



Original Article

Effect of respiratory warm-up on anaerobic power

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Abstract. [Purpose] The aim of the present study was to examine the effects of respiratory muscle warm-up on anaerobic power. [Subjects and Methods] Thirty male field hockey players (age, 20.5 ± 2.0 years) each participated in a control (C_{AN}) trial and an experimental (E_{AN}) trial. The E_{AN} trial involved respiratory muscle warm-up, while the C_{AN} trial did not. Anaerobic power was measured using the Wingate protocol. Paired sample t-tests were used to compare the E_{AN} and C_{AN} trials. [Results] There were significant increases in peak power and relative peak power, and decreases in the time to peak after the E_{AN} trial by 8.9%, 9.6%, and 28.8% respectively. [Conclusion] Respiratory muscle warm-up may positively affect anaerobic power due to faster attainment of peak power.

Key words: Anaerobic power, Warm-up, Respiratory

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INTRODUCTION

The general warm-up has a potentially positive effect on short-term performance¹. This may be because of reduction in joint stiffness², increased neurotransmission³, and differences in the relationship between power and acceleration⁴. In addition, disruption of stable links between actin and myosin after warm-up may decrease muscle stiffness and affect short-term performance⁵. In-depth investigation of the effects of a general warm-up on respiratory muscle activity has recently been performed, and the therapeutic and beneficial effects were noted by the researchers⁶. Accordingly, we hypothesized that respiratory muscle warm-up may positively affect anaerobic power, and investigated this hypothesis in the present study.

SUBJECTS AND METHODS

This was a randomized crossover study. The subjects visited the laboratory three times. During the first visit, they were familiarized with the maximal inspiratory pressure (MIP), Wingate anaerobic tests, and respiratory warm-up. During their second and third visits, a Wingate anaerobic power test with general warm-up as the control trial (C_{AN}) and a Wingate anaerobic power test with general and respiratory warm-up as the experimental trial (E_{AN}), were randomly performed. The trials were applied at the same time each day (between 16:00 and 20:00 h). Exercise and high-intensity physical activity were not allowed before the trials. A total of 30 field hockey players (age, 20.5 ± 2.0 years; height, 179.3 ± 6.9 cm; weight, 73.7 ± 12.7 kg) voluntarily participated in the present study. Informed consent was obtained from all participants in the study. Approval was obtained from Ondokuz Mayıs University Clinical Research Ethical Committee (OMÜ KAİK 2014/635). For the general warm-up, low-intensity aerobic running for 10 min and dynamic stretching for 5 min were performed by the subjects. For respiratory warm-up, an inspiratory muscle training device (POWER[®]Breathe Classic, IMT Technologies Ltd., Birmingham, UK) was used. Two sets of 30 inspirations were performed at an intensity of 40% of MIP with a 2-min rest be-

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tween each set⁷). MIP was measured with a respiratory pressure meter⁸) (MicroRPM, CareFusion Micro Medical, Kent, UK). Anaerobic power testing was performed with a cycle ergometer (894E Peak Bike, Monark Exercise AB, Vansbro, Sweden).

The Wingate test procedure⁹) and peak power value were recorded. Data analysis was performed using a statistical program (SPSS for Windows, version 16.0, 2008, SPSS Inc., Chicago, IL, USA). Data were presented as mean and standard deviation. Significance was accepted for values of $p < 0.05$. Paired sample t-tests were used for comparison of the C_{AN} and E_{AN} trials.

RESULTS

Significant changes in peak power ($C_{AN}=767.0 \pm 162.9$ W, $E_{AN}=835.1 \pm 175.1$ W, percent difference=8.9%), relative peak power ($C_{AN}=10.4 \pm 1.4$ W/kg, $E_{AN}=11.4 \pm 2.0$ W/kg, percent difference=9.6%), and time to peak ($C_{AN}=3.9 \pm 1.7$ s, $E_{AN}=2.8 \pm 1.4$ s, percent difference=-28.8%) were observed between the C_{AN} and E_{AN} trials.

DISCUSSION

Previous studies showed that general warm-up may positively affect anaerobic power and performance¹⁻⁵). However, respiratory warm-up may affect short-term performance in a different way. In particular, when considered as part of an anaerobic energy system, respiratory warm-up may not have an impact at a physiologic level. An increase may occur with rising core temperature induced by respiratory warm-up. Previous research examined the effects of respiratory warm-up on 100-m swimming performance in 15 subjects. After respiratory warm-up, faster performance was observed with statistical significance¹⁰). Volianitis et al., investigated respiratory warm-up and rowing performance in seven male and seven female rowers, and found higher power output during a rowing test after respiratory warm-up⁷). Cheng et al. studied intermittent sprint performance, and showed that respiratory warm-up resulted in higher power output values than a general warm-up¹¹). In conclusion, anaerobic power (peak power) significantly improved after respiratory warm-up, and peaked faster. Respiratory warm-up may positively affect anaerobic power. This effect may be the result of an increase in core temperature¹²).

REFERENCES

- 1) Bishop D: Warm up II: performance changes following active warm up and how to structure the warm up. *Sports Med*, 2003, 33: 483–498. [[Medline](#)] [[CrossRef](#)]
- 2) Wright V, Johns RJ: Quantitative and qualitative analysis of joint stiffness in normal subjects and in patients with connective tissue diseases. *Ann Rheum Dis*, 1961, 20: 36–46. [[Medline](#)] [[CrossRef](#)]
- 3) Karvonen J, Lemon PW: *Medicine in sports training and coaching*. Basel: Karger Pub, 1992, pp 190–213.
- 4) Ranatunga KW, Sharpe B, Turnbull B: Contractions of a human skeletal muscle at different temperatures. *J Physiol*, 1987, 390: 383–395. [[Medline](#)] [[CrossRef](#)]
- 5) Proske U, Morgan DL, Gregory JE: Thixotropy in skeletal muscle and in muscle spindles: a review. *Prog Neurobiol*, 1993, 41: 705–721. [[Medline](#)] [[CrossRef](#)]
- 6) Jung JH, Kim NS: The effect of progressive high-intensity inspiratory muscle training and fixed high-intensity inspiratory muscle training on the asymmetry of diaphragm thickness in stroke patients. *J Phys Ther Sci*, 2015, 27: 3267–3269. [[Medline](#)] [[CrossRef](#)]
- 7) Volianitis S, McConnell AK, Koutedakis Y, et al.: Specific respiratory warm-up improves rowing performance and exertional dyspnea. *Med Sci Sports Exerc*, 2001, 33: 1189–1193. [[Medline](#)] [[CrossRef](#)]
- 8) Tsubaki A, Deguchi S, Yoneda Y: Influence of posture on respiratory function and respiratory muscle strength in normal subjects. *J Phys Ther Sci*, 2009, 21: 71–74. [[CrossRef](#)]
- 9) Cengiz A: Effects of self-selected dehydration and meaningful rehydration on anaerobic power and heart rate recovery of elite wrestlers. *J Phys Ther Sci*, 2015, 27: 1441–1444. [[Medline](#)] [[CrossRef](#)]
- 10) Wilson EE, McKeever TM, Lobb C, et al.: Respiratory muscle specific warm-up and elite swimming performance. *Br J Sports Med*, 2014, 48: 789–791. [[Medline](#)] [[CrossRef](#)]
- 11) Cheng CF, Tong TK, Kuo YC, et al.: Inspiratory muscle warm-up attenuates muscle deoxygenation during cycling exercise in women athletes. *Respir Physiol Neurobiol*, 2013, 186: 296–302. [[Medline](#)] [[CrossRef](#)]
- 12) Özdal M: Acute effects of inspiratory muscle warm-up on pulmonary function in healthy subjects. *Respir Physiol Neurobiol*, 2016, 227: 23–26.