

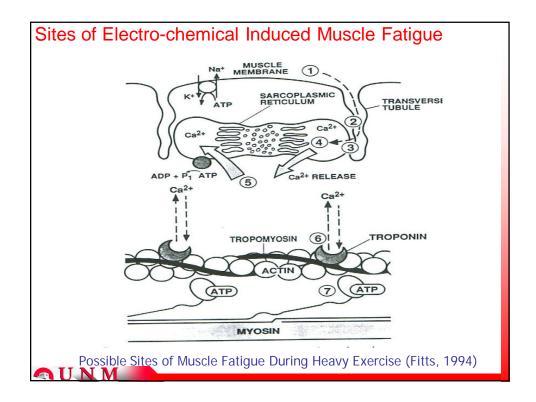
Peripheral Contributions To Exercise-Induced Fatigue

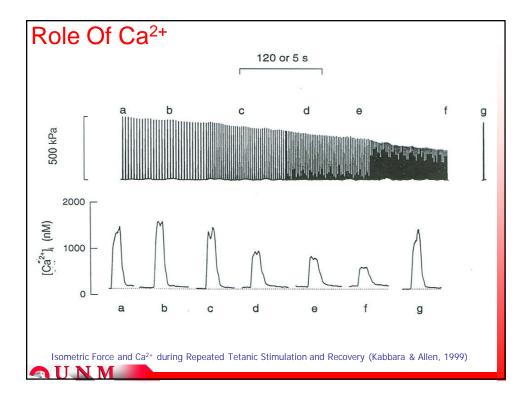
- 1. Short Term Intense Exercise (Phosphagen dependence)
- 2. Sustained Intense Exercise (Phosphagen and Glycolytic dependence)
- 3. Prolonged Exercise (Nutrient Provision and Thermoregulation dependence)

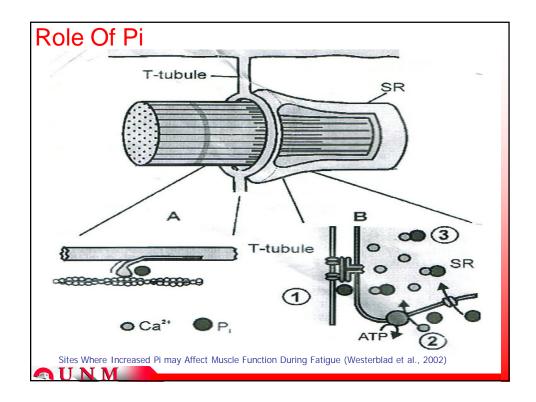


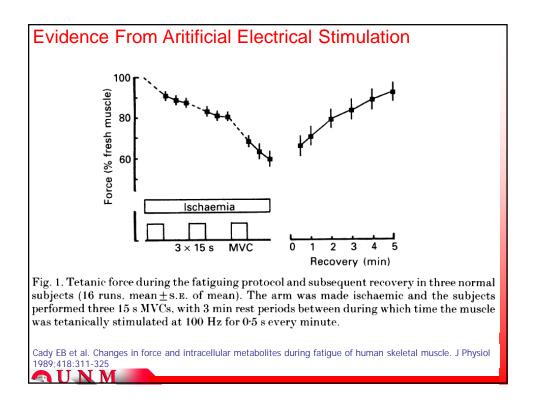


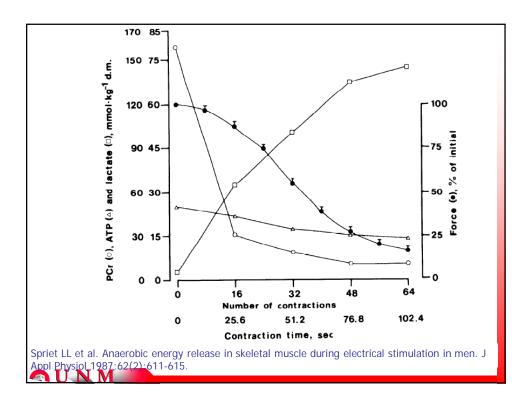


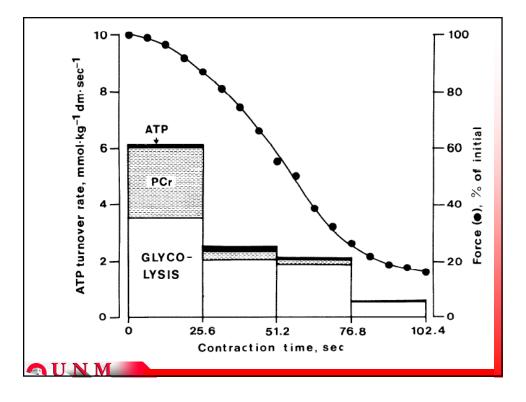












Central Contributions To Exercise-Induced Fatigue

- 1. Short Term Intense Exercise (Central Drive, Motor unit recruitment)
- 2. Sustained Intense Exercise (Central processing of central & peripheral cues)
- 3. Prolonged Exercise (Central processing of central & peripheral cues)



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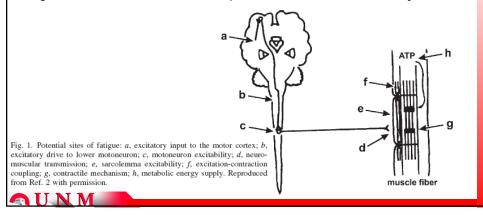
Historical Perspective

Hargreaves M. Fatigue mechanisms determining exercise performance. Integrative physiology is systems biology. J Appl Physiol. 2008;104:1541-1542

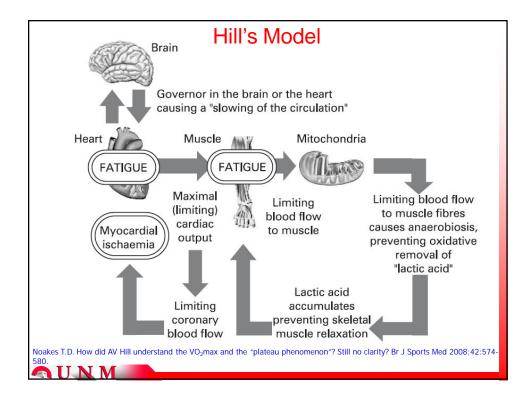
It is important to realize that the concept of a central processing system that is involved in the exercise fatigue process is quite old!

Bainbridge FA. Physiology of muscular exercise. 1919, Longmans, London.

"It has long been recognized that the main seat of fatigue after muscular exercise is the central nervous system. There appear, however, to be two types of fatigue, one arising entirely within the central nervous system, the other in which fatigue of the muscles themselves is superadded to that of the nervous system."



Historical Perspective, cont'd Noakes T.D. How did AV Hill understand the VO2max and the "plateau phenomenon"? Still no clarity? Br J Sports Med 2008;42:574- Hill may have been one of the first exercise physiologists to theorize a central processing "governor". • The irony of Noakes' model is that it is named from the work of Hill, who most exercise physiologists argue provided evidence of muscle and cardiopulmonary derived causes of fatigue during exercise! "... it would clearly be useless for the heart to make an excessive effort if by so doing it merely produced a far lower degree of saturation of arterial blood; and we suggest that, in the body (either in the heart muscle itself or in the nervous system), there are some mechanisms which causes a slowing of the circulation as soon as a serious degree of unsaturation occurs, and vice versa. This mechanism would tend to act as a 'governor' maintaining a high degree of saturation of the blood." Hill AV et al. Muscular exercise, lactic acid and the supply and utilization of oxygen: parts VII-VIII. Proc Royal Soc Brit 1924;97:155-176.

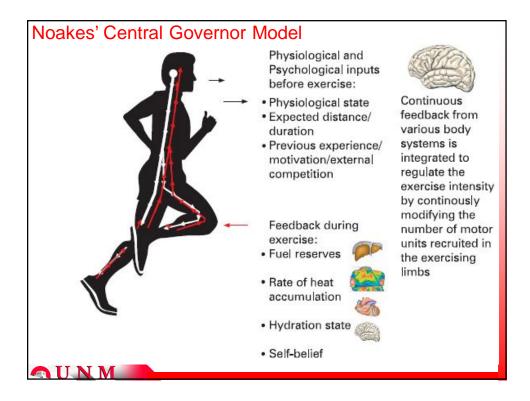


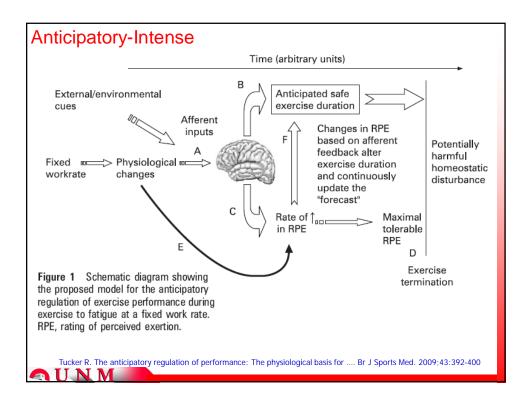
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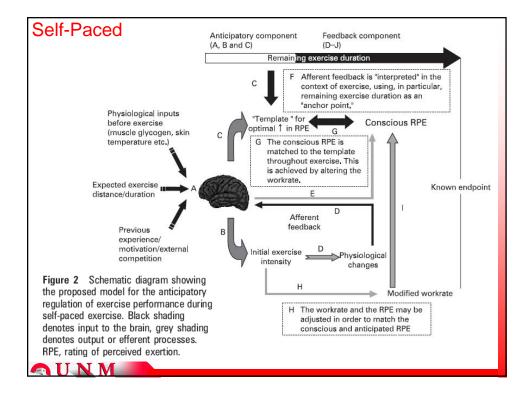
Compilation of Evidence Identified by Noakes and others

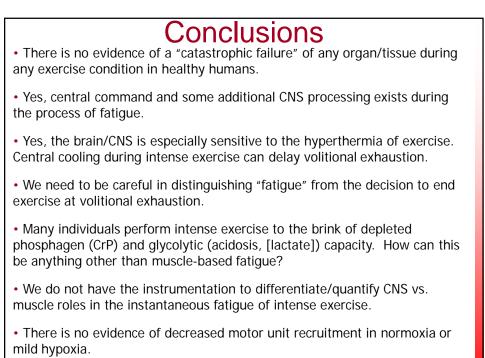
- No "catastrophic failure" in any organ/tissue during any exercise condition.
- Premature voluntary exhaustion at altitude, and during heat stress.
- Muscle ATP well preserved.
- Inability to recruit all motor units when "fatigued".
- Why are there profound central perceptions of fatigue?
- Pacing strategies are clearly more manifested by the brain than muscle metabolism.
- Muscle function at VO₂max is not as compromised as previously assumed.
- Muscle blood flow is not "maximal" at VO₂max.
- Motor cortex has declining "sub-optimal" output during fatigue development.

There are considerable changes in muscle afferent nerve activities during fatigue that influence both cortical and spinal level functions of the CNS.









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