

 CSPS® EXAMINATION Detailed Content Outline	Cognitive Level			Total # of Questions
	Recall	Application	Analysis	
1. BASIC PATHOPHYSIOLOGY AND SCIENCE OF HEALTH STATUS OR CONDITION, DISORDER, OR DISEASE	8	22	10	40
A. Cardiovascular: Individuals with:				
1. Myocardial infarction				
2. Angina				
3. Hypertension				
4. Peripheral vascular disease (e.g., deep vein thrombosis, peripheral artery disease)				
5. Congestive heart failure				
6. Valvular disorders				
7. Revascularizations				
8. Conduction defects or disorders (e.g., atrial fibrillation, pacemakers)				
B. Pulmonary: Individuals with:				
1. Chronic obstructive pulmonary disease (COPD) (e.g., emphysema, chronic bronchitis)				
2. Chronic restrictive pulmonary disease (CRPD) (e.g., fibrosis, sarcoidosis)				
3. Asthma				
4. Pulmonary hypertension				
C. Metabolic: Individuals with:				
1. Diabetes mellitus (Type 1 and 2)				
2. Overfat				
3. Pre-diabetes				
4. Metabolic syndrome				
5. Thyroid disorders (hypo/hyperthyroidism)				
6. End stage renal disease				
D. Immunological and Hematological: Individuals with:				
1. AIDS/HIV				
2. Chronic fatigue syndrome				
3. Fibromyalgia				
4. Anemia				
5. Auto-immune disorders (e.g., lupus, rheumatoid arthritis)				
6. Bleeding/clotting disorders				
E. Musculoskeletal/Orthopedic: Individuals with:				
1. Osteoporosis and other low BMD conditions				
2. Limb amputations				
3. Osteoarthritis				
4. Lower back conditions				
5. Chronic musculoskeletal conditions (e.g., OA, osteoporosis, low back pain)				
6. Frailty				
7. Joint disorders (e.g., muscle, labrum, ligament, cartilage, tendons)				

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8. Joint replacements (e.g., shoulder, knee, hip)				
9. Sarcopenia				
10. Posture conditions				
11. Cystic fibrosis				
F. Neuromuscular: Individuals with:				
1. Stroke or brain injury				
2. Spinal cord disabilities				
3. Multiple sclerosis				
4. Cerebral palsy				
5. Down's syndrome				
6. Parkinson's disease				
7. Epilepsy				
8. Balance conditions				
9. Muscular dystrophy				
G. Post Rehabilitation: Individuals with:				
1. Musculoskeletal disorders/conditions				
2. Cardiopulmonary disorders/conditions				
3. Neuromuscular disorders/conditions				
H. Individuals with Cancer				
I. Female-Specific Conditions				
1. Pregnant and postpartum				
2. Female athlete triad				
3. Menopausal/post-menopausal				
J. Individuals with Behavioral/Psychological Disorders				
1. Disordered eating patterns				
2. Body image				
3. Depression				
4. Chemical dependency				
K. Older Adults				
L. Children and Adolescents				
2. CLIENT CONSULTATION	6	13	0	19
A. Determine the Fitness Professional's Role in the Wellness Continuum				
1. Align goals of the medical professional, client, and fitness professional				
2. Maintain lines of communication with the primary healthcare provider				
3. Optimize communication between the fitness professional and medical professionals				
4. Verify physician's clearance to exercise				

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B. Perform Health Appraisal				
1. Understand basic medical terminology				
2. Interpret medical history (e.g., contraindications, continuity of care, goal viability)				
3. Administer lifestyle questionnaire				
4. Interpret “levels of pain” or prognosis (severity of condition; e.g., Kurtzke expanded disability status scale)				
5. Interpret medical documentation				
6. Document subjective client feedback and observations relevant to medical condition				
7. Contact medical professionals for needed information or clarification on medical history, restrictions, etc.				
8. Identify signs and symptoms that indicate an individual should be referred for medical care				
9. Understand the roles of health professionals that prescribe exercise (e.g., physicians, physical therapists, occupational therapists, athletic trainers)				
10. Perform nutritional review				
C. Fitness Evaluation				
1. Conduct fitness evaluation				
a. vital signs (e.g., heart rate, blood pressure)				
b. height and weight				
c. body composition (e.g., “Bod Pod” and DXA reports)				
d. girth measurements				
e. muscular strength and endurance				
f. speed/agility/power				
g. cardiovascular endurance (e.g., submaximal VO2 max test on treadmill and bike)				
h. flexibility				
i. lipid profile				
j. lung function				
k. postural assessment				
l. balance				
m. functional assessment				
n. evaluations specific for individuals with limited ability (e.g., 6-min walk, modified sit-and-reach from a chair, 8 lb. curl test, chair stands)				
2. Prioritize need for clients with multiple diseases				
3. Adjust fitness evaluation based on medical conditions and restrictions				
4. Determine testing measures for the client				
5. Document client progression with objective and subjective criteria				

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3. PROGRAM PLANNING	3	18	10	31
A. Develop SMART Goals				
1. Manage fear and expectations				
2. Increase functional capacity				
3. Improve health risk factors (e.g., muscle wasting)				
4. Improve confidence and self-image				
5. Improve quality of life				
B. Program Design				
1. Develop individual training programs that are adapted to specific health condition (types, duration, frequency, intensity, progression, rest)				
2. Develop group training programs that are adapted to specific health condition (types, duration, frequency, intensity, progression, rest)				
3. Identify exercises indicated and contraindicated for client's condition				
4. Identify environmental risks (e.g., MS and heat tolerance)				
5. Evaluate communicable disease risk (client to fitness professional or fitness professional to client)				
6. Modify the warm-up and cool-down program to coincide with the limitations and capacities of a client				
7. Modify the exercise program to coincide with the limitations and capacities of a client				
8. Instruct a client on therapeutic exercise technique and equipment (including body position, speed/control of movement, movement/range of motion, breathing, and spotting/safety guidelines)				
a. aquatic				
b. range of motion				
c. exercise with accessory equipment (e.g., chairs, walker/cane, gait belt)				
d. balance/perturbation training				
e. partner-assisted (support person and conduction exercises beyond the medical fitness center/facility, or how they can help during the process of exercise)				
f. home programs				
9. Understand exercise-induced changes to body systems				
a. neuromuscular system				
b. cardiorespiratory system				
c. musculoskeletal system				
d. endocrine system				
e. psychological				

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C. Apply Motivational/Coaching Techniques				
1. Motivational interviewing				
2. Stages of change				
3. Transtheoretical model				
4. Behavioral economics				
5. Planned behavior theory				
6. Cognitive theory				
7. Relapse prevention				
8. Positive psychology				
9. Solution-focused coaching				
D. Monitor Client Outcomes				
E. Recognize Need for Referral to Healthcare Professional				
4. SAFETY, EMERGENCY PROCEDURES, AND LEGAL ISSUES	4	6	0	10
A. Comply with Scope of Practice Requirements				
B. Practice Safety Procedures				
C. Follow Emergency Procedures				
D. Recognize Professional, Legal, and Ethical Responsibilities				
E. Comply with HIPAA Regulations				
TOTAL ITEMS	21	59	20	100

CSPS SAMPLE QUESTIONS

1. The initial strength training program for a client with Stage I hypertension should include which of the following variables?

	Reps	% 1RM	Rest Periods
A.	8	80	1 min
B.	10	60	1 min
C.	12	40	1 min

2. Which of the following exercises are contraindicated for a client who suffers from spondylolysis?
 - A. lying trunk extension
 - B. lat pulldown
 - C. abdominal curls
3. A 25-year-old male client visits his physician because he wants to begin an exercise program. Results of a maximal graded exercise test indicate he has episodes of supraventricular tachycardia at a heart rate of 160 bpm. The physician clears him for exercise. Based on this information, which of the following should the fitness professional do?
 - A. perform a cardiorespiratory evaluation up to 85% of the age-predicted HRmax
 - B. recommend a heart-healthy diet and begin a low-intensity exercise program
 - C. conduct a fitness examination using 150 bpm as the maximum heart rate
4. A client has been medically diagnosed as having tendonitis of the supraspinatus. Which of the following exercises is contraindicated?
 - A. supine triceps extension
 - B. dumbbell pullover
 - C. seated row

SCENARIO

A new 45-year-old female client is a business owner and has three small children. Her medical history reveals the following:

Height: 5 ft 5 in (165 cm)

Weight: 220 lb (100 kg)

TC: 290 mg/dL

Triglycerides: 214 mg/dL

ECG: Normal

Blood pressure: 115/100 mm Hg

Resting heart rate: 68 bpm

Maximum heart rate: 179 bpm

Additional history: Congenital heart murmur

Gained 80 lb (36.3 kg) within the last 2 years

Family history: Mother had a malignant breast tumor removed

Aunt died of breast cancer at age 41

No family history of coronary artery disease

Her primary goals are to “get healthy” and “increase stamina” to keep up with her children. The client states that she feels very flexible in her low back and legs. Her ankles sometimes swell. She owns a treadmill and enjoys walking.

END OF SCENARIO

5. Which of the following is this client’s major coronary risk factor?
- A. known heart murmur
 - B. diastolic blood pressure of more than 90 mm Hg
 - C. ankle edema

Answers: (1) C (2) A (3) C (4) B (5) B