

Exercise Physiology Self-Assessment Form

Topic	Specification			
Joints, movements and muscles	<ul style="list-style-type: none"> • shoulder: <ul style="list-style-type: none"> ○ flexion, extension, abduction, adduction, horizontal flexion/extension, medial and lateral rotation, circumduction ○ deltoid, latissimus dorsi, pectoralis major, trapezius, teres minor • elbow: <ul style="list-style-type: none"> ○ flexion, extension ○ biceps brachii, triceps brachii • wrist: <ul style="list-style-type: none"> ○ flexion, extension ○ wrist flexors, wrist extensors • hip: <ul style="list-style-type: none"> ○ flexion, extension, abduction, adduction, medial and lateral rotation ○ iliopsoas, gluteus maximus, medius and minimus, adductor longus, brevis and magnus • knee: <ul style="list-style-type: none"> ○ flexion, extension ○ hamstring group: biceps femoris, semi-membranosus, semi-tendinosus ○ quadriceps group: rectus femoris, vastus lateralis, vastus intermedius and vastus medialis • ankle: <ul style="list-style-type: none"> ○ dorsi flexion, plantar flexion ○ tibialis anterior, soleus, gastrocnemius • planes of movement: <ul style="list-style-type: none"> ○ frontal ○ transverse ○ sagittal. 			
Functional roles of muscles and types of contraction	<ul style="list-style-type: none"> • roles of muscles: <ul style="list-style-type: none"> ○ agonist ○ antagonist ○ fixator • types of contraction <ul style="list-style-type: none"> ○ isotonic ○ concentric ○ eccentric ○ isometric. 			
Ankle Joint	<ul style="list-style-type: none"> • analyse movement with reference to: <ul style="list-style-type: none"> ○ joint type ○ movement produced ○ agonist and antagonist muscles involved ○ type of muscle contraction taking place. 			

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Skeletal muscle contraction	<ul style="list-style-type: none"> • structure and role of motor units in skeletal muscle contraction • nervous stimulation of the motor unit: <ul style="list-style-type: none"> ○ motor neuron ○ action potential ○ neurotransmitter ○ 'all or none' law. 			
Muscle contraction during exercise of differing intensities and during recovery	<ul style="list-style-type: none"> • muscle fibre types: <ul style="list-style-type: none"> ○ slow oxidative ○ fast oxidative glycolytic ○ fast glycolytic • recruitment of different fibre types during exercise of differing intensities and during recovery. 			
Cardiovascular system at rest	<ul style="list-style-type: none"> • the relationship between, and resting values for: <ul style="list-style-type: none"> ○ heart rate ○ stroke volume ○ cardiac output ○ methods of calculating the above • cardiac cycle: <ul style="list-style-type: none"> ○ diastole ○ systole • conduction system of the heart linked to the cardiac cycle. 			
Cardiovascular system during exercise of differing intensities and during recovery	<ul style="list-style-type: none"> • effects of different exercise intensities and recovery on: <ul style="list-style-type: none"> ○ heart rate ○ stroke volume ○ cardiac output ○ methods of calculating the above • redistribution of cardiac output during exercise of differing intensities and during recovery: <ul style="list-style-type: none"> ○ vascular shunt mechanism ○ role of the vasomotor centre ○ role of arterioles ○ role of pre-capillary sphincters • mechanisms of venous return during exercise of differing intensities and during recovery • regulation of heart rate during exercise: <ul style="list-style-type: none"> ○ neural factors ○ hormonal factors ○ intrinsic factors. 			
Respiratory system at rest	<ul style="list-style-type: none"> • relationship between resting values for: <ul style="list-style-type: none"> ○ breathing frequency ○ tidal volume ○ minute ventilation ○ methods of calculating the above • mechanics of breathing at rest and the muscles involved: <ul style="list-style-type: none"> ○ diaphragm ○ external intercostals ○ at the alveoli ○ at the muscles. 			

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Respiratory system during exercise of differing intensities and during recovery	<ul style="list-style-type: none"> • effects of differing intensities of exercise and recovery on: <ul style="list-style-type: none"> ○ breathing frequency ○ tidal volume ○ minute ventilation • mechanics of breathing during exercise of differing intensities and during recovery, including additional muscles involved: <ul style="list-style-type: none"> ○ inspiration – sternocleidomastoid, pectoralis minor ○ expiration – internal intercostals, rectus abdominis. • regulation of breathing during exercise of different intensities and during recovery <ul style="list-style-type: none"> ○ neural control ○ chemical control • effect of differing intensities of exercise and recovery on gas exchange at the alveoli and at the muscles <ul style="list-style-type: none"> ○ changes in pressure gradient ○ changes in dissociation of oxyhaemoglobin. 			
Adenosine Triphosphate (ATP) and energy transfer	<ul style="list-style-type: none"> • ATP as 'energy currency' • principle of energetically coupled reactions: <ul style="list-style-type: none"> ○ breakdown of ATP to ADP (Adenosine Diphosphate) + P (phosphate) ○ resynthesis of ATP from ADP + P. 			
Energy systems and ATP resynthesis	<ul style="list-style-type: none"> • energy systems: <ul style="list-style-type: none"> ○ ATP-PC (Phosphocreatine) system ○ glycolytic system ○ aerobic system • for each system: <ul style="list-style-type: none"> ○ type of reaction (aerobic or anaerobic) ○ chemical or food fuel used ○ specific site of the reaction ○ controlling enzyme ○ ATP yield ○ specific stages within the system ○ by-products. 			
ATP resynthesis during exercise of differing intensities and durations	<ul style="list-style-type: none"> • the energy continuum • predominant energy system used during exercise: <ul style="list-style-type: none"> ○ how intensity and duration of exercise influence which energy system is predominantly used to resynthesise ATP ○ interpretation of figures relating to the contribution of the three energy systems to exercise of different intensities and durations • interplay of energy systems during intermittent exercise and factors that affect this interplay <ul style="list-style-type: none"> ○ intensity of exercise ○ duration of exercise ○ recovery periods ○ fitness levels. 			

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The recovery process	<ul style="list-style-type: none"> • how the body returns to its pre-exercise state: <ul style="list-style-type: none"> ◦ Excess Post exercise Oxygen Consumption (EPOC) • fast components of EPOC, the processes that occur and the duration: <ul style="list-style-type: none"> ◦ replenishment of blood and muscle oxygen stores ◦ re-synthesis of ATP and PC • slow components of EPOC, the processes that occur and the duration: <ul style="list-style-type: none"> ◦ elevated circulation ◦ elevated ventilation ◦ elevated body temperature ◦ lactate removal and conversion to glycogen • effect of exercise intensity on EPOC and implications of the recovery process for planning exercise or training sessions. 			
Exercise at altitude	<ul style="list-style-type: none"> • effect of altitude on the cardiovascular and respiratory systems: <ul style="list-style-type: none"> ◦ reduced arterial PO₂ (partial pressure of oxygen) leading to impaired muscle O₂ delivery ◦ elevated heart rate and ventilation • acclimatisation, including the importance of timing arrival, at altitude (above 2400m). 			
Exercise in the heat	<ul style="list-style-type: none"> • effect of heat on the cardiovascular and respiratory systems: <ul style="list-style-type: none"> ◦ temperature regulation ◦ cardiovascular drift. 			
Diet and nutrition	<ul style="list-style-type: none"> • function and importance of the components of a healthy, balanced diet: <ul style="list-style-type: none"> ◦ carbohydrates ◦ proteins ◦ fats ◦ minerals ◦ vitamins ◦ fibre ◦ water • energy intake and expenditure and energy balance in physical activity and performance. 			
Ergogenic aids	<ul style="list-style-type: none"> • use of ergogenic aids; potential benefits and risks: <ul style="list-style-type: none"> ◦ pharmacological aids: <ul style="list-style-type: none"> – anabolic steroids – erythropoietin (EPO) – human growth hormone (HGH) ◦ physiological aids: <ul style="list-style-type: none"> – blood doping, – intermittent hypoxic training (IHT) – cooling aids 			

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	<ul style="list-style-type: none"> ○ nutritional aids: <ul style="list-style-type: none"> – amount of food – composition of meals – timing of meals – hydration – glycogen/carbohydrate loading – creatine – caffeine – bicarbonate – nitrate. 			
Aerobic training	<ul style="list-style-type: none"> • aerobic capacity and maximal oxygen uptake (VO_2max) • how VO_2max is affected by: <ul style="list-style-type: none"> ○ individual physiological make-up ○ training ○ age ○ gender • methods of evaluating aerobic capacity: <ul style="list-style-type: none"> ○ laboratory test of VO_2max using direct gas analysis ○ NCF multi-stage fitness test ○ Queen's College step test ○ Cooper 12 minute run • intensity and duration of training used to develop aerobic capacity: <ul style="list-style-type: none"> ○ continuous training ○ high intensity interval training (HIIT) • <u>the use of target heart rates as an intensity guide</u> • physiological adaptations from aerobic training: <ul style="list-style-type: none"> ○ cardiovascular ○ respiratory ○ muscular ○ metabolic • activities and sports in which aerobic capacity is a key fitness component. 			

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Strength training	<ul style="list-style-type: none"> • types of strength: <ul style="list-style-type: none"> ○ strength endurance ○ maximum strength ○ explosive/elastic strength ○ static and dynamic strength • factors that affect strength: <ul style="list-style-type: none"> ○ fibre type ○ cross sectional area of the muscle • methods of evaluating each type of strength: <ul style="list-style-type: none"> ○ grip strength dynamometer ○ 1 Repetition Maximum(1RM) ○ press up or sit-up test ○ vertical jump test • training to develop strength: <ul style="list-style-type: none"> ○ repetitions ○ sets ○ resistance guidelines used to improve each type of strength ○ use of multi-gym ○ weights ○ plyometrics ○ circuit/interval training: <ul style="list-style-type: none"> – work intensity – work duration – relief interval – number of work/relief intervals • physiological adaptations from strength training: <ul style="list-style-type: none"> ○ muscle and connective tissues ○ neural ○ metabolic • activities and sports in which strength is a key fitness component. 			
Flexibility training	<ul style="list-style-type: none"> • types of flexibility: <ul style="list-style-type: none"> ○ static flexibility (active and passive) ○ dynamic flexibility • factors that affect flexibility: <ul style="list-style-type: none"> ○ type of joint ○ length of surrounding connective tissue ○ age ○ gender • periodisation cycles: <ul style="list-style-type: none"> ○ macrocycle ○ mesocycle ○ microcycle • phases of training: <ul style="list-style-type: none"> ○ preparatory ○ competitive ○ transition • tapering to optimise performance • how to plan personal health and fitness programmes for aerobic, strength and flexibility training. 			

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Periodisation of training	<ul style="list-style-type: none"> • periodisation cycles: <ul style="list-style-type: none"> ○ macrocycle ○ mesocycle ○ microcycle • phases of training: <ul style="list-style-type: none"> ○ preparatory ○ competitive ○ transition • tapering to optimise performance • how to plan personal health and fitness programmes for aerobic, strength and flexibility training. 			
Impact of training on lifestyle diseases	<ul style="list-style-type: none"> • the effect of training on lifestyle diseases: <ul style="list-style-type: none"> ○ cardiovascular system : <ul style="list-style-type: none"> – coronary heart disease (CHD) – stroke – atherosclerosis – heart attack ○ respiratory system <ul style="list-style-type: none"> – asthma – chronic obstructive pulmonary disease (COPD). 			
Acute and chronic injurie	<ul style="list-style-type: none"> • acute injuries resulting from a sudden stress to the body: <ul style="list-style-type: none"> ○ hard tissue injuries ○ soft tissue injuries ○ concussion • chronic injuries resulting from continuous stress to the body: <ul style="list-style-type: none"> ○ soft tissue injuries ○ hard tissue injuries. 			
Injury prevention	<ul style="list-style-type: none"> • intrinsic risk factors: <ul style="list-style-type: none"> ○ individual variables ○ training effects • extrinsic risk factors: <ul style="list-style-type: none"> ○ poor technique/training ○ incorrect equipment/clothing ○ inappropriate intensity, duration or frequency of activity • debate surrounding effective warm up and cool down. 			

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Responding to injuries and medical conditions in a sporting context	<ul style="list-style-type: none"> • assessing sporting injuries using 'SALTAPS' <ul style="list-style-type: none"> ○ See ○ Ask ○ Look ○ Touch ○ Active ○ Passive ○ Strength • acute management of soft tissue injuries using 'PRICE' <ul style="list-style-type: none"> ○ Protection ○ Rest ○ Ice ○ Compression ○ Elevation • recognising concussion: IRB's 'Recognise and Remove' 6 R's <ul style="list-style-type: none"> ○ Recognise ○ Remove ○ Refer ○ Rest ○ Recover ○ Return. 			
Rehabilitation of injury	<ul style="list-style-type: none"> • treatment of common sporting injuries: <ul style="list-style-type: none"> ○ injuries: <ul style="list-style-type: none"> – fractures – simple, stress – joint injuries – dislocation, sprain, torn cartilage – exercise-induced muscle damage ○ treatments: <ul style="list-style-type: none"> – stretching – massage – heat, cold and contrast therapies – anti-inflammatory drugs – physiotherapy – surgery. 			