

# Exercise Training

Exercise training induces many physiological changes that make a conditioned individual more efficient and better able to deliver and use the oxygen and nutrients and resist fatigue.

The conditioning effect also offers some protection against cardiovascular mortality and enhances ability to perform activities of daily living.

# "Stato di Forma o Condizione Atletica"

L'insieme di caratteristiche  
cardiorespiratorie,  
neuromuscolari e psicologiche, naturali od  
acquisite, che permettono all'atleta di  
effettuare la prestazione con il massimo  
rendimento



....l'allenatore

# “Stato di Forma o Condizione Atletica”

L'insieme di caratteristiche  
cardiorespiratorie,  
neuromuscolari e psicologiche, naturali od  
acquisite, che permettono all'atleta di  
effettuare la prestazione con il massimo  
rendimento ed il minimo pericolo di infortunio



....il medico

# A

Attività sportive non competitive con impegno cardio-circolatorio minimo-moderato caratterizzato da attività di pompa a ritmo costante, frequenze sottomassimali e caduta delle resistenze periferiche

<b>Podismo o marcia in pianura</b>	<b>Sci di fondo</b>
<b>Footing</b>	<b>Pattinaggio</b>
<b>Jogging</b>	<b>Canoa turistica</b>
<b>Ciclismo in pianura</b>	<b>Trekking (non esasperato)</b>
<b>Caccia</b>	<b>Golf</b>
<b>Nuoto</b>	

# B

Attività sportive con impegno cardiocircolatorio di tipo "neurogeno" caratterizzato da incrementi della frequenza cardiaca e non della portata, dovuto, soprattutto nelle competizioni, ad importante impatto emotivo

## 1. con incrementi della FC da medi ad elevati.

<b>Tuffi</b>	<b>Motonautica</b>
<b>Paracadutismo</b>	<b>Vela</b>
<b>Motociclismo velocità</b>	<b>Equitazione e Polo</b>
<b>Automobilismo</b>	<b>Ippica</b>
<b>Aviazione sportiva</b>	<b>Attività subacquee</b>

## 2. con incrementi della FC da minimi a moderati

<b>Golf</b>	<b>Pesca sportiva</b>
<b>Bocce e Bowling</b>	<b>Sport di tiro (a segno, a volo, arco, etc.)</b>

# C

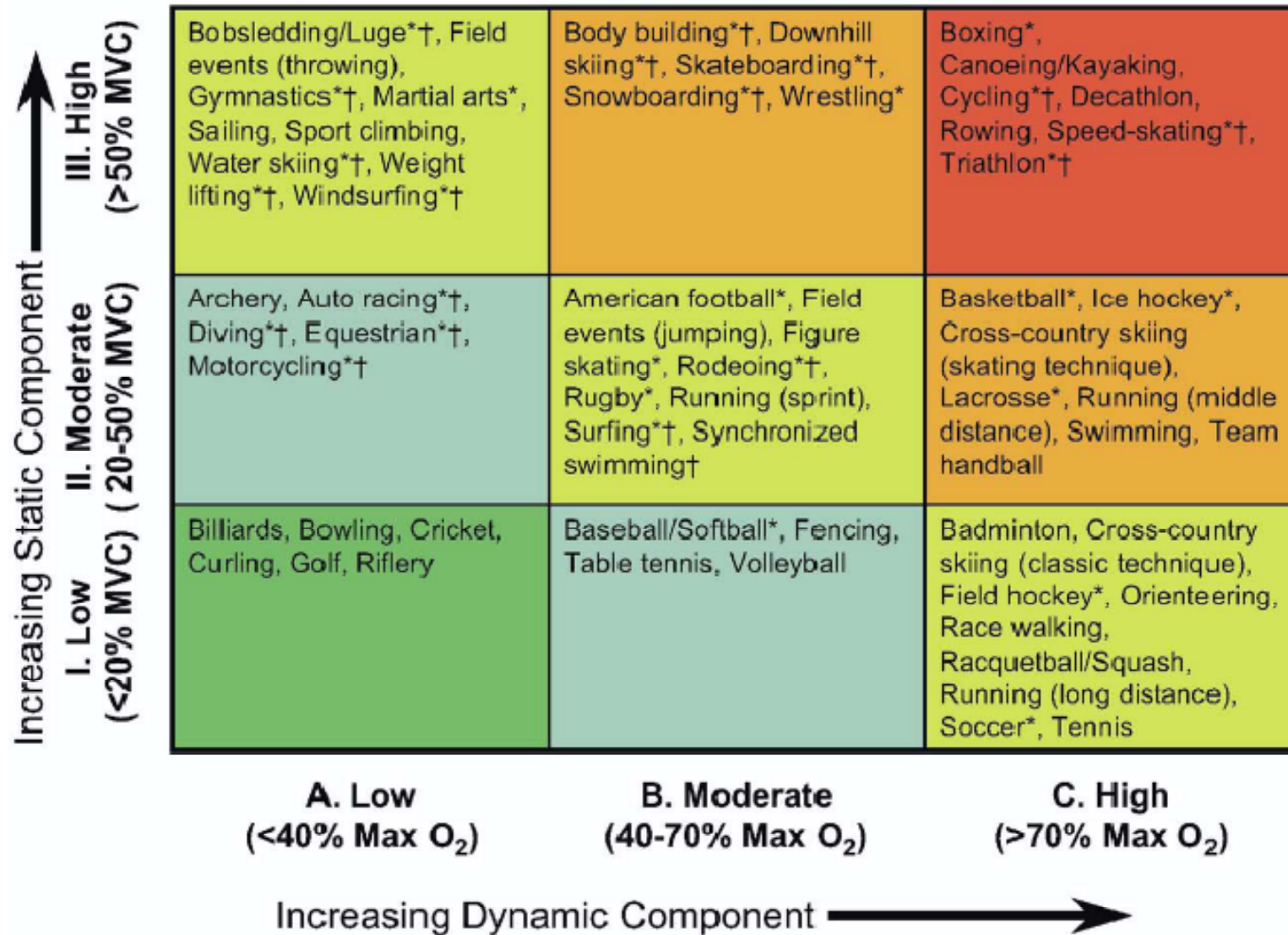
Attività sportive con impegno cardiocircolatorio di "pressione" caratterizzato da portata cardiaca non massimale, frequenza cardiaca da elevata a massimale e resistenze periferiche da medie ad elevate

<b>Atletica Leggera velocità</b>	<b>Eptathlon lanci e salti</b>
<b>Bob</b>	<b>Sci slalom, discesa, Km lanciato, sci acrobatico</b>
<b>Slittino</b>	<b>Sci nautico</b>
<b>Ciclismo velocità kerin</b>	<b>Wind surf</b>
<b>Nuoto 50 m.</b>	<b>Tennis tavolo</b>
<b>Nuoto pinnato 50 m ap., 100 m sub</b>	<b>Motociclismo, Motocross</b>
<b>Pattinaggio sul ghiaccio velocità</b>	<b>Alpinismo</b>
<b>Pattinaggio a rotelle velocità</b>	<b>Free Climbing</b>
<b>Sollevamento pesi</b>	<b>Nuoto sincronizzato</b>
<b>Lanci</b>	<b>Body Building</b>
<b>Salti</b>	<b>Decathlon lanci e salti</b>

# D

Attività sportive con impegno cardiocircolatorio da medio ad elevato caratterizzato da numerosi e rapidi incrementi anche massimali, della frequenza cardiaca e della portata, con aumento delle resistenze periferiche particolarmente evidente nelle brusche interruzioni dell'attività muscolare degli arti

<b>Calcio</b>	<b>Tennis</b>
<b>Calcio a cinque</b>	<b>Canoa slalom</b>
<b>Football americano</b>	<b>Canoa Polo</b>
<b>Rugby</b>	<b>Squash</b>
<b>Pallacanestro</b>	<b>Badminton</b>
<b>Pallavolo</b>	<b>Tamburello</b>
<b>Pallamano</b>	<b>Arti marziali</b>
<b>Pallanuoto</b>	<b>Lotta</b>
<b>Baseball</b>	<b>Pugilato</b>
<b>Softball</b>	<b>Hockey su ghiaccio</b>
<b>Cricket</b>	<b>Hockey su pista</b>
<b>Beach volley</b>	<b>Hockey su prato</b>
<b>Ginnastica artistica</b>	<b>Pattinaggio artistico</b>
<b>Scherma</b>	







# Risposta Cardiovascolare all'Esercizio Acuto

# Risposta Cardiovascolare all'Esercizio Acuto



## 1. Fase preparatoria iniziale

*Stimolazione adrenergica  
Vasocostrizione distrettuale*

## 2. Fase intermedia metabolica

*Fattori locali  
Stimolazione adrenergica*



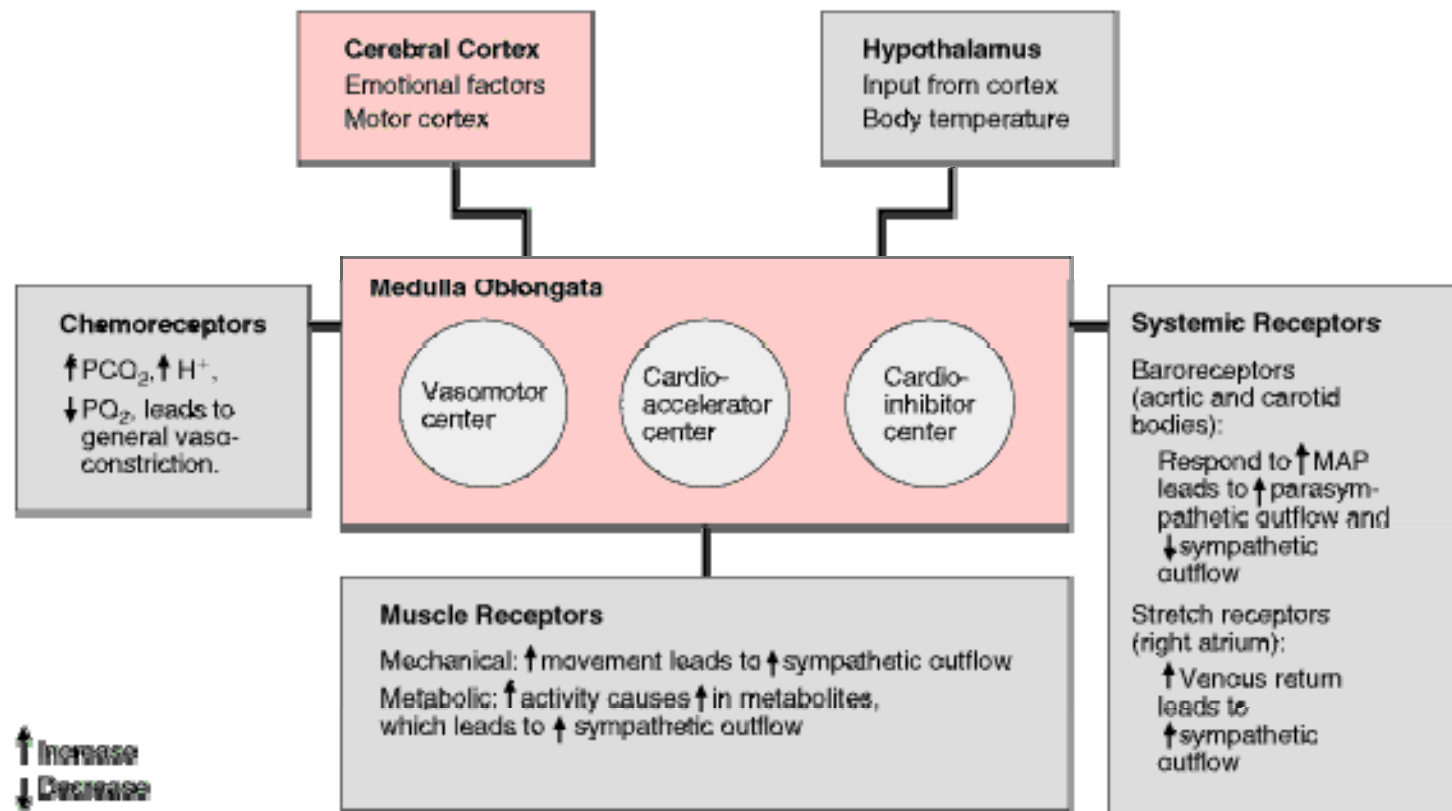
# Risposta Cardiovascolare all'Esercizio Acuto



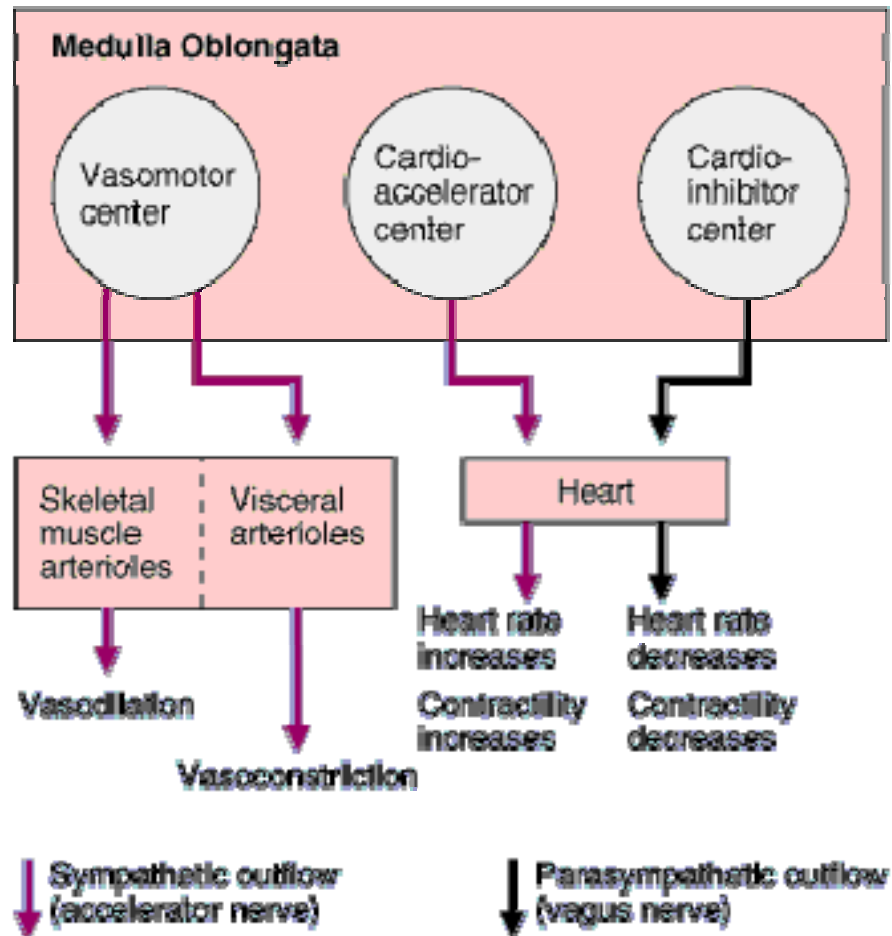
- Fase preparatoria iniziale
- *Stimolazione adrenergica (cuore)*
- *vasocostrizione distrettuale*



# Factors Affecting Neural Control of Cardiovascular Function



# Neural Control of Cardiovascular Function



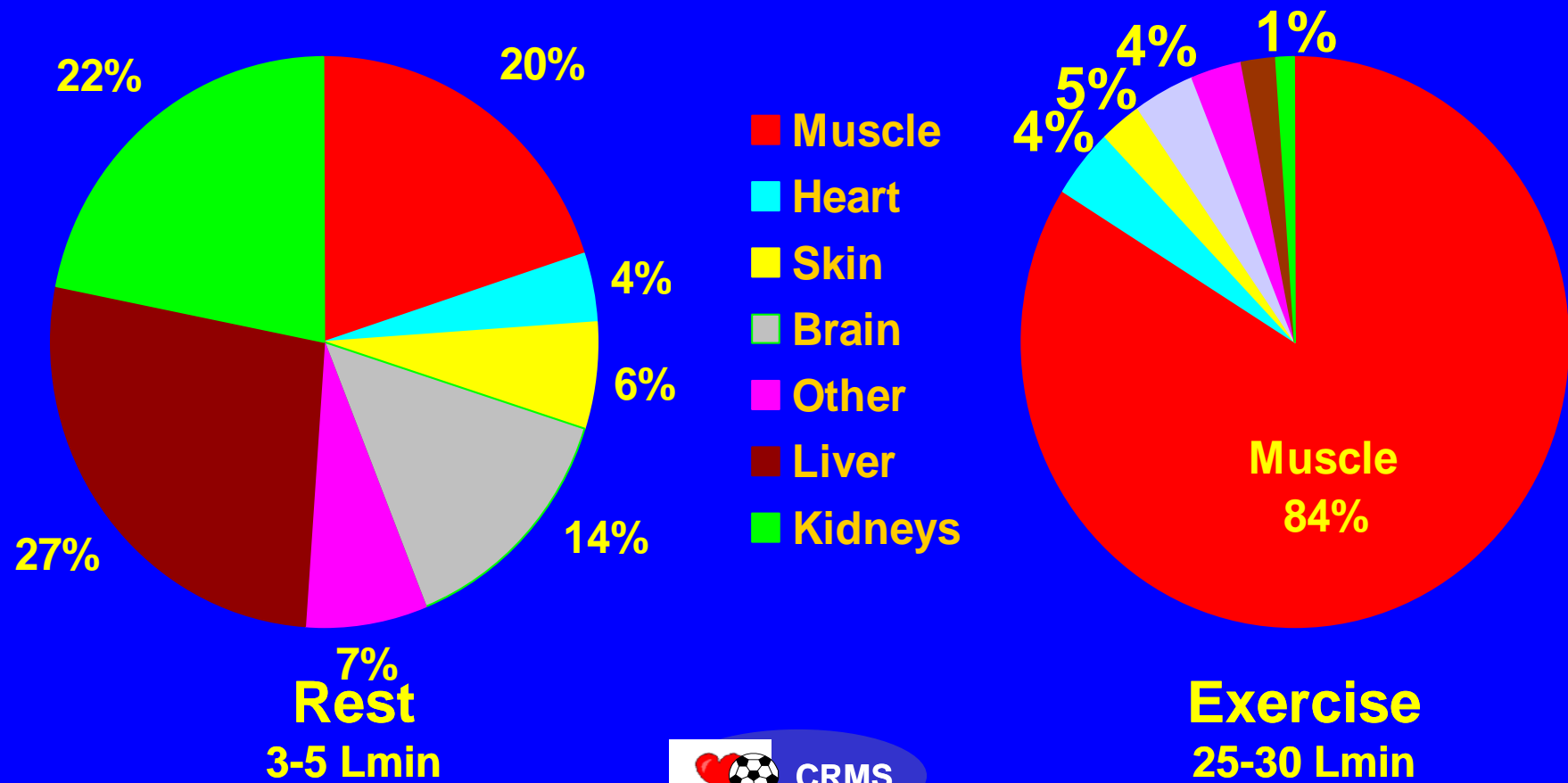
Integrated chemical, neural and hormonal adjustments prior to and during exercise

## Preexercise anticipatory response

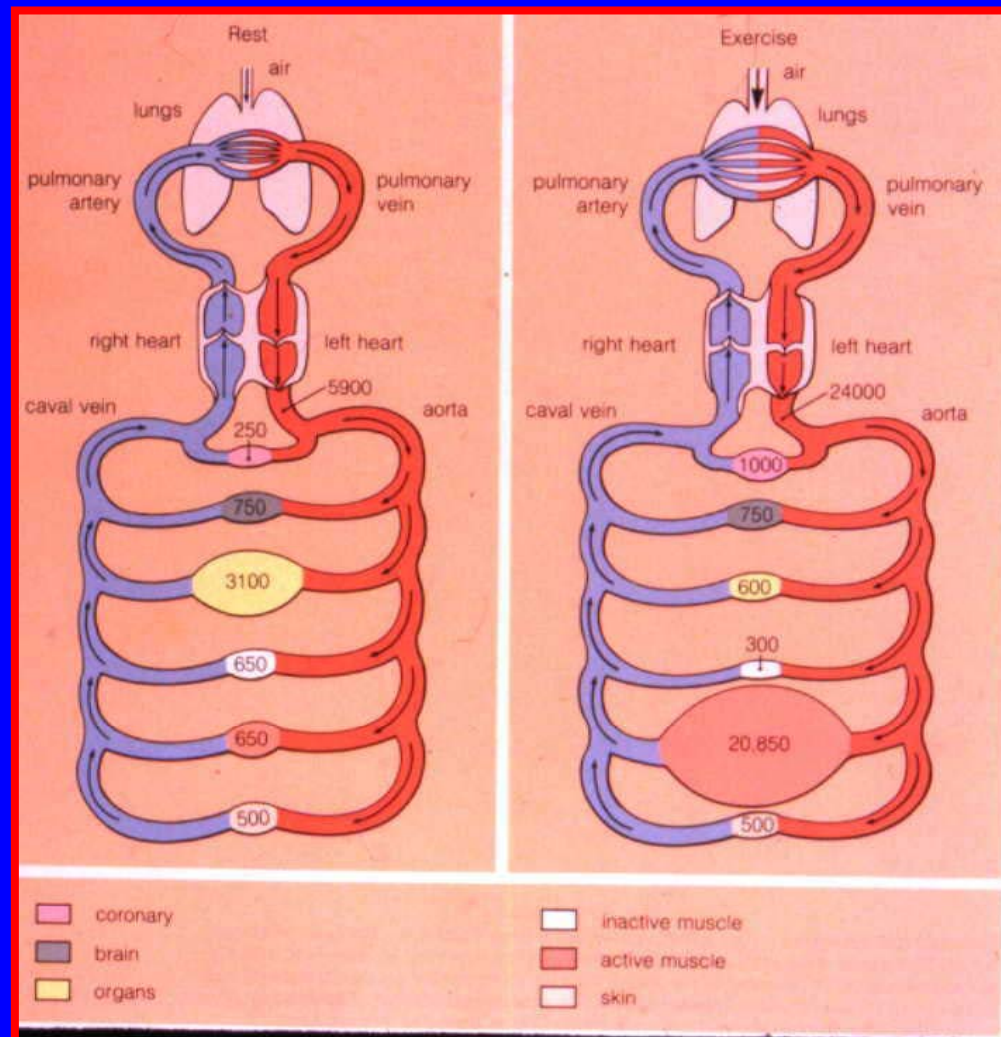
**Activator** Activation of motor cortex and higher areas of brain causes increase in sympathetic outflow and reciprocal inhibition of parasympathetic activity

**Response** Acceleration of heart rate; increased myocardial contractility; vasodilatation in skeletal and heart muscle (cholinergic fibres); vasoconstriction in other areas, especially in skin, gut, spleen, liver and kidneys (adrenergic fibres); increase in arterial blood pressure.

# Distribution of Flow at rest and during Acute Exercise



# Distribution of Flow at Rest and during Acute Exercise





# Resting, anticipatory, and maximum exercise heart rate in competitive runners and untrained subjects during all-out running

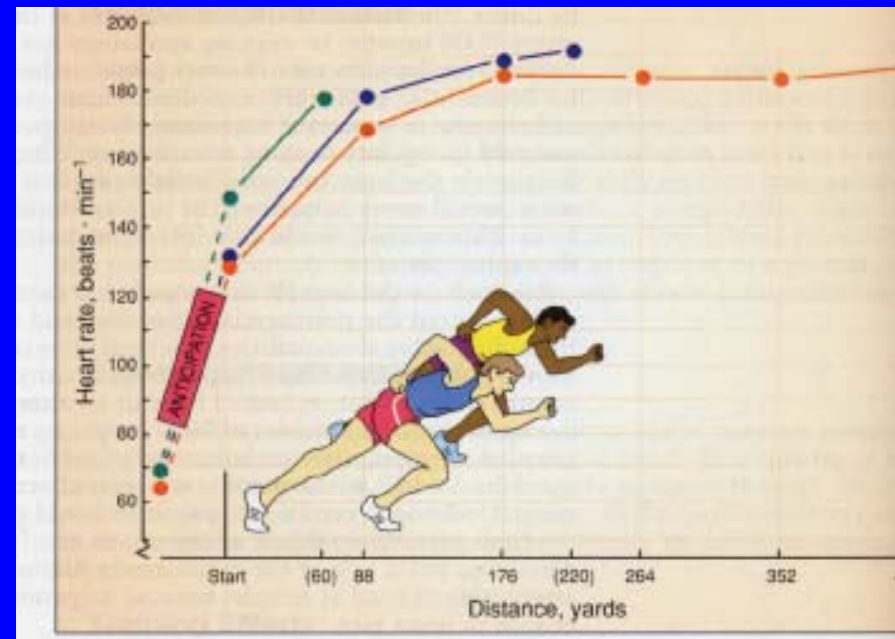
Event	REST		ANTICIP		EXERCISE	
	T	UT	T	UT	T	UT
60 yards	67	69	148	124	177	162
220 yards	67	67	130	115	191	186
440 yards	63	63	129	118	187	189
880 yards	62	70	122	129	186	194
1 mile	58	64	118	128	195	198
2 mile	59	74	108	109	206	199

T = Trained  
UT = Untrained

McArdle W.D. Telemetered cardiac response to selected running events  
J. Appl. Physiol. 23:566,1967

# Risposta Cardiovascolare all'Esercizio Acuto

Fase preparatoria iniziale  
*Stimolazione adrenergica  
(cuore)*



# Integrated Chemical, neural And Hormonal Adjustaments Prior To And During Exercise

## EXERCISE

**Activator** Continued sympathetic cholinergic outflow; alterations in local metabolic conditions due to hypoxia, ↓pH, ↓CO<sub>2</sub>, ↑ADP, ↑Mg<sup>++</sup>, ↑Ca<sup>++</sup>, ↑temperature.

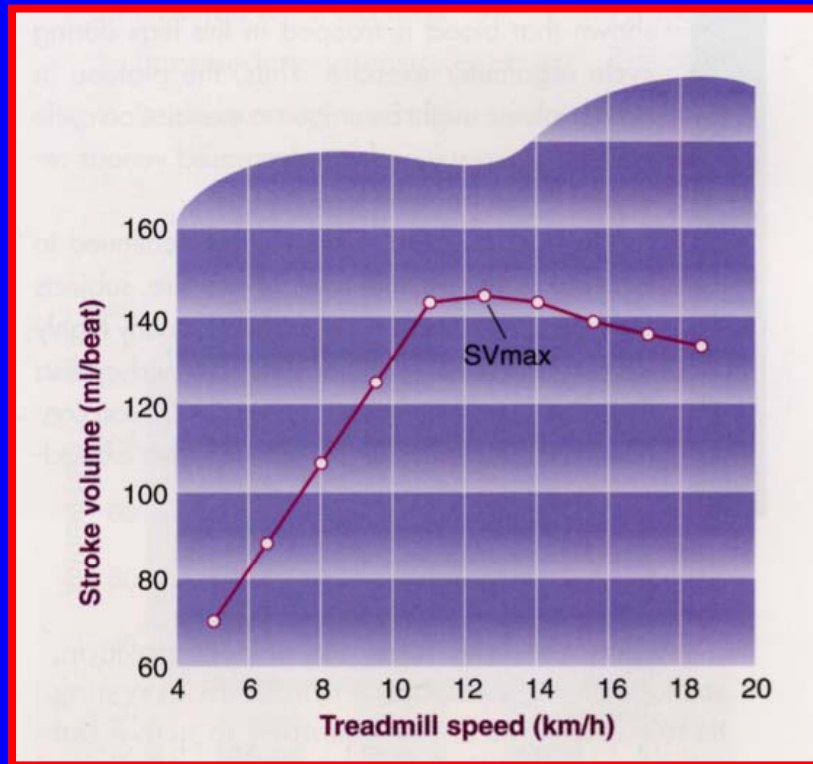
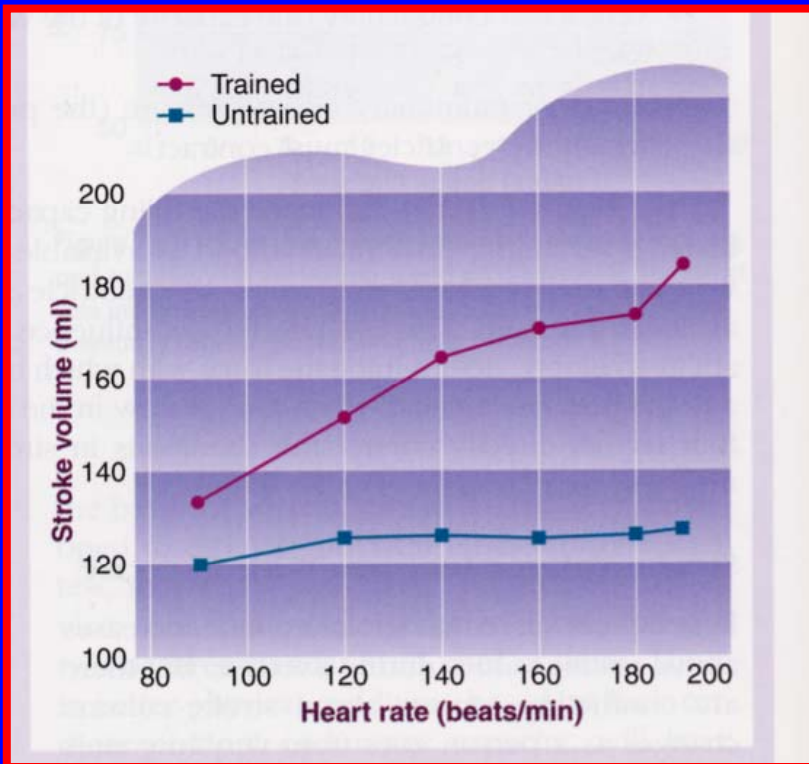
Continued sympathetic adrenergic outflow in conjunction with epinephrine and norepinephrine from the adrenal medulla

**Response** Further dilatation of muscle vasculature  
Concomitant constriction of vasculature in inactive tissues to maintain adequate perfusion pressure throughout arterial system. Venous vessels stiffen to reduce their capacity. This venoconstriction facilitates venous return and maintains the central blood volume

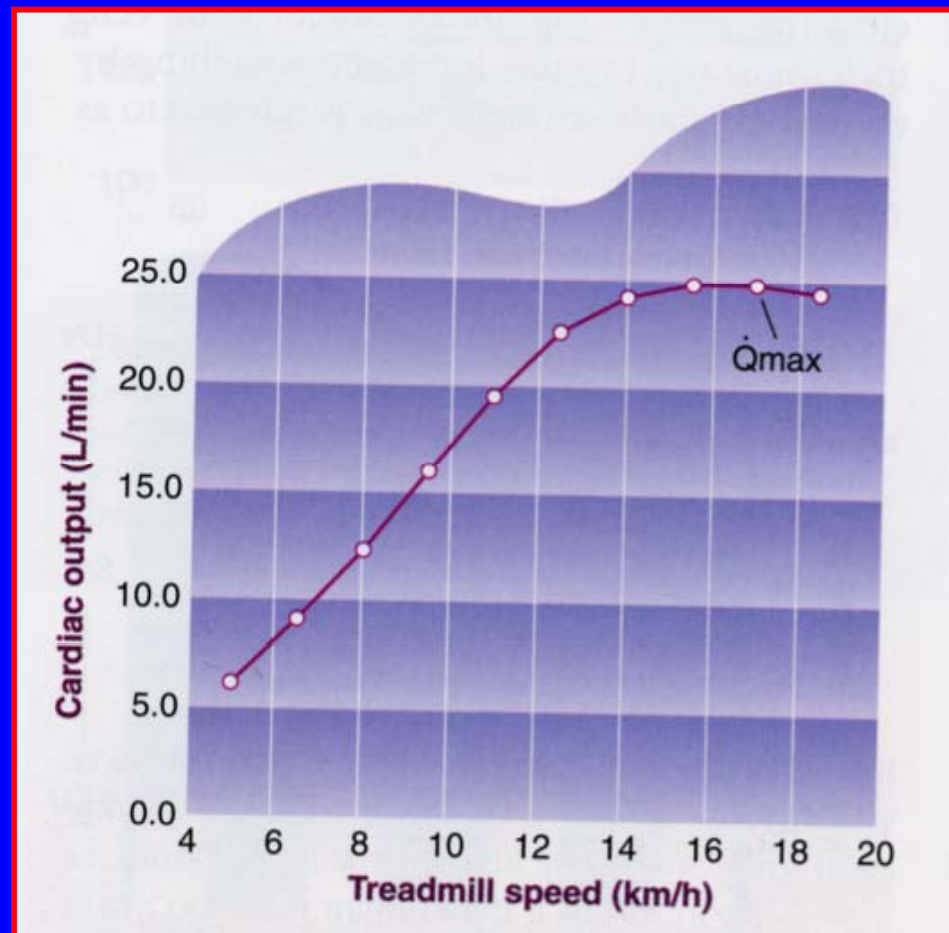


# Cardiovascular Response to Acute Exercise

# Cardiovascular Response to Acute Exercise (Stroke Volume)



# Cardiovascular Response to Acute Exercise (Cardiac Output)



Stroke  
Volume

=

Diastolic - Systolic Volume

Cardiac  
Output

=

Stroke Volume X HR



# CO at rest and during exercise in normal Subject



Diast Vol 120ml Syst Vol 50ml  
Stroke vol 70ml  
EF%58

Diast Vol 120ml Syst Vol 20ml  
Stroke vol 100ml  
EF% 83

$$CO = SV \times HR$$

**Rest**

$$CO = 70\text{ml} \times 50\text{hr} = 3.5\text{L}$$

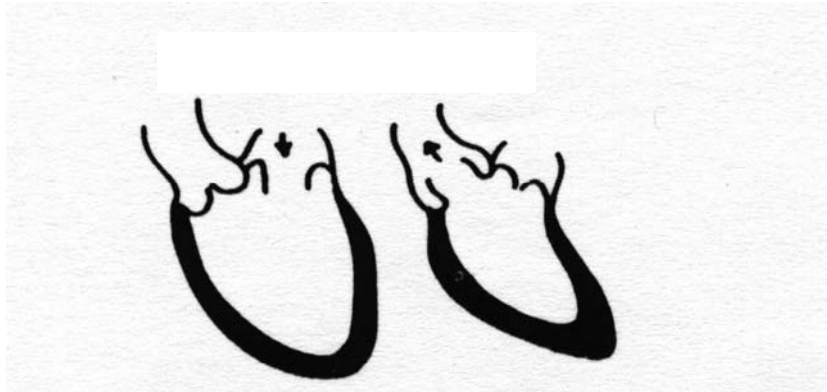
**Exercise**

$$CO = 100\text{ml} \times 180\text{hr} = 18\text{L}$$





# in endurance athlete



Diast Vol 160ml Syst Vol 90ml

Stroke vol 70ml

EF%48

Diast Vol 160ml Syst Vol 30ml

Stroke vol 130ml

EF%84

$$CO = SV \times HR$$

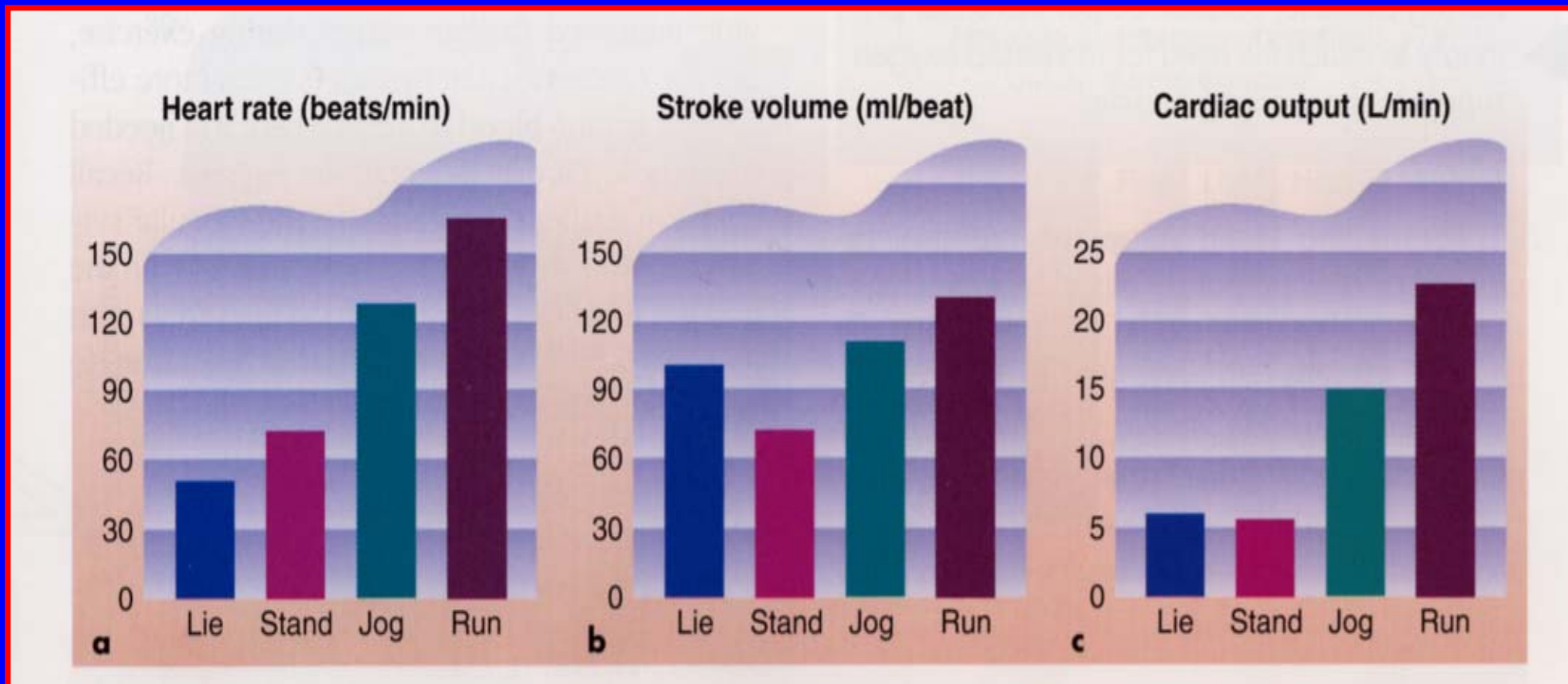
**Rest**

$$CO = 70 \text{ml} \times 50 \text{hr} = 3.5 \text{L}$$

**Exercise**

$$CO = 130 \text{ml} \times 200 \text{hr} = 26. \text{L}$$

# Cardiovascular Response to Acute Exercise



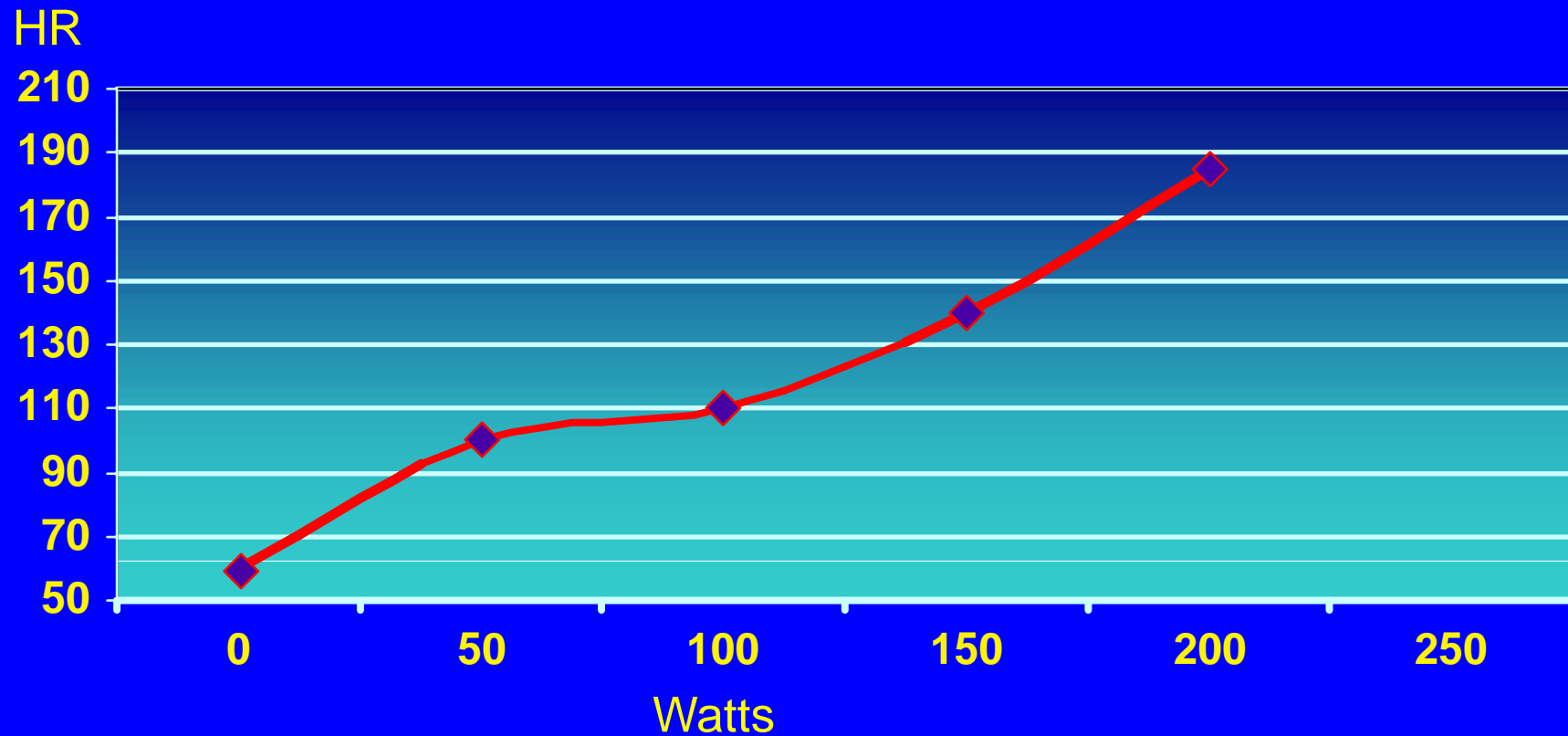
# Massimi valori di $\text{VO}_2$ , FC, GS e GC in atleti e sedentari

Gruppo	$\text{VO}_2$ max (L/min)	FC max (bpm)	GS max (mL)	<b>GC max (L/min)</b>
Sedentari	3,2	200	100	20
Atleti	5,2	190	160	30,4

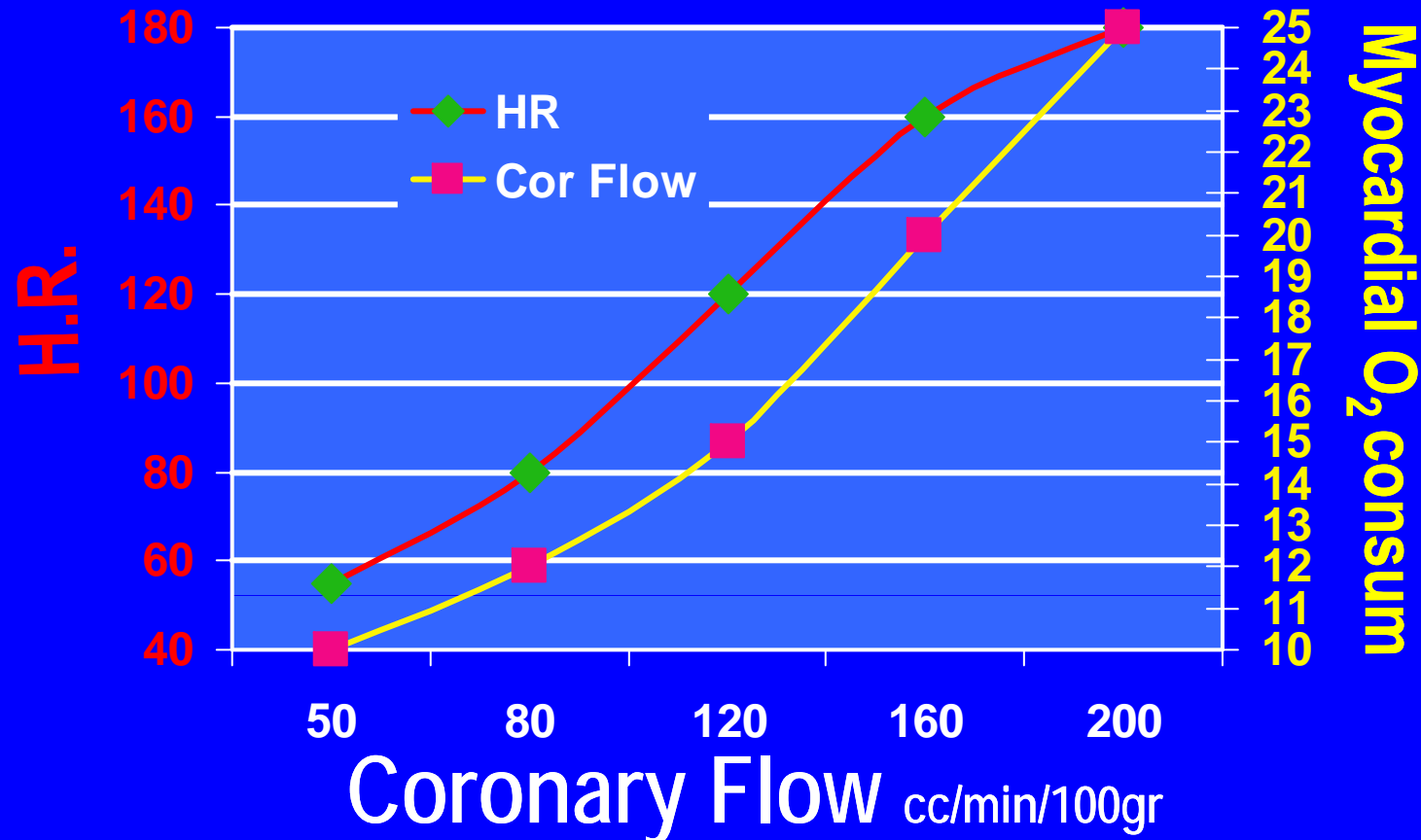
# Riflettiamo insieme

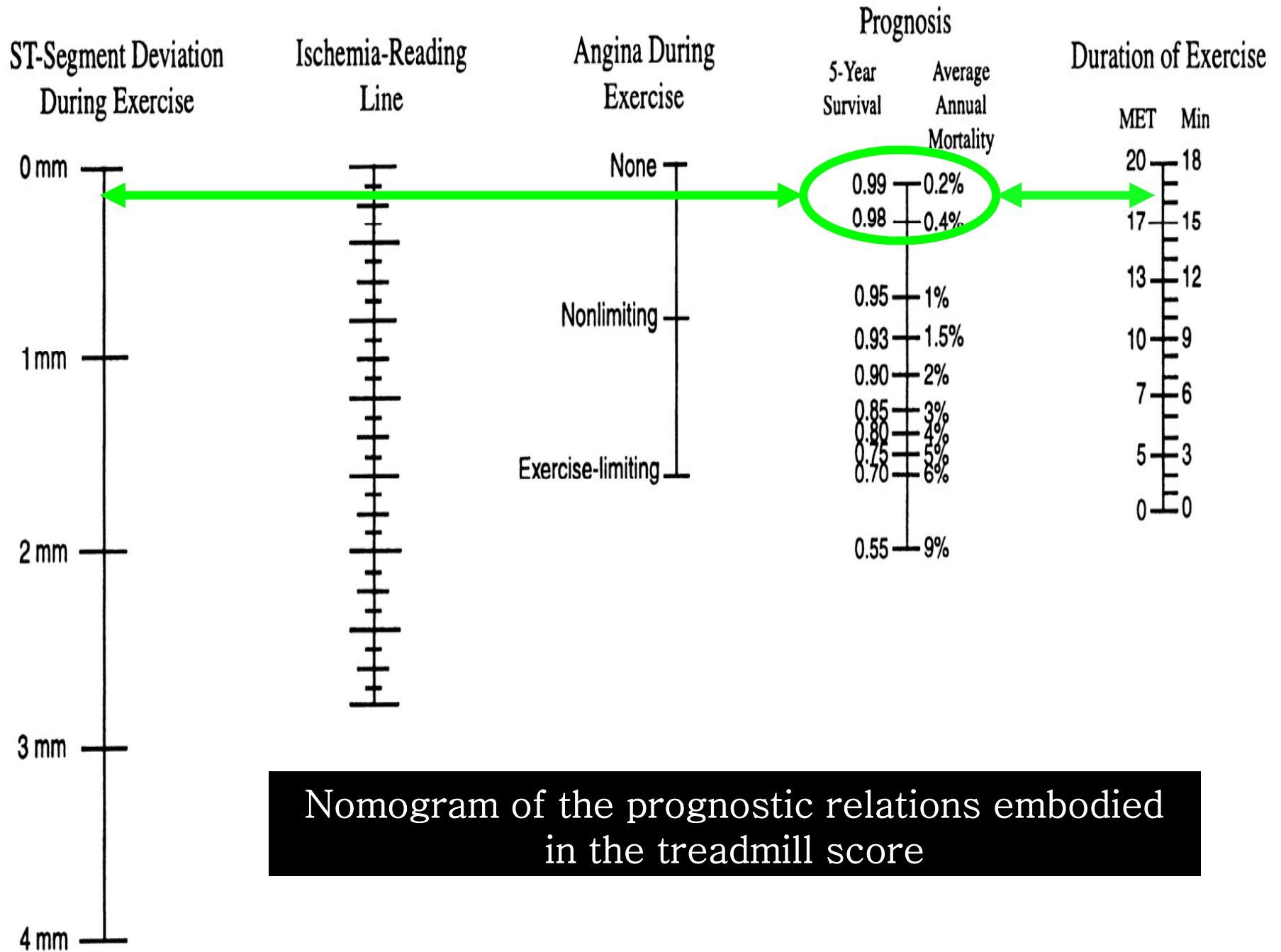


# Heart Rate in Response to Exercise



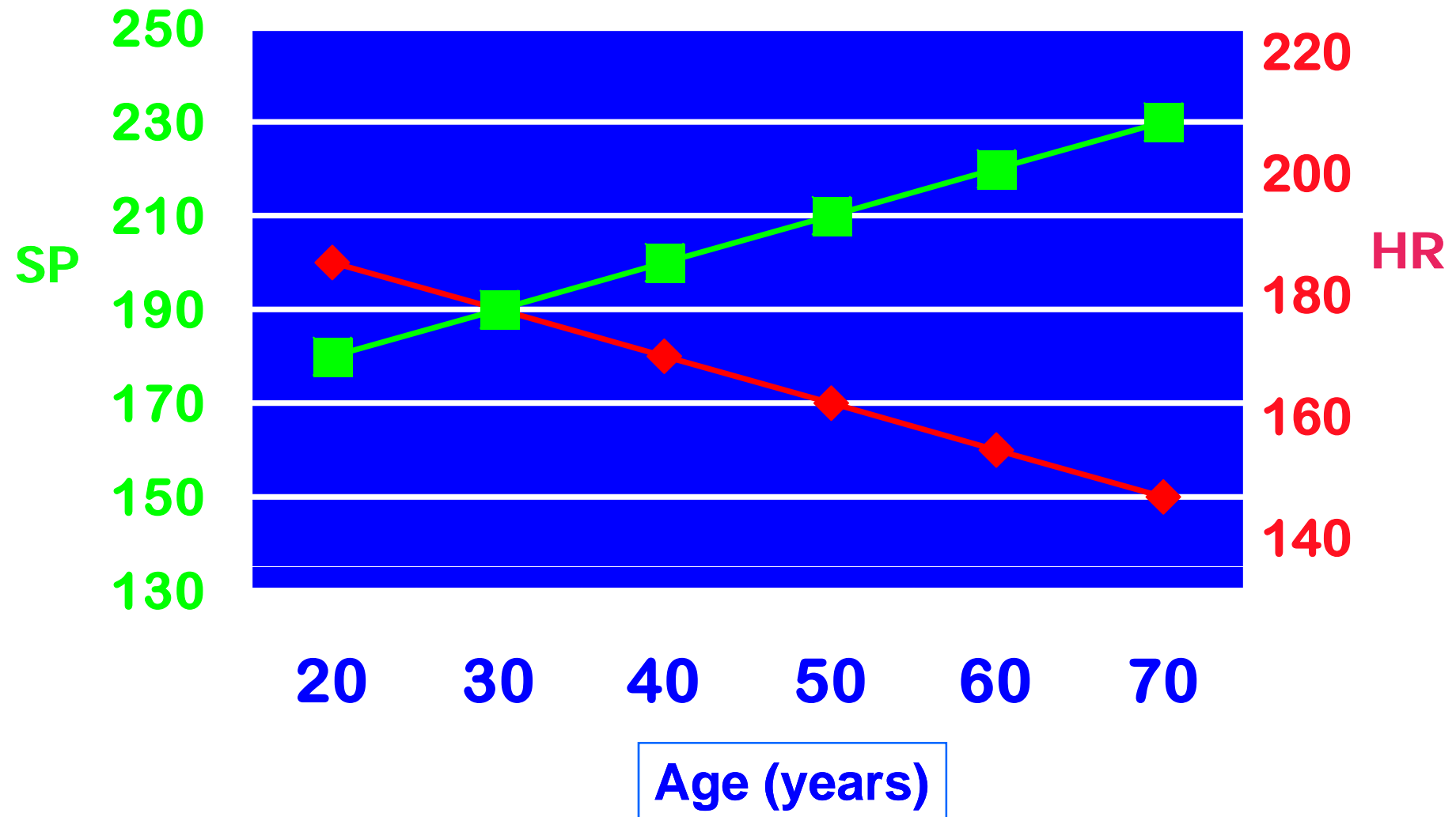
# Myocardial O<sub>2</sub> consumption, Heart Rate and Coronary Flow





Nomogram of the prognostic relations embodied in the treadmill score

# Age, Heart Rate, Systolic Pressure And Acute Exercise





# ↓ Maximum heart rate

electrophysiological alterations

↓ sympathetic nervous system activity



↓ max heart rate

↓ **Maximum heart rate**  
(Max HR=220-age)

↓ **Stroke volume**

↓ **VO2 max**



**↓ Stroke volume**

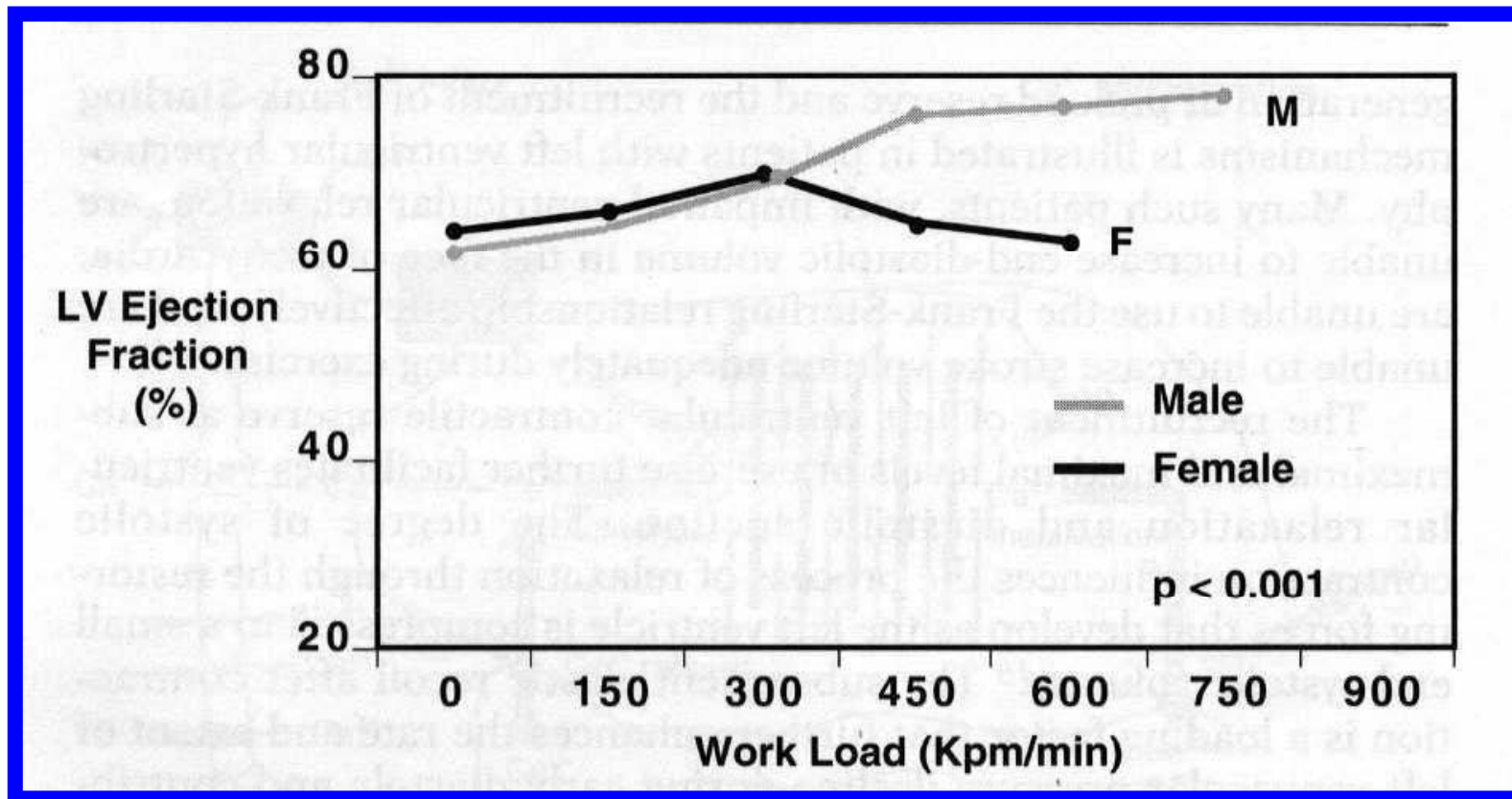
**With age arteries begin to lose their elasticity and to reduce capability of vasodilatation**

**↑ peripheral resistance**

**↓ stroke volume**



# Cardiovascular Response to Exercise in Men and Women



# Cardiovascular response to acute exercise in women

Women' lower stroke volume is related to

- smaller heart size related to their smaller body surface area (lower testosterone levels)
- Smaller blood volume, also related to smaller body size

# Cardiovascular response to acute exercise in women

- women have higher submaximal HR than men
- maximum HR is the same in both sexes
- Cardiac Output (CO) for the same absolute rate of work is the same in both sexes
- increase of CO in women is primarily due to an increase in HR, more than in stroke volume





# Exercise and Blood Pressure

*(Blood Pressure = CO x Peripheral Resistance)*

$$\text{Blood Pressure} = \text{CO} \times \text{Peripheral Resistance}$$

In normal subjects exercise  
increases Cardiac Output  
and/or decreases Peripheral  
Resistance

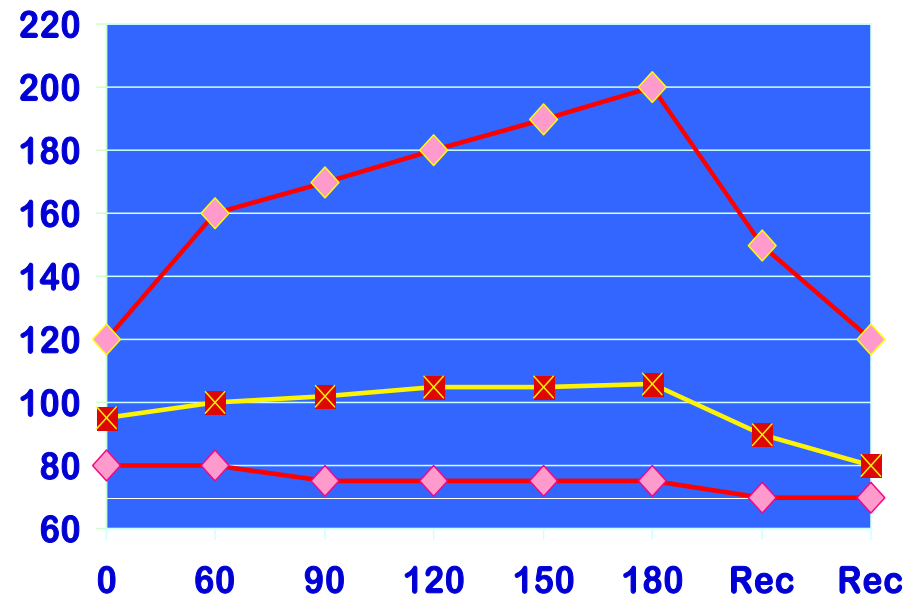


# Exercise and Blood Pressure

*(Blood Pressure = CO x Peripheral Resistance)*

In normal subjects acute exercise increases Cardiac Output and/or decreases Peripheral Resistance with mild increase of Mean Arterial Pressure

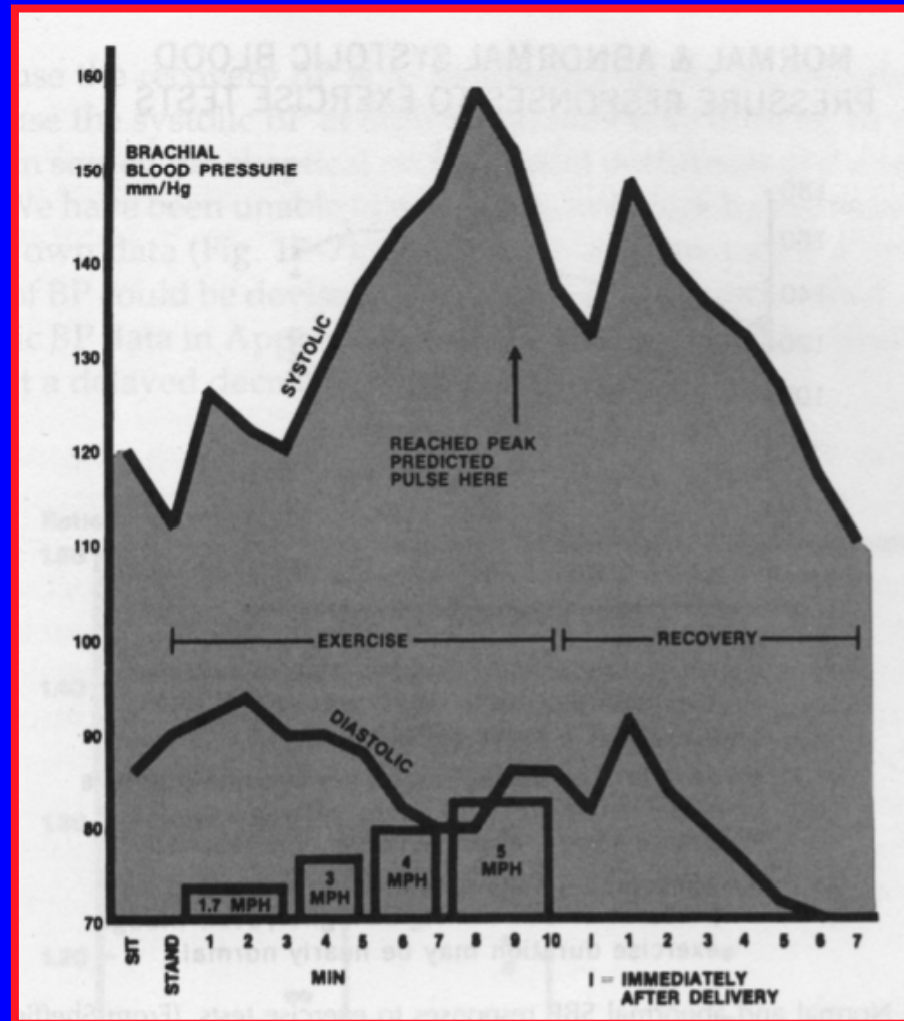
**P.A.**



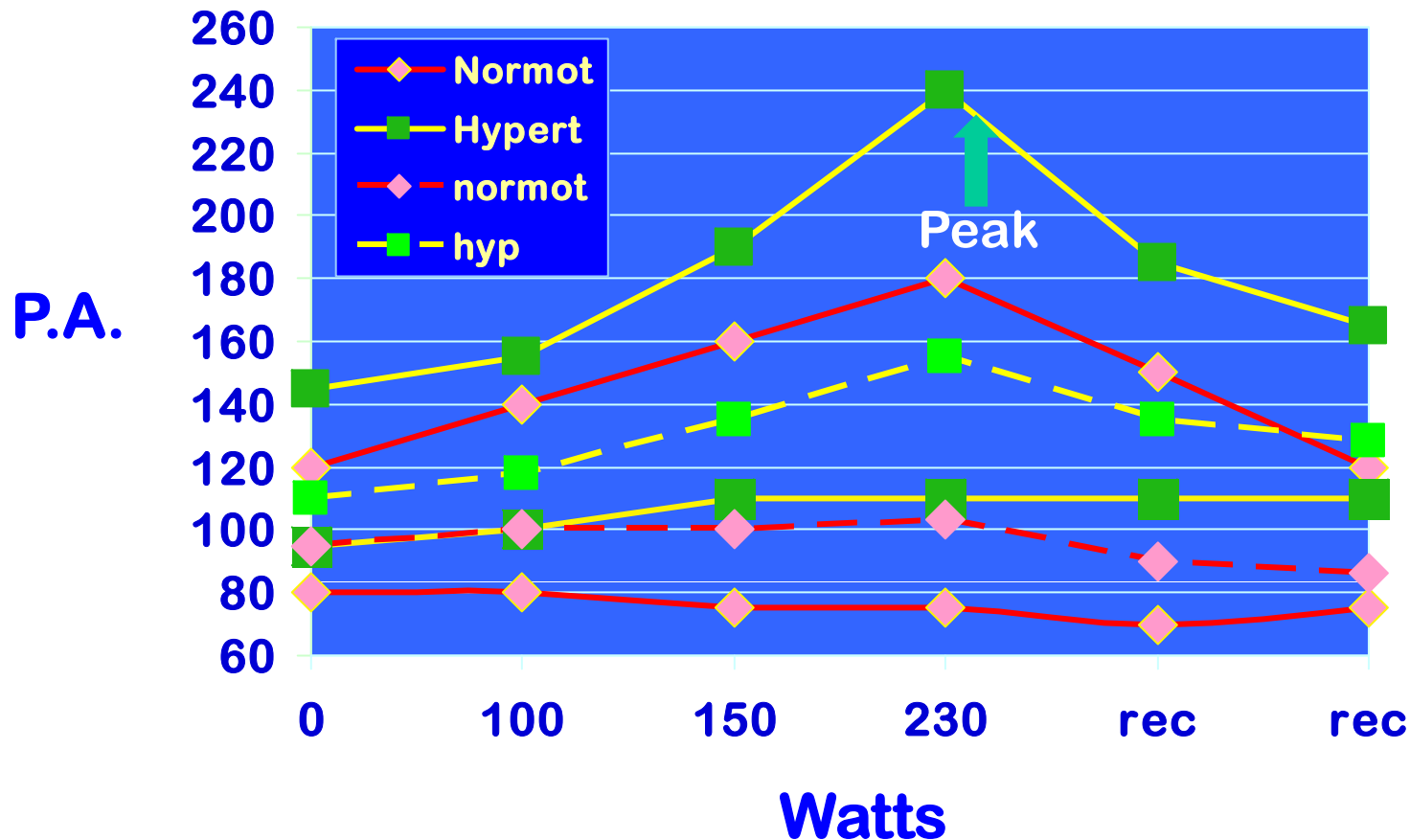
**Watts**



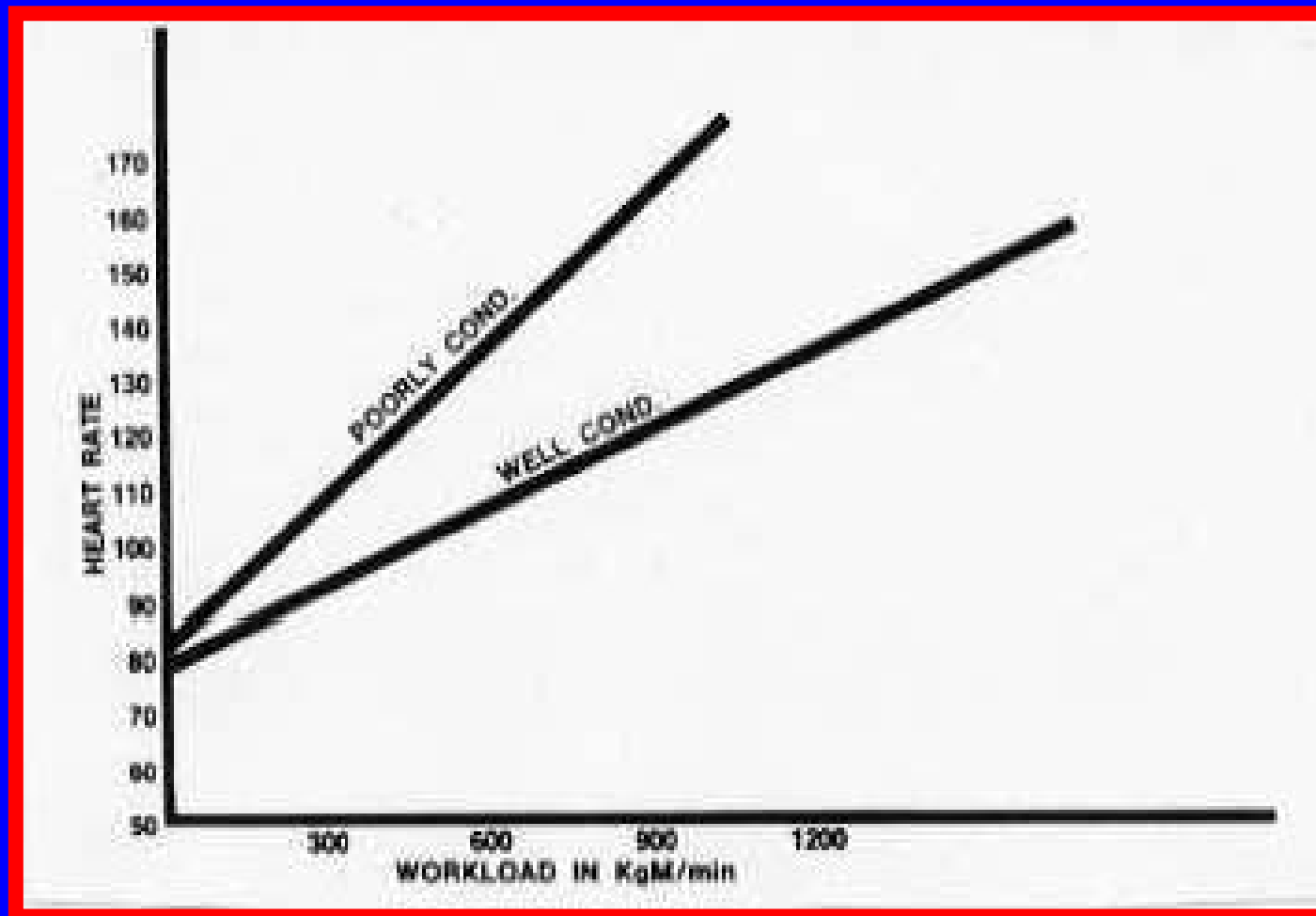
# Exercise and Blood Pressure normal subjects



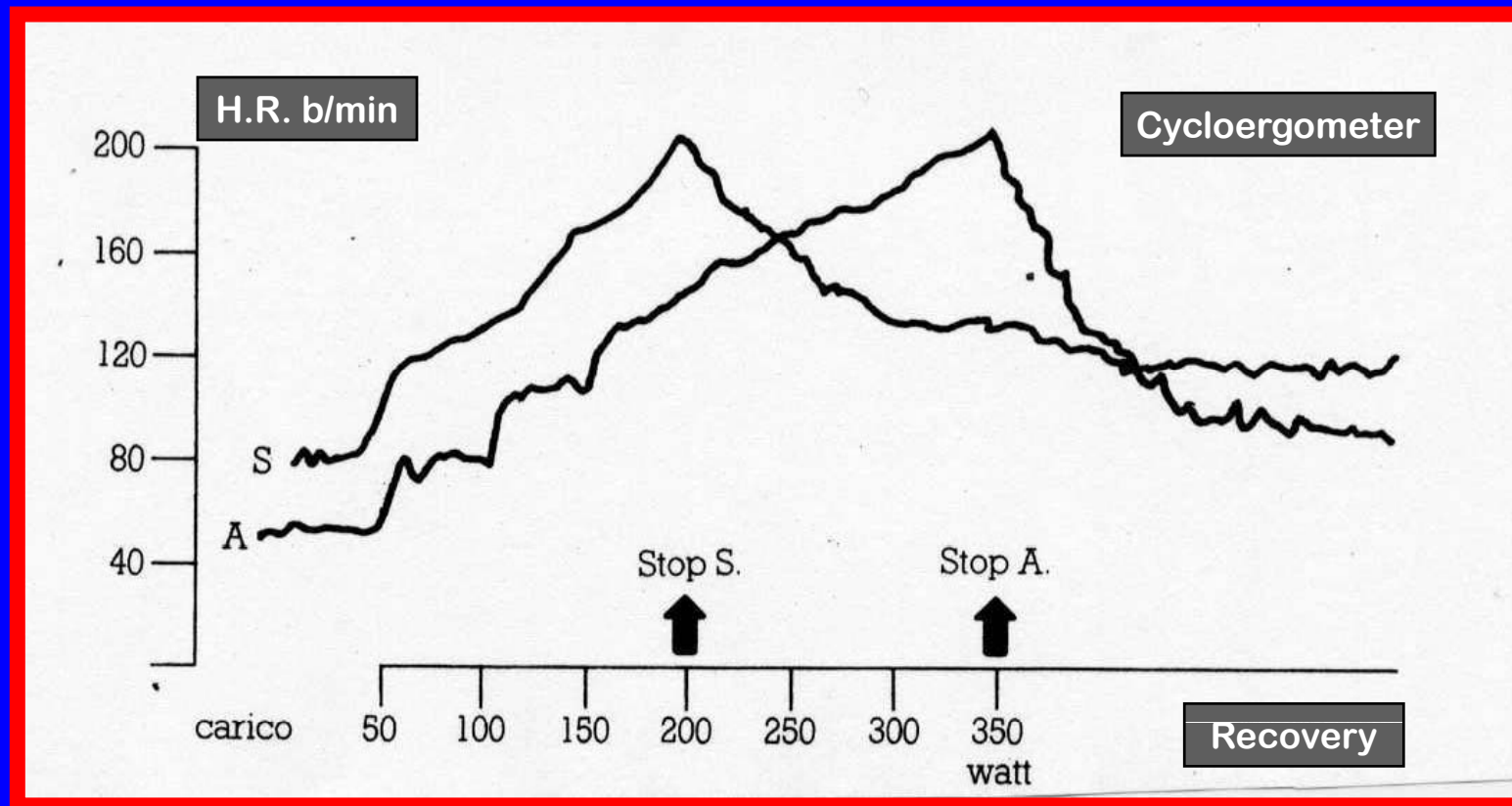
# Exercise and Blood Pressure in normal and hypertensive subjects



# Cardiovascular Response to Acute Exercise in trained subjects



# Cardiovascular Response to Acute Exercise in trained subjects



## Risposte cardiovascolari all'esercizio dinamico e statico

### ESERCIZIO DINAMICO

- aumento FC proporzionale alle richieste metaboliche
- aumento modesto/nullo PA media
- prevalente vasodilatazione
- facilitato ritorno venoso
- aumento consumo miocardico O<sub>2</sub>
- aumento proporzionale gettata sistolica e portata cardiaca

*LAVORO DI VOLUME DEL CUORE*

### ESERCIZIO STATICO

- minore incremento della FC
- marcato aumento PA media
- prevalente vasocostrizione
- ostacolato ritorno venoso
- aumento consumo miocardico O<sub>2</sub>
- aumento “inadeguato” gettata sistolica e portata cardiaca

*LAVORO DI PRESSIONE DEL CUORE*

# Cardiovascular Response To Exercise

## Complete: Any Questions

### Heart Rate

(↑ before exercise)



### Heart Rate

↑ during exercise  
(similar to  $\text{VO}_2$ )

a- $\text{vO}_2$  difference  
(↑ extraction)

Stroke Volume  
4 factors

### Blood Pressure

↑ Systolic  
↔ Diastolic

### Blood Flow to Muscle

Rest = 20%

Maximal Exercise = 85 - 90%

How?

# Cardiovascular Response To Exercise

## Complete: Any Questions

### Heart Rate

(↑ before exercise)



### Heart Rate

↑ during exercise  
(similar to  $VO_2$ )

Heart rate increases before exercise due to sympathetic nervous system anticipation of exercise

Heart rate during exercise increases similar to  $VO_2$   
(However,  $VO_2$  is more closely related to the actual workout intensity)



# Cardiovascular Response To Exercise

## Complete: Any Questions



**a-vO<sub>2</sub> difference**  
**(↑ extraction)**

**a-vO<sub>2</sub> difference shows enhanced extraction  
of oxygen at capillaries in muscle cells**

# Cardiovascular Response To Exercise

## Complete: Any Questions



### **Blood Flow to Muscle**

**Blood flow to muscle is dramatically enhanced  
Utilizing the redistribution**

# Cardiovascular Response To Exercise

## Complete: Any Questions



### Stroke Volume

#### Four Factors of Stroke Volume:

- 1) Increased venous blood return (EDV)
- 2) Ventricular stretch (capacity to enlarge): Also referred to as Preload or Frank-Starling mechanism
- 3) Ventricular contractility
- 4) Aortic and pulmonary artery blood pressure

# Cardiovascular Response To Exercise

## Complete: Any Questions



Systolic blood pressure increases with exercise intensity.  
Diastolic pressure should stay pretty stable in health individuals.

**Heart rate increases before exercise due to sympathetic nervous system anticipation of exercise**

**Heart rate during exercise increases similar to  $\dot{V}O_2$  (However,  $\dot{V}O_2$  is more closely related to the actual workout intensity)**

**Four Factors of Stroke Volume:**

- 1) Increased venous blood return (EDV)**
- 2) Ventricular stretch (capacity to enlarge): Also referred to as Preload or Frank-Starling mechanism**
- 3) Ventricular contractility**
- 4) Aortic and pulmonary artery blood pressure**

**Systolic blood pressure increases with exercise intensity. Diastolic pressure should stay pretty stable in health individuals.**

**a- $\dot{V}O_2$  difference shows enhanced extraction of oxygen at capillaries in muscle cells**

**Blood flow to muscle is dramatically enhanced**