



ACSM Certified Personal Trainer®

Exam Content Outline

Effective July 10, 2025

The job task analysis (JTA) is intended to serve as a blueprint of the job of an ACSM Certified Personal Trainer® (ACSM-CPT®). The exam intended to assess the practice-related knowledge of professionals seeking certification as an ACSM-CPT® is based on the content of this document. Each performance domain is divided into job tasks. Within each task is a list of statements that describe what an ACSM-CPT® should know and/or be able to perform as part of their job, either in-person or remotely. When preparing for the exam, it is important to remember that all exam questions are based on this outline.

Job Definition

The ACSM Certified Personal Trainer® (ACSM-CPT®) is qualified to plan and implement exercise programs for healthy individuals or those who have medical clearance to exercise. The ACSM-CPT® facilitates motivation and adherence, as well as develops and administers programs designed to enhance muscular strength, endurance, flexibility, cardiorespiratory fitness, body composition and/or any of the motor skill-related components of physical fitness.

Overview

The ACSM-CPT® exam has a seat time of 150 minutes and consists of 135 items; of which 120 items are scored and 15 are non-scored. The percentages listed in Table 1 indicate the proportion of questions representing each performance domain.

Before an item can be used on an exam, it is subjected to Credentialing Committee review and pre-testing. Pretesting allows the Credentialing Committee to gather statistical information about new items for evaluation purposes without affecting candidate scores. Statistical information gathered from pre-test items is analyzed to determine if the items function properly and are ready for use as scored items. Pre-test items are randomly interspersed throughout the exam and indistinguishable from scored items. Candidates should treat each item as if it will be scored.

Table 1. 2021 ACSM-CPT® Performance Domains

Domain I: Initial Client Consultation and Assessment	25%
Domain II: Exercise Programming and Implementation	43%
Domain III: Exercise Leadership and Client Education	22%
Domain IV: Legal and Professional Responsibilities	10%
Total	100%

Cognitive Level

The job of a personal trainer can range between simple and complicated tasks. Much in the same way, the ACSM-CPT® exam items are written at different levels of cognitive complexity. Cognitive complexity is a way of describing the extent to which a candidate should know or be able to perform a task. A low level of cognitive processing is simple recall of information whereas a higher level of cognitive processing includes analysis, evaluations, and judgments. ACSM uses three levels of cognitive challenge: recall, application, and synthesis.

Recall = remember basic facts, information, or steps in a process.

Example: When should a personal trainer administer a PAR-Q+ to a client?

- A. before the fitness evaluation
- B. following the first exercise session
- C. during the physician's medical examination
- D. after creating an exercise prescription

Application = comprehend and implement processes, interpret simple results, or summarize information.

Example question: A personal trainer is conducting a 12-min walk test. Approximately 10 minutes into the test, the client reports that they are starting to discomfort in their chest. The client indicates that they would like to continue.

Which of the following is the most appropriate recommendation?

- A. Reduce the walking speed.
- B. Decrease the stride length.
- C. Minimize arm movements.
- D. Suspend the test.

Synthesis = differentiate, relate parts of a system, make judgments on new information based on given criteria, critique a process or product, make recommendations.

Example: During the preparticipation screening, a client presents with the following information:

- Physical activity: jogs 2-3 times per week at 70% of HRR for 20 minutes
- Current medication: high blood pressure medication
- Health history:
 - A physical examination was conducted 10 months ago.
 - Family physician cleared the client to exercise at that time.
- Goal: Participate in a marathon for the first time in six months.

The client would like to begin an exercise program right away. Which of the following is the most appropriate to perform next?

- A. Discontinue the screening and request a current exercise clearance.
- B. Select and administer an aerobic endurance test when the client is ready.
- C. Start the client on a moderate intensity aerobic exercise program 5-6 times/week.
- D. Begin the client on a vigorous intensity aerobic exercise program 3-4 times/week.

Example keys

Recall: A

Application: D

Analysis: B

Table 2. Job tasks and related knowledge and skill statements		Cognitive Level
I. Initial Client Consultation and Assessment		
A. Provide documents and clear instructions to the client in preparation for the initial interview.		Recall
1. Knowledge of:		
a. the components of and preparation for the initial client consultation		
b. the necessary paperwork to be completed by the client prior to the initial client interview		
2. Skill in:		
a. effective written and verbal communication		
b. using a variety of communication channels (email, social media, text, phone, social media)		
B. Interview the client to gather and provide pertinent information prior to fitness testing and program design.		Application
1. Knowledge of:		
a. the components and limitations of a health/medical history, preparticipation screening, informed consent, trainer-client contract and organizational policies and procedures		
b. the use and order of medical clearance for exercise testing and program participation		
c. health behavior modification theories and strategies		

2. Skill in:

- a. obtaining and securing health/medical history, medical clearance and informed consent
- b. listening to and responding to the client's questions and concerns while building trust, rapport, and a safe environment

C. Review and analyze client data to identify risk, formulate a plan of action and conduct physical assessments.

Synthesis

1. Knowledge of:

- a. risk factors, signs, and symptoms of chronic cardiovascular, metabolic and/or renal disease
- b. the process for determining the need for medical clearance prior to participation in fitness testing and exercise programs
- c. relative and absolute contraindications to exercise testing

2. Skill in:

- a. identifying modifiable risk factors for cardiovascular disease and educating clients about risk reduction
- b. determining appropriate fitness assessments based on the initial client consultation
- c. following protocols during fitness assessment administration
- d. interpreting preparticipation physical activity screening, including self-guided screening (for example, PAR-Q)
- e. interpreting professionally supervised screening, preparticipation physical activity screening (for example, ACSM, AHA), health history and cardiovascular risk factor analysis

D. Evaluate behavioral readiness and develop strategies to optimize exercise adherence.

Application

1. Knowledge of:

- a. behavioral strategies to enhance exercise and health behavior change (for example, reinforcement, goal setting, social support)
- b. health behavior-change models (for example, Socioeconomic Model, Transtheoretical Model) and effective strategies that support and facilitate behavioral change

2. Skill in:

- a. setting effective client-oriented S.M.A.R.T.S. behavioral goals
- b. choosing and applying appropriate health behavior modification strategies based on the client's skills, knowledge and level of motivation

E. Assess the components of health- and/or skill-related physical fitness to establish baseline values, set goals and develop individualized programs.

Synthesis

ANATOMY

1. Knowledge of:

- a. the basic structures of bone, skeletal muscle and connective tissue
- b. the basic anatomy of the cardiovascular and respiratory systems
- c. the following terms: anterior, posterior, proximal, distal, inferior, superior, medial, lateral, supination, pronation, flexion, extension, adduction, abduction, hyperextension, rotation, circumduction, agonist, antagonist, stabilizer, inversion, eversion

- d. major muscle groups (for example, trapezius, pectoralis major, latissimus dorsi, deltoids, biceps, triceps, rectus abdominis, internal and external obliques, erector spinae, gluteus maximus, hip flexors, quadriceps, hamstrings, hip adductors, hip abductors, anterior tibialis, soleus, gastrocnemius)
- e. major bones (for example, clavicle, scapula, sternum, humerus, carpals, ulna, radius, femur, fibula, tibia, tarsals)

BIOMECHANICS

1. Knowledge of:

- f. the sagittal, frontal (coronal), transverse (horizontal) planes of the body and plane in which each muscle action occurs
- g. the interrelationships among center of gravity, base of support, balance, stability and proper spinal alignment
- h. the following curvatures of the spine: lordosis, scoliosis and kyphosis
- i. joint classifications (for example, hinge, ball and socket)
- j. the primary action and joint range of motion specific to each major muscle group

PHYSIOLOGY

1. Knowledge of:

- k. the differences between the aerobic and anaerobic energy systems and the effects of acute and chronic exercise on each
- l. acute responses to cardiorespiratory exercise and resistance training
- m. chronic physiological adaptations associated with cardiovascular exercise and resistance training
- n. physiological responses related to warm-up and cool-down
- o. physiological basis of acute muscle fatigue, delayed onset muscle soreness (DOMS) and musculoskeletal injury/overtraining
- p. physiological adaptations that occur at rest and during submaximal and maximal exercise following chronic aerobic and anaerobic exercise training
- q. physiological basis for improvements in muscular strength and endurance
- r. expected blood pressure responses associated with postural changes, acute physical exercise and adaptations as a result of long-term exercise training
- s. the following terms related to muscles: hypertrophy, atrophy, hyperplasia, dynapenia, sarcopenia and sarcopenic obesity
- t. physiological bases of the components of health- and/or skill-related physical fitness (cardiovascular endurance, body composition, muscular strength, muscular endurance, flexibility, agility, functional assessment, coordination, balance, power, reaction time and speed)
- u. normal chronic physiologic adaptations associated with cardiovascular, resistance and flexibility training

NEUROMUSCULAR FUNCTION

1. Knowledge of:

- v. types of muscle actions, such as isotonic (concentric, eccentric), isometric (static), and isokinetic
- w. the process of muscle recruitment and coordination during movement

- x. how the nervous system and muscles adapt to different types of training stimuli
- y. mechanisms underlying muscle fatigue and the processes involved in muscle recovery
- z. the brain's ability to adapt to experience

ASSESSMENT TECHNIQUES

1. Knowledge of:

- aa. test termination criteria and proper procedures to be followed after discontinuing an exercise test
- bb. anthropometric measurements and body composition techniques (for example, skinfolds, plethysmography, bioelectrical impedance, infrared, dual-energy x-ray absorptiometry (DEXA), body mass index (BMI), circumference measurements)
- cc. fitness testing protocols, including pre-test preparation and assessments (including cardiovascular endurance, body composition, muscular strength, muscular endurance, flexibility, agility, coordination, balance, power, reaction time and speed)
- dd. interpretation of fitness test results
- ee. the recommended order of fitness assessments

2. Skill in:

- a. locating/palpating pulse landmarks, accurately measuring heart rate, obtaining rating of perceived exertion (RPE), and measuring resting blood pressure
- b. selecting and administering cardiovascular fitness assessments
- c. locating anatomical sites for circumference (girth) and skinfold measurements
- d. selecting and administering muscular endurance and strength assessments
- e. selecting and administering balance, flexibility, and mobility assessments
- f. identifying and addressing potential injury risks during fitness assessments
- g. providing effective client-centered communication of test and assessment results

F. Develop a plan and timeline for reassessing physical fitness, goals and related behaviors.

Application

1. Knowledge of:

- a. alternative health behavior modification strategies
- b. the purpose and timeline for reassessing each component of physical fitness (including cardiovascular endurance, body composition, muscular strength, muscular endurance, flexibility, agility, coordination, balance, power, reaction time and speed)

II. Exercise Programming and Implementation**A. Review the client's goals, medical history, exercise history, and assessment results and determine exercise prescription.****Recall**

1. Knowledge of:

- a. the risks and benefits associated with exercise and physical activity for generally healthy adults, older adults, children, adolescents, pregnant clients, individuals who have cognitive and/or psychological disorders, and individuals who have chronic disease and are medically cleared to exercise
- b. health-related conditions that require consultations with medical personnel prior to initiating physical activity
- c. components of health- and/or skill-related physical fitness (including cardiovascular endurance, body composition, muscular strength, muscular endurance, flexibility, agility, coordination, balance, power, reaction time and speed)
- d. program development for specific client needs (for example, sport-specific training, performance, lifestyle, functional, balance, agility, aerobic and anaerobic)
- e. special precautions and modifications of exercise programming for participation in various environmental conditions (for example, altitude, variable ambient temperatures, humidity, environmental pollution)

B. Select exercise modalities to achieve the desired adaptations based on the client's goals, medical history, assessment results and available resources.**Application**

1. Knowledge of:

- a. selecting exercises and training modalities based on client's training age, goals, and functional capacity
- b. the principles of specificity and program progression
- c. the advantages, disadvantages and applications of interval, continuous and circuit training programs for cardiovascular fitness improvements
- d. activities of daily living (ADLs) and their role in the overall health and fitness of the client
- e. differences between physical activity recommendations and training principles for general health benefits, weight management, fitness improvements and athletic performance enhancement
- f. resistance training methods (for example, periodization, power, pyramid training)
- g. the six health-related and neuromotor skill-related physical fitness components; agility, balance, coordination, reaction time, speed and power
- h. the benefits, risks and contraindications for a wide variety of resistance training exercises specific to individual muscle groups (for example, rectus abdominis, performing crunches, supine leg raises and plank exercises)
- i. the benefits, risks and contraindications for a variety of flexibility, mobility and range of motion exercises (for example, dynamic and passive stretching, Tai Chi, Pilates, yoga, proprioceptive neuromuscular facilitation, partner stretching)
- j. the benefits, risks and contraindications for a wide variety of cardiovascular training exercises and applications based on client experience, skill level, current fitness level and goals (for example, walking, jogging, running)

Domains/Tasks	Cognitive Level
<p>C. Determine initial Frequency, Intensity, Time and Type (FITT Principle) of exercise based on the client's goals, medical history and assessment results.</p> <p>1. Knowledge of:</p> <ul style="list-style-type: none"> a. the recommended FITT principle for physical activity for cardiovascular and musculoskeletal fitness in healthy adults, older adults, children, adolescents and pregnant clients b. the recommended FITT principle for development of cardiovascular and musculoskeletal fitness in clients with stable chronic diseases who are medically cleared for exercise c. exercise modifications for those with physical and intellectual limitations (for example, injury rehabilitation, neuromuscular and postural limitations) d. implementation and order of the components of an exercise training session (for example, warm-up, conditioning, cool down, stretching) e. identifying specific major muscles/groups, types of muscle action and joint motion when shown a movement/exercise f. establishing and monitoring levels of exercise intensity, including heart rate, RPE, pace, maximum oxygen consumption and/or metabolic equivalents (METs) g. determining target/training heart rates using predicted maximum heart rate and the heart rate reserve method (Karvonen formula) with recommended intensity percentages based on client fitness level, medical considerations and goals h. periodization for cardiovascular, resistance training and conditioning program design and progression of exercises i. repetitions, sets, load and rest periods necessary for desired goals j. using results from repetition maximum tests to determine resistance training loads 	<p>Application</p>
<p>D. Review the proposed program with the client, demonstrate exercises and teach the client how to perform each exercise.</p> <p>1. Knowledge of:</p> <ul style="list-style-type: none"> a. adaptations to strength, functional capacity and motor skills b. the physiological effects of the Valsalva Maneuver and the associated risks c. the basic biomechanical principles for the performance of common physical activities (for example, walking, running, swimming, cycling, resistance training, yoga, Pilates, functional training) d. the concept of detraining or reversibility of conditioning and effects on fitness and functional performance e. signs and symptoms of exhaustion or over-reaching/overtraining f. modifying exercise form and/or technique to reduce musculoskeletal injury g. exercise attire for specific activities, environments and conditions (for example, footwear, layering for cold, light colors in heat) h. communication techniques for effective teaching with awareness of visual, auditory and kinesthetic learning styles 	<p>Application</p>

2. Skill in:

- a. demonstrating exercises designed to enhance cardiovascular endurance, flexibility, range of motion, muscular fitness and neuromotor skills
- b. demonstrating a wide range of resistance training modalities and activities (for example, variable resistance devices, dynamic constant external resistance devices, kettlebells, static resistance devices)
- c. demonstrating a wide variety of functional training exercises (for example, stability balls, balance boards, resistance bands, medicine balls, foam rollers)
- d. providing spotting techniques for injury prevention and exercise assistance
- e. guiding clients through exercises with clear and concise feedback to minimize the risk of injury

E. Monitor the client's technique and response to exercise, providing modifications as necessary.**Synthesis**

1. Knowledge of:

- a. normal and abnormal responses to exercise and criteria for termination of exercise (for example, shortness of breath, joint pain, dizziness, abnormal heart rate response)
- b. proper and improper form and technique while using cardiovascular conditioning equipment (for example, stair climbers, stationary cycles, treadmills, elliptical trainers)
- c. proper and improper form and technique while performing resistance exercises (for example, resistance machines, stability balls, free weights, resistance bands, calisthenics/body weight)
- d. proper and improper form and technique while performing flexibility and mobility exercises (for example, static stretching, dynamic stretching, partner stretching)

2. Skill in:

- a. interpreting client comprehension and body language during exercise
- b. effective communication, including active listening, cueing and providing constructive feedback during and after exercise
- c. modifying exercise based on client performance or feedback

F. Recommend exercise progressions to improve or maintain the client's fitness level.**Synthesis**

1. Knowledge of:

- a. exercises and program modifications for healthy adults, older adults, children, adolescents, pregnant clients and individuals who have cognitive or psychological disorders
- b. exercises and program modifications for clients with stable cardiovascular, metabolic, or renal disease who have been medically cleared to exercise (for example, stable coronary artery disease, other cardiovascular diseases, diabetes mellitus, obesity, metabolic syndrome, hypertension, arthritis, chronic back pain, osteoporosis, chronic pulmonary disease, chronic pain)
- c. principles of progressive overload, specificity, variation and program progression

- d. progression and modification of exercises for major muscle groups (for example, standing lunge to walking lunge to walking lunge with resistance)
- e. modifications to periodized conditioning programs to increase or maintain muscular strength and/or endurance, hypertrophy, power, cardiovascular endurance, balance, flexibility and range of motion

III. Exercise Leadership, Client Education and Client Engagement

A. Optimize participant adherence by using effective communication, motivational techniques, and behavioral strategies.

Synthesis

1. Knowledge of:

- a. verbal and nonverbal behaviors that communicate positive reinforcement and encouragement (for example, eye contact, targeted praise, empathy)
- b. learning preferences (including auditory, visual, kinesthetic) and how to apply teaching and training techniques to optimize training session
- c. applying behavior change models to influence and guide clients to make positive health choices or adopt new habits
- d. barriers to exercise adherence and compliance (for example, time management, injury, fear, lack of knowledge, weather)
- e. techniques to facilitate intrinsic and extrinsic motivation (for example, goal setting, incentive programs, achievement recognition, social support)
- f. strategies to increase non-structured physical activity (for example, stair walking, parking farther away, biking to work)
- g. health coaching principles and lifestyle management techniques related to behavior change
- h. leadership techniques and educational methods to increase client engagement

2. Skill in:

- a. applying active listening techniques (for example, asking open-ended questions, mirroring, providing feedback)
- b. using feedback to optimize a client's training sessions
- c. effective and timely uses of a variety of communication channels (for example, email, social media)
- d. using strategies to help clients overcome barriers to exercise (for example, self-monitoring, decisional balance, goal setting, feedback, motivational interviewing)

B. Educate clients about basic wellness factors using scientifically-sound resources.

Application

1. Knowledge of:

- a. influential lifestyle factors, including nutrition and physical activity habits
- b. the value of carbohydrates, fats and proteins as fuels for exercise and physical activity
- c. the relationship between body composition and health
- d. the effectiveness of diet, exercise and behavior modification as a method for modifying body composition
- e. the importance of maintaining hydration before, during and after exercise
- f. Dietary Guidelines for Americans
- g. the Relative Energy Deficiency in Sport (including Female Athlete Triad)

Domains/Tasks	Cognitive Level
<ul style="list-style-type: none"> h. the myths and consequences associated with various weight loss methods (for example, fad diets, dietary supplements, over-exercising, disordered eating) i. the number of kilocalories in one gram of carbohydrate, fat, protein and alcohol j. industry guidelines for caloric intake for individuals desiring to lose or gain weight k. community-based exercise programs that provide social support and structured activities (for example, walking clubs, intramural sports, golf leagues, cycling clubs) l. how clients can self-monitor for appropriate physiological response to exercise (for example, targets, signs of abnormal response) 	
<p>C. Obtain client feedback to ensure exercise program satisfaction and adherence.</p> <p>1. Knowledge of:</p> <ul style="list-style-type: none"> a. effective techniques for program evaluation (for example, survey, written follow-up, verbal feedback) b. client goals and appropriate review and modification 	Application
IV. Legal and Professional Responsibilities	
<p>A. Collaborate with health care professionals, allied health practitioners, and organizations within their respective scope of practice to optimize the advantages and mitigate the potential drawbacks of an exercise prescription.</p> <p>1. Knowledge of:</p> <ul style="list-style-type: none"> a. reputable professional resources and referral sources to ensure client safety and program effectiveness b. the scope of practice for the Certified Personal Trainer and the need to practice within this scope c. effective and professional communication with allied health and fitness professionals d. documenting exercise sessions and performing periodic re-evaluations to assess changes in fitness status <p>2. Skill in:</p> <ul style="list-style-type: none"> a. effective communication skills to interact with healthcare professionals and allied health practitioners b. assessing individual needs and modifying exercise programs to take into account client history and potential contraindications c. documenting and sharing relevant information with other members of the healthcare team d. adapting and modifying exercise programs based on feedback and input from other members of the healthcare team 	Application

B. Implement a comprehensive risk management program (including an emergency action plan and injury prevention program) consistent with industry standards of care.

Application

1. Knowledge of:

- a. resources available to obtain basic life support, automated external defibrillator (AED) and cardiopulmonary resuscitation certification
- b. emergency procedures (including telephone procedures, written emergency procedures, personnel responsibilities) in a health and fitness setting
- c. precautions taken to ensure participant safety (for example, equipment placement, facility cleanliness, floor surface)
- d. contraindicated exercises/postures and risks associated with certain exercises (for example, straight-leg sit-ups, double leg raises, full squats, hurdler's stretch, cervical and lumbar hyperextension, standing bent-over toe touch)
- e. the responsibilities, limitations and legal implications for the Certified Personal Trainer of carrying out emergency procedures
- f. potential musculoskeletal injuries (for example, contusions, sprains, strains, fractures), cardiovascular/pulmonary complications (for example, chest pain, palpitations/arrhythmias, tachycardia, bradycardia, hypotension/hypertension, hyperventilation) and metabolic abnormalities (for example, fainting/syncope, hypoglycemia/hyperglycemia, hypothermia/hyperthermia)
- g. the need for, and components of, an equipment service plan/agreement
- h. the need for, and use of, safety policies and procedures (for example, incident/accident reports, emergency procedure training) and legal necessity thereof
- i. the need for, and components of, an emergency action plan
- j. effective communication skills and the ability to inform staff and clients of emergency policies and procedures

2. Skill in:

- a. demonstrating and carrying out emergency procedures during exercise testing and/or training
- b. assisting, spotting and monitoring clients safely and effectively during exercise testing and/or training
- c. orientation procedures, including equipment utilization and facility layout
- d. equipment maintenance to decrease risk of injury and liability (for example, maintenance plan, service schedule, safety considerations)

C. Ensure compliance with legal and professional standards across personal training practice, including adherence to federal and state regulations, ethical guidelines, and confidentiality requirements.

Recall

1. Knowledge of:

- a. the components of general standards of professional conduct and ethical practice
- b. appropriate professional behavior
- c. professional liability and potential for negligence in training environments
- d. legal issues for licensed and non-licensed health care professionals providing services, exercise testing and risk-management strategies
- e. U.S. copyright laws (for example, obtain permission before using protected materials or any form of applicable intellectual property)
- f. practices/systems for maintaining client confidentiality
- g. the importance of client privacy (including client personal safety, legal liability, client credit protection, client medical disclosure)
- h. the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) laws

2. Skill in:

- a. conducting all professional activities within the scope of practice of the ACSM Certified Personal Trainer
- b. referencing non-original work
- c. rapidly accessing client emergency contact information

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