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Practice Questions

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1. Which of the following conditions is defined by the pancreas failing to produce insulin in amounts sufficient to meet the body's needs, resulting in elevated blood glucose levels?

- A. Type 1 Diabetes Mellitus
- B. Type 2 Diabetes Mellitus
- C. Hypoglycemia

2. Identify the three key factors contributing to the condition known as metabolic syndrome.

- A. Low blood sugar levels, dehydration, and narrowed arteries
- B. Insulin resistance, abdominal obesity, and hypertension
- C. Increased muscle mass, high bone density, and improved endurance

3. Which of the following are common symptoms of pneumonia except:

- A. Muscle cramps
- B. Fever
- C. Coughing

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4. Which factor is most likely to lead to an increase in respiratory issues in adults over the next decade?

- A. Rising popularity of indoor plants
- B. Improved healthcare facilities
- C. Increasing rate of air pollution

5. Which of the following conditions is characterized by a softening and weakening of bones due to vitamin D deficiency?

- A. Osteomalacia
- B. Osteoporosis
- C. Arthritis



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6. In individuals with osteoporosis, what is the condition characterized by an exaggerated curvature of the thoracic spine known as?

- A. Kyphosis
- B. Scoliosis
- C. Lordosis

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7. In the context of diabetes management, what does the "A" in the ABCs of diabetes care refer to?

- A. Aerobic exercise guidance
- B. A1C levels (average blood glucose)
- C. Arterial blood pressure

8. All of the following are symptoms of hyperglycemia except:

- A. Weight gain
- B. Frequent urination
- C. Increased thirst

9. Each of the following is a category of blood pressure medication except:

- A. ACE inhibitors
- B. Antihistamines
- C. Beta-blockers

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10. A client is diagnosed with essential hypertension. Their resting systolic blood pressure is greater than which of the following values?

- A. 130 mmHg
- B. 120 mmHg
- C. 140 mmHg

11. Why are individuals with obesity more likely to be classified under the "metabolic syndrome" special population?

- A. Negative cycle of insulin resistance and inactivity
- B. The onset of metabolic syndrome begins at a body mass index of 30
- C. Medications prescribed for obesity induce symptoms of metabolic syndrome



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12. All of the following are considered risk factors for hypertension in older adults except:

- A. Obesity
- B. Regular physical activity
- C. Excessive salt intake

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13. Which of the following conditions is characterized by persistent, medically unexplained joint pain lasting for at least six months?

- A. Osteoarthritis
- B. Rheumatoid arthritis
- C. Fibromyalgia

14. Which of the following best reflects the recommended acute variables of a cardiovascular training exercise program for an elderly client with osteoporosis?

- A. 6-7 days per week / 10-20 minutes / High intensity / Swimming only
- B. 2-3 days per week / 40-60 minutes / Moderate to high intensity / Running
- C. 3-4 days per week / 20-40 minutes / Light to moderate intensity / Walking or cycling

15. For older adults experiencing frailty, which of the following should an exercise program primarily emphasize to improve functional independence?

- A. Aerobic capacity
- B. Balance
- C. Flexibility

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16. Which of the following best describes the recommended exercise guidelines for a client with osteoporosis?

- A. 2-3 days per week / Weight-bearing exercises only / High intensity (80-90% 1RM) / 3-5 sets / 5-10 reps
- B. 3-4 days per week / Weight-bearing and resistance exercises / Moderate intensity (60-80% 1RM) / 2-3 sets / 8-15 reps
- C. 5-7 days per week / Resistance exercises only / Low intensity (30-50% 1RM) / 1-2 sets / 15-20 reps



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17. What are the optimal acute variables for a strength training program designed for an elderly client with osteoporosis?

- A. 1-2 days per week / Isolation exercises / Low intensity (30% to 40% 1RM) / 15-20 repetitions
- B. 4-5 days per week / Whole body circuits / High intensity (80% to 95% 1RM) / 3-6 repetitions
- C. 2-3 days per week / Major muscle groups / Moderate intensity (60% to 80% 1RM) / 8-12 repetitions

18. Which of the following best describes the recommended program duration and intensity for a strength training regimen in older adults with osteopenia?

- A. 5-7 times per week / High intensity / 15-20 repetitions per set
- B. 3-4 times per week / Moderate intensity / 8-12 repetitions per set
- C. 1-2 times per week / Low intensity / 3-5 repetitions per set

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19. Which of the following best reflects the recommended acute variables of a resistance training program for a client with osteoporosis?

- A. 2-3 days per week / Machine weights / Low to moderate RPE levels / 10-15 minute sessions
- B. 3-4 days per week / Free weights / 75% 1RM / 30-45 minute sessions
- C. 5-7 days per week / Elastic bands / High intensity / 60-minute sessions

20. Which of the following best reflects the recommended cardiovascular training parameters for a client with chronic obstructive pulmonary disease (COPD)?

- A. 5-7 days per week / Low intensity: 40-55% HRmax / 40-50 minutes / Balanced upper and lower body endurance
- B. 3-5 days per week / Moderate intensity: 50-70% HRmax / 20-30 minutes / Focus on lower body endurance
- C. 2 days per week / High intensity: 70-85% HRmax / 10-20 minutes / Focus on upper body endurance

21. For clients with osteoporosis, which of the following practices is ideal to enhance bone health?

- A. Weight-bearing exercises
- B. Extended bed rest
- C. Increased calcium supplement dosage beyond recommended levels

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22. Which recommended acute variables best suit a strength training program for an individual with osteoporosis?

- A. 1 day per week / Non-weight-bearing exercises only / Very low intensity / 20-25 repetitions per set
- B. 2 days per week / Weight-bearing exercises / Low to moderate intensity / 8-12 repetitions per set
- C. 5 days per week / High-impact plyometrics / High intensity / 15 reps per set

23. Which of the following best reflects the recommended strength training guidelines for a client with Parkinson's disease?

- A. 2-3 days per week / Machines or free weights / 40% to < 60% 1RM / 1-2 sets of 10-15 reps
- B. 4-5 days per week / Olympic lifts / 75% to 85% 1RM / 4-5 sets of 3-5 reps
- C. 1 day per week / Powerlifting movements / 60% to 75% 1RM / 3-4 sets of 8-10 reps

24. Which of the following best reflects the recommended acute variables of a resistance training exercise program for a client with osteoporosis?

- A. 3-5 days per week / 8-12 exercises / 60-85% 1RM / 3-4 sets / 10-15 reps
- B. 2-3 days per week / 6-8 multijoint exercises / 40-70% 1RM / 2-3 sets / 8-12 reps
- C. 1-2 days per week / 4-6 multijoint exercises / 30-50% 1RM / 1-2 sets / 6-10 reps

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25. Which of the following best describes the recommended exercise prescription for a client recovering from COVID-19?

- A. 3-4 days per week / 8-10 exercises / 60-80% VO2 max / 3-4 sets / 8-12 reps
- B. 5-6 days per week / High-intensity interval training / 85-95% HR max / Multiple sets
- C. Based on tolerance / Low impact, low intensity activities / Gradual increase in exercise volume

26. Which of the following can significantly contribute to a client's chronic pain experience?

- A. Socioeconomic status
- B. Client's hobbies
- C. Overemphasis on rest by healthcare providers

27. During a nutrition consultation, you should help clients understand how to establish the F.I.T.T. principle for their dietary habits. What does this acronym stand for?

- A. Frequency, Intensity, Time, and Type
- B. Focus, Intake, Toughness, and Timing
- C. Functionality, Interaction, Taste, and Timing



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28. Physical activity can aid in the recovery of a mild muscle strain. Before beginning such a regimen, which condition must be met?

- A. Muscle soreness subsides
- B. Completion of a surgical procedure
- C. Medical clearance

29. A client exhibits signs of dehydration and heat exhaustion during an outdoor training session. Which of the following actions should a trainer take first to ensure the client's safety?

- A. Call for emergency medical services immediately.
- B. Continue the session at a decreased intensity.
- C. Move the client to a shaded area and provide them with water.

30. Evaluate the accessibility adaptations required to ensure the safety and effectiveness of exercise environments for clients with disabilities, as shown in the table below. Condition Adaptation Needed Potential Barrier Mobility Impairment Ramp installation Physical layout Visual Impairment Braille signage Navigation Hearing Impairment Visual alarms Auditory cues

- A. Client's music preference
- B. Hypertrophic gain targets
- C. Ramp installation for mobility impairment



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Answer Key & Explanations

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1. A — Type 1 Diabetes Mellitus

Answer: Type 1 Diabetes Mellitus. This condition is characterized by the autoimmune destruction of the insulin-producing beta cells in the pancreas, leading to insufficient insulin production and elevated blood glucose levels. It differs from Type 2 Diabetes Mellitus, where insulin resistance is the primary issue, and hypoglycemia, which describes low blood glucose levels.

2. B — Insulin resistance, abdominal obesity, and hypertension

Metabolic syndrome is characterized by a cluster of conditions, including insulin resistance, abdominal obesity, and hypertension. These factors increase the risk of heart disease, stroke, and type 2 diabetes by affecting how the body processes blood sugar, stores fat, and regulates blood pressure.

3. A — Muscle cramps

Answer: Muscle cramps Pneumonia is an infection of the lungs that can be caused by bacteria, viruses, or fungi. Common symptoms include: - Fever - Cough - Shortness of breath - Chest pain Muscle cramps are not typically associated with pneumonia.

4. C — Increasing rate of air pollution

Increasing rate of air pollution is a significant contributor to respiratory issues. The pollutants in the air can exacerbate conditions such as asthma and chronic obstructive pulmonary disease (COPD).

5. A — Osteomalacia

Osteomalacia is the softening and weakening of bones in adults, typically due to vitamin D deficiency. This condition leads to bone pain and tenderness and results in an increased likelihood of fractures. Unlike osteoporosis, which involves the reduction of bone mass making bones brittle but not necessarily softer, osteomalacia directly results from insufficient mineralization of the bone matrix.

6. A — Kyphosis

Answer: Kyphosis In individuals with osteoporosis, particularly older adults, the condition characterized by an exaggerated curvature of the thoracic spine is called kyphosis. It often arises from compression fractures within the vertebrae leading to an outward curvature. Addressing this with appropriate exercise programs can help improve posture and reduce pain.

7. B — A1C levels (average blood glucose)

Answer: A1C levels (average blood glucose) In diabetes management, the ABCs help track important health measures. The "A" refers to the A1C test, which indicates the average blood glucose control over the past 2 to 3 months. Regular monitoring helps reduce the risk of diabetes-related complications.

8. A — Weight gain

Answer: Weight gain Hyperglycemia is a condition where there is an excess of glucose in the bloodstream, commonly associated with diabetes. Symptoms of hyperglycemia include: Frequent urination, increased thirst, blurred vision, fatigue, and headache. Weight gain is not typically a symptom of hyperglycemia; rather, it is associated with other conditions and factors.



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9. B — Antihistamines

Answer: Antihistamines Blood pressure medications are meant to regulate blood pressure levels in individuals with hypertension or heart conditions. Common categories include: 1. Diuretics: Help eliminate excess sodium and water from the body, reducing blood volume. 2. Beta-blockers: Reduce heart rate and workload on the heart. 3. ACE inhibitors: Help relax blood vessels by inhibiting the formation of angiotensin II. 4. Calcium channel blockers: Prevent calcium from entering cells of the heart and blood vessel walls, resulting in lower blood pressure. Antihistamines are used primarily to treat allergic reactions and do not belong to any category of blood pressure medications.

10. C — 140 mmHg

Answer: 140 mmHg Essential hypertension is defined as having a resting systolic blood pressure of over 140 mmHg. Recognizing the correct threshold for diagnosing hypertension is crucial for developing an effective exercise program and making suitable medical referrals.

11. A — Negative cycle of insulin resistance and inactivity

Individuals with obesity are more likely to be classified under the "metabolic syndrome" special population because they are susceptible to a negative cycle of insulin resistance and inactivity. The presence of excess body fat leads to insulin resistance, which further exacerbates the symptoms of metabolic syndrome. For example, individuals with obesity often experience increased levels of fasting glucose and dyslipidemia. Due to insulin resistance, they may become less inclined to engage in physical activity, worsening their condition. Over time, this can lead to increased cardiovascular risk, further elevating the risk of comorbid conditions such as hypertension and type 2 diabetes.

12. B — Regular physical activity

The correct answer is Regular physical activity. Hypertension in older adults is influenced by various risk factors, including: 1. Excessive salt intake 2. Obesity 3. Sedentary lifestyle Regular physical activity is actually protective against hypertension.

13. C — Fibromyalgia

Fibromyalgia is a condition characterized by persistent and medically unexplained joint pain lasting for at least six months. Unlike osteoarthritis and rheumatoid arthritis, fibromyalgia pain is widespread and not linked to joint inflammation or damage.

14. C — 3-4 days per week / 20-40 minutes / Light to moderate intensity / Walking or cycling

Answer: 3-4 days per week / 20-40 minutes / Light to moderate intensity / Walking or cycling For elderly clients with osteoporosis, cardiovascular training should focus on low-impact exercises that enhance bone density and minimize risk of injury. By maintaining light to moderate intensity over a fewer number of days, clients can gradually build bone strength and improve cardiovascular health, while minimizing strain on bones and joints.

15. B — Balance

Answer: Balance Improving balance is crucial for older adults with frailty as it directly enhances their ability to perform daily activities independently, reducing the risk of falls. While flexibility and aerobic capacity are also important, balance should be the primary focus to support functional independence.

16. B — 3-4 days per week / Weight-bearing and resistance exercises / Moderate intensity (60-80% 1RM) / 2-3 sets / 8-15 reps

For clients with osteoporosis, it is recommended to engage in weight-bearing and resistance exercises 3-4



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days per week. The intensity should be moderate, around 60-80% of 1RM, accompanied by 2-3 sets of 8-15 repetitions. This helps in improving bone density and strength, while minimizing injury risk. Adjustments may be needed based on ongoing assessments and client feedback.

17. C — 2-3 days per week / Major muscle groups / Moderate intensity (60% to 80% 1RM) / 8-12 repetitions

For clients with osteoporosis, it is crucial to focus on strength training variables that enhance muscle mass and bone density without excessive strain. Recommended acute variables include training 2-3 days per week using major muscle groups at a moderate intensity of 60% to 80% of 1RM with 8-12 repetitions to ensure safety and effectiveness.

18. B — 3-4 times per week / Moderate intensity / 8-12 repetitions per set

For older adults with osteopenia, strength training should be conducted 3-4 times per week at a moderate intensity, focusing on 8-12 repetitions per set. This regimen supports bone density maintenance and muscular strength without excessive risk of injury.

19. A — 2-3 days per week / Machine weights / Low to moderate RPE levels / 10-15 minute sessions

Answer: 2-3 days per week / Machine weights / Low to moderate RPE levels / 10-15 minute sessions For clients with osteoporosis, a resistance training program should focus on the following acute variables: - Frequency: 2-3 days per week (progress to higher frequencies with increased tolerance) - Equipment: Machine weights provide controlled motion to minimize risk of injury - Intensity: Low to moderate RPE levels to gradually increase strength - Duration: Start with 10-15 minute sessions and increase duration before intensity These variables ensure the program is safe yet effective for bone strengthening, reducing osteoporosis symptoms, and improving quality of life.

20. B — 3-5 days per week / Moderate intensity: 50-70% HRmax / 20-30 minutes / Focus on lower body endurance

Answer: 3-5 days per week / Moderate intensity: 50-70% HRmax / 20-30 minutes / Focus on lower body endurance For clients with chronic obstructive pulmonary disease (COPD), it is recommended to follow these cardiovascular training parameters: 3-5 days per week of training Moderate intensity: approximately 50-70% of maximum heart rate (HRmax) Session duration of 20-30 minutes focusing on building lower body endurance Adjustments may be necessary based on exercise testing outcomes and symptom severity during exercise.

21. A — Weight-bearing exercises

Weight-bearing exercises are ideal for enhancing bone health in clients with osteoporosis. Engaging in regular physical activity helps improve bone density and reduce the risk of fractures. Extended bed rest and excessive calcium supplementation without professional guidance may lead to adverse effects without improving bone health.

22. B — 2 days per week / Weight-bearing exercises / Low to moderate intensity / 8-12 repetitions per set

Answer: 2 days per week / Weight-bearing exercises / Low to moderate intensity / 8-12 repetitions per set For individuals with osteoporosis, the following acute variables are recommended for a standard strength training program: Weight-bearing exercises should be used to improve bone density. Training should occur at low to moderate intensity levels, focusing on maintaining bone health without undue risk of fracture. Begin with 8-12 repetitions per set for optimal bone stimulation and muscle strength gains.



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23. A — 2-3 days per week / Machines or free weights / 40% to < 60% 1RM / 1-2 sets of 10-15 reps

Answer: 2-3 days per week / Machines or free weights / 40% to < 60% 1RM / 1-2 sets of 10-15 reps For clients with Parkinson's disease, the following acute variables are recommended for a typical strength training program: 2-3 days per week (progressing based on adaptation) Machines or free weights that the client can safely manage Intensity: light to moderate (40% to < 60% 1RM) Begin with 1-2 sets of 10-15 repetitions; increase sets as tolerated Adjust guidelines based on client progress and safety assessments.

24. B — 2-3 days per week / 6-8 multijoint exercises / 40-70% 1RM / 2-3 sets / 8-12 reps

Answer: 2-3 days per week / 6-8 multijoint exercises / 40-70% 1RM / 2-3 sets / 8-12 reps For clients with osteoporosis, resistance training is critical in maintaining bone density and improving overall strength. The following acute variables are recommended for safety and effectiveness: Frequency: 2-3 days per week is optimal, allowing for rest and recovery. Exercises: Focus should be on 6-8 multijoint exercises to target large muscle groups. Intensity: 40-70% of 1RM is recommended to challenge muscles without excessive strain. Sets and Repetitions: 2-3 sets of 8-12 repetitions each. Consider that these variables can be adjusted based on the individual's health status and response to training. Consult a healthcare provider or physical therapist for personalized guidance.

25. C — Based on tolerance / Low impact, low intensity activities / Gradual increase in exercise volume

Answer: Based on tolerance / Low impact, low intensity activities / Gradual increase in exercise volume Clients recovering from COVID-19 may experience varying levels of fitness and symptoms. Exercise prescriptions should consider the client's tolerance and prioritize low impact, low intensity activities to avoid overtaxing the cardiovascular and respiratory systems. It is important to increase exercise volume gradually, monitoring the client's response to physical exertion and adjusting the plan accordingly.

26. C — Overemphasis on rest by healthcare providers

Answer: Overemphasis on rest by healthcare providers While healthcare providers often recommend rest to manage pain, excessive sedentary behavior can exacerbate chronic pain conditions. Physical inactivity may perpetuate a cycle of increased pain sensitivity, reduced physical capacity, and further avoidance of activity, deepening the chronic pain experience.

27. A — Frequency, Intensity, Time, and Type

Answer: Frequency, Intensity, Time, and Type. These are key principles in designing an effective exercise or nutrition plan. Frequency: How often the activity is performed; Intensity: How hard the activity is; Time: Duration of each activity session; Type: Kind of activity performed.

28. C — Medical clearance

Answer: Medical clearance. Initiating exercise for the recovery of a mild muscle strain should occur only after a healthcare professional has given medical clearance. This ensures that the muscle strain has been adequately assessed and is ready for the stress of physical activity. Starting physical activity without medical clearance can lead to further strain or injury.

29. C — Move the client to a shaded area and provide them with water.

The correct initial action is to move the client to a shaded area and provide them with water. This helps to quickly address the symptoms of dehydration and heat exhaustion. While calling emergency medical services is crucial if the condition does not improve, the immediate step is to reduce further heat exposure and rehydrate the client.



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30. C — Ramp installation for mobility impairment

Answer: Ramp installation for mobility impairment. Clients with disabilities often face physical barriers in accessing exercise environments. Ramps are essential adaptations to ensure accessibility for those with mobility impairments, thus making the exercise programs both safe and effective.



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