



## Protosthetics Pectus Carinatum Brace Overview



- **FULLY CUSTOM**
  - This brace is manufactured off a 3D scan or cast of your patient's chest. Upon arrival, you will find that the brace is fully custom to each patient's deformity. It is no longer necessary to spend time modifying the brace. Panels are engineered and printed to perfectly fit the body contours of your patient.
- **4-WAY ADJUSTABILITY**
  - Plastic panels are heat moldable and can be grinded down.
  - BOA dials with quick latch locking mechanism force AP compression.
  - On the backside of the strapping mechanism, Velcro straps allow adjustability for growth over time.
  - Butterfly strap on the posterior side of the brace allows for larger circumferential adjustments over time.
- **"DESIGN YOUR OWN"**
  - The brace has some design selections when it comes to the plastic, printed panels and the foam padding colors. This enables young kids to feel involved in their bracing process.

## How to Order?

### (1) Shape Capture

- If you have a cast, send to address in top right-hand corner.
- For scanning: Have the patient put on a white, stockinette like tank. Place patient's arms in a T-position (arms straight out). Ensure girls wear their hair up and out of the scan. Take a 3D scan of the chest, from neck to waist, around patient's entire body. *Our team utilizes the Structure sensor that attaches to an iPad and the app DigiScan3D.*

### (2) Photo



- Cast: draw deformity panel placement on cast.
- Scan: draw panel placement on tank and send image with scan.

### (3) Email

- Email both the scan (in STL or OBJ format) and photo to **[scans@protosthetics.com](mailto:scans@protosthetics.com)**.

### (4) Order Form

- Mail paper order form (attached) to Protosthetics address or fax to 701-478-1020
- Online order form: **<http://protosthetics.com/pectus-carinatum-order-now/>**. We do like two reference measurements, longitudinal and transversal width of the deformity. Note that there are some design selections for the brace that your patient can be involved in, such as panel color selection and foam color selection.

## Questions?

Reach out to our Business Development Lead, Emma Ilvedson, at [emma@protosthetics.com](mailto:emma@protosthetics.com).

**Pectus Carinatum Brace Order Form**

**Version 2**

**GENERAL**

Provider Name: \_\_\_\_\_ Billing Point of Contact: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  Check box if same as shipping

City: \_\_\_\_\_ Billing Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Purchase Order Number (Optional): \_\_\_\_\_

**PATIENT**

Patient First Name: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Longitudinal length of deformity: \_\_\_\_\_ cm

Transversal width of deformity: \_\_\_\_\_ cm

**LEADTIME**

Date needed by: \_\_\_\_\_  2 day: (\$50)

5 day: (\$10)  7-9 days: (Free)

**SCANNING**

No scan: send plaster to address in top right corner. Move on to next section.

Scanner app  
 DigiScan3D (LifeEnabled)  3DSizeMe (TechMed)  Other: \_\_\_\_\_

Scanned medium  
 Plaster cast  Chest  Other: \_\_\_\_\_

Please send 3D scan and image with drawn panel placement to [scans@protosthetics.com](mailto:scans@protosthetics.com).

**SPECIAL INSTRUCTIONS**

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**DESIGN OPTIONS**

Panel Color  
 Black  White  Clear  Blue  
 Green  Orange  Red

A/P Center Panel Foam  
 EVA  
 Black  Black/Grey Swirl  Blue  
 Blue/White Swirl  Teal  Red  
 Pink Purple White Camo  Green Camo  
 Yellow Red Blue Green Swirl  
 Black Perforated  Blue Perforated

P-Cell  
 Light Blue  Silver  Beige  Black

Side Panel Foam  
 EVA  
 Black  Black/Grey Swirl  Blue  
 Blue/White Swirl  Teal  Red  
 Pink Purple White Camo  Green Camo  
 Yellow Red Blue Green Swirl  
 Black Perforated  Blue Perforated

P-Cell  
 Light Blue  Silver  Beige  Black