
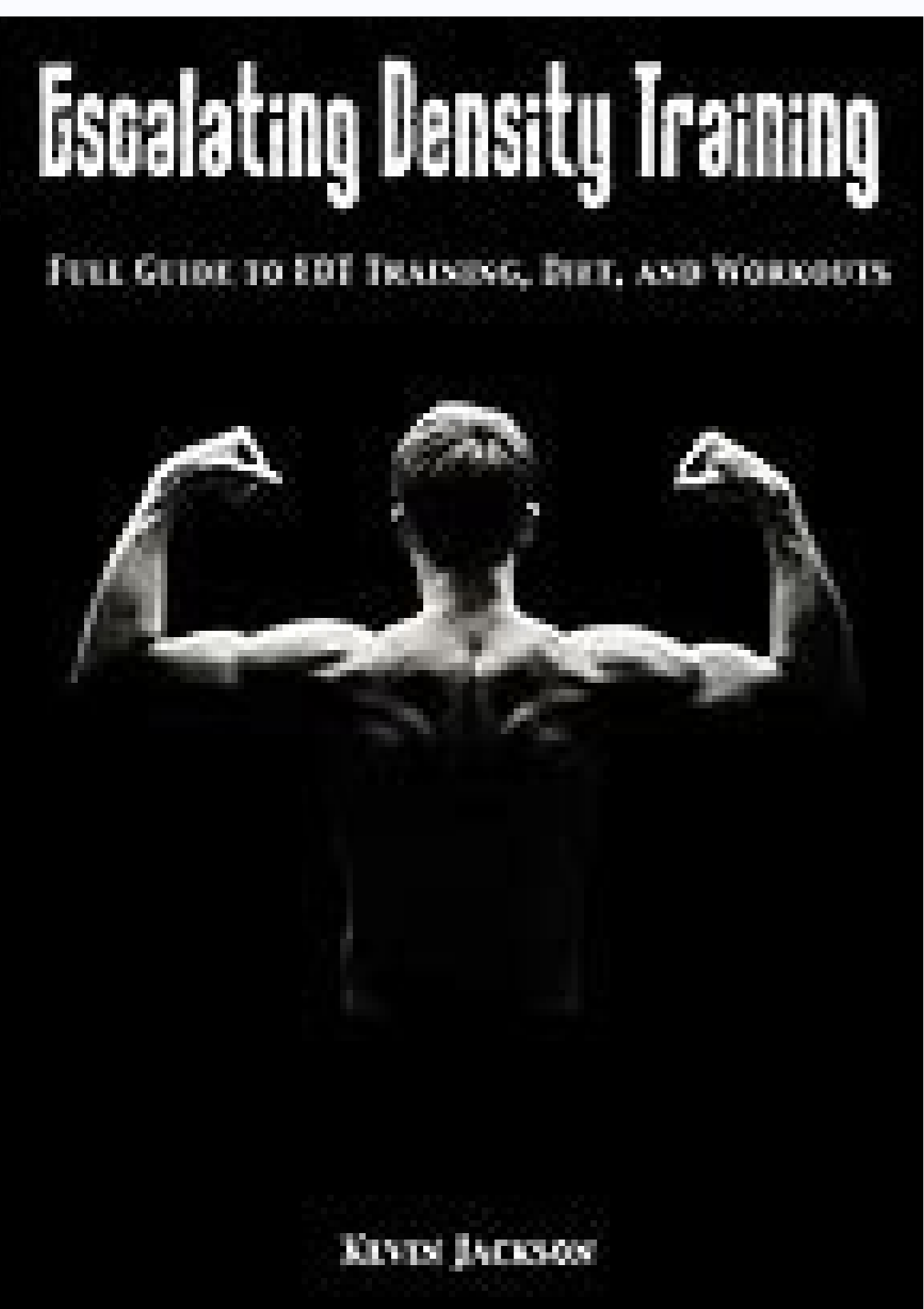


Escalating density training pdf

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Applying Methods of Escalating Density Training

Escalating Density Training (EDT) is another approach that has been developed in the fitness industry. It is based on the concept of "density" which is defined as the amount of work done in a given amount of time. The idea is to increase the amount of work done in a given amount of time by increasing the number of sets and reps of each exercise. This is done by increasing the number of sets and reps of each exercise over time. The idea is to increase the amount of work done in a given amount of time by increasing the number of sets and reps of each exercise over time. The idea is to increase the amount of work done in a given amount of time by increasing the number of sets and reps of each exercise over time.



sb EDT (Escalating Density Training)





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Preview Loading, preview is currently not available. You can download the paper by clicking on the button above. Priority health conditions A list of priority health conditions to be considered when treating or assisting refugees in Central America. Previous Geography, History and Cultural Origins, Ethnic Groups, Languages and Letters, Believan Religious, Family and Kinship Healthcare Access and Conditions in Guatemala, Honduras and El Salvador Primary Healthcare, Immunizations, Reproductive Health, Women's Health Questions, Sexual and Gender-Based Violence. El Salvador, Guatemala and Honduras are three of the northernmost countries of Central America, which constitute the northern triangle, located just south of Mexico on the isthmus connecting North and South America 1. The northern triangle has a population of about 29.8 million. Guatemala is the most populous country, with a population of about 14.9 million 2, while El Salvador and Honduras have populations of about 6.1 million and 8.7 million, respectively 3194; 160? Four. Each country is mountainous and has narrow coastal zones along the Pacific Ocean and/or the Caribbean Sea 2, 3, 4. The region is vulnerable to hurricanes, active volcanoes and earthquakes. Figure 1: Location of El Salvador, Guatemala and Honduras Source: Division of Global Migration and Quarantine (DGMQ), CDC Like the rest of Mesoamerica, Guatemala, Honduras and Salvadorans share a common pre-Colombian history, originating in Lenka, Olmec, Maya and civilization. These ancient indigenous cultures left behind a vast legacy of art, architecture and traditions, many of which are still present throughout Central America. The indigenous Central Americans came into contact with Spanish explorers and colonists at the beginning of the 1500s and suffered three centuries of colonial domination. In 1821, a united struggle for independence led to the creation of the Republic Central America. The Republic dissolved in 1838, and the countries El Salvador, Guatemala and Honduras were formed 1. However, post-colonial independence brought instability, violence and war, which persisted during the 20th century together with the shifting civil and military governance, an irregular economic development and social disorders 1. Ethnic groups 1. El Salvador about 86.3% of Salvadorans is half-timer (mixed race). The whites represent 12.7%, while Amerindian (including Leca, Kakawira and Nahua-Pipil), black and other ethnic groups represent a small minority 3. Guatemala about 60% of Guatemalans is of a mestizo or European descent. The remaining 40% of the population is K'iche' (9.1%), Kaqchikel (8.4%), Mam (7.9%), Q'eqchi' (6.3%), Other Maya (8.6%) and non-Maya indigenous (0.2%) 2. Honduras Mestizo represents about 90% of the population, while Amerindians represent 7% of Hondurens. The remaining 3% of the population is black or white 4. Language and literacy El Salvador Spanish is the official language and more spoken in El Salvador 3. Some indigenous people speak Nahuatl, an Amerindian language. However, these speakers are few, since indigenous people represent less than 1% of the population of El Salvador 3. About 88% of the Salvadoran population is alphabetized, defined as at least 15 years and able to read and write. Among the men of Salvadoran, 90.4% is alphabetized, while alphabetization for women is estimated at 86% 3. Guatemala although Spanish is the official language of Guatemala, only 60% of the population communicates mainly in Spanish. The forty communicates in one of the many Amerindian languages. There are 23 officially recognized Amerindian languages, including Quiché, Cakchiquel, Kekchi, Mom, Garifuna and Xinca 2. About 81.5% of Guatemalan's population is literate. Overall, 87.4% of men are alphabetical and 76.3% of women2. Honduras The official language of Honduras is Spanish, which is widely Hondurens can also speak Amerindian dialects 4. about 88.5% 88.5% The population of Honduran is literate. The alphabetization rates between men and women are comparable: the 88.4% of male Hondurans and the 88.6% of female Hondurans are alphabetized 4. Religious beliefs El Salvador El Salvador is overwhelmingly Christian. Roman Catholicism is practised by the 57.1% population. Protestants represent the 21.2% population, while small minorities are witnesses to Geova (1.9%) or Mormon (0.7%). Moreover, the 16.8% of the population does not identify itself as religious, and the rest predict 2.3% other religions 3. Roman Catholicism is the predominant religion in Guatemala, with the 65-70% of Guatemalans who identify as Catholic 5. However, among the five indigenous peoples, Maya, Catholic practices and traditions are often infused with pre-Colombian beliefs. Protestant evangelical Christianity has become increasingly popular since the middle of the 20th century, especially among low-income families. Consequently, the Protestants now represent about 40% of the population 6 Honduras is a Roman Catholic country in Honduras. The growth of Protestant churches has been inflated in recent years, making the Protestant the second most popular religion in Honduras 7. Families and relatives Familiarity is an integral part of Latin American culture, in which women play a fundamental role. Women are often responsible for the organization and maintenance of family life and tradition, a role that may allow significant influence in the home. Many Central American nations are patriarchal, with men who often provide the main income for the family and women who serve as caregivers for children and the 8-family. For more information on Central American minors, visit the PDF icon of Exchange Cultural Orientation Resources [PDF-16 pages] External icon. Salvador, Guatemala and Honduras can be designated as refugees, do not live in refugee camps, and usually come from their hometown or village. Primary assistance in relation to States and other high-income nations, doctor's density in El Salvador, Guatemala and Honduras is quite low. According to recent data, there are about 1.6 doctors for 1,000 population in El Salvador. The density of physical population is significantly lower both in Guatemala and in Honduras, with doctors 0.93 and 0.37 for the population of 1,000, respectively 14. The World Health Organization estimates that countries with less than 23 healthcare professionals (including doctors, nurses and obstetricians) for the population of 10,000 probably will not be able to achieve adequate cover rates for primary health care, as defined by the Millennium Development Goals 15. Therefore, the number of doctors in El Salvador, Guatemala and Honduras is "Probably insufficient to obtain adequate coverage for primary health requirements. Access to basic health care in Central America depends largely on the state and socio-economic environment (urban or rural). El Salvador, Guatemala and Honduras worked to improve access and quality of care, particularly in rural areas. Despite improvements made to services and health systems, rural populations still have difficulty accessing basic health services. In Guatemala it is estimated that the basic services for health and nutrition respond only to 54% of the needs of the rural population 16. Similarly, in Honduras, 88.3% of the total population receives assistance from the Ministry of Health. However, most health services are located in the most developed cities, not easily accessible for rural and indigenous populations 17. Minors from rural regions and often underdeveloped can also look for treatments from traditional healers, such as Curanderos or popular healers 18. Curer It exists in all America Latin A, and operators take a wide range of diseases, including recognized diseases modern medicine, as well as 19. Specific to the local population 18. Immunities Despite the challenges of accessing basic primary care services in El Salvador, Guatemala and Honduras, Honduras, Country refers high immunization coverage among children. The coverage of the vaccination in El Salvador varies from 90% to 93%, depending on the vaccine, while the vaccination coverage ranges from 93% to 98% and 88% to 93% respectively in Guatemala and Honduras, 19. El Salvador, Guatemala and Honduras administer vaccines in accordance with the World Health Organization (WHO) Expanded program on immunization. Women's Health Islands selects reproductive health indicators for El Salvador, Guatemala and Honduras are presented in Table 1. In many cases, access to reproductive healthcare is probably limited for indigenous populations throughout the Central America. Table 1. Reproductive Health Indicators for El Salvador, Guatemala and Honduras Table 1. Reproductive Health Indicators for El Salvador, Guatemala and Honduras Country Prevalence of Contraceptive Use (%) Fertility Rate # Teenager Fertility Rate # x -- # Maternal mortality ratio194; # Prevalence of pregnant women receiving prenatal care (%) 99 ; NIGHT ASSISTED QUALIFICATE CHARGE (%) el 72 1.9 66 14 54 96 Guatemala 54 * 3.2 81 24 88 93 * 63 Honduras 73 2.4 66 17 129 97 83 # Total fertility rate represents the average number of children born by a woman during the his years of birth ; 128; Number of births for 1,000 mothers women aging 15-1919 + # Number of births live for 1,000; A/4 100,000 births live 129; Percentage of all pregnant women receiving prenatal care at least once during pregnancy by qualified health personnel Source: World Bank Healthstat Data20, unless otherwise indicated. * Unicef21 sexual and gender violence is increasing in all central America and Mexico. El Salvador, Guatemala and Honduras report extremely high femicide rates, with rates up to five times higher than global murder rates in most of the countries of northern, western and southern European Europe 22, and other armed criminal groups often commit violence women, and domestic violence is widespread throughout Central America 23. In Honduras, 16,000 cases of violence against women were recorded in 2012, of which 74% involved domestic or inter-family violence and 20% involved sexual offences 24. As an overseas medical exam is mandatory for all refugees arriving in the United States and must be performed according to the CDC's Technical Instructions for Foreign Medical Examinations. The Overseas Medical Examination is conducted by group doctors selected by the U.S. State Department. CDC provides regulatory and technical supervision and training for all panel physicians. The purpose of the medical examination is to identify applicants suffering from unacceptable health conditions. Central American refugees and parolees admitted through the CAM program receive medical assessments from medical specialists prior to their arrival in the United States (Figure 3). Since this program is relatively new, the additional components of medical screening can be added as more individuals are approved for resettlement. Those who enter with different mechanisms do not receive medical assessments from the panel doctors prior to entry. The information collected during the medical examination abroad is reported to the Electronic Disease Notification (EDN) system and is available to state refugee health programs in the states to which refugees are resettled. Refugees are not required to receive vaccines before being admitted to the United States. Figure 3. Medical assessment of Central American refugees to the United States * Class B1 for tuberculosis refers to tuberculosis that has been completely treated with directly observed therapy, or an abnormal chest X-ray with negative sputum scratches and cultures, or extrapulmonary tuberculosis. If class B1 TB has been previously diagnosed Completely treated with therapy observed directly, or radiography of abnormal chest with striations and negative cultures of the expectory, or extrapulmonary tuberculosis), Central American refugees receive a doctor before departure, about three weeks before leaving for the United States. Post-Arrival Medical Screening CDC recommends that refugees receive a post-arrival medical screening (home medical examination) within thirty days of arrival in the United States. The Department of Health and Human Services, Refugee Relocation Office (ORR) supports medical screening for those who have been granted refugee status. The purpose of these comprehensive examinations is to identify the conditions under which refugees cannot have been screened during their medical examinations abroad and to introduce refugees to the United States health system. The CDC provides guidelines and recommendations for the home medical examination of newly arrived refugees, which the state health departments supervise and administer. Health programmes of state refugees determine who conducts examinations within their jurisdiction; these can be performed by personnel of the health department, private doctors, or federal qualified health centers (FQHCs). Most state health departments collect data from screening. The tension, fear and uncertainty that can result from chronic violence have lasting effects on physical and psychological health. Chronic discomfort, mental health conditions, hypertension and the depressed immune system can all result from exposure to prolonged violence 25. Furthermore, fears and concerns about crime often discourage people from resorting to health care and other critical services, which are concentrated in urban areas and difficult to access for rural populations 16, 26. This section describes the health conditions, with particular attention to infectious diseases, for which the Central American children of El Salvador, Guatemala and Honduras are at significant risk. Where applicable and available, the following are described: screening or pre-departure. The American Academy of Pediatrics (AAP) Immigrant Toolkit, Section on Clinical Care examines diseases and conditions prevalent in immigrant populations. The AAP The AAP Toolkit also provides medical screening and treatment recommendations for immigrants and refugees from resource-poor areas in developing countries, including Central American countries 27. For more information see AAP's external icon Infectious and Transmissible Diseases Arbovirus: Dengue, Chikungunya and Zika Virus Dengue, chikungunya and Zika viruses cause mosquito-borne infections that are of increasing concern in El Salvador, Guatemala and Honduras. Dengue is endemic to much of Central and South America. However, chikungunya first arrived in the region in 2014, after appearing in the Caribbean in 2013. Currently, local transmission of chikungunya occurs in more than 45 countries and territories in the Americas, including El Salvador, Guatemala and Honduras 28, 29. Active transmission of Zika virus has been reported throughout Central America, including El Salvador, Guatemala and Honduras 30. Acute dengue, chikungunya and Zika infections have similar presentations and may be clinically indistinguishable. Common symptoms include fever, headache, severe myalgia, arthralgia, joint swelling and rash. Chikungunya is unique in that it can cause persistent joint inflammation for months, and sometimes years, even after resolution of acute symptoms. Chikungunya should be considered in patients with chronic rheumatologic symptoms from areas of local transmission. Dengue is unique because reinfection with another dengue virus can cause a condition called severe dengue. Severe dengue can be fatal if not treated properly in a timely manner. With good medical management, mortality due to severe dengue can be less than 1%. Severe dengue is most likely when an individual returns to an endemic area of the disease and unlikely in an incoming new refugee. Zika may be associated with conjunctivitis and other symptoms generally less dengue and chikungunya. Zika virus infection is often asymptomaticexternal icon. Despite the relatively benign benign Acute Infection, Zika was recently associated with an increase in the risk of Guillain-Barré syndrome, and congenital defects (eg microcephaly) if acquired during pregnancy 31, 32. CDC has published provisional guidelines of Screening for newborns with microcephaly and Zika infection. It is unlikely that these infections are clinically occurring during the home screening visit, as the incubation period is generally short and the symptoms often resolve within 10 days of exposure. Hepatitis B virus infection The prevalence of chronic hepatitis B virus infection in Central American Children arriving in the United States is not known. However, recent data suggest that general prevalence in El Salvador, Honduras and Guatemala is low (5 ug/dl) 67. In addition, in a Salvadoran city where lead car batteries are produced and disposed of, thousands of residents, children and adults were chronically exposed to lead 68. of note, anemia and malnutrition, is common among children in central America, increases lead absorption. All newborns and children (from 6 months to 16 years), as well as pregnant adolescents, should be projected for high lead levels. The high cable in pregnant women increases the risk of spontaneous abortion, bass weight newborns of birth and development delays in newborns with significant exhibitions in uterus69. Given the risk of exposure to persistent lead in the United States, it is advisable to repeat the main test 3-6 months after arrival for newborns and children (from 6 months to 59 months), and for older children with history Extended exhortation. Please consult the CDC refugee tool kit for guidelines for the prevention of lead velocities among recently arrived refugee children #

