

# Boston Brace RC Measurement form and Instructions

[Print Form](#)

## BOSTON BRACE RC ORDER

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ POB: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Previous Wearer:  Yes  No  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ ft. \_\_\_\_\_ in. Wt: \_\_\_\_\_ lbs. Diagnosis: \_\_\_\_\_  
If yes, please provide all previous x rays

**Measurements (cm)** Scan Label: \_\_\_\_\_

	Lumbar/TL	Thoracic
Apical vertebra		
Cobb angle		
Scolometer reading		

Chart completion necessary for brace fabrication

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

White  Single  Quantity: \_\_\_\_\_  
 Silver  Double

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**Plastic:**

 1/8" copoly  
 Other: \_\_\_\_\_

**Transfer:**

Brace: \_\_\_\_\_

**Straps:**

 White  Black

**Button:**

 Yes  No  
 Send Button  
 Drill Hole in Plastic:  Yes  No

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A. Single Thoracic curve/minor or no lumbar compensatory

A1 (L3 fitted to thoracic apex)  
 A2 (L3/L4 horizontal)  
 A3 (L2/L3 apex, L4 fitted to lumbar)

B. Major lumbar/TL; minor thoracic

B1 (L4/L2 apex)  
 B2 (T12 apex)

C. Single thoracic curve on CSL with no minor or no lumbar curve

C1 No lumbar curve  
 C2 Lumbar curve on CSL

E. Single thoracic TL curve

E1 L3/L1 apex, curve off CSL  
 E2 T12 (T1) apex off CSL

**Notes:**

Rev. 8/12/29

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**Video review of the measurement form instructions:** [Boston Brace RC Order form review](#)

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. Items in **bold** represent our standard option

PLEASE DO NOT use this as your clinical note.

## Demographics:

BOSTON BRACE RC ORDER						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, please provide all previous x rays				
Age: _____	Sex: _____	Ht: _____ ft. _____ in.	Wt: _____ lbs.	Diagnosis: _____		

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: _____					Previous Wearer: <input type="checkbox"/> Yes <input type="checkbox"/> No
				If yes, please provide all previous x rays	
Age: _____	Sex: _____	Ht: _____ ft. _____ in.	Wt: _____ lbs.	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.

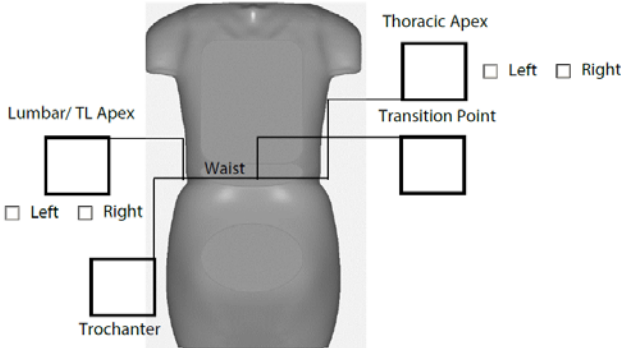
### Previous Wearer:

Indicate if your patient has worn a brace before or not. If they have worn a brace, check the "yes" box and provide all the previous x-rays.

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

**Measurements:**

**Measurements (cm)** Scan Label: \_\_\_\_\_



	Lumbar/TL	Thoracic
Apical vertebra		
Cobb angle		
Scoliometer reading		

Chart completion **necessary** for brace fabrication

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

White     Single    Quantity: \_\_\_\_\_  
 Silver     Double

**Linear Measurements:**

Linear measurements are to the maximum rotational point on the patient's torso. Use your scoliometer with the patient in the Adam's forward bending position to record the maximum rotation of the thoracic and lumbar curves. Mark this area and measure the linear distance from the waist to the maximum rotation value. Do the same for where the scoliometer passes through neutral (zero). This is the transition point. Measure the linear distance from the waist to the greater trochanter.

**Scan label:**

Scan Label:

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

Captevia: File name is auto-populated. Write Captevia as the scan label. 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

## Clinical Measurements:

	Lumbar/TL	Thoracic
Apical vertebra	<input type="text"/>	<input type="text"/>
Cobb angle	<input type="text"/>	<input type="text"/>
Scoliometer reading	<input type="text"/>	<input type="text"/>

Chart completion **Necessary** for  
brace fabrication

The above chart must be fully completed to monitor outcomes and provide guidance for curve classification. 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).

## 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 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.

## Boston RC design:

<b>Plastic</b> <input type="checkbox"/> 1/8" copoly <input type="checkbox"/> Other: _____	<b>Transfer</b> Brace: _____	<b>Straps:</b> <input type="checkbox"/> White <input type="checkbox"/> Black	<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
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### Plastic:

The recommended plastic is 1/8" copoly. We find that this works for 90% of the patient population. 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.

### 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

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.

## Curve Classification/Brace Design:

The section below describes the curve presentation, shows the brace design and allows you to choose the curve classification based on the Rigo-Cheneau classification. Upon evaluating the patient's presentation and radiograph, check the box specifying the brace design.

A: Single Thoracic curve/minor or no lumbar compensatory



- A1 (L3 tilted to thoracic apex)
- A2 (L3/L4 horizontal)
- A3 (L2/L3 apex, L4 tilted to lumbar)

B: Major lumbar/TL; minor thoracic



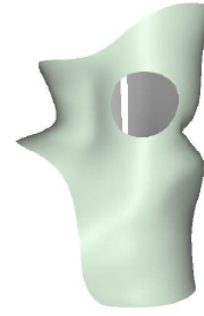
- B1 (L1/L2 apex)
- B2 (T12 apex)

C: Single thoracic curve on CSL with no minor or no lumbar curve



- C1 No lumbar curve
- C2 Lumbar curve on CSL

E: Single thoracic TL curve



- E1 L2/L1 apex, curve off CSL
- E2 T12 (T11) apex off CSL

## 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.