Boston Brace Baby 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 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:		Due Date:		Contact:	
Ship To:		Account:		Phone:	
Address:		PO#:		Fax:	
City:	State:	Zip:	Ship Via:	Email:	

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:		Previous Wearer: ☐ Yes ☐ No
		Same Design : ☐ Yes ☐ No
Age: Sex: ▾ Ht: ft. in. Wt: lbs. Diagnosis: ▾		☐ Scan ☐ Cast **CAD specs required if no**

Patient Name, Age, Sex, Height, Weight, Diagnosis:

Make sure the patient's name is legible.

We will keep a secondary record for you showing the patient's age, sex, height, (in feet and inches) and weight (in pounds). This information may assist in justifying a new orthosis.

Diagnosis is needed to complete records. There are three options available from the drop down window: infantile idiopathic scoliosis (idiopathic scoliosis that is first diagnosed at 3 years of age and younger), congenital scoliosis (scoliosis secondary to a boney abnormality) and neuromuscular scoliosis.

Previous Wearer:

Indicate if your patient has worn a brace before or not. If they have, check the "Yes" box and indicate if the same design is requested. If the curve pattern and patient presentation are the same, then check "Yes" to same design. If they have changed, check "No" and complete the entire form (the lower section of the form allows you to design the brace). If this section is left unchecked, Lab Standards will be followed.

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

Measurements:

All measurements required (cm)

	Lumbar/TL	Thoracic
Apical vertebra		
Cobb angle		

Accuracy **Necessary** for best results

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

All Circumferential, ML AP, and linear measurements are required. All measurements are to be in centimeters. Note the distance from the waist to the greater trochanter. This will equate to the posterior inferior trim line.

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

Radiographic:

	Lumbar/TL	Thoracic
Apical vertebra		
Cobb angle		

Accuracy **Necessary** for best results

Review the patents x-ray and complete the table above by identifying the apical Lumbar/Thoracolumbar (TL) and Thoracic apex and Cobb value(s). For single curves, add NA to appropriate box.

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

If you are providing the patient with a Boston Scoliosis T shirt indicate the type (white/silver) and design (single or double axillary flap along with the quantity. **NOTE: note that the silver is not to be worn when being x-rayed.** The size is determined from the submitted measurements.

Boston Brace Baby design

All Boston Brace Baby orthoses have a posterior opening to accommodate the anterior window.

Liner and Plastic:

Liner	Plastic	Transfer		Pads	Gusset:	Straps	Boston Sensor
☐ 3/16" aliplast	☐ 1/8" copoly	**1st** ☐		☐ .5" Installed	☐ No	☐ White	Send Sensor ☐ Yes ☐ No
☐ Unlined	☐ Other: ___			☐ .5" un-installed	☐ Yes	☐ Black	
☐ 1/8" Partial liner		**2nd** ☐		☐ Other: ___			Hole Size For: ☐ Boston Sensor
							☐ iButton
							☐ No hole

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 first and second choice of transfer using the Boston O&P transfer tool. (https://www.bostonoandp.com/transfers/brace/). Write the brace *transfer name* in this section. Every attempt will be made to provide the first choice.

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.

Boston Sensor:

The Boston Sensor adherence monitor is standard of care for the Boston Brace Baby orthoses. Sensors may be transferred to a patient's subsequent brace.

Indicate if a Boston Sensor is to be sent with the brace.

If the patient has a sensor, and just needs to have the hole drilled into the brace, check no to send the sensor, and indicate the size of the hole to be drilled.

CAD:

CLINICIAN ↑	CAD specs determined by Boston O&P	BOSTON O&P ↓

Lumbar
☐ Left   ☐ Right

Apex ___ cm

Apex

LEV*

Axillary Extension
☐ Left   ☐ Right

___ cm

waist

LEV*

*Lower End Vertebra

Thoracic Extension
☐ Left   ☐ Right

Apex ___ cm

___ cm

Height ___ cm

Abdominal Window Cut Out
☐ Yes ☐ No

Thoracic Window
☐ Yes ☐ No

CAD	LAB USE ONLY OVEN	DESIGN	Finish Heights (from waist)	Notes:

Sternal Notch: _____   Spine of Scap: _____

Axilla: _____

Pubis: _____   Greater Troch: _____

(Bilateral Trochs are the standard)

FINISH   QC

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The above section is optional.

If left blank, lab standards will be followed analyzing the scan/cast of the patient and blueprinting the radiograph.

If you wish to design the brace, then this section needs to be COMPLETED in full. Partially completed work orders will require a call to the treating clinician and may delay fabrication.

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.
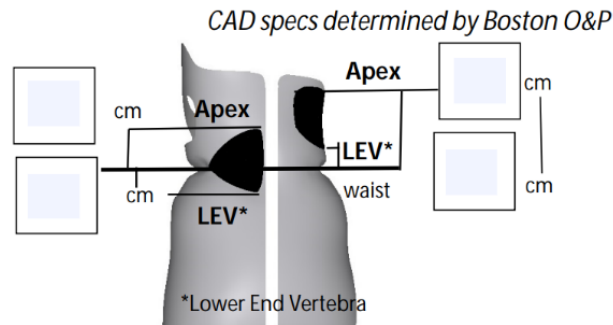
Lumbar:

Indicate left or right lumbar apex.

Lumbar
☐ Left   ☐ Right

Axillary Extension:

Indicate left or right lumbar apex.

Axillary Extension
☐ Left   ☐ Right

Push/Shift and Pad Dimensions:

CAD specs determined by Boston O&P

Indicate the dimension of the lumbar push and pad by writing in a whole number value for waist to apex and waist to lower end vertebra

Indicate the dimension of the thoracic push and pad by writing in a whole number value for waist to apex of the thoracic curve and waist to lower end vertebra.
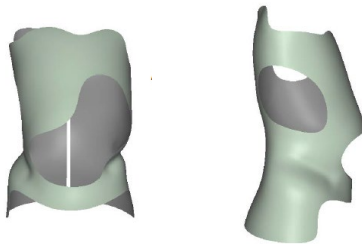
Thoracic:

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

Thoracic Extension

☐ Left ☐ Right

Height ☐ cm

Abdominal and Thoracic Windows:

Abdominal Window Cut Out

☐ 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.
It is standard to cut out the abdominal window.
It is standard to not cut out the thoracic window.

LAB USE ONLY

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                    LAB USE ONLY
   CAD                 OVEN              DESIGN
┌──────────┐      ┌──────────┐      ┌──────────┐
│          │      │          │      │          │
│          │      │          │      │          │
│          │      │          │      │          │
└──────────┘      │          │      │          │
      FINISH      └──────────┘  QC  └──────────┘
   ┌──────────┐      ┌──────────┐
   │          │      │          │
   │          │      │          │
   │          │      │          │
   └──────────┘      └──────────┘
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Our quality standards require each lab technician that completes a section of the fabrication process to identify themselves by writing their initials in the appropriate box.

Finish heights from waist:

Finish Heights (from waist)

Sternal Notch: _____   Spine of Scap: _____

                               Axilla: _____

Pubis: _____   Greater Troch: _____

(Bilateral Trochs are the standard)

Finished heights measurements are used to finish the orthosis. All measurements use the waist as the base line.

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.