This exam content outline is based on a Job Task Analysis (JTA) for the ACSM Certified Exercise Physiologist® (EP-C). The JTA describes what an ACSM EP-C does on a day-to-day basis and is divided into five domains and associated tasks performed on the job. As you prepare for your exam, it is important to remember that all exam questions are based on these domains—making it a perfect addition to your preparation materials! In fact, when you receive your test scores, your performance in each domain is scored individually so you can see exactly where you excelled and/or where you may need additional preparation. Using this in combination with other optional study materials will ensure you are ready for exam day.

**Performance Domains & Associated Job Tasks for ACSM EP-Cs**

The percentages listed below indicate the number of questions representing each domain on the 150-question EP-C exam.

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### Domain I: Health and Fitness Assessment

#### A. Implement assessment protocols and preparticipation health screening procedures to maximize participant safety and minimize risk.

**Knowledge of:**
- pre-activity screening procedures and tools that provide accurate information about the individual’s health/medical history, current medical conditions, risk factors, sign/symptoms of disease, current physical activity habits, and medications.
- the key components included in informed consent and health/medical history.
- the limitations of informed consent and health/medical history.

#### B. Determine participant’s readiness to take part in a health-related physical fitness assessment and exercise program.

**Knowledge of:**
- risk factor thresholds for ACSM risk stratification including genetic and lifestyle factors related to the development of CVD.
- the major signs or symptoms suggestive of cardiovascular, pulmonary and metabolic disease.
- cardiovascular risk factors or conditions that may require consultation with medical personnel prior to exercise testing or training (e.g., inappropriate changes in resting heart rate and/or blood pressure, new onset discomfort in chest, neck, shoulder, or arm, changes in the pattern of discomfort during rest or exercise, fainting, dizzy spells, claudication).
- the pulmonary risk factors or conditions than may require consultation with medical personnel prior to exercise testing or training (e.g., asthma, exercise-induced asthma/bronchospasm, extreme breathlessness at rest or during exercise, chronic bronchitis, emphysema).
- the metabolic risk factors or conditions than may require consultation with medical personnel prior to exercise testing or training (e.g., obesity, metabolic syndrome, diabetes or glucose intolerance, hypoglycemia).
- the musculoskeletal risk factors or conditions than may require consultation with medical personnel prior to exercise testing or training (e.g., acute or chronic pain, osteoarthritis, rheumatoid arthritis, osteoporosis, inflammation/pain, low back pain).
- ACSM risk stratification categories and their implications for medical clearance before administration of an exercise test or participation in an exercise program.
- risk factors that may be favorably modified by physical activity habits.
- medical terminology including, but not limited to, total cholesterol (TC), high-density lipoprotein cholesterol (HDL-C), low-density lipoprotein cholesterol (LDL-C), triglycerides, impaired fasting glucose, impaired glucose tolerance, hypertension, atherosclerosis, myocardial infarction, dyspnea, tachycardia, claudication, syncope and ischemia.
- recommended plasma cholesterol levels for adults based on National Cholesterol Education Program/ATP Guidelines.
- recommended blood pressure levels for adults based on National High Blood Pressure Education Program Guidelines.
- medical supervision recommendations for cardiorespiratory fitness testing.
- the components of a health-history questionnaire (e.g., past and current medical history, family history of cardiac disease, orthopedic limitations, prescribed medications, activity patterns, nutritional habits, stress and anxiety levels, and smoking and alcohol use).

**Skill in:**
- the risk stratification of participants using CVD risk factor thresholds, major signs or symptoms suggestive of cardiovascular, pulmonary, or metabolic disease, and/or the presence of known cardiovascular, pulmonary, and metabolic disease status.
### Skill in (continued):
- reviewing pre-activity screening documents to determine the need for medical clearance prior to exercise and to select appropriate physical fitness assessment protocols.

### C. Select and prepare physical fitness assessments for healthy participants and those with controlled disease.

#### Knowledge of:
- the physiological basis of the major components of physical fitness: cardiorespiratory fitness, body composition, flexibility, muscular strength, and muscular endurance.
- selecting the most appropriate testing protocols for each participant based on preliminary screening data.
- calibration techniques and proper use of fitness testing equipment.
- the purpose and procedures of fitness testing protocols for the components of health related fitness.
- test termination criteria and proper procedures to be followed after discontinuing health fitness tests.
- fitness assessment sequencing.
- the effects of common medications and substances on exercise testing (e.g., antianginals, antihypertensives, antiarrhythmics, bronchodilators, hypoglycemics, psychotropics, alcohol, diet pills, cold tablets, caffeine, nicotine).
- the physiologic and metabolic responses to exercise testing associated with chronic diseases and conditions (e.g., heart disease, hypertension, diabetes mellitus, obesity, pulmonary disease).

#### Skill in:
- analyzing and interpreting information obtained from assessment of the components of health related fitness.
- modifying protocols and procedures for testing children, adolescents, older adults and individuals with special considerations.

### D. Conduct and interpret cardiorespiratory fitness assessments.

#### Knowledge of:
- common submaximal and maximal cardiorespiratory fitness assessment protocols.
- blood pressure measurement techniques.
- Korotkoff sounds for determining systolic and diastolic blood pressure.
- the blood pressure response to exercise.
- techniques of measuring heart rate and heart rate response to exercise.
- the rating of perceived exertion (RPE).
- heart rate, blood pressure and RPE monitoring techniques before, during, and after cardiorespiratory fitness testing.
- the anatomy and physiology of the cardiovascular and pulmonary systems.
- cardiorespiratory terminology including angina pectoris, tachycardia, bradycardia, arrhythmia, and hyperventilation.
- the pathophysiology of myocardial ischemia, myocardial infarction, stroke, hypertension, and hyperlipidemia.
- the effects of myocardial ischemia, myocardial infarction, hypertension, claudication, and dyspnea on cardiorespiratory responses during exercise.
- oxygen consumption dynamics during exercise (e.g., heart rate, stroke volume, cardiac output, ventilation, ventilatory threshold).
- methods of calculating VO2max.
- cardiorespiratory responses to acute graded exercise of conditioned and unconditioned participants.
### Skill in:
- Interpreting cardiorespiratory fitness test results.
- Locating anatomic landmarks for palpation of peripheral pulses and blood pressure.
- Measuring heart rate, blood pressure, and RPE at rest and during exercise.
- Conducting submaximal exercise tests (e.g., cycle ergometer, treadmill, field testing, step test).
- Determining cardiorespiratory fitness based on submaximal exercise test results.

### E. Conduct assessments of muscular strength, muscular endurance and flexibility.

#### Knowledge of:
- Common muscular strength, muscular endurance, and flexibility assessment protocols.
- Interpreting muscular strength, muscular endurance, and flexibility assessments.
- Relative strength, absolute strength, and repetition maximum (1-RM) estimation.
- The anatomy of bone, skeletal muscle, and connective tissues.
- Muscle action terms including anterior, posterior, inferior, superior, medial, lateral, supination, pronation, flexion, extension, adduction, abduction, hyperextension, rotation, circumduction, agonist, antagonist, and stabilizer.
- The planes and axes in which each movement action occurs.
- The interrelationships among center of gravity, base of support, balance, stability, posture, and proper spinal alignment.
- The normal curvatures of the spine and common assessments of postural alignment.
- The location and function of the major muscles (e.g., pectoralis major, trapezius, latissimus dorsi, biceps, triceps, rectus abdominus, internal and external obliques, erector spinae, gluteus maximus, quadriceps, hamstrings, adductors, abductors, and gastrocnemius).
- The major joints and their associated movement.

#### Skill in:
- Identifying the major bones, muscles, and joints.
- Conducting assessments of muscular strength, muscular endurance and flexibility (e.g., 1-RM, hand grip dynamometer, push-ups, curl-ups, sit-and-reach).
- Estimating 1-RM using lower resistance (2-10 RM).
- Interpreting results of muscular strength, muscular endurance and flexibility assessments.

### F. Conduct anthropometric and body composition assessments.

#### Knowledge of:
- The advantages, disadvantages and limitations of body composition techniques (e.g., air displacement plethysmography (BOD POD®), dual-energy x-ray absorptiometry (DXA), hydrostatic weighing, skinfolds, and bioelectrical impedance.
- The standardized descriptions of circumference and skinfold sites.
- Procedures for determining BMI and taking skinfold and circumference measurements.
- The health implications of variation in body fat distribution patterns and the significance of BMI, waist circumference, and waist-to-hip ratio.

#### Skill in:
- Locating anatomic landmarks for skinfold and circumference measurements.
- Interpreting the results of anthropometric and body composition assessments.
# Domain II: Exercise Prescription and Implementation

## A. Review preparticipation health screening including self-guided health questionnaires and appraisals, exercise history and fitness assessments.

**Skill in:**

- synthesizing pre-screening results and reviewing them with participants.

## B. Determine safe and effective exercise programs to achieve desired outcomes and goals.

**Knowledge of:**

- strength, aerobic, and flexibility based exercise.
- the benefits and precautions associated with exercise training in apparently healthy participants and those with controlled disease.
- program development for specific client needs (e.g., sport specific training, performance, health, lifestyle, functional ability, balance, agility, aerobic, anaerobic).
- the six motor skill physical fitness components; agility, balance, coordination, reaction time, speed, and power.
- the physiologic changes associated with an acute bout of exercise.
- the physiologic adaptations following chronic exercise training.
- ACSM exercise prescription guidelines for strength, aerobic, and flexibility based exercise for apparently healthy clients, clients with increased risk, and clients with controlled disease.
- the components and sequencing incorporated into an exercise session (e.g., warm-up, stretching, conditioning or sports related exercise, cool-down).
- the physiological principles related to warm-up and cool-down.
- the principles of reversibility, progressive overload, individual differences and specificity of training, and how they relate to exercise prescription.
- the role of aerobic and anaerobic energy systems in the performance of various physical activities.
- the basic biomechanical principles of human movement.
- the psychological and physiological signs and symptoms of overtraining.
- the signs and symptoms of common musculoskeletal injuries associated with exercise (e.g., sprain, strain, bursitis, tendonitis).
- the advantages and disadvantages of exercise equipment (e.g., free weights, selectorized machines, aerobic equipment).

**Skill in:**

- teaching and demonstrating exercises.
- designing safe and effective training programs.
- implementing exercise prescription guidelines for apparently healthy clients, clients with increased risk, and clients with controlled disease.

## C. Implement cardiorespiratory exercise prescriptions using the FITT principle (frequency, intensity, time, and type) for apparently healthy participants based on current health status, fitness goals and availability of time.

**Knowledge of:**

- the recommended FITT framework for the development of cardiorespiratory fitness.
- the benefits, risks and contraindications of a wide variety of cardiovascular training exercises based on client experience, skill level, current fitness level and goals.
## Knowledge of (continued):

- the minimal threshold of physical activity required for health benefits and/or fitness development.
- determining exercise intensity using HRR, VO2R, peak HR method, peak VO2 method, peak METs method, and the RPE Scale.
- the accuracy of HRR, VO2R, peak HR method, peak VO2 method, peak METs method, and the RPE Scale.
- abnormal responses to exercise (e.g., hemodynamic, cardiac, ventilatory).
- metabolic calculations (e.g., unit conversions, deriving energy cost of exercise, caloric expenditure).
- calculating the caloric expenditure of an exercise session (kcal/session1).
- methods for establishing and monitoring levels of exercise intensity, including heart rate, RPE, and METs.
- the applications of anaerobic training principles.
- the anatomy and physiology of the cardiovascular and pulmonary systems including the basic properties of cardiac muscle.
- the basic principles of gas exchange.

## Skill in:

- determining appropriate exercise frequency, intensity, time and type for clients with various fitness levels.
- determining the energy cost, absolute and relative oxygen costs (VO2), and MET levels of various activities and apply the information to an exercise prescription.
- identifying improper technique in the use of cardiovascular equipment.
- teaching and demonstrating the use of a variety of cardiovascular exercise equipment.

## D. Implement exercise prescriptions using the FITT principle (frequency, intensity, time, and type) for flexibility, muscular strength, and muscular endurance for apparently healthy participants based on current health status, fitness goals and availability of time.

## Knowledge of:

- the recommended FITT framework for the development of muscular strength, muscular endurance and flexibility.
- the minimal threshold of physical activity required for health benefits and/or fitness development.
- safe and effective exercises designed to enhance muscular strength and/or endurance of major muscle groups.
- safe and effective stretches that enhance flexibility.
- indications for water based exercise (e.g., arthritis, obesity).
- the types of resistance training programs (e.g., total body, split routine) and modalities (e.g., free weights, variable resistance equipment, pneumatic machines, bands).
- acute (e.g., load, volume, sets, repetitions, rest periods, order of exercises) and chronic training variables (e.g., periodization).
- the types of muscle contractions (e.g., eccentric, concentric, isometric).
- joint movements (e.g., flexion, extension, adduction, abduction) and the muscles responsible for them.
- acute and delayed onset muscle soreness (DOMS)
- the anatomy and physiology of skeletal muscle fiber, the characteristics of fast-and slow-twitch muscle fibers, and the sliding filament theory of muscle contraction.
- the stretch reflex, proprioceptors, golgi tendon organ (GTO), muscle spindles, and how they relate to flexibility.
- muscle-related terminology including atrophy, hyperplasia, hypertrophy.
- the Valsalva maneuver and its implications during exercise.
- the physiology underlying plyometric training and common plyometric exercises (e.g., box jumps, leaps, bounds).
**Knowledge of (continued):**

- the contraindications and potential risks associated with muscular conditioning activities (e.g., straight-leg sit-ups, double leg raises, squats, hurdler’s stretch, yoga plough, forceful back hyperextension, and standing bent-over toe touch, behind neck press/lat pull-down).
- prescribing exercise using the calculated %1-RM.
- spotting positions and techniques for injury prevention and exercise assistance.
- periodization (e.g., macro, micro, mesocycles) and associated theories.
- safe and effective Olympic weight lifting exercises.
- safe and effective core stability exercises (e.g., planks, crunches, bridges, cable twists).

**Skill in:**

- identifying improper technique in the use of resistive equipment (e.g., stability balls, weights, bands, resistance bars, and water exercise equipment).
- teaching and demonstrating appropriate exercises for enhancing musculoskeletal flexibility.
- teaching and demonstrating safe and effective muscular strength and endurance exercises (e.g., free weights, weight machines, resistive bands, Swiss balls, body weight and all other major fitness equipment).

**E. Establish exercise progression guidelines for resistance, aerobic and flexibility activity to achieve the goals of apparently healthy participants.**

**Knowledge of:**

- the basic principles of exercise progression.
- adjusting the FITT framework in response to individual changes in conditioning.
- the importance of performing periodic reevaluations to assess changes in fitness status.
- the training principles that promote improvements in muscular strength, muscular endurance, cardiorespiratory fitness, and flexibility.

**Skill in:**

- recognizing the need for progression and communicating updates to exercise prescriptions.

**F. Implement a weight management program as indicated by personal goals that are supported by preparticipation health screening, health history, and body composition/anthropometrics.**

**Knowledge of:**

- exercise prescriptions for achieving weight management, including weight loss, weight maintenance and weight gain goals.
- energy balance and basic nutritional guidelines (e.g., MyPyramid, USDA Dietary Guidelines for Americans).
- weight management terminology including, but not limited to, obesity, overweight, percent fat, BMI, lean body mass (LBM), anorexia nervosa, bulimia, binge eating, metabolic syndrome, body fat distribution, adipocyte, bariatrics, ergogenic aid, fat-free mass (FFM), resting metabolic rate (RMR) and thermogenesis.
- the relationship between body composition and health.
- the unique dietary needs of participant populations (e.g., women, children, older adults, pregnant women).
- common nutritional ergogenic aids, their purported mechanisms of action, and associated risks and benefits (e.g., protein/amino acids, vitamins, minerals, herbal products, creatine, steroids, caffeine).
- methods for modifying body composition including diet, exercise, and behavior modification.
- fuel sources for aerobic and anaerobic metabolism including carbohydrates, fats and proteins.
- the effects of overall dietary composition on healthy weight management.
- the importance of maintaining normal hydration before, during and after exercise.
| Knowledge of (continued): | • the consequences of inappropriate weight loss methods (e.g., saunas, dietary supplements, vibrating belts, body wraps, over exercising, very low calorie diets, electric stimulators, sweat suits, fad diets).  
• the kilocalorie levels of carbohydrate, fat, protein, and alcohol.  
• the relationship between kilocalorie expenditures and weight loss.  
• published position statements on obesity and the risks associated with it (e.g., National Institutes of Health, American Dietetic Association, ACSM)  
• the relationship between body fat distribution patterns and health.  
• the physiology and pathophysiology of overweight and obese participants.  
• the recommended FITT framework for participants who are overweight or obese.  
• comorbidities and musculoskeletal conditions associated with overweight and obesity that may require medical clearance and/or modifications to exercise testing and prescription. |
| Skill in: | • a. applying behavioral strategies (e.g., exercise, diet, behavioral modification strategies) for weight management.  
• b. modifying exercises for individuals limited by body size.  
• c. calculating the volume of exercise in terms of kcal-session⁻¹. |

G. Prescribe and implement exercise programs for participants with controlled cardiovascular, pulmonary, and metabolic diseases and other clinical populations.

| Knowledge of: | • ACSM risk stratification and exercise prescription guidelines for participants with cardiovascular, pulmonary, and metabolic diseases and other clinical populations.  
• ACSM relative and absolute contraindications for initiating exercise sessions or exercise testing, and indications for terminating exercise sessions and exercise testing.  
• physiology and pathophysiology of cardiac disease, arthritis, diabetes mellitus, dyslipidemia, hypertension, metabolic syndrome, musculoskeletal injuries, overweight and obesity, osteoporosis, peripheral artery disease, and pulmonary disease.  
• the effects of diet and exercise on blood glucose levels in diabetics.  
• the recommended FITT principle for the development of cardiorespiratory fitness, muscular fitness and flexibility for participants with cardiac disease, arthritis, diabetes mellitus, dyslipidemia, hypertension, metabolic syndrome, musculoskeletal injuries, overweight and obesity, osteoporosis, peripheral artery disease, and pulmonary disease. |
| Skill in: | • progressing exercise programs, according to the FITT principle, in a safe and effective manner.  
• modifying the exercise prescription and/or exercise choice for individuals with cardiac disease, arthritis, diabetes mellitus, dyslipidemia, hypertension, metabolic syndrome, musculoskeletal injuries, overweight and obesity, osteoporosis, peripheral artery disease, and pulmonary disease.  
• identifying improper exercise techniques and modifying exercise programs for participants with low back, neck, shoulder, elbow, wrist, hip, knee and/or ankle pain. |

H. Prescribe and implement exercise programs for healthy special populations (i.e., older adults, youth, pregnant women).

| Knowledge of: | • normal maturational changes, from childhood to old age, and their effects on the skeletal muscle, bone, reaction time, coordination, posture, heat and cold tolerance, maximal oxygen consumption, strength, flexibility, body composition, resting and maximal heart rate, and resting and maximal blood pressure. |
| Knowledge of (continued):          | • techniques for the modification of cardiovascular, flexibility, and resistance exercises based on age, functional capacity and physical condition.  
|                                  | • techniques for the development of exercise prescriptions for children, adolescents and older adults with regard to strength, functional capacity, and motor skills.  
|                                  | • the unique adaptations to exercise training in children, adolescents, and older participants with regard to strength, functional capacity, and motor skills.  
|                                  | • the benefits and precautions associated with exercise training across the lifespan.  
|                                  | • the recommended FITT framework for the development of cardiorespiratory fitness, muscular fitness and flexibility in apparently healthy children and adolescents.  
|                                  | • the effects of the aging process on the musculoskeletal and cardiovascular structures and functions during rest, exercise, and recovery.  
|                                  | • the recommended FITT framework necessary for the development of cardiorespiratory fitness, muscular fitness, balance, and flexibility in apparently healthy, older adults.  
|                                  | • common orthopedic and cardiovascular exercise considerations for older adults.  
|                                  | • the relationship between regular physical activity and the successful performance of activities of daily living (ADLs) for older adults.  
|                                  | • the recommended frequency, intensity, type, and duration of physical activity necessary for the development of cardiorespiratory fitness, muscular fitness and flexibility in apparently healthy pregnant women.  
| Skill in:                        | • teaching and demonstrating appropriate exercises for healthy populations with special considerations.  
|                                  | • modifying exercises based on age, physical condition, and current health status.  
| 1. Modify exercise prescriptions based on environmental conditions. |  
| Knowledge of:                    | • the effects of a hot, cold, or high altitude environment on the physiologic response to exercise.  
|                                  | • special precautions and program modifications for exercise in a hot, cold, or high altitude environment.  
|                                  | • the role of acclimatization when exercising in a hot or high altitude environment.  
|                                  | • appropriate fluid intake during exercise in a hot, humid environments as well as cold, and altitude.  

# Domain III: Exercise Counseling and Behavioral Strategies

## A. Optimize adoption and adherence to exercise programs and other healthy behaviors by applying effective communication techniques.

**Knowledge of:**
- the effective and timely uses of communication modes (e.g., email, telephone, web site, newsletters).
- verbal and non-verbal behaviors that communicate positive reinforcement and encouragement (e.g., eye contact, targeted praise, empathy).
- group leadership techniques for working with participants of all ages.
- active listening techniques.
- learning modes (auditory, visual, kinesthetic).
- types of feedback (e.g., evaluative, supportive, descriptive).

**Skill in:**
- using active listening techniques.
- applying teaching and training techniques to optimize participant training sessions.
- using feedback to optimize participant training sessions.
- applying verbal and non-verbal communications with diverse participant populations.

## B. Optimize adoption of and adherence to exercise programs and other healthy behaviors by applying effective behavioral and motivational strategies.

**Knowledge of:**
- behavior change models and theories (e.g., health belief model, theory of planned behavior, socio-ecological model, transtheoretical model, social cognitive theory, cognitive evaluation theory).
- the basic principles involved in Motivational Interviewing.
- intervention strategies and stress management techniques.
- the stages of motivational readiness (e.g., Transtheoretical model).
- behavioral strategies for enhancing exercise and health behavior change (e.g., reinforcement, S.M.A.R.T. goal setting, social support).
- behavior modification terminology including, but not limited to, self-esteem, self-efficacy, antecedents, cues to action, behavioral beliefs, behavioral intentions, and reinforcing factors.
- behavioral strategies (e.g., exercise, diet, behavioral modification strategies) for weight management.
- the role that affect, mood and emotion play in exercise adherence.
- common barriers to exercise initiation and compliance (e.g., time management, injury, fear, lack of knowledge, weather).
- techniques that facilitate motivation (e.g., goal setting, incentive programs, achievement recognition, support).
- the role extrinsic and intrinsic motivation plays in the adoption and maintenance of behavior change.
- relapse prevention strategies and plans of action.
- applying health coaching principles and lifestyle management techniques related to behavior change.
- strategies that increase non-structured physical activity levels (e.g., stair walking, parking farther away, bike to work).
### Skill in:
- explaining the purpose and value of understanding perceived exertion.
- using imagery as a motivational tool.
- evaluating behavioral readiness to optimize exercise adherence.
- applying the theories related to behavior change to diverse populations.
- developing intervention strategies to increase self-efficacy and self-confidence.
- developing reward systems that support and maintain program adherence.
- setting effective behavioral goals.

### C. Provide educational resources to support clients in the adoption and maintenance of healthy lifestyle behaviors.

#### Knowledge of:
- the relationship between physical inactivity and common chronic diseases (e.g., Atherosclerosis, type II diabetes, obesity, dyslipidemia, arthritis, low back pain, hypertension).
- the dynamic inter-relationship between fitness level, body composition, stress and overall health.
- modifications necessary to promote healthy lifestyle behaviors for diverse populations.
- stress management techniques and relaxation techniques (e.g., progressive relaxation, guided imagery, massage therapy).
- the activities of daily living (ADLs) and how they relate to overall health.
- in accessing and disseminating scientifically-based, relevant health, exercise, nutrition, and wellness-related resources and information.
- specific, age-appropriate leadership techniques and educational methods to increase client engagement.
- community-based exercise programs that provide social support and structured activities (e.g., walking clubs, intramural sports, golf leagues, cycling clubs).

### Skill in:
- accessing and delivering health, exercise, and wellness-related information.
- educating clients about benefits and risks of exercise and the risks of sedentary behavior.

### D. Provide support within the scope of practice of an ACSM Certified Exercise Physiologist and refer to other health professionals as indicated.

#### Knowledge of:
- the side effects of common over-the-counter and prescription drugs that may impact a client’s ability to exercise.
- signs and symptoms of mental health states (e.g., anxiety, depression, eating disorders) that may necessitate referral to a medical or mental health professional.
- symptoms and causal factors of test anxiety (i.e., performance, appraisal threat during exercise testing) and how they may affect physiological responses to testing.
- client needs and learning styles that may impact exercise sessions and exercise testing procedures.
- conflict resolution techniques that facilitate communication among exercise cohorts.

#### Skill in:
- communicating the need for medical, nutritional, or mental health intervention.
## Domain IV: Legal/Professional

### A. Create and disseminate risk management guidelines for a health/fitness facility, department or organization to reduce member, employee and business risk.

#### Knowledge of:
- employee criminal background checks, child abuse clearances and drug and alcohol screenings.
- employment verification requirements mandated by state and federal laws.
- safe handling and disposal of body fluids and employee safety (OSHA guidelines).
- insurance coverage common to the health/fitness industry including general liability, professional liability, workers’ compensation, property, and business interruption.
- sexual harassment policies and procedures.
- interviewing techniques.
- basic precautions taken in an exercise setting to ensure participant safety.
- pre-activity screening, medical release and waiver of liability for normal and at-risk participants.
- emergency response systems and procedures (EAP).
- the use of signage.
- preventive maintenance schedules and audits.
- techniques and methods of evaluating the condition of exercise equipment to reduce the potential risk of injury.
- the legal implications of documented safety procedures, the use of incident documents, and ongoing safety training documentation for the purpose of safety and risk management.
- documentation procedures for CPR and AED certification for employees.
- AED guidelines for implementation.
- the components of the ACSM Code of Ethics and the ACSM Certified Exercise Physiologist scope of practice.

#### Skill in:
- developing and disseminating a policy and procedures manual.
- developing and implementing confidentiality policies.
- maintenance of a safe exercise environment (e.g., equipment operation, proper sanitation, safety and maintenance of exercise areas, and overall facility maintenance).
- the organization, communication, and human resource management required to implement risk management policies and procedures.
- training employees to identify high risk situations.

### B. Create an effective injury prevention program and ensure that emergency policies and procedures are in place.

#### Knowledge of:
- emergency procedures (i.e., telephone procedures, written emergency procedures (EAP), personnel responsibilities) in a health and fitness setting.
- basic first-aid procedures for exercise-related injuries, such as bleeding, strains/sprains, fractures, and exercise intolerance (dizziness, syncope, heat and cold injuries).
- the Exercise Physiologist’s responsibilities and limitations, and the legal implications of carrying out emergency procedures.
- safety plans, emergency procedures and first-aid techniques needed during fitness evaluations, exercise testing, and exercise training.
| Knowledge of (continued): | • potential musculoskeletal injuries (e.g., contusions, sprains, strains, fractures), cardiovascular/pulmonary complications (e.g., tachycardia, bradycardia, hypotension/hypertension, dyspnea) and metabolic abnormalities (e.g., fainting/syncope, hypoglycemia/hyperglycemia, hypothermia/hyperthermia).
• the initial management and first-aid techniques associated with open wounds, musculoskeletal injuries, cardiovascular/pulmonary complications, and metabolic disorders.
• emergency documentation and appropriate document utilization. |
| Skill in: | • applying basic first-aid procedures for exercise-related injuries, such as bleeding, strains/sprains, fractures, and exercise intolerance (dizziness, syncope, heat and cold injuries).
• applying basic life support, first aid, cardiopulmonary resuscitation, and automated external defibrillator techniques.
• designing an evacuation plan.
• demonstrating emergency procedures during exercise testing and/or training. |
# Domain V: Management

## A. Manage human resources in accordance with leadership, organization, and management techniques.

**Knowledge of:**
- industry benchmark compensation and employee benefit guidelines.
- federal, state and local laws pertaining to staff qualifications and credentialing requirements.
- techniques for tracking and evaluating member retention.

**Skill in:**
- applying policies, practices and guidelines to efficiently hire, train, supervise, schedule and evaluate employees.
- applying conflict resolution techniques.

## B. Manage fiscal resources in accordance with leadership, organization, and management techniques.

**Knowledge of:**
- fiduciary roles and responsibilities inherent in managing an exercise and health promotion program.
- principles of financial planning and goal setting, institutional budgeting processes, forecasting, and allocation of resources.
- basic software systems that facilitate accounting (e.g., Excel).
- industry benchmarks for budgeting and finance.
- basic sales techniques that promote health, fitness, and wellness services.

**Skill in:**
- efficiently managing financial resources and performing related tasks (e.g., planning, budgeting, resource allocation, revenue generation).
- administering fitness- and wellness-related programs within established budgetary guidelines.

## C. Establish policies and procedures for the management of health fitness facilities based on accepted safety and legal guidelines, standards and regulations.

**Knowledge of:**
- accepted guidelines, standards, and regulations used to establish policies and procedures for the management of health fitness facilities.
- facility design and operation principles.
- facility and equipment maintenance guidelines.
- documentation techniques for health fitness facility management.
- federal, state, and local laws as they relate to health fitness facility management.

## D. Develop and execute a marketing plan to promote programs, services and facilities.

**Knowledge of:**
- lead generation techniques.
- the four Ps of marketing: product, price, placement, and promotion.
- public relations, community awareness, and sponsorship and their relationship to branding initiatives.
- advertising techniques.
- target market (internal) assessment techniques.
- target market (external) assessment techniques.
| Skill in: | • applying marketing techniques that promote client retention.  
|          | • applying marketing techniques that attract new clients.  
|          | • designing and writing promotional materials.  
|          | • collaborating with community and governmental agencies and organizations.  
|          | • providing customer service.  |

**E. Use effective communication techniques to develop professional relationships with other allied health professionals (e.g., nutritionists, physical therapists, physicians, nurses).**

| Knowledge of: | • communication styles and techniques.  
|               | • networking techniques.  |

| Skill in: | • planning meetings.  |
No matter how you prefer to study, ACSM Certification has the test prep selection for you—from textbooks and adaptive practice exams to workshops and webinars. Optional preparation materials are below—visit our [website](#) to learn more about each one!

**Textbooks/eBooks**
For the ACSM EP-C candidate, we offer three suggested books to provide comprehensive knowledge of your subject. Our books are also available digitally—so you can study anytime, anywhere. And—be sure to check out our book bundles, and save if you plan to purchase multiple titles.

**prepU**
A unique online studying experience—prepU is an online test prep quiz that continually assesses and adapts to your level of expertise. Use it as you study your ACSM EP-C materials, and prepU’s questions grow along with your level knowledge. prepU is available in different subscription levels (3-months, 6-months, 1-year, 2-years), and is accessible 24/7 online.

**Workshops**
Want a practical, hands-on experience that allows you to actively put your knowledge to the test in a health fitness-focused atmosphere? Learn from experienced, ACSM certified experts at our one, two, and three-day in-person workshops. Available every month all across the country—find a location near you that works best with your study schedule.
### Webinars
Prefer a weekly class format to keep your education on track? Our exam prep webinars are a convenient, easy to access six-week series. And, you can sign up for a single session, multiple, or the complete series. Participants also have access to their webinar presentations for six months afterwards, so you can review and refresh your knowledge before your exam date.

### 5 Steps For Passing Your ACSM EP-C Exam

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>Pick a test date that gives you plenty of time to prepare.</strong>&lt;br&gt;We recommend 3 to 6 months in advance. But keep in mind: because our candidates’ current education and study habits vary it matters less how many months you spend, but how much time you invest in studying.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Purchase recommended textbooks.</strong>&lt;br&gt;Although not required, we strongly encourage all candidates to use our textbooks to prepare. Visit acsmcertification.org to make sure you are studying the correct edition.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Review the content outline.</strong>&lt;br&gt;Every question on the exam is associated with one of the knowledge or skill statements that can be found in the Exam Content Outline. You’ll also find the percentage of questions within each domain of the exam.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Schedule or apply for your exam at <a href="http://www.pearsonvue.com/acsm">www.pearsonvue.com/acsm</a>.</strong>&lt;br&gt;When you schedule your exam, you should have a general idea of how much time you still need to study. Don’t worry if you need to reschedule, you can do so up to 24 hours in advance of your exam time at no charge.&lt;br&gt;&lt;br&gt;Note: RCEP candidates will need to apply and be approved before scheduling your exam.</td>
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<tr>
<td>5</td>
<td><strong>Participate in a workshop or webinar.</strong>&lt;br&gt;Test your knowledge in a new setting – sign-up for an in-person workshop, or participate in a live webinar. Enhance your knowledge by participating: ask questions and get answers from industry experts.</td>
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</tbody>
</table>
Now that you have a study plan in place, you can schedule your exam date! ACSM partners with Pearson Vue to ensure that you can take your exam at a time and location convenient to you. To do this, you’ll visit Pearson Vue’s website, find the option to create an account (unless you already have one) and then select your test date and location.

For questions directly related to your exam scheduling, please call Pearson VUE at 888-883-2276.

Frequently Asked Questions

How are the exams scored?

The passing score for all ACSM Certification exams is set in advance and applied to all candidates' exam results. Similar to exam scoring for a wide variety of other high stakes, national standardized exams (e.g., GRE, SAT, GMAT, etc.), ACSM Certification exams are reported in a 200-800 score scale.

Specifically, all candidates are expected to meet the passing standard of a scaled score of 550 in order to receive a “Pass” on any respective ACSM certification exam. This passing standard is based upon the expectations of the subject matter experts/test developers across all topics of the competency areas, as related to each respective credential’s examination blueprint. Passing candidates are expected to answer a sufficient number of test questions correctly that demonstrates a summative amount of knowledge at a level of at least minimal competency or the lowest acceptable score to pass the exam.

Finally, each content area is weighted proportionally, based on the results of a periodic comprehensive job task analysis/role delineation study. In other words, some content areas are more important (thus, have more questions) and count more with respect to the overall score than other content areas. On the score report, candidates will receive their overall score, their pass/fail status, as well as a breakdown by each specific content area.
When will I get my results?
You will receive your exam results immediately upon completion of the exam.

What happens if I pass?
Congratulations! Six to eight weeks after a candidate passes an ACSM exam, a welcome package will be sent from ACSM that will include the ACSM certificate and wallet card. Until the welcome package is received by a candidate, all credential status will be PROVISIONAL pending validation of exam results and/or the results of an eligibility audit.

What happens if I don't pass?
It isn't uncommon for ACSM Certified professionals to take a re-test. Re-test candidates will receive a re-test voucher number on the score report from Pearson VUE. Candidates may retake the exam 15 days following the initial exam and every 15 days following.

How do I cancel or reschedule my exam?
Requests to cancel or transfer an ACSM Exam must be made at least one business day in advance of the appointment by calling Pearson VUE at 1-888-889-2276 or at www.pearsonvue.com/acsm. If you do not reschedule or cancel, you will be billed for the exam. Arriving late to the exam (15 minutes past the scheduled start time) will lead to a forfeit of your seat and a charge for the exam.

Things to Know for Exam Day

Identification Requirements
Candidates must provide two forms of proper identification and will not be seated for the exam if the proper ID is not provided. The primary ID must contain a permanently affixed photograph and signature and must be valid (not expired). An ID must be an original document and not a photocopy or a fax. Acceptable primary IDs are listed below. A secondary ID must contain the candidate's signature. Acceptable secondary IDs are listed below. IDs are considered to be valid (non-expired) as long as they do not contain an expiration date that has passed. If there is no expiration date on an ID, it is considered to be valid. The candidate must sign the ID before arriving at the testing center; it is not acceptable for the candidate to sign the ID when checking in.

Testing Environment
Candidates should dress accordingly so that they will be comfortable in wide range of room temperatures. Personal Belongings Candidates are discouraged from bringing any personal belongings to the testing center. These items must be stored in a secure space and are not permitted in the testing room. In general, candidates are not allowed to bring any items into the testing room. The following are examples of items generally not allowed in the testing room:

- Purses
- Wallets
- Coats or jackets
- Hats and head coverings; although religious head coverings such as scarves are permitted
- Briefcases
- Cell phones
- Backpacks
- Watches
- Calculators
- Pens and pencils belonging to the candidate
- Dictionaries, including language translation dictionaries
- Food, drinks or tobacco
- Notes, notebooks and study guides
Comfort Aids Certain items defined as “minor comfort aids” may be allowed in the testing room as long as the item is checked by the test center administrator before they are brought into the testing room including: tissues, cough drops, pillow for supporting neck, back or injured limb, sweater or sweatshirt, eyeglasses and hearing aids, earplugs, neck braces or collars (worn by people with neck injuries). A candidate must provide his or her own comfort aids. These are not considered to be accommodations and therefore do not need to be pre-approved by Pearson Vue or ACSM. Eyedrops, water bottles, asthma inhalers, diabetic testing equipment and other medical devices are not allowed in the testing room unless the candidate has been granted an accommodation for the item in advance. Candidates should follow the accommodations policy for consideration of a comfort aid. If you require special accommodations, please request a special accommodations form, e-mail certification@acsm.org.

Approved Exam Supplies
The candidate will be provided with an erasable noteboard and erasable pen, or blank notepaper. Scratch paper of any kind is never permitted in the testing room. Candidates are not allowed to use their own paper or notebooks, and notepads of any kind are not allowed.

Candidates are not permitted to bring their own writing instruments into the testing room. The testing center must provide any pens or pencils that are required for an exam. Candidates are not permitted to write on the erasable noteboards or notepaper until after the exam has been started.

A standard calculator will be provided within the exam.

Need Assistance? Let Us Know.
ACSM is proud to be the Gold Standard in Health Fitness Certifications and we look forward to having you join our team! Please don't hesitate to reach out should you have any questions along the way.

Contact Us:
For general ACSM Certification questions: 800-486-5643 / certification@acsm.org
To schedule your exam with Pearson VUE: 888-883-2276 / www.pearsonvue.com/acsm

Important Web Links:
Information on the ACSM Certified Personal Trainer®: http://certification.acsm.org/acsm-certified-personal-trainer
Exam Preparation Resources: http://certification.acsm.org/exam-preparation
Scheduling Your Exam: http://www.pearsonvue.com/acsm/
Additional FAQs: http://certification.acsm.org/faqs