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NASM Certified Personal Trainer Exam Sample Questions (Q210-Q215):

NEW QUESTION # 210

Which of the following best describes the end-range position of the knees during the cable lift?

- A. Flexion
- B. Adduction
- C. Abduction
- D. Extension

Answer: D

Explanation:

In a cable lift (a low-to-high diagonal pattern), the lower body drives the movement by extending through the ankles, knees, and hips to transmit force upward. At the end of this drive, the knees are in an extended position-making extension the correct end-range description. This aligns with NASM's movement science framework for sagittal plane joint actions at the knee.

From the NASM CPT7 Study Guide's movement section: "Movement is described in three dimensions that are based on planes, which include the sagittal, frontal, and transverse planes." Within the sagittal plane,

"Movements in the sagittal plane include flexion and extension and plantar flexion and dorsiflexion of the foot and ankle." During a

ground-driven lift pattern, the body uses a closed-chain strategy: "Closed-chain movements anchor the body to the ground or immovable object," which is typical when initiating powerful upward motions from the legs. NASM also describes how efficient force production unfolds: the "integrated performance paradigm" indicates that to move efficiently, "forces must be dampened (eccentrically), stabilized (isometrically), and then accelerated (concentrically)." In the cable lift, the knee flexes slightly to load (eccentric/stabilize) and then extends concentrically to accelerate the load upward.

Because the knee's sagittal-plane action that completes the propulsion phase is extension, the end-range position of the knees-after the drive is completed-is extension. Therefore, among the options provided, B.

Extension precisely matches NASM's definitions and movement sequencing.

NEW QUESTION # 211

A trainer is preparing to have a client perform an active kneeling hip flexor stretch. Which of the following instructions should the trainer give the client?

- A. "Perform as quickly as can be controlled for 10 repetitions."
- B. "Perform 2 sets of 12 to 15 repetitions."
- C. "Hold the stretch for 30 seconds and perform 1 to 3 repetitions."
- D. "Hold the stretch for 2 seconds and perform 5 to 10 repetitions."

Answer: D

Explanation:

The active kneeling hip flexor stretch falls under active stretching in NASM's flexibility continuum. Active stretching uses the agonist muscle to move the limb through a range of motion while the antagonist is stretched, typically holding the end range for about 1-2 seconds before returning to the start position. The NASM CPT7 Study Guide specifies that active stretches are performed for 5-10 repetitions, holding each for 1-2 seconds.

This technique is most often applied in the strength level of the OPT model, often following the warm-up and before resistance training to prepare muscles for dynamic activity. Options A and C represent repetition and hold counts more typical of resistance or static stretching, while Option B's "as quickly as can be controlled" describes dynamic stretching or plyometric work-not an active isolated stretch. Therefore, the correct coaching instruction is to hold for 2 seconds and perform 5-10 repetitions.

NEW QUESTION # 212

A trainer notices a client shrug their shoulders during a cable press. Which of the following stretches should the trainer recommend to help the client lengthen the overactive muscles?

- A. Static soleus stretch
- B. Static ball latissimus dorsi stretch
- C. Static upper trapezius/scalene stretch
- D. Static erector spinae stretch

Answer: C

Explanation:

When a client shrugs their shoulders during a cable press, NASM's movement assessment principles indicate overactivity of the upper trapezius and scalenes-secondary muscles of respiration and neck movement. The guide points out in the respiratory system section that "abnormal breathing patterns... are associated with the use of secondary respiratory muscles (sternocleidomastoid, upper trapezius, or scalenes)." Overactivity in these muscles during upper body pushing movements reflects compensations, often due to weakness or under-recruitment of the prime movers (pectorals, deltoids, triceps) or stabilizers. Static stretching is recommended for overactive muscles to restore normal length-tension relationships. The "static upper trapezius/scalene stretch" directly addresses the tightness and helps improve overhead or forward pressing mechanics by reducing unwanted scapular elevation. Other stretches listed in the options (soleus, erector spinae, latissimus dorsi) target entirely different regions-lower leg, lower back, or lateral back muscles-and would not address the observed compensation. This correction aligns with NASM's flexibility continuum: inhibit (SMR) # lengthen (static stretch) # activate (strengthen underactive muscles) # integrate (dynamic movements), restoring balanced shoulder mechanics.

NEW QUESTION # 213

Which of the following is an appropriate assessment for a senior client who has arthritis in her knees?

- A. Shark skill test
- **B. Rockport walk test**
- C. YMCA 3-minute step test
- D. Davies test

Answer: B

Explanation:

The Rockport walk test is an appropriate submaximal cardiovascular assessment for seniors and individuals with joint issues such as arthritis in the knees. It involves a one-mile walk at the fastest comfortable pace and is used to estimate cardiorespiratory fitness without requiring high-impact activity. The NASM CPT7 guidelines recommend low-impact, steady-state tests for populations with joint limitations to avoid aggravating symptoms. Tests like the YMCA 3-minute step test require repetitive stepping that can strain arthritic knees, the Davies test is a high-intensity agility/coordination drill involving upper body movement (not suited for seniors with lower body arthritis), and the Shark skill test is a dynamic balance/agility assessment with hopping-highly contraindicated for knee arthritis. The Rockport test is performed on a flat surface, minimizing joint stress while still providing valid aerobic fitness data.

NEW QUESTION # 214

Which of the following is an effect of dehydration?

- **A. Increased heart rate**
- B. Increased blood pressure
- C. Increased sweat rate
- D. Increased blood volume

Answer: A

Explanation:

Dehydration reduces plasma volume, making the heart work harder to circulate blood. NASM notes that fluid loss causes cardiovascular strain, often leading to an increased heart rate to maintain cardiac output during exercise. This is due to decreased stroke volume-less fluid in the bloodstream means less blood pumped per beat, so the heart compensates by beating faster. Other effects include impaired thermoregulation, reduced sweat efficiency, and decreased exercise performance. Increased blood volume is not correct (dehydration decreases it), sweat rate often decreases rather than increases when dehydrated (leading to overheating risk), and blood pressure can drop rather than rise in severe dehydration. Therefore, increased heart rate is the hallmark acute cardiovascular response to dehydration during activity.

NEW QUESTION # 215

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