> Spine of Scap: <input type="text"/> Xyphoid: <input type="text"/> Axilla: <input type="text"/> Pubis: <input type="text"/> Inf Angle Scap: <input type="text"/> Seat: <input type="text"/> <b>Straps:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <b>Pads:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Send <b>Gusset:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Send	<b>iButton:</b> Send iButton <input type="checkbox"/> Yes <input type="checkbox"/> No Drill Hole in Plastic <input type="checkbox"/> Yes <input type="checkbox"/> No Foam cut out only <input type="checkbox"/> <b>Notes:</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Rev.11 9/20</p>
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20 Ledin Dr., Avon, MA 02322 T: 800.262.2235 F: 800.634.5048 Email: customerservice@bostonoandp.com

**Brace Design (Optional):**

Here you can provide the specifics for the brace design.

**Finished:**

The finish room technicians will prepare the brace for first fitting. You may provide finish lengths. Not all lengths are from the waist.

**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.

**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.

**iButton:**

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.

**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.