



Emergency Medical Technician Psychomotor Examination
Spinal Immobilization (Supine Patient)



Candidate: _____ Examiner: _____

Date: _____ Start Time: _____ End Time: _____

Takes or Verbalizes appropriate body substance isolation Immobilization	1	
Directs Assistant to place/maintain head in the neutral, in line position	1	
Directs application of manual stabilization of the head	1	
Reassesses motor, sensory, and circulatory functions of each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the spine	1	
Applies padding to voids between the torso and the device if necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head if necessary	1	
Immobilizes the patients' head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory functions of each extremity	1	
TOTAL	14	

Critical Criteria

- _____ Did not immediately direct or take manual stabilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- _____ Released or ordered release of manual stabilization before it was maintained mechanically
- _____ Manipulated or moved the patient excessively causing potential for spinal compromise
- _____ Head immobilized to the device before device sufficiently secured to the torso
- _____ Patient moves excessively up, down, left, or right on the device
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in a neutral, in line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
- _____ Exhibits unacceptable affect with the 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 this form in the space below

CANDIDATE NAME:	COMMENTS:

Evaluators Signature _____