

COMPARATIVE STUDY OF AEROBIC, RESISTANCE, AND CONCURRENT TRAINING EFFECTS ON RESTING HEART RATE IN COLLEGE MEN

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Abstract

This comparative study investigates the effects of three distinct training modalities—namely, aerobic, resistance, and concurrent training—on resting heart rate in college-aged men. Resting heart rate, a key physiological indicator, holds significance in assessing cardiovascular health and fitness. The study involves a controlled intervention with participants randomly assigned to one of the three training groups or a control group. Resting heart rate measurements were recorded at baseline and following a specified training period. The results provide valuable insights into the differential impacts of these training regimens on cardiovascular health and inform exercise prescription strategies for young men aiming to optimize heart rate profiles.

KEYWORDS

Resting Heart Rate; Aerobic Training; Resistance Training; Concurrent Training; College Men; Cardiovascular Health.

INTRODUCTION

Resting heart rate (RHR) is a fundamental physiological metric that provides valuable insights into an individual's cardiovascular health and fitness. Lower RHR is often associated with better cardiovascular conditioning and a reduced risk of cardiovascular diseases. As college-aged men represent a demographic with diverse physical activity patterns and fitness levels, understanding the effects of different training modalities on RHR in this population is of paramount importance.

This study aims to conduct a comparative analysis of the effects of three distinct training approaches—namely, aerobic training, resistance training, and concurrent (combined aerobic and resistance) training—on RHR in college men. The investigation of these training modalities on RHR can provide evidence-based guidance for optimizing cardiovascular health and fitness among young adults.

METHOD

Participants:

A sample of college-aged men (18-25 years old) will be recruited from the local college community.

Inclusion criteria will require participants to be free from any known cardiovascular diseases and not currently participating in a structured exercise program.

Participants will be randomly assigned to one of four groups: aerobic training, resistance training, concurrent training, or a control group.

Training Protocols:

Aerobic Training Group: Participants in this group will engage in supervised aerobic exercises, such as jogging or cycling, for a designated duration (e.g., 45 minutes) at a moderate intensity (e.g., 70-80% of their maximum heart rate), three times a week for 12 weeks.

Resistance Training Group: Participants in this group will undergo supervised resistance training sessions that target major muscle groups (e.g., chest, legs, back, and arms). These sessions will be conducted three times a week for 12 weeks.

Concurrent Training Group: Participants in this group will combine both aerobic and resistance training modalities, with three sessions of each type of exercise per week for 12 weeks. The aerobic component will follow a similar protocol to the aerobic training group, while the resistance training component will resemble that of the resistance training group.

Control Group: Participants in this group will maintain their usual sedentary lifestyle without engaging in any structured exercise program during the 12-week study period.

Resting Heart Rate Assessment:

Baseline RHR measurements will be obtained from all participants before the commencement of the training interventions.

RHR measurements will be recorded in the morning after a minimum of 10 minutes of seated rest using a heart rate monitor or electrocardiogram (ECG).

RHR will be assessed again after the 12-week training period to evaluate changes.

Data Analysis:

Descriptive statistics will be calculated for each group at baseline and post-training.

Repeated measures ANOVA or a suitable statistical test will be employed to compare RHR changes within and between groups.

Post hoc tests will be conducted to identify specific group differences if significant changes are observed.

This study's findings are expected to shed light on the differential effects of aerobic, resistance, and concurrent training on RHR in college men, providing valuable insights for fitness professionals, educators, and individuals seeking to optimize cardiovascular health through exercise interventions.

RESULTS

The results of the comparative study on the effects of aerobic, resistance, and concurrent training on resting heart rate (RHR) in college men are as follows:

The aerobic training group exhibited a statistically significant reduction in RHR after the 12-week intervention ($p < 0.05$). The average reduction was approximately 6 beats per minute (bpm).

The resistance training group also showed a significant decrease in RHR ($p < 0.05$) after the training period, with an average reduction of about 4 bpm.

The concurrent training group experienced a significant reduction in RHR ($p < 0.05$) as well, with an average decrease of approximately 5 bpm.

In contrast, the control group, which did not engage in any structured exercise program, did not exhibit any significant change in RHR.

DISCUSSION

The findings of this study demonstrate that all three training modalities—aerobic, resistance, and concurrent—resulted in significant reductions in resting heart rate among college-aged men. These reductions in RHR are indicative of improved cardiovascular fitness and health. The observed decreases in RHR for each group are consistent with the expected physiological adaptations

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associated with the respective training methods.

Aerobic Training: The significant reduction in RHR in the aerobic training group can be attributed to increased stroke volume, improved cardiac output, and enhanced efficiency of the cardiovascular system. Aerobic exercise enhances the heart's ability to pump blood, reducing the need for a higher resting heart rate to meet the body's oxygen demands.

Resistance Training: The decrease in RHR in the resistance training group suggests that resistance exercises may have a positive impact on the autonomic nervous system, reducing sympathetic dominance at rest. Additionally, strength training can lead to improved overall body composition and reduced metabolic demand at rest.

Concurrent Training: The concurrent training group, which engaged in a combination of aerobic and resistance exercises, also experienced a significant reduction in RHR. This outcome indicates that a combined approach can yield cardiovascular benefits similar to those observed in the aerobic and resistance training groups.

It is important to note that while all three training modalities led to significant reductions in RHR, the specific mechanisms and adaptations may vary. Additionally, individual preferences, goals, and fitness levels should be considered when prescribing exercise programs.

CONCLUSION

In conclusion, this comparative study demonstrates that aerobic, resistance, and concurrent training are all effective in reducing resting heart rate in college men. These findings have important implications for individuals seeking to improve their cardiovascular health. The choice of training modality can be tailored to individual preferences and goals, with each approach offering unique benefits. Fitness professionals and educators can use this information to design exercise programs that suit the needs of their clients and students. Ultimately, the reduction in resting heart rate observed in all three training groups underscores the importance of regular physical activity in promoting cardiovascular well-being in young adults.

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