

## Boston Digital Arm Order Worksheet

Order date \_\_\_\_\_ Order Taker \_\_\_\_\_ Contact Person \_\_\_\_\_

Patient Name (optional) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex:  M or  F Skin Color \_\_\_\_\_ # \_\_\_\_\_

Level of amputation:  Unilateral or  Bilateral

- Forequarter
- Shoulder Disarticulation
- Humeral Neck
- Short Above Elbow
- Mid-length Above Elbow
- Long Above Elbow
- Elbow Disarticulation

Possible myoelectric sites:

- |   |   |
|---|---|
| <input type="checkbox"/> Biceps           | <input type="checkbox"/> Triceps          |
| <input type="checkbox"/> Deltoid          | <input type="checkbox"/> Levator Scapular |
| <input type="checkbox"/> Pectoralis Major | <input type="checkbox"/> Infraspinatus    |
| <input type="checkbox"/> Latissimus Dorsi | <input type="checkbox"/> Trapezius        |
| <input type="checkbox"/> Other _____      |   |

Preferred Control Strategies:

<b>First Choice:</b>	MYOELECTRIC	SERVO	TOUCH PAD	SWITCH
ELBOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Second Choice:</b>	MYOELECTRIC	SERVO	TOUCH PAD	SWITCH
ELBOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Third Choice:</b>	MYOELECTRIC	SERVO	TOUCH PAD	SWITCH
ELBOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Terminal Device(s):

Hand:  Otto Bock 8E37  Otto Bock SUVA  Steeper  Motion Control  Centri

Gripper:  Otto Bock Greifer  Steeper Powered Gripper

Wrist Rotator:  Yes or  No Shoulder Lock:  Yes or  No