1	Critical power is positively related to skeletal muscle capillarity and type I muscle fibers
2	in endurance trained individuals.
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ABSTRACT

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The asymptote (critical power; CP) and curvature constant (W') of the hyperbolic powerduration relationship can predict performance within the severe-intensity exercise domain. However, the extent which these parameters relate to skeletal muscle morphology is less clear, particularly in endurance trained individuals who, relative to their lesser trained counterparts, possess skeletal muscles that can support high levels of oxygen transport and oxidative capacity i.e. elevated type I fiber proportion and cross-sectional area (CSA) and capillarity. Fourteen endurance trained males performed a maximal incremental test to determine peak oxygen uptake ($\dot{V}O_{2peak}$; 63.2 ± 4.1 ml.min⁻¹.kg⁻¹), maximal aerobic power (406 \pm 63 W), and 3-5 constant load tests to task failure for the determination of CP (303 \pm 52 W) and W' (17.0 \pm 3.0 kJ). Skeletal muscle biopsies were obtained from the vastus lateralis and analyzed for % fiber type proportion, CSA and indices of capillarity. CP was positively correlated with the % proportion (r = 0.79; P = 0.001) and CSA (r = 0.73; P =0.003) of type I fibers, capillary to fiber ratio (r = 0.88; P < 0.001) and capillary contacts around type I fibers (r = 0.94; P < 0.001) and type II fibers (r = 0.68; P = 0.008). W' was not correlated with any morphological variables. These data reveal a strong positive association between CP and skeletal muscle capillarity. Our findings support the assertion that CP is an important parameter of aerobic function and offer novel insights into the physiological bases of CP.

NEW & NOTEWORTHY

- This investigation demonstrated very strong positive correlations between critical power (CP)
- and skeletal muscle capillarity, particularly around type I fibers, and type I fiber composition.
- 47 These correlations were demonstrated in endurance trained individuals expected to possess
- 48 well-adapted skeletal muscles, such as high levels of oxygen transport structures and high
- 49 oxidative capacities; supporting the view that CP is an important parameter of aerobic
- 50 function. In contrast, W was not associated with fiber type composition or capillarity.
- 51 **KEYWORDS:** power-duration relationship, very heavy-intensity exercise, severe-intensity
- 52 exercise, capillarization, muscle fiber composition

INTRODUCTION

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The hyperbolic relationship between time to exhaustion and power output during highintensity exercise is defined by a power asymptote, critical power (CP), and curvature constant, W' (26, 27, 33). Together, these parameters determine exercise performance capabilities within the severe-intensity exercise domain (20, 46) or alternatively termed the very-heavy intensity domain (49). These parameters are, therefore, of significance to athletes, coaches and exercise physiologists interested in fatigue development and its underpinning mechanisms (6, 20, 31, 45, 47). It is well established that CP demarcates the heavy and severe exercise intensity domains (21, 33, 49). During heavy-intensity exercise, pulmonary VO₂ and intramuscular substrates (e.g. phosphocreatine (PCr)) and metabolites (e.g. Pi and H⁺) achieve sub-maximal steady-state values. In contrast, during severe-intensity exercise, i.e. above CP, pulmonary VO₂, and intramuscular substrates and metabolites continue to increase/decrease until their respective maxima/minima are obtained and task failure occurs (21, 33, 43). CP is, therefore, considered to reflect the greatest sustainable rate of oxidative metabolism in the absence of a progressive loss of muscle metabolic homeostasis, and is an important determinant of endurance exercise performance (20). Whilst the relationship between CP and the broad parameters of aerobic function, such as oxygen delivery and $\dot{V}O_2$ kinetics, have been well established (9, 29, 45, 49), the association between CP and aspects of skeletal muscle morphology is not fully understood. Vanhatalo et al. (43) previously reported a positive relationship between CP and the proportion of type I muscle fibers in recreationally active individuals. Since type I skeletal muscle fibers possess a superior phenotype for oxidative metabolism and enhanced fatigue resistance compared to type II fibers (for review see 41), this observation is compatible with the interpretation that CP is principally a parameter of oxidative metabolism. Another aspect of skeletal muscle morphology that will influence oxidative metabolism and fatigue resistance is capillarity (22).

Muscle capillarity is an important determinant of oxygen extraction which itself is a function of the muscle oxygen diffusion capacity and muscle blood flow (37, 48). The former is primarily determined by the number of red blood cells that are in contact with the contracting skeletal muscle fibers (10) which is facilitated by a high capillary network and the likelihood that most capillaries support red blood cell flux (32). Taken together, therefore, it seems logical, that CP would be related to skeletal muscle capillary supply. Iaia et al. (16) have previously demonstrated a positive relationship between capillary supply and time to task failure over a performance range of ~1-20 minutes. Although this study did not partition the exercise intensity domains as defined by CP, these exercise durations would be expected to fall close to or within the severe intensity domain. Therefore, the correlation between time to task failure, over a range that spans the severe-intensity exercise domain, and skeletal muscle capillarity could be linked to the CP, but the relationship between skeletal muscle capillarity and CP has yet to be assessed. Compared to CP, the physiological understanding of W' is less clear. Classically, W' was considered to represent a fixed anaerobic energy store (28). However, more recent observations have challenged this interpretation since W' appears to be sensitive to changes in oxygen delivery (45). Instead, W' appears to be linked to the development of the $\dot{V}O_2$ slow component, and the attainment of critical levels of intramuscular pH, PCr and Pi (21, 47), both of which are dependent on muscle fiber composition (25, 35). Moreover, as exercise intensity exceeds CP and the utilization of W ensues, muscle blood flow is preferentially distributed to type II muscle fibers (7) suggesting a potential dependence of W utilization on type II skeletal muscle fiber recruitment and perfusion. However, Vanhatalo et al. (43) did not report any relationship between the magnitude of W' and the proportion of type II fibers in recreationally active individuals.

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It has long been established that endurance trained individuals possess well-adapted skeletal muscles with a significantly greater capillary supply (14, 17, 39) and oxidative capacity (8, 39) compared to untrained individuals. This permits athletes to achieve high levels of oxygen extraction and, consequently, very high values of leg $\dot{V}O_2$ (>600 ml.min⁻¹.kg⁻¹) have been observed (36). Therefore, the expected high level of oxidative capacity and oxygen transport structures in endurance trained athletes suggest this population would achieve greater values of CP. Indeed, CP typically occurs at 80-90% of $\dot{V}O_{2max}$ in athletes compared to 70-80% of $\dot{V}O_{2max}$ in healthy young individuals (31). However, despite findings of a higher CP and skeletal muscle capillarity and type I fiber percentage in athletes, a direct relationship between capillary supply and muscle fiber composition and CP in endurance trained individuals has yet to be established. Therefore, the aim of the current study was to assess the relationship between parameters of the power-duration relationship (CP and W') and indices of capillarity and muscle fiber morphology in endurance trained individuals. It was hypothesized that CP would be positively related to indices of skeletal muscle capillarity and the proportion and crosssectional area of type I skeletal muscle fibers.

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METHODS

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Fourteen healthy males (Table 1) volunteered to take part in the study. Participants were competitive cyclists or triathletes and had to achieve the inclusion criteria of $\dot{V}O_{2peak}$ approximately 60 ml·min⁻¹kg⁻¹. All completed health and muscle biopsy screening questionnaires prior to participation to mitigate for contraindications to maximal exercise and muscle biopsy procedures. Participants did not have a history of neuromuscular, hematological or musculoskeletal abnormalities and were not using pharmacological treatments during the study period. All experimental procedures were approved by the Loughborough University Ethics Approvals (Human Participants) Sub-Committee and conformed in all respects with the Declaration of Helsinki. Participants were fully informed of the risks and discomforts associated with all experimental trials before providing written, informed consent.

Experimental protocol

Participants attended the laboratory on five to seven occasions over a period of approximately 10 days. $\dot{V}O_{2peak}$ was initially tested to ensure participants attained the appropriate inclusion criteria. Following a minimum of 48 hours a muscle biopsy was then obtained. After a further 48 hours participants undertook a series of 3-5 constant load tests to the limit of tolerance, each separated by a minimum of 24 hours, to determine CP and W.

All performance tests were conducted upon an electronically braked cycle ergometer (Lode Excalibur Sport, Lode B.V. Gronigen, The Netherlands). Ergometer saddle and handle bar dimensions were recorded for each participant during preliminary testing and remained standardized for the remainder of the testing period. Participants were instructed to maintain a

normal diet during the testing period and refrain from ingesting alcohol and caffeine during the 48 h preceding testing. All tests were conducted in constant laboratory ambient conditions (19-21°C, 40-50% humidity).

Performance measures

VO_{2peak} and maximal aerobic power

Participants performed an incremental test to exhaustion to establish $\dot{V}O_{2peak}$ and maximal aerobic power. Participants began cycling, at a freely chosen, constant pedal cadence for 1 min at 50 W, after which power increased 25 W every 60 s until volitional exhaustion or when cadence fell 10% below the chosen cadence for more than 5 s, despite strong verbal encouragement. Pulmonary gas exchange was measured continuously throughout exercise (Cortex MetaLyzer 3B, Leipzig, Germany). $\dot{V}O_{2peak}$ and maximal aerobic power were defined as the highest $\dot{V}O_2$ and power output achieved for a 30 and 60 s period during the test, respectively.

CP and W'

Participants performed a minimum of 3 constant-load tests that were continued until the limit of tolerance at between 75-100% of maximal aerobic power, the sequence of which was randomized. These were designed to elicit exhaustion within 2- to 15-min (33). Each test was preceded with an initial warm-up at 50 W for 5 min. Time to exhaustion (t) was recorded to the nearest second and was taken as either volitional exhaustion or when pedal cadence fell 10% below the freely chosen cadence for more than 5 s, despite strong verbal encouragement. No feedback regarding the power output or times achieved were provided, however participants were permitted to view pedal cadence throughout. To enhance the accuracy of

parameter estimates, when the standard error (SE) of CP was >5% and W' >10% an additional test was performed (15)

The parameters of the power-duration relationship, CP and W', were calculated using the inverse linear model (equation 1), the linear work-time model (equation 2) and the hyperbolic model (equation 3). The equation associated with the lowest combined standard error was selected and used for all further analysis.

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$$P = W' \cdot (1/t) + CP$$
 (1)

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$$W = CP \cdot t + W'$$
 (2)

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$$t = W' / (P - CP)$$
 (3)

Muscle sampling and analysis

Muscle biopsies were obtained from the lateral portion of the vastus lateralis muscle under local anaesthesia (1% lidocaine) using the percutaneous needle biopsy technique with suction. Muscle samples were immediately embedded in mounting medium (Tissue-Tek OCT Compound, Sakura Finetek Europe, The Netherlands) and frozen in liquid-cooled isopentane. All samples were then stored at -80°C until analysis.

Immuno-histochemistry

Transverse serial sections (8 µm) were obtained using a cryotome and placed onto poly L-lysine coated glass slides. Sections were fixed for 10 min in 3.7% formaldehyde at room temperature and blocked with phosphate buffered saline (PBS) containing 2% bovine serum albumin (BSA) and 5% goat serum for 1 h at room temperature. Serial muscle sections were then incubated with either primary antibodies for CD-31 (ab119339, abcam, Cambridge, UK) diluted 1:100 and MHC II (ab91506, abcam, Cambridge, UK) diluted 1:1000 in PBS-2%

BSA or MHC I (A4.951, DSHB, Iowa, USA) diluted 1:500 in PBS-2% BSA for 1 h at room
temperature. Sections were then incubated for 2 h at room temperature with the appropriate
secondary antibodies; goat anti-mouse Alexa Fluor 488, (CD-31, MHC I) and goat anti-rabbit
Alexa Fluor 594 (MHC II) diluted 1:500 in PBS-2% BSA. Following incubation cover slips
were mounted with fluoromount aqueous mounting medium (F4680, Sigma-Aldrich, Dorset,
UK). Specificity of staining was assessed with no primary antibody negative controls.
Images were captured using a fluorescence microscope (Leica DM2500) at 20x
magnification. A minimum of 7 images were taken from across the entire cross-sectional area
of the sample to avoid bias towards smaller fibers, with at least 6 cryo-sections per participant
analyzed. The number of fibers counted equated to nearly 200 per participant (type I = 93 \pm
18 and type II; 80 ± 33). Images analysis was undertaken using Fiji (ImageJ) software and the

investigator was blinded to the participant code of each sample. Only transverse fibers were

included in the analysis which was assessed primarily by the presumption of circularity. Any

fibers which were clearly oblique or not transverse to the long axis of the fiber were excluded from analysis. Cross-sectional area (CSA) of fibers was assessed by manually drawing around the perimeter of each fiber and was calculated as the cumulative area of each fiber type divided by the number of fibers analyzed. Although absolute fiber size may be over-estimated due to fiber swelling during thawing of frozen sections, this should be consistent between participants. Fiber type composition was expressed as a percentage of the number of fibers of each type relative to the total number of fibers counted. Capillarity was expressed as; capillary density, capillary-to-fiber ratio, number of capillaries in contact with type I (CC type I) and type II fibers (CC type II) and sharing index of type I and type II fibers (calculated as CC/capillary-to-fiber ratio).

Statistics

Data were initially checked for normality using Shapiro-Wilk tests and relationships were analyzed using the Pearson's product-moment correlation coefficient. Data are displayed as mean \pm SD unless otherwise stated. Significance was accepted at $P \le 0.05$ and a statistical trend as $P \le 0.10$.

RESULTS

- The parameter estimates of the power-duration relationship for all three equations are displayed in Table 2. The linear inverse relationship produced the lowest combined standard error for CP and W' and was therefore used for further analyses. The ranges of times-to-exhaustion for the shortest and longest trials were 127 218 s and 512 1050 s, respectively. Power-duration relationship parameters were established from; 3 trials n = 8, 4 trials n = 5, and 5 trials n = 1. Representative images for immuno-histochemical staining are displayed in Fig. 1 Performance and skeletal muscle morphology characteristics are displayed in Table 1.
- 221 *CP correlates*
- 222 CP was positively correlated with the % proportion of type I fibers, and inversely correlated 223 with the % proportion of type II fibers. The correlation remained when type I fibers were 224 expressed as CSA but was eliminated when type II fibers were expressed as CSA (Fig 2). CP 225 was positively correlated with capillary-to-fiber ratio and CC type I and CC type II. There 226 was a modest (non-significant, P = 0.07) correlation between CP and capillary density (Fig 227 2). CP was negatively correlated with the sharing index of type II fibers (r = -0.69, P =228 0.006), but was not correlated with the sharing index of type I fibers (r = -0.16, P = 0.59).
- 229 W' correlates
- There were no correlations between W' and any measures of fiber type composition and capillarity (Fig 3).
- 232 $\dot{V}O_{2peak}$ correlates
- Absolute $\dot{V}O_{2peak}$ was positively correlated with capillary-to-fiber ratio and CC type I and CC type II. In contrast, there was no correlation between $\dot{V}O_{2peak}$ and capillary density. $\dot{V}O_{2peak}$ was also positively correlated with % proportion and CSA of type I fibers and negatively

236	correlated with % proportion of type II fibers. VO _{2peak} was not correlated with CSA of type II
237	fibers (Table 3).
238	Maximal aerobic power correlates
239	Maximal aerobic power was positively correlated with all measures of capillarity; capillary
240	density, capillary-to-fiber ratio, CC type I and CC type II. Maximal aerobic power was also
241	positively correlated with % proportion and CSA of type I fibers and negatively correlated
242	with % proportion of type II fibers. Maximal aerobic power was not correlated with CSA of
243	type II fibers (Table 3).

DISCUSSION

The novel findings of this study are the very strong positive correlations between CP and indices of capillarity in a homogenous group of endurance trained individuals. The findings of the current study also confirm previous observations, undertaken on recreationally active individuals, of a positive association between the proportion of type I skeletal muscle fibers and CP and extend these observations by indicting that CP is also positively associated with type I muscle fiber CSA. In contrast, there were no correlations between W and any index of skeletal muscle fiber type or capillarity. These observations improve our understanding of the physiological mechanisms that underpin CP and, by extension, endurance exercise performance and the maximum sustainable rate of oxidative metabolism.

CP correlates

In the current study CP was positively correlated with indices of skeletal muscle capillarity, in particular the number of capillary contacts with type I fibers, which displayed a correlation coefficient >0.9. These novel findings extend previous observations of significant correlations between capillary-to-fiber ratio and time to task failure during exercise trials lasting ~2-20 minutes (16), which span the spectrum of the tolerable duration of exercise within the severe exercise intensity domain (20, 31). The strong positive correlations between CP and capillarity in the group of endurance trained individuals who participated in the present study imply that skeletal muscle capillary supply is an important determinant of CP.

A high capillary supply is likely to be beneficial to CP, and therefore the ability to sustain high rates of oxidative phosphorylation, through enhancing oxygen extraction, via improved muscle oxygen diffusion capacity (37, 48), and an enhanced ability to remove metabolites considered to be involved in skeletal muscle fatigue, such as H⁺ and K⁺ (1). In support of the latter, Iaia *et al.* (16) demonstrated positive correlations between capillary supply and the rate

of plasma K⁺ accumulation and muscle pH recovery. In contrast to the other markers of capillarity, there was only a modest (non-significant) correlation between CP and capillary density. This is perhaps not surprising as it is important to note that capillary density is also a function of muscle fiber CSA (30) which was also positively correlated with CP, at least in type I fibers. Given that oxygen extraction is primarily determined by the number of red blood cells in contact with the contracting skeletal muscle fibers (10, 37, 48) this would suggest that the number of capillaries as opposed to capillary density per se would be important to oxygen extraction. This interpretation is supported by previous observations by Hepple et al. (13) which demonstrated that an increase in capillary density following shortterm immobilization did not increase muscle oxygen diffusing capacity, and supports the premise that a high capillary-to-fiber ratio and capillary contacts are more important determinants of CP. We have also demonstrated a positive correlation between CP and % proportion of type I fibers in endurance trained athletes, which is consistent with previous observations in recreationally-active participants (43). We have further extended this observation by demonstrating that CP was also positively related to the CSA of type I fibers. These observations are in keeping with the notion that CP is parameter largely dictated by facets of oxidative metabolism since type I fibers possess characteristics that facilitate high rates of oxidative metabolism including higher mitochondrial content, density and enzyme activity and a higher capillary supply, as well as greater fatigue resistance compared to type II fibers (39, 41).Whilst correlation does not specifically imply causation, our data is supported by a significant body of experimental evidence demonstrating CP to be a parameter of aerobic function. For example, CP is negatively correlated with the fundamental time constant of the oxygen uptake response to constant load exercise within the severe intensity domain (29). Moreover,

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CP is sensitive to changes in oxygen delivery and has been demonstrated to decrease under systemic hypoxia (9) and with blood flow restriction (4). Furthermore, CP has been shown to increase with both continuous (11, 18) and high intensity interval training (11, 34, 44), which increase both skeletal muscle capillarity (3, 19) and oxidative capacity (5). Further direct support could be obtained by establishing the relationship between CP and mitochondrial content and functional parameters.

We also demonstrated a negative correlation between CP and % proportion of type II fibers which supports the observation by Vanhatalo et al. (43). In contrast, we have demonstrated that there was no correlation when type II fiber composition was expressed relative to CSA, however, it is important to acknowledge that we did not distinguish between type IIa and IIx fibers. It has been demonstrated that type IIa fibers are larger than type IIx and type I fibers (3, 17, 39) and therefore the relative proportions of type IIa and type IIx fibers may affect this relationship. Furthermore, given that type IIa fibers possess greater oxidative capacity relative to type IIx fibers (41), it could also be speculated that type IIx but not type IIa fiber proportion and CSA would be negatively correlated with CP. Indeed, Vanhatalo et al. (43) demonstrated a negative correlation only between CP and type IIx fiber proportion, whereas CP was not related to type IIa fibers. Moreover, the mean CSA area of type I and type II fibers were similar in the present study. The endurance trained status of our participants is likely to explain this observation which is consistent with previous reports that fiber CSA is comparable between type I and type II fibers in a group of well-trained middle- and longdistance runners (42) supporting the notion that preferential hypertrophy of type I fibers may occur with prolonged endurance training.

W' correlates

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There were no correlations between W' and any of the skeletal muscle morphological measurements in the present study. The lack of correlation with the % proportion or CSA of type II muscle fibers may perhaps seem surprising given that type II fibers possess a greater resting content of PCr (38, 40) and glycolytic capacity (12, 41), both of which has been suggested to play an integral role in determining W' i.e. the so-called "anaerobic capacity" (27, 28). Moreover, individuals with a greater proportion of type II fibers possess a greater VO₂ slow-component (35), which has been demonstrated to have a strong relationship with the magnitude of W' (29, 47). However, Vanhatalo et al. (43) also demonstrated that there was no significant correlation between the magnitude of W' and the proportion of either type IIa or type IIx muscle fibers, suggesting that the determinants of W' are not specific to type II muscle fibers per se. It could be speculated that the absence of a correlation between W' and muscle morphology is attributable to the muscle fiber recruitment patterns that would be observed during exhaustive exercise in the severe intensity domain. For example, maximal sprint exercise has been shown to activate all muscle fiber types, as demonstrated by large reductions in PCr concentrations in type I and II fibers (including IIA and IIAX hybrid fibers; 23, 40), whereas during submaximal exercise at 75% of $\dot{V}O_{2max}$ muscle fiber recruitment was shown to reach a steady state during 45 minutes of exercise, with only around 55% of type II fibers recruited (2). Therefore, it is possible that during whole body exhaustive exercise in the severe intensity domain not all type II fibers would be fully recruited when task failure and complete W' utilization occur. This might account for the lack of a correlation between W'and skeletal muscle fibre type reported in the current study and elsewhere (43) and suggests that W' might be more closely linked to other physiological events. For example, a recent study has demonstrated, in a group of elite track cyclists, that W' is positively correlated with the maximum force generating capacity of the knee extensors and gross thigh volume (24). Clearly, further research is required to resolve the physiological bases of W'.

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Conclusion

This investigation has demonstrated very strong positive correlations between critical power (CP) and skeletal muscle capillarity, particularly in relation to type I fibers, in endurance trained individuals. Moreover, CP was positively correlated with type I skeletal muscle fiber proportion and CSA. In contrast, there were no correlations between W' and capillarity or fiber type. Collectively, these results add support to the notion that CP is a parameter of aerobic function and is largely influenced by physiological processes that support oxidative metabolism.

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364	AUTHOR CONTRIBUTIONS
365	E.A.M., S.J.B., and R.A.F. conceived and designed research; E.A.M., and R.A.F. performed
366	experiments; E.A.M. analyzed data; E.A.M., N.R.W.M., S.J.B., and R.A.F. interpreted results
367	of experiments; E.A.M. prepared figures; E.A.M., and R.A.F. drafted manuscript; E.A.M.,
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503	FIGURE LEGENDS
504	
505	Figure 1. Representative images of immuno-histochemical staining of muscle samples from
506	two participants; A) $CP = 207 \text{ W}, \dot{V}O_{2peak} = 3.93 \text{ l.min}^{-1}, C:F = 1.90; B) CP = 353 \text{ W}, \dot{V}O_{2peak}$
507	= 5.38 l.min ⁻¹ , C:F = 3.40. Type I fibers = red, type II fibers = blue, and capillaries = green.
508	Scale Bar = $50 \mu m$.
509	Figure 2. Correlations between CP and; A) % proportion of type I fibers, B) % proportion of
510	type II fibers, C) CSA of type I fibers, D) CSA of type II fibers, E) capillary density, F)
511	capillary-to-fiber ratio, G) capillary contacts around type I fibers, H) capillary contacts
512	around type II fibers.
513	Figure 3. Correlations between W' and; A) % proportion of type I fibers, B) % proportion of
514	type II fibers, C) CSA of type I fibers, D) CSA of type II fibers, E) capillary density, F)
515	capillary-to-fiber ratio, G) capillary contacts around type I fibers, H) capillary contacts
516	around type II fibers.
517	
518	TABLE LEGENDS
519	
520	Table 1. Parameters of performance and skeletal muscle morphology
521	Table 2. Parameter estimates of the power-duration relationship

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Table 3. Correlations between $\dot{V}O_{2peak}$ and maximal aerobic power and markers of skeletal

muscle capillarization and muscle fiber composition

TABLE 1

		Mean ± SD	Range
527	Participant characteristics		
	Age (yr)	25 ± 6	20 – 41
528	Height (m)	1.82 ± 0.06	1.70 - 1.95
	Mass (kg)	76.5 ± 9.0	64.2 - 90.4
	Performance parameters		
529	[.] VO _{2peak} (ml.min⁻¹.kg⁻¹)	63.2 ± 4.1	58.7 – 72.2
	VO _{2peak} (I.min⁻¹)	4.86 ± 0.68	3.93 - 5.86
530	Maximal aerobic power (W)	406 ± 63	295 – 485
330	CP (W)	303 ± 52	207 - 376
	<i>W</i> ′ (kJ)	17.0 ± 3.0	13.9 - 22.9
531	Skeletal muscle morphology		
	Type I fiber %	56.6 ± 11.9	41.2 - 83.9
532	Type II fiber %	43.4 ± 11.9	16.1 – 58.8
	CSA fiber type I (µm ⁻²)	5937 ± 1333	3835 – 8568
522	CSA fiber type II (µm ⁻²)	5967 ± 1294	4024 - 7997
533	Capillary density (cap.mm ⁻²)	424 ± 55	314 – 489
	Capillary-to-fiber ratio	2.84 ± 0.63	1.90 - 4.22
534	CC type I	6.9 ± 1.4	4.8 - 9.4
	CC type II	6.1 ± 1.1	4.6 - 8.4
E2E	Sharing index type I	2.43 ± 0.16	2.20 - 2.64
535	Sharing index type II	2.19 ± 0.24	1.74 – 2.62
	Abbrevietiene. CC tune I semillem.		- I file a man. CC to man

Abbreviations: CC type I, capillary contacts around type I fibers; CC type II, capillary contacts around type II fibers; CP, critical power; CSA fiber type I, cross sectional area of type I fibers; CSA fiber type II, cross sectional area of type II fibers; Sharing index type I, sharing index of type I fibers; Sharing index type II, sharing index of type II fibers; Type I fiber %, % proportion of type I fibers; Type II fibers %; VO_{2peak}, peak oxygen uptake; *W'*, curvature constant.

TABLE 2

	СР	CP SE (%)	W.	W SE (%)	R ²
Inverse model	303 ± 52	1.8 ± 1.0	17.0 ± 3.0	8.9 ± 5.2	0.982 ± 0.019
Work-time model	302 ± 52	1.8 ± 1.0	17.4 ± 2.3	14.5 ± 8.5	0.999 ± 0.001
Hyperbolic model	299 ± 52	1.8 ± 1.3	19.0 ± 3.0	16.8 ± 10.1	-

Abbreviations: CP, critical power; SE, standard error; W', curvature constant.

TABLE 3

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	VO _{2peak} (I.min ⁻¹)	VO _{2peak} (ml.min⁻¹.kg⁻¹)	Maximal aerobic power (W)
Type I fiber %	r = 0.82	r = 0.33	r = 0.74
	P = 0.002	P = 0.32	P = 0.002
Type II fiber %	r = -0.82	r = -0.33	r = -0.74
	P = 0.002	P = 0.32	P = 0.002
CSA fiber type I (μm ⁻²)	r = 0.81	r = 0.19	r = 0.69
	P = 0.003	P = 0.58	P = 0.01
CSA fiber type II (µm ⁻²)	r = 0.47	r = 0.22	r = 0.21
	P = 0.14	P = 0.52	P = 0.46
Capillary density (cap.mm ⁻²)	r = 0.43	r = 0.42	r = 0.55
	P = 0.19	P = 0.20	P = 0.04
Capillary-to-fiber ratio	r = 0.94	r = 0.40	r = 0.86
	P < 0.001	P = 0.23	P < 0.001
CC type I	r = 0.95	r = 0.40	r = 0.92
	P < 0.001	P = 0.22	P < 0.001
CC type II	r = 0.81	r = 0.49	r = 0.68
	P = 0.003	P = 0.13	P = 0.01

Abbreviations: CC type I, capillary contacts around type I fibers; CC type II, capillary contacts around type II fibers; CSA fiber type I, cross sectional area of type I fibers; CSA fiber type II, cross sectional area of type II fibers; Type I fiber %, % proportion of type I fibers; Type II fiber %, % proportion of type II fibers %; \dot{VO}_{2peak} , peak oxygen uptake.

FIGURE 1





