

How Do You Get A Female Athlete Triad

Understanding the Female Athlete Triad [microform]: a Closer Look at the Components of the Female Athlete Triad and Their Relationships

- Hontscharuk, Rayisa 2005

The Female Athlete Triad was examined in sedentary (SedOvul; n=10) and exercising (ExOvul; n=10) ovulatory women, and women with severe (ExOligo/Amen; n=19), or subtle (ExLPD/Anov; n=13) exercise-associated menstrual disturbances (EAMD). Resting metabolism (RMR/kg LBM) was lower in EAMD versus SedOvul ($p=0.005$), with the magnitude of severity dependent on EAMD. Bone mineral density (BMD) was lower in ExOligo/Amen versus ExOvul and ExLPD/Anov ($p=0.052$). Bone resorption was higher

($p=0.030$) in the Osteopenia group. Drive for thinness (DFT) scores were dependent on menstrual status ($p=0.055$). High DFT group (HDFT) had lower RMR/kg LBM than Normal DFT group (NDFT; p

The Female Athlete Triad - Catherine M. Gordon 2014-10-28

This is the first book of its kind to focus solely on the female athlete triad - its origins, its recognition, and most importantly, its management. Since the symptoms themselves cover a range of medical specialties, chapters are written by experts in a number of relevant fields - sports medicine, orthopedics, endocrinology, and pediatrics - with an eye toward overall care of the young female athlete. Additionally, each chapter includes suggestions on how to

educate and communicate with young athletes and their parents, as well as trainers and coaches, on how to manage the illness outside of the direct clinical setting. The female athlete triad is often seen in sports where low body weight is emphasized, such as gymnastics, figure skating, and running, though it can appear in any sport or activity. The interrelated symptoms - eating disorders, amenorrhea, and low bone mass - exist on a spectrum of severity and are serious and potentially life-threatening if not properly treated. Psychological problems, in addition to medical ones, are not uncommon. The Female Athlete Triad: A Clinical Guide discusses all of these areas for a well-rounded and in-depth approach to the phenomenon and will be a useful reference for any clinician working with female athletes across the lifespan.

Musculoskeletal Health in Women - Elinor Mody

2013-10-30

Recent research indicates that

gender differences in anatomy and physiology, endocrinology, hand eye co-ordination and motor development have an effect on the kinds of injuries incurred as a result of sporting activities. Since men and women have different responses to exercise; strength and conditioning programs should be modified for these differences. Musculoskeletal Health in Women was born out of a need to provide fitness advice tailored to women. For example, research has focused on correcting neuromuscular imbalances in women to prevent injuries. Increased abduction moment at the knee and balance problems have been found to be predictors of ACL injury. Muscle strengthening with special emphasis on the terminal knee extensors and hip abductors can improve these neuromuscular imbalances. Additionally, taping and bracing at the ankle may be helpful, particularly in women prone to certain injuries. Any discussion of women's sports injuries is only complete if it

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includes the Female Athlete Triad: energy availability (which is affected by eating disorders), osteoporosis, and menstrual function. *Musculoskeletal Health in Women* provides a fully-illustrated and comprehensive overview of all of these aspects and its multidisciplinary approach ensures that expertise is provided from disciplines such as psychiatry, physiatry, endocrinology, nutrition, rheumatology, orthopedics, physical therapy and radiology. These authors have worked with women athletes of all ilks and are well equipped to address a full spectrum of issues related to the musculoskeletal health of women. *Musculoskeletal Health in Women* will be of primary interest to women athletes and women embarking on a fitness regimen. Health professionals working in this area would also invariably benefit from the advice and guidance provided within these pages.

Knowledge and Awareness of the Female Athlete Triad

Among Female Collegiate Athletes at California State University, Long Beach - Brenda Tabone 2013
Abstract: The Female Athlete Triad is a syndrome defined by disordered eating, amenorrhea, and osteoporosis seen in female athletes. This directed project presented the assessment of knowledge and the importance of education among female athletes regarding the Female Athlete Triad. The researcher worked with the athletic department and the female athletes at California State University, Long Beach. A quantitative study, quasi-experimental, one-group design was completed. A one-group pretest-posttest was used on 45 female athletes to evaluate their knowledge base before and after the educational intervention. Results indicated a significant increase in the athletes' scores for knowledge of the Female Athlete Triad between the pretest and posttest (p [The Prevalence of the Female Athlete Triad in Recreational Endurance Runners](#) - Rachel

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Webb 2009

Abstract: The female athlete triad has been shown to be of severe consequence for female athletes who do not consume enough dietary calories to meet the high energy demands of intense or prolonged physical activity. The three components of the triad (low energy availability, menstrual dysfunction, and low bone mass) can lead to severe and possibly permanent health complications such as amenorrhea, anovulation, stress fractures, and even osteoporosis. A review of the literature has found that most of the research has focused on exploring the depths of one component of the triad or on the interrelationship of two components of the triad. Only four research studies to date have examined the true prevalence of all three components of the triad. Other limitations of the research include a lack of 1) longitudinal data, 2) data on recreational runners (as opposed to elite runners), and 3) large scale studies. This thesis will serve

to explain in detail the components of the present study, The Prevalence of the Female Athlete Triad in Recreational Endurance Runners, as well as a prospective follow-up study, Treatment Methods for Recreational Runners Presenting with the Female Athlete Triad: A Longitudinal Study. The goal for these two studies is to increase awareness and show support for the true prevalence of the female athlete triad in a large scale study using recreational runners as well as forming a foundation for prevention and treatment methods for future research concerning the triad. **The Female Athlete Triad** - Claudia Francis Wilson 1997

Effect of Physical Training on the Female Athlete Triad

- Doaa Osman 2015-05-07
The female athlete triad (FAT) is a syndrome of three interrelated serious health disorders which include low energy availability with or without eating disorders, menstrual dysfunction and low

bone mass. All female athletes are at risk for the triad or any of its components. However, FAT can also occur in non-athletic females who are not training or competing in a specific sport. Inadequate nutrition in combination with high caloric expenditure of sport training result in a sustained low energy availability which results in metabolic and hormonal disturbances such as menstrual irregularity and low bone mass. Early detection of FAT components is essential to prevent further development and worsening of the triad symptoms especially in adolescence because it is a critical period for optimizing bone mineral accrual. The physical therapists are an integral part of the interdisciplinary team that is involved in the care of female athletes. They have expertise in exercise metabolism, exercise prescription and sport biomechanics. Furthermore, the physical therapists bring additional expertise in the assessment and intervention of

athletic and orthopedic injuries.

[The female athlete triad in Norwegian elite athletes and non-athletic controls](#) - 2004

[The Prevalence of the Female Athlete Triad](#) - Kylie Ameres 2020

The Female Athlete Triad (FAT) is characterized by three individualized disorders that are present at the same time. Low energy availability with or without disordered eating, amenorrhea, and osteoporosis are the three components that make up the Female Athlete Triad. The competitive nature and extreme exercise expenditure of female athletes at the Division 1 level, increases their risk of experiencing the components of the Female Athlete Triad. The purpose of this study was to determine the prevalence of the Female Athlete Triad in NCAA Division 1 female athletes. A total of 100 participants were chosen from various sports through Gardner-Webb University athletics. Each participant that

met the inclusion criteria filled out an informed consent form before completing the surveys. The participants were asked questions about eating habits, menstruation and history of stress fracture. The results were evaluated with two separate analyses. The first was a chi-squared test was used to assess the different proportions risk factors associated with all of the participants. The second was used to evaluate each risk factor for each component of the Female Athlete Triad (the three questionnaires) as separate variables. It is hypothesized that NCAA Division 1 female athletes are at an increased risk of developing at least one, if not all components of the Female Athlete Triad.

[Handbook of Sports Medicine and Science, The Female Athlete](#) - Margo Mountjoy 2014-12-03

Each chapter focuses on the specific issues that female athletes confront both on and off the field, such as bone health, nutritional

recommendations, exercise/competition during menstruation and pregnancy, and much more. Fully endorsed by the IOC and drawing upon the experience of an international team of expert contributors, no other publication deals with the topic in such a concise and complete manner.

Risk Factors for the Female Athlete Triad in College-age Athletes Compared to Non-athletes - Micaela Miller 2018

The Female Athlete Triad (Triad) is the three interrelated conditions of low energy availability with or without disordered eating, menstrual irregularity or amenorrhea, and osteoporosis, and is a health concern that affects active women of all ages who participate in physical activity. Although associations have been found between the individual components of the Triad, research is still limited on all Triad components occurring simultaneously in athletes. In addition, research on the college-age female population is currently limited.

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The purpose of this study was to examine Triad risk factors in the college-age female athlete population compared to the non-athlete population, specifically focusing on the risk factor of inadequate energy availability and eating disorders. A non-experimental cross-sectional study design was conducted during the spring semester to assess presence of the Triad risk factors among females attending a Midwestern university. A total of 1537 female students participated in this study. An online survey composed of the LEAF-Q questionnaire and the EAT-26 questionnaire was used to assess the risk factors for the Female Athlete Triad and risk for eating disorders, respectively. Independent samples t-tests and chi square tests were used to analyze differences in risk for low energy availability and risk for eating disorders between the two groups of participants. There were no significant differences between the athlete and non-athlete groups, in risk for the Female Athlete Triad as

measured by the mean LEAF-Q scores. However, within the athlete group, associations were found in number of training days, age of first menstrual period, and amenorrhea for three consecutive months. Results showed no significant ($p = 0.74$) differences between athlete and non-athlete groups in risk for eating disorders using mean EAT-26 scores. More non-athletes (20%) were associated with avoiding foods with carbohydrate content, while a higher number of athletes (4%) were associated with having the impulse to vomit after meals. Additionally, a significant ($p = 0.01$) difference was found between the athlete and non-athlete groups in their response to the question, "Gone on eating binges where you feel that you may not be able to stop?" Overall, there were no significance ($p = 0.07$) differences between the number of athletes who were considered at risk for both inadequate energy intake and an eating disorder compared to

non-athletes. Associations between athletes and the Female Athlete Triad are evident, but the Triad components are not yet fully understood. Results of this study suggest a need for screening and monitoring female athletes for Triad risk factors.

The Female Athlete E-Book -

Rachel Frank 2021-08-04

Of all the important factors that must be considered when assessing and treating an athlete, the impact of patient sex is perhaps the most critical, yet historically has often been neglected. The "same injury" in a male patient may present differently, sometimes in subtle ways, than in a female patient and may require a different treatment approach. The *Female Athlete*, edited by Dr. Rachel Frank, provides concise, expert coverage of the ways in which common sports medicine injuries present in female patients versus male patients, describing recent literature analyzing sex differences in injury patterns and available treatment

options. Provides a comprehensive review of key areas of importance related to care for women in sports, including the differences in care and treatment for male and female patients. Covers many of the most common injuries female athletes face, including ACL injuries, shoulder instability, concussion, stress fractures, female overuse injuries, and more. Considers prevention strategies, nutritional recommendations, as well as exercise recommendations for women during pregnancy.

The Female Athlete, An Issue of Clinics in Sports Medicine,

E-Book - Siobhan M. Statuta 2017-09-14

This issue of *Clinics in Sports Medicine*, edited by Dr Siobhan Statuta, will cover a variety of topics related to *The Female Athlete*. Articles will discuss topics including, but not limited to: Congenital Cardiac and Nuances; Concussion overview in female athlete; Anxiety, Stress, and Depression; Gastrointestinal Conditions; Female Athlete

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Triad/Tetrad; Training Principles to Avoid Injury in Female Athletes; Nutritional concerns; Exercise in Pregnancy; and Osteopenia in the Older Female Athlete. *The Exercising Female* - Jacky Forsyth 2018-09-28

The *Exercising Female: Science and Its Application* is the first book to provide students, researchers, and professionals with an evidence-based reference on the exceptional scientific issues associated with female participation in sport and exercise. Based on the latest research, and treating women as a unique population, the book seeks to critically evaluate current debates, present the science underpinning female sport and exercise performance, and inform applied practice for the exercising female. Featuring contributions from leading scientists from around the world, and adopting a multidisciplinary approach—from exercise physiology, endocrinology, and biochemistry to psychology,

biomechanics, and sociology—the book includes chapters on topics such as: Exercise and the menstrual cycle, contraception, pregnancy, motherhood, and menopause. Body image, exercise dependency, the psychology of sports performance, and homophobia in female sport. The Female Athlete Triad, bone health, musculoskeletal injury, and breast biomechanics. Nutritional requirements for the exercising female, immune function and exercise, and cardiovascular health. Filling a considerable gap in book literature around the science of female sport and exercise, this is crucial reading for any student studying female sport and exercise science, researchers of female sport, and any coach, sport scientist, strength and conditioning coach, sport psychologist, physician, or physiotherapist working with female athletes. [Nutrition and the Female Athlete](#) - Katherine A. Beals 2013-01-29

Designed to address the

nutritional needs of women over the age of 18 who partake in sports on a regular basis, *Nutrition and the Female Athlete: From Research to Practice* highlights nutritional concerns specific to active women. It discusses the link between nutrition and athletic performance and translates research into practical applications for health, fitness, and nutrition professionals. The book addresses gender differences in substrate utilization and the implications for how these differences might translate into different macronutrient requirements for female athletes. It covers vitamins and minerals that are often lacking in the diets of female athletes and presents special considerations for individuals with disordered eating, menstrual dysfunction, and low bone-mineral density. **Bone Stress Injuries** - Adam S. Tenforde, MD 2021-07-17 "This book gives a nice summary of the current state of diagnosis, treatment, and prevention of bone stress injuries. It is particularly useful

for sports medicine fellows and residents with an interest in athletes and active patients." --- Doody's Review Service, 3 stars Bone stress injuries are commonly seen in athletes and active individuals across a full spectrum of physical activity, age, and gender. While most overuse injuries can be addressed through non-operative care, injuries may progress to full fractures that require surgery if misdiagnosed or not correctly managed. Written by leaders in sports medicine including physical medicine and rehabilitation, orthopaedics, endocrinology and allied health professionals of biomechanics, physical therapy and dietetics, *Bone Stress Injuries* offers state-of-the-art guidelines and up-to-date science and terminology to practitioners. Using a holistic approach to understand the management of bone stress injuries, this book highlights specific considerations by injury, gender, and risk factor to ensure that a comprehensive treatment plan can be

developed to optimize bone health, neuromuscular re-education, gait mechanics, and injury prevention. Organized into four parts, opening chapters cover the general need-to-know topics, including clinical history, imaging, and risk factors including biological and biomechanical factors. The book proceeds anatomically through the body from upper extremity to foot and ankle injuries, with each chapter underscoring diagnostic and treatment strategies specific to that region. Chapters dedicated to special populations discuss the differences in injury evaluation and management according to age, gender, and military background. Final chapters review the prevention of injuries and examine both common and novel treatment strategies, such as medications, nutrition, gait retraining, orthobiologics, and other interventions. Invaluable in its scope and approach, *Bone Stress Injuries* is the go-to resource for sports medicine physicians, physiatrists, and

primary care providers who manage the care of athletes and individuals leading active lifestyles. Key Features: Promotes evidence-based practice for diagnosis, treatment, and prevention of bone stress injuries Covers specific anatomy that is prone to bone stress injuries with dedicated chapters on upper and lower extremities, pelvis and hip, spine, and foot and ankle Considers evaluation and management differences according to specific populations of pediatric, male, female, and military personnel Discusses emerging strategies to treat bone stress injuries, such as gait retraining, orthobiologics, and other non-pharmacological treatments
The Female Athlete Triad - Tamara D. Lauder 1997

The Young Female Athlete - Cynthia J. Stein 2016-04-27 Utilizing a multidisciplinary approach and drawing on the experience of experts in their respective fields, this unique book presents and discusses an array of topics relevant to the

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ever-growing population of pediatric, adolescent and young adult female athletes. Each topic is clearly defined and includes epidemiology, diagnosis, treatment and future directions. Opening chapters discuss growth and development, sports nutrition, resistance training, and psychological considerations for the young female athlete, with a chapter focusing on the female athlete triad. Later chapters present injuries and management strategies common to the young female athlete, such as overuse injuries, spondylolysis, hip and ACL injuries, concussion, and cardiovascular complications. The concluding chapter considers the benefits of physical activity for chronic disease prevention later in life. The Young Female Athlete provides useful, up-to-date information for any practitioner treating this active population, encouraging sports participation with fitness, injury prevention, personal growth, and long-term health.

Describing the Components

of the Female Athlete Triad and Resting Metabolic Rate in a Cohort of Middle-upper Class Adolescent Female Athletes

- Kelsey Annette Conrad 2016

Background: The female athlete triad is defined as “a spectrum of abnormalities in energy availability, menstrual function, and bone mineral density”. This spectrum of abnormalities refers to a range of severity from normal to varying degrees of pathology for each component of the triad. The female athlete triad has been studied extensively in adult women, but few studies have evaluated the triad and its associated conditions, namely suppressed resting metabolic rate, among adolescent female athletes. Objectives: To describe the components of the female athlete triad and resting metabolic rate among a cohort of middle-to-upper class adolescent female athletes.

Identifying and Reducing Risk of the Female Athlete Triad in Division 1 Athletes

- Jennifer Day 2016

Physically active females, or

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female athletes, are at risk for the condition known as the female athlete triad (Triad). The Triad is made up of three components that are distinctly separate, but intertwined: consuming inadequate energy for how much they are exercising, poor bone health, and problems with their menstrual periods. When female athletes don't consume enough energy for how much they exercise, there can be hormonal imbalances, causing the body to conserve energy from some important functions including menstruation, and increased bone turnover resulting in a higher risk of stress fractures and early osteoporosis. Female athletes at risk for the Triad have a higher risk of being injured, and don't have the energy that they need to perform physically. To combat

the Triad, we performed assessments to see how many female athletes were at risk for the Triad in Division I female athletes, and were surprised at the high number that were at risk for the Triad. We provided nutrition information and interventions aimed to decrease female athletes' risk for the Triad. We also developed a new, quick method for female athletes, or busy individuals, to track their diet using the video feature on their cell phones. The benefits of providing nutrition information to the female athletes included: increasing their knowledge about the Triad, and things that they could do to prevent the Triad. The interventions did cause behavior change in some female athletes to increase how much energy they were consuming, decreasing their risk for the Triad.

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