



DEPARTMENT OF HUMAN SERVICES  
 EMS & TRAUMA SYSTEMS  
 PO BOX 14450  
 PORTLAND OR 97293-0450  
 971-673-0526



Exam Date: \_\_\_\_\_

**Evaluator:**

**Certifying Officer:**

Candidate Name: \_\_\_\_\_  
 (Last name, First initial)

Initial: YES/NO (circle one)  
 Retest: YES/NO (circle one)

PASS/FAIL  
 PASS/FAIL

Evaluator: \_\_\_\_\_  
 (Last name, First initial)

Time: \_\_\_\_\_  
 start finish

**Spinal Immobilization  
 Supine Patient**

**Time limit: 10 minutes**

\* Indicates critical criteria (incomplete). See critical criteria on reverse side for entire list.

Event	Points Possible	Points Awarded
1. Takes or verbalizes body substance isolation.	1	*
2. Directs assistant to place head in the neutral in-line position.	1	*
3. Directs assistant to maintain manual immobilization of the head.	1	*
4. Assesses motor, sensory and distal circulation in extremities.	1	*
5. Applies appropriate size extrication collar.	1	*
6. Positions the immobilization device appropriately.	1	*
7. Moves patient onto the device without compromising the integrity of the spine.	1	*
8. Applies padding to voids between the torso and the board as necessary.		
9. Immobilizes the patient's torso to the device.	1	*
10. Evaluates and pads under the patient's head as necessary.	1	*
11. Immobilizes the patient's head to the device.	1	*
12. Secures the patient's legs to the device.	1	
13. Secures the patient's arms to the device as necessary.	1	
14. Reassesses motor, sensory and distal circulation in each extremity.	1	*
<b>Total</b>	<b>14</b>	

**SEE CRITICAL CRITERIA ON REVERSE SIDE**

**CRITICAL CRITERIA:**

- \_\_\_ Failure to take or verbalize body substance isolation
- \_\_\_\* Did not immediately direct or take manual immobilization of the head
- \_\_\_\* Released or ordered release of manual immobilization before it was maintained mechanically
- \_\_\_\* Patient manipulated or moved excessively, causing potential spinal compromise
- \_\_\_\* Device moves excessively up, down, left or right on the patient's torso
- \_\_\_ Applies inappropriate size collar
- \_\_\_\* Head immobilization allows for excessive movement
- \_\_\_\* Upon completion of immobilization, head is not in the neutral position
- \_\_\_ Did not assess motor, sensory and distal circulation before and after immobilization to the device
- \_\_\_\* Immobilized head to the board before securing the torso