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Relation	





High-intensity cycling re-warm up within a very short time-frame increases the subsequent intermittent sprint performance

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Manuscripts

1 **High-intensity cycling re-warm up within a very short time-frame increases the** 2 **subsequent intermittent sprint performance**

3 This study investigated the effect of high-intensity cycling re-warm up
4 (RW) within a very short time-frame on the subsequent intermittent sprint
5 performance. Twelve active males completed three trials in random order:
6 control (CON); 3-min RW at 30% of maximal oxygen uptake (VO_{2max})
7 (RW30); and 1-min RW at 90% of VO_{2max} (RW90). During the
8 experimental trials, participants performed 40 min of intermittent cycling
9 exercise followed by 15 min of rest. During the rest period, participants
10 completed CON, RW30, or RW90. After the rest period, participants
11 performed the Cycling Intermittent-Sprint Protocol (CISP), which
12 consisted of 10 seconds of rest, 5 seconds of maximal sprint, and 105
13 seconds of active recovery with the cycles repeated over 10 min. The
14 mean work during sprint for the CISP was significantly higher in both RW
15 trials than in the CON trial (mean \pm standard deviation; CON: 3539 ± 698
16 J; RW30: 3724 ± 720 J; RW90: 3739 ± 736 J; $p < 0.05$). The mean
17 electromyogram amplitude during the sprint for the CISP was higher in the
18 RW30 trial than in the CON trial; however, there was no significant
19 difference between the two trials ($p = 0.06$). The mean median frequency
20 during sprint for the CISP was significantly higher in the RW90 trial than
21 in the CON and RW30 trials ($p < 0.05$). Rectal temperature did not differ
22 between trials. Oxygenated haemoglobin during the initial 30 s of the
23 CISP was significantly higher in the RW90 trial than in the CON trial ($p <$
24 0.05). Compared with seated rest, RW, irrespective of whether it
25 comprised 1 min at 90% of VO_{2max} or 3 min at 30% of VO_{2max} , increased
26 the subsequent intermittent sprint performance.

27 **Keywords:** intermittent team sport; cycling sprint; muscle activation; body
28 temperature; gas analysis; muscle oxygenation

29 **Introduction**

30 The ability to perform high-intensity exercise is important for intermittent sports players.

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2
3 31 However, this ability decreases after half-time during intermittent team sports, including
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5 32 football and rugby (Bradley et al., 2009; Lovell, Barrett, Portas, & Weston, 2013). The
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7 33 distance covered while running at high-speed during a football match was reduced by
8
9 34 8.4% during the initial part of the second half compared with the initial part of the first
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11 35 half (Weston et al., 2011). Furthermore, the sprint performance was reduced by 2.4% at
12
13 36 the onset of the second half compared with at the onset of the first half (Mohr, Krustup,
14
15 37 Nybo, Nielsen, & Bangsbo, 2004). These reductions resulted from the passive recovery
16
17 38 during half-time and have been associated with physiological changes, including loss of
18
19 39 muscle (T_m) and core temperatures (T_c), decrement of muscle activation and reduction
20
21 40 of oxygen availability in the muscle (Russell, West, Harper, Cook, & Kilduff, 2015;
22
23 41 Silva, Neiva, Marques, Izquierdo, & Marinho, 2018; Yanaoka, Hamada, et al., 2018).

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29 42 The efficacy of a re-warm up (RW) at half-time has been recently reviewed
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31 43 (Hammami, Zois, Slimani, Russel, & Bouhlel, 2018; Russell et al., 2015; Silva et al.,
32
33 44 2018). RW is important to avoid a decrease in the ability to perform sprinting, jumping
34
35 45 and endurance exercise because it helps to maintain or increase T_m , T_c , muscle
36
37 46 activation and oxygen availability in muscle (Russell et al., 2015; Silva et al., 2018;
38
39 47 Yanaoka, Hamada, et al., 2018; Yanaoka, Kashiwabara, et al., 2018). Although recent
40
41 48 reviews have recommended RW at moderate-intensity for 5 to 7 min to avoid reductions
42
43 49 in exercise performance immediately after a rest period (Hammami et al., 2018; Russell
44
45 50 et al., 2015; Silva et al., 2018), the RW protocol may not be suitable for competitions
46
47 51 because of time limits that restrict the implementation of RW in real-world settings
48
49 52 (Towson, Midgley, & Lovell, 2013). However, no studies have addressed an effective
50
51 53 RW protocol that can be performed within a very short time-frame. This issue is
52
53 54 important to address since fitness coaches and sports scientists are challenged to provide
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55 55 evidence-based recommendations for an RW protocol that could increase the
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3 56 subsequent high-intensity exercise performance during intermittent team sports.
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6 57 Increases in exercise performance after a warm-up depend on the net balance
7
8 58 between fatigue and potentiation (Bishop, 2003; Seitz & Haff, 2016). A high-intensity
9
10 59 warm-up has greater influences on body temperature, muscle activation, anaerobic
11
12 60 metabolism, aerobic metabolism and acute fatigue compared with a low-intensity warm-
13
14 61 up (Bishop, 2003; McGowan, Pyne, Thompson, & Rattray, 2015). Particularly, a high-
15
16 62 intensity warm-up may impair subsequent sprint performance due to acute fatigue
17
18 63 compared with a low-intensity warm-up when the matched for warm-up durations
19
20 64 (McGowan et al., 2015). For example, maximal sprint performance decreases after a
21
22 65 cycling warm-up at 110% of peak aerobic power compared with those at 40% and 80%
23
24 66 of peak aerobic power (Wittekind, Cooper, Elwell, Leung, & Beneke, 2012). In contrast,
25
26 67 a high-intensity warm-up may have a similar potentiation effect on exercise
27
28 68 performance compared a low-intensity warm-up when matched for total volume during
29
30 69 warm-up. A previous study has compared the effects of low-intensity, long-duration
31
32 70 warm-ups and high-intensity, short-duration warm-ups on exercise performance when
33
34 71 matched for total warm-up volume and suggested that similar positive effects on
35
36 72 exercise performance were observed for these protocols (Shima, Maeda, & Nishizono,
37
38 73 2006). However, it is not known whether RW has similar, if any, benefits in increasing
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40 74 the subsequent exercise performance.
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49 75 Therefore, the purposes of the present study were 1) to investigate the effect of
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51 76 high-intensity RW within a very short time-frame on the subsequent intermittent cycling
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53 77 sprint performance and 2) to compare the effects of high-intensity RW within a very
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55 78 short time-frame and an established lower-intensity RW with a longer duration
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57 79 (Yanaoka, Hamada, et al., 2018) on intermittent cycling sprint performance. Based on a
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3 80 previous study, the present study defined an intermittent sprint as a short-duration sprint
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5 81 interspersed with recovery periods long enough to allow nearly complete recovery of
6
7 82 sprint performance (Girard, Mendez-Villanueva, & Bishop, 2011). We hypothesized
8
9 83 that high-intensity RW within a very short time-frame and lower-intensity RW with a
10
11 84 longer duration would have similar beneficial effects on the intermittent cycling sprint
12
13 85 performance. In the present study, a 3-min RW at 30% of maximal oxygen uptake
14
15 86 (VO_{2max}) was chosen since it has been established as the lowest-volume RW that
16
17 87 increased intermittent sprint performance (Yanaoka, Hamada, et al., 2018)
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22 88 **METHODS**

23 24 25 26 89 **Materials and Methods**

27 28 29 90 *Participants*

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32 91 Twelve active males who habitually exercised for more than 2 days per week
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34 92 participated in this study. Participants were included in the study if they had no recent
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36 93 history of illness, injury, or rehabilitation during the testing schedule. The physical
37
38 94 characteristics of the participants were as follows: age, 23 ± 2 years; height, 1.71 ± 0.05
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40 95 m; body mass, 68.5 ± 8.7 kg; and VO_{2max} , 47.7 ± 6.6 mL/kg/min (mean \pm standard
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42 96 deviation [SD]). This study was approved by the Ethics Review Committee on Research
43
44 97 with Human Subjects of Waseda University (approval number: 2017-286), and all
45
46 98 participants provided written informed consent before participating in this study.
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51 99 Participants were asked to not alter their regular lifestyle habits, exercise and
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53 100 diet throughout the study. They recorded all the food and drinks consumed for 24 h
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55 101 prior to each experimental trial, and they replicated their dietary intake during
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57 102 subsequent trials to ensure that they were standardised across trials. Participants
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3 103 refrained from consuming alcohol and caffeine for 24 h prior to each experimental trial.
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5 104 Furthermore, they fasted for 3 h before each experimental trial and were only allowed to
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7
8 105 consume water during that time period.
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10 11 12 106 ***Experimental Design***

13
14 107 Participants completed three trials in randomised, counterbalanced order after one
15
16 108 practice trial to familiarise themselves with the experiment at least 3 days before the
17
18 109 first experimental trial. All trials were separated by 3 to 13 days. During the
19
20 110 experimental trials, two consecutive intermittent cycling exercises separated by a 15-
21
22 111 min rest period were performed on a cycle ergometer (Monark 894E, Monark, Varberg,
23
24 112 Sweden). Interventions during the 15-min rest period were as follows: seated rest
25
26 113 (control: CON); 3-min RW at 30% of VO_{2max} (RW30); and 1-min RW at 90% of
27
28 114 VO_{2max} (RW90). The RW30 was previously reported as the lowest work during RW
29
30 115 (Yanaoka, Hamada, et al., 2018). The mean temperature and humidity during the
31
32 116 experimental trials were $20.6 \pm 0.5^{\circ}C$ and $50.8 \pm 1.4\%$ (mean \pm SD), respectively. All
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34 117 three experimental trials were performed at the same time of day to avoid any circadian
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36 118 rhythm-related variations in the obtained results.
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43 44 45 119 ***Graded Exercise Test***

46 120 Participants initially underwent a graded exercise test to determine their VO_{2max} and
47
48 121 maximum heart rate (HR_{max}) on a cycle ergometer (Monark 894E, Monark, Varberg,
49
50 122 Sweden). The test started at 40 W, with a target cadence of 80 rpm, and increased by 40
51
52 123 W every 2 min until volitional exhaustion. A breath-by-breath gas analysis was
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54 124 performed using an automatic gas analyser (Quark CPET, COSMED, Rome, Italy).
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56 125 Linear regression for VO_2 against exercise intensity was calculated and used to predict
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3 126 the relative exercise intensity during the experimental trials (i.e., 60% and 130% of
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5 127 VO_{2max}).

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9 128 ***Exercise Protocol***

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12 129 The exercise protocol used in the present study was the same as that of a previous study
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14 130 (Yanaoka, Hamada, et al., 2018). In the experimental trials, participants performed 40
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16 131 min of intermittent cycling exercise followed by 15 min of rest and 10 min of the
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18 132 Cycling Intermittent-Sprint Protocol (CISP) on a cycle ergometer (Monark 894E,
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20 133 Monark, Varberg, Sweden) (Figure 1). First, participants rested on a chair for 5 min,
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22 134 followed by a standardised warm-up (i.e., 5 min of cycling at 95 W and 30 s of cycling
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24 135 at 120 W). Then, they performed 40 min of intermittent cycling exercise that consisted
25
26 136 of 20 repetitions that lasted 2 min each. Each 2-min period started with 15 s of passive
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28 137 rest, followed by 25 s of unloaded cycling, 10 s of cycling at 130% of VO_{2max} and 70 s
29
30 138 of cycling at 60% of VO_{2max} . After the 15-min rest period, they performed the CISP,
31
32 139 which consisted of 5 repetitions that lasted 2 min each. Each 2-min period started with
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34 140 10 s of passive rest, followed by 5 s of maximal sprint against a resistance of 7.5% of
35
36 141 body mass and 105 s of cycling at 50% of VO_{2max} . Each sprint was initiated from a
37
38 142 stationary start, with the right pedal crank at approximately 90° to the horizontal plane.
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40 143 Pedal cadence throughout the trial was 80 rpm, except during the 5-s maximal sprint.
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42 144 The CISP that was described previously was used to assess the intermittent sprint
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44 145 performance of athletes (Hayes et al., 2013).

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47 146 FIGURE 1 ABOUT HERE

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52 147 ***RW Intervention***

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56 148 During the 15-min rest period, participants rested on the cycle ergometer for 15 min
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3 149 (CON), rested on the cycle ergometer for 11 min followed by cycling at 30% of VO_{2max}
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5 150 for 3 min (RW30), or rested on the cycle ergometer for 13 min followed by cycling at
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7 151 90% of VO_{2max} for 1 min (RW90). The intensity of the RW90 was chosen to equalise
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9 152 the exercise volume (i.e., energy expenditure), which is estimated using oxygen uptake
10
11 153 values and exercise duration according to the formula of the American College of
12
13 154 Sports Medicine (American College of Sports Medicine, 2010) during RW, with the
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15 155 RW30. Each RW trial was completed 1 min prior to the commencement of the CISP.
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21 156 ***Measurements***

22 23 24 157 *Sprint performance*

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26 158 Power during 5 s of sprinting of the CISP was calculated using a Monark Anaerobic
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28 159 Test software (Monark, Varberg, Sweden), which accounted for both the load on the
29
30 160 flywheel and crank kinematics. Work was defined as the mean power multiplied by the
31
32 161 duration of the sprint (i.e., 5 s). High reliability of the work during sprints for the CISP
33
34 162 has been previously reported (i.e., intra-class correlation = 0.9) (Hayes et al., 2013).
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40 163 *Surface electromyogram*

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42 164 An electromyogram (EMG) of the muscle bellies of the right vastus lateralis was
43
44 165 recorded during the 5-s sprint using a surface electrode (SX230-1000, Biometrics,
45
46 166 Newport, United Kingdom), with the ground electrode placed on the left wrist
47
48 167 (sampling frequency: 1000 Hz, band pass filter: 10–500 Hz). Electrode placement was
49
50 168 defined by 30% of the length between the patella and greater trochanter (Takagi et al.,
51
52 169 2014). To reduce impedance (< 2 k Ω), the skin was abraded and washed before
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54 170 electrode placement. The root mean square (RMS) and median frequency (MDF) as the
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56 171 mean values between the onset and the end of the burst were calculated for each sprint.
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3 172 The RMS values were normalised to the 100% maximum voluntary isometric
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5 173 contraction (MVC) value obtained from 3-s MVC against manual resistance before each
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7 174 experimental trial. The 100% MVC value was obtained from a 1-s window during the 3-
8
9 s MVC. Onset of the burst was defined by using an electric threshold of ± 0.2 mV
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11
12 175 (Racinais et al., 2007).
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16 177 *Body temperature*

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18 178 Rectal temperature (T_r) was measured using a thermistor (401J, Nikkiso-therm, Tokyo,
19
20 Japan) from a depth of 10 cm past the anal sphincter at 1-min intervals. Skin
21
22 179 temperature (T_s) was measured using a button-type data logger (Thermochron SL, KN
23
24 180 Laboratories, Osaka, Japan) at 1-min intervals, and the logger was attached to four sites
25
26 181 (i.e., chest, forearm, thigh and calf). The mean T_s was calculated as follows: $T_s = 0.3 \times$
27
28 182 (chest + forearm) + $0.2 \times$ (thigh + calf) (Ramanathan, 1964). The T_m at the thigh was
29
30 183 estimated from the T_s using the following equation: $T_m = 1.02 \times T_s$ at the thigh + 0.89
31
32 184 (de Ruiten, Jones, Sargeant, & de Haan, 1999).
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39 186 *Gas analysis*

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41 187 A breath-by-breath gas analysis was continuously performed using an automatic gas
42
43 188 analyser (Quark CPET, COSMED, Rome, Italy) during the experimental trial. The
44
45 189 analysers were calibrated before each graded exercise test with gases of known
46
47 190 concentrations (O_2 : 16%, CO_2 : 5%), and the tube flowmeter was calibrated using a 3-L
48
49 191 syringe. The mean VO_2 , carbon dioxide production (VCO_2) and respiratory exchange
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51 192 ratio (RER) were calculated.
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3 193 *Muscle oxygenation measurements*

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6 194 Two-wavelength (770 and 830 nm) light-emitting diode near-infrared spatial-resolved
7
8 195 spectroscopy (NIR_{SRS}: Hb14, ASTEM, Kanagawa, Japan) was used to measure muscle
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10 196 oxygenation of the right vastus lateralis, which was defined as 30% of the length
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12 197 between the patella and the greater trochanter above the patella at 5 Hz (Yanaoka,
13
14 198 Hamada, et al., 2018). The NIR_{SRS} probe consisted of one light source and two
15
16 199 photodiode detectors, and the optode distances were 20 and 30 mm. The NIR_{SRS}
17
18 200 technique provided continuous, non-invasive monitoring of changes in oxygenated
19
20 201 (Δ oxy-Hb), deoxygenated (Δ deoxy-Hb) and total haemoglobin (Δ total-Hb)
21
22 202 concentrations from rest before a standardised warm-up, and muscle oxygen saturation
23
24 203 (SmO_2). The Δ total-Hb and SmO_2 were calculated with the following equations: Δ total-
25
26 204 $Hb = \Delta$ oxy-Hb + Δ deoxy-Hb; $SmO_2 = \text{oxy-Hb} / \text{total-Hb}$. The NIR_{SRS} variables were
27
28 205 affected by the thickness of the fat layer (Niwayama, Lin, Shao, Kudo, & Yamamoto,
29
30 206 2000). However, the NIR_{SRS} data can be corrected by using the fat layer thickness
31
32 207 (Niwayama, Suzuki, Yamashita, & Yasuda, 2012). Therefore, the fat layer thickness at
33
34 208 the measurement site was assessed using an ultrasound device (LogiQ3, GE Healthcare,
35
36 209 Tokyo, Japan) before each trial, and the NIR_{SRS} variables were calculated using fat-
37
38 210 correction software (Hb14, ASTEM, Kanagawa, Japan). The within-subject coefficient
39
40 211 of variation for the fat layer thickness was $3.6 \pm 1.5\%$.

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48 212 *HR and the Rating of Perceived Exertion*

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50 213 HR was measured using a wireless HR monitor at 5-s intervals during the experimental
51
52 214 trials (Polar RCX3, Polar Electro, Kempele, Finland). The rating of perceived exertion
53
54 215 (RPE) was assessed before and after 40 min of cycling intermittent exercise, after the
55
56 216 rest period and after the CISP (i.e., at 0, 40, 55 and 65 min) (Borg, 1982).

217 *Statistical Analyses*

218 The sample size was estimated using G*Power 3 (Faul, Erdfelder, Lang, & Buchner,
219 2007), using the data from a previous study that investigated the warm-up effects on
220 exercise performance when the total work during a warm-up was matched (Shima et al.,
221 2006). To detect improvements in exercise performance with a power of 80% and an
222 alpha level of 5%, a sample size of ≥ 7 participants was required. Statistics were
223 computed using SPSS computer software (version 25.0, SPSS Japan Inc., Tokyo,
224 Japan). All values are shown as mean \pm SD. The Shapiro–Wilk test was used to check
225 for normality of distribution. All measurements were found to be normally distributed.
226 A repeated-measures two-factor analysis of variance was used to examine differences
227 among the three trials for all measurements. Mauchly’s test was consulted and
228 Greenhouse–Geisser correction was applied if sphericity was violated. When significant
229 interactions and trial effects were detected, post-hoc multiple comparisons were made
230 using the Bonferroni method. Statistical significance was set at $p < 0.05$. Unfortunately,
231 some data were missing; T_r data are presented for 11 participants, T_s and estimated T_m
232 data are presented for 10 participants and NIR_{SRS} data are presented for 9 participants.

233 **Results**

234 *Sprint Performance*

235 The mean work during sprint for the CISP was significantly higher in both RW trials
236 than in the CON trial (RW30: $p = 0.038$, RW90: $p = 0.021$, Figure 2a).

237 FIGURE 2 ABOUT HERE

238 *Neuromuscular Activity*

239 The mean RMS during sprint for the CISP was higher in the RW30 trial than in the

240 CON trial; however, there was no significant difference between the two trials ($p =$
241 0.056) (Figure 2b). The mean MDF during sprint for the CISP was significantly higher
242 in the RW90 trial than in the CON and RW30 trials (CON: $p = 0.014$, RW30: $p =$
243 0.040) (Figure 2c).

244 ***Body Temperature***

245 T_r did not differ among the three trials (Table 1). Mean T_s and estimated T_m at 65 min
246 was significantly higher in both RW trials than in the CON trial (T_s : RW30; $p = 0.042$,
247 RW90; $p = 0.037$, T_m : RW30; $p = 0.003$, RW90; $p = 0.013$) (Table 1).

248 TABLE 1 ABOUT HERE

249 ***Gas Analysis and Muscle Oxygenation***

250 Mean VO_2 , VCO_2 and RER during the first 40-min intermittent exercise did not differ
251 among the three trials. The mean values of VO_2 , VCO_2 and RER during the CISP are
252 provided in Figure 3. The mean VO_2 during the initial 30 s of the CISP was
253 significantly higher in both RW trials than in the CON trial (RW30: $p = 0.001$, RW90: $p =$
254 < 0.001), and it was significantly higher in the RW90 trial than in the RW30 trial ($p =$
255 0.005) (Figure 3a). The mean VCO_2 for the CISP was significantly higher in the RW30
256 trial than in the CON trial ($p = 0.02$) (Figure 3b). The mean RER for the CISP was
257 significantly higher in both RW trials than in the CON trial (RW30: $p = 0.021$, RW90: $p =$
258 0.016) (Figure 3c).

259 All NIR_{SRS} variables during the first 40-min intermittent exercise did not differ
260 among the three trials. The mean values of all NIR_{SRS} variables during the CISP are
261 provided in Figure 4. The mean $\Delta oxy-Hb$ during the initial 30 s of the CISP was
262 significantly higher in the RW90 trial than in the CON trial ($p = 0.012$) (Figure 4a). The

263 mean Δ deoxy-Hb in the initial 30 s of the CISP was higher in the RW30 trial than in the
264 CON trial; however, there was no significant difference between the two trials ($p =$
265 0.061) (Figure 4b). The mean Δ total-Hb during the initial 30 s of the CISP was higher
266 in both RW trials than in the CON trial; however, there were no significant differences
267 between the trials (RW30: $p = 0.099$, RW90: $p = 0.083$) (Figure 4c). The mean SmO_2
268 during the CISP did not differ among the three trials.

269 FIGURES 3 and 4 ABOUT HERE

270 ***HR and RPE***

271 There was a main effect of trial ($p < 0.001$) and trial \times time interaction ($p < 0.001$) for
272 the HR. The HR before the commencement of the CISP was significantly higher in both
273 RW trials than in the CON trial (CON: $46 \pm 5\%$ HR_{max} , RW30: $49 \pm 5\%$ HR_{max} , $p =$
274 0.038 , RW90: $68 \pm 4\%$ HR_{max} , $p < 0.001$), and significantly higher in the RW90 trial
275 than in the RW30 trial ($p < 0.001$). The HR during the CISP was significantly higher in
276 the RW90 trial than in the other trials (CON: $70 \pm 5\%$ HR_{max} , $p = 0.015$, RW30: $71 \pm$
277 4% HR_{max} , $p = 0.008$, RW90: $74 \pm 6\%$ HR_{max}).

278 There was a main effect of trial ($p = 0.001$) and trial \times time interaction ($p =$
279 0.007) for the RPE. The RPE at 55 min was significantly higher in the RW90 trial than
280 in the other trials (CON: 9.5 ± 2.4 arbitrary units [A.U.], $p = 0.008$, RW30: 10.4 ± 2.0
281 A.U., $p = 0.023$, RW90: 11.8 ± 2.1 A.U.).

282 **Discussion**

283 To our knowledge, the present study is the first to investigate the effect of 1-min high-
284 intensity cycling RW on the subsequent intermittent sprint performance. The main
285 findings of the present study were that 1) the RW90 trial showed that the subsequent

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3 286 cycling intermittent sprint performance was increased by 5.7% compared with the CON
4
5 287 trial and 2) the RW90 trial was as effective as the RW30 trial for increasing the cycling
6
7 288 sprint performance. Moreover, the rates of increase of the cycling intermittent sprint
8
9 289 performances were similar compared with those of RW protocols reported previously
10
11 290 (i.e., 7-min RW at 70% of HR_{max} : 4.1% [Yanaoka, Kashiwabara, et al., 2018] and 3-min
12
13 291 RW at 60% of VO_{2max} : 7.1% [Yanaoka, Hamada, et al., 2018]). Many fitness coaches
14
15 292 believed that the major limitation of the implementation of RW is lack of time (Towilson
16
17 293 et al., 2013). Therefore, the present findings may be of value for players and coaches
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19 294 who are generally busy with other ergogenic strategies during half-time.
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25 295 Exercise performance improvements after a warm-up are generally attributed to
26
27 296 increased body temperature, resulting in increases in adenosine triphosphate turnover
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29 297 and cross-bridge cycling rate, as well as improvements in muscle fibre functionality and
30
31 298 muscle fibre conduction velocity (MFCV) (McGowan et al., 2015). Furthermore, sprint
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33 299 performance after RW for 7 min was increased because of maintained or increased T_r
34
35 300 and T_m (Hammami et al., 2018; Russell et al., 2015; Silva et al., 2018). For example,
36
37 301 Mohr et al. reported that a moderate-intensity RW for 7 min maintained T_m during half-
38
39 302 time of actual soccer matches, and there was a correlation ($r = 0.6$) between the change
40
41 303 in T_m and sprint performance (Mohr et al., 2004). In the present study, both RW trials
42
43 304 showed increased estimated T_m at 65 min. This increase in the estimated T_m during the
44
45 305 CISP may contribute to the increased intermittent sprint performance because of the
46
47 306 physiological changes that occur with increasing body temperature. However, since the
48
49 307 T_m in the present study was estimated from the T_s , the T_m may be underestimated. T_s at
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51 308 the thigh might have decreased after commencement of a cycling exercise due to reflex
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53 309 vasoconstriction, and it is followed by an increase (Nakayama, Ohnuki, & Niwa, 1977).
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55 310 However, we have no direct T_m data. Therefore, T_m , which is measured directly,
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3 311 requires further study.
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6 312 Enhanced muscle activation is one of the factors for an acute increase in exercise
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8 313 performance after a warm-up or RW (McGowan et al., 2015; Yanaoka, Hamada, et al.,
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10 314 2018). For example, a previous study that used the same exercise protocol as the one
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12 315 described in the present study indicated that the 3-min low-intensity RW increased the
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14 316 subsequent intermittent cycling sprint performance and RMS during sprints (Yanaoka,
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16 317 Hamada, et al., 2018). It has been suggested that enhanced muscle activation, as
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18 318 evidenced by increased EMG activity during sprints, may be related to the acute
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20 319 increase in the intermittent cycling sprint performance after RW (Yanaoka, Hamada, et
21
22 320 al., 2018) because a previous study reported that there is a linear relationship between
23
24 321 RMS and power output during cycling (Hug & Dorel, 2009). Although there was no
25
26 322 significant difference between the two trials for the mean RMS ($p = 0.056$) (Figure 2b),
27
28 323 the mean RMS during sprinting for the CISP was higher in the RW30 trial than in the
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30 324 CON trial. Moreover, the RW90 trial increased MDF during sprints for the CISP
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32 325 compared with the CON and RW30 trials. These findings suggested that the RW90 trial
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34 326 may increase the MFCV since a previous study reported that the MDF reflected the
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36 327 MFCV (Stewart, Macaluso, & De Vito, 2003). MFCV increases after active warm-up
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38 328 via increased core and muscle temperatures or a higher recruitment of type II muscle
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40 329 fibres (Kupa, Roy, Kandarian, & De Luca, 1995; Morimoto, Umazume, & Masuda,
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42 330 1980; Sadoyama, Masuda, Miyata, & Katsuta, 1988). In the present study, both RW
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44 331 trials did not influence the T_r or estimated T_m during the rest period. Therefore, it is a
45
46 332 possible that the RW90 trial may increase the recruitment of type II muscle fibres.
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55 333 A previous study reported that high-intensity voluntary contractions lead to
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57 334 enhancement in voluntary muscular performance in subsequent exercise, which is a
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3 335 phenomenon called post-activation potentiation (PAP) (Blazevich & Babault, 2019).
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5 336 Increased intermittent cycling sprint performance after the RW90 (i.e., high-intensity
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7 337 RW) trial may be related to the PAP effect. The effect of high-intensity RW aimed at a
8
9 338 PAP effect on sprint performance was investigated, and the results suggested that a five-
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11 339 repetition maximal leg press RW could improve subsequent sprint performance (Zois,
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13 340 Bishop, Fairweather, Ball, & Aughey, 2013). The potential mechanisms underlying the
14
15 341 PAP effect are an increase in calcium (Ca^{2+}) sensitivity of the acto-myosin complex
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17 342 caused by phosphorylation of the myosin regulatory light chain and an increase in
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19 343 higher-order motor neuron recruitment (Blazevich & Babault, 2019; Sale, 2002). A
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21 344 previous study suggested that the PAP effect is greater in type II muscle fibres than in
22
23 345 type I muscle fibres since type II muscle fibres have lower basal Ca^{2+} sensitivity and
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25 346 type I muscle fibres already have higher Ca^{2+} sensitivity (Blazevich & Babault, 2019).
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27 347 Our speculation (i.e., increased recruitment of type II muscle fibres) may be consistent
28
29 348 with these mechanisms of the PAP effect. However, further investigations of the high-
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31 349 intensity RW used in the present study and the PAP effect are needed since the intensity
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33 350 of the RW90 trial was lower than that in a previous study (i.e., 90% of $\text{VO}_{2\text{max}}$ or a 5-
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35 351 repetition maximal leg press) (Zois et al., 2013).
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43 352 Another potential mechanism contributing to the increased intermittent cycling
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45 353 sprint performance after both RW trials might be an enhancement of the primary VO_2
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47 354 response after commencement of the CISP. A previous study suggested that there is a
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49 355 close relationship between the ability to maintain intermittent sprint performance and
50
51 356 faster VO_2 kinetics (Dupont, McCall, Prieur, Millet, & Berthoin, 2010). A reasonable
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53 357 hypothesis (Edholm, Krstrup, & Randers, 2015) that RW may enhance the primary
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55 358 VO_2 response to the subsequent exercise was suggested since soccer players started the
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57 359 second half with a higher HR, which is related to VO_2 responses during varying non-
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3 360 steady state exercises (Bot & Hollander, 2000), after RW. In the present study, higher
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5 361 VO_2 and HR after both RWs were observed, suggesting that the present results
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7 362 supported a previously proposed hypothesis (Edholm et al., 2015), and that an enhanced
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9 363 primary VO_2 response may contribute to increased intermittent sprint performance in
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11 364 both RW trials. Moreover, the RW90 trial increased $\Delta\text{oxy-Hb}$ during the CISP,
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13 365 suggesting that oxygen availability in muscle increased after RW. Increased oxygen
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15 366 availability in muscle may accelerate the re-synthesis of phosphocreatine, which is
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17 367 directly related to the ability to perform high-intensity exercise after sprints (Girard et
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19 368 al., 2011; Spencer, Bishop, Dawson, & Goodman, 2005). Therefore, increased oxygen
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21 369 availability in muscle may contribute to the increased intermittent cycling sprint
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23 370 performance after the RW90.
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29 371 The potential mechanism of oxygen availability in the muscle in the RW90 trial
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31 372 may increase the oxygen supply to the muscle. The $\Delta\text{oxy-Hb}$ is an indicator of the
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33 373 balance between O_2 supply and utilization (Takagi, 2016). No differences in the mean
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35 374 $\Delta\text{deoxy-Hb}$, which is an indicator of the balance between O_2 unloading in the muscle
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37 375 and blood outflow from the muscle (Takagi, 2016), were observed among the three
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39 376 trials, thus suggesting the possibility of increased O_2 supply but not decreased O_2
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41 377 utilization. Previous reviews have suggested that a warm-up increases the oxygen
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43 378 supply to the muscle via vasodilation of blood vessels and an increase in blood flow to
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45 379 the muscles during subsequent exercise (Bishop, 2003; Jones, Koppo, Burnley, & Carter,
46
47 380 2003). A previous study reported that relative changes in the oxy-Hb increased after a
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49 381 warm-up, and that this may occur due to the increased blood flow to the muscle
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51 382 (Takizawa & Ishii, 2006). Moreover, it has been suggested that a specific core RW may
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53 383 increase muscle blood flow, as evidenced by decreased mean T_s , which was possibly a
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55 384 result of cutaneous reflex vasoconstriction with exercise (Tong, Baker, Zhang, Kong, &
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3 385 Nie, 2019). The redistribution of blood flow from skin to active muscles to meet the
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5 386 augmented metabolic demand is a compensatory vasoregulation after the
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7 387 commencement of exercise (Nakayama et al., 1977). However, no studies have
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9 388 addressed the muscle and skin blood flow, measured directly following RW. Future
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11 389 research should be focused on muscle and skin blood flow.

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14 390 The present study did not observe decreased mean T_s at 55 min after both RW
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16 391 trials compared with the CON trial, which is not consistent with a previous study (Tong,
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18 392 Baker, Zhang, Kong, & Nie, 2019). This may be due to differences in the measuring
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20 393 method of T_s between the present and previous studies (Tong, Baker, Zhang, Kong, &
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22 394 Nie, 2019). Although the mean T_s was calculated from 4 sites in the present study, it
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24 395 was calculated from 12 sites (i.e., head, upper arm, forearm, finger, chest, upper back,
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26 396 lower back, anterior thigh, posterior thigh, anterior calf and posterior calf) in the
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28 397 previous study (Tong, Baker, Zhang, Kong, & Nie, 2019). The decrease in T_s after the
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30 398 commencement of exercise is greater in the extremities than in the trunk (Nakayama et
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32 399 al., 1977). Indeed, the previous study showed that the T_s at the finger most decreased
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34 400 after RW (Tong, Baker, Zhang, Kong, & Nie, 2019). Thus, because of differences in the
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36 401 assignment of regional proportions to calculate T_s between the present and previous
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38 402 studies, decrements of T_s after both RW trials may not be observed in the present study.

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45 403 Although both RW trials had similar positive influences on the subsequent
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47 404 intermittent sprint performance, the present study reported that RPE at 55 min was
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49 405 significantly higher in the RW90 trial than in the RW30 trial. According to Towlson et
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51 406 al., another situational factors perceived as a major barrier to the implementation of RW
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53 407 was interference with the psychological preparation of the players (Towlson et al.,
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55 408 2013). However, the RPE at 55 min in the RW90 trial was 11.8 ± 2.1 (i.e., between
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57 409 “light” and “somewhat hard”), suggesting that a 1-min RW at 90% of VO_{2max} may not

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3 410 be considered more difficult exercise for the active, younger individuals who
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5 411 participated in this study.
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9 412 This study had some limitations. First, there was a difference between the
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11 413 exercise mode and intensity used in the present study and that of actual intermittent
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13 414 team sports. This study used two consecutive intermittent cycling exercises. However,
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15 415 most intermittent team sports involve running, jumping and multidirectional running.
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17 416 Moreover, it was not possible to conclude whether the present results could be obtained
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19 417 using actual intermittent team sports. However, a previous study has suggested that
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21 418 there was a moderate correlation between repeated sprint performance performed on a
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23 419 cycle ergometer and during running on the ground (i.e., total work vs total run time)
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25 420 (Fitzsimons, Dawson, Ward, & Wilkinson, 1993). Therefore, intermittent sprint
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27 421 performance following a RW may be increased during actual intermittent team sports.
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29 422 Second, the type of participants involved in the present study did not allow us to make
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31 423 comparisons with professional athletes. Therefore, it is not possible to conclude whether
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33 424 the present results can be applied to these activities or actual intermittent team sports
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35 425 played by professional athletes.
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42 426 In conclusion, the 1-min cycling RW at 90% of VO_{2max} increased the subsequent
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44 427 intermittent cycling sprint performance over 10 min after the 15-min rest period
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46 428 compared with seated rest, and it was as effective as the 3-min cycling RW at 30% of
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48 429 VO_{2max} . These evidence-based findings may contribute to the implementation of RW
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50 430 within a very short time-frame.
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3 434 **Declaration of Interest Statement**

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5 435 The authors have no conflicts of interest to disclose.
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5 585 **Figure captions**

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7 586 Figure 1. Schematic representation of the study protocol.

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9 587 CON: 15 min of seated rest trial, RW30: 3-min RW at 30% of VO_{2max} trial, RW90: 1-
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11 588 min RW at 90% of VO_{2max} trial, CISP: The Cycling Intermittent-Sprint Protocol.

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15 589 Figure 2. The mean work (a), RMS (b) and MDF (c) during sprint for the CISP
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17 590 among three trials.

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19 591 CON: 15 min of seated rest trial, RW30: 3-min RW at 30% of VO_{2max} trial, RW90: 1-
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21 592 min RW at 90% of VO_{2max} trial, RMS: root mean square, MDF: median frequency,
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23 593 CISP: The Cycling Intermittent-Sprint Protocol. (n = 12, mean \pm SD)
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25 594 Means were compared by using a repeated-measures two-factor analysis of variance.
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27 595 Mean work: trial p = 0.002, RMS: trial p = 0.024, MDF: trial p = 0.004.

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29 596 Figure 3. VO_2 (a), VCO_2 (b) and RER (c) of the mean values during the CISP.

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31 597 CON: 15 min of seated rest trial, RW30: 3-min RW at 30% of VO_{2max} trial, RW90: 1-
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33 598 min RW at 90% of VO_{2max} trial, VO_2 : oxygen uptake, VCO_2 : carbon dioxide
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35 599 production, RER: respiratory exchange ratio. (n = 12, mean \pm SD)

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37 600 Data are displayed as 30-s averages. Means were compared by using a repeated-
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39 601 measures two-factor analysis of variance. VO_2 : trial p = 0.298; interaction p < 0.001,
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41 602 VCO_2 : trial p = 0.016; interaction p < 0.001, RER: trial p = 0.002; interaction p < 0.001.

42 603 * Significant difference between the CON and RW30 trials (p < 0.05)

43 604 # Significant difference between the CON and RW90 trials (p < 0.05)

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45 605 † Significant difference between the RW90 and RW30 trials (p < 0.05)

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48 606 Figure 4. Changes in oxy-Hb (a), deoxy-Hb (b) and total-Hb (c) from the rest
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50 607 period before the standardised warm-up and SmO_2 (d) of the mean values during
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52 608 the CISP.

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54 609 CON: 15 min of seated rest trial, RW30: 3-min RW at 30% of VO_{2max} trial, RW90: 1-
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56 610 min RW at 90% of VO_{2max} trial, (n = 9, mean \pm SD)

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58 611 Data are displayed as 30-s averages. Means were compared by using a repeated-
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60 612 measures two-factor analysis of variance. Δ oxy-Hb: trial p = 0.051; interaction p =

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3 613 0.004, Δ deoxy-Hb: trial p = 0.859; interaction p = 0.004, Δ total-Hb: trial p = 0.318;
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5 614 interaction p = 0.001, SmO₂: trial p = 0.651; interaction p = 0.447.
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7 615 # Significant difference between the CON and RW90 trials (p < 0.05)
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1 Table 1. Rectal (T_r), mean skin (T_s) and estimated muscle (T_m) temperatures at each measurement point among three trials.

Variables	Trials	Time (min)				p values
		Pre (before first intermittent exercise)	40 (after first intermittent exercise)	55 (before the CISP)	65 (after the CISP)	
T_r ($^{\circ}\text{C}$)	CON	37.2 \pm 0.2	38.0 \pm 0.2	37.8 \pm 0.3	37.8 \pm 0.3	Trial: $p > 0.05$ Interaction: $p > 0.05$
	RW30	37.2 \pm 0.3	37.9 \pm 0.3	37.7 \pm 0.3	37.9 \pm 0.2	
	RW90	37.2 \pm 0.2	38.0 \pm 0.2	37.8 \pm 0.2	38.0 \pm 0.2	
Mean T_s ($^{\circ}\text{C}$)	CON	33.0 \pm 0.9	35.3 \pm 0.7	33.1 \pm 1.0	33.3 \pm 1.2	Trial: $p > 0.05$ Interaction: $p < 0.05$
	RW30	33.1 \pm 0.6	35.4 \pm 0.6	33.5 \pm 0.9	34.2 \pm 1.0*	
	RW90	33.1 \pm 0.7	35.4 \pm 0.7	33.4 \pm 1.0	34.2 \pm 1.2*	
Estimated T_m ($^{\circ}\text{C}$)	CON	34.0 \pm 1.0	37.0 \pm 0.9	35.9 \pm 0.8	35.5 \pm 1.0	Trial: $p > 0.05$ Interaction: $p < 0.05$
	RW30	34.3 \pm 1.1	37.3 \pm 0.8	36.0 \pm 1.1	36.3 \pm 1.1*	
	RW90	34.3 \pm 0.8	37.3 \pm 0.7	36.2 \pm 0.8	36.5 \pm 1.0*	

2 Means were compared by using a repeated-measures two-factor analysis of variance. CON: 15 min of seated rest trial, RW30: 3-min RW at 30%
 3 of $\text{VO}_{2\text{max}}$ trial, RW90: 1-min RW at 90% of $\text{VO}_{2\text{max}}$ trial, CISP: The Cycling Intermittent-Sprint Protocol. (T_r : $n = 11$, mean T_s and estimated T_m :
 4 $n = 10$, mean \pm SD)

5 * Significantly different from the CON trial ($p < 0.05$)

Figure 1

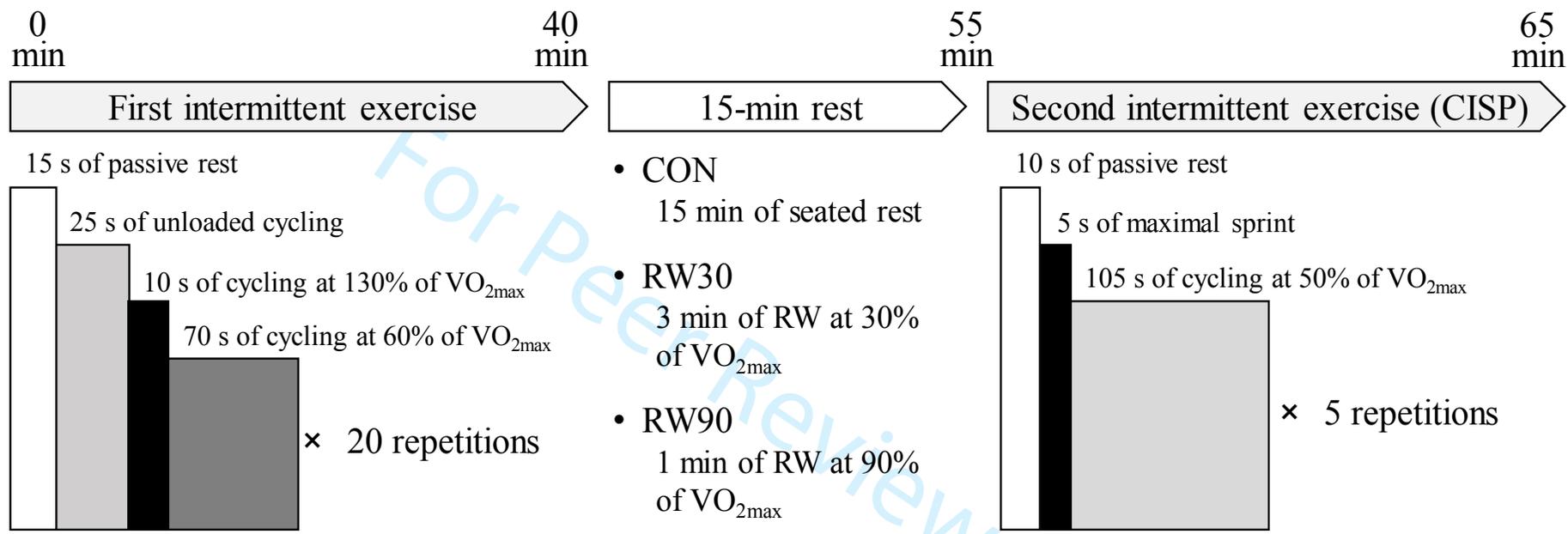


Figure 2

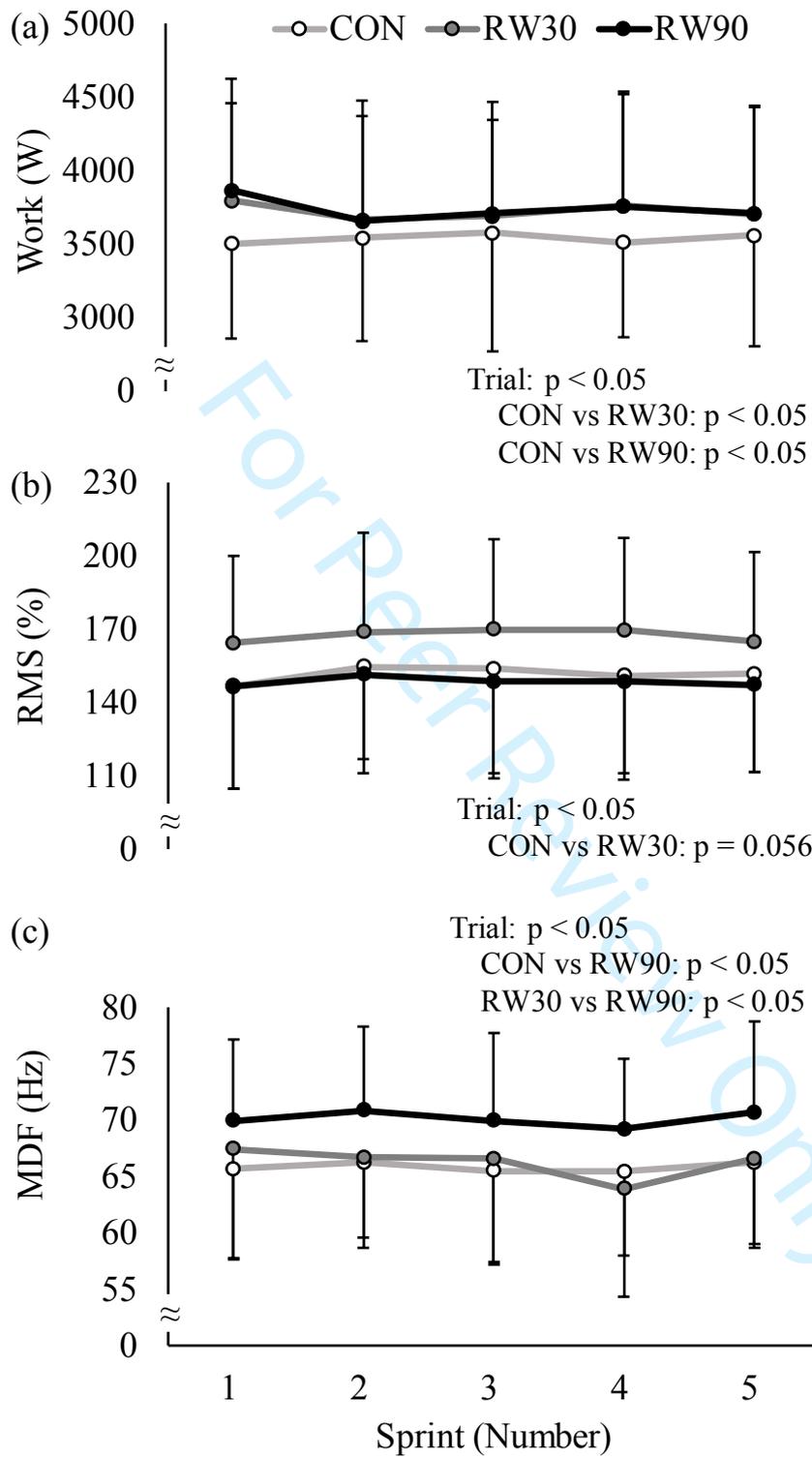


Figure 3

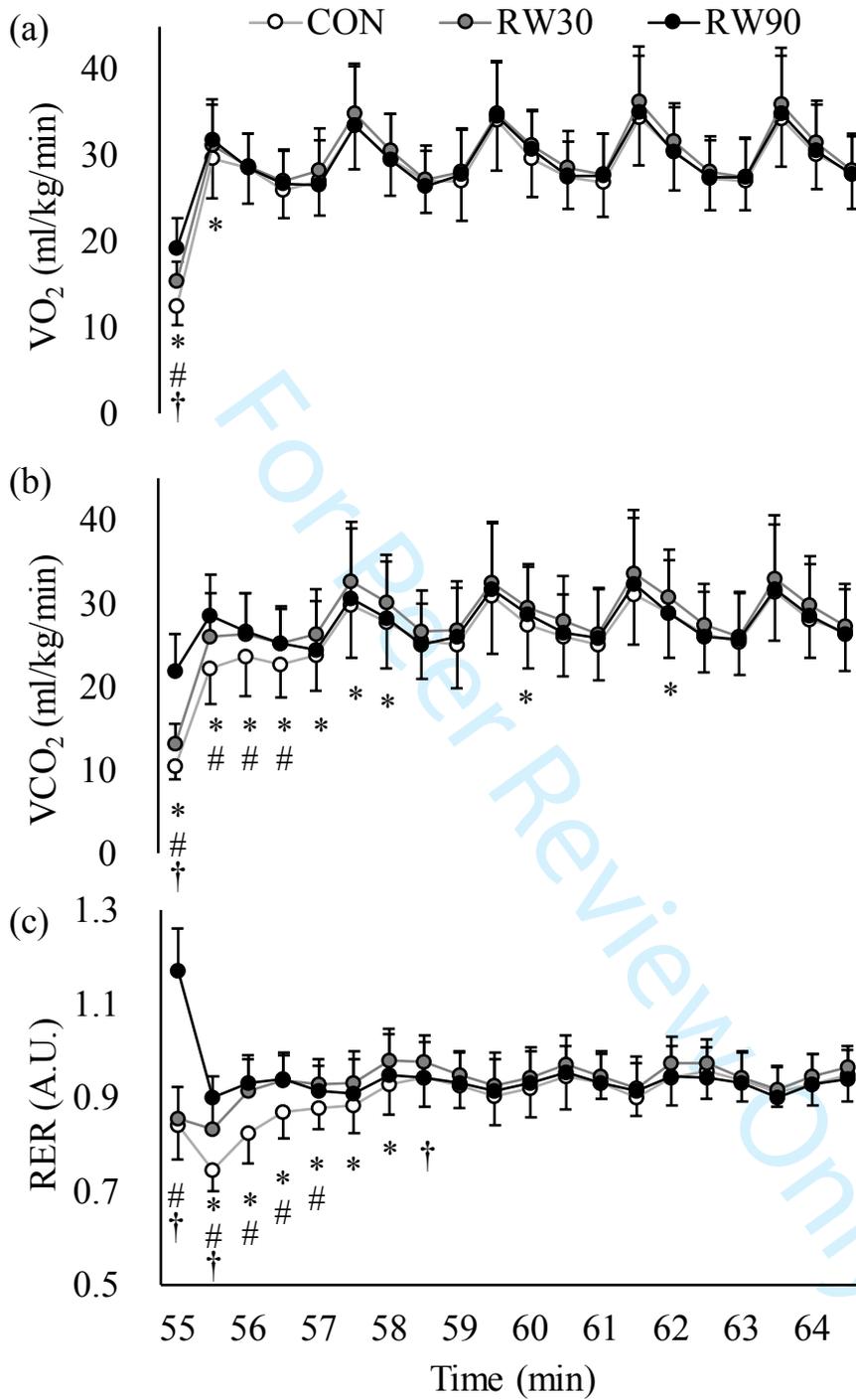


Figure 4

