Table 1. Three-zone Intensity Model Using Various Intensity Markers

Intensity		Zone 1	Zone 2	Zone 3	Advantages/Limitations
Markers		-20HC I	20nc 2	-2011C 3	
Category terminology for exercise programming	Light	Moderate	Vigorous	Near maximal/ maximal	
Metabolic markers: VT1 and VT2* (HR relative to VT1 and VT2)*		Below VT1 (HR <vt1)< td=""><td>VT1 to just below VT2 (HR ≥VT1 to <vt2)< td=""><td>VT2 and above (HR ≥VT2)</td><td> Based on measured VT1 and VT2 Ideally, VT1 and VT2 are measured in a lab with a metabolic cart and blood lactate Field assessments are relatively easy to administer, require minimal equipment, and provide accurate corresponding HRs at VT1 and VT2 Programming with metabolic markers allows for personalized programming </td></vt2)<></td></vt1)<>	VT1 to just below VT2 (HR ≥VT1 to <vt2)< td=""><td>VT2 and above (HR ≥VT2)</td><td> Based on measured VT1 and VT2 Ideally, VT1 and VT2 are measured in a lab with a metabolic cart and blood lactate Field assessments are relatively easy to administer, require minimal equipment, and provide accurate corresponding HRs at VT1 and VT2 Programming with metabolic markers allows for personalized programming </td></vt2)<>	VT2 and above (HR ≥VT2)	 Based on measured VT1 and VT2 Ideally, VT1 and VT2 are measured in a lab with a metabolic cart and blood lactate Field assessments are relatively easy to administer, require minimal equipment, and provide accurate corresponding HRs at VT1 and VT2 Programming with metabolic markers allows for personalized programming
Talk test*		Can talk comfortably Can talk but not sing	comfortable	Definitely cannot talk comfortably	 Based on actual changes in ventilation due to physiological adaptations to increasing exercise intensities Very easy for practical measurement No equipment required Can easily be taught to clients Allows for personalized programming
RPE (terminology)*	Very, very weak to light	"Moderate" to "somewhat hard/strong"	"Hard/strong" to "very hard"	"Very strong to very, very hard/strong to maximal"	 Good subjective intensity marker Correlates well with talk test, metabolic markers, and measured %VO₂max Easy to teach to clients
RPE (0 to 10 scale)*	0.5 to 2	3 to 4	5 to 6	7 to 10	 Good subjective intensity marker Correlates well with talk test, metabolic markers, and measured %VO₂max 0 to 10 scale is easy to teach to clients
RPE (6 to 20 scale)	9 to 11	12 to 13	14 to 17	≥18	 Good subjective intensity marker Correlates well with talk test, metabolic markers, and measured %VO₂max 6 to 20 scale is not as easy to teach to clients as the 0 to 10 scale Note: An RPE of 20 represents maximal effort and cannot be sustained as a training intensity.
%VO₂R	30 to 39%	40 to 59%	60 to 89%	≥90%	 Requires measured VO₂max for most accurate programming Impractical due to expensive equipment needed for assessment Increased error with use of predicted VO₂max or predicted MHR Relative percentages for programming are population-based and not individually specific
%HRR	30 to 39%	40 to 59%	60 to 89%	≥90%	 Requires measured MHR and RHR for most accurate programming Measured MHR is impractical for the vast majority of trainers and clients Use of RHR increases individuality of programming vs. strict %MHR Use of predicted MHR introduces potentially large error; the magnitude of the error is dependent on the specific equation used Relative percentages for programming are population-based and not individually specific

Intensity Markers		Zone 1	Zone 2	Zone 3	Advantages/Limitations
%MHR	57 to 63%	64 to 76%	77 to 95%	≥96%	 Requires measured MHR for accuracy in programming Measured MHR is impractical for the vast majority of trainers and clients Use of predicted MHR introduces potentially large error; the magnitude of the error is dependent on the specific equation used Does not include RHR, as is used in %HRR Relative percentages for programming are population-based and not individually specific
METs	2 to 2.9	3 to 5.9	6 to 8.7	≥8.8	 Requires measured VO₂max for most accurate programming Can use in programming more easily than other intensity markers based off VO₂max Limited in programming by knowledge of METs for given activities and/or equipment that gives MET estimates Relative MET ranges for programming are population-based and not individually specific (e.g., a 5-MET activity might initially be perceived as vigorous by a previously sedentary client)
%VO ₂ max	37 to 45%	46 to 63%	64 to 90%	≥91%	 Refer to %VO₂R Actual measurement is individualized and not based on a prediction

Note: VT1 = First ventilatory threshold; VT2 = Second ventilatory threshold; HR = Heart rate; RPE = Rating of perceived exertion;

 $[\]dot{V}O_2$ max = Maximal oxygen uptake; $\dot{V}O_2$ R = Oxygen uptake reserve; HRR = Heart-rate reserve; MHR = Maximal heart rate; RHR = Resting heart rate; METs = Metabolic equivalents

^{*}These are the preferred intensity markers to use with the three-zone model when designing, implementing, and progressing cardiorespiratory training programs using the ACE Integrated Fitness Training Model.