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## NASM-CPT Exam Outline

Content Categories	Percentage of Examination
1. Basic and Applied Sciences and Nutritional Concepts	15%
2. Client Relations and Behavioral Coaching	15%
3. Assessment	16%
4. Program Design	20%
5. Exercise Technique and Training Instruction	24%
6. Professional Development and Responsibility	10%

**Time limit:** 2 hours

**Total questions:** 120

**Question format:** Multiple-choice

**Delivery format:** Computer-based

A pie chart divided into six segments, each representing a content category and its percentage of the exam. The segments are: 1. Basic and Applied Sciences and Nutritional Concepts (15%, orange), 2. Client Relations and Behavioral Coaching (15%, yellow), 3. Assessment (16%, red), 4. Program Design (20%, dark red), 5. Exercise Technique and Training Instruction (24%, light orange), and 6. Professional Development and Responsibility (10%, orange).

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## NASM Certified Personal Trainer Exam Sample Questions (Q139-Q144):

### NEW QUESTION # 139

Before a session begins, a client complains of muscle tightness between their shoulder blades and asks the trainer to massage the area. The trainer should

- A. Give the client ibuprofen before the session

- B. Send the client to a chiropractor instead of the session
- C. Massage the area so they can start the session
- D. Start the client with some stretching exercises

**Answer: B**

#### **NEW QUESTION # 140**

If a client is taking prescription medications, the personal trainer should

- A. Research the medications and recommend an alternative medication that might not interfere with training
- B. Request the client contact a qualified medical professional for clearance to start an exercise program
- C. Refer the client to a naturopath who can recommend herbal options in place of the current medications
- D. Advise the client to stop taking the medications only on training days

**Answer: B**

#### **NEW QUESTION # 141**

Stabilization-level reactive exercises are designed to improve which of the following?

- A. The amortization phase
- B. Prime mover strength
- C. Rate of force production
- D. Neuromuscular efficiency

**Answer: D**

Explanation:

Stabilization-level reactive (plyometric) exercises in the OPT model are designed to improve neuromuscular efficiency, which NASM defines as the ability of the nervous system to coordinate muscles to produce force, reduce force, and stabilize in all planes of motion.

These exercises (e.g., squat jump with stabilization, box jump-down with stabilization) focus on proper landing mechanics, balance, and posture, rather than maximum power output.

While rate of force production (Option C) and amortization phase improvements occur in higher training phases, Phase 1 reactive training is about enhancing control and coordination. Prime mover strength (Option A) is not the primary goal here. Therefore, the correct answer is neuromuscular efficiency.

#### **NEW QUESTION # 142**

Which of the following is an appropriate speed, agility, quickness drill for a senior client?

- A. Red light, green light
- B. Mirror drill
- C. Box drill
- D. Hurdle stepovers

**Answer: A**

Explanation:

NASM recommends that speed, agility, and quickness (SAQ) training for seniors be safe, low-impact, and fun while still promoting movement efficiency, coordination, and reaction time. The "Red light, green light" drill fits this profile because it uses controlled start-and-stop movements that can be adjusted for speed and range of motion based on ability.

Hurdle stepovers, box drills, and mirror drills involve greater joint stress, faster direction changes, and higher impact, which may not be ideal for all senior clients unless they have advanced fitness levels. Thus, Red light, green light is the most appropriate SAQ drill for this population.

#### **NEW QUESTION # 143**

Which of the following is a compensation observed in the lumbo-pelvic-hip complex during the overhead squat assessment?

- A. Low-back arches
- B. Arms fall forward
- C. Feet turn out
- D. Knees move inward

**Answer: A**

**Explanation:**

In the overhead squat assessment (OHSA), one common compensation observed at the lumbo-pelvic-hip complex (LPHC) is excessive lumbar extension, also referred to as "low-back arches." The NASM CPT7 Study Guide lists this as an indication of overactivity in the hip flexor complex, latissimus dorsi, and erector spinae, and underactivity in the gluteus maximus, hamstrings, and core stabilizers.

Other options-knees moving inward (frontal plane), arms falling forward (upper body compensation), and feet turning out (foot/ankle compensation)-are observed in other kinetic chain checkpoints but not classified under LPHC compensations.

**NEW QUESTION # 144**

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