NASM CES Corrective Prep

Free Practice Test — 30 Real Exam-Style Questions

with full answer key & explanations

Practice Questions

Try all 30 first, then check the answer key at the back.

1. Which type of stretching relies on reciprocal inhibition to facilitate muscle lengthening?

A. Passive stretching
B. Ballistic stretching
C. PNF stretching
D. Active stretching

2. In the NASM Corrective Exercise Continuum, which technique should immediately precede lengthening techniques?

A. Integration techniques
B. Assessment techniques
C. Inhibitory techniques
D. Activation techniques

3. What is the recommended duration for a static stretch when applying lengthening techniques to overactive muscles?

A. 2 minutes
B. 30 seconds
C. 10 seconds
D. 60 seconds

4. Which of the following is a key principle when applying static stretching in a corrective exercise program?

A. Focus on stretching muscles identified as overactive during assessment
B. Always stretch all major muscle groups equally
C. Prioritize stretching the strongest muscles first
D. Apply static stretching before foam rolling

5. What neurophysiological mechanism primarily explains the effectiveness of PNF stretching techniques?

A. Myofascial release
B. Muscle spindle activation
C. Motor unit recruitment
D. Autogenic inhibition

6. Which stretching technique involves actively contracting the muscle opposite to the one being stretched?

A. Ballistic stretching
B. Passive stretching
C. Active stretching
D. Static stretching

7. What is a primary contraindication for applying aggressive lengthening techniques?

A. Successful completion of inhibitory techniques
B. Acute inflammation in the target area
C. Mild muscle soreness
D. Previous flexibility training

8. When implementing dynamic stretching in a corrective exercise program, when is it most appropriately applied?

A. During the integration phase
B. Immediately after static assessment
C. Before inhibitory techniques
D. After activation techniques but before integration

9. Which of the following best describes the contract-relax PNF stretching technique?

A. Rapid bouncing movements to increase range of motion
B. Continuous tension applied by an external force
C. Contracting the antagonist muscle while stretching the target muscle
D. Isometric contraction of the target muscle followed by relaxation and increased stretch

10. What physiological adaptation occurs with consistent application of lengthening techniques over time?

A. Reduced neural activation threshold
B. Increased fascia thickness
C. Increased sarcomere number in series
D. Decreased muscle fiber diameter

11. Which of the following is a key benefit of properly implemented lengthening techniques in a corrective exercise program?

A. Decreased neural drive to all muscle groups
B. Restoration of optimal length-tension relationships
C. Immediate strength increases
D. Rapid hypertrophy of target muscles

12. When applying static stretching for the pectoralis major in a client with rounded shoulders, what position should be avoided?

A. Stretching with the shoulder in internal rotation
B. Stretching with the elbow slightly bent
C. Stretching with the arm at shoulder height
D. Stretching in a doorway

13. How should breathing be coordinated with static stretching for optimal results?

A. Hold breath throughout the entire stretch
B. Inhale rapidly when entering the stretch position
C. Breathe normally without any specific pattern
D. Exhale slowly during the deepest part of the stretch

14. What is the recommended frequency for applying lengthening techniques to overactive muscles in a corrective exercise program?

A. Every other day
B. Twice a week
C. Daily
D. Once a week

15. Which of the following represents the correct sequence when applying the contract-relax-antagonist-contract (CRAC) PNF technique?

A. Relaxation, isometric contraction, antagonist contraction, deeper stretch
B. Isometric contraction, relaxation, antagonist contraction, deeper stretch
C. Antagonist contraction, isometric contraction, relaxation, deeper stretch
D. Deeper stretch, isometric contraction, relaxation, antagonist contraction

16. What is a key difference between static and active stretching techniques?

A. Active stretching requires muscular effort to hold the stretch position
B. Static stretching produces greater immediate flexibility gains
C. Active stretching must always be performed with a partner
D. Static stretching is only effective for postural muscles

17. Which of the following muscles would most likely require lengthening techniques in a client with an anterior pelvic tilt?

A. Gluteus maximus
B. Rectus abdominis
C. External obliques
D. Hip flexors

18. What potential risk is associated with applying ballistic stretching in a corrective exercise program?

A. Decreased core temperature
B. Reduced proprioceptive awareness
C. Triggering the stretch reflex leading to potential muscle strains
D. Excessive parasympathetic nervous system activation

19. How should stretching intensity be modified when working with an older adult population?

A. Apply the same protocols used for younger clients
B. Reduce intensity and emphasize gradual progression
C. Increase intensity to overcome age-related stiffness
D. Focus exclusively on dynamic stretching

20. What is the primary purpose of incorporating active stretching in a corrective exercise program?

A. To improve reciprocal relationships between opposing muscle groups
B. To maximize caloric expenditure during the warm-up
C. To increase blood pressure before resistance training
D. To prioritize strength over flexibility

21. What is the primary purpose of activation techniques in the NASM Corrective Exercise Continuum?

A. To decrease neural drive to overactive muscles
B. To increase range of motion in restricted joints
C. To integrate isolated movements into functional patterns
D. To strengthen and increase neural drive to underactive muscles

22. In the NASM Corrective Exercise Continuum, when should activation techniques be implemented?

A. Simultaneously with inhibitory techniques
B. After integration techniques
C. After inhibitory and lengthening techniques
D. Before inhibitory techniques

23. Which activation technique would be most appropriate for a client with underactive gluteus medius identified during movement assessment?

A. Standing hip adduction
B. Side-lying hip abduction
C. Prone hip extension
D. Seated hip flexion

24. What is a key consideration when designing activation exercises for underactive lower trapezius muscles?

A. Ensuring proper scapular position before adding resistance
B. Maximizing weight to increase muscle hypertrophy
C. Performing the exercise at high speed
D. Focusing primarily on concentric contractions

25. What is the recommended tempo for performing activation exercises according to NASM guidelines?

A. Fast and explosive (1/0/1 tempo)
B. Moderate and rhythmic (2/0/2 tempo)
C. Variable tempo depending on the exercise
D. Slow and controlled (4/2/1 tempo)

26. Which of the following is a contraindication for performing activation exercises?

A. Previous history of injury that has fully healed
B. Client reporting mild fatigue
C. Acute pain in the target muscle or joint
D. Mild muscle soreness from previous training

27. What is the recommended number of repetitions for activation exercises according to NASM guidelines?

A. 30+ repetitions
B. 10-15 repetitions
C. 1-5 repetitions
D. 20-25 repetitions

28. Which principle is most important when selecting activation exercises for a client?

A. Specificity to the underactive muscles identified during assessment
B. Complexity of the movement pattern
C. Ability to perform the exercise at high intensity
D. Client's preference for certain exercise types

29. A client with upper crossed syndrome would likely benefit from activation techniques targeting which muscle group?

A. Upper trapezius and pectoralis major
B. Rectus abdominis and external obliques
C. Quadriceps and hamstrings
D. Deep cervical flexors and middle/lower trapezius

30. What is the appropriate resistance level for activation exercises?

A. Moderate resistance with explosive movement
B. Maximum resistance that can be handled for 1-3 repetitions
C. Light resistance that allows for proper form and muscle recruitment
D. Heavy resistance to maximize muscle hypertrophy

Answer Key & Explanations

1. D — Active stretching
Active stretching relies on reciprocal inhibition, a neurophysiological principle where the antagonist muscle relaxes when the agonist contracts. This allows for more effective lengthening of the target muscle.

2. C — Inhibitory techniques
In the NASM Corrective Exercise Continuum, inhibitory techniques (like self-myofascial release) should immediately precede lengthening techniques to reduce muscular tension before attempting to increase range of motion.

3. B — 30 seconds
According to NASM's corrective exercise protocols, static stretches should be held for 30 seconds to achieve optimal lengthening of overactive muscles.

4. A — Focus on stretching muscles identified as overactive during assessment
Static stretching should specifically target muscles identified as overactive during the assessment process to address specific muscle imbalances, rather than general stretching of all muscle groups.

5. D — Autogenic inhibition
PNF (Proprioceptive Neuromuscular Facilitation) techniques primarily work through autogenic inhibition, where the Golgi tendon organs respond to tension by causing the muscle to relax, allowing for greater range of motion.

6. C — Active stretching
Active stretching involves contracting the antagonist muscle (the one opposite to the muscle being stretched) to create reciprocal inhibition, allowing for greater lengthening of the target muscle.

7. B — Acute inflammation in the target area
Acute inflammation indicates tissue damage and ongoing healing processes; applying aggressive lengthening techniques could further damage tissues and impair the healing process.

8. A — During the integration phase
Dynamic stretching is most appropriate during the integration phase of corrective exercise as it involves movement-based stretching that prepares the body for the integrated movements to follow.

9. D — Isometric contraction of the target muscle followed by relaxation and increased stretch
The contract-relax PNF technique involves actively contracting the target muscle isometrically for 5-6 seconds, followed by a brief relaxation period, and then moving into a deeper stretch.

10. C — Increased sarcomere number in series
Regular application of lengthening techniques increases sarcomere number in series, a process called sarcomerogenesis, which allows the muscle to maintain force production over a greater functional range.

11. B — Restoration of optimal length-tension relationships
Properly implemented lengthening techniques help restore optimal length-tension relationships in the musculature, allowing muscles to generate appropriate force at various joint angles.

12. A — Stretching with the shoulder in internal rotation
In clients with rounded shoulders, stretching the pectoralis major with the shoulder in internal rotation should be avoided as it can place excessive stress on the anterior capsule and potentially exacerbate existing imbalances.

13. D — Exhale slowly during the deepest part of the stretch
Slow, deep exhalations during the deepest part of a stretch help facilitate relaxation through the parasympathetic nervous system, allowing for greater muscle lengthening.

14. C — Daily
For optimal results, lengthening techniques should be applied daily to overactive muscles identified during assessment, allowing for progressive improvements in tissue extensibility.

15. B — Isometric contraction, relaxation, antagonist contraction, deeper stretch
The CRAC PNF technique follows this specific sequence: isometric contraction of the target muscle, relaxation phase, contraction of the antagonist muscle, then moving into a deeper stretch.

16. A — Active stretching requires muscular effort to hold the stretch position
Static stretching involves holding a stretch position passively without muscular effort, while active stretching requires contraction of the antagonist muscle to stretch the target muscle, promoting both flexibility and strength in the contracting muscle.

17. D — Hip flexors
In clients with anterior pelvic tilt, the hip flexors (including iliopsoas) are typically overactive and shortened, requiring lengthening techniques to help restore proper pelvic alignment.

18. C — Triggering the stretch reflex leading to potential muscle strains
Ballistic stretching involves rapid, bouncing movements that can trigger the stretch reflex, potentially causing the muscle to contract instead of relax, which may lead to muscle strains or tears.

19. B — Reduce intensity and emphasize gradual progression
Older adults typically have decreased tissue elasticity and may have pre-existing conditions, requiring a more gradual approach to stretching. Intensity should be reduced with emphasis on gentle, progressive stretching techniques.

20. A — To improve reciprocal relationships between opposing muscle groups
Active stretching simultaneously lengthens the target muscle while activating the antagonist, helping to improve the reciprocal relationship between opposing muscle groups and addressing muscle imbalances.

21. D — To strengthen and increase neural drive to underactive muscles
Activation techniques are specifically designed to strengthen and improve neural drive to underactive muscles that have been identified during the assessment process. This helps restore proper neuromuscular efficiency and muscle balance.

22. C — After inhibitory and lengthening techniques
The NASM Corrective Exercise Continuum follows a specific sequence: inhibit overactive muscles, lengthen

shortened muscles, activate underactive muscles, and then integrate with functional movements. Activation techniques should be performed after inhibitory and lengthening techniques.

23. B — Side-lying hip abduction
Side-lying hip abduction directly targets and activates the gluteus medius, which is commonly underactive. This isolated movement helps establish proper neuromuscular control and strength in this muscle before progressing to more integrated movements.

24. A — Ensuring proper scapular position before adding resistance
When activating the lower trapezius, it's critical to ensure proper scapular position before adding resistance. Improper scapular position can lead to compensatory patterns that further reinforce muscle imbalances rather than correcting them.

25. D — Slow and controlled (4/2/1 tempo)
NASM recommends a slow, controlled tempo (4/2/1) for activation exercises, with a 4-second eccentric phase, 2-second isometric hold, and 1-second concentric phase. This enhances neuromuscular control and reduces the risk of compensatory patterns.

26. C — Acute pain in the target muscle or joint
Activation exercises should not be performed when a client is experiencing acute pain, as this could exacerbate the condition. Pain is a protective mechanism and forcing activation through pain can cause further injury or reinforce dysfunctional patterns.

27. B — 10-15 repetitions
NASM recommends 10-15 repetitions for activation exercises. This repetition range optimizes neuromuscular efficiency without causing excessive fatigue that might lead to compensatory movement patterns.

28. A — Specificity to the underactive muscles identified during assessment
The specificity principle is paramount when selecting activation exercises. The exercises must target the specific underactive muscles identified during the assessment process to effectively address the client's movement dysfunctions.

29. D — Deep cervical flexors and middle/lower trapezius
Upper crossed syndrome typically presents with weakened deep cervical flexors and middle/lower trapezius. Activating these muscles helps correct the muscular imbalances characteristic of this postural distortion.

30. C — Light resistance that allows for proper form and muscle recruitment
Activation exercises should use a light resistance (bodyweight or light external load) to focus on proper recruitment patterns rather than maximal strength development. This minimizes the risk of compensation while enhancing neuromuscular control.

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