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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

Practitioner: _____ Phone/Email: _____

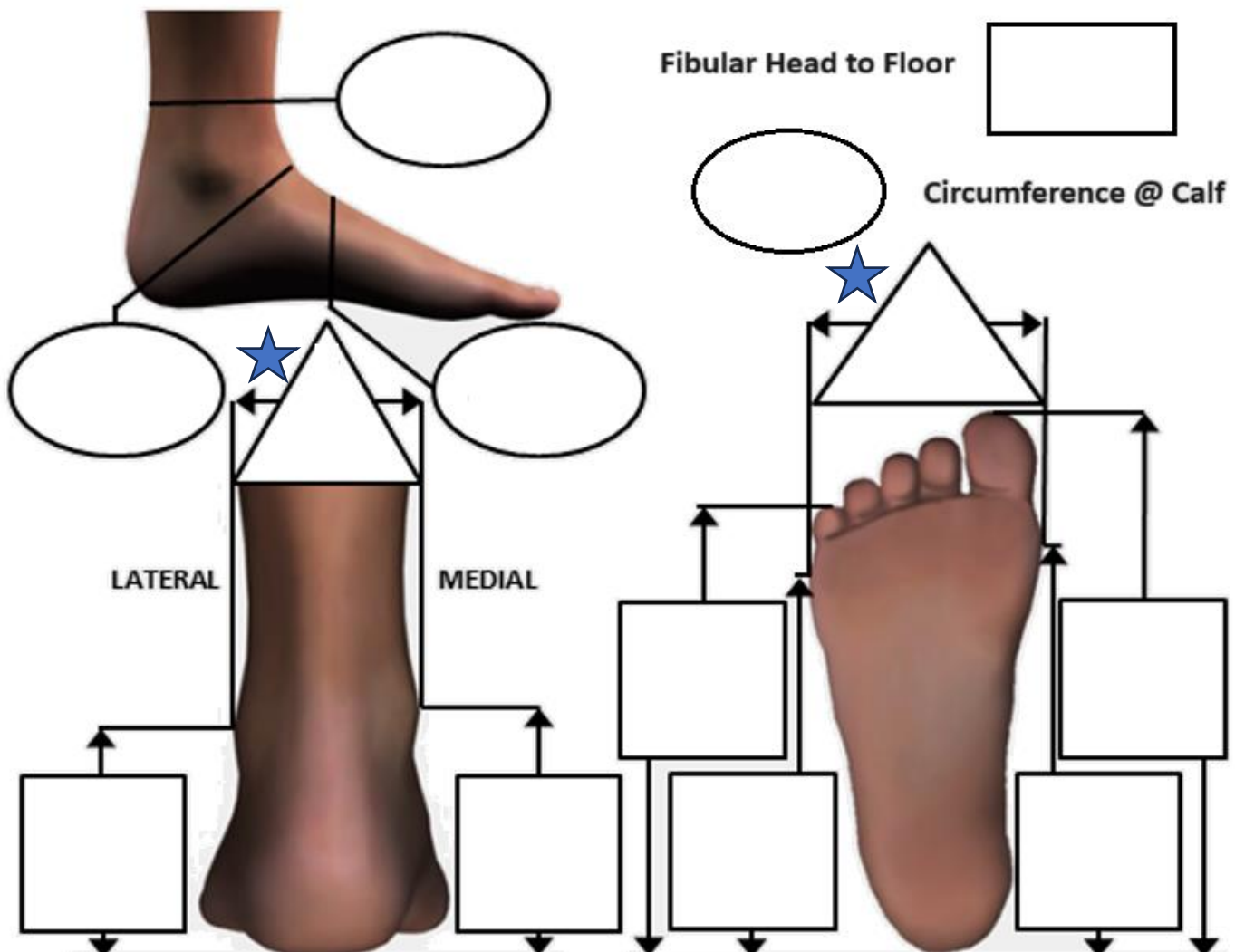
Facility: _____

Address: _____

Side: _____ Height: _____ Weight: _____ Age: _____ Sex: _____

Diagnosis: _____

Measurements



SMO Type: Standard Open Heel Bony-Relief Toe-Walking Sub-MO

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

Sagittal: _____° PF DF Hindfoot: _____° Inv Ev Forefoot: _____° Inv Ev

Finished heel height: _____ Tibial Inclination Angle: _____°

Modification Notes:

Thickness: 3/32 1/8 5/32 3/16 **Plastic:** CoPoly (standard) Polypro Other:

Plastic Color/Transfer Pattern: _____

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

Molded Inner Boot: 3/32 1/8 5/32 3/16 Puff ProFlex OPTek Flex Northvane

Other Additions (i.e. reinforcements, etc.):

Padding Thickness: 1/16 1/8 3/16 1/4 **Material:** Puff P-Cell Aliplast Other:

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

SMO Height/Trimlines: Standard Drawn on cast/model Other:

Foot Plate: Full Sulcus 3/4 Surestep **Met Heads:** 1st Met IN OUT 5th Met IN OUT

Straps: In-Step Forefoot **Color:** _____

Material: Velcro only (standard) Dacron Vinyl **Closure:** D-Ring (standard) Velcro Other:

Notes: