

# Exercise & sport physiology

- Exercise is a severe normal stress
- Metabolism increases to 2000 percent during a marathon race

# Metabolic systems during exercise

- ◎ **ATP is the primary source of energy**
- ◎ **Mechanism responsible for formation of new ATP**
  1. Creatine phosphate (CP + ATP → phosphagen system → 8-10 sec maximal muscle contraction
  2. The glucose – lactic acid system → 1.3 – 1.6 min of maximal exercise activity- rapid
  3. The aerobic system  
Prolonged muscle activity as long as nutrients are available

## Oxygen – dept ( excess post- exercise oxygen consumption EPOC)

- To replenish all stored  $O_2$  & reconstitute phosphagen & lactic acid system
- Factors keeping high post-exercise  $O_2$  consumption
  - 1 - increased body temp
  - 2- ↑ catecholamines & thyroid hormones

## **Stored O<sub>2</sub>**

- FRC
- Body fluids
- Hemoglobin
- Muscle myoglobin

## **Steady state “second wind”**

Rate of production of lactic acid equals rate of its oxidation during prolonged exercise

## Function of lactic acid

- Determine  $O_2$  dept
- Stimulates respiration & circulation
- Fuel for the heart
- Converted to liver glycogen
- VD in muscle & shift of  $O_2$  dissociation curve to right

# Fuel of exercise

## 1. Carbohydrates

- ( glycogen & blood glucose).
- the best for short activity
- glycogen store → 100 min of activity
- blood glucose reserve is limited

## 2. Fat

(Adipose tissue is the main energy reserve)

## **the relative use of CHO & fats during exercise depends on**

- Intensity & duration of exercise
- Blood levels of glucose & FA
- State of training

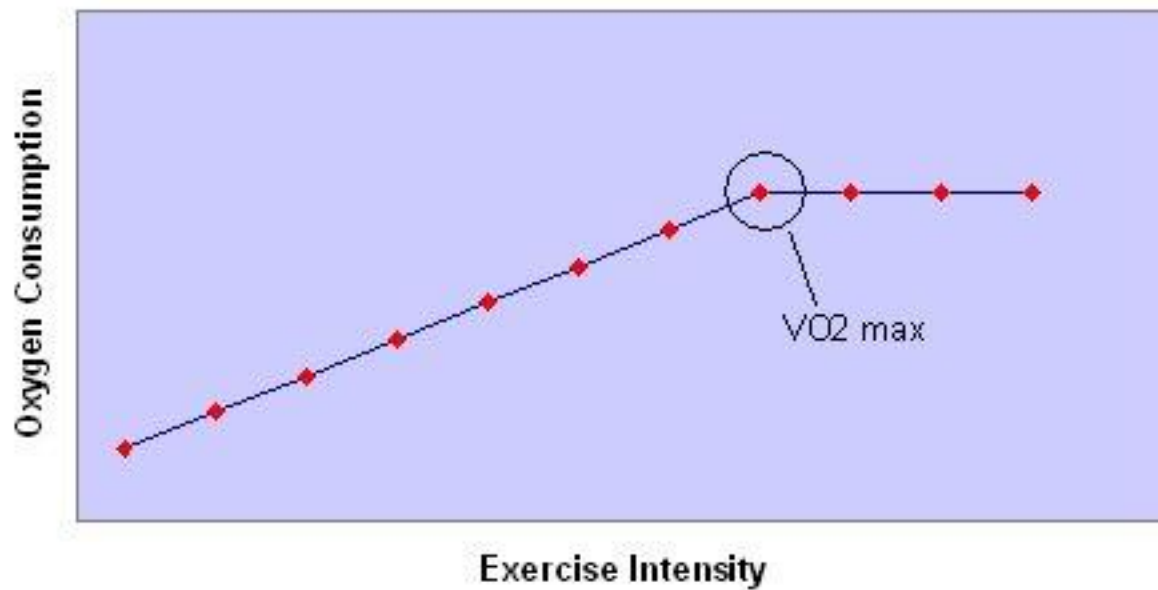
# Physiological response during exercise

## Metabolic response

- Increased metabolism →  $O_2$  uptake increases until maximum ( $VO_2$  max) & increased  $CO_2$
- Anaerobic threshold is the point where anaerobic metabolism supplement aerobic system



## Oxygen Consumption Relative to Exercise Intensity



## Respiratory response

- Increased tidal volume up to plateau &  $\uparrow$  respiratory rate  $\rightarrow$   $\uparrow$  ventilation
- Increased  $O_2$  diffusion capacity

## Endocrinal response

$\uparrow$  growth H, thyroxin & aldosterone

## Cardiovascular response

### Increased muscle blood flow due to

- Intramuscular VD
- ↑ ABP
- ↑ CO

### Increased CO due to

- increased stroke volume to 110-160 ml/beat
- increased heart rate up to 220 – age ( maximal heart rate)

# Cardiac response

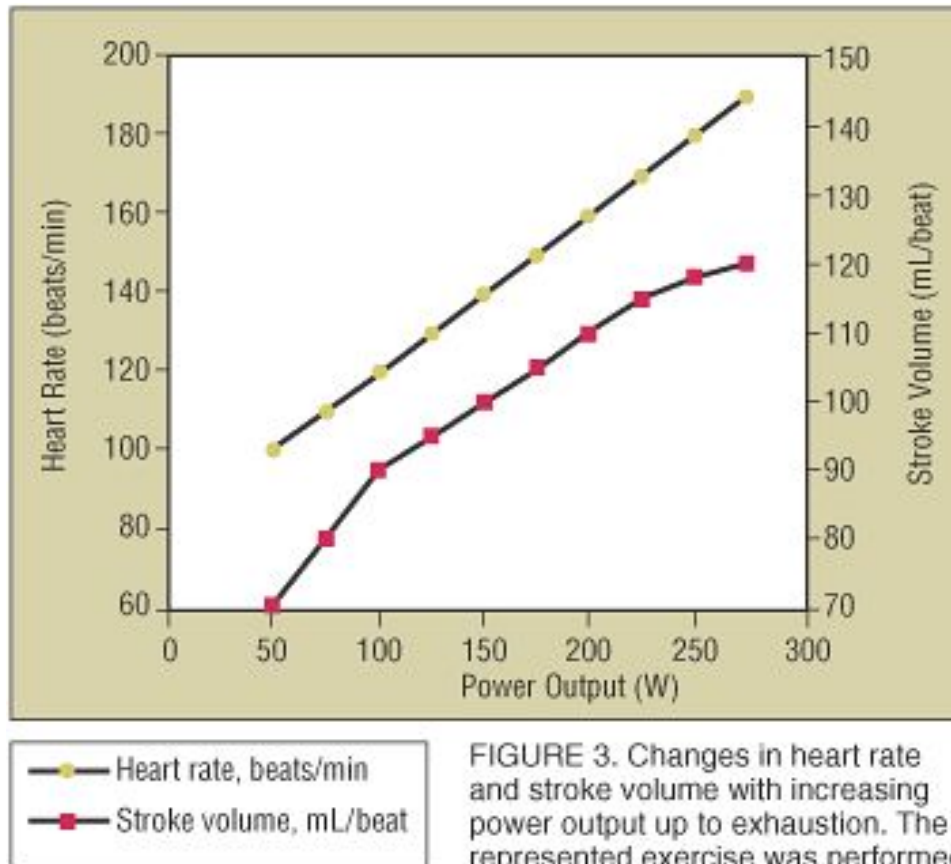
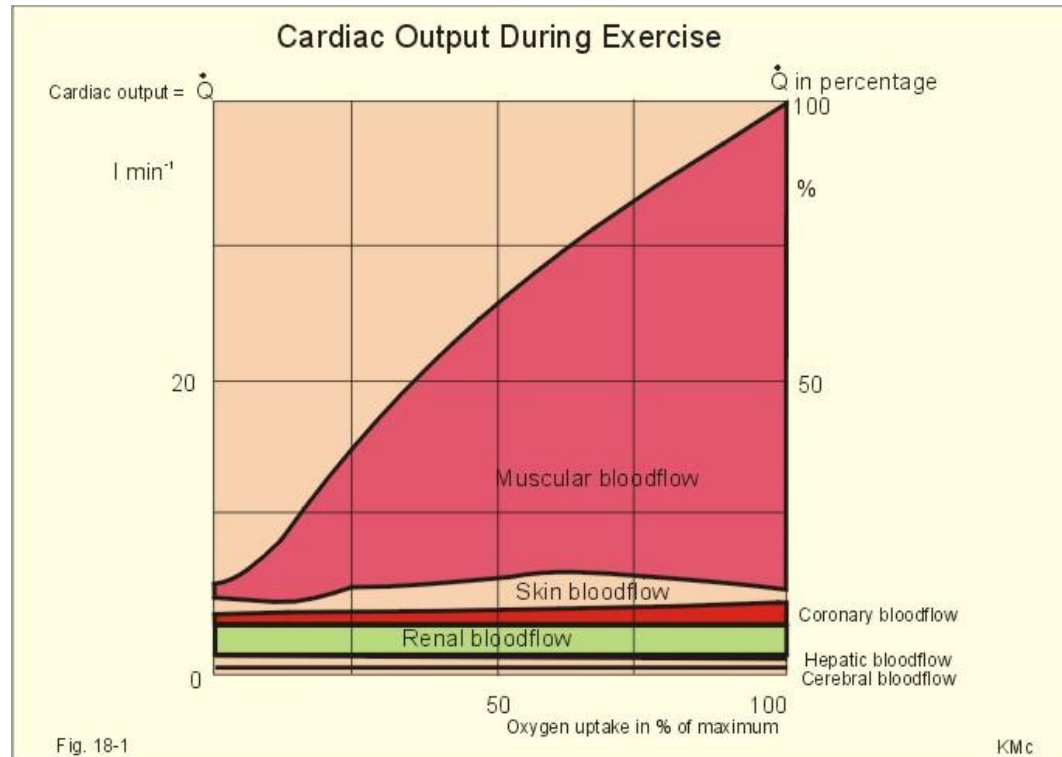


FIGURE 3. Changes in heart rate and stroke volume with increasing power output up to exhaustion. The represented exercise was performed on a cycle ergometer.

# Redistribution of CO during exercise



## Arterial –venous oxygen content difference

It is widened due to

- increased  $\text{CO}_2$  & high  $\text{O}_2$  extraction in the muscles
- shift of  $\text{O}_2$  dissociation curve to the right
- Increased  $\text{O}_2$  diffusion due to increased muscle capillary blood volume

## Body heat in Exercise

- 20-25 % of energy is used in useful work and the remainder is converted to heat
- Heat loss must be  $\uparrow$  to keep body temperature constant ( sweating)
- Normal rise in body temp stimulate respiration , circulation & oxidative removal of lactic acid

# Physical fitness

## Physiological adaptations to training

### Regulatory: (rapid)

- A shift to parasympathetic activity
- Redistribution of blood flow
- Initiating sweating at a lower core temp.
- Increased sensitivity to insulin allowing an improved glucose tolerance at lower insulin levels.

### Structural (slow)

- Increased muscle mass, cardiac & bone tissue with parallel increase in capillary blood supply

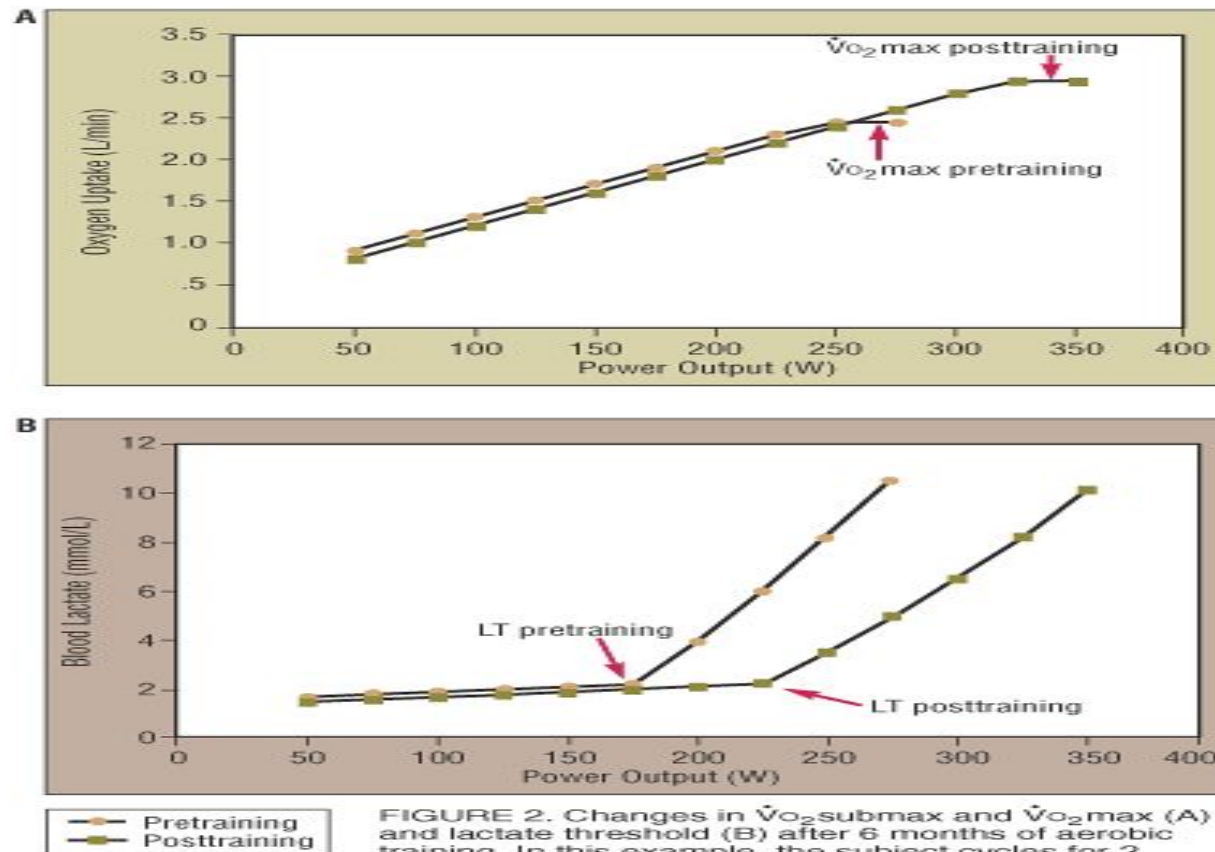


# Physiological adaptation to regular physical training

## 1- metabolic & cellular adaptation

- Increased  $\text{VO}_2$  max
- increased anaerobic power
- increased aerobic power
- increasing fat utilization & sparing glycogen for anaerobic activity
- hypertrophy of the muscle fibers with increased myofibrils, mitochondria , ATP , CP & glycogen

# VO<sub>2</sub> max & LT with training



LT = lactate threshold

## **2- Respiratory adaptation**

Increase mechanical efficiency

Decrease ventilatory drive in moderate exercise

Reduction of sensitivity of chemoreceptors &  
lactate production

## **3- Cardiac adaptation**

- Cardiac hypertrophy → Large SV & reduced HR
- Increased myocardial perfusion

## 4- Body composition adaptation

- Muscle hypertrophy
- Adipose tissues
  - Reduced adipose cells
  - Increased sensitivity to B-receptors more free FA
  - Decreased LDL, triglycerides & cholesterol

# Effect of drugs

## **Caffeine:**

- small amounts increase exercise performance

## **Male sex hormones**

- Increase muscle bulk & strength
- cause liver damage & cancer, decrease testicular functions in males.
- cause hirsutism and menstrual disturbances in females

## **Amphetamine & cocaine**

- as psychic stimulants.
- addictive
- Interaction with catecholamines released during exercise might cause sudden death