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**WAMHOFF  
MOBILITY LAB**

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

Side: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

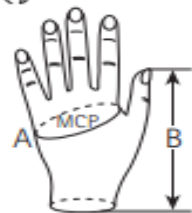
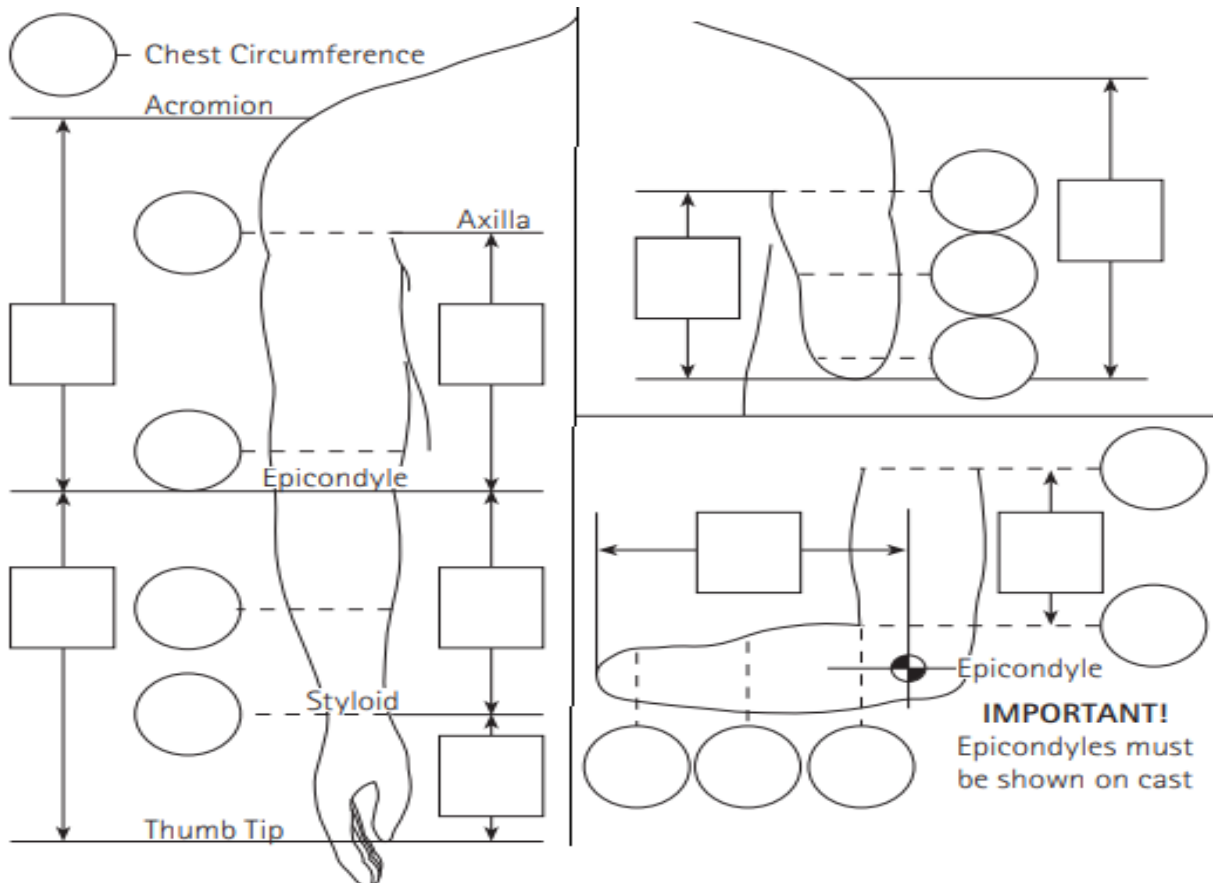
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Activity Level: \_\_\_\_\_



Practitioner: \_\_\_\_\_ Facility & Location: \_\_\_\_\_

Phone/Email: \_\_\_\_\_ Ship to Address: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Requested Date Needed: \_\_\_\_\_ PO#: \_\_\_\_\_

### Measurements



-  A. Metacarpal Circumference
-  B. Wrist to Thumb

# Socket Specifications

Model Type: \_\_\_\_\_ Type of Amputation: \_\_\_\_\_

Power Source: \_\_\_\_\_ Suspension: \_\_\_\_\_

Modification Notes:

## Socket Design

*Please enter a detailed description of the prosthesis design below (I.e. control scheme, electrode sites, windows, trimlines, inserts, pads, locks, valves, etc.):*

## Diagnostic Socket Info

Socket Set Up: \_\_\_\_\_

Plastic Type: \_\_\_\_\_ Plastic Thickness: \_\_\_\_\_

Vacuum Forming Method: \_\_\_\_\_ Flexible Inner: \_\_\_\_\_

Pulling Notes:

## Range of Motion:

Forearm Flexion: \_\_\_\_\_°    Wrist Flexion: \_\_\_\_\_°    Ulnar Deviation: \_\_\_\_\_°

Forearm Extension: \_\_\_\_\_°    Wrist Extension: \_\_\_\_\_°    Radial Deviation: \_\_\_\_\_°

## Components:

Component Method: \_\_\_\_\_ Terminal Device: \_\_\_\_\_

Wrist Unit: \_\_\_\_\_ Prosthetic Elbow: \_\_\_\_\_

**Additions:**    Hook-to-Hand Adapter    Standard Cable + Housing    Standard Cable + Teflon Housing  
                  TRS Spectra Cable + Housing    Heavy Duty Cable + Housing    TRS Rapid Buckle Harness  
Custom Triceps Pad    Fillauer Triceps Pad    ELF Strap    Figure 9 Harness    Figure 8 Harness

## Notes

*Add any additional notes or instructions below:*