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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

Side: _____ Height: _____ Weight: _____

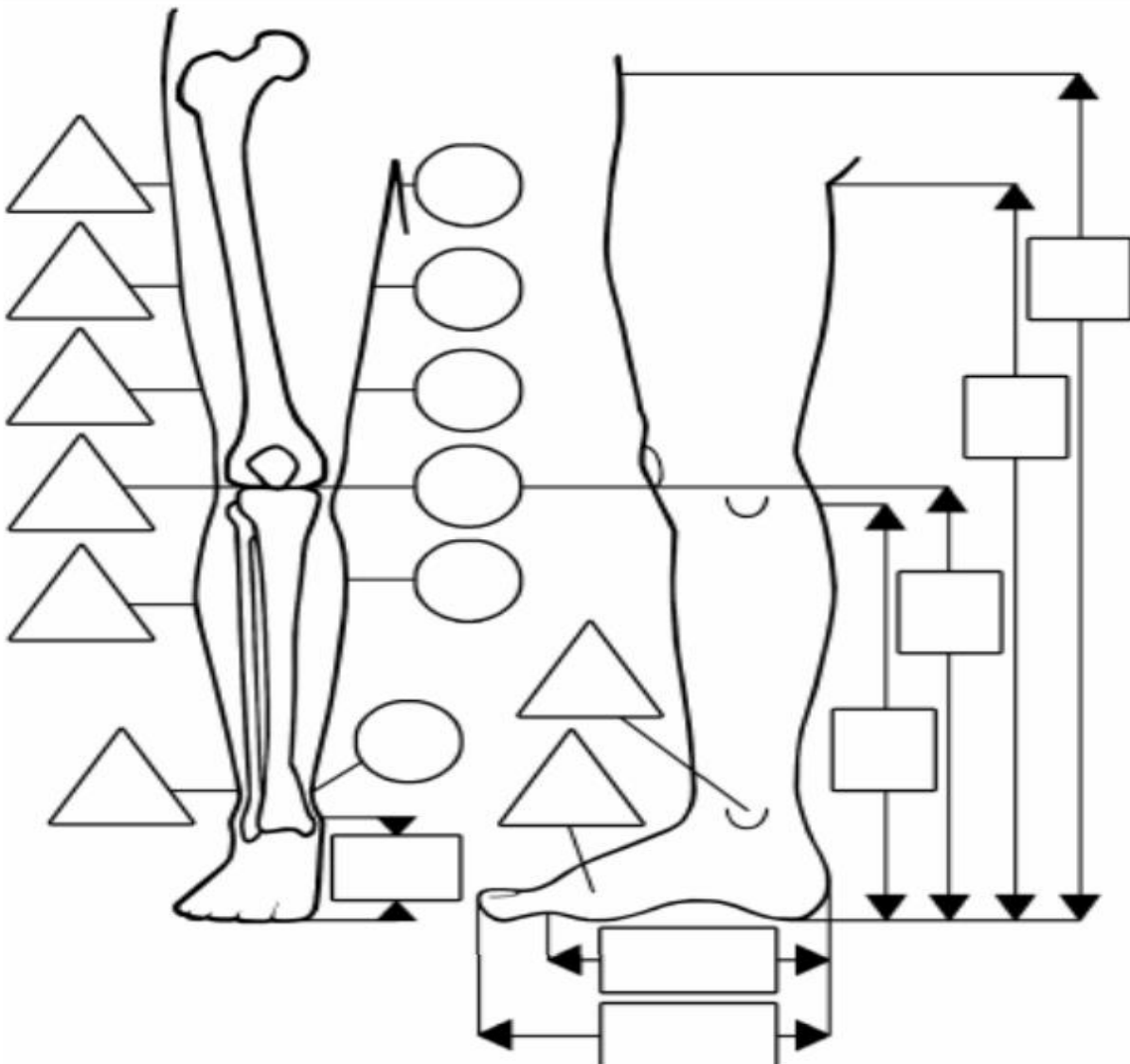
Age: _____ Sex: _____ Diagnosis: _____

Practitioner: _____ Facility & Location: _____

Phone/Email: _____ Ship to Address: _____

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

Measurements



KAFO Specifications

Model Type: _____ **KAFO Type:** _____

KAFO Orientation: _____ **Upright Orientation:** _____

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

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

Med. Condyle: _____ Lat. Condyle: _____ Other: _____

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

Sagittal Knee: _____ ° Flexion / Extension Ankle: _____ ° Plantarflexion / Dorsiflexion

Coronal Knee: _____ ° Abduction / Adduction Hindfoot: _____ ° Inversion / Eversion

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

Modification Notes:

Plastic Selection:

Material Type: _____ **Material Thickness:** _____

Material Color: _____ **Reinforcement:** _____

Additions:

Knee Joints: _____ **Upright Material:** _____

Ankle Joints: _____ **Posterior/PF Stop:** _____

Molded Inner Boot Material: _____ Material Thickness: _____

Other Additions Quick Disconnect Quick Release Growth Release Bar Flexible Tongue(s)

Wedging: _____ Soling: _____

Padding:

Padding Material: _____ **Padding Thickness:** _____ **Padding Location(s):**

Proximal Calf Malleoli Navicular Plantar Surface Full Shin Full Thigh Full Lining

Posting:

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

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

Trimlines:

Thigh Cuff: Standard Short Tall **Shin:** Standard Medial / Lateral Condyle Extension

Proximal Wings / Straight Posterior Scoop / Straight Flare / None Other: _____

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

Strapping:

Strap Placement Proximal Thigh Distal Thigh Proximal Calf Supramalleolar In-Step

Forefoot Other: _____

Straps *Color:* _____ *Material:* _____ *Padding:* _____ *Closure:* _____

Notes: