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**WAMHOFF  
MOBILITY LAB**

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

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

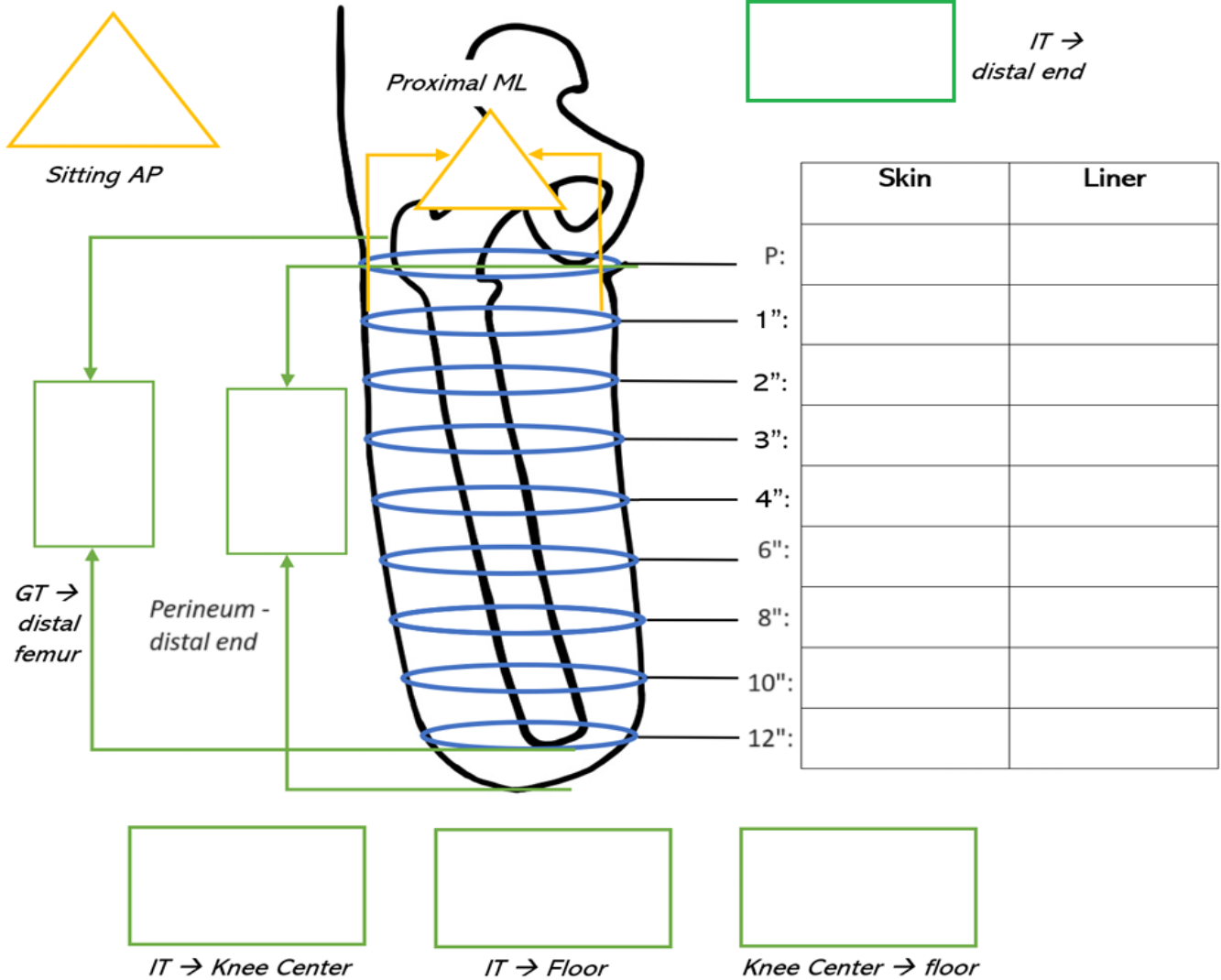
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Activity (K) Level: \_\_\_\_\_

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

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

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

### Measurements



# Socket Specifications

Model Type: \_\_\_\_\_ Socket Design/Modifications: \_\_\_\_\_

Brim Shape: \_\_\_\_\_ Distal End Shape: \_\_\_\_\_

Modification Notes: \_\_\_\_\_

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

Vacuum Forming Method: \_\_\_\_\_ Reinforcement: \_\_\_\_\_

## Additions:

Socket Insert: \_\_\_\_\_ Socket Insert Thickness: \_\_\_\_\_ Other: \_\_\_\_\_

Ischial Pad: \_\_\_\_\_ Ischial Pad Thickness: \_\_\_\_\_ Proximal Flexible: \_\_\_\_\_

## Suspension:

Lock: \_\_\_\_\_ Lanyard: \_\_\_\_\_

Valve: \_\_\_\_\_ Other: \_\_\_\_\_

## Finishing:

Trimlines: \_\_\_\_\_ Ischial Containment: \_\_\_\_\_

Trochanteric Trimline Height: \_\_\_\_\_ above IT Anterior Trimline Height: \_\_\_\_\_ above / below IT

Medial Trimline Height: \_\_\_\_\_ below IT Posterior Trimline Height: \_\_\_\_\_

## Alignment:

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

Socket Flexion: \_\_\_\_\_° Coronal Plane: \_\_\_\_\_° Rotation: \_\_\_\_\_°

Sagittal Position: \_\_\_\_\_ Coronal Position: \_\_\_\_\_

## Components:

Socket Attachment: \_\_\_\_\_ Component Method: \_\_\_\_\_

Component Provider: \_\_\_\_\_ Component Material: \_\_\_\_\_

4-Hole Attachment: \_\_\_\_\_ Prosthetic Knee: \_\_\_\_\_

Prosthetic Foot: \_\_\_\_\_ Other Components: \_\_\_\_\_

Notes: