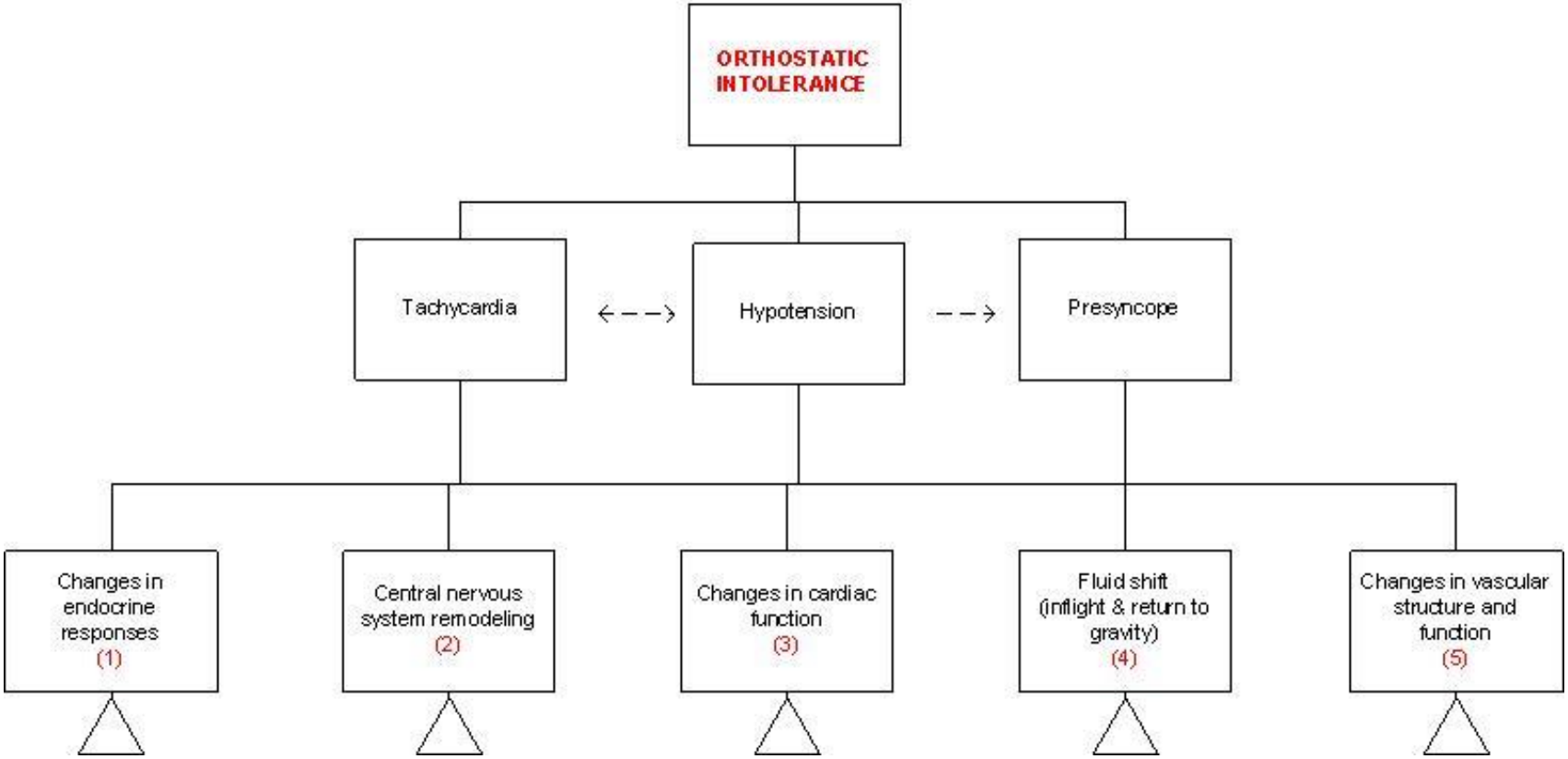
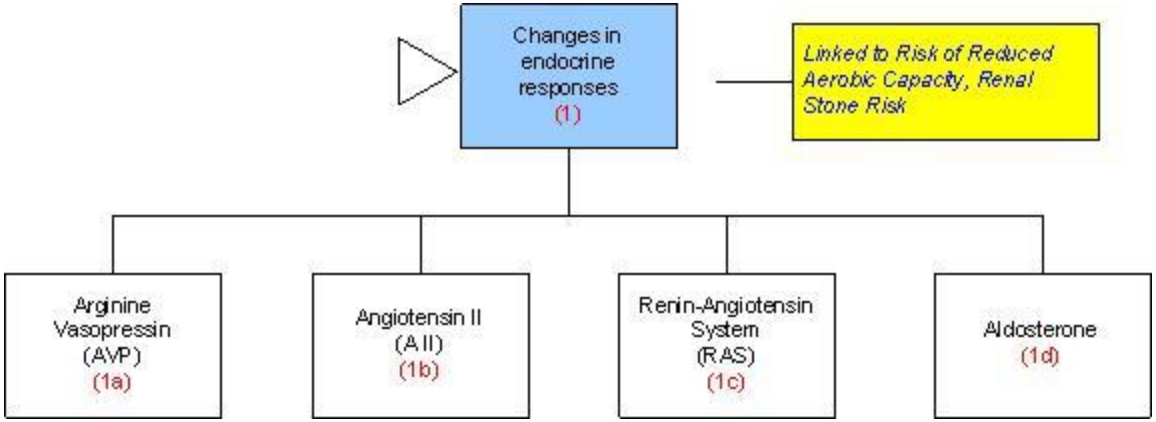
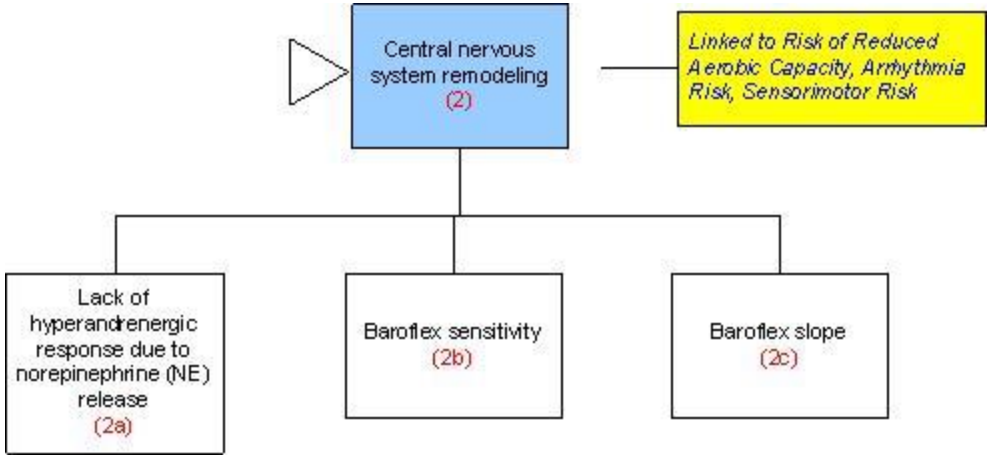
MLD - Version 2
Iteration 2

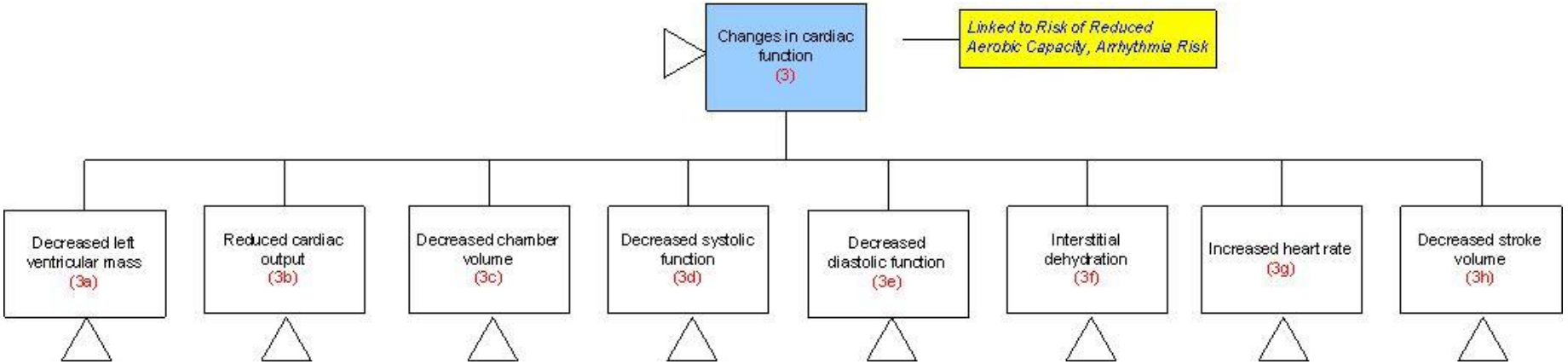
As of 7/8/09

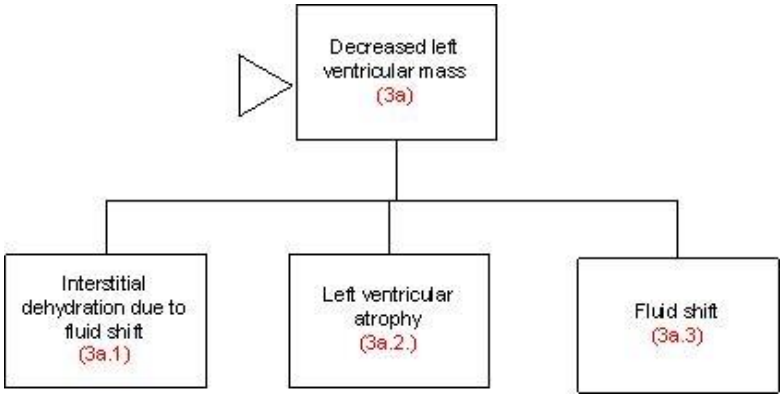
Risk of Orthostatic Intolerance During Re-exposure to Gravity

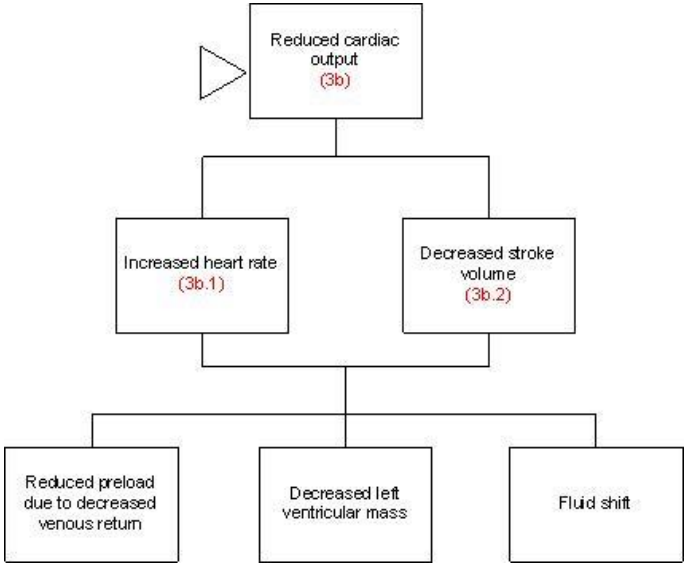


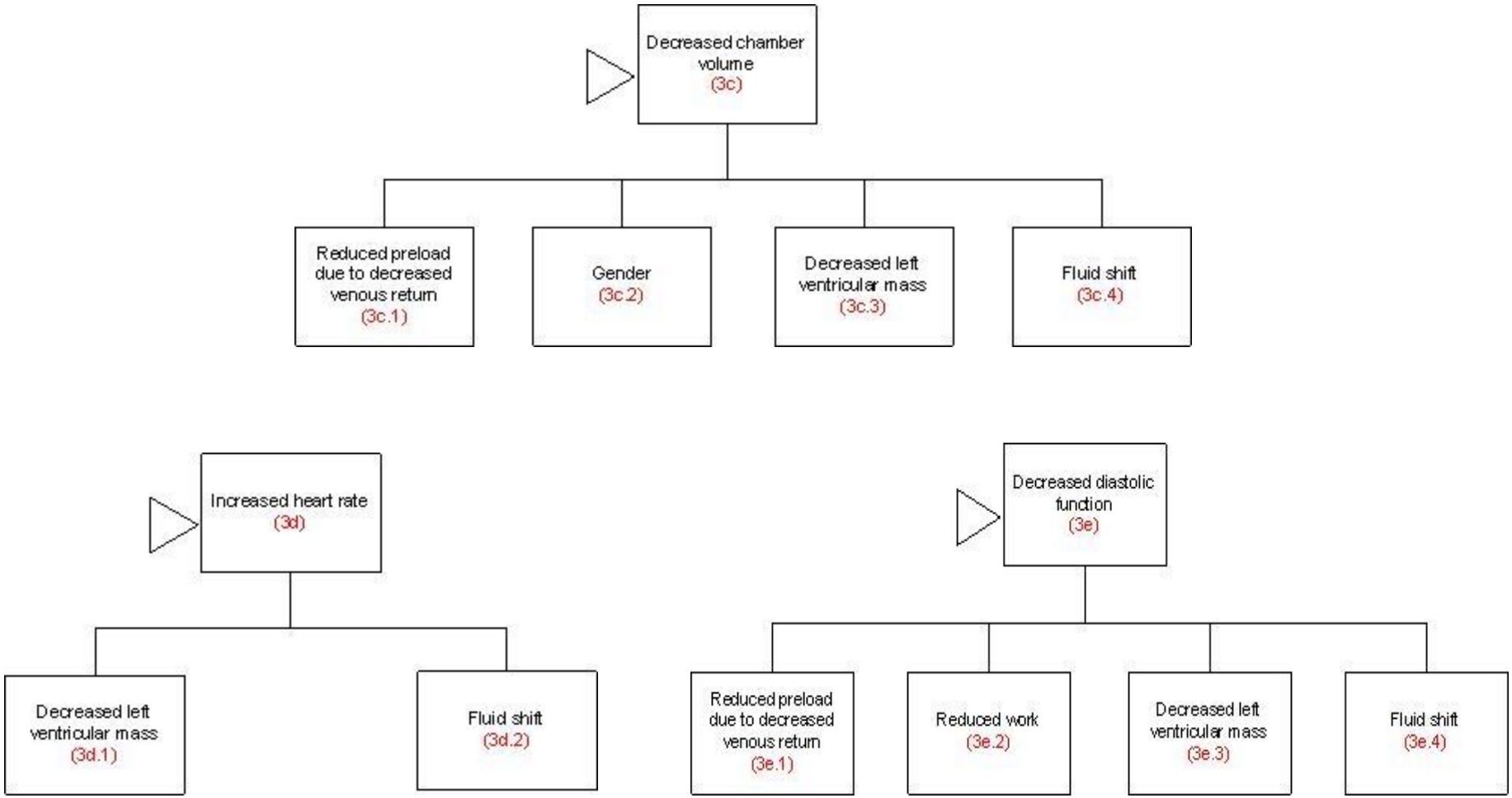

Changes in endocrine responses (1)
Linked to Risk of Reduced Aerobic Capacity, Renal Stone Risk
Arginine Vasopressin (AVP) (1a)
Angiotensin II (AII) (1b)
Renin-Angiotensin System (RAS) (1c)
Aldosterone (1d)


Central nervous system remodeling (2)
Linked to Risk of Reduced Aerobic Capacity, Arrhythmia Risk, Sensorimotor Risk
Lack of hyperandrenergic response due to norepinephrine (NE) release (2a)
Baroflex sensitivity (2b)
Baroflex slope (2c)


Changes in cardiac function (3)
Linked to Risk of Reduced Aerobic Capacity, Arrhythmia Risk
Decreased left ventricular mass (3a)
Reduced cardiac output (3b)
Decreased chamber volume (3c)
Decreased systolic function (3d)
Decreased diastolic function (3e)
Interstitial dehydration (3f)
Increased heart rate (3g)
Decreased stroke volume (3h)


Decreased left ventricular mass (3a)
Interstitial dehydration due to fluid shift (3a.1)
Left ventricular atrophy (3a.2.)
Fluid shift (3a.3)


Reduced cardiac output (3b)
Increased heart rate (3b.1)
Decreased stroke volume (3b.2)
Reduced preload due to decreased venous return
Decreased left ventricular mass
Fluid shift


Decreased chamber volume (3c)
Reduced preload due to decreased venous return (3c.1)
Gender (3c.2)
Decreased left ventricular mass (3c.3)
Fluid shift (3c.4)
Increased heart rate (3d)
Decreased left ventricular mass (3d.1)
Fluid shift (3d.2)
Decreased diastolic function (3e)
Reduced preload due to decreased venous return (3e.1)
Reduced work (3e.2)
Decreased left ventricular mass (3e.3)
Fluid shift (3e.4)