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## **Shock microcycle of repeated-sprint training in hypoxia and tennis performance: Case study in a rookie professional player**

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### Shock microcycle of repeated-sprint training in hypoxia and tennis performance: case study in a rookie professional player

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Keywords:	Tennis, Altitude, physical fitness, repeated-sprint ability, competition period, block periodisation
Abstract:	<p>The aim of this case study was to investigate the effects of a shock microcycle of repeated-sprint training in hypoxia (RSH) on physical fitness and tennis performance. One rookie professional tennis player performed repeated-sprint ability (RSA) and Yo-Yo Intermittent Recovery level 2 (YYIR2) tests before and after (+3 days and +21 days) 6 sessions of RSH (4 sets of 5 × ~6s repeated-shuttle sprint interspersed by ~24 s of passive recovery) practiced during a 14-day "in-season" period. Tennis performance was subjectively measured from match results and Association of Tennis Professionals (ATP) points obtained during four professional tournaments played before and after intervention. While no changes were found at +3 days post-RSH, improvements in physical fitness [single sprint time (-4.5%), RSA total time (-3.1%) and sprint decrement (-16.7%), as well as YYIR2 total distance covered (+ 21.4%)] were observable at +21 days post-RSH. Tennis performance obtained during the tournaments was better after intervention. From pre to post-RSH, the decreases in opponents' ATP ranking during matches won (<math>1109 \pm 334</math> points vs. <math>818 \pm 212</math> points) and lost (<math>499 \pm 68</math> points vs. <math>256 \pm 58</math> points) revealed a stronger opposition. Consequently, a three-fold increase (from 4 to 12 ATP points gained from pre to post-RSH) in participant's ATP ranking was recorded. In summary, a 14-day "in-season" shock microcycle including 6 sessions of repeated-sprint training in hypoxia revealed interesting effects in specific fitness and tennis performance in a rookie professional tennis player.</p>

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## Abstract

The aim of this case study was to investigate the effects of a shock microcycle of repeated-sprint training in hypoxia (RSH) on physical fitness and tennis performance. One rookie professional tennis player performed repeated-sprint ability (RSA) and Yo-Yo Intermittent Recovery level 2 (YYIR2) tests before and after (+3 days and +21 days) 6 sessions of RSH (4 sets of 5 × ~6s repeated-shuttle sprint interspersed by ~24 s of passive recovery) practiced during a 14-day “in-season” period. Tennis performance was subjectively measured from match results and Association of Tennis Professionals (ATP) points obtained during four professional tournaments played before and after intervention. While no changes were found at +3 days post-RSH, improvements in physical fitness [single sprint time (-4.5%), RSA total time (-3.1%) and sprint decrement (-16.7%), as well as YYIR2 total distance covered (+ 21.4%)] were observable at +21 days post-RSH. Tennis performance obtained during the tournaments was better after intervention. From pre to post-RSH, the decreases in opponents’ ATP ranking during matches won ( $1109 \pm 334$  points vs.  $818 \pm 212$  points) and lost ( $499 \pm 68$  points vs.  $256 \pm 58$  points) revealed a stronger opposition. Consequently, a three-fold increase (from 4 to 12 ATP points gained from pre to post-RSH) in participant’s ATP ranking was recorded. In summary, a 14-day “in-season” shock microcycle including 6 sessions of repeated-sprint training in hypoxia revealed interesting effects in specific fitness and tennis performance in a rookie professional tennis player.

**Keywords:** Tennis, altitude, physical fitness, repeated-sprint ability, competition period, block periodization.

## 1 Introduction

2 Tennis professional tour is characterized by a massive part of season dedicated to the competitions,  
3 *i.e.*, tournaments' participations. With this calendar, optimizing the training time appears  
4 particularly determinant with a permanent search for the most specific and effective training  
5 methods <sup>1</sup>. In order to overcome the limited time schedule, recent publications on intermittent sports  
6 such as football <sup>2</sup> or tennis <sup>3</sup> have shown that the use of shock microcycles leads to sport-specific  
7 performance improvements.

8 In this view, repeated-sprint training in hypoxia (RSH) has been proposed as a promising strategy in  
9 intermittent sports to improve sport-specific performance <sup>4,5</sup>. For instance, Gatterer et al. <sup>6</sup> reported  
10 that repeated shuttle-run sprint training is feasible in a normobaric hypoxic chamber of limited size  
11 (5 m width) and highlighted that a 12-days shock microcycle performed in hypoxia (~3300 m)  
12 provided a putative benefit on selected repeated-sprint outcomes (*i.e.*, mean time) compared with  
13 similar training in normoxia. This was further accompanied by similar gains in specific aerobic  
14 fitness [*i.e.*, Yo-Yo intermittent recovery test level 2 (YYIR2)] after both training modalities,  
15 suggesting that RSH did not blunt aerobic adaptations <sup>6</sup>. Although one cannot rule out a placebo  
16 effect leading to a higher motivation and/or higher training intensity than usually, suggested RSH-  
17 related mechanisms were increased muscular perfusion, changed pH regulation and enhanced  
18 glycolytic activity for repeated-sprint outcomes <sup>4</sup>, increased tissue oxygen extraction <sup>7</sup>, citrate  
19 synthase activity and myoglobin content for YYIR2 <sup>4</sup>. Moreover, RSH has been consistently shown  
20 as beneficial in different team sports [*e.g.*, rugby <sup>8</sup>, field-hockey <sup>9</sup>] and leads to an increase in best  
21 and mean repeated-sprint performance [for details, see <sup>10</sup>]. However, to date, no study has yet  
22 investigated the effect of RSH on tennis performance.

23 Regarding the fitness determinants of professional tennis <sup>11</sup>, one may assume that RSH might  
24 rapidly induce beneficial adaptations and performance improvement. Therefore, the aim of this case

1  
2 25 study was to investigate the effects of RSH intervention (6 sessions) over a 14-day “in-season”  
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4 26 period on specific fitness and tennis performance in a rookie professional tennis player.  
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## 8 28 **Case report**

### 9 29 *Participant*

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13 30 An 18-year-old rookie professional tennis player (classified in the top-10 of the combined Junior  
14  
15 31 ranking of the International Tennis Federation during the season preceding the present study; body  
16  
17 32 weight 67.0 kg; stature 179 cm; BMI 20.9 kg.m<sup>-2</sup>) voluntarily agreed to participate. At the time of  
18  
19 33 the investigation, he had been training competitively for the past 8 years, and regularly participated  
20  
21 34 in 8-12 training sessions per week (total training hours per week of 12-25 h) in a program that  
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23 35 varies with the schedule of upcoming competition. The participant was informed of the  
24  
25 36 experimental risks and gave his written voluntary informed consent for the tests and for the public  
26  
27 37 reporting of his results. The study conformed to the Declaration of Helsinki, and was approved by  
28  
29 38 the institutional review board.  
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### 34 40 *Time line*

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36  
37 41 All tests (see below) were performed prior to onset of RSH training (pre), after 14 days of  
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39 42 intervention (+3 days) and following 2 weeks of tournaments participation (+21 days).  
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41 43 Experimental intervention is described in Figure 1. Compared to pre- and post-RSH intervention  
42  
43 44 (18.5 ± 4.0 h and 17.0 ± 1.0 h, respectively), the participant was submitted to on overall training  
44  
45 45 volume of 24 ± 2.0 h during the shock microcycle. Tennis-specific fitness level was assessed using  
46  
47 46 testing battery which was used routinely during participant follow-up. Further, in order to compare  
48  
49 47 the impact on tennis performance, match results from four professional (*i.e.*, ITF Futures)  
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51 48 tournaments played before and after intervention were collected.  
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### 56 50 *Tennis-specific fitness tests*

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2 51 Single straight-line 20 m sprint, repeated-sprint ability (RSA) ( $8 \times 20$  m – 20 s recovery) and  
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4 52 YYIR2 performances were tested as described elsewhere <sup>9</sup>. RSA was assessed using three scores:  
5  
6 53 the best sprint time ( $RSA_{best}$ ), the total sprint time (*i.e.*, sum of the eight sprints;  $RSA_{TT}$ ) and the  
7  
8 54 sprint decrement score <sup>12</sup>:  $S_{dec} (\%) = [(RSA_{TT} / (RSA_{best} \times 8) - 1) \times 100]$ . During the YYIR2 test, the  
9  
10 55 test ended when the participant had failed to reach the finishing line in time for the second time and  
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12 56 the total distance was then recorded.  
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### 17 58 *Tennis performance*

19 59 To evaluate the tennis performance during professional (*i.e.*, ITF Futures) tournaments, we  
20  
21 60 considered the opponent's level [*i.e.*, Association of Tennis Professionals (ATP) ranking] and the  
22  
23 61 number of ATP points gained by the participant before and after RSH intervention. These two  
24  
25 62 criteria are based on the ATP world tour ranking which is the conventional method of assessing the  
26  
27 63 performance of professional tennis players. Briefly, points score is given to a player regarding the  
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29 64 round reached during tournaments.  
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### 34 66 *Repeated-sprint training in hypoxia*

36 67 During the 14-day “in-season” intervention period, the participant included 6 RSH sessions in his  
37  
38 68 usual training routine (Figure 1). Briefly, each RSH session lasted ~1 h, including a 20-min warm-  
39  
40 69 up, repeated-sprint training routine, and a 10-min cooling-down period. Specifically, RSH sessions  
41  
42 70 consisted of 4 sets of  $5 \times \sim 6$ s repeated-shuttle sprint interspersed by ~24 s of passive recovery and  
43  
44 71 were completed on an indoor synthetic tennis surface inside a 120 m<sup>2</sup> normobaric hypoxic training  
45  
46 72 room (b-Cat, Netherlands) where ambient air was mixed with nitrogen (from pressurized tanks) to  
47  
48 73 reduce  $FiO_2$  to ~14.5% in order to simulate an altitude of 3000 m. Temperature and humidity were  
49  
50 74 maintained at ~21°C and ~55% relative humidity. Participant was constantly reminded to exert “all-  
51  
52 75 out” effort in trying to reach peak acceleration and to maintain the highest possible running speed  
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54 76 for every sprint bout. Heart rate (HR; Polar Electro Oy, Kempele, Finland), arterial oxyhemoglobin  
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2 77 (SpO<sub>2</sub>; GO2TM Achieve 9570-A, Nonin, Plymouth, MN, USA) and blood lactate concentration  
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4 78 ([La]; Lactate Pro Analyser, Arkray Inc, Kyoto, Japan) were measured after each set (data not  
5  
6 79 presented) and at the end of each RSH session. Ratings of perceived exertion (RPE; 6-20 and 0-10  
7  
8 80 Borg scales), overall perceived discomfort, perceived lower-limb discomfort, and perceived  
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10 81 difficulty breathing (modified Borg CR10 scales) were collected at the end of each RSH sessions <sup>13</sup>.  
11  
12 82 RSH training loads were calculated as total session duration × session RPE <sup>14</sup>.  
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#### 84 *Data analysis*

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19 85 Absolute and relative (percentage differences between pre, +3 days and +21 days post-RSH) values  
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21 86 are presented by descriptive statistics. Probabilities were also calculated to establish whether the  
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23 87 true difference was lower than, similar to, or higher than the smallest worthwhile difference or  
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25 88 change (SWC, 0.2 × overall pooled SD per dependent variable). A qualitative effect descriptor was  
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27 89 assigned according to the likelihood of the change exceeding the SWC: 50-74% “possible”, 75-94%  
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29 90 “likely”, 95-99% “very likely”, >99% “almost certainly” <sup>15</sup>. Effects where the 90% confidence  
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31 91 interval overlapped simultaneously the substantially positive and negative thresholds were deemed  
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33 92 “unclear”.  
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#### 94 **Results**

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40 95 Physiological responses at the end of RSH sessions corresponded to an averaged HR, SpO<sub>2</sub> and  
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42 96 [La] of 168 ± 6 bpm; 87.8 ± 1.0 %; 9.9 ± 1.9 mmol.L<sup>-1</sup>, respectively. Session RPEs were 15.6 ±  
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44 97 1.1/7.0 ± 0.8 au, corresponding to training load of 935 ± 68/418 ± 50 au. Overall perceived  
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46 98 discomfort (6.8 ± 0.8 au), perceived lower-limb discomfort (7.3 ± 0.8 au) and difficulty breathing  
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48 99 (7.0 ± 0.9 au) indicated “very severe” scores.  
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51 100 All specific fitness and tennis performance results are summarized in Table 1 and Figure 2.  
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53 101 While no positive changes were found at +3 days post-RSH, improvements in physical fitness  
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55 102 [single sprint time (-4.5%, *very likely* greater than the SWC), RSA total time (-3.1%, *almost*

1  
2 103 *certainly greater*) and sprint decrement (-16.7%, *very likely greater*), as well as total distance  
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4 104 covered during YYIR2 (+ 21.4%, *almost certainly greater*)] were observable at +21 days post-RSH.  
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6 105 Tennis performance achieved during the tournaments was improved after intervention. From pre to  
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8 106 post-RSH, the decreases in opponents' ATP ranking during matches won ( $1109 \pm 334$  points vs.  
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10 107  $818 \pm 212$  points; 100/0/0, *almost certainly greater*) and lost ( $499 \pm 68$  points vs.  $256 \pm 58$  points;  
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12 108 100/0/0, *almost certainly greater*) revealed a stronger opposition. Consequently, a three-fold  
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14 109 increase (from 4 to 12 ATP points gained from pre to post-RSH) in participant's ATP ranking was  
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16 110 recorded.  
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## 22 112 **Discussion**

23  
24 113 The main finding of this case study is that a 14-day "in-season" shock microcycle including 6  
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26 114 sessions of RSH revealed interesting effects in specific fitness and tennis performance in a rookie  
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28 115 professional tennis player. Notably, gains in sport-specific fitness were observed 21 days after  
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30 116 cessation of additional RSH, whereas no change was noted 3 days after intervention. This may have  
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32 117 accompanied the greater tennis performance recorded during the professional tournaments played  
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34 118 after intervention (*i.e.*, between +3 days and +21 days post-RSH).

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36 119 Although training overreaching/overtraining's risk may exist, periodization of intensive sessions is  
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38 120 required to generate physiological adaptations and sport-specific performance enhancement<sup>16, 17</sup>.  
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40 121 Here, the underperformance observed at +3 days suggests a temporary state of fatigue which was  
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42 122 compensated after sufficient recovery period (*i.e.*, performance improvement at +21 days). These  
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44 123 delayed benefits are in line with the specific timing recommendations for the "classical" hypoxic  
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46 124 training methods (*e.g.*, living high-training high or living high-training low) with a positive window  
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48 125 after 2–3 weeks of sea level training, after return from altitude training before a prime competition  
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50 126<sup>18</sup>. Therefore, this recently developed<sup>7</sup> RSH method seems suitable and effective to improve tennis-  
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52 127 specific performance as previously demonstrated in various team-sports [rugby<sup>8</sup>, football<sup>6</sup>, field-  
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54 128 hockey<sup>9</sup>].  
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2 129 While it appears in line with the findings of Gatterer et al. <sup>6</sup> using similar shock microcycle and  
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4 130 exercise mode (*i.e.*, 12-day repeated shuttle-sprint training in hypoxia), as well as with a recent  
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6 131 meta-analysis on the effects of RSH (*vs.* similar normoxic training) on normoxic sport-specific  
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8 132 performance <sup>10</sup>, it seems that the shuttle-sprinting mode used for RSH may play a different role than  
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10 133 straight-line sprinting mode on transient fatigue development. Based on our data, we assume that  
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12 134 the inclusion of change of direction with successive deceleration/acceleration phases during  
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14 135 repeated sprints is likely to increase the mechanical (*i.e.*, stride patterns and/or leg stiffness) and  
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16 136 peripheral [*i.e.*, active bi-articular leg and core muscles] demands resulting in greater metabolic load  
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18 137 (*e.g.*, lactate accumulation) <sup>19</sup>. Overall, this may slightly have altered RSH tolerance <sup>13</sup> without  
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20 138 compromising long-term physiological adaptations (*i.e.*, upregulation of the glycolytic activity,  
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22 139 higher ability to resynthesize phosphocreatine and higher oxygen utilization) and physical fitness  
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24 140 enhancement <sup>4,9</sup>.

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28 141 Despite our limited understanding of the dose-response relationships between the training load and  
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30 142 training-induced changes in physical fitness and tennis performance, the additional effects of RSH  
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32 143 on official tennis performance highlights its potential effectiveness to improve tennis fatigue  
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34 144 resistance <sup>20</sup>. The use of repeated shuttle sprints likely mimicking on-court movements could have  
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36 145 led to positive changes in match performance, with a possible transfer of fitness gains [*i.e.*, RSA-  
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38 146 related outcomes, agility and power (not measured here) and aerobic capacity] on technical skill  
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40 147 (*i.e.*, advanced shots and stroke efficiency maintenance). Without undermining the importance of  
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42 148 fitness attributes, tennis performance is multifactorial and integrates an array of complex physical,  
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44 149 physiological, cognitive and psychological processes <sup>21</sup>. As such, further tennis-related RSH  
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46 150 research is encouraged to employ robust performance measures and a multi-dimensional approach  
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48 151 to tennis performance. The inclusion of on-court tennis specific test <sup>22</sup> and perceptual-cognitive  
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50 152 skills (*e.g.*, anticipatory and decision-making capacities) deserve future examination.

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54 153 From a practical point of view, this case report can be used as a handy script for tennis players  
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56 154 preparing for competition. Detailed and periodized repeated-sprint training in hypoxia (RSH)

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2 155 microcycle for 14-day “in-season” period is provided and can be used by staff involved in highly-  
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4 156 trained athletes. By focusing on RSH as described with combination of both conditioning and tennis  
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6 157 training, an increase in performance can be expected. In addition, relevant tests and related  
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8 158 reference values are provided for individual adjustments to be done according to the needs and  
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11 159 capacity analysis.

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## 14 15 161 **Conclusion**

16  
17 162 In summary, a 14-day “in-season” shock microcycle including 6 sessions of repeated-sprint training  
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19 163 in hypoxia revealed interesting effects in physical fitness and tennis performance in a rookie  
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21 164 professional tennis player. However, gains in physical fitness were observed 21 days after cessation  
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23 165 of the last session, while remaining unaltered or even negatively affected shortly (3 days) post-  
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25 166 intervention. The long-term effect on specific fitness suggests a greater fatigue resistance which  
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27 167 may have resulted in greater tennis performance after intervention. Future investigations on special  
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29 168 focused hypoxic training block periodization in intermittent sports are warranted.

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38 172 consenting to its publication.

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14 238 **Conflict of interest**

15  
16 239 The authors report no conflicting interests.

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**Figures Legend**

Figure 1. Overview of the 14-day “in-season” intervention and description of a typical session of repeated-sprint training in hypoxia (RSH).

Figure 2. Comparison of opponent’s ATP rankings (A) and participant’s ATP points gained (B) before (pre) and after (+21 days) 14 days “in-season” of repeated-sprint training in hypoxia (RSH) intervention.

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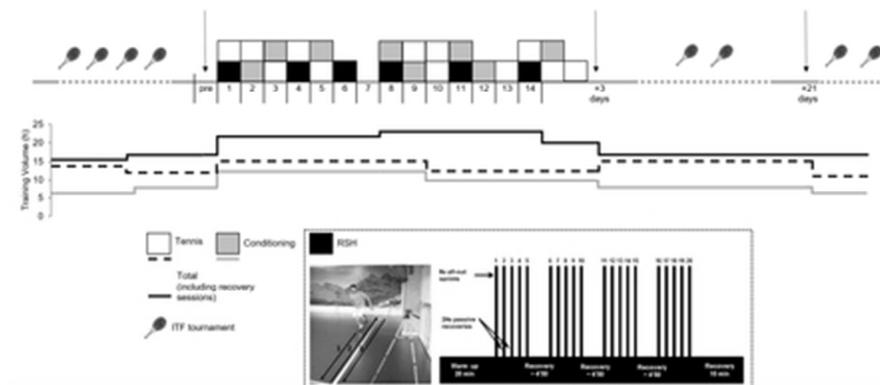


Figure 1. Overview of the 14-day "in-season" intervention and description of a typical session of repeated-sprint training in hypoxia (RSH).

37x16mm (300 x 300 DPI)

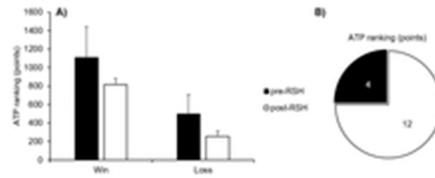


Figure 2. Comparison of opponent's ATP rankings (A) and participant's ATP points gained (B) before (pre) and after (+21 days) 14 days "in-season" of repeated-sprint training in hypoxia (RSH) intervention.

19x7mm (300 x 300 DPI)

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Table 1. Physical fitness results before (pre) and after (+3 days and +21 days) 14 days “in-season” of repeated-sprint training in hypoxia (RSH) intervention.

	Pre	+3 days	+21 days
Single sprint time (s)	3.12	3.13	2.98
% of change from pre		+0.3%	-4.5%
% chances to be greater/similar/smaller than the SWC		39/39/22 <i>unclear difference</i>	97/1/2 <i>very likely greater</i>
RSA <sub>best</sub> (s)	3.10	3.13	3.02
% of change from pre		+1.0%	-2.6%
% chances to be greater/similar/smaller than the SWC		10/12/78 <i>unclear difference</i>	96/1/3 <i>very likely greater</i>
RSA <sub>TT</sub> (s)	25.65	25.79	24.85
% of change from pre		+0.6%	-3.1%
% chances to be greater/similar/smaller than the SWC		0/11/89 <i>trivial difference</i>	100/0/0 <i>almost certainly greater</i>
S <sub>dec</sub> (%)	3.43	3.00	2.86
% of change from pre		-12.6%	-16.7%
% chances to be greater/similar/smaller than the SWC		96/2/2 <i>very likely greater</i>	98/1/1 <i>very likely greater</i>
YYIR2 distance (m)	560	440	680
% of change from pre		-21.4%	+21.4%
% chances to be greater/similar/smaller than the SWC		0/0/100 <i>almost certainly greater</i>	100/0/0 <i>almost certainly greater</i>