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Exam : **030-333**

Title : ACSM Exercise Specialist Exam

Version : Demo

1 .Which of the following is NOT an appropriate treatment activity for inpatient rehabilitation of a client on the second day after coronary artery bypass graft (CABG) surgery?
A. Limit activities as tolerated to the development of self-care activities, ROM for extremities, and low-resistance activities.
B. Limit upper body activities to biceps curls, horizontal arm adduction, and overhead press using 5-pound weights while sitting on the side of the bed.
C. Progress all activities performed from supine to sitting to standing.
D. Measure vital signs, symptoms, RPE, fatigue, and skin color and perform electrocardiography before, during, and after treatments to assess activity tolerance.
Answer: B

2 .Which of the following situations indicates progression to independent and unsupervised exercise for a client after CABG surgery in an outpatient program?
A. The client exhibits mild cardiac symptoms of angina, occurring intermittently during exercise and sometimes at home while reading.
B. The client has a functional capacity of greater than 8 MET with hemodynamic responses appropriate to this level of exercise.
C. The client is noncompliant with smoking cessation and weight loss intervention programs.
D. The client is unable to palpate HR, deliver RPEs, or maintain steady workload intensity during activity.
Answer: B

3 .Which of the following issues would you include in discharge education instructions for a client with congestive heart failure to avoid potential emergency situations related to this condition at home?
A. Record body weight daily, and report weight gains to a physician.
B. Note signs and symptoms (e.g.,dyspnea, intolerance to activities of daily living), and report them to a physician.
C. Do not palpate the pulse during daily activities or periods of light- headedness, because an irregular pulse is normal and occurs at various times during the day.
D. Both A and B.
Answer: D

4 .Initial training sessions for a person with severe chronic obstructive pulmonary disease most likely would NOT include
A. Continuous cycling activity at 70% of Vo2 max for 30 minutes.
B. Use ofdyspnea scales, RPE scales, and pursed-lip breathing instruction.
C. Intermittent bouts of activity on a variety of modalities (exercise followed by short rest).
D. Encouraging the client to achievean intensity either at or above the anaerobic threshold.
Answer: A

5 .Symptoms of claudication include
A. Cramping, burning, and tightness in the calf muscle, usually triggered by activity and relieved with rest.

B. Acute, sharp pain in the foot on palpation at rest.
C. Crepitus in the knee during cycling.
D. Pitting ankle edema at a rating of 3 +
Answer: A

6 .Treatment for claudication during exercise includes all of the following EXCEPT
A. Daily exercise sessions.
B. Intensity of activity to maximal tolerable pain, with intermittent rest periods.
C. Cardiorespiratory building activities that are nonweight bearing if the plan is to work on longer duration and higher intensity to elicit a cardiorespiratory training effect.
D. Stopping activity at the onset ofclaudication discomfort to avoid further vascular damage from ischemia.
Answer: D

7 .A client with angina exhibits symptoms and a 1mm, down-sloping ST- segment depression at a HR of 129 bpm on his exercise test. His peak exercise target HR should be set at
A. 128bpm.
B. 109 to 119bpm.
C. 129bpm.
D. 125 to 128bpm.
Answer: B

8 .Special precautions for clients with hypertension include all of the following EXCEPT:
A. Avoiding muscle strengthening exercises that involve low resistance.
B. Avoiding activities that involve theValsalva maneuver.
C. Monitoring a client who is taking diuretics for arrhythmias.
D. Avoiding exercise if resting systolic BP is greater than 200 mm Hg or diastolic BP is greater than 115 mm Hg.
Answer: A

9 .According to the most recent National Institutes of Health's Clinical Guidelines for the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, recommendations for practical clinical assessment include
A. Determining total body fat through the BMI to assess obesity.
B. Determining the degree of abdominal fat and health risk through waist circumference.
C. Using the waist-to-hip ratio as the only definition of obesity and lean muscle mass.
D. Both A and B.
Answer: D

10 .A client with type 1 diabetes mellitus checks her fasting morning glucose level on her whole-blood glucose meter (fingerstick method), and the result of 253 mgldL (14 mmol/L). A urine test is positive for ketones before her exercise session. What action should you take?
A. Allow her to exercise as long as her glucose is not greater than 300mgldL (17 mmol/L).
B. Not allow her to exercise this session, and notify her physician of the findings.

C. Give her an extra carbohydrate snack, and wait 5 minutes before beginning exercise.
D. Readjust her insulin regimen for the remainder of the day to compensate for the high morning glucose level.
Answer: B

11 .A 62-year-old, obese factory worker complains of pain in his right shoulder on arm abduction; on evaluation, decreased ROM and strength are noted. You also notice that he is beginning to use accessory muscles to substitute movements and to compensate. These symptoms may indicate
A. A referred pain from a herniated lumbar disk.
B. Rotator cuff strain or impingement.
C. angina.
D. Advanced stages of multiple sclerosis.
Answer: B

12 .All of the following are special considerations inprescribing exercise for the client with arthritis EXCEPT
A. The possible need to splint painful jointsforprotection.
B. Periods of acute inflammation result in decreased pain and joint stiffness.
C. The possibility of gait abnormalities as compensation for pain or stiffness.
D. The need to avoid exercise of warm,swollenjoints.
Answer: B

13.What common medication taken by clients with end-stage renal disease requires careful management for those undergoing hemodialysis?
A. Antihypertensive medication.
B. Lithium.
C. Cholestyramine.
D. Cromolyn sodium.
Answer: A

14 .Which of the following is an appropriate exercise for clients with diabetes and loss of protective sention in the extremities?
A. Prolonged walking.
B. Jogging.
C. Step-class exercise.
D. Swimming.
Answer: D

15 .A client taking a calcium-channel blocker most likely will exhibit which of the following responses during exercise?
A. Hypertensive response.
B. Increased ischemia.
C. Improvedanginal thresholds.
D. Severe hypotension.

Answer: C

16 .During the cool-down phase of an exercise session, clients should be encouraged to
A. Rehydrate.
B. Decrease the intensity of activity quickly to decrease cardiacafterload.
C. Limit the cool-down period to 5 minutes.
D. Increase the number of isometric activities.
Answer: A

17 .Muscular endurance training is best accomplished by
A. Performing four to six repetitions per set.
B. Using high resistance.
C. Incorporating high repetitions.
D. Performing isometric exercises only.
Answer: C

18 .Transitional care exercise and rehabilitation programs are NOT appropriate for
A. Clients with functionally limitingchronicdisease.
B. Clients withcomorbid disease states.
C. Asymptomatic clients with a functional capacity of 10 MET.
D. Clients at 1 week after CABG surgery.
Answer: C

19 .Many clients have WI-mode programmed pacemakers. Which of the following is TRUE regarding exercise programming with WI pacemakers?
A. Persons with WI pacemakers may bechronotropically (HR) competent with exercise but require longer warm-up and gradual increase in intensity during the initial exercise portion of their session.
B. Persons who arechronotropically competent are tachycardic at rest and should not exercise at low intensities.
C. BP response is not a good marker of intensity effort in those with WI pacemakers and need not be evaluated during an exercise session.
D. Persons with WI pacemakers must avoid exercise on the bicycleergometer because of the location of the ventricular lead wire and potential for displacement.
Answer: A

20 .Controlling pool water temperature (83-88¡ãF), avoiding jarring and weigh- bearing activities, and avoiding movement in swollen, inflamed joints are special considerations for exercise in
A. Clients afteratherectomy.
B. Clients with angina.
C. Clients with osteoporosis.
D. Clients with arthritis.
Answer: D

21 .Which of the following is a resistive lung disease?

A. Asthma.
B. Tuberculosis.
C. Cystic fibrosis.
D. Emphysema.
Answer: B

22 .A specific benefit of regular exercise for patients with angina is
A. Improved ischemic threshold at which angina symptoms occur.
B. Increased myocardial oxygen demand at the samesubmaximallevels.
C. Eradication of all symptoms.
D. Elevation of BP.
Answer: A

23 .Which of the following is NOT a benefit of increased flexibility?
A. Increased muscle viscosity, allowing easier and smoother contractions.
B. Reduced muscle tension and increased relaxation.
C. Improved coordination by allowing greater ease of movement.
D. IncreasedROM.
Answer: A

24 .Which of the following statements regarding warm-up is FALSE?
A. Muscle blood flow is increased as a result of warm-up.
B. Peripheralvasodilation occurs as a result of warm-up.
C. Peripheral vasoconstriction occurs as a result of warm-up.
D. Between 5 and 10 minutes should be allotted for a warm-up period.
Answer: C

25.Which of the following statements regarding cooldown is FALSE?
A. The emphasis should be large muscle activity performed at a low to moderate intensity.
B. Increasing venous return should be a priority during cool-down.
C. The potential for improving flexibility may be improved during cool-down as compared with warm-up.
D. Between 1 and 2 minutes are recommended for an adequate cool-down.
Answer: D

26 .All of the following are examples of aerobic exercise modalities EXCEPT
A. Weight training.
B. Walking.
C. Bicycling.
D. Stair climbing.
Answer: A

27 .A target HR equivalent to 85% of HRR for a 25year-old male with a resting HR of 75 bpm would be equal to

A. 195bpm.
B. 166bpm.
C. 177bpm.
D. 102bpm.
Answer: C

28 .The appropriate exercise HR for an individual on -blocking medication would generally be
A. 75% of HRR.
B. 30bpm above the standing resting HR.
C. 40% of HRR.
D. (220 - age) X 0.85.
Answer: A

29 .The recommended cardiorespiratory exercise training goal for apparently healthy individuals should be
A. 15 minutes, six times per week, at 90% of HRR.
B. 30 minutes, three times per week, at 85% of HRR.
C. 60 minutes, three times per week, at 85% of HRR.
D. 30 minutes of weight training, three times per week, at 60% of HRR.
Answer: B

30 .In an effort to improve flexibility, the ACSM recommends
A. Proprioceptive neuromuscular facilitation.
B. Ballistic stretching.
C. The plough and hurdler's stretches.
D. Static stretches held for 10 to 30 seconds per repetition.
Answer: D