



FAQ – Update to ACSM’s Recommendations for Exercise Preparticipation Health Screening

General Questions

Q: What changed in the recommendations for exercise preparticipation health screening?

A: An expert panel proposed a new evidence-informed model for exercise preparticipation health screening based on three factors:

- The individual’s current level of physical activity
- Presence of signs, symptoms and/or known cardiovascular, metabolic or renal disease
- Desired exercise intensity.

The new recommendations no longer include the cardiovascular disease (CVD) risk factor profile as part of the decision-making for referral to a health care provider prior to the initiation of a moderate-to-vigorous intensity exercise program .

Additionally, the recommendations no longer utilize a low/moderate/high risk classification scheme. It makes general recommendations for *medical clearance* versus specific recommendations for *medical exams* or *exercise tests*. The manner of clearance is left to the discretion of the health care provider and does not automatically refer individuals with pulmonary disease for medical clearance prior to the initiation of an exercise program.

Q: What didn’t change?

A: The recommendations continue to:

- Encourage preparticipation screening for persons interested in initiating or progressing exercise or other physical activity programs
- Recognize that vigorous intensity exercise has a small but measurable acute risk of CVD complications and mitigating this risk in susceptible individuals is important
- Continues to recommend that exercise professionals consult with health care providers when there are questions about individuals with known disease or signs and symptoms suggestive of disease, or any other concern about an individual’s ability to safely participate in an exercise program.

Please note the new recommendations pertain only to the preparticipation exercise screening portion of the process. Anything regarding the pre-exercise evaluation, fitness testing and interpretation, and exercise prescription remains the same once clearance has been obtained.

Q: What precipitated the change?

A: Exercise is safe for most people and has many health/fitness benefits. The cardiovascular risks associated with exercise lessen as individuals become more physically active, and exercise-related cardiovascular events are rare and are often preceded by warning signs and symptoms. The current prescreening risk-based algorithms were resulting in excessive referrals to physicians for medical clearance.

This caused a potential barrier to adopting exercise, and a financial burden on the individual and health care system. The review of the research ultimately concluded that the high prevalence of CVD risk factors among adults, combined with the extreme rarity of exercise-related sudden-cardiac death (SCD) and acute myocardial infarction (AMI), suggests that the ability to predict these rare events by assessing CVD risk factors is low.

Q: How did you go about creating the new recommendations?

A: An expert panel was convened by ACSM in June 2014 to establish best practices in the exercise preparticipation health screening practice. This panel included experts in risk assessment, preventive cardiology, public health, exercise physiology, and geriatrics, practitioners from the field of medicine, clinical exercise physiology, and health fitness/prevention. The panel developed the recommendations based on review and examination of current research. A writing group, including several members of the expert panel, was convened to create a paper reflecting the new recommendations which then went through extensive reviews.

Q: I don't understand the change or difference between medical clearance versus a medical exam or exercise test and how that works with the new recommendations.

A: Medical clearance (a doctor advising a patient that it is ok to exercise) has replaced specific recommendations for a medical exam or exercise test because it should be the health care provider that decides what evaluation, if any, is appropriate prior to the initiation of exercise. The current recommendations indicate the need for a medical exam or an exercise test based on the results of a CVD risk-factor assessment and classification as low, moderate or high risk. In the update, medical clearance has replaced these specific recommendations as we believe it should be the health care provider's decision as to what further

evaluation, if any, is appropriate prior to the initiation of exercise. For example, a doctor may simply review the patient's chart and deem the patient cleared to exercise, and the need for a full medical exam may not be necessary. In addition, there is a lack of evidence that medical exams and exercise testing are effective in mitigating the risk of exercise-related cardiovascular deaths. Thus, acquiring medical clearance (rather than requiring medical exams or exercise testing) leaves the decision-making to the physician.

Q: Where can I find the new recommendations? What documents or publications are being updated as ACSM's official recommendation?

A: The new recommendations are published as an ACSM roundtable consensus statement in the November 2015 issue of *Medicine & Science in Sports & Exercise*. This information will also be found within many ACSM publications including *ACSM's Guidelines for Exercise Testing and Prescription 10th Edition (GETP10)*, all of which will be updated over the course of the next 18 months. New resources that incorporate this update are also being created.

Q: Where do I go to find the consensus statement paper and detailed specifics?

A: http://journals.lww.com/acsm-msse/Fulltext/2015/11000/Updating_ACSM_s_Recommendations_for_Exercise.28.aspx

Job-Specific Questions

Q: How will this affect my job if I am working directly with clients on exercise programming?

A: The new recommendations will change how you go about determining whether or not a client needs a referral to a health care provider prior to commencing an exercise program. The new exercise preparticipation health screening recommendations are not a replacement for sound clinical judgment, and decisions about referral to a health care provider for medical clearance prior to the initiation of an exercise program should continue to be made on an individual basis.

Q: When should I integrate the recommendations of the paper and *GETP10* into my exercise professional practice?

A: You may incorporate the new recommendations as described in the consensus statement paper now. *GETP10*, which will contain many updates (including the new recommendations referenced here), will be available in March of 2017.

Q: Do the changes affect my liability when working with clients in any way?

A: The liability for fitness professionals who rely on ACSM recommendations has not changed-fitness professionals must continue to exercise reasonable care in training a client. As has been the case, there is recognition that there is some assumption of risk with regard to fitness training under the guidance of a fitness professional, and waivers and releases can limit future liability. As stated in the paper, the new exercise preparticipation health screening recommendations are not a replacement for sound clinical judgment, and decisions about referral to a health care provider for medical clearance prior to the initiation of an exercise program should continue to be made on an individual basis.

Q: How will this impact me if I am teaching as a faculty member? Do I need to change what I teach if my students are preparing to take an ACSM certification exam?

A: We encourage you to teach using the new recommendations. However, if you have students preparing to take an ACSM certification exam, this content will not be incorporated into the exams until the new exams release in June 2017.

Certification-Related Questions

Q: How does this impact me if I am planning to take a certification test in the next 18 months?

A: If you are taking the exam prior to 2017, this new information does not impact you. The content covered in the current exams, as well as the preparatory materials and workshops will not include this update related to preparticipation health screening.

The new exam changes specific to the updated information on the exercise preparticipation health screening will not be incorporated until the new exams release in June 2017. ACSM does major updates to exam content and supporting materials on a 4-year cycle – that has not changed. Prior to that date, exam preparatory materials including books, job task analyses, webinars and seminars will all be updated with the new information starting in late Q1 of 2017.

Q: When will ACSM's Certification workshops include the new content provided in GETP10?

A: The new content will begin to be introduced into the workshop content in the fourth quarter of 2016. Students will also be informed within the workshops as to when the ACSM certification examinations will be changed to reflect the new content.

Q: When will ACSM's certification exams be changed to reflect the content of GETP10?

A: The ACSM certification exams reflecting the changes in *GETP10* will first be administered three months after *GETP10* is available for purchase, which will be in June 2017.

Content and Education-Related Questions

Q: Normally I rely on ACSM's Guidelines for Exercise Testing and Prescription (GETP) as the industry-standard guide for my exercise professional practice. How is this consensus statement paper different? How do the updated recommendations work with GETP? Does this mean my current copy of ACSM's Guidelines for Exercise Testing and Prescription 9th Edition (GETP9) is outdated?

A: ACSM publishes a new edition of *GETP* every four years that serves as the industry standard guide for exercise testing and prescription. Each new edition has numerous key updates. During the four years in between the new editions, guidelines, standards and recommendations from ACSM and other organizations will likely change. Any updated guidelines need to be used in conjunction with *GETP* as they become available. It does not mean *GETP9* is outdated, or that you won't need to obtain the new edition of *GETP10* when it becomes available. This consensus statement paper reflects just one change in ACSM's recommendations regarding the exercise preparticipation health screening.

Q: When will I be able to purchase my copy of the new edition of the Guidelines?

A: The 10th edition of *ACSM's Guidelines for Exercise Testing and Prescription* (*GETP10*) is scheduled to be available for purchase in March of 2017.

Q: What is ACSM doing to educate members, certification candidates and others on the new information?

A: ACSM will be providing a series of resources including the consensus statement paper, a webinar, an infographic, PowerPoint, presentations, updated publications and more. Please visit <http://www.acsm.org/public-information/acsm-journals/guidelines> to find more information about these resources.

Q: What is the timeline for educational events related to the new recommendations? Where will I have additional opportunities to learn more?

A: ACSM will be providing a host of educational opportunities surrounding the new recommendations. A timeline of key milestone events can be found below. Resources available at <http://www.acsm.org/public-information/acsm-journals/guidelines>.will be updated regularly, so check back often for new information regarding events, publications, educational opportunities and FAQ updates.

November 2015 – ACSM’s Recommendations for Exercise Preparticipation Health Screening paper published in *Medicine & Science in Sports & Exercise*.

November 2015 – Information kit posted at <http://www.acsm.org/public-information/acsm-journals/guidelines>.

Wednesday January 13th, 2015, 1pm eastern time - Informational webinar hosted by ACSM, Deborah Riebe, Ph.D., FACSM, Carol Garber, Ph.D., FACSM, Linda Pescatello, Ph.D., FACSM. Register for the January 2016 Informational Webinar at: <https://attendee.gotowebinar.com/register/8549211250565520130>

March 2016 – Meet the authors and ask questions at *ACSM’s Health and Fitness Summit*.

April 2016 – Feature article in *ACSM’s Health and Fitness Journal*.

Fourth Quarter 2016- New content will begin to be introduced into certification workshops. Students will also be informed within the workshops as to when the ACSM certification examinations will be changed to reflect the new content.

Spring 2017 - Release of 10th edition of *ACSM’s Guidelines for Exercise Testing and Prescription* and related books.

June 2017 – Release of new ACSM certification exams.

Q: What do I do if I have a question not answered here?

A: For questions not addressed on the FAQ please contact the following individuals:
-For media, press and communications-related inquiries, please contact Paul Branks at [Paul Branks](#).
-For publications or content-related questions, please contact Katie Feltman at [Katie Feltman](#).
-For questions related to certification, please contact ACSM’s certification department at [Certification](#).