IMMOBILIZATION SKILLS
LONG BONE INJURY

Start Time: ______________________
Stop Time: ______________ Date: ______________
Candidate's Name: ____________________________
Evaluator's Name: ____________________________

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes, or verbalizes, body substance isolation precautions</td>
<td>1</td>
</tr>
<tr>
<td>Directs application of manual stabilization of the injury</td>
<td>1</td>
</tr>
<tr>
<td>Assesses motor, sensory and circulatory function in the injured extremity</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures the splint</td>
<td>1</td>
</tr>
<tr>
<td>Applies the splint</td>
<td>1</td>
</tr>
<tr>
<td>Immobilizes the joint above the injury site</td>
<td>1</td>
</tr>
<tr>
<td>Immobilizes the joint below the injury site</td>
<td>1</td>
</tr>
<tr>
<td>Secures the entire injured extremity</td>
<td>1</td>
</tr>
<tr>
<td>Immobilizes the hand/foot in the position of function</td>
<td>1</td>
</tr>
<tr>
<td>Reassesses motor, sensory and circulatory function in the injured extremity</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"

Critical Criteria

_______ Grossly moves the injured extremity

_______ Did not immobilize the joint above and the joint below the injury site

_______ Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting

Total 10