ACSM Registered Clinical Exercise Physiologist®
Exam Content Outline
performance domains & associated job tasks for acsm rceps

the percentages listed below indicate the number of questions representing each domain on the 125-question rcep exam.

<table>
<thead>
<tr>
<th>domain</th>
<th>domain title</th>
<th>percentage of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>domain i</td>
<td>client assessment</td>
<td>20%</td>
</tr>
<tr>
<td>domain ii</td>
<td>exercise testing</td>
<td>20%</td>
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<tr>
<td>domain iii</td>
<td>exercise prescription</td>
<td>20%</td>
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<tr>
<td>domain iv</td>
<td>exercise training</td>
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<tr>
<td>domain v</td>
<td>education and behavior change</td>
<td>10%</td>
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<tr>
<td>domain vi</td>
<td>program administration</td>
<td>5%</td>
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<tr>
<td>domain vii</td>
<td>legal and professional considerations</td>
<td>5%</td>
</tr>
</tbody>
</table>
## Domain I: Client Assessment

### A. Review patient’s medical record for information pertinent to the reason for their visit.

**Knowledge of:**
- the epidemiology, pathophysiology, progression, risk factors, key clinical findings, and treatments of chronic diseases.
- the techniques (e.g., lab results, diagnostic tests) used to diagnose chronic diseases, their indications, limitations, risks, normal and abnormal results.
- commonly used medications in patients with chronic diseases, their mechanisms of action, and side effects.

**Skill in:**
- the interpretation of medical records and terminology.

### B. Interview patient for medical history pertinent to the reason for their visit and reconcile medications.

**Knowledge of:**
- the epidemiology, pathophysiology, progression, risk factors, key clinical findings, and treatments of chronic disease.
- commonly used medications in patients with chronic diseases, their mechanisms of action, and side effects.

**Skill in:**
- effective interview techniques.
- medication recognition.

### C. Assess resting vital signs and symptoms.

**Knowledge of:**
- techniques for assessing signs and symptoms (e.g., peripheral pulses, blood pressure, edema, pain).
- medical therapies for chronic diseases and their effect on resting vital signs and symptoms.
- abnormal signs and symptoms in apparently healthy individuals and those with chronic disease.

**Skill in:**
- assessment of various vital signs.
- symptom recognition.

### D. Collect and evaluate clinical and health measurements, including, but not limited to ECG, spirometry, or blood glucose.

**Knowledge of:**
- techniques to assess clinical and health measures (e.g., body mass index, ankle brachial index, resting energy expenditure).
- normal sinus rate and rhythm; atrioventricular and bundle branch blocks; atrial, junctional, and ventricular dysrhythmias; and the clinical significance of each.
- ECG changes associated with drug therapy, electrolyte abnormalities, subendocardial and transmural ischemia, myocardial injury and infarction, and the clinical significance of each.
- commonly used medications in patients with chronic diseases, their mechanisms of action, and side effects.

**Skill in:**
- the interpretation of clinical and health measures (e.g., body mass index, ankle brachial index, resting energy expenditure).
- the interpretation of ECG rhythm strips and 12-lead ECGs.
### Domain II: Exercise Testing

**A. Assess appropriateness of, and contraindications to, symptom-limited, maximal exercise testing and/or other health assessments.**

<table>
<thead>
<tr>
<th>Knowledge of:</th>
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<tbody>
<tr>
<td>• contraindications to symptom-limited, maximal exercise testing and factors associated with complications (e.g., probability of coronary heart disease, abnormal blood pressure).</td>
<td>• matching the appropriate exercise test to patient and individual situation.</td>
</tr>
<tr>
<td>• medical therapies for chronic diseases and their effect on the physiologic response to exercise.</td>
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<tr>
<td>• current practice guidelines/recommendations (e.g., American Heart Association, Arthritis Foundation, Multiple Sclerosis Society) for the prevention, evaluation, treatment, and management of chronic diseases.</td>
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<tr>
<td>• the timing of daily activities (e.g., medications, dialysis, meals, glucose monitoring) and their effect on exercise in patients with chronic diseases.</td>
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**B. Select, administer and interpret tests to assess muscular strength and/or endurance.**

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<thead>
<tr>
<th>Knowledge of:</th>
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<tbody>
<tr>
<td>• tests to assess muscular strength and endurance.</td>
<td>• the administration and interpretation of tests to assess muscular strength and endurance.</td>
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<tr>
<td>• the acute and chronic responses to resistance exercise on the function of the cardiovascular, respiratory, musculoskeletal, neuromuscular, metabolic, endocrine, and immune systems in trained and untrained individuals.</td>
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<tr>
<td>• the mechanisms underlying the acute and chronic responses to resistance exercise on the function of the cardiovascular, respiratory, musculoskeletal, neuromuscular, metabolic, endocrine, and immune systems in trained and untrained individuals.</td>
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<tr>
<td>• how chronic diseases may affect the acute and chronic responses to resistance exercise.</td>
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<tr>
<td>• standard and/or disease-specific endpoints for muscular strength and endurance testing in apparently healthy individuals and those with chronic disease.</td>
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<tr>
<td>• typical muscular strength/endurance test results and physiological values in trained and untrained individuals and those with and without chronic diseases.</td>
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**C. Select, administer and interpret tests to assess flexibility and/or body composition.**

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<thead>
<tr>
<th>Knowledge of:</th>
<th>Skill in:</th>
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<tbody>
<tr>
<td>• tests to assess flexibility and body composition.</td>
<td>• the administration and interpretation of tests to assess flexibility and body composition.</td>
</tr>
<tr>
<td>• the acute and chronic responses to flexibility exercise on the function of the cardiovascular, respiratory, musculoskeletal, neuromuscular, metabolic, endocrine, and immune systems.</td>
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<tr>
<td>• how chronic diseases and their treatments may affect an individual’s flexibility and body composition.</td>
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<tr>
<td>• the strengths and limitations of various methods and indices of body composition.</td>
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</tbody>
</table>
### D. Select, administer and interpret submaximal aerobic exercise tests.

**Knowledge of:**
- tests to assess submaximal aerobic endurance.
- the acute and chronic responses to aerobic exercise on the function of the cardiovascular, respiratory, musculoskeletal, neuromuscular, metabolic, endocrine, and immune systems in trained and untrained individuals.
- the mechanisms underlying the acute and chronic responses to aerobic exercise on the function of the cardiovascular, respiratory, musculoskeletal, neuromuscular, metabolic, endocrine, and immune systems in trained and untrained individuals.
- how chronic diseases may affect the acute and chronic responses to aerobic exercise.
- standard and/or disease-specific endpoints for submaximal aerobic exercise tests in apparently healthy individuals and those with chronic disease.
- typical submaximal aerobic test results and physiological values in trained and untrained individuals and those with and without chronic diseases.
- abnormal signs and symptoms in apparently healthy individuals and those with chronic disease.
- commonly used medications in patients with chronic diseases, their mechanisms of action, and side effects.

**Skill in:**
- the administration and interpretation of submaximal aerobic exercise tests.

### E. Select, administer and interpret functional and balance tests (e.g., Get Up and Go, Berg Balance).

**Knowledge of:**
- tests to assess function and balance.
- standard and/or disease-specific endpoints for functional and balance tests in apparently healthy individuals and those with chronic disease.
- typical functional and balance test results and physiological values in trained and untrained individuals and those with and without chronic diseases.
- commonly used medications in patients with chronic diseases, their mechanisms of action, and side effects.

**Skill in:**
- the administration and interpretation of functional and balance tests.

### F. Prepare patient for a symptom-limited, maximal exercise test by providing an informed consent and prepping the patient for ECG monitoring.

**Knowledge of:**
- procedures to prepare a patient for ECG monitoring, including standard and modified lead placement.
- the legal concepts of tort, negligence, liability, indemnification, standards of care, health regulations, consent, contract, confidentiality, malpractice, and the legal concerns regarding emergency procedures and informed consent.
- tools to guide exercise intensity (e.g., heart rate, perceived exertion, dyspnea scale, pain scale).
- effective communication techniques (e.g., active listening, body language).

**Skill in:**
- providing informed consent.
- prepping a patient for ECG monitoring during exercise.
- effective communication.
### G. Administer a symptom-limited, maximal exercise test using appropriate protocol and monitoring.

**Knowledge of:**
- tests to assess maximal exercise tolerance.
- the physiologic responses during incremental exercise to maximal exertion in trained and untrained individuals and those with and without chronic diseases.
- standard and/or disease-specific endpoints for maximal exercise testing in apparently healthy individuals and those with chronic disease.
- typical maximal exercise test results and physiological values in trained and untrained individuals and those with and without chronic diseases.
- medical therapies for chronic diseases and their effect on clinical measurements and the physiologic response to maximal exercise.
- contraindications to symptom-limited, maximal exercise testing and factors associated with complications (e.g., probability of coronary heart disease, abnormal blood pressure).

**Skill in:**
- the administration of a symptom-limited, maximal exercise test.
- the assessment of vital signs and symptoms at rest and during exercise.
- the interpretation of 12-lead ECGs.
- determining appropriate test for each individual.

### H. Evaluate results from a symptom-limited, maximal exercise test and report in the medical record and to healthcare providers.

**Knowledge of:**
- how chronic diseases may affect the acute response to maximal exercise.
- standard and/or disease-specific endpoints for maximal exercise testing in apparently healthy individuals and those with chronic disease.
- abnormal signs and symptoms in apparently healthy individuals and those with chronic disease during maximal exercise testing.
- typical maximal exercise test results and physiological values in trained and untrained individuals and those with and without chronic diseases.
- medical therapies for chronic diseases and their effect on clinical measurements and the physiologic response to maximal exercise.
- the interpretation of maximal exercise test measures (e.g., ECG response, oxygen saturation, rate-pressure product, claudication) and prognostic tools (e.g., Duke Treadmill Score) in context with the indication for the test, termination reason, and the patient’s medical history.

**Skill in:**
- the interpretation and reporting of results from a symptom-limited, maximal exercise test.
- effective written and verbal communication.

### I. Calibrate, troubleshoot, operate and maintain testing equipment.

**Knowledge of:**
- the calibration, operation, and maintenance of exercise testing equipment (e.g., treadmill, ergometers, electrocardiograph, spirometer, metabolic cart, sphygmomanometer).

**Skill in:**
- the calibration, troubleshooting, operation, and maintenance of exercise testing equipment.
## Domain III: Exercise Prescription

### A. Evaluate and document exercise goals and motivations of the patient to design an individualized exercise prescription.

| Knowledge of: | • effective communication techniques (e.g., active listening, body language).
| | • disease-specific strategies or tools (e.g., breathing techniques, assistive devices, prophylactic nitroglycerin) to improve exercise tolerance in patients with chronic disease.
| | • exercise training concepts specific to industrial or occupational rehabilitation, such as work hardening, work conditioning, work fitness, and job coaching. |

| Skill in: | • effective communication and listening |

### B. Determine and document the prescription for exercise training based on the patient's history, available data, and goals and discuss with the patient.

| Knowledge of: | • appropriate mode, volume, and intensity of exercise to produce favorable outcomes in apparently healthy individuals and those with chronic disease.
| | • the benefits and risks of aerobic, resistance, and flexibility exercise training in apparently healthy individuals and those with chronic disease.
| | • the timing of daily activities (e.g., medications, dialysis, meals, glucose monitoring) and their effect on exercise training in patients with chronic diseases.
| | • disease-specific strategies or tools (e.g., breathing techniques, assistive devices, prophylactic nitroglycerin) to improve exercise tolerance in patients with chronic disease.
| | • appropriate modifications to the exercise prescription in response to environmental conditions in apparently healthy individuals and those with chronic disease.
| | • current practice guidelines/recommendations (e.g., U.S. Department of Health and Human Services, American College of Sports Medicine, Arthritis Foundation,) for exercise prescription in apparently healthy individuals and those with chronic disease. |

| Skill in: | • developing and communicating an individualized exercise prescription
| | • modifying an exercise prescription specifically to meet a patient's individual needs. |

### C. Determine the appropriate level of supervision and monitoring needed to provide a safe exercise environment based on risk classification guidelines.

| Knowledge of: | • the benefits and risks of aerobic, resistance, and flexibility training in apparently healthy individuals and those with chronic disease.
| | • current practice guidelines/recommendations for staff to patient ratios during exercise training among individuals with chronic diseases (e.g., American Association for Cardiovascular and Pulmonary Rehabilitation). |

| Skill in: | • effective written and verbal communication.
| | • techniques to decrease risk of injury during exercise (e.g., gait belt, blood glucose monitoring). |
**D. Explain exercise intensity and measures to guide exercise intensity (e.g., target heart rate, ratings of perceived exertion, signs/symptoms, ability to carry on a conversation) to the patient.**

| Knowledge of: | • tools to guide exercise intensity (e.g., heart rate, perceived exertion, dyspnea scale, pain scale).  
| | • abnormal signs and symptoms during exercise training in apparently healthy individuals and those with chronic disease.  
| | • effective communication techniques (e.g., active listening, body language). |

| Skill in: | • teaching methods used to guide exercise intensity. |

**E. Design a home component for an exercise program to help transition a patient to more independent exercise using appropriate behavioral strategies.**

| Knowledge of: | • the importance of long-term compliance to exercise training and the role of education, barrier identification and resolution, and patient self-monitoring. |

| Skill in: | • the design and communication of an individualized home exercise program.  
| | • effective written and verbal communication |

**F. Discuss the importance of, barriers to, and strategies to optimize adherence.**

| Knowledge of: | • common barriers to exercise compliance (e.g., physical, environmental, demographic).  
| | • theories of health behavior change (e.g., social cognitive theory, theory of reasoned action, transtheoretical model) and apply techniques to promote healthy behaviors.  
| | • effective communication techniques (e.g., active listening, body language). |

| Skill in: | • incorporating health behavior theories into clinical practice.  
| | • effective communication.  
| | • helping patients identify barriers and providing strategies to overcome them. |

**G. Regularly evaluate the appropriateness of and modify, as needed, the exercise prescription based on the patient’s compliance, signs/symptoms, and physiologic response to the exercise program.**

| Knowledge of: | • physiologic effects due to changes in medical therapies for chronic diseases and their impact on exercise training.  
| | • typical responses to aerobic, resistance, and flexibility training in apparently healthy individuals and those with chronic disease.  
| | • the timing of daily activities (e.g., medications, dialysis, meals, glucose monitoring) and their effect on exercise in patients with chronic diseases.  
| | • disease-specific strategies or tools (e.g., breathing techniques, assistive devices, prophylactic nitroglycerin) to improve exercise tolerance in patients with chronic disease.  
| | • abnormal signs and symptoms during exercise training in apparently healthy individuals and those with chronic disease. |
**Knowledge of (continued):**

- Appropriate mode, volume, and intensity of exercise to produce favorable outcomes in apparently healthy individuals and those with chronic disease.
- Commonly used medications in patients with chronic diseases, their mechanisms of action, and side effects.
- Appropriate modifications to the exercise prescription in response to environmental conditions in apparently healthy individuals and those with chronic disease.

**Skill in:**

- The modification of an existing exercise prescription.
## Domain IV: Exercise Training

### A. Meet with patient to discuss exercise training plan, expectations, and goals.

**Knowledge of:**
- effective communication techniques (e.g., active listening, body language).
- the health benefits of a physically active lifestyle, the hazards of sedentary behavior, and current recommendations from U.S. national reports on physical activity (e.g., U.S. Surgeon General, Institute of Medicine).
- the timing of daily activities (e.g., medications, dialysis, meals, glucose monitoring) and their effect on exercise training in patients with chronic diseases.
- disease-specific strategies or tools (e.g., breathing techniques, assistive devices, prophylactic nitroglycerin) to improve exercise tolerance in patients with chronic disease.
- exercise training concepts specific to industrial or occupational rehabilitation, such as work hardening, work conditioning, work fitness, and job coaching.

**Skill in:**
- effective communication.

### B. Identify, adapt and instruct patient in appropriate exercise modes in order to reduce risk and maximize the development of cardiorespiratory fitness, strength and flexibility.

**Knowledge of:**
- appropriate mode, volume, and intensity of exercise to produce favorable outcomes in apparently healthy individuals and those with chronic disease.
- proper exercise techniques to reduce risk and maximize the development of cardiorespiratory fitness, muscular strength, and flexibility.
- the benefits and risks of aerobic, resistance, and flexibility training in apparently healthy individuals and those with chronic disease.
- disease-specific strategies or tools (e.g., breathing techniques, assistive devices, prophylactic nitroglycerin) to improve exercise tolerance in patients with chronic disease.
- effective communication techniques (e.g., active listening, body language).
- appropriate modifications to the exercise prescription in response to environmental conditions in apparently healthy individuals and those with chronic disease.

**Skill in:**
- supervising and leading patients during exercise training.

### C. Monitor and/or supervise patient during exercise based on their level of risk (e.g., cardiopulmonary risk, fall risk) in order to provide a safe exercise environment.

**Knowledge of:**
- proper exercise techniques to reduce risk and maximize the development of cardiorespiratory fitness, strength, and flexibility.
- abnormal signs and symptoms in apparently healthy individuals and those with chronic disease.
- the benefits and risks of aerobic, resistance, and flexibility training in apparently healthy individuals and those with chronic disease.
- current practice guidelines/recommendations for staff to patient ratios during exercise training among individuals with chronic diseases (e.g., American Association for Cardiovascular and Pulmonary Rehabilitation).
| Knowledge of (continued): | • factors related to increased risk of falling and strategies to reduce the risk during exercise.  
• commonly used medications in patients with chronic diseases, their mechanisms of action, and side effects. |
| --- | --- |
| Skill in: | • monitoring and supervising patients during exercise training.  
• interpretation of the medical record and test results to determine level of risk. |
| D. Evaluate patient’s contraindications to exercise training to make a risk/reward assessment. |  |
| Knowledge of: | • the contraindications to exercise training and factors associated with complications in apparently healthy individuals and those with chronic disease.  
• the benefits and risks of aerobic, resistance, and flexibility training in apparently healthy individuals and those with chronic disease.  
• abnormal signs and symptoms in apparently healthy individuals and those with chronic disease. |
| Skill in: | • identifying contraindications to exercise training. |
| E. Evaluate, document and report patient’s clinical status and response to exercise training in the medical record and to their healthcare provider. |  |
| Knowledge of: | • proper medical documentation according to generally accepted principles and individual facility standards.  
• the acute and chronic responses to exercise training on the function of the cardiovascular, respiratory, musculoskeletal, neuromuscular, metabolic, endocrine, and immune systems in trained and untrained individuals.  
• how chronic diseases may affect the acute and chronic responses exercise training. |
| Skill in: | • the evaluation and reporting of a patient’s response to an exercise program. |
| F. Discuss clinical status and response to exercise training with patients and adapt and/or modify the exercise program, as needed in order to prevent injury, maximize adherence and progress towards desired outcomes. |  |
| Knowledge of: | • common barriers to exercise compliance (e.g., physical, environmental, demographic).  
• effective communication techniques (e.g., active listening, body language).  
• techniques to adapt/modify exercise program based on a patient’s needs. |
| Skill in: | • identifying unique needs of a patient and adapting/ modifying an exercise program. |
| G. Report new or worsening symptoms and adverse events in the patient’s medical record and consult with the healthcare provider. |  |
| Knowledge of: | • proper medical documentation according to generally accepted principles and individual facility standards.  
• the scope of practice of healthcare professionals (e.g., physical therapist, nurse, dietician, psychologist).  
• abnormal signs and symptoms during exercise training in healthy individuals and those with chronic disease. |
| Skill in: | • recognizing adverse effects of exercise in apparently healthy persons or those with chronic disease. |
### Domain V: Education and Behavior Change

#### A. Evaluate patients to identify those who may benefit from mental health services using industry-accepted screening tools.

**Knowledge of:**
- industry accepted screening tools to evaluate mental health status (e.g., SF-36, Beck Depression Index).
- the psychological issues associated with acute and chronic illness (e.g., anxiety, depression, social isolation, hostility, aggression, and suicidal ideation).
- effective communication techniques (e.g., active listening, body language).

**Skill in:**
- administering commonly used screening tools to evaluate mental health status.

#### B. Observe/interact with patients on an ongoing basis to identify recent changes that may benefit from counseling or other mental health services.

**Knowledge of:**
- effective communication techniques (e.g., active listening, body language).
- the psychological issues associated with acute and chronic illness (e.g., anxiety, depression, social isolation, hostility, aggression, and suicidal ideation).
- signs and symptoms of failure to cope during personal crises such as job loss, bereavement, and illness.

**Skill in:**
- identifying patients who may benefit from mental health services.

#### C. Assess patient for level of understanding of their disease and/or disability, readiness to adopt behavior change and learning needs.

**Knowledge of:**
- common barriers to exercise compliance (e.g., physical, environmental, demographic).
- effective communication techniques (e.g., active listening, body language).
- theories of health behavior change (e.g., social cognitive theory, theory of reasoned action, transtheoretical model, etc.) and apply techniques to promote healthy behaviors.
- tools to determine a patient’s knowledge and their readiness to change.

**Skill in:**
- assessing a patient’s educational needs.

#### D. Conduct group and individual education sessions to teach patients about their disease/disability, secondary prevention and how to manage their condition.

**Knowledge of:**
- factors related to health literacy.
- the health benefits of a physically active lifestyle, the hazards of sedentary behavior, and current recommendations from U.S. national reports on physical activity (e.g. U.S. Surgeon General, Institute of Medicine).
- medical therapies for chronic diseases and their effect on resting vital signs, clinical measurements, and the response to exercise.
### Knowledge of (continued):

- the benefits and risks of aerobic, resistance, and flexibility training in apparently healthy individuals and those with chronic disease.
- the epidemiology, pathophysiology, progression, risk factors, key clinical findings, and treatments of chronic disease.
- abnormal signs and symptoms during rest and exercise in apparently healthy individuals and those with chronic disease.
- risk factor reduction strategies (e.g., nutrition, weight management, smoking cessation, stress management, back care, and substance abuse).

### Skill in:

- the development of educational programs and materials for the lay public.
- communicating health information based on a patient’s learning style and health literacy.

### E. Assess knowledge of and compliance with health behaviors and apply behavior change techniques to encourage the adoption of healthy behaviors.

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<thead>
<tr>
<th>Knowledge of:</th>
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<tbody>
<tr>
<td></td>
<td>• common barriers to compliance with healthy behaviors (e.g., physical, environmental, demographic).</td>
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<td>• theories of health behavior change (e.g., social cognitive theory, theory of reasoned action, transteoretical model, etc.) and apply techniques to promote healthy behaviors.</td>
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<td></td>
<td>• characteristics associated with poor adherence to healthy behaviors.</td>
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<table>
<thead>
<tr>
<th>Skill in:</th>
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<tbody>
<tr>
<td></td>
<td>• the use of behavior change techniques.</td>
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### F. Teach relapse prevention techniques for maintenance of healthy behaviors.

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<th>Knowledge of:</th>
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<tbody>
<tr>
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<td>• relapse prevention strategies.</td>
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<th>Skill in:</th>
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<tbody>
<tr>
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<td>• applying relapse prevention techniques.</td>
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## Domain VI: Program Administration

### A. Maintain patient records as an ongoing documentation device to provide continuity of care and to meet legal standards.

**Knowledge of:**
- proper medical documentation according to generally accepted principles and individual facility standards.

**Skill in:**
- creating clear communication using appropriate medical terminology.

### B. Develop and/or maintain program evaluation tools and report program outcomes.

**Knowledge of:**
- program evaluation tools (e.g., focus groups, surveys, outcomes).
- the American Association of Cardiovascular and Pulmonary Rehabilitation’s certification program for cardiac and pulmonary rehabilitation and required outcomes.

**Skill in:**
- selecting, evaluating, and reporting treatment outcomes using patient-relevant data.

### C. Develop strategies to improve program outcomes.

**Knowledge of:**
- program evaluation tools (e.g., focus groups, surveys, outcomes).
- the American Association of Cardiovascular and Pulmonary Rehabilitation’s certification program for cardiac and pulmonary rehabilitation and required outcomes.

**Skill in:**
- selecting, evaluating, and reporting treatment outcomes using patient-relevant data.

### D. Develop and maintain relationships with referring physicians and other healthcare providers to enhance patient care.

**Knowledge of:**
- effective communication techniques (e.g., active listening, body language).
- the scope of practice of healthcare professionals (e.g., physical therapist, nurse, dietician, psychologist).

**Skill in:**
- effective communication.
- developing a plan for patient discharge from a supervised program, including exercise prescription and community referrals.

### E. Recruit, hire, train, motivate and evaluate staff, students and volunteers in order to provide effective services within a positive work environment.

**Knowledge of:**
- appropriate staffing for exercise testing and exercise training based on factors such as patient health status, facilities, and program goals.
- current practice guidelines/recommendations for staff to patient ratios during exercise training among individuals with chronic diseases (e.g., American Association for Cardiovascular and Pulmonary Rehabilitation).
- leadership skills, techniques, and resources.
### Knowledge of (continued):
- total quality management and continuous quality improvement approaches to management.
- personnel management (e.g., hiring, terminating, performance review, training, development).

### Skill in:
- leadership and management of personnel.

### F. Manage fiscal resources to provide efficient and effective services.

<table>
<thead>
<tr>
<th>Knowledge of:</th>
<th>• administration, management, and development of a budget and of the financial aspects of a program.</th>
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<tbody>
<tr>
<td>Skill in:</td>
<td>• managing expenses.</td>
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### G. Develop, update and/or maintain policies and procedures for daily operations, routine care and adverse events.

| Knowledge of: | • risk-reduction strategies, universal precautions, basic life support, emergency equipment, and standard emergency procedures.  
|               | • the legal implications of documented safety procedures, the use of incident documents, and ongoing safety training.  
|               | • current practice guidelines/recommendations for facility layout and design. |
| Skill in:     | • designing and evaluating emergency procedures for an exercise program and/or exercise testing facility. |

### H. Develop and maintain a safe environment that promotes positive outcomes and follows current industry recommendations and facility policies.

| Knowledge of: | • risk-reduction strategies, universal precautions, basic life support, emergency equipment, and standard emergency procedures.  
|               | • current practice guidelines/recommendations for facility layout and design. |
| Skill in:     | • risk reduction techniques.  
|               | • interpretation of industry and regulatory standards |

### I. Develop and maintain an atmosphere of caring and support in order to promote patient adherence.

| Knowledge of: | • customer service improvement and member retention strategies. |
| Skill in:     | • encouraging feedback from patients.  
|               | • designing program evaluation tools. |

### J. Promote the program and enhance its reputation through excellent communication and customer service.

| Knowledge of: | • customer service improvement and member retention strategies. |
| Skill in:                               | • encouraging feedback from patients.  
|                                       | • designing program evaluation tools |
| K. Regularly conduct departmental needs assessment and develop/modify programs to accommodate changing environment. |
| Knowledge of:                          | • total quality management and continuous quality improvement approaches to management. |
| Skill in:                              | • designing quality improvement studies and utilizing results. |
## Domain VII: Legal and Professional Considerations

### A. Follow industry-accepted professional, ethical and business standards in order to optimize safety, reduce liability and protect patient confidentiality.

**Knowledge of:**
- the scope of practice of healthcare professionals (e.g., physical therapist, nurse, dietician, psychologist).
- current practice guidelines/recommendations (e.g., National Heart Blood & Lung Institute, Arthritis Foundation, Multiple Sclerosis Society) for the prevention, evaluation, treatment, and management of chronic diseases.
- the legal concepts of tort, negligence, liability, indemnification, standards of care, health regulations, consent, contract, confidentiality, malpractice, and the legal concerns regarding emergency procedures and informed consent.
- current practice guidelines/recommendations for facility layout and design.

**Skill in:**
- the interpretation of legal guidelines and documents.

### B. Participate in continuing education and/or professional networks to maintain certification, enhance knowledge and remain current in the profession.

**Knowledge of:**
- professional organizations and sources for continuing education (e.g., Clinical Exercise Physiology Association, American Association of Diabetes Educators, National Multiple Sclerosis Society).

### C. Maintain an environment that promotes ongoing written and verbal communication (e.g., insurance providers, patients) and provides documentation of treatment that meets legal standards.

**Knowledge of:**
- the legal implications of documented safety procedures, the use of incident documents, and ongoing safety training.
- professional liability and common types of negligence seen in exercise rehabilitation and exercise testing environments.

**Skill in:**
- effective communication.
- the use of medical terminology.
- appropriate charting practices.

### D. Take action in emergencies consistent with current certification, institutional procedures and industry guidelines.

**Knowledge of:**
- risk-reduction strategies, universal precautions, basic life support, emergency equipment, and standard emergency procedures.

**Skill in:**
- recognizing, responding, and coordinating an emergency response.
E. Inform patients of personal and facility safety procedures in order to minimize risk.

<table>
<thead>
<tr>
<th>Knowledge of:</th>
<th>• professional liability and common types of negligence seen in exercise rehabilitation and exercise testing environments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill in:</td>
<td>• the interpretation and implementation of facility safety policies and procedures.</td>
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</table>
No matter how you prefer to study, ACSM Certification has the test prep selection for you—from textbooks and adaptive practice exams to workshops and webinars. Optional preparation materials are below—visit our website to learn more about each one!

**Textbooks/eBooks**

For the ACSM GEI candidate, we offer three suggested books to provide comprehensive knowledge of your subject. Our books are also available digitally—so you can study anytime, anywhere. And—be sure to check out our book bundles, and save if you plan to purchase multiple titles.
## 5 Steps For Passing Your ACSM RCEP Exam

1. **Pick a test date that gives you plenty of time to prepare.**
   
   We recommend 3 to 6 months in advance. But keep in mind: because our candidates’ current education and study habits vary it matters less how many months you spend, but how much time you invest in studying.

2. **Purchase recommended textbooks.**
   
   Although not required, we strongly encourage all candidates to use our textbooks to prepare. Visit acsmcertification.org to make sure you are studying the correct edition.

3. **Review the content outline.**
   
   Every question on the exam is associated with one of the knowledge or skill statements that can be found in the Exam Content Outline. You’ll also find the percentage of questions within each domain of the exam.

4. **Complete and submit your RCEP application and documented clinical experience prerequisite.**
   
   Download these forms at [acsmcertification.org/acsm-registered-clinical-exercise-physiologist](acsmcertification.org/acsm-registered-clinical-exercise-physiologist).

5. **Schedule or apply for your exam at www.pearsonvue.com/acsm.**
   
   When you schedule your exam, you should have a general idea of how much time you still need to study. Don’t worry if you need to reschedule, you can do so up to 24 hours in advance of your exam time at no charge.

   *Note: RCEP candidates will need to apply and be approved before scheduling your exam.*
Now that you have a study plan in place, you can schedule your exam date! ACSM partners with Pearson Vue to ensure that you can take your exam at a time and location convenient to you. To do this, you’ll visit Pearson Vue’s website, find the option to create an account (unless you already have one) and then select your test date and location.

For questions directly related to your exam scheduling, please call Pearson VUE at 888-883-2276.

Frequently Asked Questions

How are the exams scored?

The passing score for all ACSM Certification exams is set in advance and applied to all candidates’ exam results. Similar to exam scoring for a wide variety of other high stakes, national standardized exams (e.g., GRE, SAT, GMAT, etc.), ACSM Certification exams are reported in a 200-800 score scale.

Specifically, all candidates are expected to meet the passing standard of a scaled score of 550 in order to receive a “Pass” on any respective ACSM certification exam. This passing standard is based upon the expectations of the subject matter experts/test developers across all topics of the competency areas, as related to each respective credential’s examination blueprint. Passing candidates are expected to answer a sufficient number of test questions correctly that demonstrates a summative amount of knowledge at a level of at least minimal competency or the lowest acceptable score to pass the exam.

Finally, each content area is weighted proportionally, based on the results of a periodic comprehensive job task analysis/role delineation study. In other words, some content areas are more important (thus, have more questions) and count more with respect to the overall score than other content areas. On the score report, candidates will receive their overall score, their pass/fail status, as well as a breakdown by each specific content area.
When will I get my results?
You will receive your exam results immediately upon completion of the exam.

What happens if I pass?
Congratulations! Six to eight weeks after a candidate passes an ACSM exam, a welcome package will be sent from ACSM that will include the ACSM certificate and wallet card. Until the welcome package is received by a candidate, all credential status will be PROVISIONAL pending validation of exam results and/or the results of an eligibility audit.

What happens if I don't pass?
It isn’t uncommon for ACSM Certified professionals to take a re-test. Re-test candidates will receive a re-test voucher number on the score report from Pearson VUE. Candidates may retake the exam 15 days following the initial exam and every 15 days following.

How do I cancel or reschedule my exam?
Requests to cancel or transfer an ACSM Exam must be made at least one business day in advance of the appointment by calling Pearson VUE at 1-888-889-2276 or at www.pearsonvue.com/acsm. If you do not reschedule or cancel, you will be billed for the exam. Arriving late to the exam (15 minutes past the scheduled start time) will lead to a forfeit of your seat and a charge for the exam.

Things to Know for Exam Day

Identification Requirements
Candidates must provide two forms of proper identification and will not be seated for the exam if the proper ID is not provided. The primary ID must contain a permanently affixed photograph and signature and must be valid (not expired). An ID must be an original document and not a photocopy or a fax. Acceptable primary IDs are listed below. A secondary ID must contain the candidate’s signature. Acceptable secondary IDs are listed below. IDs are considered to be valid (non-expired) as long as they do not contain an expiration date that has passed. If there is no expiration date on an ID, it is considered to be valid. The candidate must sign the ID before arriving at the testing center; it is not acceptable for the candidate to sign the ID when checking in.

Testing Environment
Candidates should dress accordingly so that they will be comfortable in wide range of room temperatures. Personal Belongings Candidates are discouraged from bringing any personal belongings to the testing center. These items must be stored in a secure space and are not permitted in the testing room. In general, candidates are not allowed to bring any items into the testing room. The following are examples of items generally not allowed in the testing room:

- Purses
- Wallets
- Coats or jackets
- Hats and head coverings; although religious head coverings such as scarves are permitted
- Briefcases
- Cell phones
- Backpacks
- Watches
- Calculators
- Pens and pencils belonging to the candidate
- Dictionaries, including language translation dictionaries
- Food, drinks or tobacco
- Notes, notebooks and study guides
Comfort Aids Certain items defined as “minor comfort aids” may be allowed in the testing room as long as the item is checked by the test center administrator before they are brought into the testing room including: tissues, cough drops, pillow for supporting neck, back or injured limb, sweater or sweatshirt, eyeglasses and hearing aids, earplugs, neck braces or collars (worn by people with neck injuries). A candidate must provide his or her own comfort aids. These are not considered to be accommodations and therefore do not need to be pre-approved by Pearson Vue or ACSM. Eyedrops, water bottles, asthma inhalers, diabetic testing equipment and other medical devices are not allowed in the testing room unless the candidate has been granted an accommodation for the item in advance. Candidates should follow the accommodations policy for consideration of a comfort aid. If you require special accommodations, please request a special accommodations form, e-mail certification@acsm.org.

Approved Exam Supplies

The candidate will be provided with an erasable noteboard and erasable pen, or blank notepaper. Scratch paper of any kind is never permitted in the testing room. Candidates are not allowed to use their own paper or notebooks, and notepads of any kind are not allowed.

Candidates are not permitted to bring their own writing instruments into the testing room. The testing center must provide any pens or pencils that are required for an exam. Candidates are not permitted to write on the erasable noteboards or notepaper until after the exam has been started.

A standard calculator will be provided within the exam.

Need Assistance? Let Us Know.

ACSM is proud to be the Gold Standard in Health Fitness Certifications and we look forward to having you join our team! Please don't hesitate to reach out should you have any questions along the way.

Contact Us:

For general ACSM Certification questions: 800-486-5643 / certification@acsm.org

To schedule your exam with Pearson VUE: 888-883-2276 / www.pearsonvue.com/acsm

Important Web Links:

Information on the ACSM Registered Clinical Exercise Physiologist®: http://certification.acsm.org/acsm-registered-clinical-exercise-physiologist

Exam Preparation Resources: http://certification.acsm.org/exam-preparation

Scheduling Your Exam: http://www.pearsonvue.com/acsm/

Additional FAQs: http://certification.acsm.org/faqs