and consisted of 10 trainings. PR included cyclic simulators (foot horizontal or vertical, then - manual ergometer), then employment on power simulator which task was to make active respiratory muscles. Finally was used treadmill within 5–10 minutes with average loading of 75 Watt.

**Results.**– Significant acceleration of positive clinical evaluation on 5–8-th days was marked in comparison with group of the control, increasing of SatO2 at 2–3% already after 3–4-th employment (56% of patients), improvement of parameters of spirometry down to normalization by the end of cycle of PR at 89% of the patients.

**Discussion.**– Inclusion of PR by a technique of employment on cyclic and power simulators with monitoring of cardiopulmonary system is the optimal method to carry out the rehabilitation to patient with BA, to lower risk of long current and in short terms to adapt the patient for a habitual way of life.

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**Strength-aerobic versus aerobic training: Does it help to increase VO2peak in patient with coronary disease?**

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**Keywords:** Exercise rehabilitation; Coronary disease; Strength; Aerobic; VO2peak; Tolerated maximal power; Training load

**Background.**– An increase in peak of oxygen uptake (VO2peak) was a predictive value of the survival chance of patient with coronary disease (PC). In order to increase aerobic capacity, two methods were used: aerobic (RE) versus combined resistance and aerobic (RC) training. However, difference in duration, training load and measured values (tolerated maximal power, i.e. PMT, VO2peak) induced controversial results about RE and RC benefits.

**Objective.**– To compare the effects on PMT and VO2peak of RE and RC with similar duration and training load.

**Method.**– Sixteen PC performed, before and after 4 weeks of exercise rehabilitation (RE, \( n = 8 \) and RC, \( n = 8 \)), an incremental test on ergocycle to measure VO2peak and PMT.

**Results.**– RE and RC induced a significant increase in PMT but VO2peak significantly increased in RE group.

**Discussion.**– The response of PMT did not a predictive value of VO2peak response to training because PMT also depended on the skeletal muscular adaptation to the training.

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