



## Intermittent training A must. And in hypoxia?

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**From the Fartlek to High-intensity intermittent training (HIT):**

1920 Paavo Nurmi  
 1930 Gösta Holmér -> Fartlek  
 1940 Gerschler and Reindel -> Interval training  
 1950 Zatopek -> Splits

Discontinuous physical training  
 ->series of high-intensity exercise workouts  
 ->interspersed with active/passive recovery periods

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**Scientific basis for the efficiency of HIT**

Sports Medicine:  
2002 - Volume 32 - Issue 1 - pp 53-73  
Review Article

The Scientific Basis for High-Intensity Interval Training Optimising Training Programmes and Maximising Performance in Endurance Athletes

Larsen, Paul

**Improved athletic performance in highly trained cyclists**

Lindsay FH, Hawley JA, Myburgh KH, Schomer HH, Noakes TD, & Biomechanics of Exercise Research Unit, Medical Research Council, Ob

**Abstract**

This study determined whether a 4-wk high-intensity interval training programme in competitive cyclists (peak O<sub>2</sub> uptake 5.2 +/- 0.4 l·min<sup>-1</sup>) with a power output (PPO) was measured on at least three separate occasions to ensure exhaustion at 150% of PFO<sub>20</sub>, and a TT40 was performed consisting of six to eight 5-min repetitions at 80% of their absolute PPO. A significant increase in both the cyclists' absolute (301 +/- 42 vs 54.4 +/- 3.2 min;  $P < 0.0001$ ), PPO (416 +/- 32 vs 424 +/- 34 W;  $P < 0.05$ ) and time trial performances due to a significant increase in both the cyclists' absolute (301 +/- 42 vs 54.4 +/- 3.2 min;  $P < 0.0001$ ), PPO (416 +/- 32 vs 424 +/- 34 W;  $P < 0.05$ ) and time trial performances.

**Citation:** Corde de Araújo AC, Roschel H, Paula DPL, Villares SMF, et al. (2012) Similar Health Benefits of Endurance and High-Intensity Interval Training in Obese Children. *PLoS ONE* 7(8): e42743. doi:10.1371/journal.pone.0042743

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**Similar Health Benefits of Endurance and High-Intensity Interval Training in Obese Children**

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**Abstract**

**Purpose:** To compare two modalities of exercise training (i.e., Endurance Training [ET] and High-Intensity Interval Training [HIT]) on health-related parameters in obese children aged 8 and 12 years.

**Methods:** Thirty obese children were randomly allocated into either the ET or HIT group. The ET group performed a 30 to 60-min continuous exercise at 80% of their peak heart rate (HR). The HIT group training performed at 50% of the exercise velocity, HIT sessions last ~20 s less than ET sessions. At baseline and after 12 weeks of intervention, aerobic fitness, body composition and metabolic parameters were assessed.

**Results:** Both the absolute (ET: 26.0%; HIT: 19.0%) and the relative VO<sub>2</sub> peak (ET: 13.1%; HIT: 19.2%; HIT: 16.4%) were significantly increased in both groups during the intervention. Additionally, the total time (ET: 76.9%; HIT: 13.4%) was significantly improved across interventions. The absolute (ET: 100%; HIT: 30.5%) and relative (ET: 42.8%; HIT: 37.0%) time significantly lower for both groups at POST when compared to pre. Body mass was significantly increased in the HIT (6.6%), but not in the ET group (2.2%). A significant reduction in BMI was observed for both groups after the intervention (ET: 3.0%; HIT: 5.0%). The responsiveness analysis revealed a very similar pattern of the most responsive variables among groups.

**Conclusion:** HIT and ET were equally effective in improving important health related parameters in obese youth.

**Keywords:** Endurance training, High-intensity interval training, Obesity, Children, Exercise training, Health-related parameters

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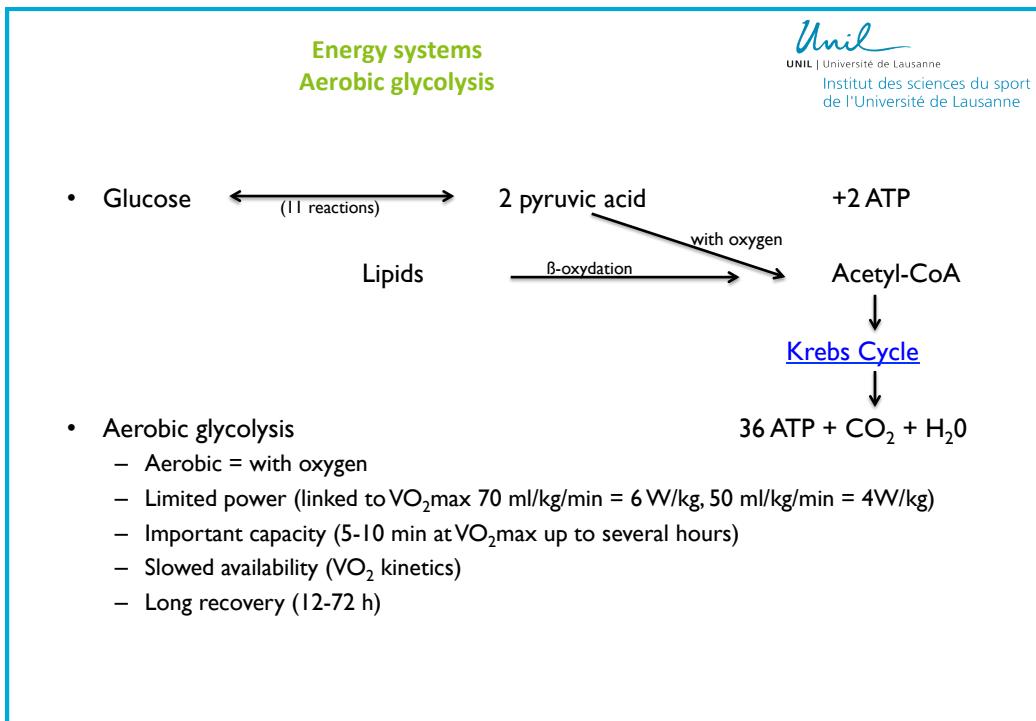
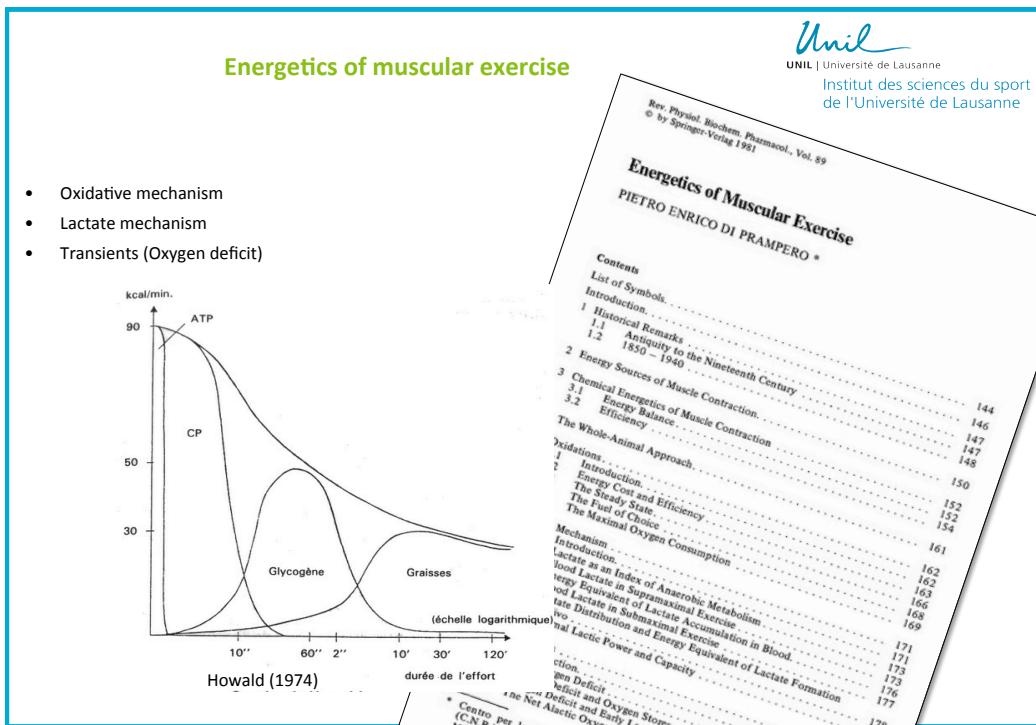
**PLoS ONE**

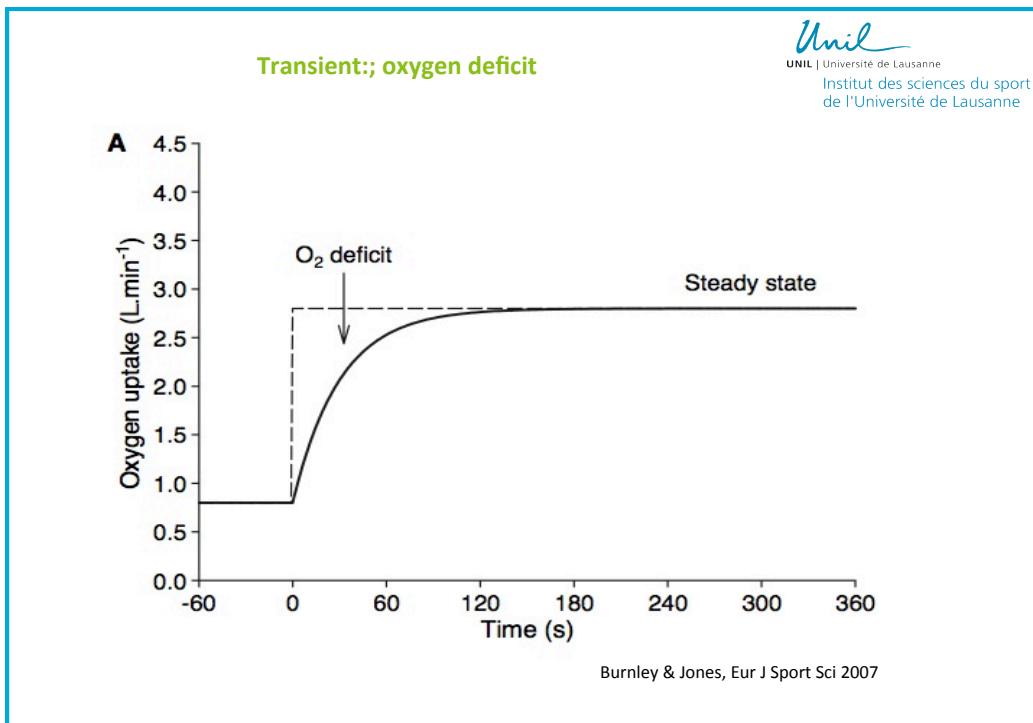
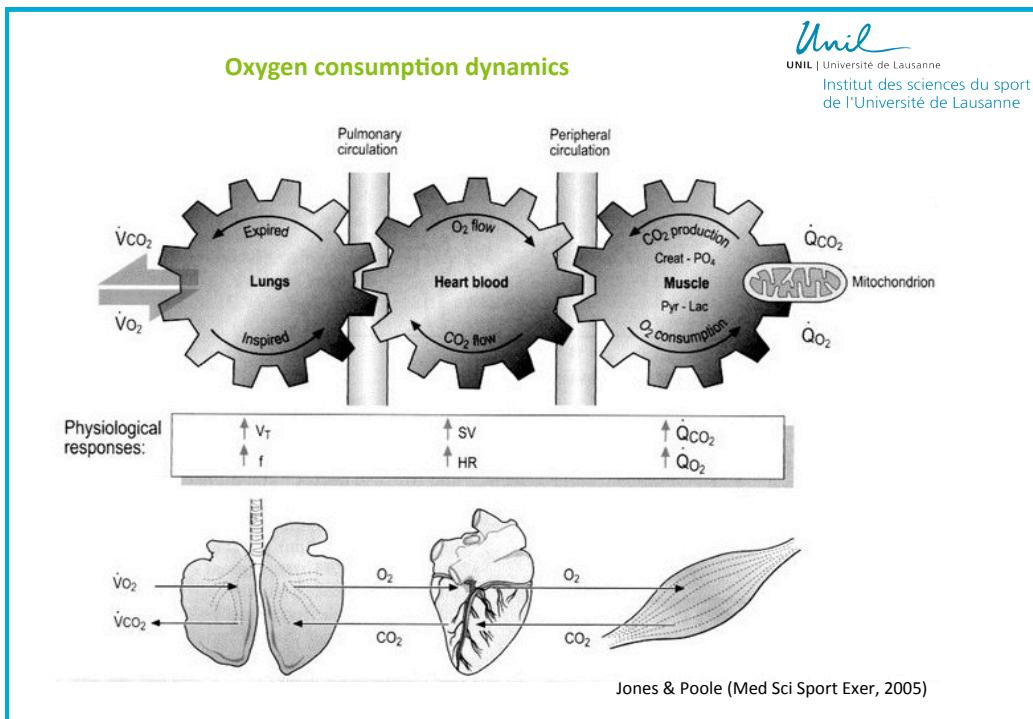
PMID: 8933495 (Published - indexed for MEDLINE)

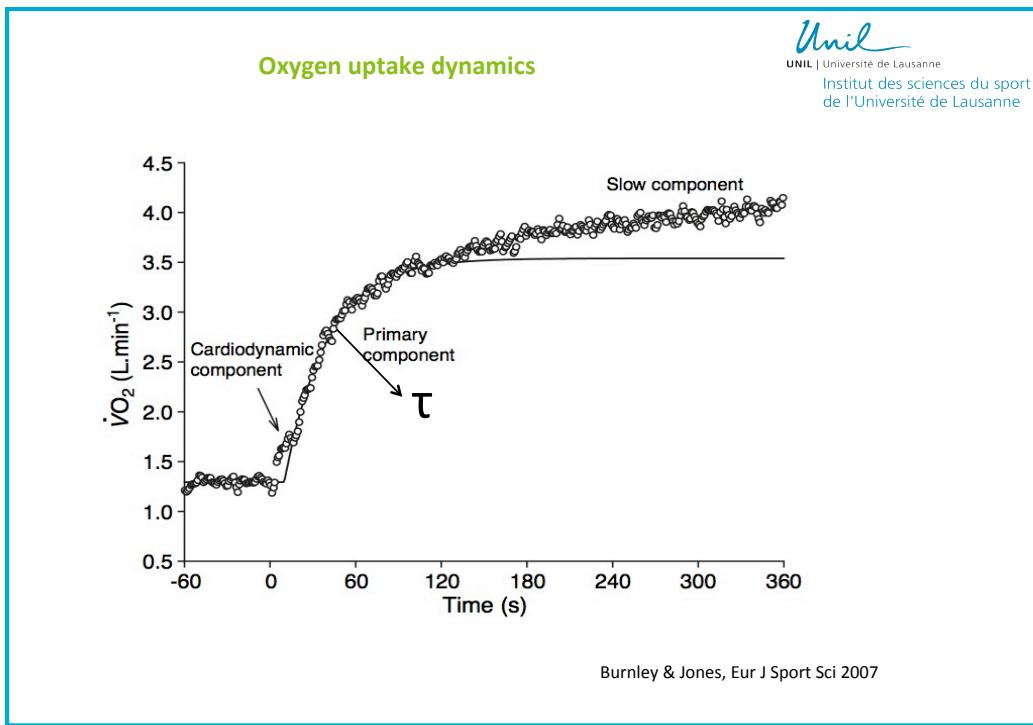
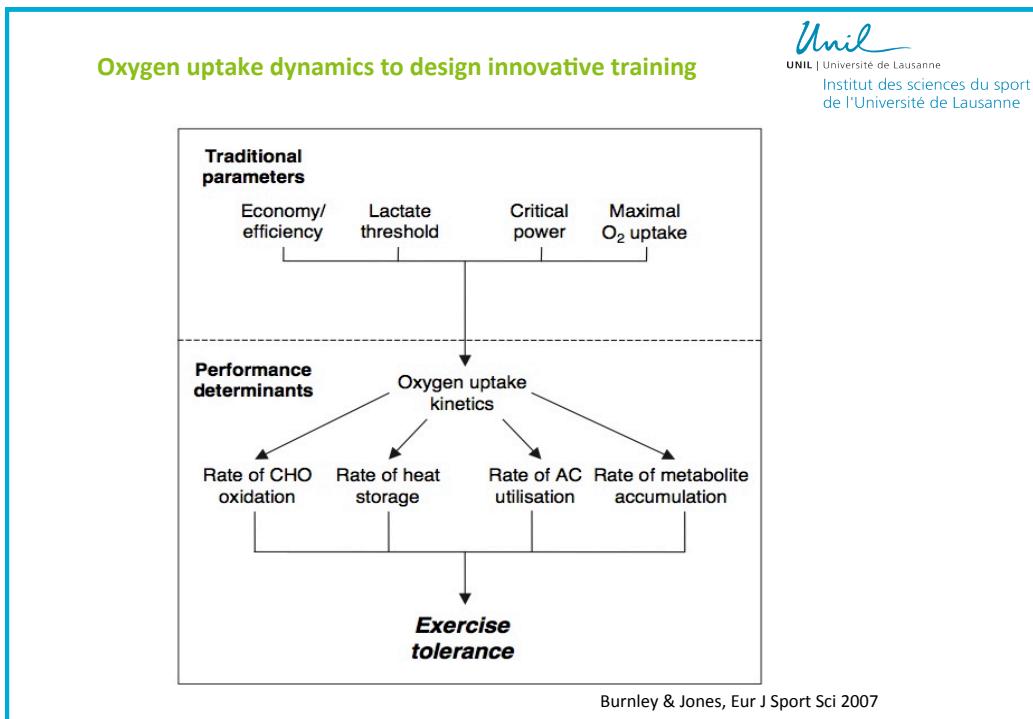
optimised V-dot O<sub>2</sub> uptake, the time to exhaustion and improvements in performance have been used with cyclists. Instead, HIT has revealed that repeated supramaximal strength HIT programmes for eliciting improvements in the biochemical and physiological adaptations which are of the optimal HIT programmes, as well as investigation into the performance enhancements in highly trained athletes is required.

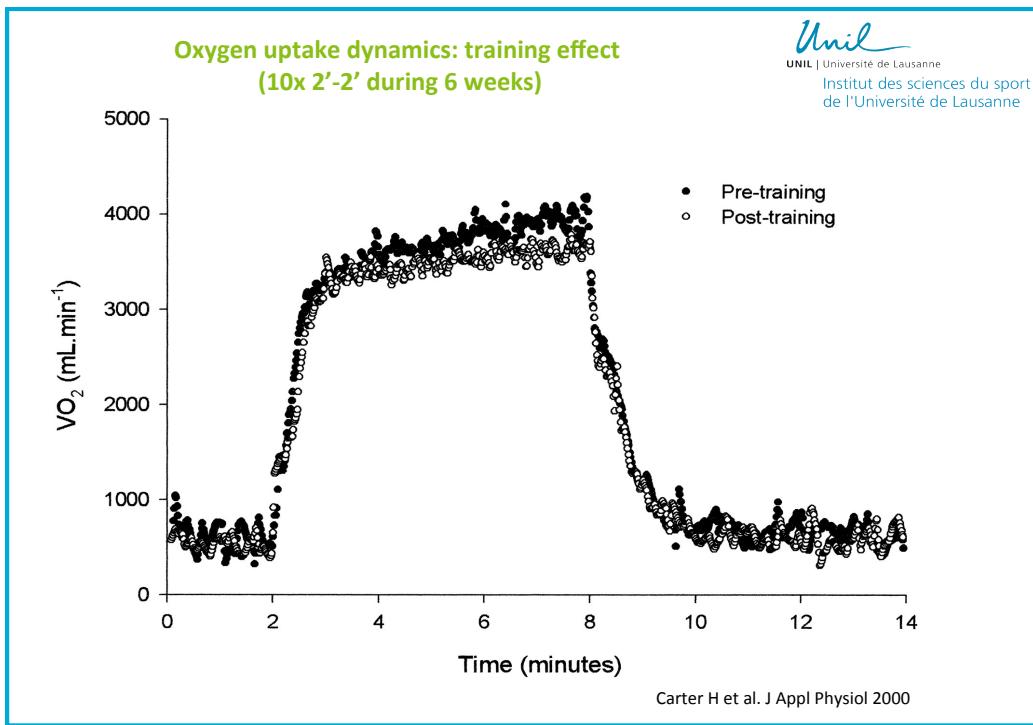
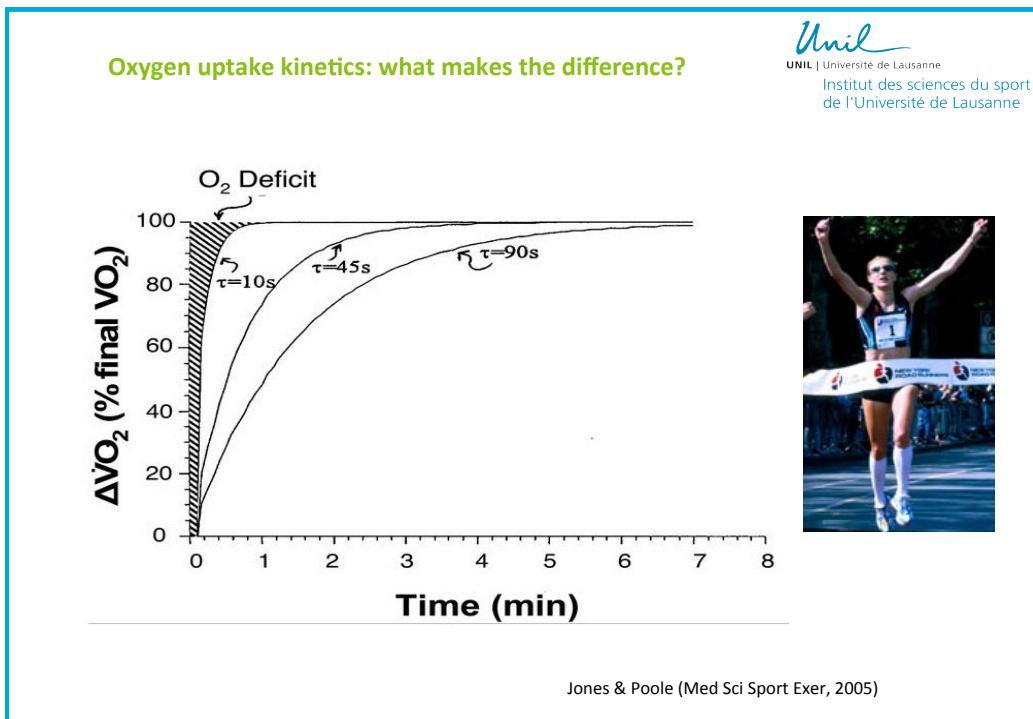
The image shows a man wearing a mask and sensors on his chest and legs, performing a cycling test. Four colored boxes with text and arrows point to different aspects of the exercise:

- A blue box on the left labeled "Oxygen O<sub>2</sub>" points to the man's mask.
- An orange box at the top right labeled "Heat 75%" points to the man's head and upper body.
- A red box on the right labeled "ATP => Mechanical work 25%" points to the man's legs and the bike's pedals.









### Training advice : intermittent type

  
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Intermittent type	Time spent (seconds):	
	> 90% VO <sub>2max</sub>	>90% FCmax
30-30	149 ± 133	441 ± 317
60-30	531 ± 187***	744 ± 207**
½ T <sub>lim</sub> -1/2 T <sub>lim</sub>	486 ± 176***	633 ± 153**

Millet et al. Eur J App Phys 2003

- Find the right work/rest ratio to optimize time spent near VO<sub>2max</sub>

### Training advice : exercise intensity

  
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Intermittent intensity	Time spent (seconds):	
	> 90% VO <sub>2max</sub>	>90% FCmax
IT 100% of vVO <sub>2max</sub>	168 ± 131	430 ± 340
IT 105% of vVO <sub>2max</sub>	338 ± 149**	844 ± 184***
T <sub>lim</sub> test	135 ± 53	213 ± 38

Millet et al. Eur J App Phys 2003

- Adjust to the correct exercise intensity

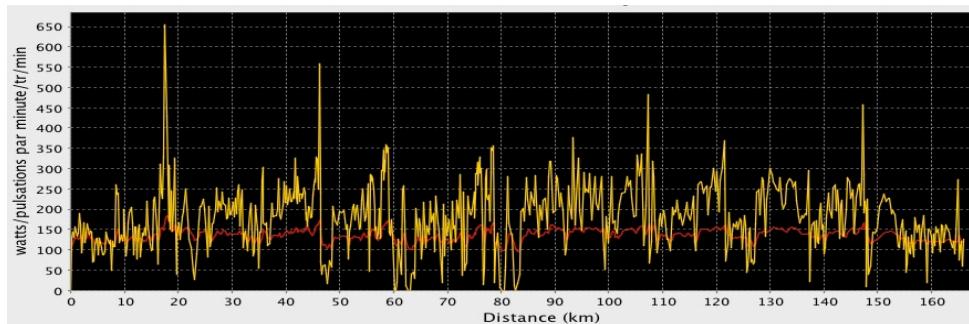
## Training advice

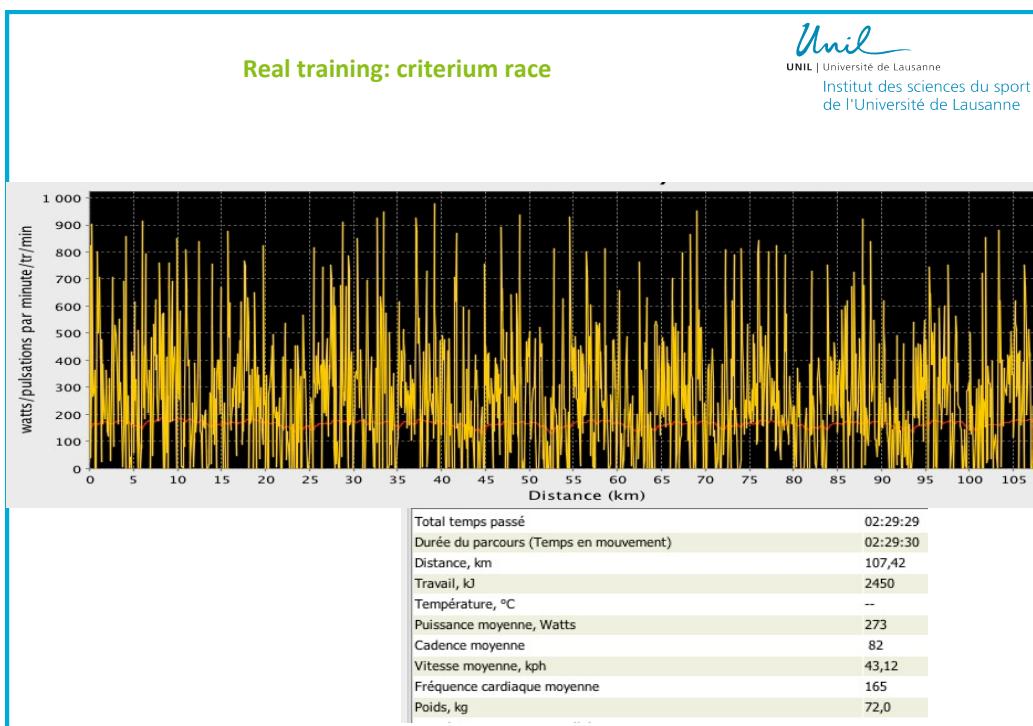
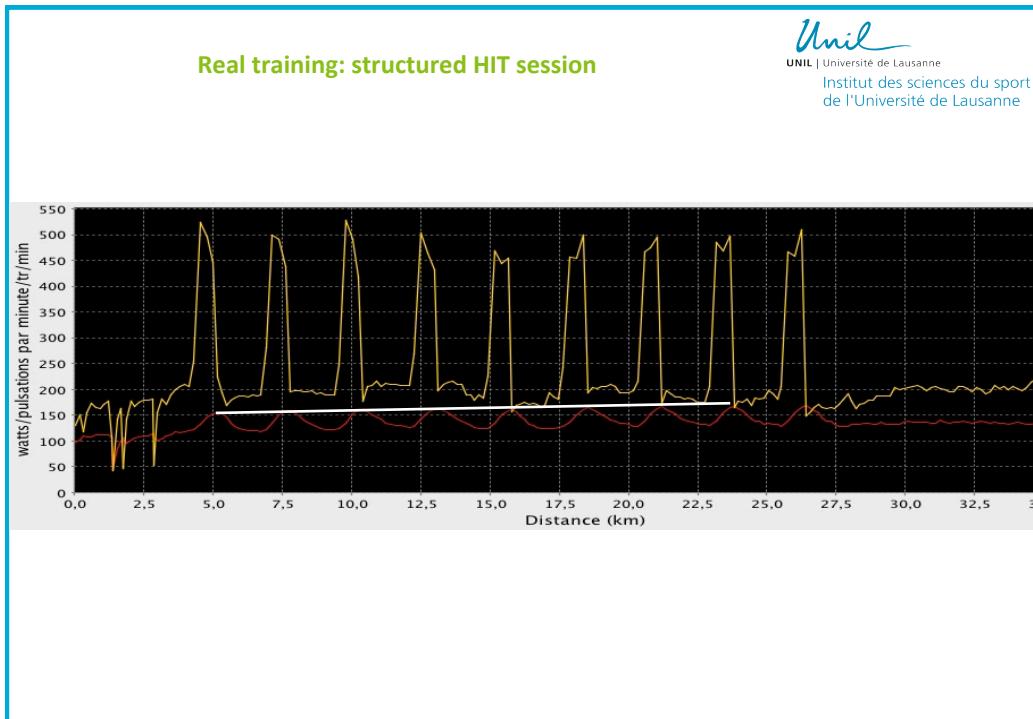
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- Individual training
- Based on  $\text{VO}_2$  kinetics &  $T_{\text{lim}}$
- Determine Intensity to reach  $\text{VO}_2\text{max}$
- Amplitude exercise/recovery
  - (20-30% difference between exercise and recovery intensities)
  - Billat et al. 2001
  - Depends on goals (aerobic power or anaerobic capacity)
- Sport specific oxygen uptake kinetics (slower in Cycling)
  - Hill et al. 2003
- Specific tools to measure the right intensity

## Real training with a powermeter

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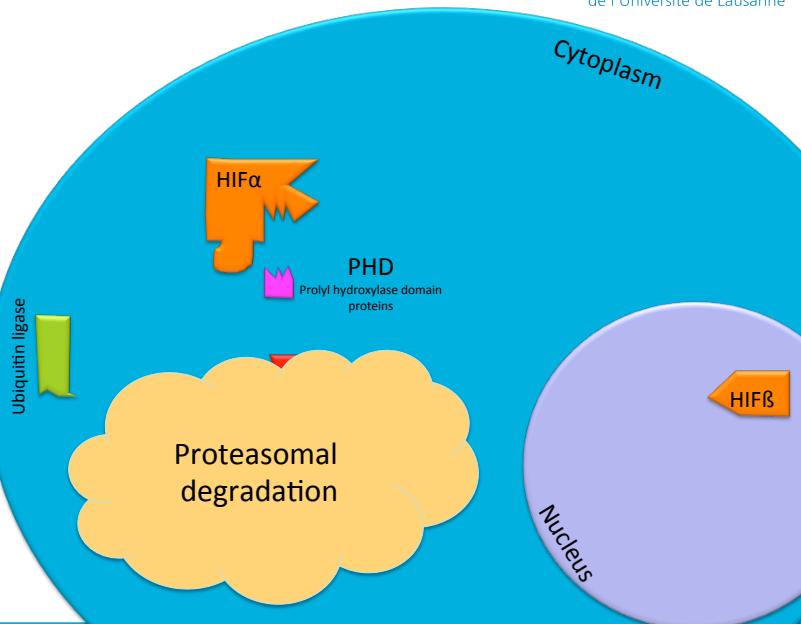


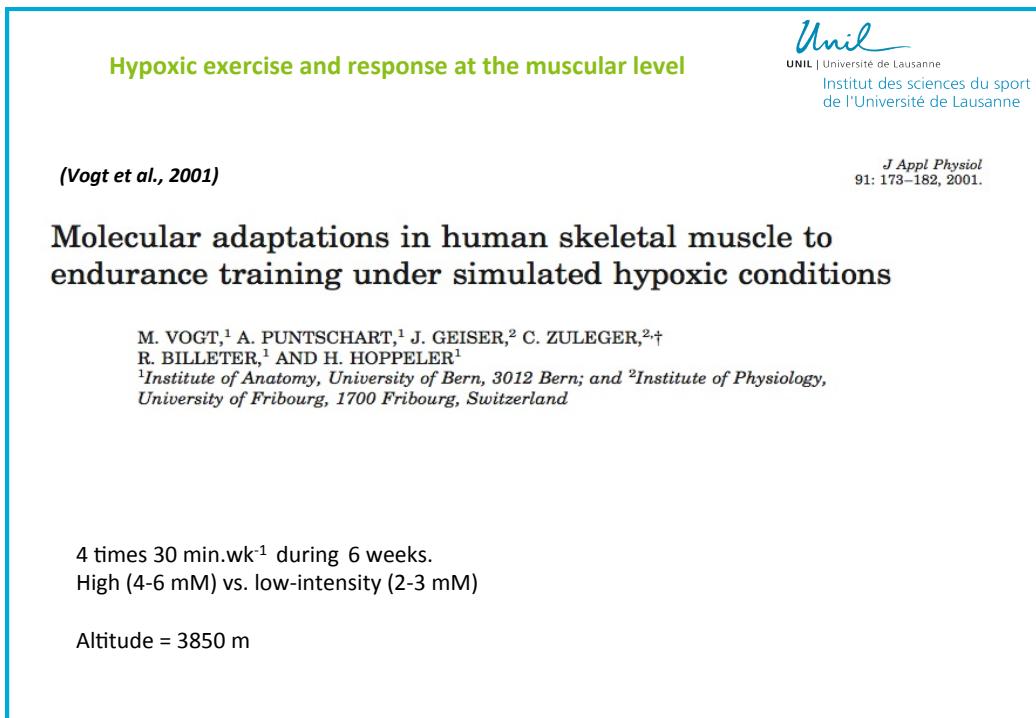
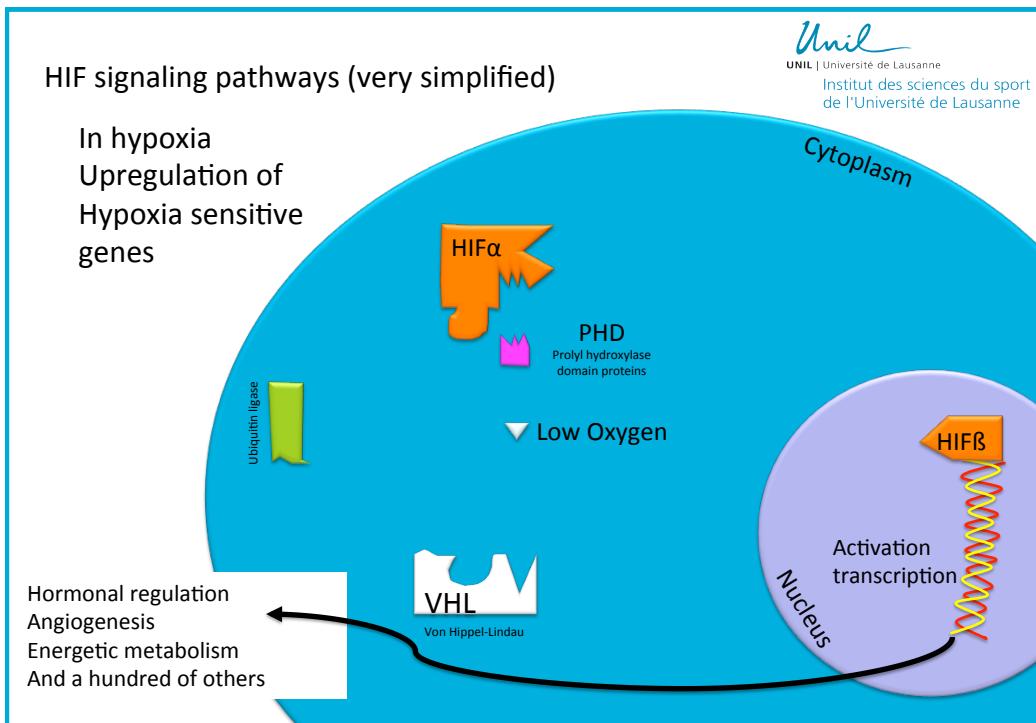


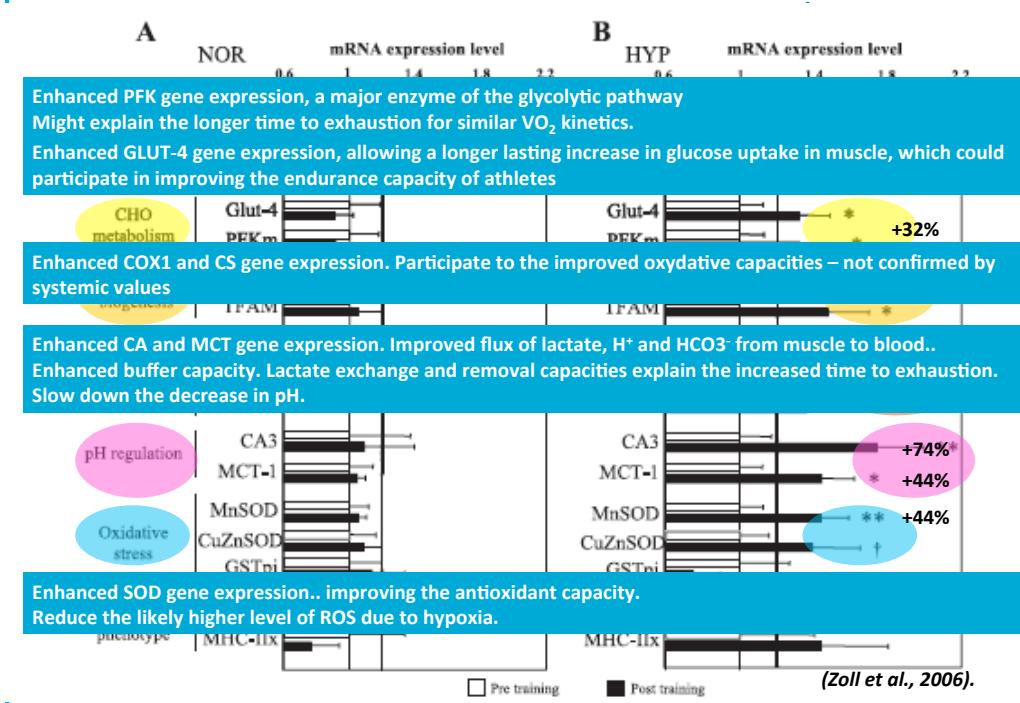
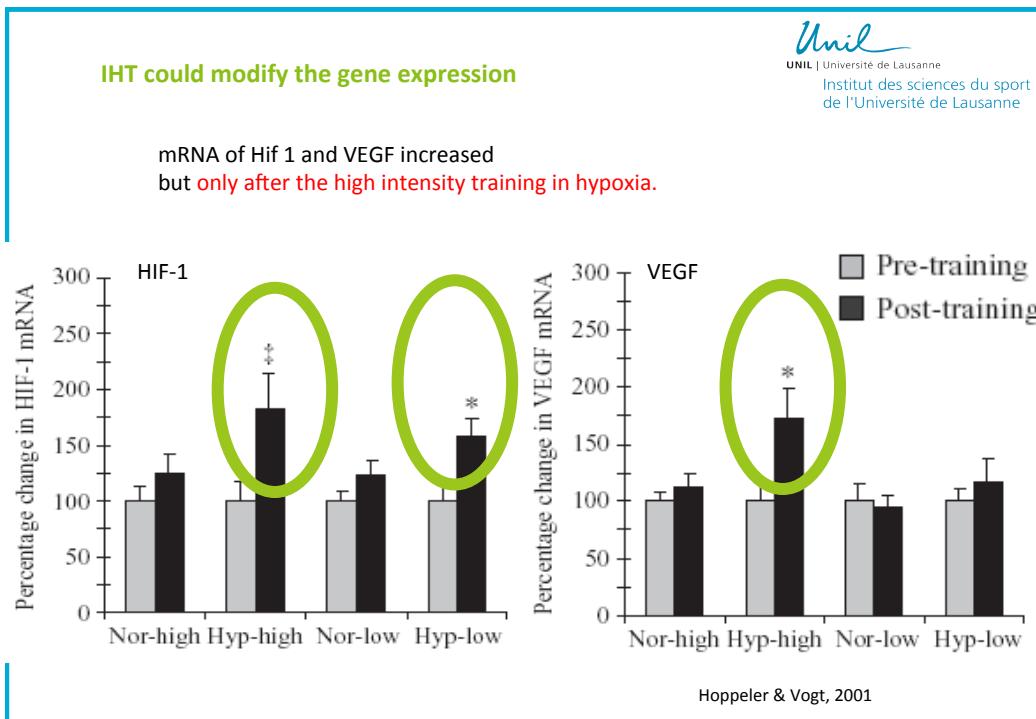
## Intermittent training A must. And in hypoxia?

HIF signaling pathways (very simplified)

In normoxia







**Repeated Sprint Training (RS) study**

• 50 male subjects ( $35 \pm 7$  years,  $75 \pm 9$  kg,  $179 \pm 5$  cm)

• 4 weeks of RS training (8 sessions)
 

- Hypoxic training group (3000m)
- Normoxic training group (485m)
- Control group
- Cyclists

- Hypoxic Group (3000m)  
 - Normoxic Group (485m)  
 (single blind)

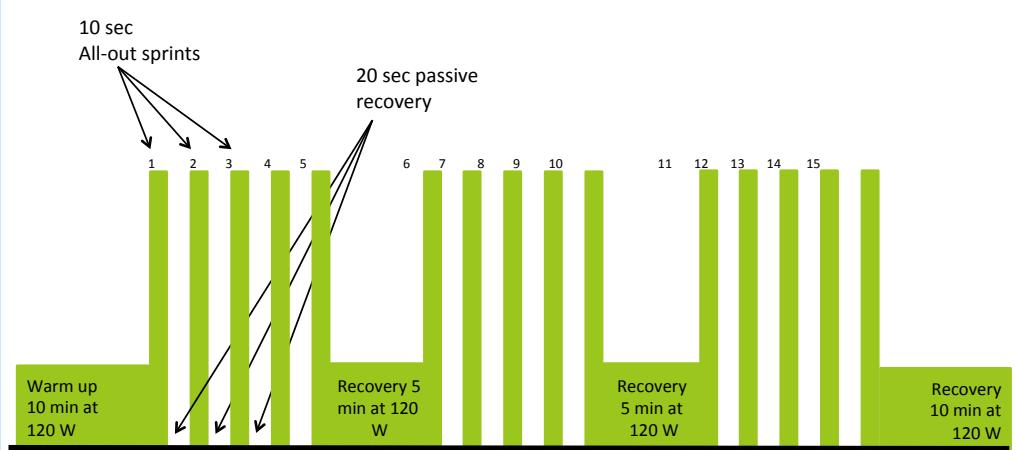






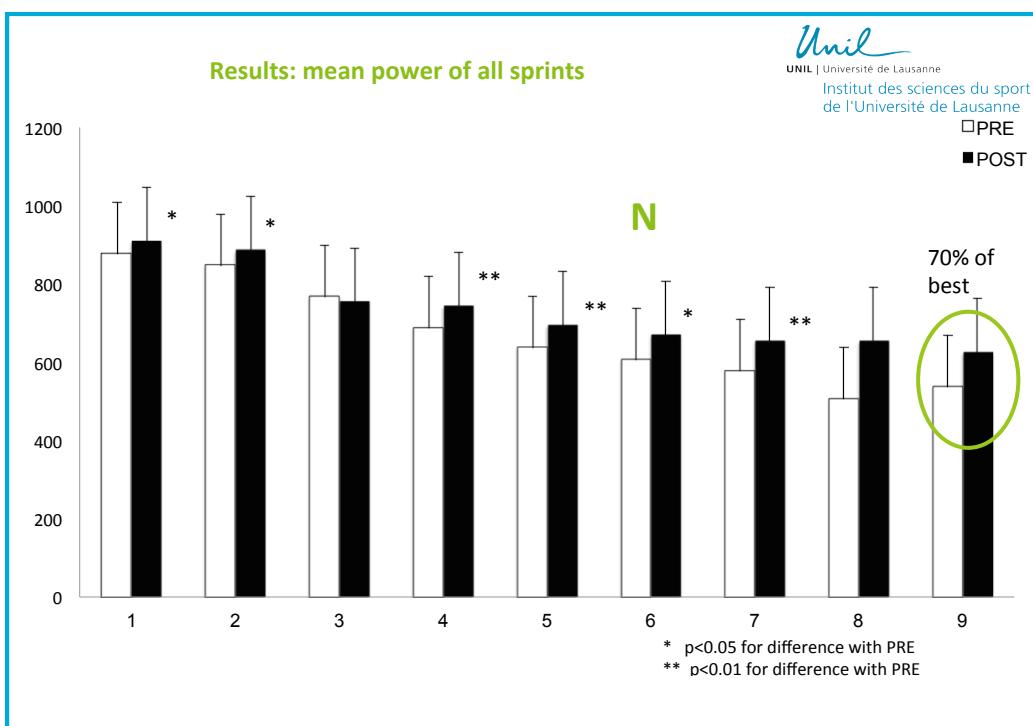
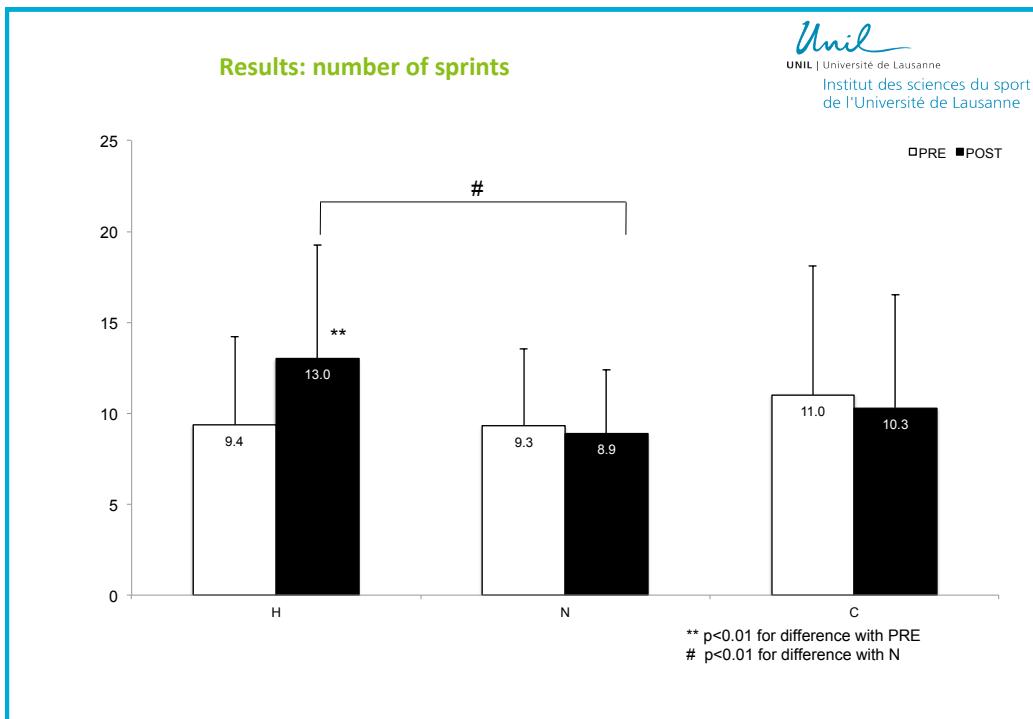
**Training sessions: 8 sessions of 37' over 4 weeks**

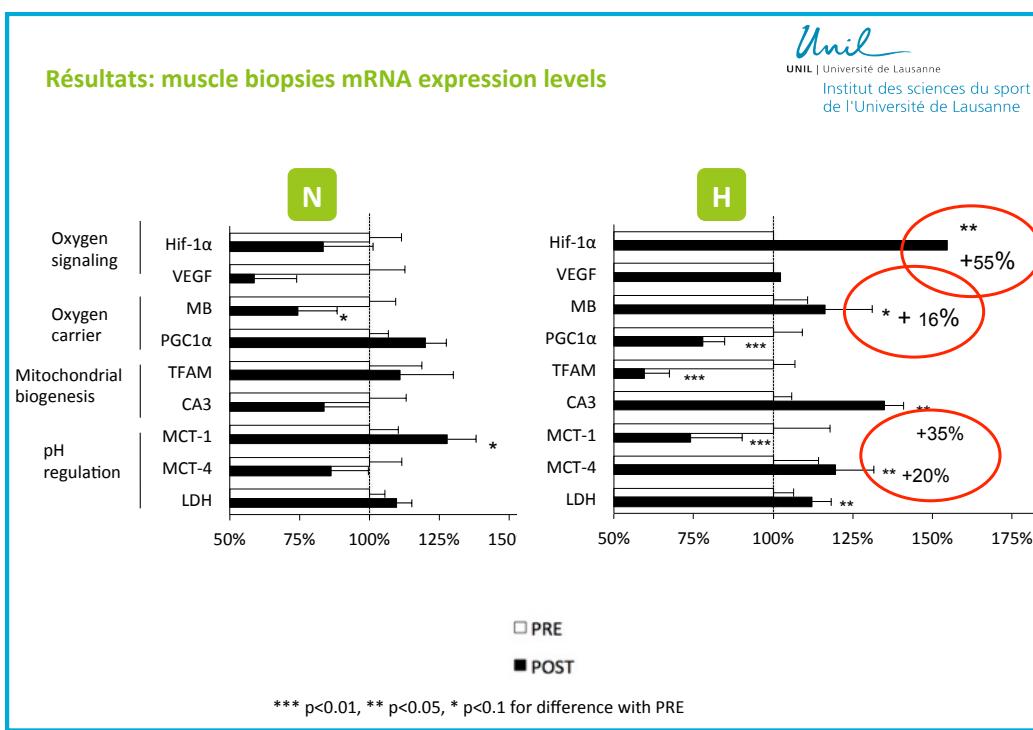
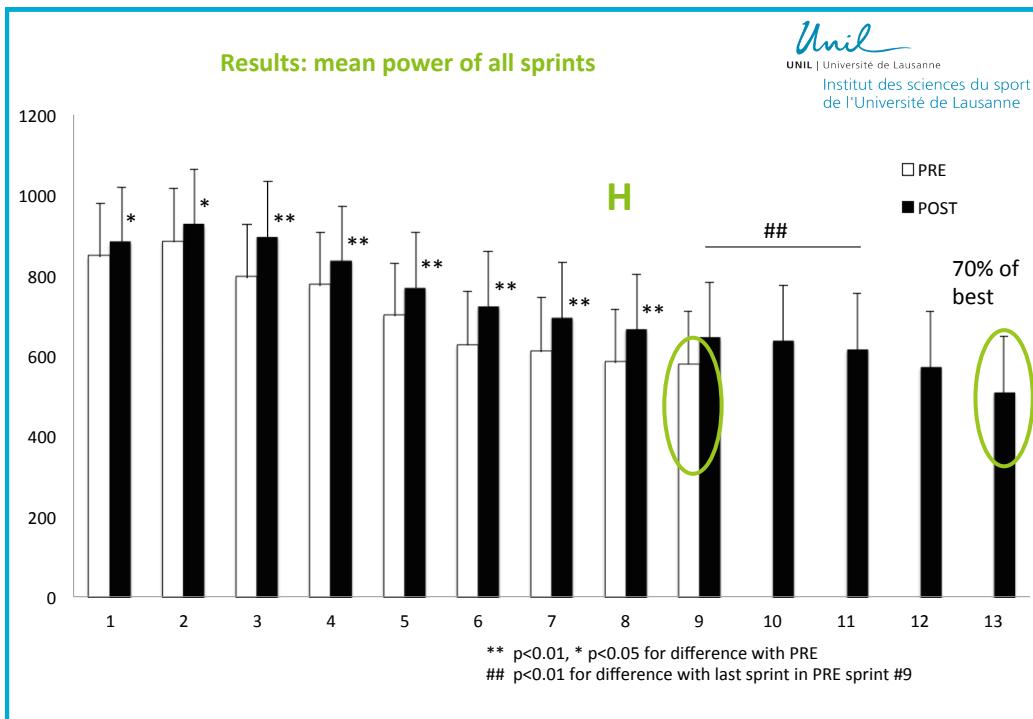
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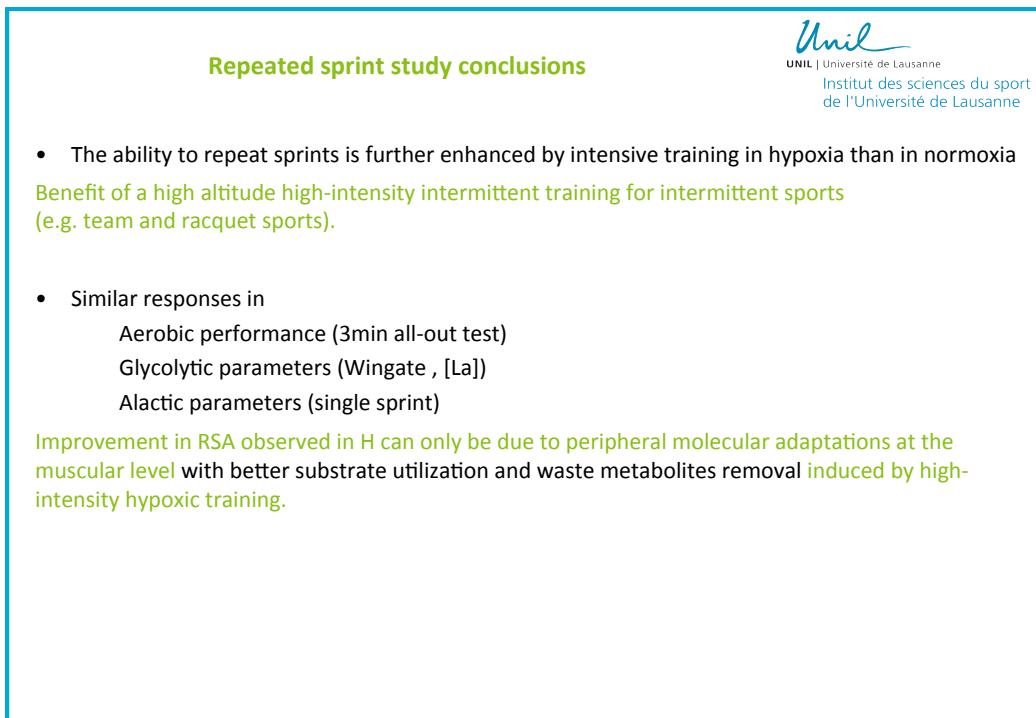
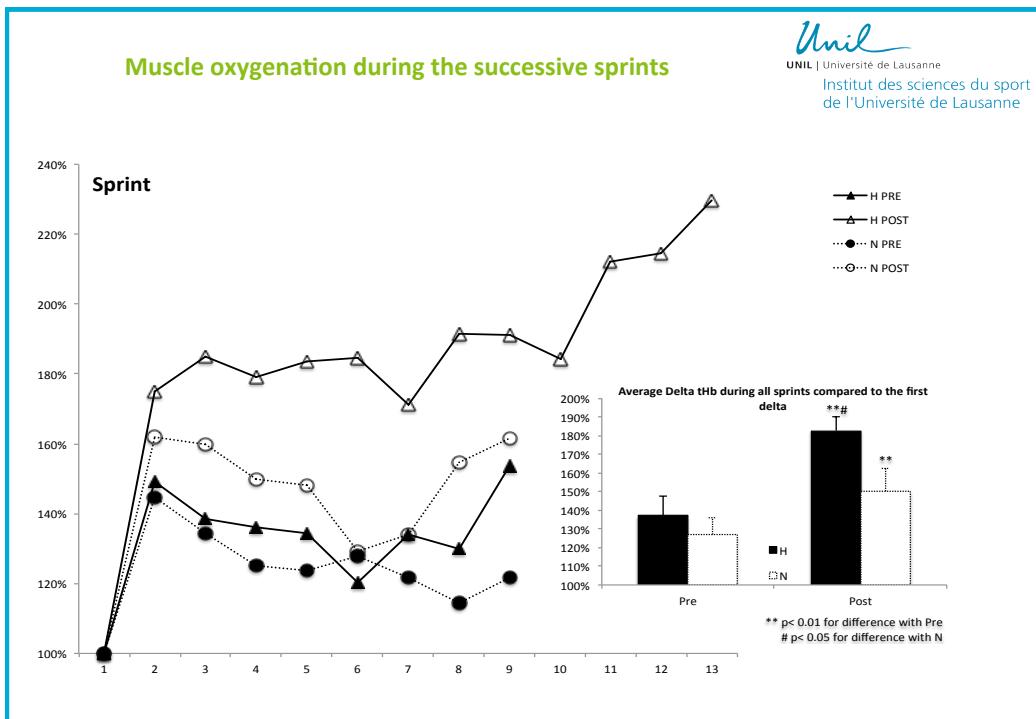


The diagram illustrates the training session structure:

- Warm up:** 10 min at 120 W
- 10 sec All-out sprints:** 5 sprints (labeled 1-5) with 20 sec passive recovery (labeled 6-10).
- Recovery:** 5 min at 120 W (between sprints 5 and 6, and between sprints 10 and 11).
- 10 sec All-out sprints:** 5 sprints (labeled 11-15) with 20 sec passive recovery (labeled 12-16).
- Recovery:** 10 min at 120 W (between sprints 15 and 16).







**Ateliers pratiques**

- Test VO2max  
 - Temps limite  
 - Mesure de la VO2 pendant l'entraînement  
 - Outils d'analyse de la performance  
     - Aérobie & anaérobie







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**Merci de votre attention!**



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