

## APPLY A TRACTION SPLINT

For use of this form see TC 8-800; the proponent agency is TRADOC.

**TABLE:** I  
**REFERENCE:** STP 8-68W13-SM-TG, Task: 081-833-0141, Apply a Traction Splint

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.  
**PRINCIPAL PURPOSE:** To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.  
**ROUTINE USES:** Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.  
**DISCLOSURE:** Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. **Soldier** (Last Name, First Name, MI) \_\_\_\_\_ 2. **Date** (YYYYMMDD) \_\_\_\_\_

**SCENARIO:**

While providing medical coverage for a drop zone in an airborne operation you hear the call for a medic to attend an injured Soldier. As you perform your initial and rapid trauma assessment, the patient is conscious and complaining of severe pain in their mid-thigh, left leg. You detect moderate swelling and elicit crepitus of the left thigh. You determine the patient's sole injury is a closed fracture to the left femur. You must apply a traction splint to the patient's left leg; you have been provided the necessary medical equipment.

### GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
<b>3. Performance Measures</b>						
a. Took body substance isolation precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exposed the injury by cutting away the patient's clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Assessed the patient's pulse, motor, sensory (PMS).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Directed an assistant to manually support and stabilize the injured leg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Placed the traction splint beside the patient's uninjured leg and adjusted the splint to the proper length.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fastened the ankle hitch about the patient's ankle and foot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. While supporting the leg at the site of the suspected injury (one hand above the site and one hand below the site), directed the assistant to manually apply gentle in-line traction to the ankle hitch and foot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Slid the splint into position under the injured leg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Padded the groin area and fastened the ischial strap.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Applied mechanical traction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Secured the Velcro straps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Reevaluated the ischial strap and ankle hitch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Reassessed the PMS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Documented treatment on DD Form 1380 [Tactical Combat Casualty Care (TCCC) Card].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Demonstrated Proficiency** Yes  No

**5. Start Time** \_\_\_\_\_ **6. Stop Time** \_\_\_\_\_ **7. Initial Evaluator** \_\_\_\_\_

**8. Start Time** \_\_\_\_\_ **9. Stop Time** \_\_\_\_\_ **10. Retest Evaluator** \_\_\_\_\_

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**APPLY A TRACTION SPLINT  
GRADING SHEET (cont'd)**

11. Start Time

12. Stop Time

13. Final Evaluator

14. Evaluator's Comments