The Next New Edition of 
ACSM’s Guidelines for Exercise 
Testing and Prescription- 
the 9th edition (GETP9) 

Columbia University, Teachers College 
Department of Biobehavioral Sciences, 
Program Movement Sciences & Education
ACSM’s GETP9 Preview

• Overview the content of GETP8

• Preview GETP9 new features

• Pilot a GETP survey
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ACSM’s GETP Noteworthy Facts

• Industry gold standard

• Best-selling ACSM text

• Primary markets: educational settings, exercise professionals, and ACSM certification candidates

• Primary resource for anyone conducting exercise programs or exercise testing

• International presence: translated into simplified Chinese, Japanese, Portuguese, and Spanish
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ACSM’s GETP8 Reference Texts

- **ACSM’s Resources for Clinical Exercise Physiology**
- **ACSM’s Certification Review**
  - **ACSM’s Resources for the Personal Trainer**
  - **ACSM’s Health-Related Physical Fitness Assessment Manual**
  - **ACSM’s Exercise Management for Persons with Chronic Diseases and Disabilities**
  - **ACSM’s Metabolic Calculations Handbook**
ACSM’s GETP8 New Features

• Text descriptions were reduced
• References were reduced
• Tables, boxes, and figures were increased
• Published simultaneously with ACSM companion texts
• Input / contribution from international content experts
• Based on ACSM and other organizations’ position stands and scientific statements
ACSM’s GETP8 New Features

- Use of the “FITT” or frequency, intensity, time, and type framework
- Integration of easier-to-understand schematics such as Figure 2.3 a logic model for risk stratification
- Inclusion of a “self-guided” section for exercise screening in Chapter 2

Figure 2.3

Logic model for risk stratification.

- Review Health/Medical History for: Known Disease, Signs/Symptoms, CAD Risk Factors

- Known CV, Pulmonary, Metabolic Disease?
  - Yes: Major Signs or Symptoms Suggestive of CV, Pulmonary, Metabolic Disease?
    - Yes: Unusual fatigue or shortness of breath with usual activities
    - No: Number of CAD Risk Factors
    - ≥2: High Risk
    - < 2: Moderate Risk

- No: Pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia
  - Shortness of breath at rest or with mild exertion
  - Dizziness or syncope
  - Orthopnea or paroxysmal nocturnal dyspnea
  - Ankle edema
  - Palpitations or tachycardia
  - Intermittent claudication
  - Known heart murmur
  - Unusual fatigue or shortness of breath with usual activities

- Cardiovascular: Cardiac, peripheral vascular, or cerebrovascular disease
  - Pulmonary: COPD, asthma, interstitial lung disease, or cystic fibrosis
  - Metabolic: Diabetes mellitus (types 1 and 2), thyroid disorders, renal or liver disease

Figure 2.3
GETP8 p.24
Self-Guided Pre-Exercise Screening

PAR-Q & YOU
(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions
Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.
- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

No to all questions
If you answered NO honestly to ALL PAR-Q questions, you can be reasonably sure that you can:
- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

Information on PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature ____________________________ Date ____________________________

Signature of Parent or Guardian (for participants under the age of majority) ____________________________

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.
ACSM’s GETP8 Production Timeline

- 6/06 formal launch meeting
- 8/06 editors identify contributors
- 12/06 editors & contributors complete drafts
  - 5 months to write
- 2/07 editor revisions finalized
  - 2 month to edit
- 6/07 external review
  - 3 months for review
ACSM’s GETP8 Production Time Line

- 9/07 reviewed drafts returned to editors
  - 1 months to edit
- 10/07 CCRB content review
- 12/07 CCRB review returned to GETP8 editors
  - 2 months to edit
- 2/08 ACSM approved manuscripts sent to LWW
  - 1 year in production
- 2/15/09 publication date
ACSM’s Guidelines for Exercise Testing and Prescription
8th edition
2009

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• Appendix D American College of Sports Medicine Certifications

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ACSM’s GETP9 New Features

- Conduct a survey of ACSM membership on GETP8
- Appoint an associate editor for each section
- Appoint a contributor for each appendix
- Develop a GETP automated referencing system
- Operationalize a web-based venue for updates
ACSM’s GETP9 New Features

- Revisit GETP exercise testing and programming supervision recommendations
- Continue the remake of GETP as a real *guidelines* book
- Increase the contribution of international scientists and practitioners as writers and reviewers
- Base content on ACSM and/or other organizations’ position stands and scientific statements
- Update and expand sections as deemed timely and pertinent
ACSM’s GETP9 New Features

• Involve associate editors of Section I, II and III in editing of GETP9 as a safety net for consistency, redundancies, etc.

• Revamp Appendix D on ACSM Certifications
  – Remover learning objectives and make available on-line

• Integrate JNC8 and ATP4 updated guidelines and recommendations
ACSM’s GETP9 Production Time Line

- 5/09 Pre-launch meeting
- 3/10 Formal launch meeting
- 3/10-6/10 Editors identify contributors
- 6/10-11/10 Editors and contributors complete drafts
- 12/10-2/11 Editors edit and finalize draft
- 3/11-6/11 External review
- 6/11-7/11 Editors revise and finalize draft
- 8/11-9/11 CCRB review
- 10/11-12/11 Editors revise and finalize
- 12/11 Delivery to LWW