## **Emergency Medical Technician Psychomotor Examination**

## LONG BONE IMMOBILIZATION

| Candidate:  | Examiner:                          |                    |                   |
|---|------------------------------------|--------------------|-------------------|
| Date:   | Signature:                         |                    |                   |
| Actual Time Started:  |                                    | Possible<br>Points | Points<br>Awarded |
| Takes or verbalizes appropriate PPE precautions             |                                    | 1                  |                   |
| Directs application of manual stabilization of the injury   |                                    | 1                  |                   |
| Assesses distal motor, sensory and circulatory functions in | <u> </u>                           | 1                  |                   |
| NOTE: The examiner acknowledges, "Motor, sensory are        | nd circulatory functions are prese | nt and normal."    |                   |
| Measures the splint   |                                    | 1                  |                   |
| Applies the splint  |                                    | 1                  |                   |
| Immobilizes the joint above the injury site                 |                                    | 1                  |                   |
| Immobilizes the joint below the injury site                 |                                    | 1                  |                   |
| Secures the entire injured extremity                        |                                    | 1                  |                   |
| Immobilizes the hand/foot in the position of function       |                                    | 1                  |                   |
| Reassesses distal motor, sensory and circulatory functions  | in the injured extremity           | 1                  |                   |
| NOTE: The examiner acknowledges, "Motor, sensory ar         | nd circulatory functions are prese | nt and normal."    |                   |
| Actual Time Ended:  | TO                                 | <b>TAL</b> 10      |                   |
| CRITICAL CRITERIA   |                                    |                    |                   |

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.