Dear Personal Trainer Certification Candidate,

NETA’s Personal Trainer Certification is accredited through the National Commission for Certifying Agencies (NCCA). The process of earning accreditation is extensive and included the input of many subject matter experts (SMEs) to conduct an analysis of a personal trainer’s role and responsibilities, and to develop the certification exam.

NETA’s *The Fitness Professional’s Manual, 4th edition* (2014) is an excellent resource to help prepare for the exam. In addition to studying the Manual, NETA also recommends completion of *The Fitness Professional’s Workbook for Personal Trainers*, which includes a 50-question Personal Trainer Practice Exam. A series of four online *Exercise Science Review Modules* may also be purchased to supplement your exam preparations. Visit our website for more information about these study resources.

The 1.5-day live workshop is intended to serve as a final review of key topics in preparation for the certification examination. The workshop is primarily lecture with some discussion and hands-on activities. **To successfully prepare for the exam, NETA recommends that candidates devote an appropriate amount of time (e.g., at least 30-45 days) and effort toward self-directed study prior to attending the workshop or sitting for the examination.** Self-study time may vary depending on the individual’s existing knowledge, the quality of time devoted to study, and the rate at which candidates comprehend the information. A sample 30- and 45-day preparation schedule is provided on page 4. Please note, use of NETA’s study materials and attendance at NETA’s certification review workshop is *not* required to sit for the certification exam.

In addition, candidates should also review NETA’s Personal Trainer Practice Analysis (also known as a Role Delineation). This document serves as the blueprint from which the certification exam was constructed. This document is available in the *Exam Candidate Handbook* located on NETA’s website, and is also provided on pages 6-10 of this study guide. Take some time to familiarize yourself with the exam content and subject matter allocation. Your preparation for the exam should be focused accordingly.

If you have any questions, please feel free to contact us at 1-800-237-6242 or refer to Frequently Asked Questions at [www.netafit.org](http://www.netafit.org).

Good luck with your preparations for NETA’s NCCA-accredited Personal Trainer certification exam!

Sincerely,

**NETA’s Education Department**

Note: Internet addresses cited in this document were current as of August 15, 2016
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<td>☐ The impact of a message</td>
<td>☐ Structure, function and food sources of fat</td>
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<td>☐ Active, verbal, and nonverbal listening skills</td>
<td>☐ Role and classification of vitamins and minerals</td>
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<td>☐ Overarching concepts and key recommendations of the Dietary Guidelines for Americans (See also DGA 2015)</td>
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<td>☐ The concept of decisional balance</td>
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<td>☐ Major bones of the skeleton and vertebral column</td>
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<td>☐ Type of muscle actions and muscle functions</td>
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<td>☐ Newton’s three laws of motion</td>
<td>☐ Elements of a Health &amp; Lifestyle Questionnaire</td>
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<td>☐ Biomechanics of torque</td>
<td>☐ Risk stratification procedures and risk factors for CVD</td>
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<td>☐ Types of lever systems</td>
<td>☐ When to refer for medical clearance to participate in an exercise program</td>
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<tr>
<td>☐ Principles of applied biomechanics</td>
<td>[See also: Riebe et al. (2015) regarding preparticipation screening]</td>
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</table>
Chapter 13 – Health Screening Assessments
- Normal resting heart rate range
- Procedures for measuring resting blood pressure
- Classifications of resting blood pressure
- Interpretation of body mass index (BMI)
- Standardized circumference measurements
- Interpretation of waist-to-hip ratio (WHR)

Chapter 14 – Postural Analysis
- Postural alignment and the kinetic chain (see also chapter 6, pages 82-83)
- Factors that affect pelvic alignment
- Characteristics of various spinal misalignments
- Assessment and interpretation of static posture
- Assessment and interpretation of dynamic posture
- Characteristics of upper and lower cross syndrome

Chapter 15 – Health-Related Physical Fitness Assessments
- Appropriate sequence of fitness testing
- Standardized procedures for skinfold testing and location of skinfold sites
- Assessment and interpretation of field tests to measure cardiorespiratory endurance, muscular endurance, and flexibility
- Normal ranges of fitness for cardiorespiratory endurance, muscular endurance, and flexibility

Chapter 16 – Physical Activity & Health
- Health benefits of regular physical activity
- Key recommendations of the 2008 Physical Activity Guidelines for Americans
- METs and classification of physical activity intensity
- Definitions of the five components of health-related physical fitness
- Principles of training and their application to exercise programs

Chapter 17 – Cardiorespiratory Fitness Programming
- Elements of a cardiorespiratory exercise session
- Objectives and effects of the warm-up
- Objectives and effects of the cool-down
- Guidelines for cardiorespiratory exercise and FITT
- How to calculate target heart rate using the maximum heart rate method and the Karvonen formula
- Rate of perceived exertion
- Based types of cardiorespiratory exercise workouts

Chapter 18 – Programming for Muscular Fitness
- Benefits of resistance training
- Types of resistance training exercises
- Closed-chain versus open-chain exercises
- Signs and symptoms of overtraining

Chapter 18 – Programming for Muscular Fitness (continued)
- Guidelines for resistance training programs
- Resistance training program models
- Concept and application of periodization
- Exercise-specific procedures for the execution of various resistance training exercises.
- Identify joint actions and primary muscles during various resistance training exercises.

Chapter 19 – Flexibility Programming
- Understand the sensory receptors and their function in the effect of flexibility training
- Types of stretching exercises
- Proposed benefits of stretching
- Guidelines for flexibility training
- Recommended static stretches for major muscle groups throughout the body

Chapter 20 – Injury Management & Emergency Response
- Basic etiology, considerations, and precautions related to common exercise-related injuries
- Immediate care for exercise-related injuries (e.g., PRICE)
- Strategies to prevent common-exercise related injuries
- Signs and symptoms of heat-related disorders.
- Strategies to reduce the risk of heat-related disorders
- Signs and symptoms of cardiovascular emergencies (e.g., heart attack, stroke)
- Emergency response procedures

Chapter 21 – Programming for Muscular Fitness
- Exercise precautions and recommendations related to common medical conditions including asthma, arthritis, diabetes, hypertension, and osteoporosis.
- Exercise considerations, precautions and recommendations for special populations including pregnancy, older adults, and youth/adolescents

Chapter 22 – Risk Management for Fitness Professionals
- Legal concepts such as standard of care and negligence
- Common liability exposures for fitness professionals
- Scope of practice limitations with regard to medical considerations and dietetics
- Risk management strategies for fitness professionals
- Importance of professional liability insurance

Chapter 23 – Documentation & Record Keeping
- The importance of confidentiality of client’s personal information
- Purpose of a waiver and release of liability form
- Documentation recommendations for personal trainer client files
- Components of a progress note (i.e., SOAP) and guidelines to writing appropriate and effective notes
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<td>Read Chapter 5</td>
<td>Read Chapter 6</td>
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**45 Day Personal Trainer Study Schedule**

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<td>Read Chapter 12</td>
<td>Read Chapter 15</td>
<td>Read Chapter 22</td>
<td>Practice RT Exercises</td>
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<tr>
<td>Chapter 16</td>
<td>Administer Pre-Participation Screening on a friend.</td>
<td>Read Chapter 13</td>
<td>Read Chapter 14</td>
<td>Review Section VIII:</td>
<td>Read Chapter 18</td>
<td>Practice RT Exercises</td>
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Additional Recommended Readings:


Personal Trainer Practice Analysis/Exam Content Outline:

A practice analysis is conducted every five to seven years to ensure the certification examination continues to represent the current role of a personal trainer as well as updated industry guidelines, best practices, and evolving knowledge of exercise science research.

As such, NETA began an updated practice analysis study in August 2015, which resulted in a new Personal Trainer Practice Analysis reflecting updated content domains, task statements, and knowledge statements. In addition, an updated Exam Content Outline was established to serve as the ‘blueprint’ for the certification exam.

The Exam Content Outline and Practice Analysis provided on pages 5-10 are the basis for all Personal Trainer certification exams administered after September 15, 2016. Please also refer to the Definition of Terms on pages 11-12, which corresponds to this updated Personal Trainer Practice Analysis.

**Personal Trainer Exam Content Outline**

(for exams administered on or after 9/15/16)

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<th>Weight</th>
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<td>Domain II: Initial Program Design</td>
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<tr>
<td>Domain III: Program Implementation</td>
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<td>Domain IV: Reassessment</td>
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<td>Domain V: Ethics and Professional Issues</td>
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* Does not include ‘pre-test’ (i.e., experimental) items included on a test form
Domain I. Initial Client Intake and Assessment

Task 1: Perform initial consultation with prospective client to discuss desired health and fitness outcomes.
  K-1 Elements of health, lifestyle, exercise, and physical activity history and current states
  K-2 Active listening techniques
  K-3 Nonverbal communication and interpretation of body language
  K-4 Coaching methods and learning styles
  K-5 Risk factors for prevalent chronic diseases
  K-30 Basic methods to engage, establish rapport, and demonstrate empathy in a non-judgmental manner
  K-35 Credible sources of information, education providers, and professional organizations

Task 2: Interview client and administer questionnaire(s) to obtain a health, lifestyle, exercise, and physical activity history.
  K-1 Elements of health, lifestyle, exercise, and physical activity history and current states
  K-2 Active listening techniques
  K-3 Nonverbal communication and interpretation of body language
  K-4 Coaching methods and learning styles
  K-5 Risk factors for prevalent chronic diseases
  K-9 ACSM pre-participation screening guidelines and risk stratification
  K-36 Pre-participation screening tools and components of a health and lifestyle questionnaire

Task 3: Interview client and administer questionnaire(s) to obtain information about current state of health, lifestyle, exercise, and physical activity level.
  K-1 Elements of health, lifestyle, exercise, and physical activity history and current states
  K-2 Active listening techniques
  K-3 Nonverbal communication and interpretation of body language
  K-4 Coaching methods and learning styles
  K-5 Risk factors for prevalent chronic diseases
  K-9 ACSM pre-participation screening guidelines and risk stratification
  K-36 Pre-participation screening tools and components of a health and lifestyle questionnaire

Task 4: Conduct health screening and fitness assessments to gather objective data about the client’s current health, risk factors, and baselines for measuring future progress.
  K-3 Nonverbal communication and interpretation of body language
  K-4 Coaching methods and learning styles
  K-5 Risk factors for prevalent chronic diseases
  K-6 Health screening and fitness assessment protocols
  K-8 Contraindications and precautions in health screening and fitness assessment
  K-9 ACSM pre-participation screening guidelines and risk stratification
  K-10 Exercise-related anatomy, kinesiology, biomechanics, and physiology
  K-14 Methods for measuring and monitoring exercise intensity (e.g., target heart rate, rating of perceived exertion, METs)
  K-17 Signs and symptoms of and immediate care (i.e., P.R.I.C.E) for exercise-related injuries
  K-18 Safe and effective exercise technique
  K-21 Elements of an Informed Consent
  K-25 Static and dynamic postural assessment and corrective exercises
  K-33 Recognition of and appropriate response to exercise-related medical conditions and emergencies (e.g., myocardial infarction, stroke, heat-related illness)
  K-34 Written emergency response procedures (e.g., activation of emergency medical services (i.e., 911), facility emergency response plan, pre-emergency preparation strategies
Task 5: Consult with and/or refer client to appropriate health care professional(s) to obtain additional health information and medical clearance, as needed.
   K-5  Risk factors for prevalent chronic diseases
   K-7  Interpretive guidelines of health screening and fitness assessment objective data
   K-9  ACSM pre-participation screening guidelines and risk stratification
   K-27  Legal considerations, risk management, and scope of practice

Domain II. Initial Program Design

Task 1: Review and interpret initial client intake and assessment information.
   K-1  Elements of health, lifestyle, exercise, and physical activity history and current states
   K-5  Risk factors for prevalent chronic diseases
   K-7  Interpretive guidelines of health screening and fitness assessment objective data
   K-9  ACSM pre-participation screening guidelines and risk stratification
   K-25  Static and dynamic postural assessment and corrective exercises

Task 2: Define, establish, and clarify safe and realistic client goals, based on the initial client intake and assessment information.
   K-4  Coaching methods and learning styles
   K-11  Aspects of motivation and techniques to enhance motivation (e.g., intrinsic, extrinsic) and promote adherence to healthy lifestyle behaviors
   K-26  Types of goals and goal-setting strategies
   K-28  Basic principles of nutrition, Dietary Guidelines for Americans, recommended healthy eating patterns (USDA food guidance system, DASH eating plan, Mediterranean eating style), and food guidance graphics
   K-31  Physical activity recommendations (e.g., Physical Activity Guidelines for Americans, ACSM/AHA/CDC Consensus Statements) for improving overall health
   K-32  Principles and guidelines (e.g., ACSM, Academy of Nutrition and Dietetics, NWCR) of safe and effective weight management

Task 3: Select exercises and physical activities to achieve the established goals, based on the initial client intake and assessment information.
   K-10  Exercise-related anatomy, kinesiology, biomechanics, and physiology
   K-13  Principles of exercise training and ACSM guidelines for exercise program design
   K-15  Activity- and exercise-specific benefits, indications, contraindications, risks, and precautions
   K-16  Exercise guidelines, contraindications, considerations, and precautions for special populations and medical conditions
   K-25  Static and dynamic postural assessment and corrective exercises
   K-26  Types of goals and goal-setting strategies

Task 4: Select acute training variables to achieve the established goals, based on the initial client intake and assessment information
   K-13  Principles of exercise training and ACSM guidelines for exercise program design
   K-14  Methods for measuring and monitoring exercise intensity (e.g., target heart rate, rating of perceived exertion, METs)
   K-16  Exercise guidelines, contraindications, considerations, and precautions for special populations and medical conditions
   K-18  Safe and effective exercise technique
   K-31  Physical activity recommendations (e.g., Physical Activity Guidelines for Americans, ACSM/AHA/CDC Consensus Statements) for improving overall health
   K-32  Principles and guidelines (e.g., ACSM, Academy of Nutrition and Dietetics, NWCR) of safe and effective weight management
Task 5: Review and discuss the proposed exercise program with client to determine client acceptance and identify barriers to achieving established goals.

- K-2 Active listening techniques
- K-3 Nonverbal communication and interpretation of body language
- K-4 Coaching methods and learning styles
- K-12 Theoretical models of behavioral change
- K-13 Principles of exercise training and ACSM guidelines for exercise program design
- K-15 Activity- and exercise-specific benefits, indications, contraindications, risks, and precautions
- K-26 Types of goals and goal-setting strategies
- K-30 Basic methods to engage, establish rapport, and demonstrate empathy in a non-judgmental manner

Domain III. Program Implementation

Task 1: Provide ongoing instruction and feedback to the client on execution of selected exercises and physical activities to achieve established goals, while minimizing health and safety risks.

- K-2 Active listening techniques
- K-3 Nonverbal communication and interpretation of body language
- K-4 Coaching methods and learning styles
- K-14 Methods for measuring and monitoring exercise intensity (e.g., target heart rate, rating of perceived exertion, METs)
- K-18 Safe and effective exercise technique
- K-30 Basic methods to engage, establish rapport, and demonstrate empathy in a non-judgmental manner

Task 2: Observe and evaluate client performance to assess learning and determine need for modification of training variables.

- K-2 Active listening techniques
- K-3 Nonverbal communication and interpretation of body language
- K-4 Coaching methods and learning styles
- K-14 Methods for measuring and monitoring exercise intensity (e.g., target heart rate, rating of perceived exertion, METs)
- K-17 Signs and symptoms of and immediate care (i.e., P.R.I.C.E) for exercise-related injuries
- K-18 Safe and effective exercise technique
- K-19 Signs and symptoms of overtraining and overuse syndromes
- K-29 Elements of and guidelines for writing progress notes (i.e., SOAP notes)
- K-30 Basic methods to engage, establish rapport, and demonstrate empathy in a non-judgmental manner
- K-33 Recognition of and appropriate response to exercise-related medical conditions and emergencies (e.g., myocardial infarction, stroke, heat-related illness)
- K-34 Written emergency response procedures (e.g., activation of emergency medical services (i.e., 911), facility emergency response plan, pre-emergency preparation strategies

Task 3: Provide ongoing instruction and guidance to the client on self-regulation of training variables to achieve established goals.

- K-2 Active listening techniques
- K-3 Nonverbal communication and interpretation of body language
- K-4 Coaching methods and learning styles
- K-12 Theoretical models of behavioral change
- K-14 Methods for measuring and monitoring exercise intensity (e.g., target heart rate, rating of perceived exertion, METs)
- K-17 Signs and symptoms of and immediate care (i.e., P.R.I.C.E) for exercise-related injuries
- K-18 Safe and effective exercise technique
- K-19 Signs and symptoms of overtraining and overuse syndromes
- K-30 Basic methods to engage, establish rapport, and demonstrate empathy in a non-judgmental manner
Domain IV. Reassessment

Task 1: Monitor and evaluate ongoing client progress toward established goals.
- K-7 Interpretive guidelines of health screening and fitness assessment objective data
- K-11 Aspects of motivation and techniques to enhance motivation (e.g., intrinsic, extrinsic) and promote adherence to healthy lifestyle behaviors
- K-15 Activity- and exercise-specific benefits, indications, contraindications, risks, and precautions
- K-26 Types of goals and goal-setting strategies
- K-28 Basic principles of nutrition, Dietary Guidelines for Americans, recommended healthy eating patterns (USDA food guidance system, DASH eating plan, Mediterranean eating style), and food guidance graphics
- K-29 Elements of and guidelines for writing progress notes (i.e., SOAP notes)
- K-31 Physical activity recommendations (e.g., Physical Activity Guidelines for Americans, ACSM/AHA/CDC Consensus Statements) for improving overall health
- K-32 Principles and guidelines (e.g., ACSM, Academy of Nutrition and Dietetics, NWCR) of safe and effective weight management

Task 2: Assess the client's continuing motivation and program adherence.
- K-2 Active listening techniques
- K-3 Nonverbal communication and interpretation of body language
- K-4 Coaching methods and learning styles
- K-11 Aspects of motivation and techniques to enhance motivation (e.g., intrinsic, extrinsic) and promote adherence to healthy lifestyle behaviors
- K-12 Theoretical models of behavioral change
- K-30 Basic methods to engage, establish rapport, and demonstrate empathy in a non-judgmental manner

Task 3: Review established goals with client, revising and/or adding goals as needed.
- K-2 Active listening techniques
- K-3 Nonverbal communication and interpretation of body language
- K-4 Coaching methods and learning styles
- K-11 Aspects of motivation and techniques to enhance motivation (e.g., intrinsic, extrinsic) and promote adherence to healthy lifestyle behaviors
- K-26 Types of goals and goal-setting strategies
- K-28 Basic principles of nutrition, Dietary Guidelines for Americans, recommended healthy eating patterns (USDA food guidance system, DASH eating plan, Mediterranean eating style), and food guidance graphics
- K-31 Physical activity recommendations (e.g., Physical Activity Guidelines for Americans, ACSM/AHA/CDC Consensus Statements) for improving overall health
- K-32 Principles and guidelines (e.g., ACSM, Academy of Nutrition and Dietetics, NWCR) of safe and effective weight management

Task 4: Modify and implement program changes to safely and effectively meet new and/or revised goals.
- K-10 Exercise-related anatomy, kinesiology, biomechanics, and physiology
- K-13 Principles of exercise training and ACSM guidelines for exercise program design
- K-14 Methods for measuring and monitoring exercise intensity (e.g., target heart rate, rating of perceived exertion, METs)
- K-15 Activity- and exercise-specific benefits, indications, contraindications, risks, and precautions
- K-16 Exercise guidelines, contraindications, considerations, and precautions for special populations and medical conditions
- K-18 Safe and effective exercise technique
- K-19 Signs and symptoms of overtraining and overuse syndromes
- K-25 Static and dynamic postural assessment and corrective exercises
- K-26 Types of goals and goal-setting strategies
K-31 Physical activity recommendations (e.g., Physical Activity Guidelines for Americans, ACSM/AHA/CDC Consensus Statements) for improving overall health
K-32 Principles and guidelines (e.g., ACSM, Academy of Nutrition and Dietetics, NWCR) of safe and effective weight management

Domain V. Ethics and Professional Issues

Task 1: Perform duties and responsibilities in a manner consistent with the NETA Code of Ethics.
  K-20 NETA Code of Ethics
  K-24 Rules, regulations, and guidelines regarding privacy of personal health information (i.e., HIPAA) and personally identifiable information (PII)
  K-27 Legal considerations, risk management, and scope of practice

Task 2: Educate clients on their rights and responsibilities and program benefits and risks.
  K-15 Activity- and exercise-specific benefits, indications, contraindications, risks, and precautions
  K-21 Elements of an Informed Consent
  K-27 Legal considerations, risk management, and scope of practice
  K-35 Credible sources of information, education providers, and professional organizations

Task 3: Maintain a safe physical environment for clients.
  K-17 Signs and symptoms of and immediate care (i.e., P.R.I.C.E) for exercise-related injuries
  K-22 ACSM Health/Fitness Facility Standards and Guidelines
  K-27 Legal considerations, risk management, and scope of practice
  K-33 Recognition of and appropriate response to exercise-related medical conditions and emergencies (e.g., myocardial infarction, stroke, heat-related illness)
  K-34 Written emergency response procedures (e.g., activation of emergency medical services (i.e., 911), facility emergency response plan, pre-emergency preparation strategies

Task 4: Maintain accurate and comprehensive client records.
  K-23 Elements of and guidelines for maintaining client records
  K-24 Rules, regulations, and guidelines regarding privacy of personal health information (i.e., HIPAA) and personally identifiable information (PII)
  K-27 Legal considerations, risk management, and scope of practice
  K-29 Elements of and guidelines for writing progress notes (i.e., SOAP notes)

Domain VI. Communication, Rapport, and Client Relationship

Task 1: Establish rapport and build professional relationships with clients.
  K-2 Active listening techniques
  K-3 Nonverbal communication and interpretation of body language
  K-4 Coaching methods and learning styles
  K-20 NETA Code of Ethics
  K-30 Basic methods to engage, establish rapport, and demonstrate empathy in a non-judgmental manner

Task 2: Create a welcoming and trusting environment.
  K-2 Active listening techniques
  K-4 Coaching methods and learning styles
  K-30 Basic methods to engage, establish rapport, and demonstrate empathy in a non-judgmental manner

Task 3: Utilize effective communications and coaching skills.
  K-2 Active listening techniques
  K-3 Nonverbal communication and interpretation of body language
  K-4 Coaching methods and learning styles
  K-30 Basic methods to engage, establish rapport, and demonstrate empathy in a non-judgmental manner
Definition of Terms

The following list defines and/or describes key terms, concepts, and acronyms that appear in NETA’s Personal Trainer Practice Analysis. Candidates should refer to this list of terms to gain greater understanding of the Practice Analysis and subject matter that may appear on the Personal Trainer Certification Exam.

ACSM – American College of Sports Medicine. Establishes industry standards and guidelines (e.g., ACSM’s Guidelines to Exercise Testing and Prescription, ACSM’s Health/Fitness Facility Standards and Guidelines), as well as position stands and consensus statements. http://www.acsm.org/public-information/position-stands

Active listening techniques: A set of verbal techniques representing a mode of listening in which the listener is engaged in the conversation to gain greater understanding of the content, motivation, and feelings associated with the message being communicated. Active listening techniques include asking open-ended questions and the use of minimal encouragers, summarizing statements, and reflections of content, feeling, and meaning.

Acute training variables: Refers to the fundamental components that may be manipulated for an exercise or within an exercise program to elicit a desired adaptation. These variables may include: intensity (i.e., workload), repetitions, sets, rest periods, tempo (i.e., speed of movement), and volume.

Coaching methods: Refers to a collaborative conversation through which one empowers an individual to discover their own solutions, encouraging and supporting them toward the adoption and maintenance of health lifestyles, using techniques such as motivational interviewing and appreciative inquiry.

DASH Eating Plan: Dietary Approaches to Stop Hypertension is a flexible and balanced eating plan that is based on research studies sponsored by the National Heart, Lung, and Blood Institute (NHLBI). https://www.nhlbi.nih.gov/health/health-topics/topics/dash

Dietary Guidelines for Americans: Evidence-based food and beverage recommendations for Americans ages 2 years and older, published every five years by the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA). http://health.gov/dietaryguidelines/

Exercise-related injuries: Includes both acute and chronic conditions such as sprains, strains, fractures, tendonitis, and wounds (e.g., lacerations, abrasions).

Exercise technique: The manner in which an exercise is performed. Includes considerations such as posture, joint alignment, range of motion, base of support, tempo, and breathing.

Fitness assessments: refers to various methods and protocols to quantify and/or qualify health-related components of physical fitness (e.g., cardiorespiratory endurance, body composition, flexibility, muscular strength and endurance).

Health screening: Refers to non-diagnostic assessments and measurements (e.g., resting heart rate, resting blood pressure, body mass index, waist-to-hip ratio) used to identify indicators of increased risk for disease that may require additional evaluation and treatment by a health care provider.


Interpretive guidelines: Refers to classification criteria and normative charts used to interpret information and data obtained from health screening and fitness assessments.

Learning styles: Refers to the various methods through which people take-in, process, and retain information including visual, auditory, read/write, and kinesthetic learners (i.e., VARK). May also refer to learning styles identified as converging, diverging, assimilating, and accommodating (Kolb & Fry).
Legal considerations: Refers to concepts such as liability, negligence, standard of care, liability exposures, scope of practice, and professional liability insurance.

Medical conditions: Refers to common diseases and chronic conditions often encountered with personal training clients including asthma, arthritis, diabetes, hypertension, cardiovascular disease, and osteoporosis.


PAR-Q: The Physical Activity Readiness Questionnaire is a 1-page form to see if you should check with your doctor before becoming much more physically active. http://www.csep.ca/view.asp?ccid=517

Personally identifiable information (PII): Any representation of information (e.g., name, address, social security number or other identifying number or code, telephone number, email address, etc.) that permits the identity of an individual to whom the information applies to be reasonably inferred by either direct or indirect means.

Physical activity: Any movement of the body that increases energy expenditure above resting levels. Includes domestic physical activity, transportation physical activity, occupational physical activity and leisure time physical activity. In the context of personal training, the focus is most often on leisure-time physical activities including structured exercise, recreation, and sports.


Prevalent chronic diseases: Includes cardiometabolic diseases including cardiovascular disease (e.g., heart disease, stroke) and type 2 diabetes.

P.R.I.C.E.: An acronym representing protection, rest, ice, compression, and elevation, used in reference to immediate care of exercise-related injuries.

Principles of exercise training: Refers to the principles of overload, specificity (i.e., SAID-specific adaptations to imposed demands), progression, reversibility, and variation.

Risk management: A proactive approach to minimize liability exposures that may affect exercise professionals and their employers.

SOAP notes: An acronym representing subjective, objective, assessment, and plan, used as an organized method of documenting client response to and progress with exercise sessions and programs.

Special Populations: Refers to sub-groups including women who are pregnant, older adults, and youth and adolescents.

Theoretical models of behavioral change: Any number of theories or models used to describe behavioral change, the most common of which is the Transtheoretical Model (Prochaska & DiClemente). Others include the Self-Efficacy Theory (Bandura), the Self-Determination Theory (Deci & Ryan), and the Health Belief Model (Hochbaum et al.)

USDA Food Guidance System: Provides practical information to individuals, health professionals, nutrition educators, and the food industry to help consumers build healthier diets with resources (e.g., MyPlate) and tools for dietary assessment, nutrition education, and other user-friendly nutrition information. http://www.choosemyplate.gov/about