

ACSM CERTIFIED PERSONAL TRAINER® JOB TASK ANALYSIS

The job task analysis is intended to serve as a blueprint of the job of an ACSM Certified Personal Trainer®. As you prepare for the exam, it is important to remember that all exam questions are based on this outline.

Job Definition

The ACSM Certified Personal Trainer® (CPT) possesses a minimum of a high school diploma, and works with apparently healthy individuals and those with health challenges who are able to exercise independently to enhance quality of life, improve health-related physical fitness, performance, manage health risk, and promote lasting health behavior change. The CPT conducts basic pre-participation health screening assessments, submaximal aerobic exercise tests, and muscular strength/endurance, flexibility, and body composition tests. The 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 (*i.e.*, balance, coordination, power, agility, speed, and reaction time).

Performance Domains and Associated Job Tasks

The Job Task Analysis (JTA) for the CPT certification describes what the professional does on a day-to-day basis. The JTA is divided into domains and associated tasks performed on the job. The percentages listed below indicate the number of questions representing each domain on the 150-question CPT examination.

The performance domains are:

- Domain I: Initial Client Consultation and Assessment - 26%
- Domain II: Exercise Programming and Implementation - 27%
- Domain III: Exercise Leadership and Client Education - 27%
- Domain IV: Legal, Professional, Business and Marketing - 20%

Domain I: Initial Client Consultation and Assessment

Associated Job Tasks

A. Provide instructions and initial documents to the client in order to proceed to the interview.

1) **Knowledge of:**

- a. components and preparation for the initial client consultation.
- b. necessary paperwork to be completed by client prior to initial client interview.

2) **Skill in:**

- a. effective communication.
- b. utilizing multi-media resources (*i.e.*, email, phone, text messaging) and/or in-person resources.

B. Interview client in order to gather and provide pertinent information to proceed to the fitness testing and program design.

1) **Knowledge of:**

- a. the components and limitations of a health/medical history, pre-participation screening tools, informed consent, trainer-client contract, and organizational policies and procedures.
- b. the use of medical clearance for exercise testing and program participation.
- c. health behavior modification theories and strategies in order to determine client goals and expectations.
- d. orientation procedures, including equipment utilization and facility layout.

2) **Skill in:**

- a. obtaining a health/medical history, medical clearance and informed consent.

C. Review & analyze client data (i.e., classify risk) to formulate a plan of action and/or conduct physical assessments.

1) **Knowledge of:**

- a. ACSM risk factors and associated risk thresholds
- b. signs and symptoms suggestive of chronic cardiovascular, metabolic, and/or pulmonary disease.
- c. the ACSM model for risk stratification.
- d. medical clearance, exercise testing and supervision recommendations based on risk stratification.

2) **Skill in:**

- a. determining risk and stratifying clients in accordance with ACSM guidelines.
- b. determining appropriate physical assessments based on summary of initial client consultation, risk stratification, and medical clearance/physician recommendations.

D. Evaluate behavioral readiness to optimize exercise adherence.

1) **Knowledge of:**

- a. behavioral strategies to enhance exercise and health behavior change (e.g., reinforcement, S.M.A.R.T. goal setting, social support).

- b. applications of health behavior change models (socio-ecologic model, readiness to change model, social cognitive theory, and theory of planned behavior, etc.) and effective strategies that support and facilitate behavioral change.

2) Skill in:

- a. setting effective client-oriented behavioral goals (i.e., S.M.A.R.T. goals).
- E. Assess physical fitness, including cardiorespiratory fitness, muscular strength, muscular endurance, flexibility and anthropometric measures in order to set goals and establish a baseline for program development.

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 definition of the following terms: inferior, superior, medial, lateral, supination, pronation, flexion, extension, adduction, abduction, hyperextension, rotation, circumduction, agonist, antagonist, and stabilizer.
- d. the plane in which each muscle action occurs.
- e. the interrelationships among center of gravity, base of support, balance, stability, and proper spinal alignment.
- f. the following curvatures of the spine: lordosis, scoliosis, and kyphosis.
- g. differences between aerobic and anaerobic energy systems and the effects of acute and chronic exercise on each.
- h. the normal acute responses to cardiovascular exercise and resistance training.
- i. the normal chronic physiologic adaptations associated with cardiovascular exercise and resistance training.
- j. the physiologic responses related to warm-up and cool down.
- k. the physiological basis of acute muscle fatigue and delayed onset muscle soreness (DOMS) versus musculoskeletal injury/overtraining.
- l. the physiological adaptations that occur at rest and during submaximal and maximal exercise following chronic aerobic and anaerobic exercise training.
- m. the physiological basis for improvements in muscular strength and endurance.
- n. blood pressure responses associated with acute, chronic exercise and postural changes.
- o. muscle actions, such as isotonic, isometric (static), isokinetic, concentric, eccentric.

- p. major muscles including, but are not limited to, the following: trapezius, pectoralis major, latissimus dorsi, biceps, triceps, rectus abdominis, internal and external obliques, erector spinae, gluteus maximus, quadriceps, hamstrings, adductors, abductors, and gastrocnemius.
- q. the identification of major bones including, but are not limited to, the clavicle, scapula, sternum, humerus, carpals, ulna, radius, femur, fibula, tibia, and tarsals.
- r. joint classifications (e.g., hinge, ball and socket).
- s. the primary action and joint range of motion for each major muscle group.
- t. the following terms related to muscles: hypertrophy, atrophy, and hyperplasia.
- u. the ability to discuss the physiologic basis of the components of health-related physical fitness: cardiovascular fitness, muscular strength, muscular endurance, and body composition.
- v. the normal chronic physiologic adaptations associated with cardiovascular, resistance, and flexibility training.
- w. relative and absolute contraindications to exercise testing, test termination criteria, and proper procedures to be followed after discontinuing an exercise test.
- x. the advantages, disadvantages and limitations of the various body composition techniques including, but not limited to skinfolds, plethysmography (BOD POD[®]), bioelectrical impedance, infrared, dual-energy x-ray absorptiometry (DEXA), and circumference measurements.
- y. pre-activity fitness testing including assessments of flexibility, cardiovascular fitness, muscular strength, muscular endurance, and body composition.
- z. interpretation of fitness test results (i.e., favorable vs. unfavorable results).
- aa. the recommended order of fitness assessments (e.g., cardiovascular test prior to strength assessment).
- bb. appropriate documentation of abnormal signs or symptoms during an exercise session and subsequent referral to a physician.
- cc. various mechanisms for appropriate referral to a physician.

2) **Skill in:**

- a. locating/palpating pulse landmarks, accurately measuring heart rate, and obtaining rating of perceived exertion (RPE).
- b. selecting and administering safe and appropriate cardiovascular assessments according to established guidelines and determining normal acute responses to cardiovascular exercise.

- c. locating anatomical sites for circumference (girth) measurements and associated risk.
 - d. locating anatomical sites for skinfold measurement to estimate body fat percentage.
 - e. selecting/administering safe muscular strength & muscular endurance assessments and determining normal acute responses to resistance training.
 - f. selecting/administering safe flexibility assessments for various muscle groups and determining normal acute responses to flexibility training.
 - g. recognizing postural abnormalities that may affect exercise performance and body alignment.
 - h. delivering test and assessment results in a positive manner and not negatively impact client self-esteem (e.g., use information to encourage client, not discourage or embarrass).
- F. Develop a comprehensive (i.e., physical fitness, goals, behavior) reassessment plan/timeline.
- 1) **Knowledge of:**
- a. development of fitness plans based on client interview, risk stratification, and physical fitness assessments.
 - b. effective and applicable health behavior modification strategies to meet client goals.
 - c. the purpose and appropriate time-line for re-assessing(i.e., 6 weeks, 12 weeks) each component of physical fitness (cardiovascular, muscular strength and endurance, flexibility, and body composition measures).

Domain II: Exercise Programming and Implementation

Associated Job Tasks

- A. Review assessment results, medical history and goals to determine appropriate training program.
- 1) **Knowledge of:**
- a. the risks and benefits associated with guidelines for exercise training and programming for healthy adults, seniors, children and adolescents, and pregnant women.
 - b. the benefits and risks associated with exercise training and guidelines for exercise programming for individuals medically cleared to exercise with chronic disease (e.g., stable coronary artery disease, other cardiovascular diseases, diabetes mellitus, obesity, metabolic syndrome, hypertension, arthritis, chronic back pain, osteoporosis, chronic obstructive pulmonary disease (COPD), and those with chronic pain).

- c. cardiovascular risk factors or conditions that may require consultations with medical personnel prior to initiating physical activity (e.g., inappropriate changes of resting or exercise heart rate and blood pressure; new-onset discomfort in chest, neck, shoulder, or arm; changes in the pattern of discomfort during rest or exercise; shortness of breath at rest or with light exertion; fainting or dizzy spells; and claudication).
 - d. components of physical fitness including cardiovascular endurance, muscular strength and endurance, flexibility, and body composition.
 - e. program development for specific client needs (i.e., specific sports, performance, lifestyle, functional, balance, agility, aerobic and anaerobic).
 - f. special precautions and modifications of exercise programming for participation in various environmental conditions (altitude, different ambient temperatures, humidity, and environmental pollution.)
 - g. the importance and ability to record exercise sessions and perform periodic re-evaluations to assess changes in fitness status.
- B. Select exercise modalities to achieve desired adaptations based on goals, medical history and assessment results

1) **Knowledge of:**

- a. selecting appropriate exercises and training modalities based on age, functional capacity and exercise test results.
- 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 individual.
- e. differences between physical activity recommendations and training principles for general health benefits, weight management, fitness improvements, and athletic performance enhancement.
- f. advanced resistance training exercises (e.g., super setting, Olympic lifting, plyometric exercises, pyramid training) and when such techniques are contraindicated.
- g. the six motor 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 (e.g., for rectus abdominus performing crunches, supine leg raises, and plank exercises).

- i. the benefits, risks, and contraindications for a wide variety of range of motion exercises (e.g., 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 (e.g., progression example: walking, jogging, cross-country skiing, and racquet sports).
- C. Determine initial frequency, intensity, time (duration) and type (i.e., the FITT principle of exercise prescription) of exercise based on goals, medical history and assessment results.

1) **Knowledge of:**

- a. the recommended frequency, intensity, and duration of physical activity necessary for development of cardiovascular and musculoskeletal fitness in healthy adults, seniors, children/ adolescents, and pregnant women.
- b. the recommended frequency, intensity, and duration of physical activity necessary for development of cardiovascular and musculoskeletal fitness in clients with stable chronic diseases who are medically cleared for exercise, including stable coronary artery disease, other cardiovascular diseases, diabetes mellitus, obesity, metabolic syndrome, hypertension, arthritis, chronic back pain, osteoporosis, chronic obstructive pulmonary disease (COPD), and chronic pain.
- c. appropriate exercise modifications based on individual abilities, physical limitations, and other special considerations (e.g., injury rehabilitation, neuromuscular and postural limitations, and scoliosis).
- d. implementation of the components of an exercise program including warm-up, training stimulus, cool down, and stretching.
- e. applied biomechanics and exercises associated with movements of the major muscle groups(e.g., seated knee extension: quadriceps).
- f. the application of various methods for establishing and monitoring levels of exercise intensity, including heart rate, RPE, pace, oxygen consumption and/or metabolic equivalents (METs).
- g. the determination of 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 when necessary to avoid training plateaus or injury.
- i. repetitions, sets, load, and rest periods necessary for desired outcome goals.

- j. using repetition maximum test results procedure to determine resistance training loads.
- D. Review proposed program with client; demonstrate and instruct the client to perform exercises safely and effectively.

1) **Knowledge of:**

- a. and ability to describe the unique adaptations to exercise training with regard to strength, functional capacity, and motor skills.
- b. and the ability to safely demonstrate exercises designed to enhance cardiovascular endurance, muscular strength and endurance, balance, and range of motion.
- c. appropriate teaching techniques and the ability to demonstrate exercises for improving range of motion of all major joints.
- d. and the ability to safely demonstrate a wide range of resistance-training modalities, and activities including variable resistance devices, dynamic constant external resistance devices, kettlebells, static resistance devices, and other resistance devices.
- e. and ability to safely demonstrate a wide variety of functional training exercises involving non-traditional equipment such as stability balls, balance boards, resistance bands, medicine balls, and foam rollers.
- f. the physiological effects of the Valsalva Maneuver and the associated risks.
- g. the biomechanical principles for the performance of common physical activities (e.g., walking, running, swimming, cycling, resistance training, yoga, Pilates, functional training).
- h. the concept of detraining or reversibility of conditioning and effects on fitness and functional performance.
- i. signs and symptoms of over-reaching/overtraining and recommendations to prevent and/or reverse the detrimental effects.
- j. improper exercise form and/or techniques to modify/prevent musculoskeletal injury.
- k. appropriate exercise attire (e.g., footwear, layering for cold, light colored in heat) for specific activities, environments, and conditions.
- l. communication techniques for effective teaching and client retention with awareness of visual, auditory, and kinesthetic learning styles.
- m. proper spotting positions and techniques for injury prevention and exercise assistance.

E. Monitor client technique and response to exercise, modifying as necessary.

1) **Knowledge of:**

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

2) **Skill in:**

- a. interpreting client understanding/comprehension and body language during exercise.
- b. effective communication, including active listening, cuing, and providing constructive feedback during and after exercise.

F. Modify frequency, intensity, time and duration to improve or maintain the client's fitness level.

1) **Knowledge of:**

- a. specific exercises and program modifications for healthy adults, seniors, children and adolescents, and pregnant women.
- b. specific exercises and program modifications for individuals with chronic disease who are medically cleared to exercise: stable coronary artery disease, other cardiovascular diseases, diabetes mellitus, obesity, metabolic syndrome, hypertension, arthritis, chronic back pain, osteoporosis, chronic pulmonary disease, and chronic pain.
- c. principles of progressive overload, specificity, and program progression to avoid training plateaus and promote continued improvement and goal achievement.
- d. appropriate methods to teach progression of exercises for all major muscle groups (e.g., progression of 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, and range of motion/flexibility.
- G. Seek client feedback to ensure satisfaction and enjoyment of the program.

1) **Knowledge of:**

- a. effective techniques for program evaluation and client satisfaction (e.g., survey, written follow up, verbal feedback).
- b. client goals and appropriate review and modification.

Domain III: Leadership & Education Implementation

Associated Job Tasks

- A. Create a positive exercise experience in order to optimize participant adherence by applying effective communication techniques, motivation techniques and behavioral strategies.

1) **Knowledge of:**

- a. effective and timely uses of a wide variety of communication modes (i.e., email, telephone, web site, newsletters).
- b. verbal and non-verbal behaviors that communicate positive reinforcement and encouragement (i.e., eye contact, targeted praise, empathy).
- c. and skill in engaging active listening techniques.
- d. different types of learners (auditory, visual, kinesthetic) and how to apply teaching and training techniques to optimize a client's training session.
- e. different types of feedback (i.e., evaluative, supportive, descriptive) and the ability to use feedback to optimize a client's training session.
- f. and the application of health behavior change models (socio-ecological model, readiness to change model, social cognitive theory, and theory of planned behavior, etc.) and effective strategies that support and facilitate exercise adherence.
- g. barriers to exercise adherence and compliance (e.g., time management, injury, fear, lack of knowledge, weather).
- h. triggers to relapse and relapse prevention strategies.
- i. specific techniques to facilitate motivation (e.g., goal setting, incentive programs, achievement recognition, social support)
- j. extrinsic and intrinsic reinforcement strategies (e.g., t-shirt, improved self-esteem).

- k. strategies to increase non-structured physical activity levels (e.g., stair walking, parking farther away, bike to work).
 - l. health coaching principles and lifestyle management techniques related to behavior change.
 - m. specific, age-appropriate leadership techniques and educational methods to increase client engagement.
- B. Educate clients using scientifically sound health and fitness information and resources to enhance client's knowledge base, program enjoyment, adherence and overall awareness of health and fitness related information.

1) **Knowledge of:**

- a. the influence of lifestyle factors, including nutrition and physical activity habits, on lipid and lipoprotein profiles.
- b. the value of carbohydrates, fats, and proteins as fuels for exercise and physical activity.
- c. the following terms: body composition, body mass index, lean body mass, anorexia nervosa, bulimia nervosa, and body fat distribution.
- d. the relationship between body composition and health.
- e. the effectiveness of diet, exercise and behavior modification as a method for modifying body composition.
- f. the importance of maintaining hydration before, during and after exercise.
- g. the USDA Food Guide Pyramid and ACSM-endorsed Dietary Guidelines (American Dietetics Association).
- h. the Female Athlete Triad
- i. the myths and consequences associated with inappropriate weight loss methods (e.g., fad diets, dietary supplements, over-exercising, starvation diets).
- j. the number of kilocalories in one gram of carbohydrate, fat, protein and alcohol.
- k. the ACSM guidelines for caloric intake for individuals desiring to lose or gain weight.
- l. accessing and dissemination of scientifically-based, relevant health, exercise and wellness-related resources and information.
- m. community-based exercise programs that provide social support and structured activities (e.g., walking clubs, intramural sports, golf leagues, cycling clubs).
- n. stress management and relaxation techniques (e.g., progressive relaxation, guided imagery, massage therapy)

Domain IV: Legal, Professional, Business and Marketing

Associated Job Tasks

- A. Obtain medical clearance for clients based on ACSM guidelines, prior to starting an exercise program.

1) **Knowledge of:**

- a. risk stratification and medical clearance procedures in order to decrease client injury and/or medical complications thereby minimizing Certified Personal Trainer negligence and risk of liability.
- b. the application of the ACSM risk stratification process.
- c. medical clearance requirements prior to exercise testing and program participation.
- d. the appropriate level of supervision and monitoring recommended for individuals with known disease based on disease-specific risk stratification guidelines and current health status.

- B. Collaborate with various healthcare professionals and organizations in order to provide clients with a network of providers that minimizes liability and maximizes program effectiveness.

1) **Knowledge of:**

- 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. Identifying individuals requiring referral to a physician or allied health services such as physical therapy, dietary counseling, stress management, weight management, and psychological and social services.

- C. Develop a comprehensive risk management program (including emergency action plan and injury prevention program) to enhance the standard of care and reflect a client-focused mission.

1) **Knowledge of:**

- a. and skill in obtaining basic life support, automated external defibrillator (AED), and cardiopulmonary resuscitation certification.
- b. appropriate emergency procedures (i.e., telephone procedures, written emergency procedures, personnel responsibilities) in a health and fitness setting.
- c. basic first-aid procedures for exercise-related injuries, such as bleeding, strains/sprains, fractures, and exercise intolerance (dizziness, syncope, heat injury).

- d. precautions taken in an exercise setting to ensure participant safety (e.g., equipment placement, facility cleanliness, floor surface).
- e. the following terms related to musculoskeletal injuries (e.g., shin splints, sprain, strain, bursitis, fractures, tendonitis, patello-femoral pain syndrome, low back pain, plantar fasciitis).
- f. contraindicated exercises/postures and potential risks associated with certain exercises (e.g., straight-leg sit-ups, double leg raises, full squats, hurdler's stretch, cervical and lumbar hyperextension, and standing bent-over toe touch).
- g. the responsibilities, limitations, and the legal implications for the Certified Personal Trainer of carrying out emergency procedures.
- h. potential musculoskeletal injuries (e.g., contusions, sprains, strains, fractures), cardiovascular/pulmonary complications (e.g., chest pain, palpitations/arrhythmias, tachycardia, bradycardia, hypotension/hypertension, hyperventilation), and metabolic abnormalities (e.g., fainting/syncope, hypoglycemia/hyperglycemia, hypothermia/hyperthermia).
- i. the initial management and first-aid techniques associated with open wounds, musculoskeletal injuries, cardiovascular/pulmonary complications, and metabolic disorders.
- j. the need for and components of an equipment service plan/agreement and how it may be used to evaluate the condition of exercise equipment to reduce the potential risk of injury.
- k. the need for and use of safety policies and procedures (e.g., incident/accident reports, emergency procedure training) and legal necessity thereof.
- l. the need for and components of an emergency action plan.
- m. effective communication skills and the ability to inform staff and clients of emergency policies and procedures for the facility or program.

2) Skill in:

- a. demonstrating and carrying out emergency procedures during exercise testing and/or training.
 - b. assisting, spotting, and monitoring a client safely and effectively during exercise testing and/or training.
- D. Participate in approved continuing education programs on a regular basis to maximize effectiveness, increase professionalism and enhance knowledge and skills in the field of health and fitness.

1) Knowledge of:

- a. the role of continuing education, professional resources, and requirements for certification & re-certification.
- b. the requirements for obtaining and maintaining continuing education credits (CECs) and where one can obtain ACSM approved CECs.

- c. the continually evolving field of health and fitness and the need for Certified Personal Trainers to keep abreast of new research and applications in the field of exercise science.
- E. Adhere to ACSM's Code of Ethics by practicing in a professional manner within the Scope of Practice of a Certified Personal Trainer.

1) **Knowledge of:**

- a. the components of both the ACSM's Code of Ethics as well as the ACSM Certified Personal Trainer scope of practice.
- b. appropriate work attire and professional behavior.

2) **Skill in:**

- c. conducting all professional activities within the scope of practice of the ACSM Certified Personal Trainer.

- F. Develop a business plan to establish mission, business, budgetary and sales objectives.

1) **Knowledge of:**

- a. Implementation methods for effective, ethical, and professional business practices.
- b. various business models (i.e., sole proprietorship, independent contractor, partnership, corporation, S Corporation)

2) **Skill in:**

- c. the development of a basic business plan, which includes establishing a budget (i.e., billing, cancellation policy, late arrival policy, payment methods/plans).
- d. the development of business objectives (i.e., clearly define business mission statement, business, goals, benchmarks, membership/financial goals, program evaluation)
- e. market niches and the components of a mission statement (i.e., vision, values, service description).
- f. utilizing spreadsheet software to develop and manage budget.
- g. career development practices (i.e., hiring, setting training standards).

- G. Develop marketing materials and engage in networking/business exchanges to build client base, promote services and increase resources.

1) **Knowledge of:**

- a. management policies, marketing, sales, and pricing.
- b. marketing materials to promote the business (i.e., brochures, business cards, webpages, blogs, video clips, e-marketing)

- c. various methods for distribution and promotion of the personal training business (i.e., social networking, press releases, feature newspaper articles)

2) **Skill in:**

- a. the development of various marketing materials via computer applications (i.e., Microsoft Word, Microsoft Power Point, PDF, Publisher)

- H. Obtain appropriate personal training and liability insurance and follow industry-accepted professional, ethical and business standards in order to optimize safety and to reduce liability.

1) **Knowledge of:**

- a. professional liability and common types of negligence seen in training environments.
- b. legal issues pertinent to healthcare delivery by licensed and non-licensed healthcare professionals providing rehabilitative services and exercise testing and legal risk-management techniques.
- c. equipment maintenance such to decrease risk of injury and liability (i.e., maintenance plan, service schedule, safety considerations for each piece).

- I. Engage in healthy lifestyle practices in order to be a positive role model for all clients.

1) **Knowledge of:**

- a. appropriate professional behavior (i.e., not smoking, substance-free, non-offensive dress, courtesy, politeness, active listening skills).
- b. environmental influences that may negatively impact client satisfaction/compliance (i.e., music choice/volume level, personal hygiene, scent sensitivity)
- c. the need to avoid distractions during a training session (i.e., texting, cell phone calls, in-person conversation with others)

- J. Respect copyrights to protect original and creative work, media, etc. by legally securing copyright material and other intellectual property based on national and international copyright laws.

1) **Knowledge of:**

- a. and application of national and international copyright laws.
- b. documentation of non-original work.

2) **Skill in:**

- a. developing original educational material.

- K. Safeguard client confidentiality and privacy rights unless formally waived or in emergency situations.

1) **Knowledge of:**

- a. practices/systems for maintaining client confidentiality with electronic and hard copy files.
- b. the importance of client privacy (i.e., client personal safety, legal liability, client credit protection, client medical disclosure)
- c. the Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA) laws depending on setting and state that the personal training business resides in.

2) **Skill in:**

- a. obtaining and maintaining rapid access to client health history emergency contact information.