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**Introduction**

The elevated ventilation and reduced O\textsubscript{2} supply in hypoxia increases RB, RPE and BLA during exercise and exacerbates IMF, shown as a reduction in force output of the inspiratory muscles (1). IMF triggers the inspiratory metaboreflex which reduces limb blood flow (2) and may further increase BLA and intensify RPE (1). Reducing IMF can prolong exercise time to exhaustion in hypoxia and reduce RB and RPE (1). Increased inspiratory muscle strength (MIP) following IMT has been shown to attenuate IMF and the metaboreflex (3). Four weeks of IMT significantly increased MIP by ~25% and reduced IMF by 10% and RPE and RB by 13% during high-intensity running to fatigue in normobaric hypoxia ([F\textsubscript{IO\textsubscript{2}} = 14\%, 3200 m (4)]). IMT may benefit trekking expeditions at moderate altitude, but this has not been evaluated in controlled conditions of hypoxia using trekking specific exercise.

**Methods**

Participants: 21 males (age 32.4 ± 9.61 years, V\textsubscript{O\textsubscript{2peak}} 58.8 ± 6.75 ml·kg\textsuperscript{-1}·min\textsuperscript{-1})

**Exercise Protocol:** 39-min incremental walking exercise (3-min stages), starting at 3 km·hr\textsuperscript{-1} (1% gradient), increasing to finish on 5 km·hr\textsuperscript{-1} (16% gradient). Performed in normoxia (NORM) and hypoxia [HYP, ([F\textsubscript{IO\textsubscript{2}} = 14.5\%, 3200 m altitude)]. BLA, RPE and RB measured every 3 min.

**IMF = pre to post exercise decrease in MIP**

**Findings**

**Conclusions**

IMT may attenuate increased RPE during walking exercise in moderate hypoxia. This may benefit expeditions completed at moderate altitude (~3000 m). The effect of IMT on BLA and RB may be enhanced with severe hypoxia and/or sustained moderate intensity walking exercise where inspiratory fatigue is likely greater.

**References**


(2) Harms et al. (1997) Respiratory muscle work compromises leg blood flow during maximal exercise. Respiratory muscle work compromises leg blood flow during maximal exercise. J. Appl. Physiol. 82, 1573 - 1583
