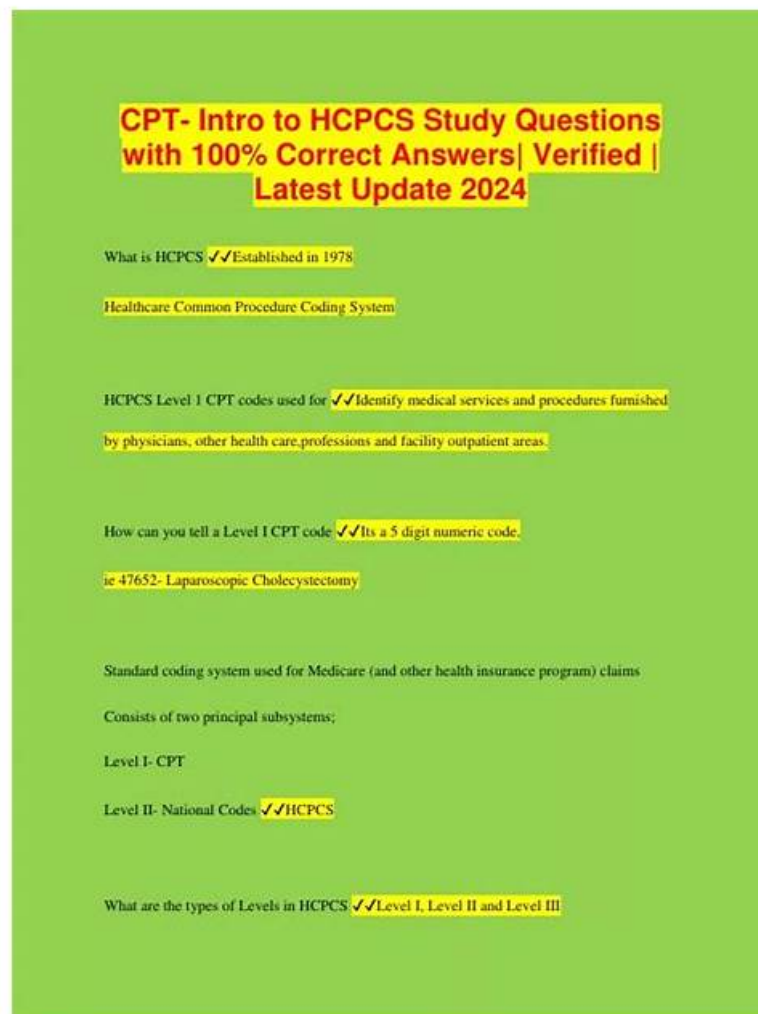


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NASM Certified Personal Trainer Exam Sample Questions (Q181-Q186):

NEW QUESTION # 181

A trainer is working with a client who makes a statement about always feeling hungry and fatigued. Which of the following is an appropriate response for the trainer to make?

- A. "Have you thought about taking performance supplements?"
- B. "Those feelings can be consistent with diabetes."
- C. "That means you haven't eaten enough today."
- D. "Have you thought about talking to your doctor?"

Answer: D

Explanation:

NASM's scope of practice clearly states that personal trainers cannot diagnose medical conditions or prescribe treatments. When a client expresses symptoms such as persistent hunger and fatigue, which could indicate various medical issues (including but not limited to diabetes), the correct and ethical response is to refer them to a qualified healthcare professional.

Saying "That means you haven't eaten enough today" (Option A) is speculative and assumes a cause without evidence. Suggesting a possible diagnosis such as "consistent with diabetes" (Option C) steps outside the trainer's scope of practice. Recommending performance supplements (Option D) without first ruling out underlying health issues is inappropriate and potentially unsafe. By encouraging the client to consult a doctor, the trainer remains within scope, ensures client safety, and upholds professional responsibility.

NEW QUESTION # 182

If a client's lower back arches during an overhead squat test, which of the following muscles is likely underactive?

- A. Latissimus dorsi
- B. Erector spinae
- C. Transverse abdominis
- D. Psoas major

Answer: C

Explanation:

If a client's lower back arches during the Overhead Squat Assessment, this indicates excessive lumbar extension and an anterior pelvic tilt, often due to overactive hip flexors and erector spinae, and underactive core stabilizers—especially the transverse abdominis. NASM identifies the transverse abdominis, internal obliques, and multifidus as key local stabilization system muscles that contract isometrically to stabilize the LPHC during movement. Weakness in the transverse abdominis allows the pelvis to tilt forward and the lumbar spine to overextend, which appears as an arch in the lower back. Strengthening this deep abdominal muscle helps maintain a neutral spine under load.

NEW QUESTION # 183

When working with a client in stabilization endurance training, which of the following exercises is appropriate?

- A. Seated dumbbell shoulder press
- B. Single-leg squat to row
- C. Barbell squat
- D. Seated two-arm dumbbell biceps curls

Answer: B

Explanation:

In Phase 1: Stabilization Endurance Training, exercises should challenge balance, core stability, and muscular endurance. NASM categorizes the single-leg squat to row as an integrated stabilization exercise because it combines a balance challenge (single-leg stance) with an upper body pulling movement, requiring total-body coordination and postural control. By contrast, a seated dumbbell shoulder press or seated biceps curl eliminates stability demands by providing a fixed base, and a barbell squat is more of a strength-level movement. The stabilization phase often uses unstable environments (like balance pads, single-leg positions, or stability balls) to train the body's ability to control motion under load—exactly what the single-leg squat to row accomplishes.

NEW QUESTION # 184

The trainer's exercise, or program recommendation, should be primarily based on

- A. the client's goals.
- B. the client's availability.
- C. the client's current caloric intake.
- D. what the client can afford.

Answer: A

NEW QUESTION # 185

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

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

Answer: C

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 # 186

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