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NASM GPTS

NASM Group Training Specialist



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Question: 1

A trainer is leading a group session that includes functional training exercises. What is the primary goal of functional training in this context?

- A. To enhance everyday movement patterns and overall functionality
- B. To focus solely on cardiovascular endurance
- C. To increase the risk of injury through complex movements
- D. To isolate muscle groups for hypertrophy

Answer: A

Explanation:

The primary goal of functional training is to enhance everyday movement patterns and overall functionality, helping participants improve their performance in daily activities and reducing the risk of injury.

Question: 2

In a 8-person advanced SAQ session with ladder shuffles, the trainer notes heel whipping in two, risking Achilles overload as shuffles intensify to 120 steps per minute. To invoke "scan, cue, correct" for forefoot strike without slackening shuffle cadence, what culminates?

- A. Scan footfall, cue "Ball of foot first," and correct with minimalist shoe transitions for the pair.
- B. Scan rhythmically, cue "Stay low," and address whipping in endurance runs.
- C. Correct by slowing ladder to 80 SPM for all, rebuilding strike pattern.
- D. Cue "Light quick taps," correcting via high-knee marches post-shuffle.

Answer: A

Explanation:

Heel whipping in shuffles extends the Achilles eccentrically, inviting tendinopathy via plantarflexion snap, a SAQ quickness detriment at high cadence. The "scan, cue, correct" footfall scan dissects strike in tempo, isolating whipping. The cue "Ball of foot first" shifts to midfoot landing, reducing eccentric load and boosting turnover, per NASM's agility footwork. Minimalist shoe transitions for the two enhance sensory feedback, correcting strike seamlessly at cadence, prioritizing tendon health. This intensifies shuffles, backed by gait research on strike cues for Achilles sparing, honing group quickness.

Question: 3

During a squat assessment, a trainer notices that a participant is excessively leaning forward and their heels are lifting off the ground. What compensatory mechanism is likely contributing to this issue?

- A. Weakness in the quadriceps
- B. Poor hip mobility
- C. Tightness in the hip flexors
- D. Overactive gluteus maximus

Answer: B

Explanation:

Excessive forward lean and heel lift during a squat often indicate poor hip mobility. When the hips lack the necessary range of motion for the squat, participants may compensate by leaning forward to maintain balance, which can lead to improper form and potential injuries.

Question: 4

In a rooftop yoga-spin crossover for 12 urban dwellers combating screen slump, the trainer layers EMOM with thoracic openers. The goal: spinal mobility amid cardio. Which EMOM infusion, including timed segments, pose integrations, and progression metrics, unifies breath and beat?

- A. 12-minute EMOM blocks: 4x3 minutes alternating warrior lunges and seated rows on bike, with 10s arch stretches, group sync via collective inhales.
- B. 15-minute EMOM: Minutes 1,3,5: Thread-the-needle holds (20s/side); 2,4,6: 30s high-resistance climbs; alternate sets with cobra flows, advancing RPM 5 bi-weekly.
- C. 18-minute EMOM: Odd—12 cat-cows; even—45s spin at 90 RPM; with thoracic twists in transitions, tracking spine rotation degrees monthly.
- D. 20-minute EMOM: Each minute: 10 bird-dogs + 20s pedal bursts; continuous weave, using breath counts for pacing and posture scans via mirrors.

Answer: B

Explanation:

Screen slump demands thoracic mobility, so EMOM alternates holds like thread-the-needle (opening pecs/ribs) with climbs (engaging mid-back extensors), fostering anti-rounded posture in 15 minutes. Breath-tied pacing via counts prevents shallow breathing, with RPM progressions measuring cardio gains. Odd/even mixes disrupt flow, bird-dogs overload stability early, blocks fragment integration. This GPTS rooftop blend, with scans for hunch corrections, elevates endurance while decompressing spines, leveraging yoga's mindfulness for sustained urban vitality.

Question: 5

Bootcamp NASM GPTS for 12 military recruits exhibits scapular winging mid-burpees on sand. What terrain-specific station command applies?

- A. Elevated push stations with sandbag pulls

- B. Burpee pyramids to failure
- C. Sand sprints only
- D. Stability ball burpees

Answer: A

Explanation:

Elevated push stations (hands on log) with sandbag pulls retract scapulae against winging, leveraging bootcamp terrain for instability training in large small-groups, per NASM GPTS kinetic chain strategies. Commands "pull sand first, then press" sequence activation, preventing overuse. This hybrid elevates bootcamp beyond calisthenics.

Question: 6

You are designing a group training program that aims to improve overall fitness for diverse participants. Which approach would best facilitate this objective?

- A. Incorporate a variety of exercise modalities and formats
- B. Create a rigid structure with no modifications
- C. Limit the program to cardiovascular training only
- D. Focus solely on strength training exercises

Answer: A

Explanation:

Incorporating a variety of exercise modalities and formats allows participants to experience different types of workouts, catering to various fitness levels and preferences. This approach fosters engagement and helps improve overall fitness in a more inclusive manner.

Question: 7

Multi-plane lunge for visual impairment, post-meniscectomy, decathlete, obese. Poor tracking. Inclusive?

- A. Jumping lunges
- B. Bulgarian splits
- C. "VI: Tactile-guided reverse lunge; Meniscus: Split stance RDL; Obese: Elevated stationary; Deca: Lateral walking—frontal emphasis cue"
- D. Forward lunges standard

Answer: C

Explanation:

Tactile cues assist proprioception; split regresses knee shear; elevated reduces load; walking advances agility. Frontal cue corrects tracking universally, GTS scalable plane/load.

Question: 8

During a group training session, an instructor wants to incorporate a new exercise. What is the best way to introduce this exercise to ensure understanding and safety?

- A. Use visual aids and then let participants try it
- B. Provide a detailed explanation followed by a demonstration
- C. Explain the exercise while participants attempt it
- D. Demonstrate the exercise without prior explanation

Answer: B

Explanation:

Providing a detailed explanation followed by a demonstration ensures that participants understand the exercise's mechanics and safety considerations before attempting it. This method reduces the risk of injury and enhances learning.

Question: 9

In a workplace wellness initiative for 16 desk-bound professionals, the coordinator processes intake forms revealing participant Clara, 61, with osteoporosis diagnosis on bisphosphonates and a vertebral compression fracture history. Prior to commencing resistance band rows and bridges, what layered screening cascade best positions the group for safe foundational training?

- A. Administer PAR-Q+ to screen for bone-related symptoms, dissect health history for fracture risks, secure informed consent detailing fall prevention, and baseline with static posture check
- B. Opt for verbal lifestyle queries only, assuming low risk from medication management
- C. Conduct group BMI calculations first, then individual balance tests
- D. Launch directly into demos, using visual cues to adapt for Clara's form

Answer: A

Explanation:

Osteoporosis in postmenopausal women like Clara stratifies moderate-to-high risk via PARQ+ if fractures or pain emerge, with bisphosphonates mitigating but not eliminating vertebral stress from spinal flexion in bridges. Health history elaboration on DXA scores (e.g., T-score <-2.5) and fall history informs load thresholds (<10% BW initially), while consent enumerates benefits (bone density via weightbearing) versus risks (new fractures from improper shear). Static posture identifies kyphosis, cueing neutral spine for rows to enhance erector spinae activation without extension overload. This cascade, per NASM's geriatric adaptations, preempts sarcopenia-fueled imbalances, enabling Phase 1 progressions with vibration platforms for osteogenic stimulus. Skipping layers risks iatrogenic injury; objective priors undervalue subjective red flags in medicated elders.

Question: 10

In facilitating goal setting for a diverse group including post-rehabilitation and elite fitness seekers, the specialist employs collaborative techniques. What is the most effective method to derive motivating, realistic goals?

- A. Group discussion of aspirations followed by SMART refinement and level-specific action steps
- B. Pairing beginners with advanced for mentorship goals
- C. Anonymous voting on predefined options
- D. Trainer-led dictation based on visual assessments

Answer: A

Explanation:

Collaborative discussion uncovers intrinsic motivators and builds buy-in; SMART refinement ensures measurability and timeliness, while level-specific actions—regressions for post-rehab safety, progressions for elites—create personalized pathways within a supportive group framework, enhancing commitment and success rates across heterogeneity.

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