



# EMERGENCY MEDICAL RESPONDER (EMR) PSYCHOMOTOR SKILLS EXAMINATION REPORT

State Form 57843 (R1 / 7-2025)

INDIANA DEPARTMENT OF HOMELAND SECURITY  
EMERGENCY MEDICAL SERVICES CERTIFICATION  
302 West Washington Street, Room E239  
Indianapolis, IN 46204  
Telephone: 1-800-666-7784



- INSTRUCTIONS:** 1. Please type or print clearly.  
2. Candidates must read and sign where indicated before examination begins.

## REGISTRANT INFORMATION

Course number		
Name (last, first, middle initial)		Public Safety Identification (PSID) number
Address (number and street, city, state, and ZIP code)		
Date of birth (month, day, year)	E-mail address	Telephone number (      )
Name of training institution		Examination site

## EXAMINATION RESULTS

	Date of examination (month, day, year):	Initial:	Retest number:
Section 1	Patient Assessment / Management - Trauma	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 2	Patient Assessment / Management - Medical	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 3	Cardiac Arrest Management / AED	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 4	Bleeding Control / Shock Management	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 5	BVM Ventilation of an Apneic Adult Patient	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 6	Spinal Immobilization (Supine)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Section 7	Long Bone Immobilization	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

## PRACTICAL SKILLS EXAMINATION PASS / FAIL CRITERIA

1.	Candidates failing three (3) or fewer stations may re-test the skill(s) failed on the same day of the examination.
2.	Candidates failing a same day re-test must re-test those failed skills on a different day with a different examiner.
3.	Candidates failing a single skill three (3) times, or fails four (4) or more stations constitutes failure of the practical skills examination.
4.	Candidates who fail the Practical Skills Examination may re-test the entire examination only after documented remedial training.
5.	Candidates who must take the entire Practical Skills Examination a second time, items 1-3 above apply.
6.	Failure to pass the Practical Skills Examination a second time constitutes failure of the Practical Skills Examination and requires the candidate to take the entire EMR Training Program over.
7.	Test results announced on the day of the examination are <u>PRELIMINARY AND UNOFFICIAL</u> . Results are not final until reviewed by Indiana Department of Homeland Security Certifications staff. The Candidate will be notified by mail in the event the preliminary results of the examination ARE NOT upheld upon review.

## EMERGENCY MEDICAL SERVICES REGISTRANT SIGNATURE

By my signature below, I acknowledge that I have read and understand the Pass / Fail testing criteria listed in items 1-7 above.	
Signature of EMR candidate	Date (month, day, year)
State representative comments:	
Signature of representative	Date (month, day, year)

## FOR OFFICE USE ONLY

<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Staff initials	Date (month, day, year)
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## What You Need To Know as an Indiana EMR Practical Exam Candidate

Your Indiana Practical Exam Representatives and the Indiana Department of Homeland Security want to wish you well in the practical exam process. We understand that this is a stressful process. It is our job to ensure that the practical exam is well-conducted, which will reduce the stress you experience. However, this is still a testing process so there must be some ground rules. Please review this document and comply with these rules. Doing so will help us make your practical exam as successful as possible.

### Ground rules

1. The following behavior may result in your removal from the practical exam and will constitute a failure of the entire exam:
  - a. **Use of an electronic device in any way (phone calls, texting, internet, etc.).** Electronic devices must be left at home or in your vehicle.
  - b. **Leaving the practical exam before completion of the full exam.** You may not proceed to any station until directed to do so. You may not leave the candidate staging area without permission. Going outside to smoke is not permitted. Only one person may go to the restroom at any given time.
  - c. **Discussing the practical exam or what happens in any particular station with other candidates.**
  - d. **Failure to comply with rules as directed by the Practical Exam Representative.**
2. You may review your skill sheets when in the candidate staging area. You may not take your skill sheets to a station.
3. Any notes that you take in a station must be left in that station. You may not leave a station with any materials.
4. Station evaluators are not permitted to comment on your performance.
5. Unprofessional behavior will not be tolerated. This includes cheating, displaying anger or aggressive behavior, and being impaired in any way. Unprofessional behavior may lead to loss of all future test attempts and certification in Indiana.
6. The following guidelines apply to retesting failed stations:
  - a. Failure of three (3) or less skill stations entitles you to a retest of those skills failed. Retests may or may not be offered the day you take your initial practical exam. If you have elected to retest, you must retest all failed stations, and retests must be taken with a different examiner. Failure of a same-day retest entitles you to a retest of those skills failed on a different date with a different examiner. Failure of the retest on a different date constitutes a complete failure of the practical exam.
  - b. Failures of four (4) or more skill stations constitutes complete failure of the entire practical exam and the student is required to have remediation by a primary instructor before you are allowed to test again.
  - c. You are allowed to test a single skill station a maximum of three (3) times before you must retest the entire practical exam. You must document remedial training over all skills before re-attempting the entire practical exam.
  - d. Failure to pass all stations by the end of two (2) full exam attempts constitutes a complete failure of the skills testing process, and you must complete a new EMR training program to be eligible for future testing for certification.
7. If you wish to file a complaint concerning the practical exam, you must do so with the Practical Exam Representative as soon as you leave that skill station. You may file a complaint for only two (2) reasons:
  - a. You feel you have been discriminated against or have any concern regarding the skill station. Any situation in which you feel an unfair evaluation of your abilities occurred may be considered discriminatory.
  - b. There was an equipment problem or malfunction in your station.If you feel either of these two things occurred, you must contact the Practical Exam Representative immediately to initiate the written complaint process. The Practical Examination Representative, Exam Coordinator, and the Medical Director will review your concerns and determine how the issue will be resolved.

### Practical exam tips

1. Don't expect to do well by simply memorizing the forms. You need to be able to perform the skills properly, explain what you are doing and why, and determine the correct course of treatment. Memorizing the form won't get you there.
2. Once you finish a station, move on. There is no benefit to dwelling on things you think you did wrong or right in a station.
3. If there is a problem with equipment or a station, report it to the Indiana Practical Exam Representative immediately.
4. Pay attention to instructions, scenarios, and equipment in the room.
5. Be confident. Take your time. Verbalize everything you are doing and why.
6. Most failures involve critical criteria. Know them ... and avoid them.
7. Don't be offended if the evaluator does not appear overly friendly in the station. Don't try to gauge your success on the evaluator's behavior.

I understand these rules and agree to abide by them. I understand that violation of these rules may lead to a loss of the test attempt and possibly loss of future test attempts.

Signature	Date (month, day, year)
Printed name	Public Safety Identification (PSID) number

INDIANA EMERGENCY MEDICAL RESPONDER (EMR) PSYCHOMOTOR SKILLS EXAMINATION		
PATIENT ASSESSMENT / MANAGEMENT - TRAUMA		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	Scenario number

**Note:** Areas denoted by "\*\*\*\*" may be integrated within sequence of Primary Survey / Resuscitation.

Actual time started:		Points Possible	Points Awarded
Takes or verbalizes appropriate personal protective equipment (PPE) precautions.		1	
<b>Scene Size-up</b>			
Determines the scene / situation is safe.		1	
Determines the mechanism of injury / nature of illness.		1	
Determines the number of patients.		1	
Requests additional EMS assistance, if necessary.		1	
Considers stabilization of the spine.		1	
<b>Primary Survey / Resuscitation</b>			
Verbalizes general impression of the patient.		1	
Determines responsiveness / level of consciousness.		1	
Determines chief complaint / apparent life threats.		1	
Airway	- Opens and assesses the airway (1 point).      - Inserts an adjunct as indicated (1 point).	2	
Breathing	- Assesses breathing (1 point).      - Assures adequate ventilation (1 point). Initiates appropriate oxygen therapy (1 point). Manages any injury which may compromise breathing / ventilation (1 point).	4	
Circulation	Checks pulse (1 point). Assesses skin (either skin color, temperature, or condition) (1 point). Assesses for and controls major bleeding, if present (1 point). Initiates shock management (positions patient properly, conserves body heat) (1 point).	4	
Identifies patient priority and makes treatment / transport decision (based upon calculated Glasgow Coma Scale (GCS)).		1	
<b>History Taking</b>			
Obtains baseline vital signs (must include blood pressure, pulse, and respiration)		1	
Attempts to obtain a SAMPLE history.		1	
<b>Secondary Assessment</b>			
Head	- Inspects and palpates scalp and ears** (1 point).      - Assesses eyes (1 point). - Inspects mouth**, nose**, and assesses facial area (1 point).	3	
Neck**	- Checks position of trachea (1 point).      - Checks jugular veins (1 point). - Palpates cervical spine (1 point).	3	
Chest**	- Inspects chest (1 point).      - Palpates chest (1 point).      - Auscultates chest (1 point).	3	
Abdomen / Pelvis**	- Inspects and palpates abdomen (1 point).      - Assesses pelvis (1 point). - Verbalizes assessment of genitalia / perineum, as needed (1 point).	3	
Lower Extremities**	Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point per leg).	2	
Upper Extremities	Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point per arm).	2	
Posterior thorax, lumbar, and buttocks	Inspects and palpates posterior thorax (1 point). Inspects and palpates lumbar and buttocks areas (1 point).	2	
Manages secondary injuries and wounds appropriately.		1	
<b>Reassessment</b>			
Demonstrates how and when to reassess the patient.		1	
Actual time ended:		<b>TOTAL:</b>	<b>42</b>

**Critical Criteria:**

- ☐ Failure to initiate or call for transport of the patient within ten (10) minute time limit
- ☐ Failure to take or verbalize appropriate PPE precautions
- ☐ Failure to determine scene safety
- ☐ Failure to assess for and provide spinal protection when indicated
- ☐ Failure to voice and ultimately provide high concentration oxygen
- ☐ Failure to assess/provide adequate ventilation
- ☐ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ☐ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ☐ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ☐ Failure to manage the patient as a competent EMR
- ☐ 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 Criteria in the box provided on this form.**

**Critical Criteria explanation:**

**OR**

Signature of examiner

Date (*month, day, year*)

**Notes or clarifications:**

INDIANA EMERGENCY MEDICAL RESPONDER (EMR) PSYCHOMOTOR SKILLS EXAMINATION		
PATIENT ASSESSMENT / MANAGEMENT - MEDICAL		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	Scenario number

Actual time started:		<b>Points Possible</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate personal protective equipment (PPE) precautions.		1	
<b>Scene Size-up</b>			
Determines the scene / situation is safe.		1	
Determines the mechanism of injury / nature of illness.		1	
Determines the number of patients.		1	
Requests additional EMS assistance, if necessary.		1	
Considers stabilization of the spine.		1	
<b>Primary Survey / Resuscitation</b>			
Verbalizes general impression of the patient.		1	
Determines responsiveness / level of consciousness (Alert, Voice, Pain, Unresponsive)		1	
Determines chief complaint / apparent life threats.		1	
Assesses Airway and Breathing	- Assessment (1 point). - Initiates appropriate oxygenation or therapy based upon scenario (1 point).	3	
Assesses Circulation	- Assesses / controls major bleeding (1 point). - Checks for pulse (1 point). - Assesses skin (either skin color, temperature, or condition) (1 point).	3	
Identifies patient priority and makes treatment / transport decision.		1	
<b>History Taking</b>			
History of the Present Illness	- Onset (1 point) - Provocation (1 point) Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past Medical History	- Allergies (1 point) - Medications (1 point) - Past pertinent medical history (1 point)	5	
<b>Secondary Assessment</b>			
Assesses Affected Body Part / System	- Cardiovascular - Pulmonary - Gastrointestinal (GI) / Genitourinary (GU)	5	
<b>Vital Signs</b>			
- Blood pressure (1 point)	- Pulse (1 point)	4	
States field impression of patient.		1	
Interventions (Verbalizes proper interventions / treatment.)		1	
<b>Reassessment</b>			
Demonstrates how and when to reassess the patient to determine changes in condition.		1	
Provides accurate verbal report to arriving EMS unit.		1	
Actual time ended:		<b>TOTAL:</b>	<b>42</b>

**Critical Criteria:**

- ☐ Failure to initiate or call for transport of the patient within fifteen (15) minute time limit
- ☐ Failure to take or verbalize appropriate PPE precautions
- ☐ Failure to determine scene safety before approaching patient
- ☐ Failure to voice and ultimately provide appropriate oxygen therapy
- ☐ Failure to assess/provide adequate ventilation
- ☐ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ☐ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ☐ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ☐ Orders a dangerous or inappropriate intervention
- ☐ Failure to provide accurate report to arriving EMS unit
- ☐ Failure to manage the patient as a competent EMR
- ☐ 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 Criteria in the box provided on this form.**

**Critical Criteria explanation:**

**OR**

Signature of examiner

Date (*month, day, year*)

**Notes or clarifications:**

INDIANA EMERGENCY MEDICAL RESPONDER (EMR) PSYCHOMOTOR SKILLS EXAMINATION		
CARDIAC ARREST MANAGEMENT / AUTOMATED EXTERNAL DEFIBRILLATOR (AED)		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started:			Points Possible	Points Awarded
Takes or verbalizes appropriate personal protective equipment (PPE) precautions.			1	
Determines the scene / situation is safe.			1	
Checks patient responsiveness.			1	
Direct assistant to retrieve AED.			1	
Requests additional EMS assistance.			1	
Checks breathing and pulse simultaneously.			1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than ten (10) seconds, the examiner informs the candidate: "The patient is unresponsive, apneic, and pulseless."</b>				
Immediately begins chest compressions (adequate depth and rate; allows the chest to recoil completely).			1	
Performs two (2) minutes of high quality, one-rescuer adult CPR. <ul style="list-style-type: none"><li>- Adequate depth and rate (1 point)</li><li>- Correct compression-to-ventilation ratio (1 point)</li><li>- Allows the chest to recoil completely (1 point)</li><li>- Adequate volumes for each breath (1 point)</li><li>- Minimal interruptions of no more than ten (10) seconds throughout (1 point)</li></ul>			5	
<b>NOTE: After two (2) minutes (five (5) cycles), the candidate reassesses the patient and a second rescuer resumes compressions while the candidate operates the AED.</b>				
Turns on power to AED.			1	
Follows prompts and correctly attaches AED to patient.			1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis.			1	
Ensures that all individuals are clear of the patient and delivers shock from AED.			1	
Immediately directs rescuer to resume chest compressions.			1	
Actual time ended:		TOTAL:	17	

**Critical Criteria:**

- ☐ Failure to take or verbalize appropriate PPE precautions
- ☐ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than ten (10) seconds
- ☐ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ☐ Failure to demonstrate acceptable high-quality, one-rescuer adult CPR
- ☐ Interrupts CPR for more than ten (10) seconds at any point
- ☐ Failure to correctly attach the AED to the patient
- ☐ Failure to operate the AED properly
- ☐ Failure to deliver shock in a timely manner
- ☐ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock (verbalizes "All clear" and observes)
- ☐ Failure to immediately resume compressions after shock delivered
- ☐ Failure to manage the patient as a competent EMR
- ☐ 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 Criteria in the box provided on this form.**

**Critical Criteria explanation:**

**OR**

Signature of examiner

Date (*month, day, year*)

**Notes or clarifications:**



INDIANA EMERGENCY MEDICAL RESPONDER (EMR) PSYCHOMOTOR SKILLS EXAMINATION		
BLEEDING CONTROL / SHOCK MANAGEMENT		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

<b>Actual time started:</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	<b>Points Possible</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate personal protective equipment (PPE) precautions.	1	
Applies direct pressure to the wound.	1	
<b>Note: The examiner must now inform the candidate that the wound continues to heavily bleed.</b>		
Applies tourniquet.	1	
<b>Note: The examiner must now inform the candidate that the patient is now showing signs and symptoms indicative of hypoperfusion.</b>		
Properly positions the patient.	1	
Administers high concentration of oxygen.	1	
Initiates steps to prevent heat loss from the patient.	1	
Indicates need for immediate transportation.	1	
<b>Actual time ended:</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> <span style="float: right;"><b>TOTAL:</b></span>	<b>7</b>	

**Critical Criteria:**

- ☐ Failure to take or verbalize appropriate PPE precautions
- ☐ Failure to administer high concentration oxygen
- ☐ Failure to control hemorrhage using correct procedures in a timely manner
- ☐ Failure to indicate the need for immediate transportation
- ☐ Failure to manage the patient as a competent EMR
- ☐ 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 Criteria in the box provided on this form.**

Critical Criteria explanation:

**OR**

Signature of examiner	Date (month, day, year)
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Notes or clarifications:

INDIANA EMERGENCY MEDICAL RESPONDER (EMR) PSYCHOMOTOR SKILLS EXAMINATION		
BAG VALVE MASK (BVM) VENTILATION OF AN APNEIC ADULT PATIENT		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

Actual time started:			Points Possible	Points Awarded
Takes or verbalizes appropriate personal protective equipment (PPE) precautions.			1	
Checks responsiveness.			1	
Requests additional EMS assistance.			1	
Checks breathing and pulse simultaneously.			1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than ten (10) seconds, the examiner informs the candidate: "The patient is unresponsive, apneic, and has a weak pulse of 60."</b>				
Opens airway properly.			1	
<b>NOTE: The examiner must now inform the candidate: "The mouth is full of secretions and vomitus."</b>				
Prepares rigid suction catheter.			1	
Turns on power to suction device or retrieves manual suction device.			1	
Inserts rigid suction catheter without applying suction.			1	
Suctions the mouth and oropharynx.			1	
<b>NOTE: The examiner must now inform the candidate: "The mouth and oropharynx are now clear."</b>				
Opens the airway manually.			1	
Inserts oropharyngeal airway.			1	
<b>NOTE: The examiner must now inform the candidate: "No gag reflex is present and the patient accepts the airway adjunct."</b>				
Ventilates the patient immediately using a BVM device unattached to oxygen.**			1	
** Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long As first ventilation is delivered within thirty (30) seconds.				
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>				
Rechecks pulse for no more than ten (10) seconds.			1	
Attaches the BVM assembly (mask, bag, and reservoir) to oxygen (fifteen (15) liters per minute)			1	
Ventilates the patient adequately			2	
- Proper volume to cause visible chest rise (1 point)				
- Proper rate of ten (10) to twelve (12) per minute (one (1) ventilation every five (5) to six (6) seconds) (1 point)				
<b>NOTE: The examiner must now ask the candidate: "How would you know if you are delivering appropriate volumes with each ventilation?"</b>				
Actual time ended:			TOTAL:	16

**Critical Criteria:**

- ☐ After suctioning the patient, failure to initiate ventilations within thirty (30) seconds or interrupts ventilations for greater than thirty (30) seconds at any time
- ☐ Failure to take or verbalize appropriate PPE precautions
- ☐ Failure to suction airway **before** ventilating the patient
- ☐ Suctions the patient for an excessive and prolonged time
- ☐ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ☐ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ☐ Failure to ventilate the patient at a rate of ten (10) to twelve (12) per minute (one (1) ventilation every five (5) to six (6) seconds)
- ☐ Failure to provide adequate volumes per breath (maximum two (2) errors per minute permissible)
- ☐ Insertion or use of any adjunct in a manner dangerous to the patient
- ☐ Failure to manage the patient as a competent EMR
- ☐ 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 Criteria in the box provided on this form.**

**Critical Criteria explanation:**

**OR**

Signature of examiner

Date (*month, day, year*)

**Notes or clarifications:**

INDIANA EMERGENCY MEDICAL RESPONDER (EMR) PSYCHOMOTOR SKILLS EXAMINATION		
SPINAL IMMOBILIZATION (SUPINE PATIENT)		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

<b>Actual time started:</b>			<b>Points Possible</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate personal protective equipment (PPE) precautions.			1	
Directs assistant to place / maintain head in the neutral, in-line position.			1	
Directs assistant to maintain manual stabilization of the head.			1	
Reassesses 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 the void 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>	<b>14</b>	

**Critical Criteria:**

- ☐ Failure to immediately direct or take manual stabilization of the head
- ☐ Failure to 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 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
- ☐ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ☐ Failure to manage the patient as a competent EMR
- ☐ 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 Criteria in the box provided on this form.**

Critical Criteria explanation:
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**OR**

Signature of examiner	Date (month, day, year)
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Notes or clarifications:
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INDIANA EMERGENCY MEDICAL RESPONDER (EMR) PSYCHOMOTOR SKILLS EXAMINATION		
LONG BONE IMMOBILIZATION		
Name of candidate	Name of examiner	
Signature of examiner	Date (month, day, year)	

<b>Actual time started:</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	<b>Points Possible</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate personal protective equipment (PPE) precautions.	1	
Candidate directs application of manual stabilization to the injury.	1	
Assesses motor, sensory, and circulatory function in the injured extremity.	1	
<b>Note: The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."</b>		
Measures the splint.	1	
Applies the splint.	1	
Immobilizes the joint above the injury site.	1	
Immobilizes the joint below the injury site.	1	
Secures the entire injured extremity.	1	
Immobilizes the affected hand / foot in the position of function.	1	
Reassesses motor, sensory, and circulatory function in the injured extremity.	1	
<b>Note: The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."</b>		
<b>Actual time ended:</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	<b>TOTAL:</b>	<b>10</b>

**Critical Criteria:**

- ☐ Grossly moves the injured extremity.
- ☐ Did not immobilize the joint above and the joint below the injury site.
- ☐ Did not immobilize the affected hand or foot in a position of function.
- ☐ Uses or orders a dangerous or inappropriate intervention.
- ☐ Did not assess motor, sensory, and circulatory function in the injured extremity *BOTH BEFORE AND AFTER* splinting.
- ☐ Failure to manage the patient as a competent EMR.
- ☐ Exhibits unacceptable affect with patient or other personnel.

**You must factually document your rationale for checking any of the above Critical Criteria in the box provided on this form.**

Critical Criteria explanation:

**OR**

Signature of examiner	Date (month, day, year)
-----------------------	-------------------------

Notes or clarifications: