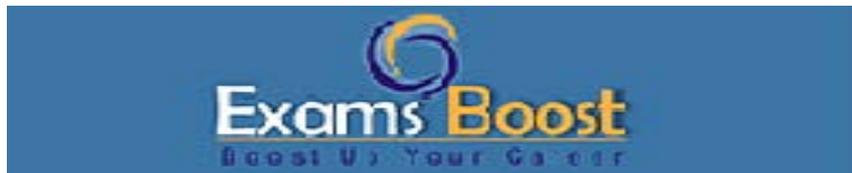


Fitness

NASM-CES

National Academy of Sports Medicine: Corrective Exercise Specialist



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Product Version

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Question: 1

A client is about to undergo knee surgery next week and will return to training once cleared by their physical therapist. Which of the following options best describes how surgery will have an impact on their movement patterns?

- A. Surgery will permanently improve the client's movement patterns due to the intervention of a skilled surgeon.
- B. Surgery may result in immediate and complete loss of all movement in the affected knee, leading to significant changes in movement patterns.
- C. Surgery may temporarily cause muscle atrophy in the affected knee, potentially leading to altered movement patterns as the client adapts.
- D. Surgery will have no significant impact on the client's movement patterns; they will be able to resume training as before because their physical therapist will clear them.

Answer: C

Explanation:

Surgery itself can lead to a period of immobilization and reduced use of the affected knee. Muscle atrophy and the temporary limitations in the range of motion in the affected knee can result in altered movement patterns. The client may compensate for the muscle weakness and limited knee function by adjusting the way they move.

Once the client is cleared for exercise, it does not necessarily mean that they are back to normal function and strength. Surgery doesn't necessarily guarantee permanent improvement in movement patterns. Knee surgery is intended to address specific issues and improve joint function, and the complete loss of all movement in the affected knee is not a common or expected outcome.

Question: 2

A client with a history of sacroiliac joint dysfunction arrives at their first session with a Corrective Exercise Specialist. They no longer report pain but still believe that their posture is impaired. Which of the following would the Corrective Exercise Specialist least likely expect to observe during the session?

- A. Asymmetrical hip mobility
- B. Asymmetrical muscle strength
- C. Impaired balance
- D. Excessive lumbar extension with squatting

Answer: C

Explanation:

Impaired balance may originate from other neurological causes, such as an injury or a vestibular impairment, not dysfunction of the sacroiliac joint.

A fitness professional can expect a client with sacroiliac joint dysfunction to demonstrate muscle imbalances in strength/mobility, neuromotor weakness, and decreased motor control with transitional, dynamic, and functional movements. Excessive lumbar extension with squats is a common movement compensation in clients with decreased motor control with functional movements.

Question: 3

A client performing a split squat assessment demonstrates heel rise and knee valgus in the front leg. Which of the following would be the best next steps in the assessment process based on these observations?

- A. Modify to a single-leg squat assessment
- B. Perform ankle strength testing
- C. Perform ankle dorsiflexion assessments
- D. Perform dynamic movement assessments

Answer: C

Explanation:

With heel rise and knee valgus, the client may be exhibiting ankle range of motion, not strength, deficits leading to the observed postural impairments.

A dynamic movement assessment is not appropriate, as it may exacerbate movement impairments and be unsafe to perform. A single-leg squat assessment is not an appropriate modification, as it is more difficult than the split squat assessment.

Question: 4

Which of the following exercises would best target the strengthening of the gracilis muscle?

- A. Bench press
- B. Seated inner thigh machine
- C. Bicep curls
- D. Barbell squats

Answer: B

Explanation:

The gracilis muscle is one of the adductor muscles of the thigh, and its primary function is to bring the thigh toward the midline of the body (adduction). Leg adduction exercises, a seated inner thigh machine, target the adductor muscles, including the gracilis.

Squats and deadlifts are excellent compound exercises for lower body strength, but they primarily target the quadriceps, hamstrings, glutes, and other hip and thigh muscles, not the gracilis. Bench press and push-ups are upper body exercises that focus on the chest and triceps muscles and are not relevant to

targeting the gracilis muscle. Bicep curls primarily target the biceps brachii in the upper arm, not the gracilis muscle in the thigh.

Question: 5

A client performing a right single-leg squat demonstrates significant right trunk rotation throughout the movement. Which of the following would be the best next steps in the assessment process?

- A. Balance assessments
- B. Hip internal rotation assessments
- C. Core stability assessments
- D. Hip external rotation assessments

Answer: D

Explanation:

Inward trunk rotation would signify that the exercise professional should perform hip abduction and range of motion external rotation assessments to see if the observations are a result of hip weakness or range of motion restrictions.

Core stability and balance may be contributing factors but would not explain inward trunk rotation, as it is typically directly related to hip strength or range of motion (or a combination of both).

Question: 6

A client has difficulty progressing in his dumbbell shoulder press. The Corrective Exercise Specialist performs a static postural analysis in order to further improve the client's training program. Which of the following would be most likely to be observed in the shoulder and thoracic spine region?

- A. Shoulders in line with the ears from a lateral viewpoint
- B. External rotation of the elbow at rest
- C. Shoulders in front of the ears from a lateral viewpoint
- D. Shoulders slightly retracted

Answer: C

Explanation:

Ideal posture involves shoulders inline with the ears from a lateral viewpoint. Shoulders being in front of the ears would indicate a forward-rounded shoulder posture. Forward-rounded shoulders are a common postural deviation, often related to excessive tightness in the chest and anterior shoulder muscles. Limited thoracic spine extension can be associated with these rounded shoulders, which can restrict proper shoulder function and limit the ability to perform movements like the dumbbell shoulder press.

External rotation of the elbow at rest is not the correct body region to assess when observing the shoulder and thoracic spine region. Slightly retracted shoulders can potentially affect shoulder function. It is less common and less likely to be observed in the context of difficulty with an overhead dumbbell shoulder press.

Question: 7

During neuromuscular stretching, a client contracts the targeted muscle and counts the duration of the contraction out loud. Which of the following options regarding isometric contractions during neuromuscular stretching is true?

- A. Hold the passive stretch after for 60 seconds
- B. Hold the isometric contraction for 10-15 seconds total
- C. Hold the passive stretch after for 15 seconds
- D. Hold the isometric contraction for 7-10 seconds total

Answer: D

Explanation:

Based on the research available, it is recommended that the isometric contraction be held for 7-10 seconds total. Holding the static stretch after 20-30 seconds may also produce the greatest results. 60 and 15 seconds are outside of the recommended range for static stretching as suggested by research.

Question: 8

A client asks a Corrective Exercise Specialist about the scientific rationale behind myofascial rolling. Which of the following options would be the best response?

- A. It affects distal myofascial tissue dysfunction
- B. It influences the autonomic nervous system
- C. It breaks up adhesions
- D. It influences the central nervous system

Answer: B

Explanation:

Foam rolling affects the autonomic nervous system, not the central nervous system, and affects local, rather than distal, myofascial tissue dysfunction through direct application of techniques.

Current research does not fully support the theory of breaking up adhesions with myofascial rolling. Therefore, it is not the best answer to give the client in this scenario.

Question: 9

A client completes the movement assessment portion of their first session and discusses the findings with the Corrective Exercise Specialist. Which of the following options would be the best way to describe the results of the assessment to the client?

- A. Your body prefers to move in a way that rotates your ankle and knee joints inward.
- B. The postural impairments presenting in your lower body manifest in ankle rotation.

-
- C. Your knees present with significant knee valgus and ankle compensation.
D. I observed dysfunction in your knees that is translating to your ankles.

Answer: A

Explanation:

It is important to not sound too negative, clinical, or serious when explaining movement impairments to the client. This avoids confusion and discouragement. Words such as compensation, dysfunction, and impairment sound negative and should be avoided in these situations. Phrases such as "movement strategies" or "habits that your body prefers" are simpler and friendlier terms to use instead.

Question: 10

A client reports that after a recent car accident, they have difficulty externally rotating their leg. Which of the following muscles is least likely affected by this injury?

- A. Gluteus medius posterior
B. Tensor fascia latae
C. Gluteus maximus
D. Piriformis

Answer: B

Explanation:

The tensor fascia latae (TFL) is correct because it primarily functions as a hip flexor, abductor, and internal rotator, but it has little to no role in hip external rotation.

The gluteus maximus is a major muscle in the buttocks responsible for hip extension and external rotation. The piriformis is a small muscle deep in the buttocks that plays a significant role in external rotation of the hip. The gluteus medius posterior fibers is one of the external rotator muscles of the hip and contributes to the ability to externally rotate the leg.

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