

Caring for the female athlete

Sunday, May 16, 2010
By Kathy Katella

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Featured



Twenty years ago, when Alissa Davis's sister tore her anterior cruciate ligament (ACL)—an important ligament that stabilizes the knee—it ended her field hockey career. Davis thought she'd avoided injuries in school. Then this past winter she rushed out of her house wearing socks, slipped on her toddler's toy and went down.

An MRI at Yale gave her a surprise. Along with a new knee injury, the 35-year-old teacher and assistant coach had a partial ACL tear, as well as an older ACL injury, probably from jogging, skiing, or playing field hockey or lacrosse in her teens. "There were a few threads still attached—it was a scary image," she says. Luckily the tear resulted in only minimal instability, so she avoided surgery.

More players, more injuries

Her doctor was Karen Sutton, MD, Yale Medical Group's newest orthopaedic surgeon, a three-time lacrosse captain at Duke University who led her team to the Final Four. While completing a sports medicine fellowship in Boston, Sutton assisted in the orthopaedic care of the Boston Red Sox and the New England Revolution.

At Yale, Sutton has her work cut out for her. Since Title IX was enacted in 1972, banning sex discrimination in academics and athletics, female participation in sports and active lifestyles among women in general have continued to increase. Unfortunately, injuries have also risen, especially in adolescent girls. Many of Sutton's patients are women with injuries, as well as adolescent boys and girls who have hurt themselves playing baseball, basketball, field hockey, football, ice hockey, lacrosse, soccer or tennis.

Sutton expects to play a key role in the development of a women's health initiative at Yale-New Haven Hospital that will draw in endocrinologists, nutritionists and other specialists to take a multidisciplinary approach to the care of active women.

"There's the female athlete triad that includes anorexia, osteoporosis and amenorrhea, or absence of menstrual periods," Sutton says. "So when you see a new patient, you have to ask, are they losing too much body fat? Are they losing their periods? If a woman who comes in with a stress fracture is a cross country runner significantly below her ideal body weight, you want to figure out if she's getting adequate caloric intake. Some of the problems that come up for women athletes may have ramifications down the road when they want to have children."

Better care for ACL damage

ACL injuries in particular have risen exponentially among adolescent and teenage girls, and Sutton says she sees them earlier and sooner than ever before. The injury occurs most often when an athlete jumps or pivots in such popular sports as soccer, and research shows girls are four to eight times more likely than boys to suffer damage to the ACL.

"They used to treat ACL injuries non-operatively in skeletally immature athletes, because everyone was so concerned about the growth plates," Sutton says. The growth plates are areas at the ends of the bones from which new bone grows to reach its adult size. "But that left plenty of time for the injury to do a fair amount of damage to the knee."

The latest MRI technology helps surgeons get highly accurate pictures of ACL injuries and assists in planning operations for young patients. Sutton repairs ACL tears in adolescents arthroscopically, using minimally invasive incisions to harvest hamstring grafts, avoiding surgery around growth plates. She drills through the femur and tibia in a more central location, limiting damage to growth plates, and fixes the tear using the graft and a button or screw.

"These surgeries tend to be very successful, but it does take six months to get back to sports, and that's pretty much across the board no matter how you reconstruct the ACL," she says.

Getting back on the court

Meanwhile, Sutton says many adult women seek her out for problems ranging from leg sprains to shoulder injuries.

Karen Petrini was looking for a new approach to treating a chronic "tennis elbow" that had plagued her for years. "I abused it a lot," says Petrini, who played tennis competitively in high school and college, and still plays recreationally. "It's painful, and you get to the point where you can't even hold the racket."

Sutton prescribed a shot of platelet-rich plasma, which has been shown to encourage muscle and tendon healing when other methods haven't worked. In addition, she gave Petrini a stretching regime and ultrasound. While they are still watching and waiting, both doctor and patient are looking forward to Petrini getting back to her game.

To contact Yale Orthopaedics, please call 203-737-5656.

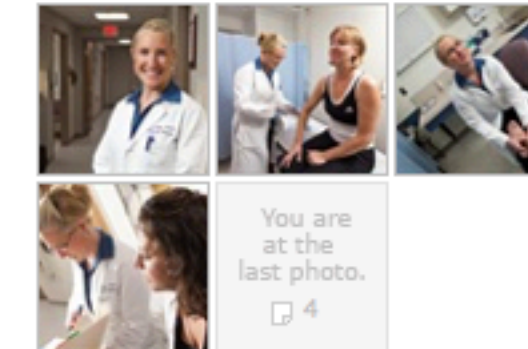
This Article was submitted by Mark Santore, on Wednesday, January 22, 2014.
Source: Yale Medical Group

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Karen Sutton, MD, expects to play a key role in the development of a women's health initiative at Yale-New Haven Hospital.

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