

Emergency Medical Technician Psychomotor Examination* For Use 1 Jan 2021 - 30 Jun 2021. Approved by MEMS Board 4 Nov 2020

JOINT IMMOBILIZATION

| Candidate: | Examiner: | | |
|-------------------------------------------------------------------------------------------------------|------------------------------|--------------------|-------------------|
| Date: | Signature: | | |
| | | | |
| Actual Time Started: | | Possible Points | Points 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 the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | | |
| Selects the proper splinting material | | 1 | |
| Immobilizes the site of the injury | | 1 | |
| Immobilizes the bone above the injury site | | 1 | |
| Immobilizes the bone below the injury site | | 1 | |
| Secures the entire injured extremity | | 1 | |
| Reassesses distal motor, sensory and circulatory function | ons in the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | | |
| Actual Time Ended: | TOTAL | 9 | |
| | | | |
| Critical Criteria | | | |
| Failure to immediately stabilize the extremity manu | ally | | |
| Grossly moves the injured extremity | | | |
| Failure to immobilize the bone above and below the | | anlinting | |
| Failure to reassess distal motor, sensory and circul Failure to manage the patient as a competent EMT | • | spirriting | |

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

Exhibits unacceptable affect with patient or other personnelUses or orders a dangerous or inappropriate intervention