



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

**SPINAL IMMOBILIZATION (SUPINE PATIENT)**

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

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

<b>Actual Time Started:</b> _____	<b>Possible Point</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory, and circulatory function in 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 integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's 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 function in each extremity	1	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	14

**CRITICAL CRITERIA**

- \_\_\_\_\_ Did not immediately direct or take manual immobilization of the head
- \_\_\_\_\_ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- \_\_\_\_\_ Released or ordered release of manual immobilization before it was maintained mechanically
- \_\_\_\_\_ Manipulated or moved patient excessively causing potential spinal compromise
- \_\_\_\_\_ Head immobilized to the device **before** device sufficiently secured to 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
- \_\_\_\_\_ 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.**