



Boston Sensor consent form

Patient Name: _____

Athena ID: _____

Date: _____

Boston O&P had made idiopathic scoliosis brace wear time monitoring our standard of care.

Studies on brace wear show that when patients know they are being monitored and they receive a performance report, their adherence to the recommended hours of wear improves.

Brace monitoring gives us all valuable information regarding a patient's ability to wear the brace for the recommended hours. Achieving the goal is a time to celebrate. If there are some difficulties, then we have an honest conversation and develop strategies to help increase wear.

The Boston Sensor is a wireless monitor that allows the patient, parent/caregiver to download the wear time and view real time results. We recommend reviewing the data no more than once a week so trends and averages can be reviewed.

At each follow up visit, you will be asked to download the data and provide a copy to the treating clinician. Without disclosing any identifiable patient information, we may utilize the data to further demonstrate the positive impact of brace monitoring.

There is no addition charge for the Boston Sensor and App. It is part of our commitment to help you succeed.

_____ I agree with Boston O&P's standard of care and understand the Boston Sensor will be installed in the Boston O&P scoliosis brace

_____ I wish not to have the Boston Sensor installed in the Boston O&P scoliosis brace

Parent/Caregiver's Name: _____

Print

Signature