Today – May 2nd



- Intro Pick-up page of notes; warmups out; 7th laptops & headphones out
- Advanced Warm-ups out
- Reminders n' Stuff:
 - How was opening night?
 - Bring laptop/tablets for tomorrow's Employability Skills Reflection #27
 - Job Shadow needs?

Today – May 2nd

Introduction to Sports Medicine

- Warm-Up: Metabolic Pathway Players
- Whoops! I made an error...
- Digestive System & Nutrition Exam scheduled for Tues./Weds.
- Another correction to make on pg. 63...
- Lecture: Sports Nutrition

Advanced Sports Medicine

- Warm-Up: ROM to Cardio Review
- Lecture: Finish Maintaining Cardiovascular Fitness; begin Functional Progression & Testing

Warm-Up (No notes, no blanks)

Intro

Construct a diagram or flow chart reflecting the sequence of metabolic events and their products. Include the following:

- KREB Cycle
- Glucose
- NADH
- Acetyl-CoA
- ETS
- Glycolysis
- Pyruvate
- FADH₂
- ATP

Advanced

- 1. List three things the clinician should monitor the pt. for as they perform a strength training exercise.
- 2. Why is *circuit/interval training* considered aerobic despite its use of high intensity activity?
- 3. List the *progression of strength exercise types.*
- 4. Name the two *non-contractile tissues* discussed relating to mm mechanics.
- 5. If a clinician had limited access to resistance equipment, how could they make a strength exercise more challenging for the patient?

Warm-Up Key

Intro

See next slide.

- KREB Cycle
- Glucose
- NADH
- Acetyl-CoA
- ETS
- Glycolysis
- Pyruvate
- FADH₂
- ATP

Advanced

- Monitor: "Cheating", jt's lined up with axis of machine, reps are slow & controlled,...
- 2. Why considered aerobic? The net gain of repeatedly going from a high HR to a low HR stresses the heart, allowing for improved SV/CO & O₂ is able to reach the working mm.
- 3. Strength progress.: Isometric, closed-chain, open-chain & functional
- 4. Non-contractile tissues: Collagen & elastin
- 5. Less equip.: Increase distance of resistance from the jt, slow eccentric contractions...

