



**National Registry of Emergency Medical Technicians  
Advanced Level Psychomotor Examination**

**JOINT IMMOBILIZATION**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Actual Time Started:</b> _____	<b>Possible Points</b>	<b>Points Awarded</b>
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	
<b>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</b>		
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	
<b>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</b>		
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	9

**CRITICAL CRITERIA**

- \_\_\_ Uses or orders a harmful intervention
- \_\_\_ Exhibits unprofessional behavior

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