Fitness

NASM-CES

National Academy of Sports Medicine: Corrective Exercise Specialist

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Question: 1

A client undergoes an assessment of the ankle and foot. Which of the following is the best example of closed chain dorsiflexion?

A. Lifting the heel off the ground while standing and keeping the foot fixed
B. Performing a deep squat and allowing the tibia to move anteriorly over the foot
C. Pointing the toes toward the ceiling while sitting on a bench with the feet dangling
D. Stretching the toes toward the floor in a seated position with legs extended

Answer: B

Explanation:
In a proper squat, the knees travel forward as the hips move back and down, and the tibia (shinbone) tilts slightly forward over the foot. Closed chain indicates that the foot is fixed while the tibial angle between the shin and foot becomes smaller, also known as dorsiflexion.
Open chain, in contrast, is when the foot is not fixed and the ankle is dorsiflexed in a position where the foot is not on the ground. Lifting the heel off the ground or pointing the toes down is plantarflexion, not dorsiflexion.

Question: 2

A client performing a plank exercise reports sharp pain a few inches superior to the pelvis. Which of the following options would be the best course of action in this scenario?

A. Advise the client to ignore the pain, as it is common in plank exercises and will subside with time
B. Instruct the client to push through the pain and continue the plank exercise to build resilience
C. Stop the plank exercise immediately, assess the client's condition, and recommend rest or medical evaluation as needed
D. Modify the plank exercise to make it easier for the client, and then continue with the exercise

Answer: C

Explanation:
When a client experiences sharp pain during exercise, the best course of action is to stop the exercise immediately, assess the client's condition, and recommend rest or medical evaluation as needed. Sharp pain is a sign that something is wrong and should not be ignored, especially within the abdomen. Encouraging the client to push through or ignore sharp pain is not safe and may risk injury. Pain during exercise should not be ignored or tolerated. While modifying the exercise may seem reasonable, it's essential to address the source of the sharp pain first, before deciding how to modify the exercise.

Question: 3

A client warms up for a sports-focused workout utilizing ballistic and active stretching techniques. Which of the following statements correctly describes the differences between these two stretching techniques?

A. Ballistic stretching is a dynamic stretch, while active stretching incorporates contractions of the antagonist muscle.
B. Ballistic stretching incorporates rapid, bouncing movements to increase flexibility, while active stretching focuses on using muscular effort to stretch a specific muscle.
C. Ballistic stretching and active stretching are identical techniques, both emphasizing static holds to improve flexibility.
D. Ballistic stretching consists of isometric contractions, while active stretching requires passive stretching with external assistance.

Answer: B

Explanation:
Ballistic stretching involves bouncing movements to increase flexibility, while active stretching relies on the contraction of the agonist's muscles to stretch them and elicit reciprocal inhibition to increase the range of motion.
Ballistic stretching and active stretching are different techniques. Active stretching involves a short, 2-second static hold, while ballistic stretching does not involve static holds. Ballistic stretching is different from dynamic stretching. Dynamic stretching involves controlled movements, while ballistic stretching involves higher-speed movements and bouncing actions.

Question: 4

A 75-year-old client with difficulty getting in and out of a low seat is starting a training program and performs the assessment portion of their first session in order to improve their functional mobility. Which of the following would best represent a S.M.A.R.T. goal for this client?

A. The client will improve their lower body strength over the next three months, as measured by their ability to perform 10 chair squats with proper form.
B. The client will be able to perform 10 bench presses within the next two months.
C. The client will participate in a rigorous training program to achieve improved fitness within one month.
D. The client will regain the ability to get in and out of a low seat without the use of arms within a week.

Answer: A

Explanation:
This option is S.M.A.R.T. because it is Specific (improving lower body strength), Measurable (10 chair squats with proper form), Attainable (over the next three months), Realistic (addressing the client's specific issue), and Timely (within three months).

Getting in and out of a low seat is specific and timely, but is not specifically measurable. Improved fitness is not a specific or measurable goal. While performing bench presses is important for upper body strength, it is not specific to the client's functional deficits of getting out of a low seat.

Question: 5

A Corrective Exercise Specialist relies on their client to utilize internal feedback during a squat in order to allow for optimal sensorimotor integration, while they simultaneously receive external feedback. Which of the following options is the best example of internal feedback in this scenario?

A. The client adjusts their foot posture after receiving a cue from the trainer
B. The client observes their reflection in a mirror to ensure they are squatting correctly
C. The client focuses on their breathing pattern to maintain stability and control during the squat
D. The client is cued to "stand up tall" during the concentric portion of the squat

Answer: C

Explanation:
This option represents internal feedback, as it involves the client's own physiological response. Focusing on breathing is essential for maintaining stability and controlling intra-abdominal pressure during the squat, which helps with core engagement and proper form.
Correcting squat form based on a mirror reflection or verbal cues from a trainer are examples of external feedback as the client is receiving guidance from an external source.

Question: 6

A client presents with a weak right gluteus medius and knee valgus during the static and dynamic posture assessment. The client reports that they also have a history of knee injuries along the medial aspect of the joint.
Which of the following options would be the best next steps as the Corrective Exercise Specialist?

A. Diagnose the client using the appropriate assessment techniques
B. Refer the client back to their primary care provider
C. Perform manual therapy to release the tight muscles
D. Perform glute strengthening activities

Answer: D

Explanation:
Typically, with a weak muscle, it will be lengthened and needs to be strengthened/activated, not mobilized or massaged.
The common patterns of static postural distortion are not meant to be used for the purpose of diagnosis. They should be used as references to determine potential muscle imbalances that can be improved through corrective exercise programming.
Since this client does not have current knee pain, only a history of injuries, it is not necessary to send them back to their primary care provider.

Question: 7

A client is instructed during neuromuscular stretching to isometrically contract against manual resistance before moving into a passive stretch. What is the correct contraction intensity to produce an increased range of motion?

A. 10%
B. 60%
C. 20%
D. 30%

Answer: C

Explanation:
According to research, a submaximal isometric contraction intensity of 20% is effective in producing a significantly increased range of motion.

Question: 8

Research is an ever-changing landscape and it is up to the Corrective Exercise Specialist to stay up to date with the most recent findings. Which of the following statements concerning the recent research with myofascial rolling is false?

A. Roller pressure may modulate pain through ascending antinociceptive pathways.
B. Roller pressure may modulate pain through the stimulation of muscle and cutaneous receptors.
C. Roller pressure may modulate pain through the stimulation of afferent central nociceptive pathways.
D. Roller pressure reduces spinal-level excitability.

Answer: A

Explanation:
Roller pressure may modulate pain through descending, not ascending, antinociceptive pathways. Ascending pathways are neural pathways that transmit pain signals from the periphery to the brain. These pathways are responsible for the perception of pain. Descending pathways, on the other hand, are neural pathways that can inhibit or reduce the perception of pain.
Roller pressure has been postulated through research to modulate pain through the stimulation of muscles and cutaneous receptors as well as afferent central nociceptive pathways. Roller pressure reduces spinal-level activity in order to decrease evoked pain. Consider the relaxing and inhibitory effect that myofascial rolling has on the muscular system.

Question: 9

A client using a myofascial roller grimaces as they roll their hamstring muscle. They ask you, the Corrective Exercise Specialist, if this is a normal feeling to be expected. Which of the following responses would be best in this scenario?

A. Advise the client to try a larger, less dense roller
B. Advise the client to try a larger, more dense roller
C. Advise the client to continue rolling; discomfort is to be expected
D. Advise the client to try a smaller, less dense roller

Answer: A

Explanation:
The fitness professional should err on the side of caution by using less pressure via larger, softer myofascial rollers versus more pressure via smaller, denser rollers. The client should be monitored for relaxed, not tense, breathing patterns. Too much pressure and pain can cause the client to tense up, which is the opposite of how we want the rollers to affect the body.
If the client is expecting increased discomfort and tension, it is best practice to advise on the use of larger, less dense rollers to increase comfort and adherence.

Question: 10

A client undergoes a static posture assessment during their first session with a Corrective Exercise Specialist. The Corrective Exercise Specialist suspects interactivity of the deep neck flexors.
Based on this, which of the following would you most likely expect to observe in the posture assessment?

A. Lengthened levator scapulae
B. Overactive middle trapezius
C. Neutral head posture
D. Overactive upper trapezius

Answer: D

Explanation:
To compensate for underactive deep neck flexors, the following muscles become overactive and shortened to maintain an upright cervical spine position:
• Upper trapezius
• Levator scapulae
• Sternocleidomastoid
• Pectoralis
Additionally, we would expect to see a forward, not neutral, head posture in this presentation.

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