• 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 iButton is standard of care for our scoliosis patients. Discuss this with the parents/caregiver.

An audio review of this document is available at: Boston Brace Night Shift Order Form Instructions

Demographics:

BOSTON BRACE NIGHT SHIFT

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, Age, Sex, Height, Weight, Diagnosis:

Patient Name: Impression
Scan Standing Cast
Age: Sex: Ht: ft. in. Wt: lbs. Diagnosis: Measure only
Scan Label: Previous Wearer: Yes 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 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.

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

Impression

Impression

☐ Scan Standing ☐ Cast

☐ Measure only

Indicate how the patient's shape was captured. A standing scan is preferred. Please follow our scanning instructions.

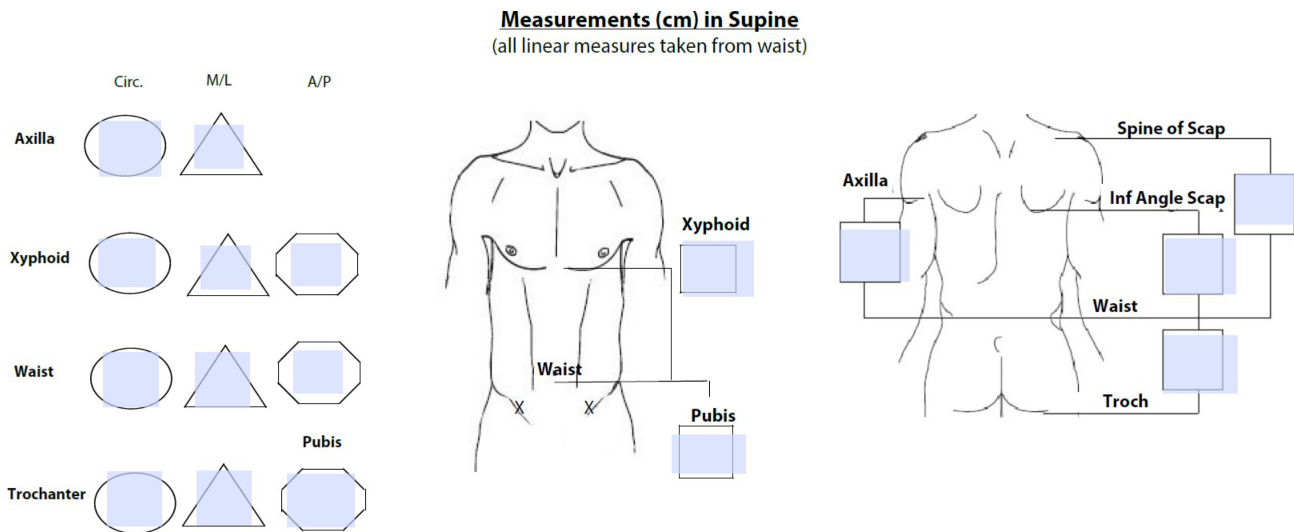
Previous Wearer:

Previous Wearer: ☐ Yes ☐ No

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

Measurements:

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



CAD modification/ Brace Materials

Lordosis	Abdominal Shape	Materials		Transfer
☐ **Match scan/cast**	☐ Neutral	☐ **1/8" copoly**	☐ **1/4 "aliplast**	Brace: ______
☐ 15 degrees	☐ Match scan/cast	☐ Other: ______	☐ Other: ______	**Tongue: 1/16" PE**
☐ Other: ______	Relief: ☐ Small ☐ Medium ☐ Large *if relief is required, please include A/P measures at xyphoid, waist and pubis			☐ **ATTACHED** ☐ UNATTACHED/SEND

Lordosis:

The standard is to match the patient's lordosis as captured in the scan. The goal is sagittal balance, so minor adjustments may be made in CAD. Let us know the desired lordosis for your patient.

Abdominal Shape:

We do not provide any abdominal compression. Neutral would be a flat/convex abdomen dictated by the patient's measurements/shape. If a scan (recommended) or cast is provided, we will match the presentation.

The relief is relative to the patient's size. The small, medium and large is to provide guidance to our CAD technicians. Provide AP measurements at the xyphoid, waist and pubis if a relief is requested.

Materials:

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.

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.

Tongue:

Indicate if the tongue is to be attached or unattached and sent. All Night Shift braces are to be delivered to the patient with a tongue attached.

Brace Design: Optional

Brace Design (Optional)

Axilla:	☐ Left ☐ Right
Thoracic Extension:	☐ Left ☐ Right
	☐ Pad ☐ 1/2" ☐ 1/4"
	P ☐ S ☐
Thoracolumbar: (APEX L1-T12)	☐ Left ☐ Right
	☐ Pad ☐ 1/2" ☐ 1/4"
	P ☐ S ☐
Lumbar:	☐ Left ☐ Right
	☐ Pad ☐ 1/2" ☐ 1/4"
	P ☐ S ☐
Trochanter Extension:	☐ Left ☐ Right
	☐ Pad ☐ 1/4"
Thoracic Relief:	☐ Left ☐ Right

The brace design is determined by the x-ray blueprint and the patient presentation. This section is optional. Our CAD technicians will complete the form prior to fabrication. The P and S boxes are for internal communication.

Finish Heights

Finish Heights in CM (from waist)

Anterior

Xyphoid:

Pubis:

Posterior

Inferior Angle Scapula

Lateral

Axilla:

Thoracic Extension:

Troch:

All finished heights are to be in CM and are taken from the waist.

Straps:

Straps: ☐ **White** ☐ Black

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:

Boston Sensor

Send Sensor ☐ **Yes** ☐ No

Hole Size For: ☐ Boston Sensor

☐ iButton

☐ No hole

The Boston Sensor adherence monitor is standard of care for the Boston Brace 3D. Boston Sensor may be transferred to a patient's subsequent brace. All new patients and returning patients that are being measured for a subsequent brace are to be offered a Boston Sensor.

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

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

If the patient currently has an iButton and wants a Boston Sensor, order a sensor from customer service.

If you do not want a hole drilled into the brace, simply check No hole.

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 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.

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.

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