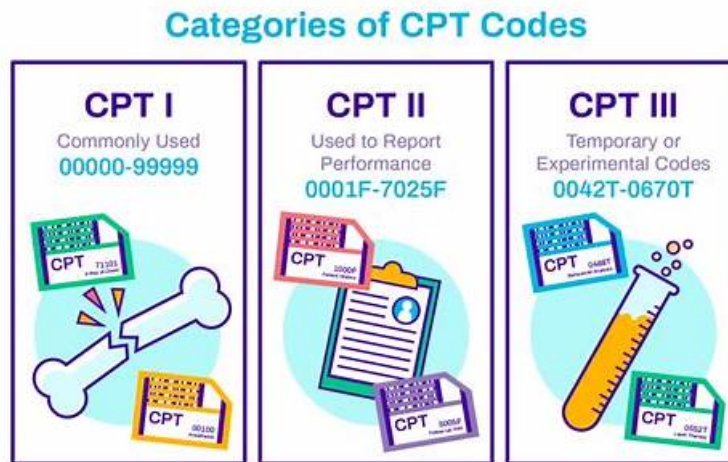


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NASM Certified Personal Trainer Exam Sample Questions (Q72-Q77):

NEW QUESTION # 72

In which of the following situations should a trainer refer a client to a medical practitioner?

- A. When the trainer becomes aware of undiagnosed osteoporosis.
- B. When the trainer becomes aware of an undiagnosed allergy.
- C. When the trainer becomes aware of diagnosed diabetes.
- D. When the trainer becomes aware of diagnosed hypertension.

Answer: A

Explanation:

NASM's scope-of-practice guidelines clearly state that personal trainers must refer clients to qualified medical professionals when they suspect or become aware of any undiagnosed condition that could impact health and exercise safety. Undiagnosed osteoporosis poses significant risks for fractures and requires a physician's evaluation before beginning or continuing a program. Conversely, diagnosed conditions (like diabetes or hypertension) can be trained for within guidelines, provided the trainer follows physician recommendations.

NEW QUESTION # 73

Which type of muscle can be voluntarily contracted?

- A. Skeletal
- B. Smooth
- C. Non-striated
- D. Cardiac

Answer: A

NEW QUESTION # 74

Which one of the following muscles is involved in core stability?

- A. Flexor digitorum longus
- B. Psoas
- C. Masseter
- D. Sternocleidomastoid

Answer: B

NEW QUESTION # 75

Which of the following dynamic flexibility distortion patterns will create abnormal stress throughout the kinetic chain?

- A. Neutrality of the scapulae
- B. Neutrality of the lumbo-pelvic-hip complex
- C. Patella tracking parallel with the foot
- D. Eversion of the foot

Answer: D

Explanation:

In NASM's Human Movement Science section, dynamic flexibility distortion patterns are described as abnormal joint motion or posture during movement that can place undue stress on the kinetic chain. The frontal plane movements of the foot and ankle include eversion and inversion. NASM emphasizes that altered motion at the foot-such as excessive eversion-can disrupt alignment up the kinetic chain, impacting the knee, hip, and even shoulder positioning. The Study Guide notes that "the frontal plane... movements... include abduction and adduction of the limbs, lateral flexion of the spine, and eversion and inversion at the foot and ankle complex." Excessive or poorly controlled eversion creates misalignment, leading to compensations such as knee valgus or excessive internal rotation of the femur. This, in turn, changes forces experienced by the lumbo-pelvic-hip complex (LPHC) and upper body. Such compensatory movement patterns are directly linked to increased injury risk, especially in the knee and lower back, and are common in overuse injuries. In contrast, "neutrality" of the LPHC or scapulae indicates correct posture, and proper patella tracking is a positive alignment characteristic-not a distortion. Therefore, eversion of the foot fits NASM's definition of a dynamic flexibility distortion pattern that "creates abnormal stress throughout the kinetic chain" by disrupting the optimal length-tension and joint alignment necessary for efficient movement.

NEW QUESTION # 76

A trainer is working with a client who is overweight. Which of the following is an appropriate position for the client to begin a row?

- A. Side-lying
- B. Standing
- C. Supine
- D. Prone

Answer: B

Explanation:

When working with overweight or obese clients, exercise positions should optimize comfort, breathing, and movement efficiency while minimizing orthopedic stress. NASM's program design recommendations favor upright or incline positions for resistance training when possible, especially for those who may experience discomfort or breathing restriction in prone (face down) or supine (lying flat) positions. For a row, starting in a standing position-such as with cables, resistance bands, or a machine-allows the client to maintain spinal alignment, engage the core, and breathe freely, while accommodating a larger body mass. Side-lying and prone positions may be physically uncomfortable and limit range of motion for overweight individuals.

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