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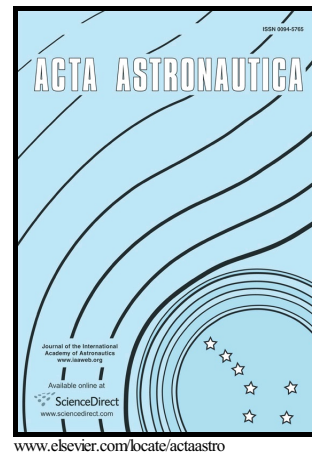
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## Author's Accepted Manuscript

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# The Gravity-Loading Countermeasure Skinsuit (GLCS) and its effect upon aerobic exercise performance

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## Abstract

The Russian Pingvin suit is employed as a countermeasure to musculoskeletal atrophy in microgravity, though its 2-stage regime is poorly tolerated. The Gravity-Loading Countermeasure Skinsuit (GLCS) has been devised to comfortably compress the body via incrementally increasing longitudinal elastic-fibre tensions from the shoulders to the feet. We tested whether the Mk III GLCS was a feasible adjunct to sub-maximal aerobic exercise and resulting  $VO_2\text{Max}$  predictions. Eight healthy subjects ( $5\text{♂}$ ,  $28\pm 6$  yr) performed cycle ergometry at 75%  $VO_2\text{Max}$  (derived from an Astrand-Rhyming protocol) whilst wearing a GLCS and gym clothing (GYM). Ventilatory parameters, heart rate ( $H_R$ ), core temperature ( $T_C$ ), and blood lactate ( $B_L$ ) were recorded along with subjective perceived exertion, thermal comfort, movement discomfort and body control. Physiological and subjective responses were compared over TIME and between GYM and GLCS (ATTIRE) with 2-way repeated measures ANOVA and Wilcoxon tests respectively. Resultant  $VO_2\text{Max}$  predictions were compared with paired  $t$ -tests between ATTIRE. The GLCS induced greater initial exercise ventilatory responses which stabilised by 20 mins.  $H_R$  and  $T_C$  continued to rise from 5 mins irrespective of ATTIRE, whereas  $B_L$  was greater in the GLCS at 20 mins. Predicted  $VO_2\text{Max}$  did not differ with ATTIRE, though some observed differences in  $H_R$  were noteworthy. All subjective ratings were exacerbated in the GLCS. Despite increased perception of workload and initial ventilator augmentations, submaximal exercise performance was not impeded. Whilst predicted  $VO_2\text{Max}$  did not differ, determination of actual  $VO_2\text{Max}$  in the GLCS is warranted due to apparent modulation of linear  $H_R$ - $VO_2$  relationship. The GLCS may be a feasible adjunct to exercise and potential countermeasure to unloaded-induced physiological deconditioning on Earth or in space.

**Keywords:** Gravity; Spaceflight; Countermeasures; Exercise;

## 1. Introduction

Typical 6 month missions to the International Space Station (ISS) are associated with significant multi-systems de-conditioning including bone demineralisation [1], muscle atrophy [2, 3], cardiovascular (contributing to aerobic) de-conditioning [4, 5] and spinal elongation with associated back pain [6]. Such changes during longer missions could severely impact health and functionality upon return to Earth (1Gz) or when landing in a partial Gz environment such as Mars.

Current engagement of exercise countermeasures on the ISS includes usage of equipment such as the T2 treadmill, Cycle Ergometer with Vibration Isolation and Stabilisation System (CEVIS) and Advanced Resistive Exercise Device (ARED) as part of the overall health maintenance system [7, 8]. Approximately 2.5 hours in duration is spent on exercise countermeasures each day, including setup, 60 min for aerobic exercise (e.g. ergometry), 40-60 minutes for ARED exercise, data transfer and stowage [7]. Typically, in-flight  $\dot{V}O_2\text{Max}$  estimation is via extrapolation of the heart rate ( $H_R$ ) response to sub-maximal upright ergometry in 1Gz prior to flight, based on the established positive linear relationship between  $H_R$  and  $\dot{V}O_2$  [9].

Although more recently loss of muscle mass and strength has been attenuated within 6-month ISS missions [10, 11], such protocols still do not fully protect against weightlessness-induced physiological de-conditioning for all individuals, and more importantly, such countermeasure devices would not be logistically feasible for manned missions to other celestial bodies. Thus, in preparation for exploration missions to Mars (which may take three years), a newer generation of passive countermeasures are sought, that have greater efficacy but require fewer resources (time, volume, mass, and energy) are required [12].

Recently, the Gravity-Loading Countermeasure Skinsuit (GLCS) has been developed using bi-directional elastic weave technology in an attempt to provide progressive axial loading equivalent to that on Earth when standing [14]. Whereas the Pinguin suit has a leather belt that allows for a 2-stage garment, the GLCS uses each circumferential fibre of the elastic weave as a 'belt' to produce numerous vertical stages. These stages gradually increase in elastic tension along the longitudinal body axis from the shoulders to the feet. In addition, the circumferential fibres act as tethers with very low circumferential tension to prevent suit slippage (Fig. 1). The GLCS has been designed to integrate with other exercise countermeasures to improve the magnitude and comfort of impact load delivery [14], and may offer other benefits such as spinal elongation amelioration. However, whether the GLCS can be worn during astronauts' daily activities, including exercise countermeasures is yet to be determined. Previous work has shown that the Mk III GLCS (Fig. 1) provides stepwise  $\sim 0.7\text{Gz}$  axial loading and is viable to incorporate with resistance-based exercise [15].



Fig. 1: The traditional Penguin suit (left) and the Mk III Gravity-Loading Countermeasure SkinSuit (GLCS; right)

Thus, the aims of this study were to determine the feasibility of GLCS-wear integrated with prolonged submaximal aerobic exercise at 75%  $\text{VO}_2\text{Max}$ , as performed on the ISS. A secondary aim was to investigate resultant  $\text{VO}_2\text{Max}$  predictions based on GLCS-induced  $H_R$  responses.

## 2. Methods

Eight healthy subjects (5♂,  $28.4 \pm 5.9$  yr,  $182.6 \pm 9.7$  cm and  $77.3 \pm 8.3$  kg) gave written informed consent to participate in the study that received approval from King's College London Ethics Committee (BDM/11/12-106). Subjects denied taking any medication or having any history of neurological, cardiorespiratory and/or psychological disorders. None of the subjects were in pain, pregnant and/or lactating, nor had consumed alcohol for 24 hours and food for 2 hours, prior to testing. Testing took place in a quiet, thermo-neutral ( $\sim 24^\circ\text{C}$ ) environment.

### 2.1 Experimental design

All subjects were provided with a custom-fabricated (total mass  $\sim 0.360$  kg) Mk III Gravity Loading Countermeasure Skinsuit (GLCS; Costume Works Inc, Boston, Massachusetts, USA) and appropriately sized flat-soled cycling shoes. Each participant attended a suit fitting session during which 63 anthropometric circumferential measurements from the armpit to the ankle were obtained to calculate the material strain required to generate an  $\sim 1\text{Gz}$  regime. One month later subjects attended the laboratory once a week for three consecutive weeks; week 1 was a familiarisation session, followed by two further visits for aerobic testing in loose fitting gym (GYM) clothing and the personalised GLCS.

## 2.2 Familiarisation

The familiarisation session involved donning and doffing the GLCS to ensure adequate fit in addition to estimation of 75%  $\text{VO}_2\text{Max}$  via completion of a 7-min submaximal Åstrand-Rhyming test [5] on a cycle ergometer (Monark Cycle Ergometer, Ergomedic, Sweden) in loose fitting clothes, whilst heart rate ( $H_R$ ) was determined via a standard 3-lead ECG (Lifepulse, HME, UK). Participants commenced cycling at 50W (60RPM) followed by increments of 25W every 2 min; until a steady state  $H_R$  between 130-160bpm was observed. The Åstrand & Rhyming nomogram was then used to calculate the power output (W) required to achieve 75%  $\text{VO}_2\text{Max}$  according to the age and gender of the subject for subsequent aerobic testing (GYM and GLCS).

## 2.3 Experimental protocol

Following a period of 2 min rest for baseline data collection, each aerobic testing session comprised of a single 20-min cycling bout, at the pre-determined power output (75% of predicted  $\text{VO}_2\text{Max}$ ); on an upright cycle ergometer (Monark, Sweden), performed in GYM and GLCS. In the GLCS, stirrups were strapped around the pedals to apply the available loading via the soles of the cycling shoes. During cycling,  $H_R$  (BPM), expiratory flow (through a secured oro-nasal mask with Hans Rudolph pneumotachography, USA), and expired gas concentrations (AD Instruments Respiratory Gas Analyser, Australia) were continuously recorded. Core temperature ( $T_C$ ; °C) recordings were obtained by ingestion (30 mins prior to testing) of a telemetric pill (CorTemp, HQinc, USA) and finger prick blood lactate ( $B_L$ ) concentration ( $\text{mmol L}^{-1}$ ; SuperGL, Dr Muller, Germany) at baseline (after 3 min of rest) and at 5 min intervals during exercise. Subjective ratings of perceived exertion (RPE [16]), thermal comfort (ASHRAE Thermal Comfort and Adaptive 7-point scale [17]), body control (Modified Cooper-Harper scale [18]) and movement discomfort (Modified Corlett and Bishop scale [19]) were also collected at REST, and every 5 mins during exercise.

## 2.4 Data Analysis

Physiological data was sampled at 1KHz (Powerlab ADC, LabChart 7.1, AD Instruments, Australia) with breath-by-breath data extracted to yield 1 min means ( $\pm\text{SEM}$ ) for minute ventilation ( $V_E$ ; L.min; BTPS), mass corrected oxygen consumption ( $\text{VO}_2$ ;  $\text{ml.kg.min}^{-1}$ ; STPD) and carbon dioxide production ( $\text{VCO}_2$ ; L.min; BTPS), in addition to  $T_C$  and  $H_R$ . All physiological parameters were compared over TIME – from rest to 5 min, and 5 to 20 min - and between ATTIRE (GYM and GLCS) across these time points via two-way repeated measures ANOVA. Bonferroni corrected *post-hoc* paired *t*-tests were used to identify where significance lay in the instance that TIME, ATTIRE, and TIME\*ATTIRE interaction effects were present. Estimated  $\text{VO}_2\text{Max}$  – calculated using the mean  $H_R$  from the final min of each exercise bout via the Åstrand & Rhyming nomogram method – were compared between GYM and GLCS via paired *t*-tests. Subjective measurements were also compared as per the physiological parameters, albeit with (non-parametric) wilcoxon tests. Statistics were performed using SPSS (19.0, SPSS Inc., Chicago, IL, USA) with significance defined as  $p < 0.05$ .

### 3. Results

All subjects were able to perform at the workload determined in the familiarisation session during subsequent GYM and GLCS testing.

#### 3.1 Physiological variables:

$V_E$  [ $F(2,14) = 127.069$ ;  $p < 0.001$ ](Fig. 2A),  $VO_2$  [ $F(2,14) = 33.441$ ;  $p < 0.001$ ](Fig. 2B),  $VCO_2$  [ $F(2,14) = 174.490$ ;  $p < 0.001$ ](Fig. 2C),  $H_R$  [ $F(2,14) = 98.348$ ;  $p < 0.001$ ](Fig. 2D),  $B_L$  [ $F(2,14) = 22.965$ ;  $p < 0.001$ ](Fig. 3) and  $T_c$  [ $F(2,14) = 22.741$ ;  $p < 0.001$ ](Fig. 4) all increased with TIME from rest to 20 min. However, no significant increments were noted from 5 to 20 min in either GYM or GLCS except for  $H_R$ ,  $T_c$  &  $B_L$ . Significant increases were noted in  $H_R$  and  $T_c$  from 5 to 20 min in GYM ( $p = 0.024$  &  $p = 0.006$  respectively) and GLCS ( $p = 0.003$  &  $p = 0.006$  respectively)(Fig. 2D & Fig. 4).  $B_L$  continued to rise from 5 to 20 min in GLCS only ( $p = 0.022$ ).

$B_L$  was the only parameter to differ according to ATTIRE [ $F(1,7) = 6.692$ ;  $p = 0.036$ ] with greater levels observed in the GLCS at 20 min ( $P = 0.009$ ).

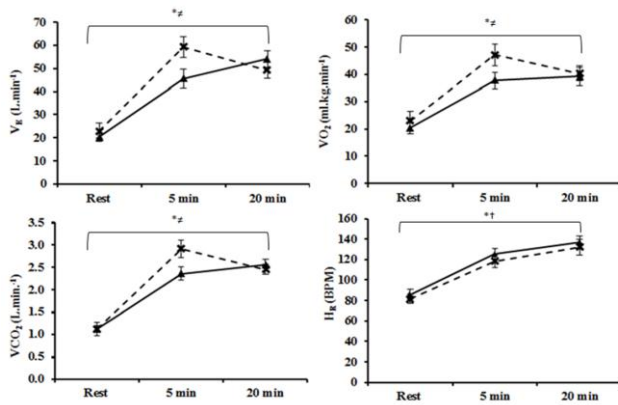


Fig. 2A-D: Clockwise from top left: Mean ( $\pm$ SEM)  $V_E$  (L.min<sup>-1</sup>),  $VO_2$  (mL.kg.min<sup>-1</sup>),  $VCO_2$  (L.min<sup>-1</sup>) &  $H_R$  (BPM) at rest, 5 and 20 min during GYM and GLCS. \* = significant effect of TIME in GYM & GLCS ( $p < 0.05$ ). † = significant TIME\*ATTIRE interactions for  $V_E$ ,  $VO_2$  &  $VCO_2$  ( $p < 0.05$ ). ‡ = continual  $H_R$  rise post-5 min in both GYM & GLCS ( $p < 0.05$ ).

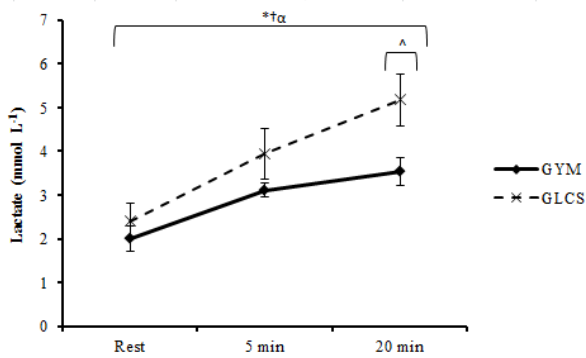


Fig. 3: Mean ( $\pm$  SEM) blood lactate ( $\text{mmol L}^{-1}$ ) at rest, 5 & 20 min in GYM and GLCS. \* = significant effect of TIME in GYM and GLCS ( $p < 0.05$ ); † = significant effect of ATTIRE ( $p < 0.05$ );  $\alpha$  = significant TIME\*ATTIRE interaction; ^ = significant increase in blood lactate in GLCS vs. GYM at 20 min ( $p = 0.009$ )

Time\*attire interactions were observed for  $V_E$  [ $F(2,14) = 8.564$ ;  $p = 0.004$ ],  $VO_2$  [ $F(2,14) = 4.127$ ;  $p = 0.039$ ] and  $VCO_2$  [ $F(2,14) = 4.127$ ;  $p = 0.010$ ]. Greater initial ventilatory responses were evident in the GLCS – as manifest by steeper slopes from rest to 5 min - but did not differ from GYM at 20 min (Fig 2A-C). Furthermore, a TIME\*ATTIRE interaction [ $F(1,7) = 17.612$ ;  $p < 0.05$ ] was evident with  $B_L$ , owing to the continual rise in the GLCS ( $p = 0.022$ ), contrasted to the plateau seen with GYM (Fig. 3).

Mean predicted  $VO_2\text{Max}$  showed a tendency to be higher in the GLCS than GYM, albeit non-significantly (Fig. 5).

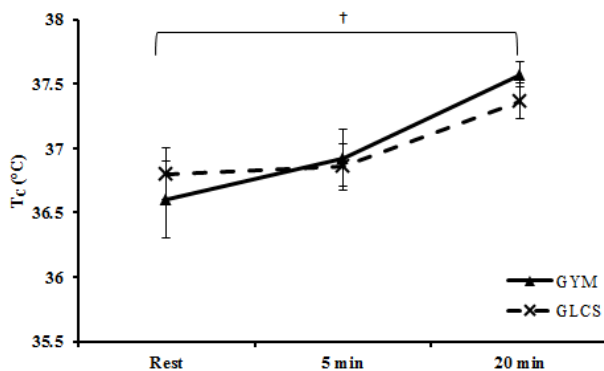


Fig. 4: Mean ( $\pm$ SEM)  $T_C$  ( $^{\circ}\text{C}$ ) at rest, 5 and 20 min in GYM & GLCS. \* = significant effect of TIME in GYM and GLCS ( $p < 0.05$ ). † = continual  $T_C$  rise post-5 min in both GYM & GLCS ( $p < 0.05$ )



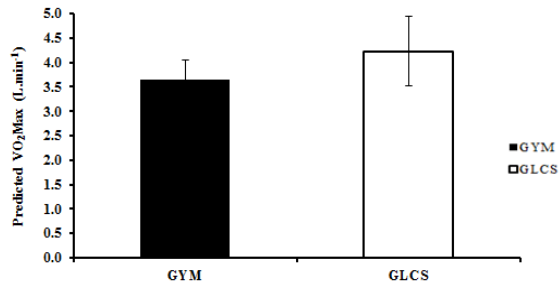


Fig. 5: Mean ( $\pm$ SEM) predicted VO<sub>2</sub>Max (ml.kg.min<sup>-1</sup>) in GYM and GLCS, calculated by using the mean H<sub>R</sub> from the final min of each exercise bout within the Astrand-Rhyming VO<sub>2</sub>Max prediction method. No significant differences in predicted VO<sub>2</sub>Max between GYM and GLCS were present.

### 3.2 Subjective variables

All subjective ratings increased from rest to 5 min ( $p < 0.05$ ; Table I), in both GYM and GLCS. Further increments from 5 to 20 min were observed in RPE in both GYM and GLCS (0.017 &  $p = 0.017$  respectively), and in thermal and movement discomfort albeit in the GLCS only ( $p = 0.09$  &  $p = 0.039$  respectively). Body control did not change post-5 min.

RPE ( $p < 0.016$  &  $p = 0.017$ ) movement discomfort ( $p < 0.016$  &  $p = 0.016$ ) and body control ( $p = 0.01$  &  $p = 0.011$ ) were greater in the GLCS vs. GYM both at 5 and 20 min respectively, whereas no effect of ATTIRE on thermal comfort was observed.

Table I: Mean ( $\pm$  CI) subjective ratings of thermal comfort, perceived exertion, movement discomfort and body control at rest, 5 & 20 min, in GYM & GLCS. \* = significant differences with TIME in GYM & GLCS ( $p < 0.05$ ); ^ = significant differences across ATTIRE at rest, 5 and 20 min ( $p < 0.05$ ).

Thermal comfort	REST	5 min	20 min
GYM	0	(+)1 (0.63-1.37)*	(+)1.9 (1.30-2.45)
GLCS	0	(+)1.3 (0.76-1.74)*	(+)2.6 (2.27-2.98)*
RPE	REST	5 min	20 min
GYM	6	11.3 (10.7-12.3)*	13 (13.5-12.5)*

<b>GLCS</b>	<b>6</b>	14 (12.7-14.3)*^	15.4 (14.3-16.7)*^
<b>Movement Discomfort</b>	<b>REST</b>	<b>5 min</b>	<b>20 min</b>
<b>GYM</b>	<b>0</b>	3 (2.17-3.83)*	3.4 (1.94-4.81)
<b>GLCS</b>	<b>0</b>	6.3 (5.04-7.46)*^	7.3 (5.88-8.62)*^
<b>Body Control</b>	<b>REST</b>	<b>5 min</b>	<b>20 min</b>
<b>GYM</b>	<b>0</b>	2 (1.48-2.52)*	2.5 (1.45-3.55)
<b>GLCS</b>	<b>0</b>	5.3 (4.36-6.14)*^	5.8 (4.72-6.78)^

#### 4. Discussion

This study is the first to determine that donning the GLCS (Mk III) during prolonged moderate (75%  $\dot{V}O_2\text{Max}$ ) upright cycling is feasible in 1Gz. GLCS-wear augmented initial ventilatory responses and  $B_L$  at 20 min which failed to plateau, whereas  $H_R$  and  $T_C$  continued to progressively increase irrespective of ATTIRE. All subjective ratings except body control continued to increase from 5 min in the GLCS. In addition, GLCS-wear induced exacerbated RPE, movement discomfort and body control from 5 min onwards.

$\dot{V}_E$ ,  $\dot{V}O_2$ , and  $\dot{V}CO_2$  were greater at 5 min (significant TIME\*ATTIRE interactions) suggesting that the early exercise ventilatory response is augmented by GLCS-induced axial loading. This is consistent with initial  $\dot{V}O_2$  augmentation in studies involving exercise with body armour and cycling whilst wearing the Penguin Suit [20, 21].

Greater initial  $\dot{V}_E$  and  $\dot{V}O_2$  increments presumably reflect a net increase in work to overcome the resistance to elastic stretch imparted by the GLCS to turn the crank. Such resistance may have induced increased mechanoreceptor afferent feedback that is typically important in determining phase II of the exercise ventilatory response [22], but whose input wains as steady-state (phase III) is achieved. Steady-state exercise is normally achieved within 3 min, though the novelty of induced axial loading may have delayed ventilatory matching. The functional significance of initial ventilatory augmentation is unclear as no difference between ATTIRE was observed at 20 min – when plateau responses indicative of submaximal steady-state exercise [23] were attained. Furthermore, such ventilatory augmentations were not only transient, but of insufficient magnitude to impede sustained performance.

$B_L$  rose disproportionately from  $VO_2$  to be significantly higher in the GLCS at 20 min to levels associated with blood lactate accumulation (OBLA;  $>mmol L^{-1}$ ) [25]. However, OBLA would be expected for most individuals working at 75%  $VO_2Max$  for a prolonged period, even in GYM clothing [9] and is thus unsurprising that  $B_L$  remained  $<4mmol L^{-1}$  in this condition. Nonetheless, there is evidence of  $B_L$  accumulation to a greater extent in the GLCS at 20 min, which could be indicative of anaerobic metabolism assumption, though absence of differences in  $VCO_2$  from GYM at this time fails to confirm this. It is however reasonable to assume that if additional load is to be overcome during exercise then anaerobic contribution would not be surprising.

$H_R$  increased from rest and continued to increase between 5 and 20 min in both GYM and GLCS. An absence of differentiation between GLCS and GYM suggests that the circumferential compression imparted by the GLCS (estimated to be  $\sim 4mmHg$  [14] in order to maintain suit-skin friction) has little effect upon systemic cardiovascular regulation. However, whether GLCS-wear affects the modulation of  $H_R$  regulation observed in microgravity is unknown. Furthermore, exploration of  $H_R$  and other hemodynamic parameters such as cardiac output is warranted in addition to quantification of actual compression, which may vary depending on fluid shifts observed in  $\mu G$  [26].

The imposition of additional axial loading by virtue of the GLCS seemingly has a differential effect upon the  $H_R$  and ventilatory response to 75%  $VO_2Max$  exercise. Whilst  $H_R$  responses were progressively increased,  $VO_2$  was significantly greater only initially, suggesting that the linear relationship between  $H_R$ - $VO_2$  is disrupted. The mechanisms underlying this apparent  $H_R$ - $VO_2$  dissociation in 'altered Gz' remain to be determined, though a ramp protocol up to actual  $VO_2Max$  is currently being performed.

$H_R$  witnessed during the final min of exercise was observably lower in the GLCS compared to GYM, hence the tendency for a higher  $VO_2Max$  prediction. Such modulations may have significant implications for  $VO_2Max$  predictions and exercise countermeasure prescriptions based upon  $H_R$  responses. If intensity i.e. power output is based on predicted  $VO_2Max$  – as for the ISS – the power needed to maintain 75%  $VO_2Max$  would be lower if integrated with this GLCS. However, as previously mentioned,  $H_R$  regulation differs in  $\mu Gz$  from that in 1Gz. Thus, assessment of cardiorespiratory responses (including  $VO_2$  uptake kinetics) during aerobic exercise in  $\mu Gz$  paradigms – such as parabolic flight – is warranted.

$T_c$  continued to rise from 5 min in both GYM and GLCS, which may have increased local skin blood flow to reduce heat load, necessitating progressive  $H_R$  acceleration in order to maintain cardiac output [27].  $T_c$  rises were modest however, at no time exceeding  $38^\circ C$ . Whilst  $T_c$  did not differ with ATTIRE, thermal discomfort continued to increase from 5 to 20 min in the GLCS (and GYM). This may be related to the laboratory conditions being less thermo-neutral than deemed, leading to sweat accumulation and thus discomfort [29] although this was much lower than that described for the Penguin suit [28]. Nevertheless, investigation of repeated wear upon the skin and its skin flora is warranted.

Movement discomfort was unsurprisingly higher in the GLCS, continuing to increase from 5 to 20 min. However levels were moderate and given the fact that subjects donned the GLCS on Earth and thus total Gz was  $\sim 1.7Gz$  [15], values are considerably low. Subjects were naive to wearing the GLCS prior to familiarisation and thus the novelty of additional Gz loading – particularly on the shoulder [30] in addition to apprehension of wearing (and damaging) the GLCS may have contributed to ratings and thus may be lower on subsequent occasions.

RPE was higher in the GLCS from rest, consistent with the perception of having to overcome increased elastic resistance to movement. Studies using elastic resistance have shown increased leg muscle activation compared to when performing traditional resistance exercises i.e. with dumbbells [31] in addition

to increased perception of effort. Thus, quantification of the nature, magnitude and co-ordination of neuromuscular recruitment and biomechanics during cycling in the GLCS is warranted to determine possible training effects. Nonetheless, the absence of RPE's >16 coupled with a lack of back pain reports suggests that prolonged steady-state sub-maximal exercise in the GLCS is achievable in ambient conditions (such as the ISS), in a manner superior to the Penguin suit (24).

## 5. Conclusion

The Mk III GLCS induced greater initial exercise ventilatory responses, continual rises in blood lactate and increased perception of workload, but did not impede prolonged submaximal exercise performance. Our novel data suggests that the Mk III GLCS may be a feasible adjunct to exercise countermeasures in space, though determination of actual  $\text{VO}_2\text{Max}$  is warranted due to apparent modulation of the  $\text{H}_R\text{-VO}_2$  relationship, and subsequent potential influence on aerobic exercise countermeasure prescription. Future investigations of the GLCS in  $\mu\text{Gz}$  – involving assessment of loading, hemodynamics and neuromuscular recruitment patterns – during aerobic exercise may help to determine whether the GLCS has promise as a countermeasure to  $\mu\text{Gz}$ -induced physiological deconditioning.

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## Biography

Julia Attias



Julia is a PhD student with a BSc in Sport and Exercise Science and an MSc in Space Physiology and Health. She has accumulated 9 years' experience working in the exercise physiology field and particular roles within the cardiac physiology domain. Since 2012 she has been researching with the SkinSuit in collaboration with the European Space Agency project, funded by the EPSRC. Her research involves understanding the effect of axial loading on physiological responses during exercise. She also works voluntarily for the UK Space Life and Biomedical Sciences Association and Student European Low Gravity Research Association (SELGRA).

Philip A.T. Carvil





Philip Carvil is a PhD student at King's College London funded by part of the European Space Agency to investigate how a SkinSuit designed to support astronauts in space affects the spine. He is also vice-president of the Student European Low Gravity Research Association (SELGRA), an executive team member of the UK Space research association and UKSpaceLABS and a clinical academic administrator for King's Health Partners supporting research initiatives.

James Waldie



James Waldie graduated with a Bachelor of Engineering (Aerospace) and Bachelor of Business (Administration) from RMIT University, Australia. He was a Research Scholar at the University of California for his Masters, and earned his PhD from RMIT in 2005 on IVA and EVA skinsuit investigations, including inventing the Gravity Loading Countermeasure Skinsuit. He was a Postdoctoral Fellow for 2.5 years at the Department of Aeronautics and Astronautics at MIT, working on a variety of spacesuit technologies. He is currently a Senior Research Associate at RMIT, and a co-Principal Investigator for the ESA Skinsuit programme.

Simon. N. Evetts



For most of the last decade Simon Evetts ran the multi-disciplinary Medical Projects & Technology Unit at the European Astronaut Centre, Cologne. His responsibilities spanned medical projects, astronaut fitness and the support of astronaut health. He has been instrumental in developing the field of space biomedicine in the UK for the last 15 years and having recently moved on from Wyle, NASA's primary astronautics services provider, is now the Managing Director of SeaSpace Research Ltd, the R&D arm of the Blue Abyss venture, which will see the biggest, deepest diving pool in the world established in the UK for the Oil & Energy and Space Industries. Simon is a Visiting Senior Lecturer at Kings College London, and a Visiting Professor at Northumbria University.

David. A. Green



David Green is a Senior Lecturer of Human & Aerospace Physiology and heads the SPACED group within the Centre of Human and Aerospace Physiological Sciences (CHAPS). His research group investigates how a range of physiological systems respond and adapt to change induced by pathology, ageing or acute exposure to extreme/hostile environments whilst also seeking develop innovative ways to mitigate such changes.

He is the programme director of the unique Masters in Space Physiology & Health run in collaboration with the Space Medicine Office of the European Space Agency and is a leading advocate of UK engagement in Human Space Flight.

## Highlights

- Axial loading increased perception of work and initial ventilatory responses to cycling
- $\dot{V}O_2$ Max predictions were unaffected by axial loading
- Axial loading may modulate the  $H_R$ - $VO_2$  relationship
- The GLCS may be a feasible adjunct to exercise in space and on Earth

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