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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

Practitioner: _____ Phone/Email: _____

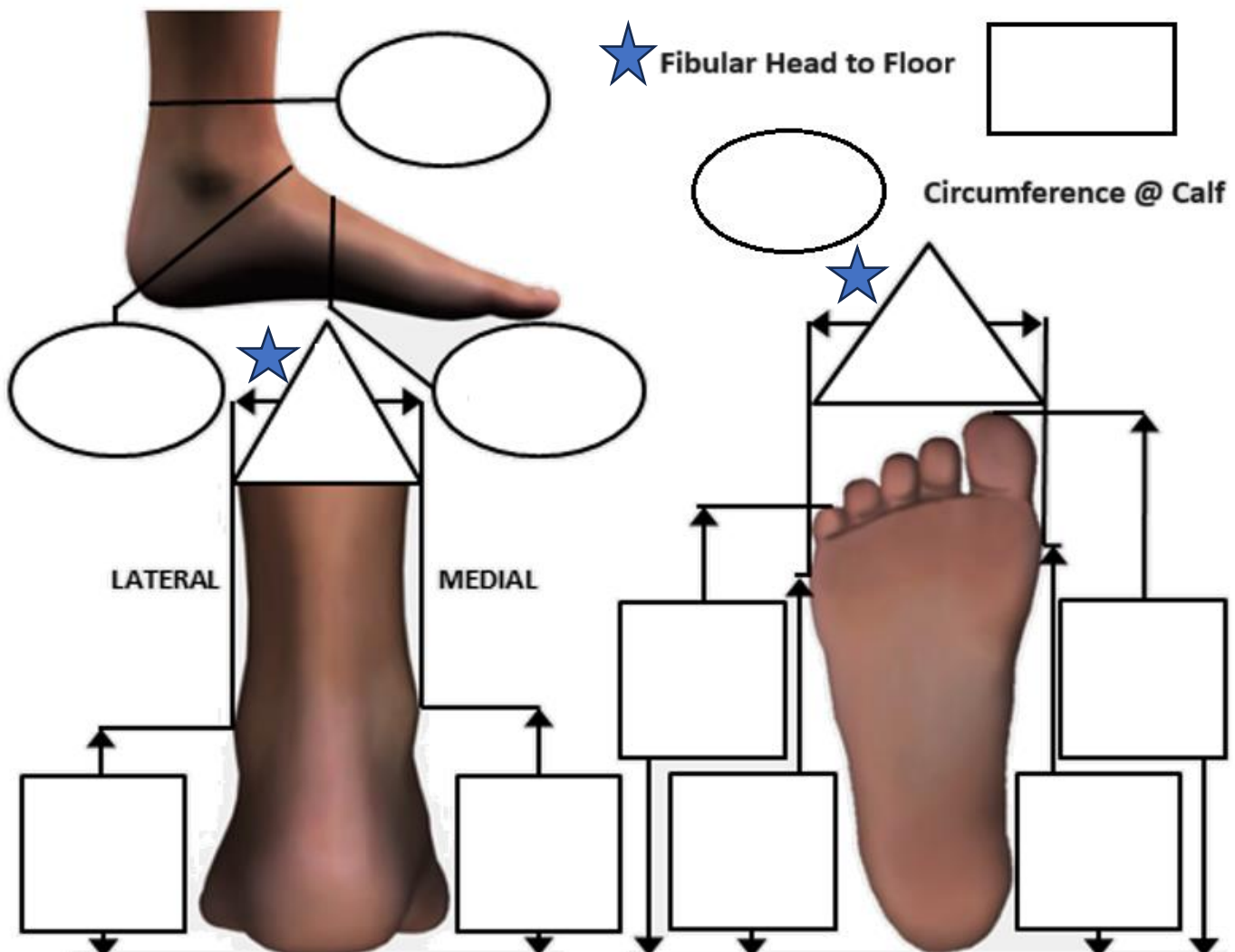
Facility: _____

Address: _____

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

Diagnosis: _____

Measurements



AFO Type: One – Piece Dynamic Carbon AFO Two – Piece “PDE Style” Carbon AFO Other (please specify in notes)

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:

Carbon Type: Wet-Lamination Pre-Preg Carbon **Design/Transfer**(One-piece dynamic only): _____

Flexibility (One-piece dynamic only): 1 (Very Flexible) 2 (Moderately Flexible) 3 (Flexible) 4 (Moderately Stiff) 5 (Rigid)

Strut Location (One-piece dynamic only): Posterior-only Medial strut/Anterior Shell

Medial strut/Posterior Shell Lateral Strut/Anterior Shell Lateral Strut/Posterior Shell

PDE Strut (Two-piece PDE-style only):

Orthopedic 200mm 250mm 300mm .5 .75 1 2 3 4 5 6 7

←---- Flexible Firm ---->

Neuromuscular 175mm 200mm 225mm 250mm 1 2 3 4 5

(Pediatric) (Adult) (Pediatric) (Adult) ←---- Flexible Firm ---->

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

Additions Rigid Anterior Shell ClickReel Closure Coronal Extension (specify side(s)) Flexible Tongue

Other:

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

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

AFO Height: _____ **Trimline Specifications:** _____

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

Straps: Proximal Calf Supramalleolar In-Step Forefoot **Color:** _____

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

Notes: