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QUESTION NO: 1

Flexibility is a measure of the

A. Disease-free ROM about a joint.

B. Effort-free ROM about a joint.

C. Habitually used ROM about a joint.

D. Pain-free ROM about a joint.

ANSWER: D

Explanation:

Pain-free ROM about a joint. is correct because flexibility, in the exercise testing and prescription context used by ACSM, refers to the available range of motion at a joint or group of joints that can be achieved without provoking pain. In practical assessment, flexibility is commonly evaluated by observing or measuring how far a joint can move through its expected motion while maintaining comfort, control, and tissue tolerance. This matters because pain changes movement quality, can trigger guarding, and may indicate injury or pathology rather than a true limitation in flexibility. ACSM flexibility training recommendations emphasize moving joints through range of motion using stretching techniques to improve or maintain mobility, with discomfort kept mild and pain avoided. This interpretation aligns with standard clinical and exercise science descriptions of flexibility as joint-specific range of motion and with safe stretching guidance that stretching should not be painful. Useful references include ACSM's exercise prescription guidance summarized in the ACSM position stand on quantity and quality of exercise at PubMed and general clinical range-of-motion principles from NCBI Bookshelf.

QUESTION NO: 2

Which of the following are symptoms of hypoglycemia?

A. Hypotension.

B. Cold, clammy skin.

C. Tachycardia and slurred speech.

D. Bronchospasms and hyperventilation.

ANSWER: C

Explanation:

Tachycardia and slurred speech is the correct answer because it captures two important manifestations of low blood glucose. During hypoglycemia, the body first responds with activation of the sympathetic nervous system and release of counterregulatory hormones such as epinephrine. That adrenergic response can produce a rapid heart rate, palpitations, tremor, anxiety, and sweating. If blood glucose remains low, the brain may not receive enough glucose to function normally, leading to neuroglycopenic symptoms such as confusion, impaired coordination, unusual behavior, difficulty speaking, and slurred speech. For an ACSM exercise professional, recognizing this combination is especially important because exercise can increase glucose uptake by working muscle and may precipitate hypoglycemia in individuals using insulin or certain glucose-lowering medications. Prompt identification supports safe exercise supervision, including stopping activity, checking glucose when possible, and providing fast-acting carbohydrate according to the client's care plan. These symptom patterns are consistent with diabetes and hypoglycemia guidance from the American Diabetes Association and the CDC.

QUESTION NO: 3

A well-designed consent document developed in consultation with a qualified legal professional provides your facility with

A. Documentation of a good-faith effort to educate your clients.

B. Legal documentation of a client's understanding of assessment procedures.

C. Legal immunity against lawsuits.

D. No legal benefit.

ANSWER: A

Explanation:

Documentation of a good-faith effort to educate your clients is correct because an informed consent document is primarily evidence that the facility made a clear, reasonable effort to communicate relevant information before participation. In the ACSM exercise testing and prescription context, informed consent is part of prudent risk management: clients should be told the purpose of the assessment or program, what procedures may occur, reasonably foreseeable risks and benefits, confidentiality considerations, and their right to ask questions or stop participation. A properly developed consent form supports the facility by documenting that this education process occurred, especially when it is written clearly and reviewed with the client rather than treated as a mere signature form. ACSM emphasizes informed consent as one component of safe and ethical practice, not as a guarantee against liability. The strongest answer is therefore the one focused on documented good-faith client education. For related ACSM guidance, see ACSM's Guidelines for Exercise Testing and Prescription. General informed-consent principles are also summarized by the U.S. Department of Health and Human Services at HHS informed consent guidance.

QUESTION NO: 4

Two individuals have the same body weight, gender, ethnic background, and skinfold measurement results. One is 25 years old; the other is 45 years. Given this scenario, which of the following statements is TRUE?

A. They both have the same percentage of body fat.

B. The 25-year-old individual is fatter.

C. The 45-year-old individual is fatter.

D. Who is fatter cannot be determined from the information given.

ANSWER: C

Explanation:

The 45-year-old individual is fatter is correct because skinfold thickness estimates subcutaneous fat, but the relationship between subcutaneous fat and total body fat is influenced by age. ACSM body composition procedures commonly use generalized skinfold equations that include age as a variable when estimating body density and percent body fat. For the same sex, body mass, ethnicity, and skinfold measurements, the older person is generally predicted to have a lower body density and therefore a higher percentage of body fat. This reflects age-related changes in fat distribution and body composition, including a tendency for proportionally more internal or visceral fat and less fat-free mass with advancing age, even when the measured subcutaneous skinfold sites are the same. In practical ACSM-style interpretation, identical skinfold sums do not automatically mean identical percent body fat when age differs; the older individual's estimated percent fat is higher. For related ACSM assessment context, see the ACSM Guidelines for Exercise Testing and Prescription and ACSM's overview of body composition assessment.

QUESTION NO: 5

The most accurate screening method for signs and symptoms of CAD is a

A. Maximal exercise test with a 12-lead ECG.

B. Submaximal exercise test with a 12-lead ECG.

C. Discontinuous protocol, stopping at 85% of maximal heart rate.

D. Continuous protocol, stopping at 85% of maximal heart rate.

ANSWER: A

Explanation:

Maximal exercise test with a 12-lead ECG is correct because diagnostic exercise testing for suspected coronary artery disease is most informative when the patient exercises to a true symptom-limited maximum while full electrocardiographic monitoring is performed. A 12-lead ECG allows clinicians to observe ischemic ST-segment changes, arrhythmias, conduction abnormalities, blood pressure responses, exercise capacity, and the reproduction of exertional symptoms across progressively increasing workloads. Many signs of myocardial ischemia are workload dependent, so reaching maximal or symptom-limited effort improves the likelihood of detecting clinically meaningful abnormalities compared with stopping early. This aligns with ACSM exercise testing principles, which emphasize graded exercise testing with ECG monitoring when evaluating cardiovascular signs, symptoms, and disease risk. It is also consistent with major cardiovascular testing standards that describe exercise ECG testing as a diagnostic tool for evaluating suspected ischemic heart disease when adequate exercise intensity is achieved. Useful references include ACSM's Guidelines for Exercise Testing and Prescription and the American Heart Association statement on Exercise Standards for Testing and Training.

QUESTION NO: 6

The preparation of professional staff should include training in

A. Advanced basic life support and ENT.

B. CPR and basic life support.

C. CPR and EMS.

D. Advanced cardiac life support and ENT.

ANSWER: B

Explanation:

CPR and basic life support is correct because professional exercise staff must be prepared to respond immediately to foreseeable medical emergencies in fitness, clinical exercise, and health-promotion settings. ACSM guidance for exercise professionals emphasizes emergency readiness, including recognition of cardiopulmonary emergencies, activation of the emergency action plan, and prompt delivery of life-saving care until emergency medical services arrive. Basic life support training includes high-quality cardiopulmonary resuscitation, airway and breathing support, early emergency response activation, and commonly the use of an automated external defibrillator, all of which are directly relevant to sudden cardiac arrest or other acute events that may occur during exercise testing or training. This level of preparation is appropriate for exercise physiologists because they are often the first professionals present when a participant collapses or develops serious symptoms during activity. The American Heart Association describes BLS as training designed for healthcare and public safety personnel who need to perform CPR and other basic cardiovascular life support skills; see the AHA Basic Life Support course. OSHA also supports the need for trained first-aid response when medical care is not immediately available, as reflected in OSHA 29 CFR 1910.151.

QUESTION NO: 7

During calibration of a treadmill, the belt length was found to be 5.5 m. It took 1 minute and 40 seconds for the belt to travel 20 revolutions. What is the treadmill speed?

A. 4 m/min.

B. 66 m/min.

C. 79 m/min.

D. 110 m/min.

ANSWER: B

Explanation:

66 m/min. is correct because treadmill belt speed during calibration is calculated from the linear distance traveled divided by the elapsed time. One complete belt revolution moves a point on the belt forward by one belt length, so 20 revolutions at 5.5 m per revolution equals 110 m of belt travel. The measured time is 1 minute and 40 seconds, which is 100 seconds. Because the answer choices are expressed in meters per minute, the time should be converted to minutes: 100 seconds ÷ 60 = 1.67 minutes. Dividing distance by time gives 110 m ÷ 1.67 min = approximately 66 m/min. This is the standard approach used when checking treadmill speed accuracy: measure belt travel over a known number of revolutions and express the result as distance per unit time. ACSM exercise testing practice relies on accurate treadmill speed and grade calibration because workloads, metabolic estimates, and exercise prescriptions depend on the treadmill operating at the intended setting. See ACSM's exercise testing and prescription resources at ACSM Guidelines for Exercise Testing and Prescription and SI unit guidance from NIST.