JOINT IMMOBILIZATION

Candidate: ___________________________ Examiner: ___________________________

Date: ___________________________ Signature: ___________________________

Actual Time Started: ____________

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 functions 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 manually
___ Grossly moves the injured extremity
___ Failure to immobilize the bone above and below the injury site
___ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
___ Failure to manage the patient as a competent EMT
___ Exhibits unacceptable affect with patient or other personnel
___ Uses or orders a dangerous or inappropriate intervention

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