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# **What is Fatigue in Elite Sport: An attempt at an explanation**

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# Overview

- Definition of athlete fatigue
- Genesis of fatigue
- Physiological foundations of fatigue
  - Endurance sports
  - Team (game) sports
  - Precision sports
  - Explosive / strength sports
- Preventing fatigue

# Athlete 'Fatigue'

Athlete fatigue is a **psychobiological state**

# Fatigue

Fatigue is complex. It is caused by physical stress & psychological stress.

It has central and peripheral origins.

# Fatigue

## Fatigue:

Complex mechanism involving both **physiological** and **psychological** factors.

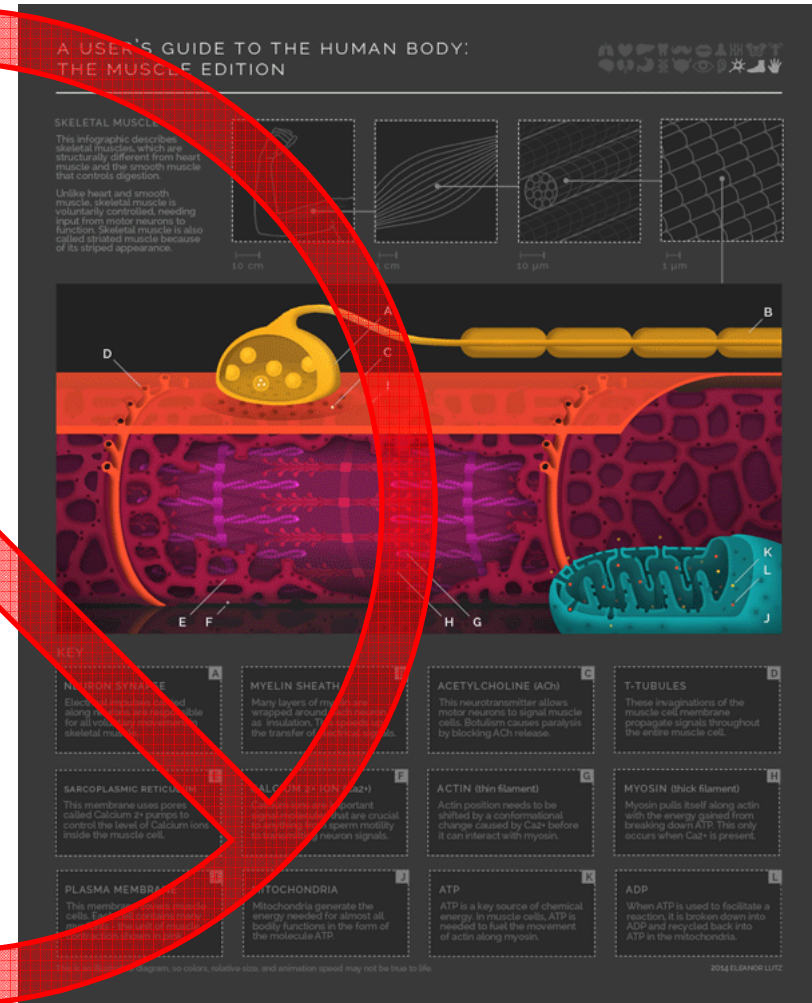


Impaired performance  
[Knicker et al., 2011]

# Fatigue: Limits of Physical Performance?

## What limits endurance performance?

- Reduced ability to generate the required force.
- Factors that interfere with muscular contraction.
  - Acidosis [ $H^+$ ]
  - Glycogen depletion
  - Limited blood/oxygen delivery
  - High core temperature
  - etc....



# Physiological Genesis of Fatigue

Central vs. Peripheral

1. Activation of primary motor cortex

2. CNS drive to motor-neurons

3. Motor units that are activated

4. Neuromuscular propagation

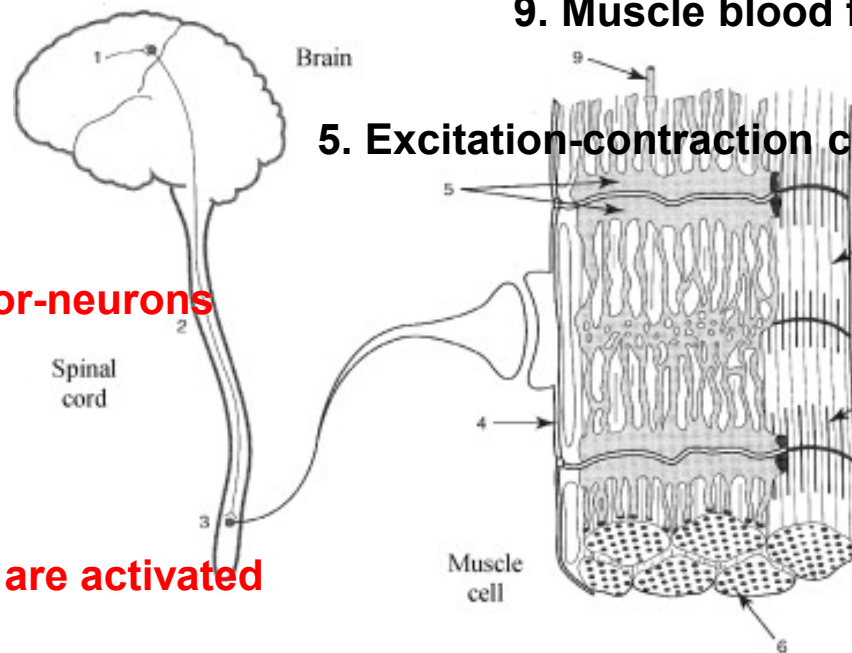
9. Muscle blood flow

5. Excitation-contraction coupling

7. Intracellular milieu

8. Contractile apparatus

6. Availability of metabolic substrates



# Neuromuscular 'Fatigue'

- **Neuromuscular fatigue** can be defined as any exercise-induced decrease in a muscle's ability to develop force or power
- Muscle fatigue can be a result of vigorous exercise but abnormal fatigue may be caused by barriers to or interference with the different stages of muscle contraction.
- There are two main causes:
  - the limitations of a nerve's ability to generate a sustained signal (**neural fatigue**); and,
  - the reduced ability of the muscle fibre to contract (**metabolic fatigue**).

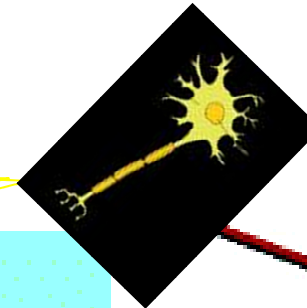
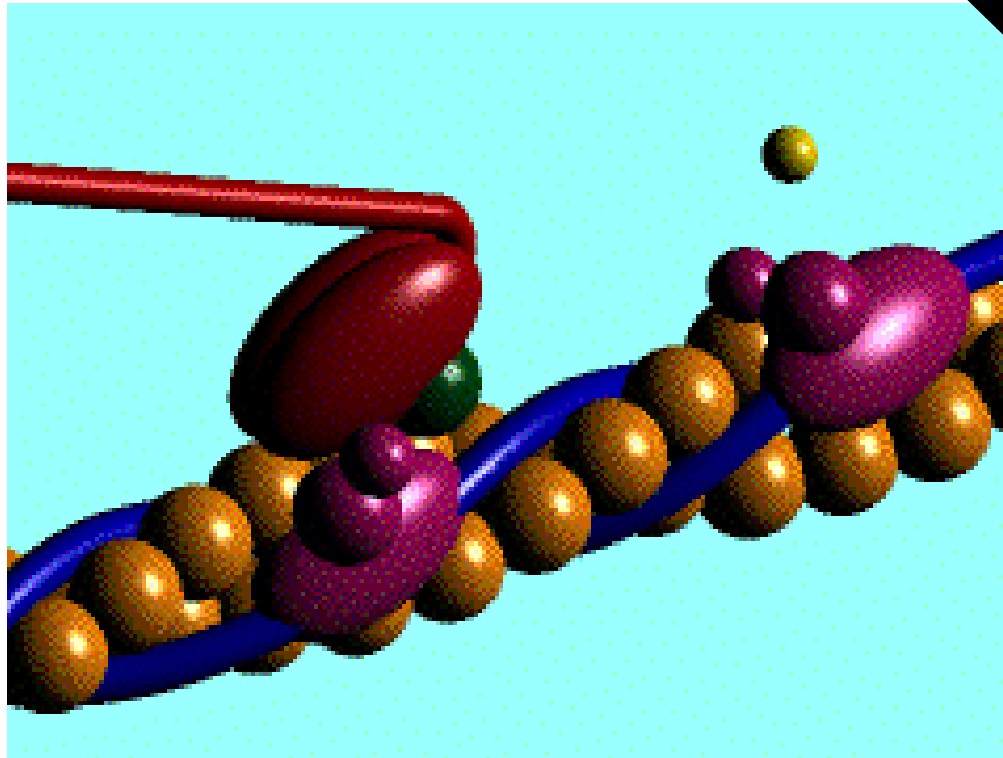


# Metabolic 'Fatigue'

- **Metabolic fatigue:** the reduction in contractile force due to the direct or indirect effects of two main factors:
  - **Inadequate fuel supply** (substrates) within the muscle fibre
  - **Accumulation of metabolites** within the muscle fibre, which interfere either with the release of calcium ( $\text{Ca}^{++}$ ) or with the ability of calcium to stimulate muscle contraction.

# Metabolic 'Fatigue'

Sarcoplasmic Reticulum



Myosin complex

with  
ATPase  
activation

Actin Helix

Tropomyosin

ATP

$\text{Ca}^{2+}$

$\text{P}_i$

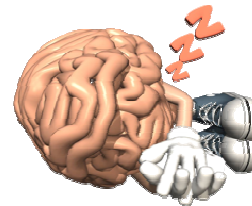
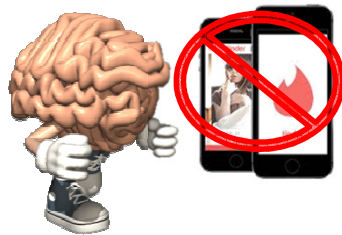
Troponin

ADP

ATPase

# Mental ‘Fatigue’

- Fatigue induced by prolonged and demanding **cognitive activity** and other psychological stressors (high psychological load)
- Poor sleep and “jet lag” and/or “travel fatigue” often included in this construct of mental fatigue
- Not to be confused with central fatigue, which is the exercise-induced reduction in CNS capacity to recruit muscles



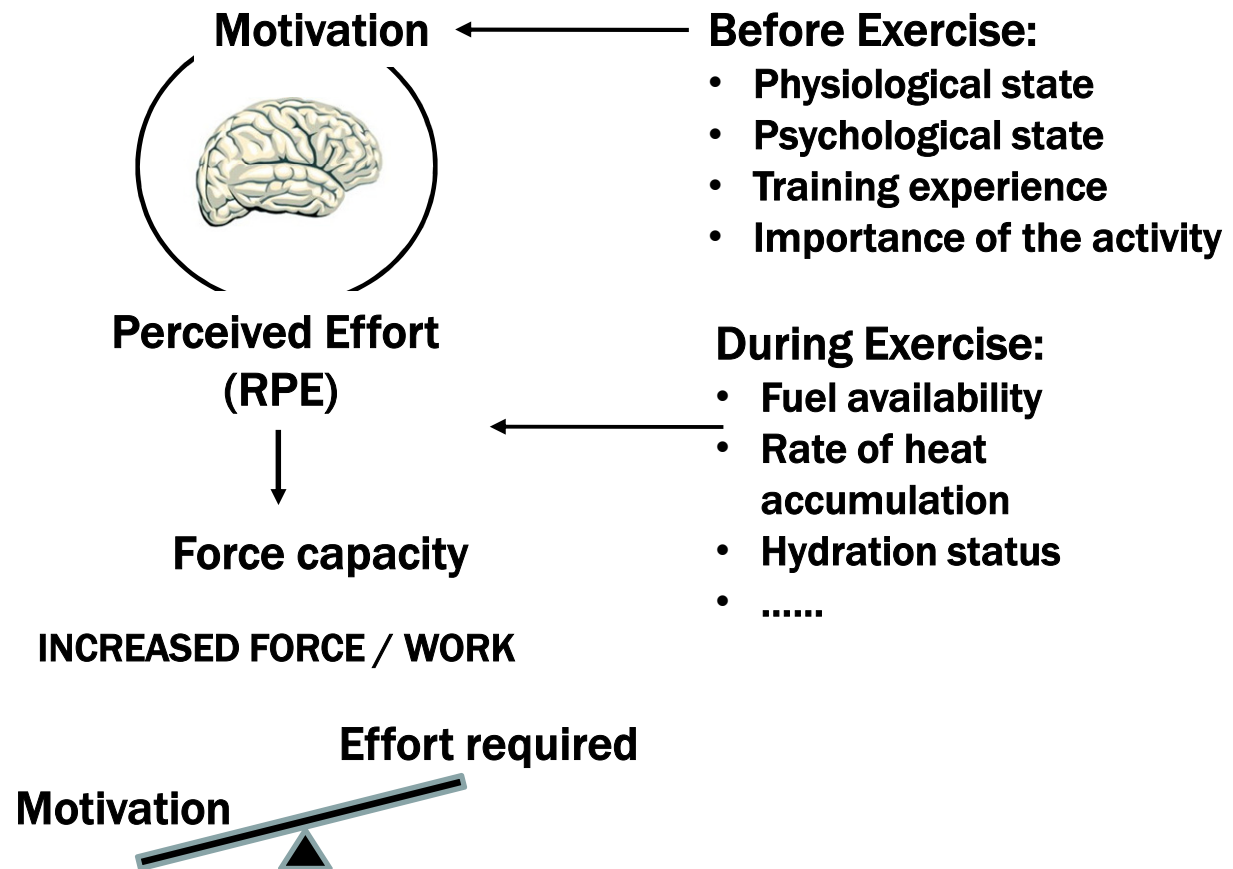
# Common Sources of Fatigue in Sports



Fatigue Source	Endurance Sports	Team Sports	Explosive/Strength Sports	Precision Sports
Dehydration	✓ ✓	✓ ✓	✓	✓
Metabolic	✓ ✓	✓ ✓	✓	
Neuromuscular	✓	✓ ✓	✓ ✓	
Mental	✓	✓	✓	✓ ✓

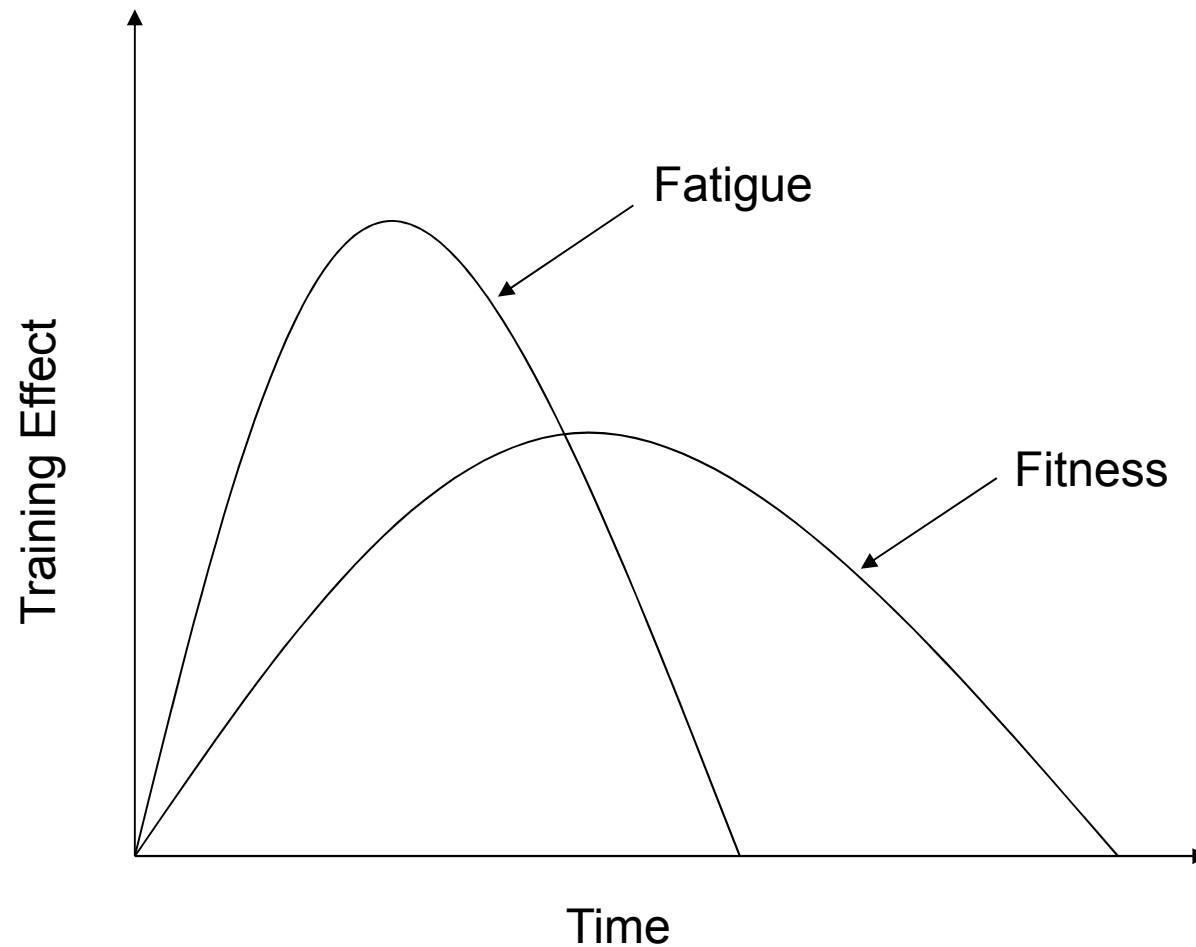
# Primary Contributing Factors to the Onset of Fatigue

**FATIGUE:** The process leading to reduced capacity to produce maximal force or do physical work.

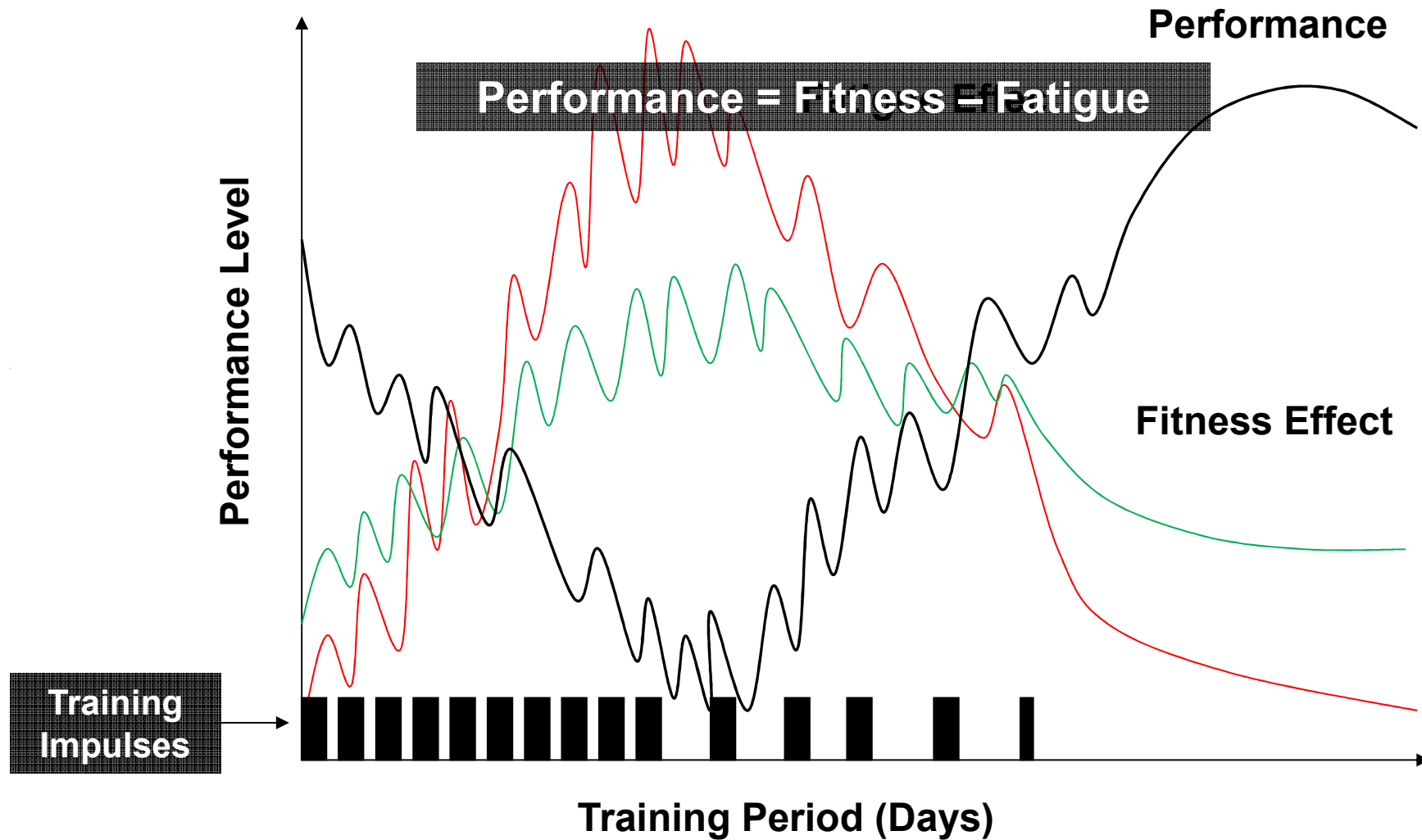


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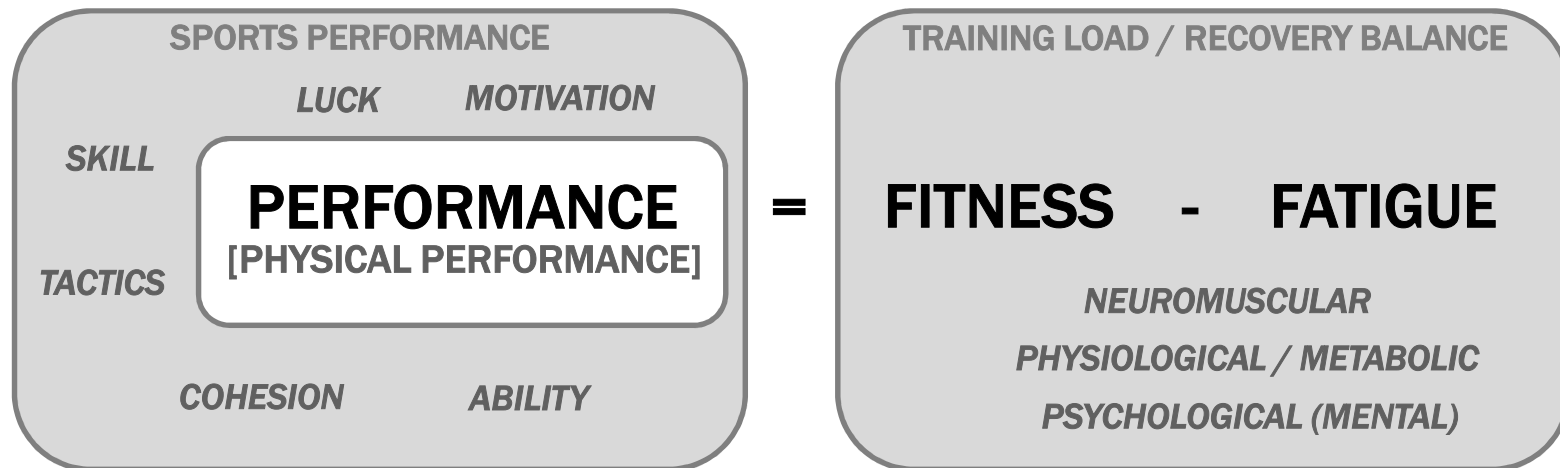
# Fatigue: The Training Response



# Modelling Training Responses

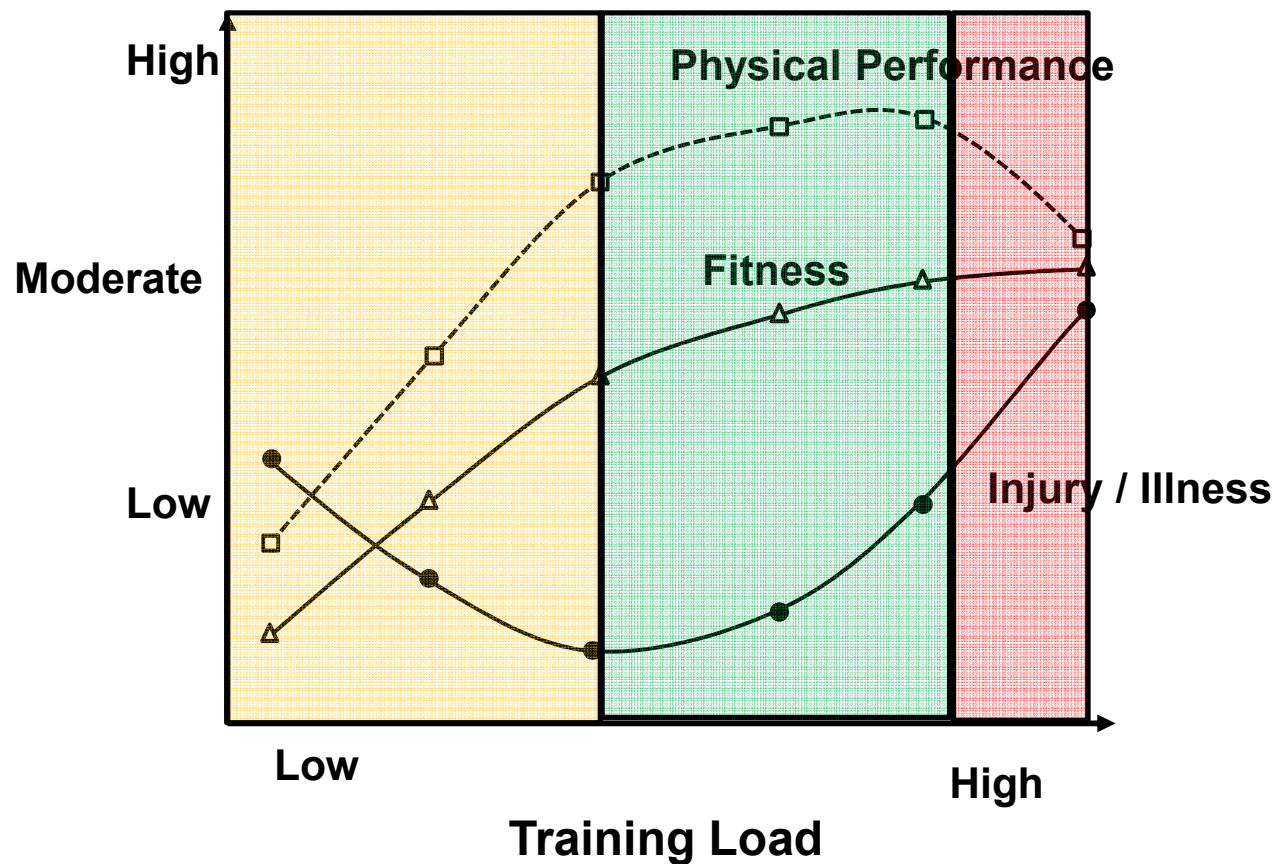


# Factors Affecting Performance in Sports





# The Influence of Training Load



# Continuum of Training Fatigue



Continued intensive training

Increasing state of fatigue

Increasing severity of symptoms

Single training  
session

Overreaching

Overtraining Syndrome



# THE DIFFERENT STAGES OF FATIGUE



# Overreaching

## FUNCTIONAL

- An accumulation of training and non-training stress resulting in a **short-term decrement** in performance capacity, with or without related physiological and psychological symptoms, which occurs during or after training in which restoration of performance capacity may take from **several days to several weeks**.

(Meeusen et al., 2011 MSSE)

## NON-FUNCTIONAL

# Overtraining

- An accumulation of training and non-training stress resulting in a **long-term decrement** in performance capacity with or without related physiological and psychological signs and symptoms of overtraining in which restoration of performance capacity may take from **several weeks, months or years**.

(Meeusen et al., 2011 MSSE)

The only reliable criteria for  
diagnosing overtraining is  
decreased performance

# The Prevalence of Overtraining (*verb*)

- ~10-21% of acyclic sports (Raglin & Wilson, 2000)
- ~37% of young national level Swedish athletes (Kentta et al., 2001)
- 70% of endurance athletes during career (Morgan et al., 1987)
- 30-50% national level soccer players (Lehmann et al., 1992)
- 1/3 of Professional football team during a season (Naessens et al., 2000)
- Reports of 34-91% chance of reoccurrence in college swimmers (Raglin, 1993)

# Foundations of Overtraining

- Numerous causes of training maladaptation:
  - Central and/or Peripheral Fatigue
  - Neuroendocrine dysfunction
  - Autonomic imbalance
  - Catabolic / Anabolic Imbalance
  - Carbohydrate Deficit
  - Immune suppression
  - ....



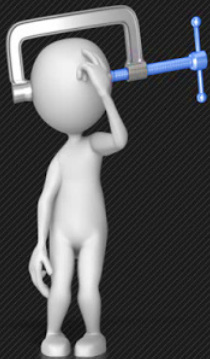
# Typical symptoms of overreaching in endurance trained athletes



Reduced performance and high perceived fatigue



Decreased heart rate values at all exercise intensities, including at exhaustion



Altered cognitive performance above lactate threshold

Increased rate of perceived exertion at submaximal intensities



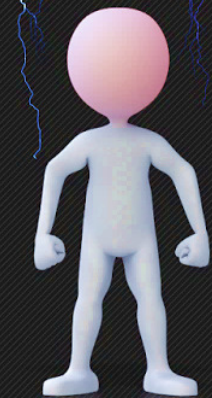
Reduced blood lactate concentration at both submaximal & maximal intensities



Higher prevalence of infections

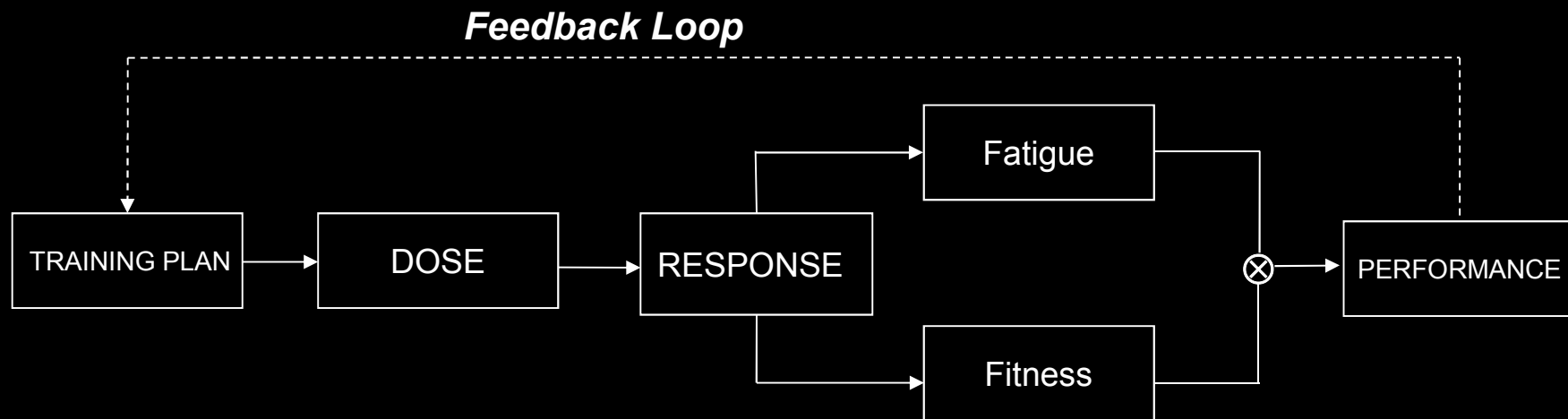


Disturbed sleep quality



Disturbed mood

# Model for Monitoring Training



# Monitoring Tools

## Monitoring Tools:

- Heart Rate
  - Resting
  - $\uparrow/\downarrow$  Response to standardised workload (Fatigue context)
  - $\downarrow$   $HR_{\max}$
  - $\downarrow$   $HR_{\text{recovery}}$
  - $\downarrow$  Heart rate variability (HRV)
- Monitor perception of fatigue/wellness
  - POMS, DALDA, Wellbeing
- Blood analytes are too expensive, variable and invasive to measure for most athletes
- Control the process of training to avoid maladaptive training

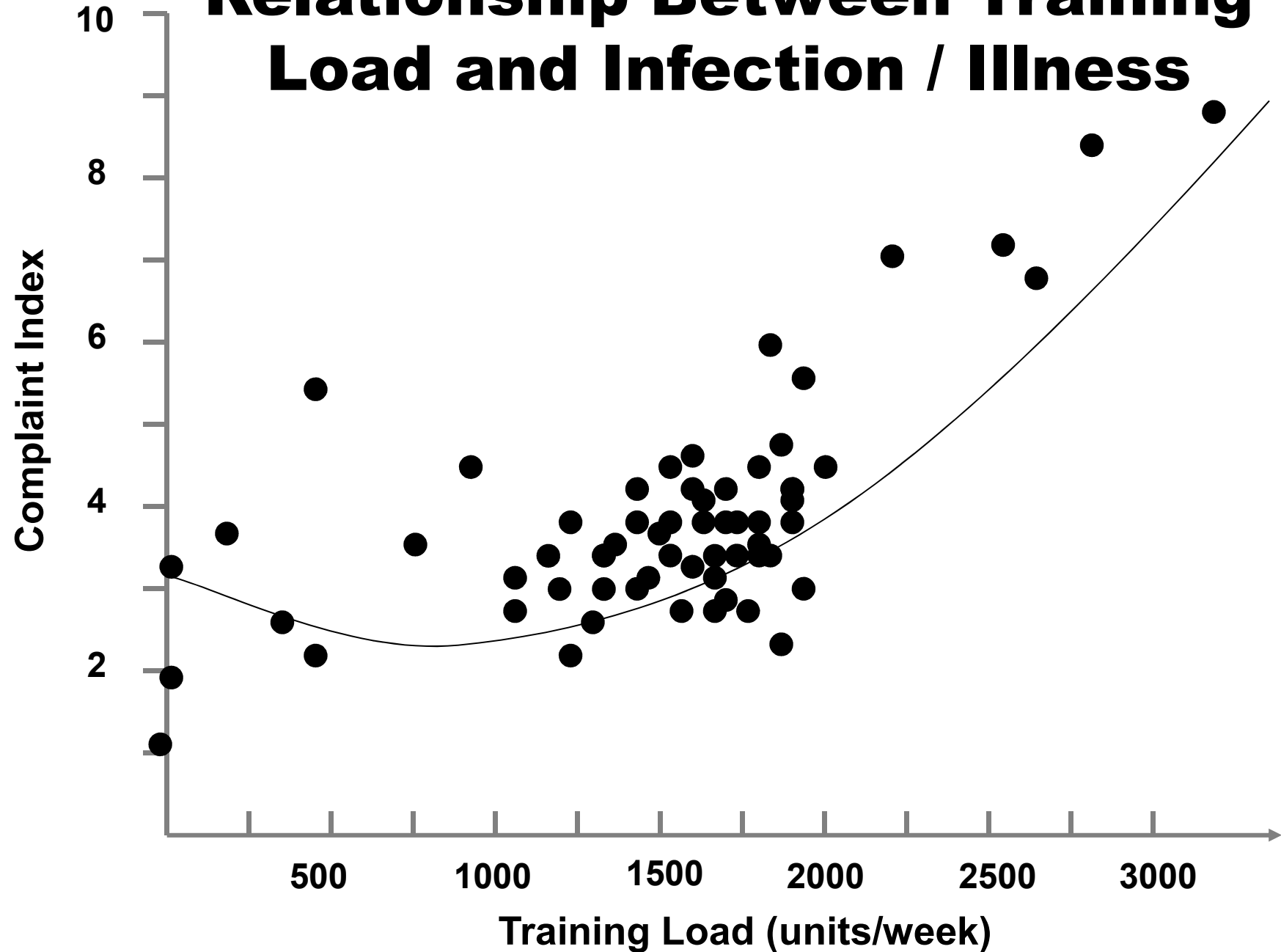
# Muscle Damage Response

- Elevation in muscle proteins
  - LDH, CK, myoglobin, myosin heavy chain fragments
- Muscle damage activates immune system
- WBC increase to repair damaged fibres
- Stress hormone cortisol can suppress [WBC]
- This may prevent damage to muscles by the immune system
- However, may also increase risk of infection

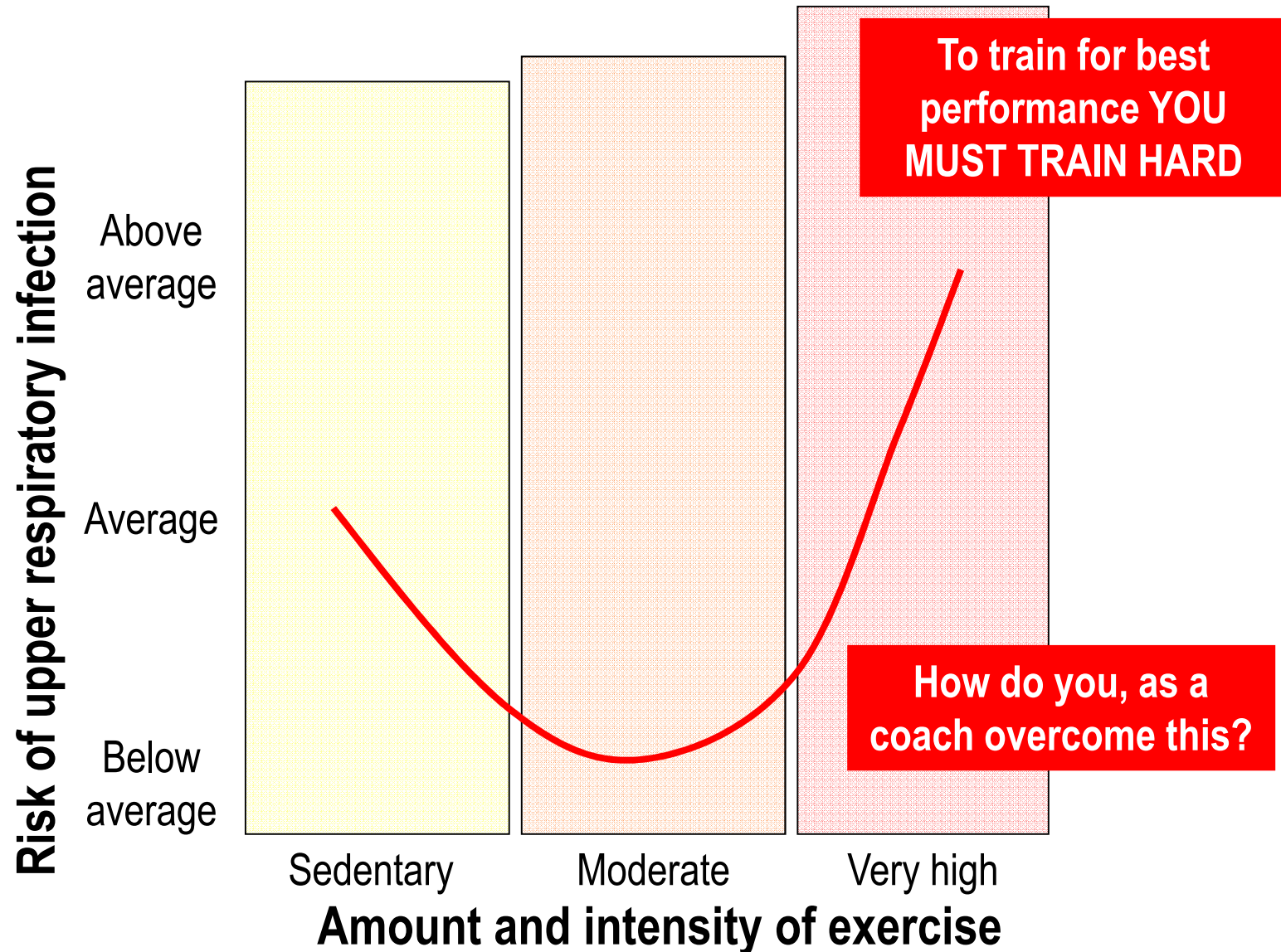
# Muscle Damage-Illness Response

- Muscle damage decreases [muscle carbohydrate]
- Decreased glucose uptake into exercising muscle from the blood
- Increase in stiffness & soreness (*decreased performance*)
- Continual low [muscle glycogen] combined with heavy training and poor diet will lead to ↓ [plasma glutamine]
- Decreased immunity
- Increased risk of illness

# Relationship Between Training Load and Infection / Illness



# Training Volume & Risk Of Infection



# Treatment of Overtraining

- Prevention the key: plan and control the training dose
- Periodisation [gradual, variety, sensible, plan!]
- Match diets to loads
- Plan and periodise recovery activities
- Athletes need to 'listen to their bodies'
- Avoid rapid, increasing in training volume and intensity



# Summary

- Fatigue is complex: it is a psychobiological phenomena
- Its development depends on the athletes, the environment and training.
- Fatigue is necessary for performance adaptation
- Understand signs and symptoms of acute and chronic fatigue
- Recognise the cause of fatigue for various sports



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# Thank you



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