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**WAMHOFF  
MOBILITY LAB**

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

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

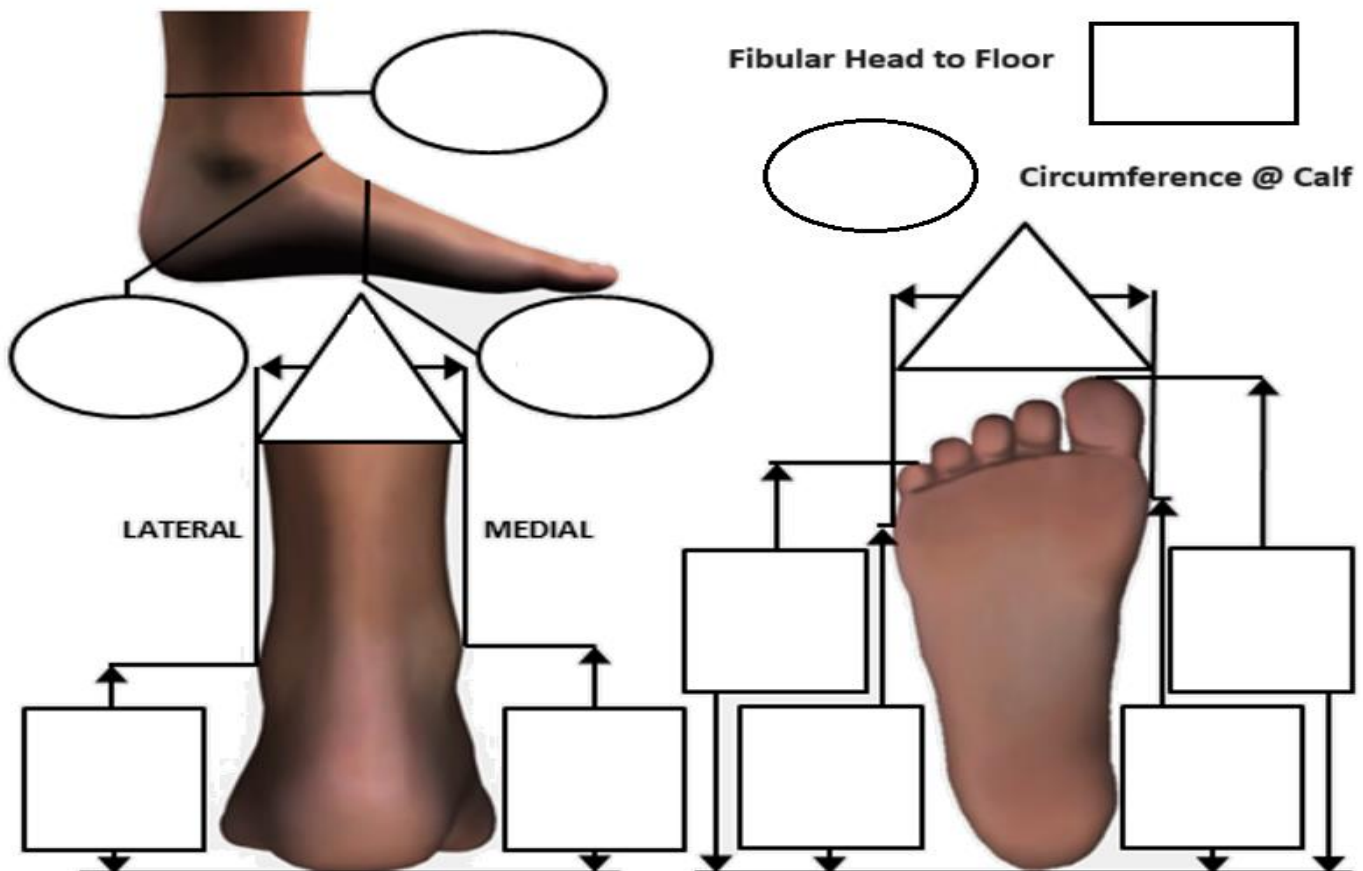
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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

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

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

## Measurements



## AFO Specifications

**Model Type:** \_\_\_\_\_ **AFO Orientation:** \_\_\_\_\_

**AFO Flexibility:** \_\_\_\_\_ **Desired Height:** \_\_\_\_\_

**Coronal Extension:** \_\_\_\_\_ **Pre-Tibial/Posterior Shell:** \_\_\_\_\_

**Molded Inner Boot:** \_\_\_\_\_ **Molded Inner Boot Thickness:** \_\_\_\_\_

**Plaster Modifications:** Lat. Malleolus: \_\_\_\_\_ Med. Malleolus: \_\_\_\_\_ Navicular: \_\_\_\_\_

Arch: \_\_\_\_\_ 1<sup>st</sup> Met Head: \_\_\_\_\_ Base of 5<sup>th</sup> 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:**

### Padding:

**Padding Material:** \_\_\_\_\_ **Padding Thickness:** \_\_\_\_\_

**Padding Location(s):** Shin/Calf    Strut    Plantar Surface    Full Lining    Other: \_\_\_\_\_

### Strapping:

**Strap Placement**    Proximal Calf    Supramalleolar    In-Step    Forefoot    Other: \_\_\_\_\_

**Straps**    *Color:* \_\_\_\_\_    *Material:* \_\_\_\_\_    *Padding:* \_\_\_\_\_    *Closure:* \_\_\_\_\_

**Notes:**