When push comes to shove mastering physics

Two forces of magnitude F_1 80.0 N and F_2 30.0 N operate in opposite directions on a block that is on the surface without friction, as shown in the picture. Initially, the center of the block is in a position of x_i -2.00 cm. At a later time, the block moved to the right, and its center is in a new position, x_f 1.00 cm. a) Find work W_1 done on a block by a force of magnitude F_1 80.0 N as the unit moves from x_i and -2.00 cm to x_f and 1.00 cm. B) Find a job. , W_2 the F_2 and 30.0 N as the block moves from x_i to -2.00 cm to x_f and 1.00 cm. C) What is the net work done on the block by two forces? D) Identify the change of K f-K i in the kinetic energy of the unit when it moves from x_i and -1.00 cm to x_f and 1.00 cm. Two forces of magnitude 65.0 N and 30.0 N act in opposite directions on a block that is on the surface without friction, as shown in the picture. Initially, the center of the block is in the position of x (initial) - -1.00 cm. At a later time, The unit has moved to the right, and its center is in a new position, x (final) 1.00 cm.A. Find work (W1) done on a block of force of magnitude F1 and 65.0 N as the unit moves from, x -1.00 cm to xf 1.00 cm.B. Find work (W2) done by the force of F2 and 30.0 N as the block moves from xi -1.00 cm to xf 1.00 cm. C.What is the pure work (Wnet) done on the block by two forces?D. Identify the change, Kf-Ki, in the kinetic energy of the unit as it moves from xi and -1.00 cm to xf 1.00 cm. cuando el empuje viene empujar 화자 570 x 백만 명 when the push comes to shove 화자 510 x 백만 명 धक्का को गिरवी रखना आता है जब 화자 380 x 백만 명 عندما x وقت الحسم 화자 280 x 백만 명 No 278 화자 x 백만 명 quando o impulso vem shove 화자 270 x 백만 명 ধাক্কা ঠেলা আসে 화자 260 x 백만 명 quand les chose se g'tent 화자 220 x 백만 명 apabila menolak data ng untuk mendorong 화자 190 x 백만 명 wenn nn nn Hartes auf hart 화자 180 x 백만 명 プシュが突き出すことになると 화자 130 x 백만 명 밀어 밀어 올 때 화자 85 x 백만 명 Natica push teka kanggo nyurung 화자 85 x 백만 명 hee đến x đẩy 화자 80 x 백만 명 தள்ளுவதற்கு உதவுகிறது 화자 75 x 백만 명 जेव्हा धक्का मारणे येतो तेव्हा 화자 75 x 백만 명 Itme Geldishinde kypyr 화자 70 x 백만 명 quando arriva il momento critico 화자 1 65 x 백만 명 gdy przyjdzie co do c zego 화자 50 x 백만 명 화자 y 40 x 백만 명 atunci c'nd vine vorba de ampinge shove 화자 30 x 백만 명 φτάσουν 15 화자 백만 명 백만 명 push coma te stoot 화자 14 x 백만 명 n'r det kommer do kritan 화자 10 x 백만 명 n'r det kommer til stykket 화자 5 x 백만 명 当推来推 1325 million de locuteurs cuando el empuje viene empujar 570 million decut loeurs, when the push comes to shove 510 million de locuteurs धक्का को गिरवी रखना आता है जब 380 million de locuteurs عندما and 280 وقت الحسم million de locuteurs No 278 million de locuteurs quando o impulso vem shove 270 million decut loeurs ধাক্কা ঠেলা আসে 260 million de locuteurs quand les chose se g'tent 220 million de locuteurs Apabila menolak datang untukuk 190 million de locuteurs wenn es hart auf hart 180 million de locuteurs プシュが突き出すことになると 130 million de locuteurs 밀어 밀어 올 때 85 million de locuteurs Natica push teka kanggo nyurung 85 million de locuteurs khi n'i đến đẩy x 80 million de locuteurs தள்ளுவதற்கு உதவுகிறது 75 million de locuteurs जेव्हा धक्का मारणे येतो तेव्हा 75 million de locuteurs Itme geldi'inde k'p'r k'p'r 70 million de locuteurs quando arriva il momento critico 65 million de locuteurs gdy przyjdzie co do czego 50 million de locuteurs and 40 million de locuteurs atunci c'nd vine vorba de ampinge shove 30 million de locuteurs q φτάσουν q q 15 million de locuteurs toe click com te stoot 14 million de locuteurs nur-det kommer up kritan 10 million de loeurcuts n'r det kommer up stykket 5 million de locuteurs Last week we talked about pushing out pelvic organs. Not the best. Today we're talking about getting the baby out. Much better. I'll try to explain to you the physics of vaginal delivery in less than a thousand words. I'm in my fifties, so it should be interesting. Fifty-five now, but I'm distracted. Anyway, there's this thing called the uterus. The uterus is an organ in women (aka Womb) that wraps almost entirely around your growing, yet unborn, baby. I say almost completely, because the uterus has the shape of a balloon, with a hole at one end. Why the discovery? Because the baby will eventually have to get out of the organ and comfortably, the uterus is equipped with a doorways. It is no less convenient that children do not fall all over the place, there is a temporary development of fabric that shuts the door until you and the child are ready to work. Doorway down in the lowest part of the balloon because, frankly, children do not have the motor skills to get up and out. They like to use the path of least resistance that goes along with gravity. So you have a ball-shaped organ wrapped around the baby called the uterus. Geek Notes: Why is it called the uterus? You're going to love this. The uterus comes from the Greek word hustera. From the word hustera comes the term for a medical condition called hysteria -- a disease believed (in the age of Hippocrates) to be a condition of the uterus. In the middle of the women's flanks lies a uterus, a female art, very similar to an animal; for it moves by itself back and forth along the flanks, as well as up a straight line below the cartilage of the chest, as well as obliquely to the right or left, either in the liver or spleen; and it can also fall down, and, in a word, it's totally unstable. He pleases, too, in fragrant smells, and advances towards them; and he has an aversion to smells, and runs away from them; and in general the uterus, like an animal in an animal. from Aretaeus Cappadocian until the 1930s, hysteria was the most frequent psychiatric label applied to Until 10am this morning, hysteria was the most commonly used animal name about my house. Have I completely lost you? Let's get back on track. The balloon shaped uterus has a good layer of muscle (myometrium) that, when the time comes, begins to contract. In fact, myometrium has been contracted all throughout pregnancy, but with such episodic frequency and low strength, it's pretty impossible to detect, especially when you're constantly distracted by life. And television. Fun Party Trivia: If you're ever at a party and someone asks: What is the strongest human muscle, you may disagree with them when someone speaks the language. Unless it's a dude, in which case it could be for him. But even stronger than human language is myometrium. What makes this muscle strong is the fact that it can generate insanely large amounts of strength with very little tissue. Pound for pound, the uterus has got the rest of the musculature to beat when it comes to producing strength. There are two things the uterus has to do. First, it should open the cervix. How does he do that? No one knows for sure, but one thing is clear. In order to get the cervix to open quickly, it helps if the baby's head is knocking on the door. This knock is called Head to Shakes Power. There are two things that maximize strength - the first is the position of the child's head, and the second, of course, to be upright and walk during the expansion phase (increasing downward pressure). It has been shown that women who slowly progress or eventually need a caesarean section have a low head to the cervix. Second: the contraction of the uterus, once fully enlarged, now begins to expel the baby. You, baby, go to the principal's office!!! Just kidding. This super-strength uterus begs the question, especially for those of you who read the blog last week: If the uterus is so strong, why do we create this excessive force down during childbirth? Why do we blow out our pelvic floors and push out organs when you have Arnold Schwarzenegger's female organs at work? This has much to do with the history of light work. It was believed that at an early stage of medicine the expulsion phase should take place very quickly, but in a controlled format. And because the mothers in the hospitals were lying before birth, the biomechanics of the uterine forces was changed - no longer the baby pushes down, but more horizontal. Now, to push the baby horizontally, here come the commands for The Waltzalva pressing and the triple push pattern of voluntary generation maternal strength (usually bearing down just before, during, and immediately after the peak of the force reduction). The result is a shorter expulsion phase, but also greater maternal fatigue (and increased interventions), and a larger pelvic floor (and fetus) stress. When there is a spontaneous click, the expulsion phase is sometimes longer, but the natural timing of the push with peak reduction seems to be yourself yourself naturally, and leads to maximum strength generation and energy saving - basically MOM having more energy to get the job done while keeping its pelvic organs and muscles intact. There is also one thing that affects the ability for the child to get out. And no, it's not how much you want Labor to be more :). The ability for the baby to move down as little you resist. What do I mean? I mean that every ascending power you create out of habit (more on ascending power, lowering the pressure here if you missed it), and the strain you carry in your pelvic floor muscles will make it harder for the uterus to do its job. The uterus has a slow and steady pace with which it works. With chronic psoa tension, thighs (fours, inner thighs, hamstrings), pyriformis and pelvic floor muscles directly, the uterus becomes less effective. You see, the uterus can't work any more than it's biologically programmed to do. It can only generate the strength it generates, which means that the more relaxed and stretched the muscles are before you get to the maternity ward or your backyard birthday bath, the more effective your natural process can be. Now, what are you going to do with all this information? (Check out my amazing plan!) 1. Know that although vaginal delivery is a completely natural process, you no longer have naturally aligned equipment. Your heeled shoes, hours spent in armchairs, habits of sucking in your gut, chronic stress and tension, high chest breathing, and a lurking pelvis make both head-to-neck and uterine strength lower than they might be and your resistor strength (thigh and PF tension) is higher than they should be. A. You can't do much about it once you've gone into labor. I. You can do something about it while you are growing your baby or before you get pregnant. Something about it is No 1. Release your psoas and guts - read this 2. Stop refueling and pushing your pelvis - read this and it's 3. Get out of your positive heeled shoes and go for barefoot, minimalist, earth-brand, or super-flat shoes. 4. Get off your chair and create a permanent workstation. 5. Work (carefully) to open your hips (fours, hams, inner thighs, and IT groups), making sure your pelvis doesn't move when you're doing your leg stretches. More exercise here. 6. Walk at least a few miles every day thinking about all the things above. 7. Learn about the positioning of the child. You can work with your baby early on for an optimal baby/uterus alignment. Find more information www.spinningbabies.com (and I love Gail's work so much, I'm going to interview her soon!) and more. All these things are biomechanics of the uterus not only dealing with delivery, but also with conception, both natural and IVF. Dynamics of uterine fluid sharply from the position - something is not really basic for most professionals, even if it is in biomechanical literature. Gravity Situation We are all exposed to the gravitational forces of the Earth, and all The process should also obey Newton's basic laws of physics, says Professor Elad, who has been studying biomechanical pregnancy engineering for more than 15 years. The contractions of the uterus push the fluid into the woman's womb in a peristaltic fashion that helps sperm reach the egg in the fallopian tubes. And after fertilization, the same peristalsis pushes the embryo to the place of implantation in the uterine wall. It's a fluid problem. By thinking about these biomechanical processes during IVF treatment, we can help doctors and prospective parents see better outcomes, he says. See, I'm not the only Little Chicken in the room, flashy Newtonian physics, Newtonian physics! P.S. This blog will be much more interesting with photos, so I thought I'd include a picture of my uterus: I really need a camera with a flash ... Read more: E. Showalter, Hystories: Hysterical Epidemics and Modern Culture (1997) Br J Obstet Gynaecol. 1996 Aug;103(8):763-8.Head to cervix force: an important physiological variable in labor. 1. Temporary link between the strength of the head to the cervix and intrauterine pressure during childbirth. Br J Obstet Gynaecol. 1996 Aug;103(8):769-75.Head to cervix strength: an important physiological variable in labor. 2. Peak active force, peak of active pressure and method of delivery. Med Eng Phys. 1997 June;19(4):317-26.Simultaneous monitoring of head to cervical strength, intrauterine pressure and cervical dilatation during childbirth. Obstet Gynecol. 2009 April; 113(4): 873–880. Biomechanical analysis of maternal model effectiveness in the second phase of progress

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