

## - What is strength?

- It is the maximal contractile force of a muscle (equal to 3-4 kg/cm<sup>2</sup> of muscle crosssectional area) and it is determined mainly by the size of a muscle (e.g. a big muscle such as quadriceps will have a high muscle strength).
- What is endurance?
  - It means the amount of time during which the muscle can stay contracted and it mainly depends on glycogen content of the muscle.
- Muscle hypertrophy:
  - **Definition**: increase in the size of muscle fibers.
  - Causes of muscle hypertrophy include the following:
    - ✓  $\uparrow$  number of myofibrils.
    - $\checkmark$   $\uparrow$  mitochondrial enzymes.
    - $\checkmark$   $\uparrow$  components of phosphagen system.
    - ✓  $\uparrow$  stored glycogen.
    - $\checkmark$   $\uparrow$  stored triglycerides.
- There are two types of muscle fibers:
  - **Slow tension (red muscles):** which are rich in myoglobin and mitochondria, used for long-term exercises and predominant in endurance athletes.
  - **Fast tension (white muscles)**: which lack myoglobin and mitochondria, fatigue easily, used for very short but intense exercises and predominant in weightlifters.
- **Role of testosterone and estrogen:** 
  - **Testosterone**: which is the main anabolic hormone in males increases the deposition of proteins in muscles. Therefore, increasing the muscle mass and muscle strength.
  - **Estrogen**: increases deposition of fat in females. Therefore, decreasing muscle mass. Note: even without exercise, male muscles are 40% larger than females.
- Metabolism (more details are mentioned in biochemistry note):
  - Phosphagen system:
    - $\checkmark$  <u>Ready ATP stores in muscles</u>: sustain contraction for 1 second.
    - ✓ <u>Creatine phosphate (CP)</u>: the muscle contains 2-4 times CP than ATP. Therefore, breaking down the high energy bond between phosphate and creatine generates energy for nearly 6 seconds.
    - ✓ <u>Suitable for</u>: jumping, weightlifting and 100 m run.
  - Glycogen-lactic acid system:
    - ✓ Stored glycogen (in liver and muscles) will be broken down to provide glucose that will be converted to pyruvate (there is a net generation of 2 ATPs during this process). With lack of oxygen, pyruvate will be converted to lactic acid (instead to acetyl CoA that enters Krebs cycle) → lactic acid will diffuse out of cells and cause fatigue. This system provides energy for 1-2 minutes.
    - ✓ <u>Suitable for</u>: 200 m run.
  - Oxidative system:
    - ✓ In which there is oxidation of glucose, fatty acids and amino acids (in mitochondria) to provide energy. After 4-5 hours of exercise, most of energy is derived from fat instead of carbohydrates thus burning fat storage and aiding in weight loss.
    - ✓ <u>Suitable for</u>: marathon run and jogging.
- The stored oxygen in the body is equal to = 2 liters.
  - **0.5 L** in the lungs.
  - **0.25 L** dissolved in body fluids.
  - 1 L combined with hemoglobin (in blood)
  - **0.3 L** combined with myoglobin (in muscles)

- Oxygen debt: the defect in oxygen due to intense exercise (oxygen which is needed after intense exercise and this is equal to = 11.5 L):



- 2 L to replenish the stored oxygen in the body.
- 9 L for metabolic recovery (since all energy systems are recovered by aerobic mechanisms).
- **Respiratory changes during exercise:** 
  - Increased oxygen consumption.
  - Increased pulmonary ventilation.
  - Increased VO<sub>2</sub> max:
    - ✓ What is VO<sub>2</sub> max? → it is the maximum amount of oxygen an individual can utilize during maximal training (measured in: ml kg<sup>-1</sup> min<sup>-1</sup>).
    - $\checkmark \quad \underline{\text{How to calculate VO}_2 \text{ max}?}$ 
      - $VO_2$  max (Fick equation) = maximal Cardiac Output x maximal arterio-venous  $O_2$  difference
      - Notice that Cardiac Output (CO) = Heart Rate (HR) x Stroke Volume (SV).
    - ✓ Changes in  $VO_2$  max is mainly by changes in stroke volume.
    - ✓ Training increases  $VO_2$  max mainly by increasing stroke volume (SV) although hear rate (HR) is reduced. Increased stoke volume (SV) is due to:
      - $\clubsuit$   $\uparrow$  preload: due to increased venous return and ventricular volume.
      - ◆ ↓ afterload: due to decreased arterial constriction.
      - $\Leftrightarrow \uparrow contractility.$
- <u>Blood flow is mainly increased in skeletal muscle during exercise.</u>
- What cardiovascular changes happen during exercise (very important!):
  - ↑ Heart Rate (HR)
  - ↑ Stroke Volume (SV)
  - ↑ Cardiac Output (CO)
  - ↑ arterial blood pressure
  - ↑ blood flow
  - $\downarrow$  total peripheral resistance
  - What is the difference between dynamic exercise and static exercise?
  - **Dynamic exercise**: in which systolic blood pressure will be increased. Examples include: walking, jogging, swimming and cycling.
  - **Static exercise**: in which both systolic and diastolic pressures will be increased (due to muscular contractions compressing peripheral arteries). Examples include: weightlifting and isometric muscular contractions.
- Endocrine changes during exercise: there is increased secretion of
  - Aldosterone.
  - Cortisol.
  - Catecholamines.
- Thermal changes during exercise:
  - There is increased body heat.
  - Distribution of heat from core to the skin  $\rightarrow$  sweating.
- Benefit of exercise to cardio-respiratory systems:
  - Stronger heart and lower resting heart rate.
  - Increased aerobic capacity and muscle endurance.
  - Maintinence of healthy weight and fat percentage.
  - Management of stress.
  - Increased muscle tone and enhanced physical appearance.