Boston Soft Spinal Orthosis Postural 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 a **postural** soft spinal orthosis. Use this form if your patient presents with low tone, no diagnosed scoliosis, and the treatment goal is to improve sitting/standing posture and head/neck control.

Sagittal plane control is the primary function of the device. The posterior superior trim line should be at the level of the kyphosis, and the anterior superior trim line will be as low as possible while providing the maximum kyphotic control. This is most likely just inferior to the sternal notch. No abdominal compression is required – it is recommended to make a belly opening to ensure breathing is not restricted. Inferior trim lines will mimic traditional TLSO/LSO.



An audio review of this document is available at: Boston Brace Soft Spinal Orthosis Postural order form instructional video

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: _____

Age: _____ Sex: _____ Ht: _____ ft. _____ in. Wt: _____ lbs. Diagnosis: _____

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.

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.

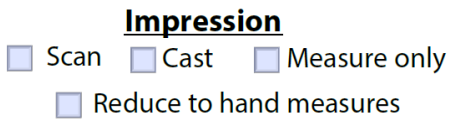
Laser scanner: Patient's first initial, last name; scan number; clinicians' initials; the word spinal; date of scan
i.e. patient John Smith is seeing clinician Jane Doe on April 1, 2020 for his first brace.
Scan Label: jsmith#1jdspinal04012020

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

Anterior section: jsmith#1jdspinal04012020_ant

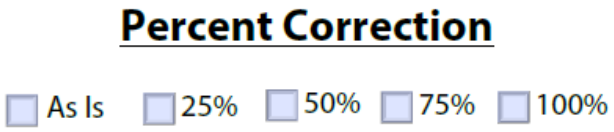
Posterior section: jsmith#1jdspinal04012020_post

Impression:



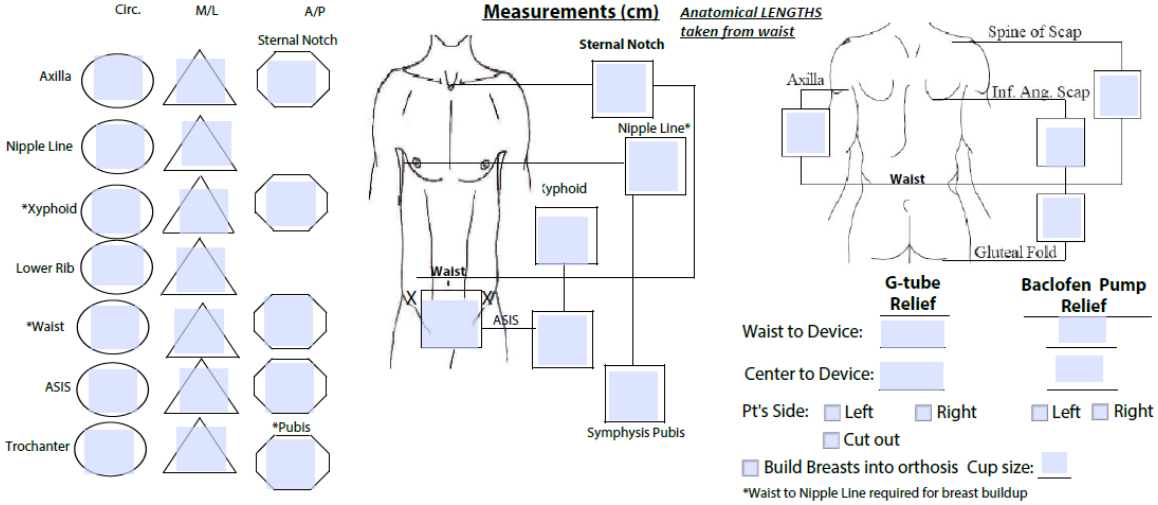
Postural Soft Spinal Orthosis may be fabricated from cast, measurement, or scan. Scanning is optimal. See our scanning instructions.

Percent Corrections:



This will depend on the flexibility and presentation of the patient. Patients appropriate for this device typically can achieve a sagittal plane balance and are neutral in the coronal and transverse planes, so 100% correction is recommended.

Measurements:

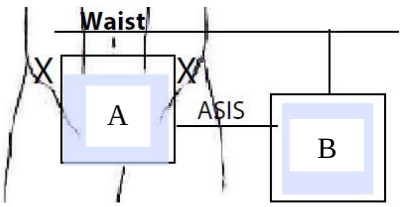


All measurements are required.

Linear Measurements

Linear measurements are from the waist to the anatomical landmark regardless of scan type. The axilla measurement is to the maximum height under the arm needing an axillary extension.

ASIS measurements



When providing ASIS to ASIS linear measurement (A), use a cloth tape measure to follow the patient's body contours.

Waist to pubis measurement (B) is measured using the linear measuring device.

G-tube/Baclofen Pump/Chest Relief:

	G-tube Relief	Baclofen Pump Relief
Waist to Device:		
Center to Device:		
Pt's Side:	☐ Left ☐ Right	☐ Left ☐ Right
	☐ Cut out	

☐ Build Breasts into orthosis Cup size: ____

*Waist to Nipple Line required for breast buildup

Many of the patients in this population present with a G-tube and or a Baclofen Pump. We can accommodate both into the orthosis. To do so please provide the waist to center of the device measure as well as midline to center of device and to what side the device is located. CAD will then make the appropriate relief in that area.

For those providing measurements only, if the patient requires accommodation for chest development, please indicate this by checking the box and providing the chest cup size.

Sagittal Plane:

Abdominal Shape	Abdominal Window	Lordosis	Kyphosis
☐ Neutral ☐ Match scan/cast Relief: ☐ Small ☐ Medium ☐ Large *if relief is required, please include A/P measures at xyphoid, waist and pubis	☐ Yes ☐ No ☐ Plastic only ☐ Foam and plastic	☐ 25 degrees ☐ Match scan/cast ☐ Other:	☐ 25 degrees ☐ Match scan/cast ☐ Other:

The sagittal plane alignment and support is the primary function for this style of orthosis. This section allows you to communicate what is required for your patient to maximize their sagittal plane control.

Abdominal Shape

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

Abdominal Window

We recommend an abdominal opening – this helps reduce any respiratory impediment and improve comfort for the patient. If you want an abdominal opening, let us know if you want just the plastic removed or the plastic and foam. The symmetrical window design is recommended for this style of orthosis. Use the notes section if you request a different design. (symmetrical window shown below)

Symmetrical window type with plastic and foam cut out

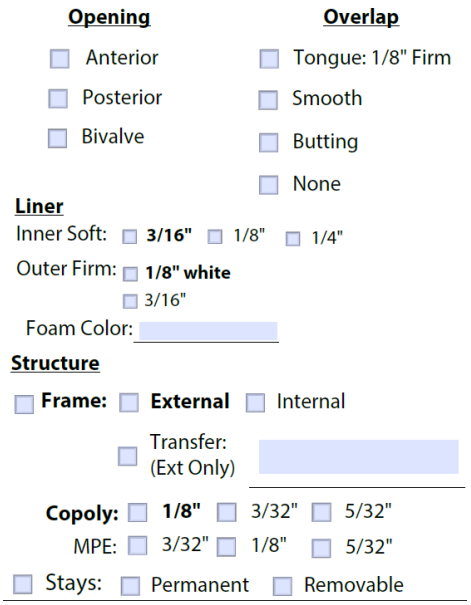
Lordosis

For this population, we need to provide support to the pelvis and help improve the extension response to help these patients with postural control. The minimum amount of lordosis that we recommend is 25 degrees, but you can have us match the scan/cast or specify the amount of lordosis. During your evaluation, you will determine the proper amount of lordosis needed for support.

Kyphosis

Let us know the amount that will maximize the patient's sagittal balance. We recommend this be at the apex of the kyphosis.

Brace Design:



Use the above section to describe the brace design.

Opening

Three options exist: Anterior, Posterior, or Bivalve.

Overlap

If an anterior opening, let us know if you want a tongue added.
If a bivalve design, we offer smooth (anterior section fits over posterior) or butting (step overlap that interlocks)

Bivalve design with smooth overlap

Liner

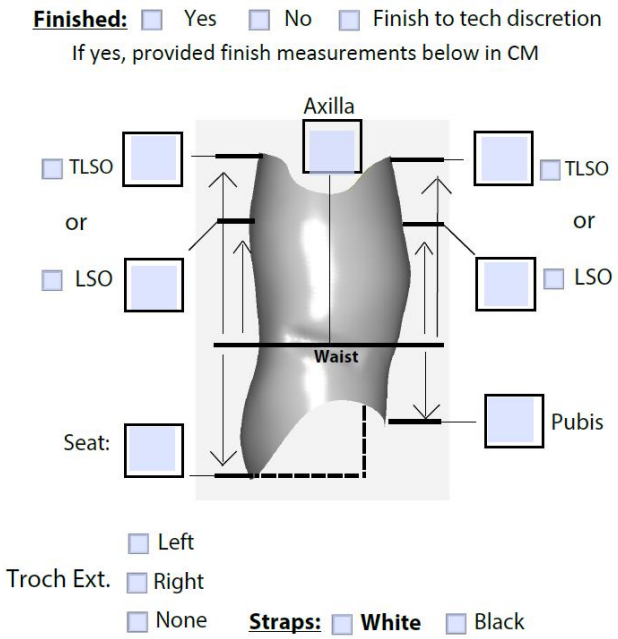
The inner foam lining is available in different thicknesses. The outer foam is in firm only. If you wish to have a foam with color (external foam only), it is only available in 3/16. Please state the color requested.

Structure

The frame may be internal or external. It is one continuous structure that will follow TLSO or LSO trimline. Indicate the type (External is recommended) and thickness of plastic

Stays are internal flexible plastic struts that typically consist of two paraspinal stays, two lateral stays (one left, one right) and two anterior stays. The stays are offset anteriorly to accommodate a G tube.

Finish



As the orthosis is primarily for sagittal control, the above schematic shows the sagittal profile of the orthosis.

Indicate if you wish to have the orthosis finished. The standard for the finish to tech discretion will be with the anterior section to the sternal notch, and the posterior section to the apex of the kyphosis.

The TLSO/LSO check box is for you to describe the trimline of the orthosis. When controlling kyphosis, it is recommended to have a TLSO anterior trimline, and an LSO (at the level of the kyphotic apex) posterior trimline. All trim line measurements will be from the waist to the end point of the foam. **The frame/stays will be trimmed 2.5 cm shorter than the foam. Please provide the maximum height of the foam trimline.**

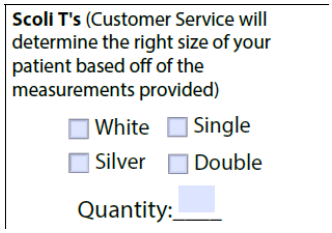
Troch Ext

Indicate if the patient needs a left or right trochanteric extension for additional sitting balance. If bilateral trochanter extensions are needed, check both boxes.

Straps:

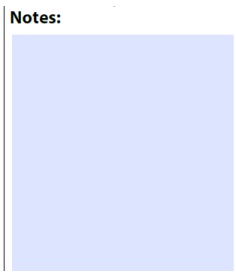
Standard straps are white, but can also come in black on request. Strap transfers are no longer an option here as they decrease the life and integrity of the straps.

Scoli T's



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 MRI or HBO). Also, there are options for shirts with 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



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.