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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

Side: _____ Height: _____ Weight: _____

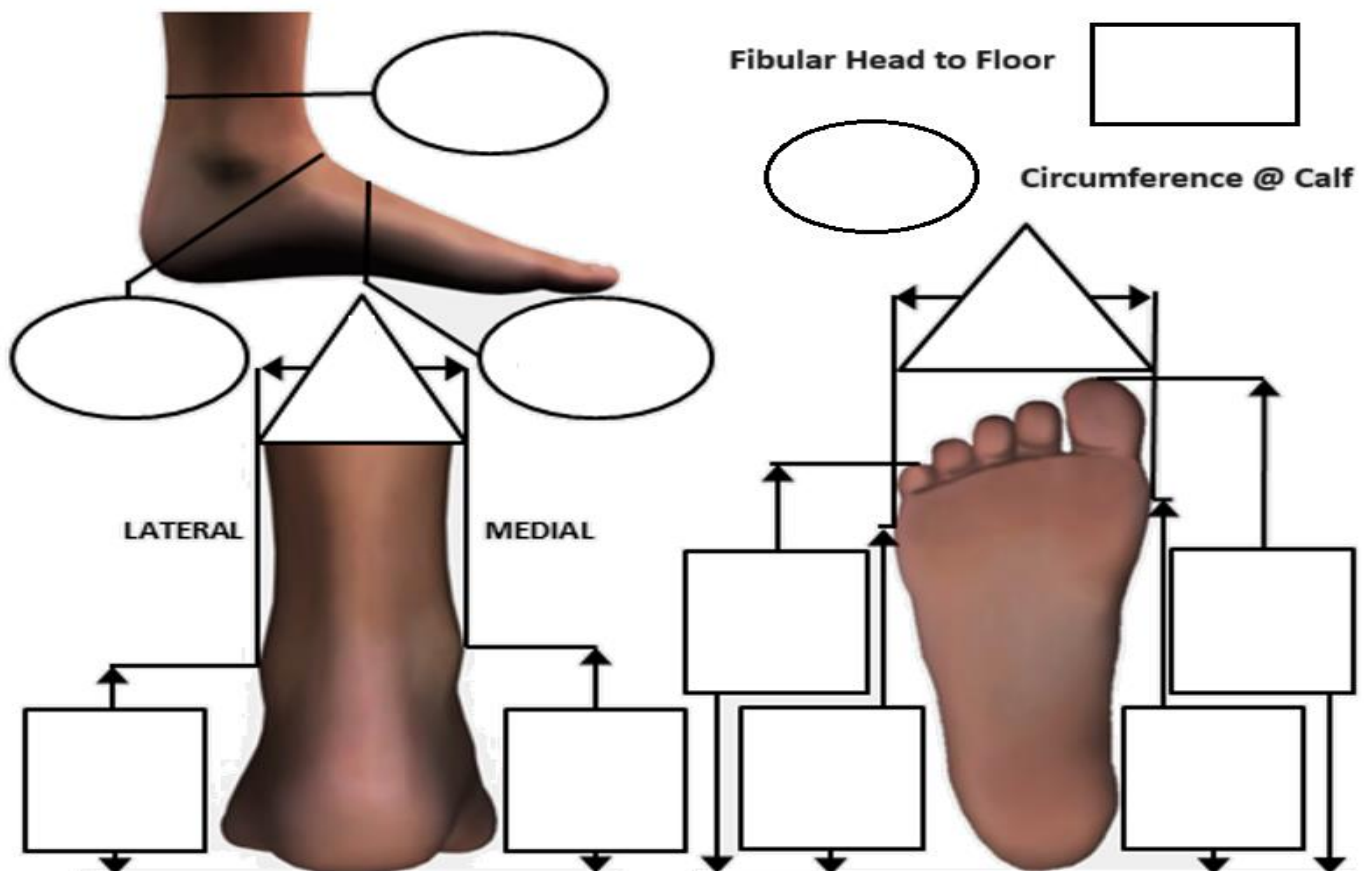
Age: _____ Sex: _____ Diagnosis: _____

Practitioner: _____ Facility & Location: _____

Phone/Email: _____ Ship to Address: _____

Date Ordered: _____ Requested Date Needed: _____ PO#: _____

Measurements



SMO Specifications

Model Type: _____ SMO Type: _____

Plaster Modifications: Lat. Malleolus: _____ Med. Malleolus: _____ Navicular: _____

Arch: _____ 1st Met Head: _____ Base of 5th Met: _____ Achilles Insertion: _____

Alignment: Leave Cast as is Correct cast to neutral Correct cast to specified angles below:

Sagittal: _____° Plantarflexion / Dorsiflexion Hindfoot: _____° Inversion / Eversion

Forefoot: _____° Inversion / Eversion Heel height: _____ Tibial Inclination Angle: _____°

Modification Notes: _____

Plastic Selection:

Plastic Type: _____ **Plastic Thickness:** _____

Plastic Color: _____ **Reinforcement:** _____

Additions:

Molded Inner Boot Material: _____ Material Thickness: _____

Cutouts: Open Heel Design Achilles Insertion Mid-plantar surface Navicular

Medial Malleolus Lateral Malleolus First Metatarsal Fifth Metatarsal

Other: _____ **Non-skid material:** _____

Padding:

Padding Material: _____ **Padding Thickness:** _____

Padding Location(s): Malleoli Plantar Surface Full Lining Other: _____

Posting:

Hindfoot Posting: None Full Medial Lateral **Material:** Plastic Crepe Cork

Forefoot Posting: None Full Medial Lateral **Material:** Plastic Crepe Cork

Trimlines:

Proximal Trimline: Height: _____ **Toe-Walking Extension Height:** _____

Foot Plate: Full length Sulcus Proximal to Mets 1st Met Head: IN / OUT 5th Met Head: IN / OUT

Strapping:

Strap Color: _____ **Strap Material:** _____ **Strap Padding:** _____

Strap Location:

Notes: _____
