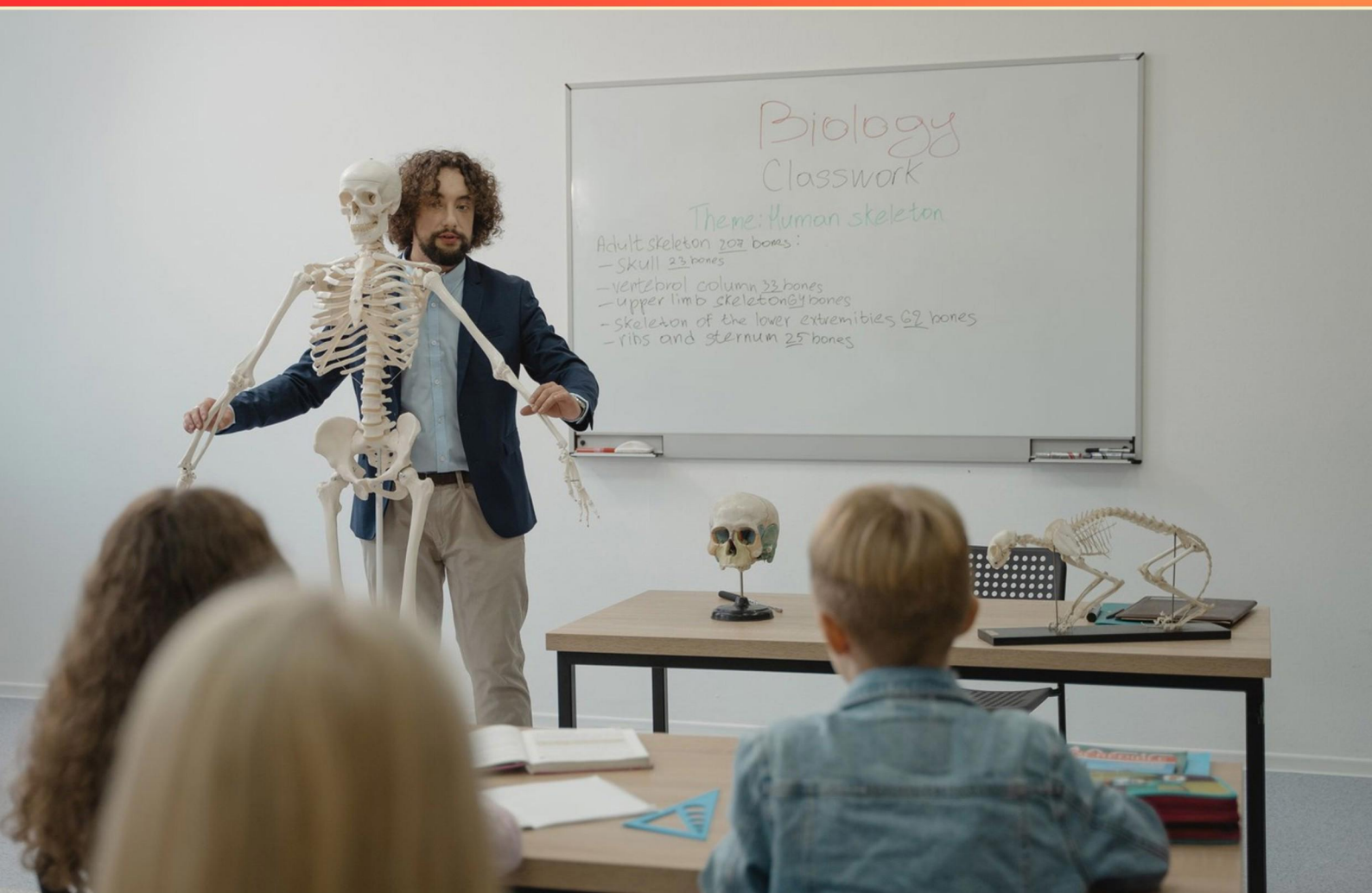


ACSM CERTIFIED EXERCISE PHYSIOLOGIST (EP-C) PRACTICE EXAM (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Why is hypertension often asymptomatic?**
 - A. It does not affect daily activities
 - B. Symptoms are often overlooked
 - C. Body adjusts to changes over time
 - D. Signs only appear during exercise
- 2. Which factor is NOT classified as an ACSM coronary artery risk factor?**
 - A. Age
 - B. Smoking status
 - C. Diet
 - D. Hypertension
- 3. What is the primary focus of path-goal leadership theory?**
 - A. Exchanging resources to achieve goals
 - B. Motivating team members through inspiration
 - C. Setting up a path to a specific goal for the team
 - D. Making authoritative decisions for the group
- 4. What is the sequence of blood flow from the periphery to the lungs?**
 - A. Left atrium, pulmonary arteries, right atrium
 - B. Superior and inferior venae cavae, right atrium, right ventricle
 - C. Pulmonary veins, left ventricle, systemic circulation
 - D. Right atrium, tricuspid valve, pulmonary arteries
- 5. How much should weights be increased per week according to the progression principle?**
 - A. 1% to 2%
 - B. 5% to 10%
 - C. 15% to 20%
 - D. 25% to 30%
- 6. Adolescents are categorized into which age range?**
 - A. 10-14
 - B. 13-18
 - C. 15-20
 - D. 11-16

- 7. Which physical fitness component assesses the ability to maintain equilibrium while stationary or moving?**
- A. Agility
 - B. Flexibility
 - C. Balance
 - D. Coordination
- 8. Which stage of the transtheoretical model involves making a change in behavior?**
- A. Pre-contemplation
 - B. Contemplation
 - C. Action
 - D. Maintenance
- 9. Which of the following assessments would be most appropriate for a client with poor abdominal strength?**
- A. Curl-up test
 - B. Bench press test
 - C. Squat test
 - D. Deadlift test
- 10. What characterizes stable ischemia?**
- A. Result of increased O₂ demand during rest
 - B. Chest pain at rest without exertion
 - C. Increased chest pain with exercise
 - D. Severe shortness of breath

Answers

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1. C
2. C
3. C
4. B
5. B
6. B
7. C
8. C
9. A
10. C

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Explanations

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1. Why is hypertension often asymptomatic?

- A. It does not affect daily activities
- B. Symptoms are often overlooked
- C. Body adjusts to changes over time**
- D. Signs only appear during exercise

Hypertension is often described as the "silent killer," primarily because the body can adapt to elevated blood pressure levels over time without displaying noticeable symptoms. This adaptation means that individuals may not recognize any physiological changes or discomfort, as their body has reached a new norm that does not trigger alarms for them. Consequently, many people live with hypertension for years without knowing it, as their body's regulatory mechanisms compensate for the elevated pressure. In contrast, hypertension does not have specific symptoms that might impact daily activities significantly or provoke concern unless blood pressure reaches dangerously high levels. The lack of overt symptoms contributes to the difficulty in detecting the condition early on, which is why regular screening is essential. While symptoms such as headaches can occasionally occur, they are not consistent or specific to hypertension, and often individuals may overlook or misinterpret these symptoms. Additionally, signs of hypertension may not become evident until an individual is under physical stress, such as during intense exercise, but this is not the primary reason hypertension remains asymptomatic for most.

2. Which factor is NOT classified as an ACSM coronary artery risk factor?

- A. Age
- B. Smoking status
- C. Diet**
- D. Hypertension

The correct answer is that diet is not classified as a traditional coronary artery risk factor according to the American College of Sports Medicine (ACSM). While diet certainly plays a critical role in overall heart health and can influence other risk factors such as cholesterol levels and weight, it is not included in the specific list of major risk factors for coronary artery disease as outlined by ACSM. The traditional risk factors that are emphasized, such as age, smoking status, and hypertension, are well-established indicators that have a direct correlation with the likelihood of developing coronary artery disease. For instance, as age increases, the risk of coronary artery disease also tends to rise. Smoking is a known risk factor due to its deleterious effects on the cardiovascular system, including damage to blood vessels. Hypertension is a significant risk factor as well, as high blood pressure can lead to heart disease through various mechanisms, including increased workload on the heart and injury to arterial walls. While diet can influence these factors indirectly, it does not stand alone as a recognized risk factor in the same way that the others do in the context of the ACSM guidelines. Therefore, understanding how these risk factors interact with lifestyle choices, including diet, is crucial for a comprehensive approach to reducing the risk of cardiovascular disease.

3. What is the primary focus of path-goal leadership theory?

- A. Exchanging resources to achieve goals
- B. Motivating team members through inspiration
- C. Setting up a path to a specific goal for the team**
- D. Making authoritative decisions for the group

The primary focus of path-goal leadership theory is centered on the idea of helping team members achieve their goals by clarifying the path to those goals and providing the necessary support along the way. This theory suggests that effective leaders identify the goals of their team members and then provide direction and guidance to ensure that those goals can be reached. The concept involves removing obstacles that may hinder progress, enhancing motivation, and using appropriate leadership styles based on the needs of the team and the specific circumstances. By establishing a clear path to a desired outcome, leaders play a crucial role in facilitating team success and enhancing overall effectiveness. The other options, while related to leadership in various ways, do not capture the essence of path-goal theory. The focus of motivating team members through inspiration, for instance, is more aligned with transformational leadership. Exchanging resources is a consideration of transactional leadership, and making authoritative decisions emphasizes a more directive leadership style that doesn't align with the supportive and facilitative nature of path-goal leadership. Thus, setting up a path to a specific goal is the core principle that defines this leadership theory.

4. What is the sequence of blood flow from the periphery to the lungs?

- A. Left atrium, pulmonary arteries, right atrium
- B. Superior and inferior venae cavae, right atrium, right ventricle**
- C. Pulmonary veins, left ventricle, systemic circulation
- D. Right atrium, tricuspid valve, pulmonary arteries

The correct sequence of blood flow from the periphery to the lungs begins with the superior and inferior venae cavae, which are large veins that carry deoxygenated blood back to the right atrium of the heart from the body's tissues. Once the blood enters the right atrium, it is then pushed through the tricuspid valve into the right ventricle. From the right ventricle, this deoxygenated blood is pumped into the pulmonary arteries, which carry it to the lungs for oxygenation. This flow sequence is vital for ensuring that blood receives oxygen in the lungs and returns to the heart for distribution to the rest of the body. Understanding this pathway is critical in physiology as it outlines the key role of the heart and the circulatory system in maintaining effective gas exchange and providing oxygen to tissues throughout the body.

5. How much should weights be increased per week according to the progression principle?

- A. 1% to 2%
- B. 5% to 10%**
- C. 15% to 20%
- D. 25% to 30%

The progression principle in resistance training emphasizes the gradual increase in the intensity of exercise to stimulate continued adaptations and improvements in strength and performance. The recommended increase in weights per week typically falls within the range of 5% to 10%. This increase allows for sufficient adaptation without overwhelming the body or risking injury. For example, if an individual is lifting 100 pounds, a 5% increase would mean adding 5 pounds, and a 10% increase would mean adding 10 pounds. Such increments are generally manageable for most individuals and will facilitate progress while allowing for proper recovery and adaptation to the new load. A smaller increase percentage, such as 1% to 2%, may not present a significant challenge for those already accustomed to heavier lifting, potentially leading to stagnation in their progress. Conversely, larger increases of 15% to 30% could lead to an increased risk of injury, as the body may not be adequately conditioned to handle such drastic jumps in intensity. Thus, the 5% to 10% increase provides a balanced approach in line with the progression principle, enhancing performance while safeguarding the likelihood of injury.

6. Adolescents are categorized into which age range?

- A. 10-14
- B. 13-18**
- C. 15-20
- D. 11-16

Adolescents are typically defined as individuals in the age range of 10 to 19 years, which encompasses early adolescence (ages 10–14) and late adolescence (ages 15–19). The correct choice of 13-18 aligns most closely with the broader understanding of this developmental stage. During these years, adolescents go through significant physical, cognitive, social, and emotional changes, marking a transitional phase from childhood to adulthood. While the other options may capture some aspects of adolescent development, they do not align as comprehensively with the recognized age range. For instance, the option that identifies ages 15-20 extends beyond the typical classification, as late adolescence usually concludes around age 19. Understanding this age range is crucial for exercise physiologists and health professionals, as it allows for the designing of age-appropriate interventions and programs that address the unique physiological and psychological needs of adolescents.

7. Which physical fitness component assesses the ability to maintain equilibrium while stationary or moving?

- A. Agility
- B. Flexibility
- C. Balance**
- D. Coordination

Balance is the physical fitness component that assesses the ability to maintain equilibrium while either stationary or in motion. It involves the body's ability to control its center of mass over its base of support, which is crucial for performing activities that require stability, such as standing on one foot, walking on uneven surfaces, or executing sports maneuvers. Balance is essential not only in athletic performance but also in daily activities, as it helps prevent falls and injuries. It requires the integration of the sensory systems, including vision, vestibular (inner ear), and proprioceptive inputs, to keep the body stable and properly oriented in relation to gravity. Other components, like agility, focus more on quick changes of direction and speed, which don't inherently measure equilibrium; flexibility relates to the range of motion in joints; and coordination involves the smooth and efficient combination of body movements, which also doesn't directly measure balance. Understanding these distinctions is vital for assessing physical fitness and designing appropriate exercise programs.

8. Which stage of the transtheoretical model involves making a change in behavior?

- A. Pre-contemplation
- B. Contemplation
- C. Action**
- D. Maintenance

In the transtheoretical model, the Action stage is characterized by individuals actively implementing new behaviors and making significant changes to their lifestyle. This is where a person moves from intention and planning to tangible efforts aimed at altering their habits or routines. During this stage, individuals are engaged in activities that reinforce the desired behavior change, demonstrating a commitment to adopting a healthier lifestyle. In contrast, the Pre-contemplation stage involves individuals not yet considering change, perhaps unaware of the need for it or feeling resistant. The Contemplation stage follows, where individuals recognize the need to change and begin to think about it but have not yet made any substantial behavioral alterations. Finally, the Maintenance stage refers to sustaining the changed behavior over time to prevent relapse. The focus here is on maintaining the gains and integrating the new behavior into one's life long-term. Thus, the Action stage is critical as it represents the phase where change actually takes place, making it the correct answer.

9. Which of the following assessments would be most appropriate for a client with poor abdominal strength?

- A. Curl-up test**
- B. Bench press test
- C. Squat test
- D. Deadlift test

The curl-up test is identified as the most appropriate assessment for a client with poor abdominal strength because it specifically targets the core musculature, particularly the rectus abdominis and hip flexors. This test is designed to evaluate the endurance and strength of the abdominal area, which is crucial for many physical activities and overall functional movement. When assessing a client's abdominal strength, it's important to use a test that directly measures strength or endurance in that area, as the curl-up does. It typically involves performing controlled repetitions of the curl-up movement, which emphasizes the contraction and engagement of the abdominal muscles. This approach provides clear insights into the client's current fitness level and assists in creating an effective training plan focused on enhancing core stability and strength. In contrast, the other assessments mentioned, such as the bench press, squat, and deadlift tests, primarily evaluate strength in the upper body and lower body, respectively. They do not specifically target abdominal strength and may not accurately reflect a client's core capabilities or help guide specific improvements in that region.

10. What characterizes stable ischemia?

- A. Result of increased O₂ demand during rest
- B. Chest pain at rest without exertion
- C. Increased chest pain with exercise**
- D. Severe shortness of breath

Stable ischemia is characterized by increased chest pain with exercise. This condition occurs when the heart muscle does not receive enough oxygen due to narrowed coronary arteries, typically during periods of increased physical activity or stress when the heart demands more oxygen. The pain may be predictable, and patients often have a consistent pattern of when they experience symptoms, such as during exercise or emotional stress, which allows them to manage their condition effectively. During rest, the heart's oxygen demand decreases, often alleviating symptoms. This is why options relating to symptoms experienced at rest do not accurately describe stable ischemia. For instance, experiencing chest pain at rest or severe shortness of breath would suggest a different or more acute condition, such as unstable angina or heart failure. Therefore, the correct understanding of stable ischemia revolves around the typical increase of chest pain associated with exercise, which reflects the underlying issue of oxygen supply struggling to meet demand during physical activity.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://acsmcertifiedexercisephysiologist.examzify.com>

We wish you the very best on your exam journey. You've got this!

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