

One student's thoughts on the ACSM HFS Exam

I recently took and passed the American College of Sports Medicine's Health Fitness Specialist (ACSM HFS) exam. If anybody is thinking about taking this particular exam, here are my thoughts and recommendations.

As a point of reference, the ACSM Health Fitness Specialist certification is one level above the Certified Personal Trainer designation from the ACSM. The basic difference between the Certified Personal Trainer and the HFS certification is that the HFS certification covers individuals with "controlled" levels of cardio and/or pulmonary disease.

As for the HFS exam, the review certification material that ACSM sells in the form of two books is nowhere near as difficult as the actual exam itself. For example, it took me 45 minutes to take and complete the "comprehensive" practical exam at the end of the review materials. The actual exam took me over 3 hours to complete and the questions on the real exam were several times more difficult than the review materials that ACSM sold me.

In addition, the review materials that ACSM sold me for the HFS exam also cover the Clinical Exercise Specialist exam which is for trainers dealing with unstable cardio and/or pulmonary patients in a cardiac rehab or hospital setting. When you take the review test at the end of each chapter of the review materials, you're never quite sure whether the info covered is for the HFS or the Clinical Exercise Specialist exam. With very little exception in the review guides, ACSM makes no attempt to separate the material for the HFS exam versus the material for the Clinical Exercise Specialist exam. The review guides just tell you to go to the back of the ACSM Exercise Prescription guide and sort it out for yourself based on ACSM's arcane list of KSA's (Knowledge, Skills, and Abilities).

The most valuable tip I can give somebody taking the ACSM Health Fitness Instructor exam is to make sure that they know the "fine" details of the ACSM's Guidelines for Exercise Testing and Prescription text as it pertains to the HFS exam. The ACSM Guidelines text is loaded with medical terminology and frankly not easy to get through, but it is vital to success on the actual test itself.

In addition, the review materials did not go over all the details on skin-fold measurements but the actual exam covered the details in depth. The practice exams also don't go into too much detail on the smaller muscle groups, the movements and problems that can occur through poor technique or the subsequent misuse of these small muscles. I think my favorite question on the real exam was a client comes into your facility complaining of difficulties with her piriformis muscle. What are your recommended courses of action? If you remember that the piriformis muscle performs lateral rotation of the hip, that's a good thing, how to treat the problem is another.

Make sure you know the ACSM coronary risk factors and stratification information down cold and know how to use the risk factors as they apply to a real case study. You will be asked on the exam about whether or not a client should proceed with a given exercise program based on test results which are given to you. In addition, be sure you know the ACSM walking, running, and cycling formulas down cold for the HFS exam. Know your ACSM relative and absolute contraindications for exercise testing as

well. You will be tested on them.

I spent a lot of time on my own learning the details of EKG analysis and learning the different classes of drugs that cardiac patients take and how they influence the exercise response (Heart rate, BP, cardiac output, myocardial oxygen demand) in the body. Good thing, the actual HFS exam is loaded with these questions. I also learned that I'm very proficient when it comes to the finer details of pathophysiology but I have a lot of work to do on clinical exercise testing. .

Good luck to all.

Curt