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Q&A

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Exam : 030-333

**Title : ACSM Exercise Specialist
Exam**

Version : Demo

1 .Which of the following is NOT an appropriate treatment activity for inpatient rehabilitation of a client on the second day after coronary artery bypass graft (CABG) surgery?

- A. Limit activities as tolerated to the development of self-care activities, ROM for extremities, and low-resistance activities.
- B. Limit upper body activities to biceps curls, horizontal arm adduction, and overhead press using 5-pound weights while sitting on the side of the bed.
- C. Progress all activities performed from supine to sitting to standing.
- D. Measure vital signs, symptoms, RPE, fatigue, and skin color and perform electrocardiography before, during, and after treatments to assess activity tolerance.

Answer: B

2 .Which of the following situations indicates progression to independent and unsupervised exercise for a client after CABG surgery in an outpatient program?

- A. The client exhibits mild cardiac symptoms of angina, occurring intermittently during exercise and sometimes at home while reading.
- B. The client has a functional capacity of greater than 8 MET with hemodynamic responses appropriate to this level of exercise.
- C. The client is noncompliant with smoking cessation and weight loss intervention programs.
- D. The client is unable to palpate HR, deliver RPEs, or maintain steady workload intensity during activity.

Answer: B

3 .Which of the following issues would you include in discharge education instructions for a client with congestive heart failure to avoid potential emergency situations related to this condition at home?

- A. Record body weight daily, and report weight gains to a physician.
- B. Note signs and symptoms (e.g.,dyspnea, intolerance to activities of daily living), and report them to a physician.
- C. Do not palpate the pulse during daily activities or periods of light- headedness, because an irregular pulse is normal and occurs at various times during the day.
- D. Both A and B.

Answer: D

4 .Initial training sessions for a person with severe chronic obstructive pulmonary disease most likely would NOT include

- A. Continuous cycling activity at 70% of Vo2 max for 30 minutes.
- B. Use of dyspnea scales, RPE scales, and pursed-lip breathing instruction.
- C. Intermittent bouts of activity on a variety of modalities (exercise followed by short rest).
- D. Encouraging the client to achieve an intensity either at or above the anaerobic threshold.

Answer: A

5 .Symptoms of claudication include

- A. Cramping, burning, and tightness in the calf muscle, usually triggered by activity and relieved with rest.

- B. Acute, sharp pain in the foot on palpation at rest.
- C. Crepitus in the knee during cycling.
- D. Pitting ankle edema at a rating of 3 +

Answer: A

6 .Treatment for claudication during exercise includes all of the following EXCEPT

- A. Daily exercise sessions.
- B. Intensity of activity to maximal tolerable pain, with intermittent rest periods.
- C. Cardiorespiratory building activities that are nonweight bearing if the plan is to work on longer duration and higher intensity to elicit a cardiorespiratory training effect.
- D. Stopping activity at the onset of claudication discomfort to avoid further vascular damage from ischemia.

Answer: D

7 .A client with angina exhibits symptoms and a 1mm, down-sloping ST- segment depression at a HR of 129 bpm on his exercise test. His peak exercise target HR should be set at

- A. 128bpm.
- B. 109 to 119bpm.
- C. 129bpm.
- D. 125 to 128bpm.

Answer: B

8 .Special precautions for clients with hypertension include all of the following EXCEPT:

- A. Avoiding muscle strengthening exercises that involve low resistance.
- B. Avoiding activities that involve the Valsalva maneuver.
- C. Monitoring a client who is taking diuretics for arrhythmias.
- D. Avoiding exercise if resting systolic BP is greater than 200 mm Hg or diastolic BP is greater than 115 mm Hg.

Answer: A

9 .According to the most recent National Institutes of Health's Clinical Guidelines for the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, recommendations for practical clinical assessment include

- A. Determining total body fat through the BMI to assess obesity.
- B. Determining the degree of abdominal fat and health risk through waist circumference.
- C. Using the waist-to-hip ratio as the only definition of obesity and lean muscle mass.
- D. Both A and B.

Answer: D

10 .A client with type 1 diabetes mellitus checks her fasting morning glucose level on her whole-blood glucose meter (fingerstick method), and the result of 253 mg/dL (14 mmol/L). A urine test is positive for ketones before her exercise session. What action should you take?

- A. Allow her to exercise as long as her glucose is not greater than 300mg/dL (17 mmol/L).
- B. Not allow her to exercise this session, and notify her physician of the findings.

- C. Give her an extra carbohydrate snack, and wait 5 minutes before beginning exercise.
- D. Readjust her insulin regimen for the remainder of the day to compensate for the high morning glucose level.

Answer: B

11 .A 62-year-old, obese factory worker complains of pain in his right shoulder on arm abduction; on evaluation, decreased ROM and strength are noted. You also notice that he is beginning to use accessory muscles to substitute movements and to compensate. These symptoms may indicate

- A. A referred pain from a herniated lumbar disk.
- B. Rotator cuff strain or impingement.
- C. angina.
- D. Advanced stages of multiple sclerosis.

Answer: B

12 .All of the following are special considerations inprescribing exercise for the client with arthritis EXCEPT

- A. The possible need to splint painful jointsforprotection.
- B. Periods of acute inflammation result in decreased pain and joint stiffness.
- C. The possibility of gait abnormalities as compensation for pain or stiffness.
- D. The need to avoid exercise of warm,swollenjoints.

Answer: B

13.What common medication taken by clients with end-stage renal disease requires careful management for those undergoing hemodialysis?

- A. Antihypertensive medication.
- B. Lithium.
- C. Cholestyramine.
- D. Cromolyn sodium.

Answer: A

14 .Which of the following is an appropriate exercise for clients with diabetes and loss of protective sention in the extremities?

- A. Prolonged walking.
- B. Jogging.
- C. Step-class exercise.
- D. Swimming.

Answer: D

15 .A client taking a calcium-channel blocker most likely will exhibit which of the following responses during exercise?

- A. Hypertensive response.
- B. Increased ischemia.
- C. Improvedanginal thresholds.
- D. Severe hypotension.

Answer: C

16 .During the cool-down phase of an exercise session, clients should be encouraged to

- A. Rehydrate.
- B. Decrease the intensity of activity quickly to decrease cardiac afterload.
- C. Limit the cool-down period to 5 minutes.
- D. Increase the number of isometric activities.

Answer: A

17 .Muscular endurance training is best accomplished by

- A. Performing four to six repetitions per set.
- B. Using high resistance.
- C. Incorporating high repetitions.
- D. Performing isometric exercises only.

Answer: C

18 .Transitional care exercise and rehabilitation programs are NOT appropriate for

- A. Clients with functionally limiting chronic disease.
- B. Clients with comorbid disease states.
- C. Asymptomatic clients with a functional capacity of 10 MET.
- D. Clients at 1 week after CABG surgery.

Answer: C

19 .Many clients have WI-mode programmed pacemakers. Which of the following is TRUE regarding exercise programming with WI pacemakers?

- A. Persons with WI pacemakers may be chronotropically (HR) competent with exercise but require longer warm-up and gradual increase in intensity during the initial exercise portion of their session.
- B. Persons who are chronotropically competent are tachycardic at rest and should not exercise at low intensities.
- C. BP response is not a good marker of intensity effort in those with WI pacemakers and need not be evaluated during an exercise session.
- D. Persons with WI pacemakers must avoid exercise on the bicycle ergometer because of the location of the ventricular lead wire and potential for displacement.

Answer: A

20 .Controlling pool water temperature (83-88°F), avoiding jarring and weight-bearing activities, and avoiding movement in swollen, inflamed joints are special considerations for exercise in

- A. Clients after a rectomy.
- B. Clients with angina.
- C. Clients with osteoporosis.
- D. Clients with arthritis.

Answer: D

21 .Which of the following is a restrictive lung disease?

- A. Asthma.
- B. Tuberculosis.
- C. Cystic fibrosis.
- D. Emphysema.

Answer: B

22 .A specific benefit of regular exercise for patients with angina is

- A. Improved ischemic threshold at which angina symptoms occur.
- B. Increased myocardial oxygen demand at the same submaximal levels.
- C. Eradication of all symptoms.
- D. Elevation of BP.

Answer: A

23 .Which of the following is NOT a benefit of increased flexibility?

- A. Increased muscle viscosity, allowing easier and smoother contractions.
- B. Reduced muscle tension and increased relaxation.
- C. Improved coordination by allowing greater ease of movement.
- D. Increased ROM.

Answer: A

24 .Which of the following statements regarding warm-up is FALSE?

- A. Muscle blood flow is increased as a result of warm-up.
- B. Peripheral vasodilation occurs as a result of warm-up.
- C. Peripheral vasoconstriction occurs as a result of warm-up.
- D. Between 5 and 10 minutes should be allotted for a warm-up period.

Answer: C

25. Which of the following statements regarding cooldown is FALSE?

- A. The emphasis should be large muscle activity performed at a low to moderate intensity.
- B. Increasing venous return should be a priority during cool-down.
- C. The potential for improving flexibility may be improved during cool-down as compared with warm-up.
- D. Between 1 and 2 minutes are recommended for an adequate cool-down.

Answer: D

26 .All of the following are examples of aerobic exercise modalities EXCEPT

- A. Weight training.
- B. Walking.
- C. Bicycling.
- D. Stair climbing.

Answer: A

27 .A target HR equivalent to 85% of HRR for a 25-year-old male with a resting HR of 75 bpm would be equal to

- A. 195bpm.
- B. 166bpm.
- C. 177bpm.
- D. 102bpm.

Answer: C

28 .The appropriate exercise HR for an individual on -blocking medication would generally be

- A. 75% of HRR.
- B. 30bpm above the standing resting HR.
- C. 40% of HRR.
- D. $(220 - \text{age}) \times 0.85$.

Answer: A

29 .The recommended cardiorespiratory exercise training goal for apparently healthy individuals should be

- A. 15 minutes, six times per week, at 90% of HRR.
- B. 30 minutes, three times per week, at 85% of HRR.
- C. 60 minutes, three times per week, at 85% of HRR.
- D. 30 minutes of weight training, three times per week, at 60% of HRR.

Answer: B

30 .In an effort to improve flexibility, the ACSM recommends

- A. Proprioceptive neuromuscular facilitation.
- B. Ballistic stretching.
- C. The plough and hurdler's stretches.
- D. Static stretches held for 10 to 30 seconds per repetition.

Answer: D