

endurance athletes.

# EFFECT OF RESISTANCE EXERCISE LOAD ON NEAR-INFRARED SPECTROSCOPY MEASUREMENT OF SKELETAL MUSCLE MITOCHONDRIAL CAPACITY

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### Introduction

Traditionally, muscle biopsies have evaluated mitochondrial density

and oxidative enzyme activity to quantify muscle oxidative capacity

(MOC). Biopsy studies have shown that MOC is an important aspect of

resistance exercise recovery and repeated sprints. However, muscle

biopsies are an invasive technique and may not be practical for many

occlusions has shown to be a valid, reliable indicator of MOC. Changes in deoxyhemoglobin (HHb) during a series of multiple

oxygen uptake returns to a resting level the greater MOC.

Studies have shown that MOC as measured by NIRS is lower

how resistance exercise may affect the MOC measurement.

NIRS measurement of muscle oxygen uptake (mVO<sub>2</sub>) during brief arterial

transient arterial occlusions following exercise measure muscle oxygen

following higher-intensity aerobic exercise suggesting that the intensity of exercise before the measurement affects the measurement.

uptake before the MOC measurement with NIRS. However, it is unknown

Purpose

uptake (mVO<sub>2</sub>). Recovery mVO<sub>2</sub> is related to phosphagen recovery

Typically, low-intensity movements performed as fast as possible is

the exercise that is used to increase the demand the muscle oxygen

kinetics and is an indirect measure of MOC, in that the faster muscle

- **Muscle Oxidative Capacity**
- · Muscle oxidative capacity was assessed using the data collected by the NIRS and a 12D Hokinson blood pressure cuff was positioned superior to the guadricep muscles and adjusted to a pressure of 300 mmHg40 mm chan.
- A continuous wave Portamon NIRS system was placed on the vastus lateralis and tightly taped to the skin.
- HHb was collected continuously at 10 Hz using the 30-,35-, and 40-mm channels using Oxysoft software.



- Resting mVO<sub>2</sub> was calculated using three 10-second occlusions without exercise
- Immediately before transient occlusions, subjects performed the 20-second exercise bout.
- Followed by eight 5-second occlusions occurring with 10 seconds of rest in the seat position.
- The exercise with transient occlusions was repeated four times.

#### Deoxygenated hemoglobin during transient occlusions(5-seconds on, 10 seconds off)



#### Data Analysis

mVO2

- · HHb was corrected for changes in blood volume using methods described by Rvan et al (2012) and In each channel, the slope of change in HHb during the first 3
- seconds of each transient occlusion was the mVO<sub>2</sub>. The four mVO<sub>2</sub> at each time point were averaged and was
- plotted against time. Resting mVO<sub>2</sub> was the final data point.
- A mono exponential curve using the following equation: v(t)=End- $\Delta * e^{-k \cdot t}$  was fitted and the time constant (k) was calculated
- The time constant found in each channel was averaged to determine MOC







Data are mean ± SD. \* = different from body weight p<0.05).

## **Conclusions/Practical Applications**

- Utilizing near-infrared spectroscopy (NIRS) allows for non-invasive assessment of MOC in resistance athletes, which can give insight into recovery kinetics in this population.
- However, conducting MOC assessment after a loaded resistance exercise, as opposed to an unloaded (i.e., body weight) exercise, may prolong the assessment duration. This could be due to low oxygen availability after resistance exercise.

This could show that NIRS measures of MOC following resistance exercise are a non-invasive alternative to a muscle biopsy when measuring MOC, but resistance exercise load and oxygen availability should be controlled.

#### References

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The purpose of this study was to examine the effect of resistance exercise load on the NIRS measurement of MOC

### Subject Characteristics

Seven participants (M = 3; F = 4) completed the study ( $21.2 \pm 0.5$  yrs,  $170.0 \pm 8.2$  cm,  $71.0 \pm 6.8$  kg)

Predicted 1 RM* (lbs)	High Load 80% 1 RM (Ibs)	Low Load 40% 1 RM (lbs)
204.3	165.5	82.7
± 97.7	± 78.2	± 39.1

Data presented as mean ± SD. \* The first visit was used to assess the participant's predicted one-repetition maximal (1-RM) on the barbell back squat.

# **Experimental Conditions**

- There were three experimental conditions the participants were required to complete and were performed in a randomized order.
- Each experimental condition commenced with an aerobic warm-up on the cycle ergometer at a self-selected intensity followed by the MOC protocol.
- MOC was assessed using a similar protocol described by Rvan et al. (2013). The only difference between conditions was the exercise (i.e. body weight, low-load, or high-load) completed immediately before the transient occlusions
- Body weight body weight squats were performed as fast as possible.
- · Low Load approximately 16 repetitions of barbell back squats set at
- 40% 1 RM were performed (metronome set at 96 bpm).
- High load approximately 8 repetitions of barbell back squats set at 80% 1 RM were performed (metronome set at 48 bpm).

Results



- A physiological calibration was done to normalize HHb.

5 'Sec -dHH%∆)

