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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

Practitioner: _____ Phone/Email: _____

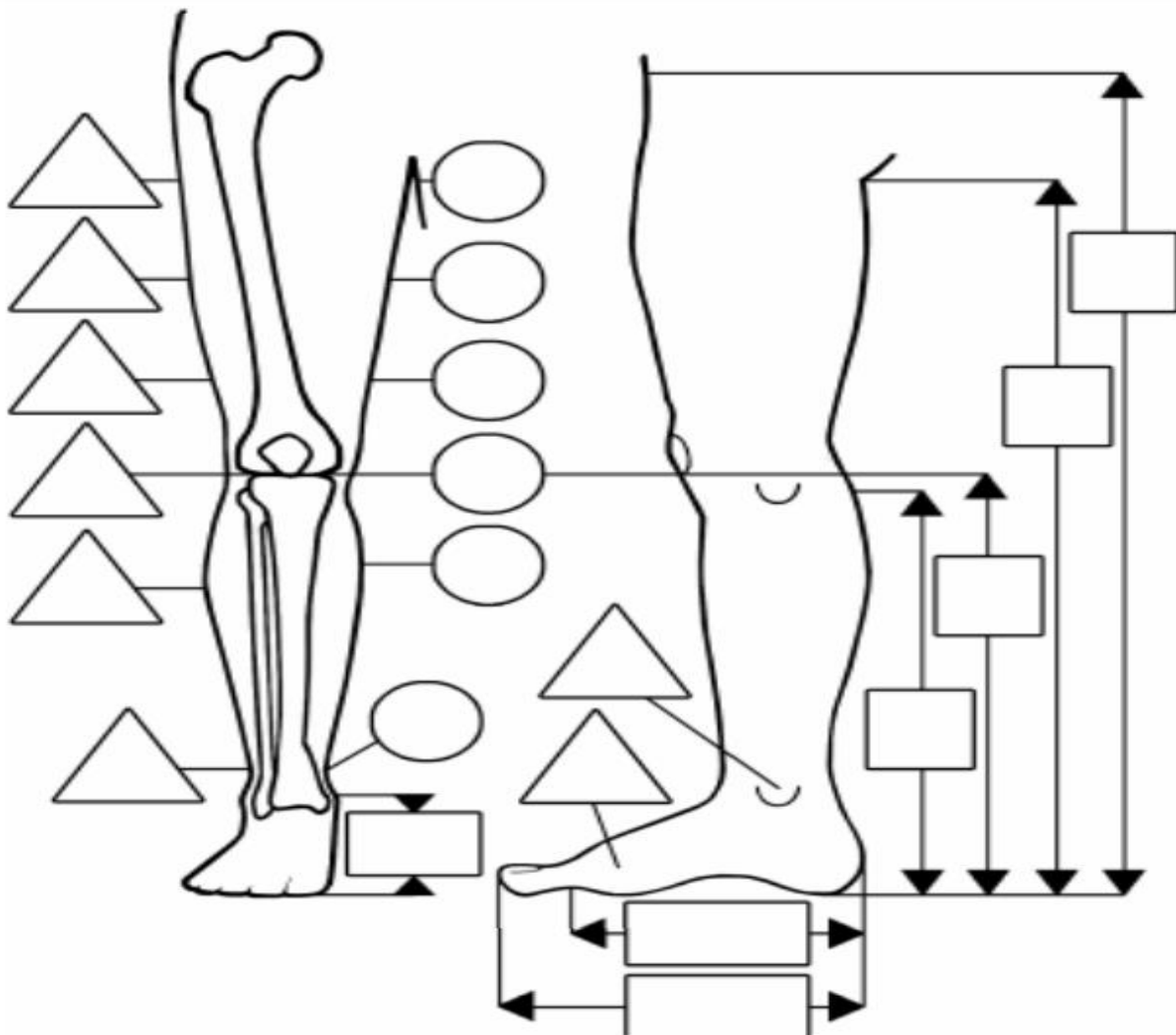
Facility: _____

Address: _____

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

Diagnosis: _____

Measurements



KAFO Specifications

KAFO Type: Thermoplastic Composite Hybrid 1 (composite thigh/plastic AFO) Hybrid 2 (plastic thigh/composite AFO)

Other:

KAFO Orientation: Posterior Thigh + Posterior AFO Posterior Thigh + Ground Reaction AFO

Anterior Thigh + Posterior AFO Anterior Thigh + Ground Reaction AFO

Upright Orientation: Double Upright Single Upright – Lateral Single Upright - Medial

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

Sagittal: Knee: _____° FI Ex Ankle: _____° PF DF

Coronal: Knee: _____° AB AD Hindfoot: _____° Inv Ev

Foot: Forefoot: _____° Inv Ev Finished heel height: _____ Tibial Inclination Angle: _____°

Modification Notes:

Thickness (Plastic Only): 1/8" 5/32" 3/16" 1/4" **Plastic:** Polypro CoPoly ProComp

Layup (Composite Only): Light Duty Moderate Duty Heavy Duty **Composite:** Wet-Lam Pre-Preg

Material Color/Transfer/Design: _____

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

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

Knee Joints: _____ **Upright Material:** Aluminum Stainless Steel

Ankle Joints: Solid Tamarack Tamarack DA Double Action Triple Action Other:
(85 durometer standard)

Posterior/PF Stop: Snapstop PF Limiter X-Tension PAS-100 Other:

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

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

Click Reel Wedging: _____ Soling 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 Shin Full Thigh Full Lining Other:

Thigh Cuff Height: _____ **AFO Height:** _____ **Trimlines:** Standard Other (list below):

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

Straps: Proximal Thigh Distal Thigh Proximal Calf Supramalleolar In-Step Forefoot

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

Notes: