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Is there an Optimal Training Intensity for Enhancing the Maximal Oxygen Uptake of Distance Runners? Empirical Research Findings, Current Opinions, Physiological Rationale and Practical Recommendations

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Abstract

The maximal oxygen uptake ($\dot{V}O_{2max}$) is considered an important physiological determinant of middle- and long-distance running performance. Little information exists in the scientific literature relating to the most effective training intensity for the enhancement of $\dot{V}O_{2max}$ in well trained distance runners. Training intensities of 40–50% $\dot{V}O_{2max}$ can increase $\dot{V}O_{2max}$ substantially in untrained individuals. The minimum training intensity that elicits the enhancement of $\dot{V}O_{2max}$ is highly dependent on the initial $\dot{V}O_{2max}$, however, and well trained distance runners probably need to train at relative high percentages of $\dot{V}O_{2max}$ to elicit further increments. Some authors have suggested that training at 70–80% $\dot{V}O_{2max}$ is optimal. Many studies have investigated the maximum amount of time runners can maintain 95–100% $\dot{V}O_{2max}$ with the assertion that this intensity is optimal in enhancing $\dot{V}O_{2max}$. Presently, there have been no well controlled training studies to support this premise. Myocardial morphological changes that increase maximal stroke volume, increased capillarisation of skeletal muscle, increased myoglobin concentration, and increased oxidative capacity of type II skeletal muscle fibres are adaptations associated with the enhancement of $\dot{V}O_{2max}$. The strength of stimuli that elicit adaptation is exercise intensity dependent up to $\dot{V}O_{2max}$, indicating that training at or near $\dot{V}O_{2max}$ may be the most effective intensity to enhance $\dot{V}O_{2max}$ in well trained distance runners. Lower training intensities may induce similar adaptation because the physiological stress can be imposed for longer periods. This is probably only true for moderately trained runners, however, because all cardiorespiratory adaptations elicited by submaximal training have probably already been elicited in distance runners competing at a relatively high level.

Well trained distance runners have been reported to reach a plateau in $\dot{V}O_{2max}$ enhancement; however, many studies have demonstrated that the $\dot{V}O_{2max}$ of well trained runners can be enhanced when training protocols known to elicit 95–100% $\dot{V}O_{2max}$ are included in their training programmes. This supports the premise that high-intensity training may be effective or even necessary for well trained distance runners to enhance $\dot{V}O_{2max}$. However, the efficacy of optimised protocols for enhancing $\dot{V}O_{2max}$ needs to be established with well controlled studies in which they are compared with protocols involving other training intensities typically used by distance runners to enhance $\dot{V}O_{2max}$.

Runners of all levels of ability, from the competitive club runner to the elite performer, seek effective training methods to enhance performance in an attempt to better personal best performances, break records, or improve medal prospects. Long-term performance enhancement requires training loads of sufficient intensity and duration to progressively overload and stress the physiological structures and processes that determine performance. The effect of manipulating training intensity and duration to elicit adaptations that enhance particular physiological determinants of performance has been considered for over 30 years,^[1] although probably more questions relating to this topic remain unanswered than have been presently resolved.

Many training methods are largely a product of the trial-and-error approach used by coaches of successful athletes and teams, or based on training schedules of current world-class athletes.^[2,3] Although the trial-and-error approach has probably advanced the overall effectiveness of the training programmes given to athletes, many of the common methods employed have received little scientific support.^[4] During the trial-and-error process many training and non-training variables may be responsible for improving an athlete's performance, and isolating the effect of a particular change in training strategy is difficult. Basing training programmes on those used by world-class athletes is also problematic, because these individuals undoubtedly possess genotypes and training responses uncharacteristic of most competitive athletes.^[5,6] Confidence in the effectiveness of a training method to enhance a particular physiological determinant of performance is therefore limited, and scientific scrutiny of well established and contemporary training methods is required.

The maximal oxygen uptake, or $\dot{V}O_{2max}$, is the maximum rate that oxygen can be taken up from the ambient air and transported to and used by cells for cellular respiration during physical activity.^[7] The $\dot{V}O_{2max}$ has been considered by some to be an important physiological determinant of middle- and long-distance running performance.^[8-10] Many distance runners strive to enhance $\dot{V}O_{2max}^{[11]}$ and therefore training routines that most effectively enhance $\dot{V}O_{2max}$ would seem valuable. Several authors have suggested that intensity is the most im-

portant training variable that can be manipulated for eliciting the training-induced enhancement of $\dot{V}O_{2max}$,^[12-14] although the total work performed has also been considered most important.^[1] There appears to be little information in the scientific literature relating to the most effective training intensity for the enhancement of $\dot{V}O_{2max}$ in well trained distance runners. Furthermore, there has been no comprehensive attempt to describe the physiological rationale for choosing a particular intensity as the most effective for enhancing $\dot{V}O_{2max}$.

The main aim of this article is to review findings of research and highlight current opinions on which is the most effective training intensity to enhance the $\dot{V}O_{2max}$ of well trained distance runners. A second aim is to review physiological adaptations associated with the training-induced enhancement of $\dot{V}O_{2max}$ and discuss the effect of training intensity in eliciting these adaptations. Finally, practical recommendations for distance runners are made primarily based on the preceding review.

The $\dot{V}O_{2max}$ was chosen as the focus of the present review because historically it was probably the first physiological determinant of distance running performance to be identified. However, effective training methods for distance runners that target its enhancement remain poorly defined. Moreover, as highlighted earlier, $\dot{V}O_{2max}$ is an important physiological determinant of both middle- and long-distance running performance.^[8-10] Distance runners that compete in running events of between 1500m and 42.2km, and distance running is defined accordingly.

1. Maximal Oxygen Uptake (VO_{2max}) as an Important Determinant of Distance Running Performance

Important physiological determinants of distance running performance may include the VO_{2max},^[9] the lactate threshold,^[15] running economy^[16] and anaerobic capacity.^[17] Performance VO₂ is the maximum rate of oxygen utilisation sustainable for the duration of a race.^[18] Its importance in dictating running velocity becomes greater as race distances increase and contributions to total energy production from anaerobic metabolism decrease. Although performance $\dot{V}O_2$ in long-distance running events is largely dictated by the lactate threshold velocity, VO_{2max} is arguably the most important factor in dictating performance VO2, as the VO2max sets the upper limit for the VO₂ at the lactate threshold.^[19] Moreover, well trained long-distance runners who have exclusively trained at submaximal velocities for many years will probably have a very high fractional utilisation of VO2max,^[20] and the enhancement of $\dot{V}O_{2max}$ may be necessary to increase performance VO2. In middle-distance events, runners sustain velocities with a VO2 demand greater than VO2max.^[8] In events of sufficient duration to allow VO2 to reach its maximum, such as 1500m and 3000m races, a higher VO2max will invariably increase sustainable metabolic power, regardless of lactate threshold velocity.

Several studies have used correlation coefficients to demonstrate that $\dot{V}O_{2max}$ is a poor predictor of performance in well trained distance runners.^[16,21,22] However, the runners used in these studies were homogeneous in terms of VO2max values and performance times, and the use of correlation coefficients is inappropriate because the size of a correlation coefficient is strongly dependent on the range of the values that are being correlated.^[23] Regardless, the question relating to the strength of the relationship between VO2max and distance running performance is probably of significance only when considering predicting a runner's performance from laboratory test results. A more important question in relation to the context of the present review is whether an increase in VO2max will enhance distance running performance. The previous discussion pertaining to the influence of VO_{2max} on performance VO₂ suggests that an appreciable increase in VO2max will improve performance in middle- and long-distance running.

2. Changes in the VO_{2max} of Distance Runners

Ekblom^[24] suggested the training-induced enhancement of $\dot{V}O_{2max}$ plateaus after several years of

Table I. Summary of trair	ning studies tu	hat reported chan	iges in the max	Table I. Summary of training studies that reported changes in the maximal oxygen uptake (VO2max) of elite or well trained runners in response to high-intensity training	ers in response	to high-intensity	training
Subjects	Age (y) ^a	Initial ՝O2 _{max} (mL/kg/min)ª	Study duration	Characteristics of high-intensity training included in the weekly training	Increase in VO _{2max} (%)	Statistically significant?	Reference
8 male MDR and LDR	24 (3.2)	71.2 (5.0)	(WK) 4	One interval session ran at vVO _{2max}	2.1	No	37
5 male and 4 female	34 (6.0)	66.3 (9.2)	8	Two interval sessions at 3km and 10km race pace	5.4	Yes	35
elite marathon runners							
7 male LDR	22 (3.4)	65.3 (2.4)	ω	One interval session ran at 90–95% HR _{max} and two Fartlek sessions at just below and above 10km pace	0.7	No	43
7 male LDR	24 (9.3)	61.0 (3.7)	9	Maximal effort runs eliciting heart rates at or above 190 beats/min	4.1	No	38
7 male MDR and LDR	25 (11.9)	61.0 (11.6)	8	Two interval sessions ran at v∆50 (≈93% vVO _{2max})	4.0	No	39
5 male MDR	23 (10.1)	61.0 (6.6)	4	Two interval sessions ran at vVO _{2max}	4.9	No	40
27 male MDR, LDR and 25 (6.8) triathletes ^b	25 (6.8)	60.5 (9.8)	4	Two interval sessions ran at vVO _{2max}	5.0	No	41
a Mean (SD). Where sta	andard error	of the mean was	reported, the s	Mean (SD). Where standard error of the mean was reported, the standard deviation was calculated using the formula: SEM \sqrt{n} .	√n.		
b Two experimental groups and one control group each wit differed only by a small difference in work internal length.	ups and one all difference	control group ea in work internal le	ch with nine sul ength.	Two experimental groups and one control group each with nine subjects. Increase in VO2max is reported as the mean of the two experimental groups. These groups differed only by a small difference in work internal length.	two experimen	tal groups. Thes	e groups
HRmax = maximum heart rate; LDR =	rate; LDR = lc	ong-distance runn	ers; MDR = mid	long-distance runners; MDR = middle-distance runners; vVO2max = minimal running velocity that elicits VO2max during incremental running to	that elicits VO _{2m}	lax during increm	ental running t

training. If this were true, training to enhance VO2max would be of value only to novice and moderately trained runners, and well trained runners should target other physiological determinants of performance. Longitudinal changes in the VO_{2max} of well trained runners reported in the literature have mostly been small, or otherwise, no change has occurred.^[24-28] In fact, Ekblom, a 1964 Swedish orienteering champion, reported that his own VO2max had not changed between 1960 and 1968.[24] Martin et al.^[28] reported no significant change in the VO_{2max} of nine elite distance runners during a 2.5-year build up to the 1984 Olympic Games. No significant changes in VO2max occurred in three well trained runners during 5 years of training,^[24,26,27] or seven university track and cross-country runners during 1 year of training.^[25]

Experimentally, whether a runner has reached his or her trainable limit for VO2max enhancement is difficult to ascertain. Laursen and Jenkins^[29] suggested all cardiorespiratory adaptations that could be elicited by submaximal training have probably already occurred in distance runners competing at a relatively high level. It is possible that many well trained runners do not include sufficient volumes of high intensity training in their training programmes to reach their trainable limit for VO2max enhancement. Basset et al.^[30] reported that well trained longdistance runners used in their study invariably trained at running velocities below vVO2max (the minimal running velocity that elicits VO_{2max} during incremental running to volitional exhaustion^[31]). Robinson et al.^[32] reported that 17 nationally ranked distance runners performed <4% of their training sessions as high-intensity interval training, with one-third performing no interval training. Average training intensity was 64% VO2max. A retrospective study by Hewson and Hopkins^[33] found that most of the 123 distance-running coaches surveyed favoured long slow distance training, with limited time allocated to either 'hard' continuous training or highintensity interval training. Favouring training duration over intensity is also reflected in the high weekly training distances reported for well trained distance runners.[34-36]

volitional exhaustion; $v \Delta 50$ = velocity midway between the lactate threshold velocity and $v VO_{2max}$.

Results of studies that reported changes in the VO_{2max} of elite and well trained runners in response to high-intensity training (table I) suggest that the VO_{2max} values of these runners have not reached a plateau and are responsive to high-intensity training, even during relatively short training periods. However, valid inferences cannot be made from these studies due to several methodological limitations. Only one of these studies reported statistically significant increases in VO2max.[35] Other studies demonstrated meaningful but statistically insignificant increases in VO2max of 2-5%.[37-41] The small sample sizes used in these studies and the associated statistical power of <30% (Power and Precision, Biostat, NJ, USA) in all but one of these studies was probably a major cause of the statistical insignificance.^[42] Several studies^[37,39-41] reported changes in relative VO_{2max} but did not report whether any changes in body mass occurred. It is therefore not possible to quantify how much of the increase in relative VO_{2max} was due to changes in cardiorespiratory fitness and how much was due to any changes in body mass. The relatively large standard deviations in \dot{VO}_{2max} in some of these studies^[39-41] also suggest that some of the runners were not well trained. To more accurately estimate the effect of high-intensity training on the VO_{2max} of well trained and elite distance runners, further studies are clearly required involving larger sample sizes that possess adequate statistical power to detect small but meaningful changes in VO2max and result in relatively narrow confidence intervals for the mean difference.

Although the $\dot{V}O_{2max}$ of well trained distance runners may be very similar when retested several years later,^[24,26-28] substantial transient changes may occur.^[26,44,45] Athletes frequently undertake periods of low training loads or stop training because of illness, injury or post-season breaks.^[46] Reduced training loads are typically also incorporated into a periodised training plan.^[33] Conley et al.^[47] reported that the $\dot{V}O_{2max}$ of the mile record holder Steve Scott increased by 6% (0.34 L/min) in response to a progressive increase in high-intensity interval training and a reduction in long slow distance training over 9 months of periodised training. Effective training protocols to enhance $\dot{V}O_{2max}$ to competition level subsequent to transient reductions may therefore prove valuable. Circumstances in which effective training methods to enhance $\dot{V}O_{2max}$ may prove valuable are summarised in table II.

3. Current Opinions on Effective Training Intensities to Enhance the VO_{2max} of Distance Runners

During the initial stages of an endurance training programme, rapid increases in $\dot{V}O_{2max}$ may occur^[48,49] and can be elicited with training intensities as low as 40–50% $\dot{V}O_{2max}$.^[50,51] However, a review by Swain and Franklin,^[52] highlighted that the minimal training intensity that elicits the enhancement of $\dot{V}O_{2max}$ is highly dependent on the initial $\dot{V}O_{2max}$. Well trained distance runners, who invariably possess $\dot{V}O_{2max}$ values almost double the population average,^[10,34,53] therefore probably need to train at high percentages of $\dot{V}O_{2max}$ to enhance $\dot{V}O_{2max}$. Several authors have suggested that runners approaching their trainable limit for $\dot{V}O_{2max}$ enhancement may even need to attain and maintain $\dot{V}O_{2max}$

In addition to identifying a training intensity threshold above which VO_{2max} will increase, the rate of increase in VO_{2max} and the efficiency of training to enhance VO2max in relation to the investment of time may be important considerations. Mac-Dougall and Sale^[55] suggested that training at approximately 75% VO_{2max} is optimal in enhancing VO2max because myocardial stress and therefore the stimulus for myocardial adaptation are greatest at this intensity. Mader^[56] suggested that the optimal training intensity is 60-80% VO_{2max}, primarily based on the premise that higher training intensities are detrimental because of mitochondrial degeneration at high oxidation rates. Presently, there is insufficient evidence to support the efficacy of these training intensities for enhancing the VO2max of well trained distance runners.

Training at or near VO_{2max} has also been suggested to be the optimal intensity to elicit further increments,^[4,54,57-59] particularly in well trained athTable II. Circumstances in which optimal training methods to enhance or maintain maximal oxygen uptake (VO_{2max}) may prove valuable

Progressively increase $\dot{V}O_{2max}$ to its maximum trainable limit over the many years of a runner's competitive career

After a transient decrease in $\dot{V}O_{2max}$ due to scheduled periods of low-intensity training and relatively low total training loads as part of a periodised training programme

After an absence from training due to a scheduled lay-off (e.g. a long vacation)

After an absence from training due to an unscheduled lay-off (e.g. due to illness or injury)

When resuming a competitive career subsequent to retiring

Peaking prior to competition when all physiological capacities are maximised to their trainable limit

Decrease the amount of training time spent on enhancing \dot{VO}_{2max} in an attempt to prevent excessive training loads, under recovery, and overtraining

Decrease the amount of training time spent on increasing $\dot{V}O_{2max}$ to allow more time to improve other performance determinants such as running economy and the lactate threshold

Decrease the total amount of training time while still stimulating or maintaining a high level of cardiorespiratory fitness. This may be valuable for competitive runners who have many other timeconsuming commitments, and therefore have constraints on time that can be allocated for training

letes.^[60] The interest in training at or near VO2max as the optimal stimulus for its enhancement is reflected by numerous studies that have investigated the maximum amount of time that $\ge 95\%$ $\dot{V}O_{2max}$ can be maintained during intermittent^[61-63] and constant velocity running protocols.^[54,62,64] Support for the premise that training at or near VO_{2max} is the optimal intensity for its enhancement comes from a review of 59 training studies in which it was concluded that the degree of enhancement in VO2max was positively related to training intensity in the range of 50-100% VO2max.^[14] This relationship existed almost irrespective of training frequency and duration, programme length, and initial VO_{2max}. Table III summarises studies that compared changes in VO_{2max} in response to training at intensities associated with the attainment of VO_{2max}, with other training intensities. These results suggest that training at VO_{2max} is no more effective at enhancing VO_{2max} than many other training intensities. However, because these studies mostly employed untrained or moderately trained individuals, used cycle ergometry, and did not report whether any of the subjects actually elicited $\dot{V}O_{2max}$ during training, valid inferences cannot be made relating to the efficacy of training at or near $\dot{V}O_{2max}$ in well trained distance runners. A training study that did include well trained distance runners did not equate the total work completed by the experimental and control groups, and so the results could not be interpreted.^[41]

A limitation to research that bases the efficacy of training protocols to enhance $\dot{V}O_{2max}$, solely on time at or near $\dot{V}O_{2max}$, is that $\dot{V}O_{2max}$ can be elicited with different physiological responses. An extreme example is the attainment of $\dot{V}O_{2max}$ due to the superimposition of the $\dot{V}O_2$ slow component on the underlying $\dot{V}O_2$ response during severe continuous velocity exercise,^[70] compared with interval training with 10-second work intervals.^[71] Future studies investigating the efficacy of training protocols that elicit $\dot{V}O_{2max}$ should therefore evaluate the amount and type of stress these protocols impose on the physiological determinants of $\dot{V}O_{2max}$.

The question of whether or not training at or near VO_{2max} is the optimal method of enhancing VO_{2max} dates back at least to Daniels and Scardina.[57] Currently, this question as it pertains to competitive distance runners remains unresolved, and appropriate empirical research is required before the relative efficacy of this type of training in enhancing VO_{2max} can be ascertained. Future training studies that address this question need to: (i) recruit only well trained competitive distance runners; (ii) compare training at or near $\dot{V}O_{2max}$ with other training intensities typically performed by distance runners to enhance $\dot{V}O_{2max}$; (iii) employ stratified random sampling to help ensure the mean $\dot{V}O_{2max}$ of runners in each group is similar; (iv) equate the total work performed in each training group; (v) check that the training protocols designed to elicit $\dot{V}O_{2max}$ did actually elicit $\dot{V}O_{2max}$ and report the time that ≥95% VO_{2max} was maintained; and (vi) report changes in $\dot{V}O_{2max}$ in absolute values.

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Table III. Summary of	studies that have c	compared trainin	g at workloads asso	ociated with 100	Table III. Summary of studies that have compared training at workloads associated with 100% maximal oxygen uptake (VO2max) with other training intensities	
Subjects	Initial VO _{2max}	Exercise	Study duration Work	Work	Findings (training intensity and % improvement in absolute	Reference
	(mL/kg/min) ^a	mode	(wk)	equated? ^b	VO _{2max})	
38 male cyclists/ triathletes	64.5 (5.1)	CE	4	No	100% VO _{2max} = 9%; 175% VO _{2max} = 3%	60
12 male runners	45.9 (–)	TR	8	Yes	100% VO2max = 5%; 92% VO2max = 6%	65
29 active males	44.1 (–)	CE	10	Yes	$100\% \text{VO}_{2max} = 9\%$; $120\% \text{VO}_{2max} = 16\%$; $80\% \text{VO}_{2max} = 8\%$	66
17 sedentary males	43.4 (–)	CE	8	Yes	105% VO _{2max} = 15%; 70% VO _{2max} = 8%; 50% VO _{2max} = 15%	51
14 sedentary males/ females	41.7 (–)	CE	7	Yes	100% VO _{2max} = 14%; 70% VO _{2max} = 15%	67
40 males (mixed fitness)	40.0 (–)	CE	8	Yes	100% VO _{2max} = 14%; 72% VO _{2max} = 18%; 55% VO _{2max} = 14%	68
36 males (mixed fitness)	38.0 (8.0)	CE	7	Yes	100% VO2max = 33%; 60% VO2max = 22%	59
12 sedentary males	36.5 (1.4)	CE	8	No	100% VO _{2max} = 11%; 70% VO _{2max} = 7%	69
a Mean (SD). Missin	ng standard deviatio	ns due to the re	lative VO _{2max} being	1 calculated fron	Mean (SD). Missing standard deviations due to the relative VO2max being calculated from the absolute VO2max and body mass that were reported in the original paper.	ginal paper.
b Total work perform	Total work performed by each group similar.	similar.				
CE = cycle ergometry; TB = treadmill	TR = treadmill run	running.				

4. Training Intensity and Adaptations Associated with VO_{2max} Enhancement

Characterising the physiological response to increasing exercise intensity and how this response may elicit physiological adaptations that are associated with the enhancement of VO2max may provide a physiological rationale for recommending a particular training intensity to enhance the VO_{2max} of distance runners. The following section therefore discusses the potential effect of training intensity in eliciting adaptations associated with VO_{2max} enhancement.

In accordance with a derivation of the Fick equation,^[72] $\dot{V}O_{2max}$ is a product of the maximal cardiac output (Qmax) and the maximal arterial-mixed venous oxygen difference (maximal $a - \overline{v}O_2$ difference). Any physiological structures or processes that determine these two variables could therefore potentially limit VO_{2max}. It would also appear reasonable to theorise that any training-induced increase in the functional capacity of any one of these structures or processes should enhance VO_{2max}.

4.1 Maximal Cardiac Output

Although alternative hypotheses have been presented,^[73,74] most authors agree that in young healthy individuals performing maximal whole body exercise at sea level, VO_{2max} is predominantly limited by $\dot{Q}_{max}^{[7,75,76]}$ (readers are directed to a series of papers^[77-80] debating this issue). Traininginduced increases in Qmax are due to increased maximal stroke volume (SV_{max}), because the maximal heart rate either decreases or remains the same.^[81] The main stimulus for myocardium morphological adaptation associated with SV_{max} enhancement is mechanical overload imposed by a volume overload-induced increase in ventricular diastolic stretch and increased resistance to ventricular emptying due to increased afterload.^[82,83]

MacDougall and Sale^[55] suggested that training at approximately 75% VO_{2max} is optimal in stimulating favourable myocardial adaptations, because stroke volume plateaus at approximately 40-50% VO2max and mean arterial pressure at 70-80%

VO_{2max}, so therefore the contractile force of the myocardium is probably maximum at approximately 75% VO_{2max}. Early studies demonstrated that stroke volume plateaus at approximately 40–75% VO_{2max}^[84,85] and may even decrease as VO_{2max} is approached.^[86] More recent studies found that in well trained individuals, stroke volume^[87-89] and systolic and mean arterial blood pressures^[87,90,91] progressively rise in response to increasing exercise intensity up to VO_{2max}, and therefore myocardial stress should be maximal at VO_{2max}.

Neuroendocrine factors such as thyroxine, testosterone, angiotensin II, and the catecholamines stimulate myocardial growth.^[83,92] Threshold intensities exist for the release of these hormones, and once surpassed, their rate of release increases curvilinearly with increasing exercise intensity.^[93,94] Although training intensities above the threshold intensities appear obligatory to benefit from their potentiating effects, exercise intensity and duration interactions relating to hormone release and effects on physiological myocardial hypertrophy require further empirical research.

Plasma volume, erythrocyte mass and blood volume increase in response to endurance training.^[81,95] A review of 18 studies by Sawka et al.^[96] highlighted that plasma volume expansion plateaus after approximately 15 days of training and total erythrocyte mass after approximately 30 days. Consequently, under normal physiological conditions, significant changes in blood volume occur only in poorly conditioned individuals, with little change in the already well trained.^[97,98] Even if a particular training strategy could increase blood volume in well trained runners, it is unlikely to enhance SV_{max} to any significant extent. The SV_{max} of nine elite cyclists increased very little in response to an experimental 547mL increase in blood volume,^[88] probably because well trained endurance athletes are at or near their diastolic reserve capacity.^[88,99]

4.2 Maximal Arterial-Mixed Venous Oxygen Difference

Skeletal muscle capillarisation increases in response to endurance training^[100,101] and has been

considered a major physiological adaptation in the enhancement of $\dot{V}O_{2max}$.^[76] The main stimulus for inducing capillarisation is increased shear stress and capillary pressure resulting from a critical increase in blood flow velocity.^[102] Since cardiac output and blood flow increase with increasing exercise intensity up to $\dot{V}O_{2max}$, there should be an intensity-dependent increase in capillary shear stress and stimulus for capillarisation up to $\dot{V}O_{2max}$.

Skeletal muscle myoglobin enhances the movement of oxygen from the sarcolemma to the mitochondrial surface^[103] and in rats has been shown to increase with training.^[104-108] However, more recent studies involving human subjects have found no significant changes in myoglobin or myoglobin messenger ribonucleic acid concentration in response to endurance training performed in normoxic conditions.^[109-113] The training intensities used in the human studies were 60-75% VO2max. In contrast, except for the study conducted by Lawrie,^[107] the studies employing rats included running speeds of up to 42-44 m/min, speeds that have been found to elicit VO2max in rats.[114,115] Training studies conducted in hypoxic conditions suggest that intracellular hypoxia is a stimulus for increased myoglobin gene expression.^[112,113] Since oxymyoglobin saturation has been found to decrease in relation to increasing exercise intensity,^[116] high percentages of VO_{2max} may be required to increase myoglobin concentration. However, the non-significant differences in myoglobin concentrations in the vastus lateralis muscles of endurance-trained and untrained males reported by Jansson et al.^[117] suggests that increases in myoglobin may not be elicited by training in normoxic conditions in humans. Studies involving exposing well trained runners to high-intensity training are therefore required.

Enhanced skeletal muscle fibre oxidative capacity associated with training^[118] does not appear to play a major role in $\dot{V}O_{2max}$ enhancement in well trained individuals,^[81] because the oxidative capacity of skeletal muscle is greater than the cardiovascular system's oxygen delivery capacity during whole body exercise.^[119] However, during maximal exercise, blood perfusing areas of muscle that contain

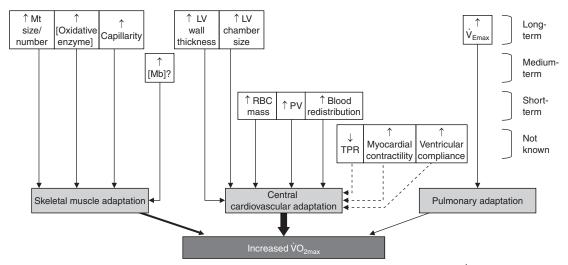


Fig. 1. Training-induced physiological adaptations associated with the enhancement of maximal oxygen uptake ($\dot{V}O_{2max}$). Short-, mediumand long-term adaptations typically have a maximum period of adaptability of days, months and years, respectively. The arrows with broken lines indicate the time course of those adaptations has presently not been elucidated. The width of the three shaded arrows at the bottom of the figure broadly represent the total contribution of those adaptations in the long-term enhancement of $\dot{V}O_{2max}$. Maximum period of adaptability for myoglobin concentration based on rat studies. LV = left ventricular; [Mb] = myoglobin concentration; Mt = mitochondrial; [Oxidative enzyme] = oxidative enzyme concentration; PV = plasma volume; RBC = red blood cell; TPR = total peripheral resistance; \dot{V}_{Emax} = maximal minute ventilation; \uparrow indicates increase; \downarrow indicates decrease; ? indicates presently unknown if training-induced increases occur in humans under normoxic conditions.

type II fibres is likely to possess a relatively high oxygen content as it leaves the venule end of the capillary, due to the relatively low oxidative capacity of these fibres.^[120] An increase in the oxidative capacity of type II fibres should therefore increase their oxygen uptake for the same blood perfusion and partial pressure of oxygen (pO₂), and widen the

maximal $a - \overline{v}O_2$ difference. However, because of the high threshold motor neurons associated with these fibres,^[121] exercise intensities of at least 90–100% $\dot{V}O_{2max}$ are required to substantially recruit them and elicit adaptive responses.^[122]

Another method of widening the maximal $a - \overline{v}O_2$ difference is by increasing the oxygen content of the blood via increased erythrocyte and haemoglobin mass.^[123] Experimentally induced increases in erythrocyte and haemoglobin mass have been shown to enhance $\dot{V}O_{2max}$ significantly in the absence of any change in \dot{Q}_{max} .^[124,125] As highlighted earlier, however, training-induced increases in total erythrocyte mass plateau after about 30 days,^[96] and is therefore probably not involved in the longitudinal enhancement of $\dot{V}O_{2max}$ in well trained distance runners.

Physiological adaptations associated with the enhancement of $\dot{V}O_{2max}$ and their time course for adaptation is shown in figure 1. The physiological significance of these adaptations and the influence of training intensity are summarised in table IV.

5. Recommendations for Enhancing the VO_{2max} of Distance Runners

Presently, there appears to be little evidence as to which training intensity is most effective in enhancing the $\dot{V}O_{2max}$ of well trained distance runners. The following recommendations should therefore be considered 'best practice' based on the limited knowledge that currently exists.

5.1 Physiological Rationale

Physiological structures or processes that demonstrate substantial long-term plasticity (figure 1) should be the target of training-induced adaptations for the longitudinal enhancement of a distance run-

Physiological variable	Physiological significance of enhancement	Potential influence of training intensity
Mitochondria size/volume	Increased oxidative capacity of fast twitch fibres may	Fast twitch fibres are substantially recruited only at
+ aerobic enzymes ^[118]	widen the maximal $a-\overline{\nu}O_2$ difference	exercise intensities at or above $90-100\% \dot{V}O_{2max}^{(122)}$ and therefore $90-100\% \dot{V}O_{2max}$ should set the lower training limit to enhance their oxidative capacity
Skeletal muscle capillarity ^[100,101]	Increased oxygen diffusion and uptake for any given arterial pO_2 and blood flow. Increased maximal	Capillarisation is stimulated by increased shear stres and capillary blood pressure from increased blood
	$a - \overline{v}O_2$ difference	flow velocities. ^[102] During whole-body endurance exercise such as running, blood flow velocities through the active musculature increase with increasing exercise intensity
Myoglobin ^[104,105]	Facilitation of oxygen diffusion from the sarcolemma to the mitochondria. Increased oxygen uptake for any	Under normoxic conditions probably only enhanced i response to high relative exercise intensities in
	given pO_2 and blood flow. Increased maximal $a-\overline{\nu}O_2$ difference	humans
LV wall thicknesses ^[126-128]	Increased force of LV contraction, increased ejection fraction and SV _{max} . Maintains normal wall stress during hypertrophy	Systolic and mean arterial blood pressures increase with increasing exercise intensity up to VO _{2max} ^{[87,90,91} causing an exercise intensity-dependent myocardial pressure overload and stimulus for myocardial adaptation
LV chamber size ^[126-129]	Increased end-diastolic volume and SV_{max}	Stroke volume increases with increasing exercise intensity up to $\dot{VO}_{2max}^{[87-89]}$ causing an exercise intensity-dependent myocardial volume overload and stimulus for myocardial adaptation
Erythrocyte mass ^[81,95]	Increased blood volume, venous return, end-diastolic volume and $SV_{max}^{\rm [123,130\cdot132]}$ Increased arterial	Reduced blood flow to the kidney is positively related to exercise intensity. ^[133] Reduced blood flow
	oxygen content and maximal $a-\overline{\nu}O_2$ difference	decreases oxygen delivery to the kidney, providing the stimulus for erythropoietin production and erythropoiesis ^[134]
Plasma volume ^[95,98]	Increased blood volume, venous return, end-diastolic volume and $\text{SV}_{\text{max}}^{[123,130\text{-}132]}$	The release of hormones responsible for the enhancement of plasma volume is exercise intensity dependent ^[94,135]
More efficient blood redistribution ^[24,136]	Decreased vascular conductance in tissues operating at low rates of respiration, such as the kidneys and splanchnic regions, and increased vascular conductance in heavily respiring active skeletal	Presently unknown
	muscle. ^[137] Increased maximal $a - \overline{v}O_2$. Early adaptations in blood redistribution are somewhat reversed in the well trained state, ^[133] however, and do not appear trainable in well trained runners	
Total peripheral resistance ^[82]	Reduced afterload and increased ejection fraction and SV_{max}	Presently unknown
Myocardial contractility ^[24,138]	Increased force of LV contraction. Increased ejection fraction and SV_{max}	Presently unknown
Ventricular compliance ^[87]	Attenuation of myocardial stiffness as ventricular wall thicknesses increase. Increased end-diastolic reserve, end-diastolic volume and ${\rm SV}_{max}$	
Maximal minute ventilation ^[136,138-140]	Increased alveolar pO ₂ and oxygen diffusion pressure gradients across the alveoli-pulmonary capillary interface during maximal exercise	Presently unknown

Table IV. Summary of physiological variables associated with the endurance training-induced enhancement of $\dot{V}O_{2max}$, their physiological significance and the potential influence of training intensity on their adaptive responses

ner's \dot{VO}_{2max} . Myocardial morphological adaptations that increase SV_{max} would appear most important. Other important adaptations include increased capillarisation of skeletal muscle and increased oxidative capacity of type II skeletal muscle fibres. The strength of stimuli that elicit adaptation is exercise intensity dependent up to \dot{VO}_{2max} , indicating that training at or near \dot{VO}_{2max} may be the most effective intensity to enhance \dot{VO}_{2max} in well trained distance runners. However, Moffatt et al.^[141] suggested that as \dot{VO}_{2max} is approached, the differentiation between stimuli decreases. Research is therefore needed to understand the chronic adaptive effects elicited by different training intensities in the range of 90–100% \dot{VO}_{2max} .

5.2 Moderately Trained Distance Runners

It could be argued that lower training intensities than those associated with the attainment of VO2max would induce greater adaptation because the physiological stress could be imposed for longer periods. This may be true for moderately trained runners, and the prolonged moderate stress elicited by traditional continuous intensity exercise used to enhance VO_{2max}, such as 65–80% VO_{2max}, will probably be effective in enhancing the VO_{2max} of these runners. Runners who train <60-80 km/week may enhance VO_{2max} with increased submaximal training loads, although further research is required to confirm typical limits beyond which further enhancement does not occur, such as the 120km suggested by Sjödin and Svedenhag.^[22] Training at intensities that elicit VO2max may be beneficial to moderately trained runners; however, the total volume of training at these intensities should be low and slowly increased over many years.

5.3 Well Trained Distance Runners

Until further information is available to suggest otherwise, in order to target the enhancement of $\dot{V}O_{2max}$ we recommend well trained distance runners should progressively increase training intensity to those that elicit $\dot{V}O_{2max}$. The volume of this type of training should then be subsequently increased over many years of a periodised training plan. The reader is directed to references^[40,41,61-64] for examples of appropriate interval training protocol design.

5.4 Elite Distance Runners

High training volumes are typical of most contemporary elite distance runners,^[142] and increased submaximal training loads are unlikely to appreciably increase training stress.^[22,29] Elite runners who have employed submaximal training intensities exclusively in their training programmes may demonstrate considerable increases in VO_{2max} if exposed to progressively higher volumes of high-intensity training during each additional year of a periodised annual training programme. This premise has been supported by studies involving elite cross-country skiers.^[143] Elite runners who habitually employ running velocities that elicit VO2max in their training programmes are probably close to their trainable limit for VO2max enhancement, and any improvement is likely to exert only small effects on performance. However, small improvements in the performance of elite runners can be highly significant in terms of competitive success,^[32,144] and progressive increases in the volume of training at or near VO_{2max} may prove beneficial. Runners and their coaches should use a cost-benefit approach to decide whether any enhancement in VO_{2max} is beneficial after taking into account possible negative stress associated with increased volumes of high-intensity training. Physiological laboratory testing would greatly facilitate this process.

5.5 Periodisation and Recovery

If training stress is too severe, the capacity to adapt will be surpassed, resulting in maladaptation and decreased functional capacity.^[145] High-intensity training that is performed too often, or without appropriate preparatory training, may predispose runners to under-recovery^[37] and immunosuppression.^[146] Billat et al.^[37] found that well trained runners who performed three high-intensity training sessions per week for 4 weeks developed signs indicative of overtraining. One or two sessions per week of high-intensity training with at least 48 hours between sessions is recommended. If higher frequencies are employed, such as during shock microcycles,^[147] a period of low training loads should follow. A shock microcycle before an important race, for example, would necessitate a long tapering period to reduce accumulated fatigue associated with such training.^[148] Short bouts of training at or near $\dot{V}O_{2max}$ may also be effective in maintaining $\dot{V}O_{2max}$ during low training loads such as during tapering.^[149]

Preparatory training should include several months of base training at intensities of 65-70% $\dot{V}O_{2max}$ followed by transition training at around 85% $\dot{V}O_{2max}$.^[2] During the subsequent high-intensity training phase, when $\dot{V}O_{2max}$ is targeted, it may be effective to increase training intensity progressively from v $\Delta 50$ (the velocity midway between the lactate threshold velocity and $v\dot{V}O_{2max}$) to supra $v\dot{V}O_{2max}$ velocities. This would maintain maximal stress on the oxygen transport system while simultaneously eliciting other physiological adaptations associated with supra- $\dot{V}O_{2max}$ training intensities.^[20]

5.6 Event-Specific and Other Considerations

Adaptive responses to training protocols designed to enhance a particular physiological performance determinant are not exclusive to that determinant. For example, supra-VO2max interval protocols maximally stress aerobic and anaerobic metabolism^[4] and have been shown to significantly enhance VO2max and anaerobic capacity simultaneously.^[150] The training protocol chosen to target VO2max enhancement should therefore be influenced by the relative importance of other physiological performance determinants of the event. SupravVO2max interval protocols have been recommended for middle-distance runners,^[58] and work intervals ran at 105-140% vVO_{2max} are probably appropriate. Runners who compete in longer races where anaerobic capacity is not an important determinant of performance may derive more benefit from intervals ran at v Δ 50–105% v $\dot{V}O_{2max}$, particularly as this intensity range may be necessary to enhance the lactate threshold velocity in well trained runners.^[151] Physiological performance profiling of a runner that indicates a particular weakness may also dictate which training protocol would be most beneficial. The principle of individuality as it pertains to the training response,^[5] and the runner's age and training history, should also be considered.

Impact forces between the runner and the running surface increase in relation to running speed,^[152] and training at relatively high running speeds could therefore expose the runner to a greater risk of musculoskeletal injury. However, it could be theorised that the addition of high-intensity training to a training programme may result in no increased risk, or even reduce the risk, of injury by allowing a reduction in training volume. A review by Hreljac^[152] highlighted that the methodological limitations of existing studies do not allow the identification of any relationship between training intensity and injury risk in runners. Regardless, we recommend that the volume of high-intensity interval running is increased gradually to allow the musculoskeletal system time to adapt, while at the same time monitoring for signs of adverse training responses (e.g. musculoskeletal pain after a training session). Runners with a relatively short training history may have an increased susceptibility to injury,^[153] and these runners should be especially cautious if increasing the volume of high-intensity training. Injured runners should probably temporarily avoid high-intensity training.[154]

6. Conclusion

Effective training methods to enhance the $\dot{V}O_{2max}$ of well trained distance runners have not been clearly defined since its conception in 1923.^[7] Physiological responses to increasing exercise intensity indicate that training at or near $\dot{V}O_{2max}$ may be the optimal stimulus to enhance the $\dot{V}O_{2max}$ of well trained distance runners. The physiological rationale for this premise, however, was based on studies that mostly investigated the physiological responses to incremental exercise. Further research is therefore required to identify the stress that is imposed on the physiological determinants of $\dot{V}O_{2max}$ during interval training protocols designed to elicit very high percentages of $\dot{V}O_{2max}$.

Well trained distance runners have been reported to reach a plateau in VO_{2max} enhancement;^[24-28] however, several studies^[35,38,40,41] have demonstrated that the VO_{2max} of well trained runners can be enhanced when training protocols known to elicit 95-100% VO_{2max} are included in their training programmes. This suggests that training at or near VO_{2max} may be effective or even necessary for well trained distance runners to enhance VO_{2max}. Thus far, however, there have been no well controlled training studies that support this premise. The efficacy of optimised protocols for enhancing VO_{2max} need to be established with well controlled studies in which they are compared with protocols involving other training intensities typically used by distance runners to enhance VO_{2max}. Clearly, large gaps exist in our current knowledge of the most effective training intensities to enhance VO2max, and recommendations made in this article are based on this limited knowledge and therefore should not be regarded as definitive.

The VO_{2max} is one of many physiological determinants of distance running performance, and the most effective training protocols for the enhancement of all other determinants also need to be characterised. Synergistic and interference effects between optimised training protocols designed to target specific physiological performance determinants and the influence of individuality then need to be established before sports scientists can make recommendations to runners and running coaches, with a high level of confidence, on components of an effective training programme.

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References

- Pollock ML. The quantification of endurance training programs. Exerc Sport Sci Rev 1973; 1: 155-88
- Hawley JA. State of the art training guidelines for endurance performance. S Afr J Sports Med 1995; 2: 7-12
- Hawley JA, Myburgh KH, Noakes TD, et al. Training techniques to improve fatigue resistance and endurance performance. J Sports Sci 1997; 15: 325-33

- Tabata I, Irisawa K, Kouzaki M, et al. Metabolic profile of high intensity intermittent exercises. Med Sci Sports Exerc 1997; 29: 390-5
- Keul J, König D, Huonker M, et al. Adaptation to training in elite athletes. Res Q Exerc Sport 1996; 67 (3 Suppl.): 29-36
- Rupert JL. The search for genotypes that underlie human performance phenotypes. Comp Biochem Physiol A Mol Integr Physiol 2003; 136: 191-203
- Hill AV, Lupton H. Muscular exercise, lactic acid, and the supply and utilization of oxygen. Q J Med 1923; 16: 135-71
- Brandon LJ. Physiological factors associated with middle distance running performance. Sports Med 1995; 19: 268-77
- Foster C. VO_{2max} and training indices as determinants of competitive running performance. J Sports Sci 1983; 1: 13-22
- Pollock ML, Jackson AS, Pate RR. Discriminant analysis of physiological differences between good and élite distance runners. Res Q Exerc Sport 1980; 51: 521-32
- Jung AP. The impact of resistance training on distance running performance. Sports Med 2003; 33: 539-52
- Fox EL, Bartels RL, Billings CE, et al. Intensity and distance of interval training and changes in aerobic power. Med Sci Sports 1973; 5: 18-22
- Shephard RJ. Intensity, duration and frequency of exercise as determinants of the response to a training regime. Int Z Angew Physiol 1968; 26: 272-8
- Wenger HA, Bell GJ. The interactions of intensity, frequency and duration of exercise training in altering cardiorespiratory fitness. Sports Med 1986; 3: 346-56
- Grant S, Craig I, Wilson J, et al. The relationship between 3 km running performance and selected physiological variables. J Sports Sci 1997; 15: 403-10
- Conley DL, Krahenbuhl GS. Running economy and distance running performance of highly trained athletes. Med Sci Sports Exerc 1980; 12: 357-60
- Sinnett AM, Berg K, Latin RW, et al. The relationship between field tests of anaerobic power and 10-km run performance. J Strength Cond Res 2001; 15: 405-12
- Coyle EF. Integration of the physiological factors determining endurance performance ability. Exerc Sport Sci Rev 1995; 23: 25-63
- Joyner MJ. Modeling: optimal marathon performance on the basis of physiological factors. J Appl Physiol 1991; 70: 683-7
- Billat VL. Interval training for performance: a scientific and empirical practice – special recommendations for middle- and long-distance running. Part II: anaerobic interval training. Sports Med 2001; 31: 75-90
- Lacour JR, Padilla-Magunacelaya S, Barthélémy JC, et al. The energetics of middle-distance running. Eur J Appl Physiol 1990; 60: 38-43
- Sjödin B, Svedenhag J. Applied physiology of marathon running. Sports Med 1985; 2: 83-99
- Hopkins WG. Measures of reliability in sports medicine and science. Sports Med 2000; 30: 1-15
- Ekblom B. Effect of physical training on oxygen transport system in man. Acta Physiol Scand Suppl 1969; 328: 1-45
- Berg K, Latin RW, Hendricks T. Physiological and physical performance changes in female runners during one year of training. Sports Med Training Rehab 1995; 5: 311-9
- Daniels J. Running with Jim Ryan: a five year case study. Phys Sportsmed 1974; 2: 63-7
- Jones AM. A five year physiological case study of an Olympic runner. Br J Sports Med 1998; 32: 39-43

- Martin EE, Vroon DH, May DF, et al. Physiological changes in élite male distance runners training. Phys Sports Med 1986; 14: 152-71
- Laursen PB, Jenkins DJ. The scientific basis of high-intensity interval training: optimising training programmes and maximising performance in highly trained athletes. Sports Med 2002; 32: 53-73
- Basset FA, Chouinard R, Boulay MR. Training profile counts for time-to-exhaustion performance. Can J Appl Physiol 2003; 28: 654-66
- Billat V, Renoux JC, Pinoteau J, et al. Reproducibility of running time to exhaustion at VO_{2max} in subelite runners. Med Sci Sports Exerc 1994; 26: 254-7
- Robinson DM, Robinson SM, Hume PA, et al. Training intensity of élite male distance runners. Med Sci Sports Exerc 1991; 23: 1078-82
- Hewson DJ, Hopkins WG. Prescribed and self-reported seasonal training of distance runners. J Sports Sci 1995; 13: 463-70
- Billat V, Demarle A, Slawinski J, et al. Physical and training characteristics of top-class marathon runners. Med Sci Sports Exerc 2001; 33: 2089-97
- Billat V, Demarle A, Paiva M, et al. Effect of training on the physiological factors of performance in élite marathon runners. Int J Sports Med 2002; 23: 336-41
- Boileau RA, Mayhew JL, Riner WF, et al. Physiological characteristics of elite middle and long distance runners. Can J Appl Sport Sci 1982; 7: 167-72
- Billat V, Flechet B, Petit B, et al. Interval training at VO_{2max}: effects on aerobic performance and overtraining markers. Med Sci Sports Exerc 1999; 31: 156-63
- Mikesell KA, Dudley GA. Influence of intense endurance training on aerobic power of competitive distance runners. Med Sci Sports Exerc 1984; 16: 371-5
- Laffite LP, Mille-Hamard L, Koralstein JP, et al. The effect of interval training on oxygen pulse and performance in suprathreshold runs. Arch Physiol Biochem 2003; 111: 202-10
- Smith TP, McNaughton LR, Marshall KJ. Effects of 4-wk training using V_{max}/T_{max} on VO_{2max} and performance in athletes. Med Sci Sports Exerc 1999; 31: 892-6
- 41. Smith TP, Coombes JS, Geraghty DP. Optimising high-intensity treadmill training using the running speed at maximal O₂ uptake and the time for which this can be maintained. Eur J Appl Physiol 2003; 89: 337-43
- 42. Cohen J. A power primer. Psychol Bull 1992; 112: 155-9
- Acevedo EO, Goldfarb AH. Increased training intensity effects on plasma lactate, ventilatory threshold, and endurance. Med Sci Sports Exerc 1989; 21: 563-8
- Pärnat J, Viru A, Nurmekivi A. Repeated assessment of aerobic and anaerobic work capacity of runners. J Sports Med Phys Fitness 1975; 15: 13-9
- Svedenhag J, Sjödin B. Physiological characteristics of élite male runners in and off-season. Can J Appl Sport Sci 1985; 10: 127-33
- Mujika I, Padilla S. Detraining: loss of training-induced physiological and performance adaptations: Part 1. short term insufficient training stimulus. Sports Med 2000; 30: 79-87
- Conley DL, Krahenbuhl GS, Burkett LN, et al. Following Steve Scott: physiological changes accompanying training. Phys Sports Med 1984; 12: 103-6
- Rodas G, Ventura JL, Cadefau JA, et al. A short training programme for the rapid improvement of both aerobic and anaerobic metabolism. Eur J Appl Physiol 2000; 82: 480-6

- Smith DJ, Wenger HA. The 10 day aerobic min-cycle: the effects of interval training or continuous training at two different intensities. J Sports Med Phys Fitness 1981; 27: 390-4
- Branch JD, Pate RR, Bourque SP. Moderate intensity exercise training improves cardiorespiratory fitness in women. J Womens Health 2000; 9: 65-73
- Poole DC, Gaesser GA. Response of ventilatory and lactate thresholds to continuous and interval training. J Appl Physiol 1985; 58: 1115-21
- Swain DP, Franklin BA. VO2 reserve and the minimal intensity for improving cardiorespiratory fitness. Med Sci Sports Exerc 2002; 34: 152-7
- Nevill AM, Brown D, Godfrey R, et al. Modelling maximum oxygen uptake of élite endurance athletes. Med Sci Sports Exerc 2003; 35: 488-94
- Hill DW, Rowell AL. Responses to exercise at the velocity associated with VO_{2max}. Med Sci Sports Exerc 1997; 29: 113-6
- MacDougall D, Sale D. Continuous vs interval training: a review for the athlete and the coach. Can J Appl Sport Sci 1981; 6: 93-7
- Mader A. Evaluation of the endurance performance of marathon runners and theoretical analysis of test results. J Sports Med Phys Fitness 1991; 31: 1-19
- Daniels J, Scardina N. Interval training and performance. Sports Med 1984; 1: 327-34
- Vuorimaa T, Karvonen J. Recovery time in interval training for increasing aerobic capacity. Ann Sports Med 1988; 3: 215-9
- Wenger HA, McNab RBJ. Endurance training: the effects of intensity, total work, duration and initial fitness. J Sports Med Phys Fitness 1975; 15: 199-211
- Laursen PB, Shing CM, Peake JM, et al. Interval training program optimisation in highly trained endurance cyclists. Med Sci Sports Exerc 2002; 34: 1801-7
- 61. Billat V, Slawinski J, Bocquet V, et al. Intermittent runs at the velocity associated with maximal oxygen uptake enables subjects to remain at maximal oxygen uptake for a longer time than intense but submaximal runs. Eur J Appl Physiol 2000; 81: 188-96
- Demarie S, Koralsztein JP, Billat V. Time limit and time at ⁱO_{2max} during a continuous and an intermittent run. J Sports Med Phys Fitness 2000; 40: 96-102
- 63. Tardieu-Berger M, Thevenet D, Zouhal H, et al. Effects of active recovery between series on performance during an intermittent exercise model in young endurance athletes. Eur J Appl Physiol 2004; 93: 145-52
- Billat V, Blondel N, Berthoin S. Determination of the velocity associated with the longest time to exhaustion at maximal oxygen uptake. Eur J Appl Physiol 1999; 80: 159-61
- 65. Olsen R, Berg K, Latin R, et al. Comparison of two intense interval training programs on maximal oxygen uptake and running performance. J Sports Med Phys Fitness 1988; 28: 158-64
- Overend TJ, Paterson DH, Cunningham DA. The effect of interval and continuous training on the aerobic parameters. Can J Sports Sci 1992; 17: 129-34
- Eddy DO, Sparks KL, Adelizi DA. The effects of continuous and interval training in women and men. Eur J Appl Physiol 1977; 37: 83-92
- Bhambhani Y, Singh M. The effects of three training intensities on VO_{2max} and V_E/VO₂ ratio. Can J Appl Sports Sci 1985; 10: 44-51

- Gorostiaga EM, Walter CB, Foster C, et al. Uniqueness of interval and continuous training at the same maintained exercise intensity. Eur J Appl Physiol 1991; 63: 101-7
- Gaesser GA, Poole DC. The slow component of oxygen uptake kinetics in humans. Exerc Sport Sci Rev 1996; 24: 35-70
- Christensen EH, Hedman R, Saltin B. Intermittent and continuous running: a further contribution to the physiology of intermittent work. Acta Physiol Scand 1960; 50: 269-86
- 72. Yamabe H, Itho K, Yasaka Y, et al. Clinical application of cardiac output during ramp exercise calculated using the Fick equation: comparison with the 2-stage bicycle ergometer exercise protocol in the supine position. Jpn Circ J 1997; 61: 488-94
- Noakes TD. Challenging beliefs: ex Africa semper aliquid novi. Med Sci Sports Exerc 1997; 29: 571-90
- Wagner PD. Central and peripheral aspects of oxygen transport and adaptations with exercise. Sports Med 1991; 11: 133-42
- Mitchell JH, Sproule BJ, Chapman CB. The physiological meaning of the maximal oxygen uptake test. J Clin Invest 1958; 37: 538-47
- Saltin B, Rowell LB. Functional adaptations to physical activity and inactivity. Fed Proc 1980; 39: 1506-13
- Bassett D, Howley ET. Maximal oxygen uptake: 'classical' versus 'contemporary' viewpoints. Med Sci Sports Exerc 1997; 29: 591-603
- Bassett D, Howley ET. Limiting factors for maximum oxygen uptake and determinants of endurance performance. Med Sci Sports Exerc 2000; 32: 70-84
- Bergh U, Ekblom B, Åstrand PO. Maximal oxygen uptake 'classical' versus 'contemporary' viewpoints. Med Sci Sports Exerc 2000; 32: 85-8
- Noakes TD. Maximal oxygen uptake: 'classical' versus 'contemporary' viewpoints: a rebuttal. Med Sci Sports Exerc 1998; 30: 1381-98
- Saltin B, Blomqvist G, Mitchell JH, et al. Response to exercise after bed rest and after training: a longitudinal study of adaptive changes in oxygen transport and body composition. Circulation 1968; 38 Suppl. 7: 1-78
- Clausen JP. Effect of physical training on cardiovascular adjustments to exercise in man. Physiol Rev 1977; 57: 779-815
- Cooper G. Basic determinants of myocardial hypertrophy: a review of molecular mechanisms. Annu Rev Med 1997; 48: 13-23
- Åstrand PO, Cuddy TE, Saltin B, et al. Cardiac output during submaximal and maximal work. J Appl Physiol 1964; 19: 268-74
- Plotnick GD, Becker LC, Fisher M, et al. Use of the Frank-Starling mechanism during submaximal versus maximal upright exercise. Am J Physiol 1986; 251: H1101-5
- Spina RJ, Ogawa T, Martin WH, et al. Exercise training prevents decline in stroke volume during exercise in young healthy subjects. J Appl Physiol 1992; 72: 2458-62
- Gledhill N, Cox D, Jamnik R. Endurance athletes' stroke volume does not plateau: major advantage is diastolic function. Med Sci Sports Exerc 1994; 26: 1116-21
- Warburton DER, Gledhill N, Jamnick VK, et al. Induced hypervolemia, cardiac function, VO_{2max}, and performance of élite cyclists. Med Sci Sports Exerc 1999; 31: 800-8
- Zhou B, Conlee RK, Jensen R, et al. Stroke volume does not plateau during graded exercise in élite male distance runners. Med Sci Sports Exerc 2001; 33: 1849-54

- Fleg JL, Schulman SP, O'Connor FC, et al. Cardiovascular responses to exhaustive upright cycle exercise in highly trained older men. J Appl Physiol 1994; 77: 1500-6
- Karjalainen J, Mäntysaari M, Viitasalo M, et al. Left ventricular mass, and filling in endurance athletes: association with exercise blood pressure. J Appl Physiol 1997; 82: 531-7
- George KP, Wolfe LA, Burggraf GW. The 'athletic heart syndrome:' a critical review. Sports Med 1991; 11: 300-11
- Hartley LH, Mason JW, Hogan RP, et al. Multiple hormonal responses to graded exercise in relation to physical training. J Appl Physiol 1972; 33: 602-6
- 94. Kotchen TA, Hartley LH, Rice TW, et al. Renin, norepinephrine, and epinephrine responses to graded exercise. J Appl Physiol 1971; 31: 178-84
- Warburton DER, Haykowsky MJ, Quinney HA, et al. Blood volume expansion and cardiorespiratory function: effects of training modality. Med Sci Sports Exerc 2004; 36: 991-1000
- Sawka MN, Convertino VA, Eichner E, et al. Blood volume: importance and adaptations to exercise training, environmental stresses, and trauma/sickness. Med Sci Sports Exerc 2000; 32: 332-48
- Convertino VA, Brock PJ, Keil LC, et al. Exercise traininginduced hypervolemia: role of plasma albumin, rennin, and vasopressin. J Appl Physiol 1980; 48: 665-9
- Oscai LB, Williams BT, Hertig BA. Effect of exercise on blood volume. J Appl Physiol 1968; 24: 622-4
- Hopper MK, Coggan AR, Coyle EF. Exercise stroke volume relative to plasma-volume expansion. J Appl Physiol 1988; 64: 404-8
- Anderson P, Henriksson J. Capillary supply of the quadriceps femoris muscle of man: adaptive response to exercise. J Physiol 1977; 270: 677-90
- Ingjer F. Effects of endurance training on muscle fibre ATP-ase activity, capillary supply and mitochondrial content in man. J Physiol 1979; 294: 419-32
- Hudlicka O, Brown M, Eggington S, et al. Angiogenesis in skeletal and cardiac muscle. Physiol Rev 1992; 72: 369-417
- Wittenberg JB, Wittenberg BA. Myoglobin function reassessed. J Exp Biol 2003; 206: 2011-20
- Harms SJ, Hickson RC. Skeletal muscle mitochondria and myoglobin, endurance, and intensity of training. J Appl Physiol 1983; 54: 798-802
- Hickson RC. Skeletal muscle cytochrome c and myoglobin, endurance, and frequency of training. J Appl Physiol 1981; 51: 746-9
- Hickson RC, Rosenkoetter MA. Separate turnover of cytochrome c and myoglobin in the red types of skeletal muscle. Am J Physiol 1981; 241: C140-4
- Lawrie RA. Effect of enforced exercise on myoglobin concentration in muscle. Nature 1953; 171: 1069-70
- Pattengale PK, Holloszy JO. Augmentation of skeletal muscle myoglobin by a program of treadmill running. Am J Physiol 1967; 213: 783-5
- 109. Masuda K, Okazaki K, Kuno S, et al. Endurance training under 2500-m hypoxia does not increase myoglobin content in human skeletal muscle. Eur J Appl Physiol 2001; 85: 486-90
- Svedenhag J, Henriksson J, Sylvén C. Dissociation of training effects on skeletal muscle mitochondrial enzymes and myoglobin in man. Acta Physiol Scand 1983; 117: 213-8
- Terrados N, Jansson E, Sylvén C, et al. Is hypoxia a stimulus for synthesis of oxidative enzymes and myoglobin? J Appl Physiol 1990; 68: 2369-72

- Terrados N, Melichna J, Sylvén C, et al. Decrease in skeletal muscle myoglobin with intensive training in man. Acta Physiol Scand 1986; 128: 651-2
- Vogt M, Puntschart A, Geiser J, et al. Molecular adaptations in human skeletal muscle to endurance training under simulated hypoxic conditions. J Appl Physiol 2001; 91: 173-82
- Bedford TG, Tipton CM, Wilson NC, et al. Maximum oxygen consumption of rats and its changes with various experimental procedures. J Appl Physiol 1979; 47: 1278-83
- Gleeson TT, Baldwin KM. Cardiovascular response to treadmill exercise in untrained rats. J Appl Physiol 1981; 50: 1206-11
- Mole PA, Chung Y, Tran TK, et al. Myoglobin desaturation with exercise intensity in human gastrocnemius muscle. Am J Physiol 1999; 277: R173-80
- 117. Jansson E, Sylvén C, Nordevang E. Myoglobin in the quadriceps femoris muscle of competitive cyclists and untrained men. Acta Physiol Scand 1982; 114: 627-9
- Holloszy JO, Booth FW. Biochemical adaptations to endurance exercise in muscle. Annu Rev Physiol 1976; 38: 273-91
- 119. Richardson RS. What governs skeletal muscle $\dot{V}O_{2max}$? New evidence. Med Sci Sports Exerc 2000; 32: 100-7
- 120. Thayer R, Collins J, Noble EG, et al. A decade of endurance training: histological evidence for fibre type transformation. J Sports Med Phys Fitness 2000; 40: 284-9
- Henneman E, Olson CB. Relations between structure and function in the design of skeletal muscles. J Neurophysiol 1965; 28: 581-98
- 122. Gollnick PD, Piehl K, Saltin B. Selective glycogen depletion pattern in human muscle fibres after exercise of varying intensity and at varying pedalling rates. J Physiol 1974; 241: 45-57
- Gledhill N, Warburton D, Jamnik V. Haemoglobin, blood volume, cardiac function, and aerobic power. Can J Appl Physiol 1999; 24: 54-65
- Ekblom B, Goldbarg AN, Gullbring B. Response to exercise after blood loss and reinfusion. J Appl Physiol 1972; 33: 175-80
- Ekblom B, Wilson G, Åstrand PO. Central circulation during exercise after venesection and reinfusion of red blood cells. J Appl Physiol 1976; 40: 379-83
- Longhurst JC, Kelly AR, Gonyea WJ, et al. Echocardiographic left ventricular masses in distance runners and weight lifters. J Appl Physiol 1980; 48: 154-62
- 127. Pelliccia A, Maron BJ, Spataro A, et al. The upper limit of physiological cardiac hypertrophy in highly trained élite athletes. N Engl J Med 1991; 324: 295-301
- 128. Vinereanu D, Florescu N, Sculthorpe N, et al. Left ventricular long-axis diastolic function is augmented in the hearts of endurance-trained compared with strength-trained athletes. Clin Sci 2002; 103: 249-57
- 129. Rerych SK, Scholz PM, Sabiston DC, et al. Effects of exercise training on left ventricular function in normal subjects: a longitudinal study by radionuclide angiography. Am J Cardiol 1980; 45: 244-52
- 130. Convertino VA, Mack GW, Nadel ER. Elevated central venous pressure: a consequence of exercise training-induced hypervolemia? Am J Physiol 1991; 260: 273-7
- 131. Hagberg JM, Goldberg AP, Lakatta L, et al. Expanded blood volumes contribute to the increased cardiovascular performance of endurance-trained older men. J Appl Physiol 1998; 85: 484-9
- 132. Krip B, Gledhill N, Jamnick V, et al. Effect of alterations in blood volume on cardiac function during maximal exercise. Med Sci Sports Exerc 1997; 29: 1469-76

- McAllister RM. Adaptation in control of blood flow with training: splanchnic and renal blood flows. Med Sci Sports Exerc 1998; 30: 375-81
- Zhu H, Jackson T, Bunn HF. Detecting and responding to hypoxia. Nephrol Dial Transplant 2002; 17 Suppl. 1: 3-7
- Wade CE, Claybaugh JR. Plasma renin activity, vasopressin concentration, and urinary excretory responses to exercise in man. J Appl Physiol 1980; 49: 930-6
- Ekblom B, Åstrand PO, Saltin B. Effect of training on circulatory response to exercise. J Appl Physiol 1968; 24: 518-28
- Blomqvist CG, Saltin B. Cardiovascular adaptations to physical training. Annu Rev Physiol 1983; 45: 169-89
- Mier CM, Domenick MA, Turner NS, et al. Changes in stroke volume and maximal aerobic capacity with increased blood volume in men and women. J Appl Physiol 1996; 80: 1180-6
- Atomi Y, Miyashita M. Effect of training intensity in adult females on aerobic power, related to lean body mass. Eur J Appl Physiol 1980; 44: 109-16
- Dolgener FA, Brooks WB. The effects of interval and continuous training on VO_{2max} and performance in the mile run. J Sports Med Phys Fitness 1978; 18: 345-52
- 141. Moffatt RJ, Stamford BA, Weltman A, et al. Effects of highintensity aerobic training on maximal oxygen uptake capacity and field test performance. J Sports Med Phys Fitness 1977; 17: 351-9
- Smith DJ. A framework for understanding the training process leading to élite performance. Sports Med 2003; 33: 1103-26
- Rusko HK. Development of aerobic power in relation to age and training in cross-country skiers. Med Sci Sports Exerc 1992; 24: 1040-7
- 144. Hopkins WG, Hawley JA, Burke LM. Design and analysis of research on sport performance enhancement. Med Sci Sports Exerc 1999; 31: 472-85
- 145. McKenzie DC. Markers of excessive exercise. Can J Appl Physiol 1999; 24: 66-73
- 146. Nieman DC. Exercise effects on systemic immunity. Immunol Cell Biol 2000; 78: 496-501
- Verkhoshansky Y. Main features of a modern scientific sports training theory. N Stud Athletics 1998; 13: 9-20
- Mujika I, Padilla S. Scientific bases for precompetition tapering strategies. Med Sci Sports Exerc 2003; 35: 1182-7
- 149. Hickson RC, Foster C, Pollock ML, et al. Reduced training intensities and loss of aerobic power, endurance, and cardiac growth. J Appl Physiol 1985; 58: 492-9
- Weber CL, Schneider DA. Increases in maximal accumulated oxygen deficit after high-intensity interval training are not gender dependent. J Appl Physiol 2002; 92: 1795-801
- 151. Londeree B. Effect of training on lactate/ventilatory thresholds: a meta-analysis. Med Sci Sports Exerc 1997; 29: 837-43
- Hreljac A. Impact and overuse injuries in runners. Med Sci Sports Exerc 2004; 36: 845-9
- Taunton JE, Ryan MB, Clement DB, et al. A retrospective casecontrol analysis of 2002 running injuries. Br J Sports Med 2002; 36: 95-101
- Hreljac A, Marshall RN, Hume PA. Evaluation of lower extremity overuse injury potential in runners. Med Sci Sports Exerc 2000; 32: 1635-41

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