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ISOLATED AND COMBINED EFFECT OF AEROBIC EXERCISE AND MEDICINE BALL TRAINING ON CARDIOVASCULAR ENDURANCE AMONG SCHOOL BOYS

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Abstract

The purpose of the present study was find out the isolated and combined effect of aerobic exercise and medicine ball training on cardiovascular endurance among school boys. To achieve the purpose of the study was to find out isolated and combined effect of aerobic exercise and medicine ball training on cardiovascular endurance and blood pressure among school boys. The 60 male school boys are selected from Chennai district only. Their age is ranged between 10 to 14 years. They were divided into four group, group one acted as isolated aerobic exercise(IAE) group, group two acted as isolated medicine ball training(IMT) group, group three acted as combined aerobic exercise and medicine ball training(CAMT) group and group IV acted as control group(CG). The following variable namely on cardiovascular endurance were selected for the study. They were tested with 9 min run / walk test respectively. The training period was six weeks. The analysis of covariance (ANCOVA) and Scheffe's Post hoc test was used to assess the collected data. From the analysis of cardiovascular endurance was significantly improved by experimental groups namely the isolated and combined aerobic exercise and medicine ball training among the school boys. The combined aerobic exercise and medicine ball training was found better in improving cardiovascular endurance than the isolated aerobic exercise and medicine ball training among the school boys.

Key words: Aerobic Exercise, Medicine Ball Training, Cardiovascular Endurance and School Boys

INTRODUCTION

The term aerobic means with oxygen or living and working with oxygen aerobic is a system of exercises designed to promote the supply and use of oxygen in the body some of these exercise are running, dancing, rowing, skating and walking aerobic exercise increases cardio- respiratory fitness which is the heart's ability to pump blood

and deliver oxygen throughout the body the word aerobic is relatively new in the context of sports and exercise (*Sharon 2007*). The word aerobic meaning with oxygen to represent idea. Even so the dynamics of the idea are more complicated than implied by the definition. Aerobic can be viewed as an intricate system of bodily supply and demand. That is the body need energy for

any kind of activity and the need is filled by burning off the foods that eat. Medicine ball is also known as an exercise ball, or med ball, or a fitness ball. It is a weighted ball roughly the diameter of the shoulder (approx. 13.7 inches). Often used for rehabilitation and strength training, it serves an important role in the field of sports medicine. It should not be confused with the inflated exercise ball Lawrence, 2003). A medicine ball is a weighted ball, weighing between 1 and 10 kg. Medicine ball can vary size which is made of brown leather, these days they are graded in different colors according to size and one made out soft plastic. The main principle with medicine ball training is the in order to throw catch it, one has to tense many abdominal muscles this creates a solid or stable base to work from. In much the same way as the foundations are laid when building a house, the stronger the foundations the greater the forces that can be applied. The health related physical fitness is the ability to perform moderate to vigorous levels of physical activity without undue fatigue and the capability of maintaining such ability throughout life (Swain & Leotholtz, 2007). The ability of the lungs, heart rate and blood vessels to deliver adequate amounts of oxygen to the cells to meet the demands of prolonged physical activity (Wener & Sharon, 2009).

It may be defined as a series or repetitions of an activity without unduly taking the physiological system that furnishes the fuel and oxygen to the muscle (Shaves Larry, 1981).

STATEMENT OF THE PROBLEM

The Purpose of the study was the find out isolated and combined effect of **AEROBIC TRAINING SCHEDULE**

aerobic exercise and medicine ball training on cardiovascular endurance among school boys.

HYPOTHESES

- 1. It was hypothesized that there would be significant improvement on cardiovascular endurance among school boys due to isolated and combined aerobic exercise and medicine ball training.
- 2. It was hypothesized that there would be better significant improvement on cardiovascular endurance among school boys due to combined aerobic exercise and medicine ball training than the isolated aerobic exercise and medicine ball training.

METHODOLOGY

The purpose of the study was to find out isolated and combined effect of aerobic exercise and medicine ball training on cardiovascular endurance and blood pressure among school boys. The 60 male school boys are selected from Chennai district only. Their age is ranged between 10 to 14 years. They were divided into four group, group one acted as isolated aerobic exercise(IAE) group, group two acted as isolated medicine ball training(IMT) group, group three acted as combined aerobic exercise and medicine ball training(CAMT) group and group IV acted as control group(CG). The following namely cardiovascular variable on endurance were selected for the study. They were tested with 9 min run / walk test respectively. The training period was six The analysis weeks. of covariance (ANCOVA) and Scheffe's Post hoc test were used in this study.

Table - I FIRST SECOND AND THIRD WEEK

Days	Exercise	No. of. counts	Sets-Reps	Intensity
	Marching on the spot	32	4 - 5	
Monday	Ham curl	32	4 – 5	
	Touch Out	32	4 - 5	
	Side to Side	32	4 – 5	
	Double side to side	32	4 – 5	
Tuesday	Grapevine	32	4 - 5	
	Cross over step	32	4 – 5	
	Jump on the spot	32	4 – 5	
	Knee curl	32	4 – 5	
Thursday	Front kick	32	4 – 5	
	Knee and arm lift	32	4 - 5	55%
	Side kick	32	4 – 5	
	A – step	32	4 – 5	
Friday	V – step	32	4 – 5	
ľ	Ham curl	32	4 – 5	
	Side to Side	32	4 - 5	

Table - II FOUR FIVE AND SIX WEEK

TOURTIVE AND SIX WEEK								
Days	Exercise	No. of. counts	Sets-Reps	Intensity				
	Knee curl	32	6 - 7					
Monday	Front kick	32	6 - 7					
	Knee and arm lift	32	6 - 7					
	Side kick	32	6 – 7					
	A – step	32	6 - 7					
Tuesday	V – step	32	6 - 7					
·	Ham curl 32 6 - 7		6 - 7	70%				
	Side to Side	32	6 - 7					
	Marching on the spot 32		6 – 7					
Thursday	Ham curl	32	6 - 7					
	Touch Out	32	6 - 7					
	Side to Side	32	6 - 7					
	Double side to side	32	6 – 7					
Friday	Grapevine	32	6 - 7					
	Cross over step	32	6 - 7					
	Jump on the spot	32	6 - 7					

MEDICINE BALL TRAINING SCHEDULE

Table - III FIRST SECOND AND THIRD WEEK

Days	Exercises	Weight	Set/Rep	Rest/Se	Weight	Intensit
	Two arm wall pass	1kg	2/6	30 sec	1.5kg	
	Two arm wall pass	1kg	2/6	30 sec	1.5kg	
Monday	Standing triceps extension	1kg	2/6	30 sec	1.5kg	
	Russian Twist	1kg	2/6	30 sec	1.5kg	
	Back throws	1kg	2/6	30 sec	1.5kg	
	Single arm press	1kg	2/6	30 sec	1.5kg	
	Front raise	1kg	2/6	30 sec	1.5kg	
Tuesday	Front squats	1kg	2/6	30 sec	1.5kg	
	Single leg V-ups	1kg	2/6	30 sec	1.5kg	55%
	Push-ups	1kg	2/6	30 sec	1.5kg	3370
	Slams	1kg	2/6	30 sec	1.5kg	
	Crunches	1kg	2/6	30 sec	1.5kg	
Thursday	Hammer throw	1kg	2/6	30 sec	1.5kg	
	Lunches	1kg	2/6	30 sec	1.5kg	
	Squat toss	1kg	2/6	30 sec	1.5kg	
	Lunge pass	1kg	2/6	30 sec	1.5kg	
Friday	Chest pass	1kg	2/6	30 sec	1.5kg	
	Overhead throw	1kg	2/6	30 sec	1.5kg	
	Single arm toss	1kg	2/6	30 sec	1.5kg	
	Slams	1kg	2/6	30 sec	1.5kg	

Table - IV FOUR FIVE AND SIX WEEK

Days	Exercises	Weight	Set/Reps	Rest/Set	Weight	Intensity
Days	Slams	2kg	2/10	40 sec	2kg	Intensity
	Crunches	2kg	2/10	40 sec	2kg	
Monday	Hammer throw	2kg	2 / 10	40 sec	2kg	
	Lunches	2kg	2 / 10	40 sec	2kg	
	Squat toss	2kg	2 / 10	40 sec	2kg	
	Two arm wall pass	2kg	2 / 10	40 sec	2kg	
	Two arm wall pass	2kg	2 / 10	40 sec	2kg	
Tuesday	Standing triceps	2kg	2 / 10	40 sec	2kg	
	Russian Twist	2kg	2 / 10	40 sec	2kg	
	Back throws	2kg	2 / 10	40 sec	2kg	70%
	Lunge pass	2kg	2 / 10	40 sec	2kg	
	Chest pass	2kg	2 / 10	40 sec	2kg	
Thursday	Overhead throw	2kg	2 / 10	40 sec	2kg	
_	Single arm toss	2kg	2 / 10	40 sec	2kg	
	Slams	2kg	2 / 10	40 sec	2kg	
	Single arm press	2kg	2 / 10	40 sec	2kg	
	Front raise	2kg	2 / 10	40 sec	2kg	
Friday	Front squats	2kg	2 / 10	40 sec	2kg	
_	Single leg V-ups	2kg	2 / 10	40 sec	2kg	

						I
Pt	ush-ups	2kg	2 / 10	40 sec	2kg	

RESULTS AND DISCUSSION

Table - V COMPUTATION OF ANALYSIS OF COVARIANCE ON CARDIOVASCULAR ENDURANCE

(Score in meters)

		Me	ean			Jo Jo			
Test	Aerobi c	Medici ne ball trainin	Combi ned trainin	Contro I group	Source of variance	Sum of square	Degrees o	Mean square	Obtained F
D 44	673.3				Between	46833.3 3	3	15611.11	1.82
Pre test	3	633.33	596.67	650.00	Within	480000. 00	56	8571.43	
D 44 4					Between	135166. 67	3	45055.56	4.17*
Post test	760	700	793.33	673.33	Within	604666. 67	56	10797.62	
Adjuste	723.8				Between	238208. 79	3	79402.93	47.57
d	2	705.17	836.40	661.27	Within	91788.8	55	1668.89	*
Mean gain	86.66 7	66.66	196.66	23.33					

*significant Table F- ratio at 0.05 level of confidence for 3 and 56 (df) = 2.77, 3 and 55 (df) = 2.77

Table – V shows that the pre test mean scores of cardiovascular endurance isolated aerobic exercise group (IAE) was 673.33 meters, isolated medicine ball training group (IMT) was 633.33 meters, combined aerobic exercise and medicine ball training group (CAMT) was 596.67 meters and control group (CG) was 650 meters. The post test means showed difference due to experimental training and mean values recorded were 760, 700, 793.33 and 673. Meters respectively. The obtained F value on pre test scores 1.82 was lesser than the required F value of 2.77 to be significant at 0.05 level. This proved that there were no significant difference between

experimental and control groups indicating that the process of randomization of the groups was perfect while assigning the subjects to groups. The post test scores analysis proved that there was significant difference between the groups, as they obtained F value 4.17 was greater than the required F value of 2.77 this proved that the differences between the post test mean of the subject were significant. Taking into consideration the pre and post test score among the group, adjusted mean scores were calculated and subjected to statistical treatment. The obtained F value of 47.57 was the greater than the F value of 2.77. This proved that there was a significant difference among the mean due to the experimental training on cardiovascular endurance. Since significant differences were recorded, the results were subjected to

post hoc test analysis using Scheffe's confidence interval test. The results were presented in table –IV

TABLE –VI SCHEFFE'S CONFIDENCE INTERVAL TEST SCORE ON CARDIOVASCULAR ENDURANCE (Score in Meters)

Aerobic exercise	Medicine ball training	Combined training	Control group	Mean difference	Required C.I
723.82	705.17	-	1	18.65	
723.82	-	-	661.27	62.55*	
-	705.17	-	661.27	43.89	CO 01
-	-	836.40	661.27	175.13*	60.81
-	705.17	836.40	-	131.23*	
723.82	-	836.40	-	112.58*	

*Significant

The multiple mean comparisons shown in table –VI proved that there existed significant differences between the adjusted means of isolated aerobic exercise (IAE) and control group (CG) isolated medicine ball training group (IMT) and control group (CG) combined aerobic exercise and medicine ball training group (CAMT) and control group (CG), isolated aerobic exercise (IAE) and combined aerobic exercise and medicine ball training group (CAMT), isolated medicine ball training

group (IMT) and combined aerobic exercise and medicine ball training group (CAMT). There was significant difference between isolated aerobic exercise (IAE) and isolated medicine ball training group (IMT), isolated medicine ball training group (IMT) and control group (CG).

The ordered adjusted means on cardio vascular endurance were presented through bar diagram for better understanding of the results of this study in figure- 1

FIGURE – 1 BAR DIAGRAM ON ORDERED ADJUSTED MEAN OF CARDIOVASCULAR ENDURANCE



DISCUSSION ON THE FINDINGS OF CARDIOVASCULAR ENDURANCE

The result presented in tables – V and- VI showed that obtained adjusted means on cardiovascular endurance among isolated aerobic exercise group (IAE) was 723.82, isolated medicine ball training group (IMT) was 705.17 followed by combined aerobic exercise and medicine ball training group (CAMT) mean value of 836.40 and control group (CG) mean value of 661.40. The differences among pretest scores, post test scores and adjusted mean scores of the subjects were statistically treated using ANCOVA and F value on pre test scores were significant and the obtained F value on the post test and adjusted means were significant at 0.05 level of confidence as these were greater than the required table F value of 2.77.

The post hoc analysis through Scheffe's confidence test proved that due to six weeks of isolated aerobic exercise group (IAE), isolated medicine ball training group (IMT), combined aerobic exercise and medicine ball training group (CAMT) improved cardiovascular endurance than the control group (CG) and differences were significant at 0.05 level. Further, the post hoc analysis shows that there was significant differences between experimental the groups, clearly indicating that combined aerobic exercise and medicine ball training group (CAMT) was significantly better than the isolated aerobic exercise group (IAE), isolated medicine ball training group (IMT), in improving the cardiovascular endurance of the school boys.

CONCLUSIONS

The cardiovascular endurance was significantly improved by experimental groups namely the isolated and combined aerobic exercise and medicine ball training among the school boys. The combined aerobic exercise and medicine ball training

was found better in improving cardiovascular endurance than the isolated aerobic exercise and medicine ball training among the school boys.

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