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ACSM

AES - (030-333) ACSM Exercise Specialist

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Section 1: Sec One (1 to 48)

Detail:
Exercise Programming

QUESTION: 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

QUESTION: 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

QUESTION: 3

Which of the following issues would you include in discharge education instructions for a client with congestive heart failure to avoid potential emer- gency 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

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

A. Continuous cycling activity at 70% ofVo^2max 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

QUESTION: 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

QUESTION: 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

QUESTION: 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. 128 bpm.
B. 109 to 119 bpm.
C. 129 bpm.
D. 125 to 128 bpm.

Answer: B

QUESTION: 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

QUESTION: 9

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