

<p>OPT Training stages:</p> <ol style="list-style-type: none"> 1: Stabilization 2: strength 3: power <p>NASM Opt Training phases:</p> <ol style="list-style-type: none"> 1: Stabilization end 2: strength end 3: hypertrophy 4: max strength 5: power <p>Phases that have supersets:</p> <p>2 and 5</p> <p>Three parts of a neuron:</p> <ol style="list-style-type: none"> 1: Cell body 2: Axon 3: Dendrites <p>Three joint motions:</p> <ol style="list-style-type: none"> 1: Roll 2: Slide 3: Spin <p>Skeletal system functions:</p> <ol style="list-style-type: none"> 1: Shape 2: Protection 3: movement 4: blood production 5: store minerals <p>Layers of muscle:</p> <p>Epimysium Perimysium Endomysium (deepest)</p> <p>Slow twitch fibers:</p> <ol style="list-style-type: none"> 1: increased oxygen 2: smaller 3: less force 4: slow fatigue <p>Fast twitch fibers:</p> <ol style="list-style-type: none"> 1: less oxygen 2: larger 3: more force 4: fast fatigue <p>Muscle spindle:</p> <ol style="list-style-type: none"> 1: change in length 2: stretch reflex 3: Cause contraction <p>Golgi Tendon:</p> <ol style="list-style-type: none"> 1: attach to tendons 2: change in muscle tension 3: Cause relaxation <p>Blood flow in heart:</p> <ol style="list-style-type: none"> 1: Right A (no O) 2: Right V (no O) 3: Left A (O) 4: left V (O to body) <p>Blood vessels:</p> <ol style="list-style-type: none"> 1: Arteries 2: Arterioles 3: Capillaries 4: Venules 5: Veins <p>Blood functions:</p> <ol style="list-style-type: none"> 1: Transport O 2: Transport waste 	<p>Blood function continued:</p> <ol style="list-style-type: none"> 3: Transport hormones 4: Carries heat 5: Regulates temp 6: clotting protects leaving 7: fights disease in sickness <p>ATP-PC:</p> <ol style="list-style-type: none"> 1: 10-15 sec 2: Fastest 3: No-O 4: Short 5: High intensity <p>Glycolysis:</p> <ol style="list-style-type: none"> 1: 30-50 sec 2: Use carbs 3: medium duration <p>Oxidative systems:</p> <ol style="list-style-type: none"> 1: Oxidative 2: Slow process 3: Long duration <p>3 oxidative systems:</p> <p>Aerobic glycolysis Krebs cycle Electron-transport chain (ETC)</p> <p>Respiratory quotient</p> <p>RQ of .7 = 100% fat RQ of 1 = 100% carbs</p> <p>Sagittal plane:</p> <p><u>Motion:</u> Flexion/extension</p> <p><u>Axis:</u> Coronal</p> <p>Frontal plane:</p> <p><u>Motion:</u> Abduction/adduction Lateral flexion, E version/inversion</p> <p><u>Axis:</u> Anterior/posterior</p> <p>Transverse plane:</p> <p><u>Motion:</u> Internal/external rotation, Left/right rotation, Horizontal abduction/adduction</p> <p><u>Axis:</u> Longitudinal</p> <p>Estimated HR:</p> <p>220 - age</p> <p>HR training zones:</p> <ol style="list-style-type: none"> 1: 65% to 75% 2: 76% to 85% 3: 86% to 95% <p>Which pulse?</p> <p>Radial pulse</p> <p>Postural assessments (Green are almost always tight and yellow are almost always weak)</p> <p>Pronation/distortion tight muscles:</p> <p>Gastrocnemius Soleus Peroneals Adductors</p>	<p>Rotational weak muscles:</p> <p>Hip flexor complex Bicep femoris (short)</p> <p>Pronation/distortion weak muscles:</p> <p>Anterior tibialis Posterior tibialis Vastus medialis Gluteus medius/maximus Hip external rotators</p> <p>Lower crossed tight muscles:</p> <p>Gastrocnemius Soleus Hip flexor complex Adductors Latissimus dorsi Erector Spinae</p> <p>Lower crossed weak muscles:</p> <p>Anterior tibialis Posterior tibialis Gluteus maximus Luxius Medius</p> <p>Lower crossed weak muscles cont</p> <p>Transverse abdominals</p> <p>Internal-oblique</p> <p>Upper Crossed tight muscles:</p> <p>Upper trapezius Levator scapulae Sternocleidomastoid Scalene Latissimus dorsi Teres major Subscapularis Pec major/minor</p> <p>Upper Crossed weak muscles:</p> <p>Deep cervical flexors</p> <p>Serratus Anterior Rhomboids Mid trapezius Lower trapezius Teres minor Infraspinatus</p> <p>OHS feet turn out tight muscles:</p> <p>Soleus Gastrocnemius</p> <p>Biceps femoris (short)</p> <p>OHS feet turn out weak muscles:</p> <p>Medial gastrocnemius Medial hamstring Gracilis, Sartorius, Popliteus</p> <p>OHS Knees move in Tight muscles:</p> <p>Adductor complex Bicep femoris (short) Tensor fascia latae Vastus lateralis</p>	<p>OHS Knees move in weak muscles:</p> <p>Glabius Medius/Maximus Vastus Medialis oblique OHS LPHC leans forward tight muscles:</p> <p>Soleus Gastrocnemius Hip flexor complex Abdominal complex</p> <p>OHS LPHC leans forward weak muscles:</p> <p>Anterior tibialis Gluteus maximus Erector Spinae</p> <p>OHS low back arches tight muscles:</p> <p>Hip flexor complex Erector Spinae</p> <p>Transverse abdominals</p> <p>OHS low back arches weak muscles:</p> <p>Gluteus maximus Hamstring complex Intrinsic core stabilizers</p> <p>OHS arms fall forward tight muscles:</p> <p>Latissimus dorsi Teres major Pec major/minor</p> <p>OHS arms fall forward weak muscles:</p> <p>Mid/lower traps Rhomboids Rotator cuffs</p> <p>OHS what to view:</p> <p>Anteriorly: Feet, ankles and knees</p> <p>Laterally: LPHC, , shoulder and cervical complex</p> <p>BMI for overweight/Obese:</p> <p>Overweight: 25.0 - 29.99 Obese: 30.0 - 34.99</p> <p>Cumulative injury cycle:</p> <ol style="list-style-type: none"> 1: tissue trauma 2: inflammation 3: muscle spasms 4: adhesions 5: Altered neuromuscular control 6: Muscle imbalance 7: repeat <p>Integrated flexibility continuum:</p>	<p>Corrective (SMR and static stretching)</p> <p>Active (SMR and active isolated stretching)</p> <p>Functional (SMR and dynamic stretching)</p> <p>Recommended exercise for adults:</p> <p>150 minutes of moderate intensity or 75 minutes of vigorous aerobic exercise.</p> <p>Cardiovascular training for general health:</p> <p>60% of Max O consumption.</p> <p>FITTE Principles:</p> <p>Frequency Intensity Time Type Enjoyment</p> <p>Local stabilization system muscles (type I slow twitch)</p> <p>Transverse of Dominis Internal oblique Lumbar multi fidus Pelvic floor muscles Diaphragm</p> <p>Best core exercise for beginner: Prone iso-ab</p> <p>Core musculature:</p> <p>Local stabilization system Global stabilization system Movement system Stabilization exercises:</p> <ol style="list-style-type: none"> 1: Involve no lower body/joint movement 2: Balance power include a "trap" 3: Balance strength involve bending at hip or knee <p>Proprioceptively challenging equipment:</p> <ol style="list-style-type: none"> 1: Floor 2: Balance beam 3: Half foam roll 4: Foam pad 5: Balance disk 6: Wobble board 7: Bosu ball <p>Three phases of plyometric training:</p> <ol style="list-style-type: none"> 1: Eccentric 2: amortization 3: Concentric/loading <p>Three phases general adaptation syndrome:</p> <ol style="list-style-type: none"> 1: Alarm reaction 	<p>2-Resistance development</p> <ol style="list-style-type: none"> 3: Exhaustion <p>5 resistance training adaptations:</p> <ol style="list-style-type: none"> 1: stabilization 2: muscular endurance 3: muscle hypertrophy 4: Strength 5: Power <p>Resistance training systems:</p> <p>Single set Multiple set Pyramid Superset Drop set Circuit training Peripheral heart action Split routine A vertical loading Horizontal loading</p> <p>Acute variables of training:</p> <p>Repetition Set Training intensity Rep tempo Rest interval Training volume Training frequency Training duration Exercise selection</p> <p>ATP recovery:</p> <p>20-30 sec = 50% 40 sec = 75% 60 sec = 85% 3 min = 100%</p> <p>Program design</p> <p>Continuum:</p> <p>Muscle endurance/stability on:</p> <p>Reps: 12 to 20 Sets: 1-3 Intensity: 50% to 70% Tempo: slow (4/2/1) Rest: 0-90 sec</p> <p>Hypertrophy:</p> <p>Reps: 6 to 12 Sets: 3 to 5 Intensity: 70% to 85% Tempo: moderate (2/0/2) Rest: 0-60 sec</p> <p>Max strength:</p> <p>Reps: 1-5 Sets: 4-6 Intensity: 85% to 100% Tempo: fast Rest: 3 to 5 min</p> <p>Power:</p> <p>Reps: 1-10 Sets: 3-6 Intensity: 35% to 45% Tempo: fast Rest: 3-5 min</p>	<p>Exercise tools:</p> <p>Free weights Machines Cable machines Elastic bands Medicine balls Kettle bells Body weight TRX Bosu ball Stability ball</p> <p>Protein intake:</p> <p>Sedentary = .4g/lb Strength = .5-.8g/lb Endurance = .5-.6g/lb</p> <p>Amino acids:</p> <p>20 total 8 essential</p> <p>Recommended macros:</p> <p>Pro: 10% to 35% Cho: 45% to 65% Fat: 20% to 35%</p> <p>Macro calories:</p> <p>Pro: 4 cal/gram Cho: 4 cal/gram Fat: 9 cal/gram Alcohol: 7 cal/gram</p> <p>Fluid recommendations:</p> <p>6-12 oz every 15-20 min Of exercise 16-24 oz / lb lost during exercise.</p> <p>Common vitamins with adverse effects when consumed in excess:</p> <p>Zinc Iron Vitamin D Vitamin A</p> <p>5 stages of change:</p> <p>Precontemplation Contemplation Preparation Action Maintenance</p> <p>Barriers to exercise:</p> <p>Not enough time Unrealistic goals Lack of support Social physique anxiety Convenience</p> <p>SMART goals:</p> <p>Specific Immeasurable Attainable Realistic Timely</p>
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Issa Cpt Manual

Joshua Rueda



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Assessment of Feigned Cognitive Impairment, Second Edition Kyle Brauer Boone, 2021-06-04 The go to resource for clinical and forensic practice has now been significantly revised with 85% new material reflecting the tremendous growth of the field Leading authorities synthesize the state of the science on symptom feigning in cognitive testing and present evidence based recommendations for distinguishing between credible and noncredible performance A wide range of performance validity tests PVTs and symptom validity tests SVTs are critically reviewed and guidelines provided for applying them across differing cognitive domains and medical neurological and psychiatric conditions The book also covers validity testing in forensic settings and with particular populations such as ethnic and linguistic minority group members New to This Edition Numerous new authors a greatly expanded range of topics and the latest data throughout Clinical primer chapter on how to select and interpret appropriate PVTs Chapters on methods for validity testing in visual spatial processing speed and language domains and with cognitive screening instruments and personality inventories Chapter on methods for interpreting multiple PVTs in combination Chapters on additional populations military personnel children and adolescents and clinical problems dementia somatoform conversion disorder Chapters on research methods for validating PVTs base rates of feigned mild traumatic brain injury and more

Military Law Reporter, 1986 **Autocar**, 2006

Spread Footings for Highway Bridges, 1987 A long term study of the settlement performance of 21 bridge foundations supported on cohesionless soil sand or silt was completed to provide a reliable data base for engineering evaluation Abstract

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