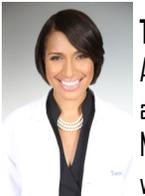


Meet our Physicians



Mary Mulcahey, MD

Dr. Mary Mulcahey received her medical degree from the University of Rochester School of Medicine in Rochester, NY in 2006. She completed her orthopaedic residency at Brown University, followed by a fellowship in Orthopaedic Trauma at the same institution. Dr. Mulcahey then went on to do a fellowship in sports medicine at San Diego Arthroscopy and Sports Medicine with Drs. James Tasto and James Esch. While in fellowship, she assisted with team coverage of the San Diego Padres (MLB) and San Diego State University. Dr. Mulcahey was in practice in the Department of Orthopaedic Surgery at Drexel University College of Medicine in Philadelphia for 4 years before joining the faculty at Tulane. While in Philadelphia, she provided coverage for professional boxing and mixed martial arts. Dr. Mulcahey has a strong interest in women's health and she is the Director of the Women's Sports Medicine Program at Tulane University. Her clinical interests include arthroscopy of the shoulder and knee, and sports medicine. She practices at Tulane Institute of Sports Medicine in uptown New Orleans and at Tulane Lakeside Hospital for Women and Children in Metairie.



Tanya Wright, MD

Assistant Professor, Department of Obstetrics and Gynecology. As an Ob/Gyn Generalist and Minimally Invasive Surgeon, Dr. Wright enjoys working with diverse populations and looks forward to serving patients in a city as dynamic as New Orleans. Dr. Wright was recently awarded the American Association of Gynecologic Laparoscopists (AAGL) 'special resident in minimally invasive gynecology' and the John Riva, MD oncology award for excellence in gynecologic oncology.



Rebekah Byrne, MD

Dr. Byrne practices family medicine at the Tulane Uptown Multispecialty Clinic. She sees patients of all ages for a variety of acute and chronic medical conditions. Dr. Byrne has completed advanced fellowship training in integrative medicine, which is an approach that combines traditional allopathic medical care with elements of complementary and alternative medicine. Her interests include: integrative medicine, functional medicine, women's health, nutrition, mind body medicine, and cross-cultural medicine.



Kerri Dotson, RDN, LDN

Kerri Dotson received her B.S. in Culinary Nutrition from Johnson & Wales University and completed her Dietetic Internship at Tulane University. She has worked in diverse areas of nutrition and food-service industries including restaurants, hospitals and critical care, maternal and child health, and community nutrition. Currently, she is the Culinary Medicine Educator for the Goldring Center for Culinary Medicine at Tulane University School of Medicine.



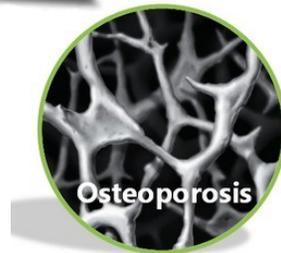
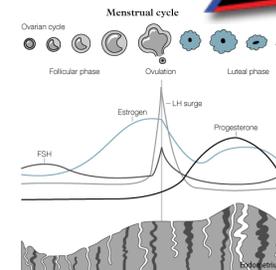
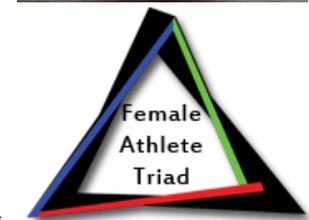
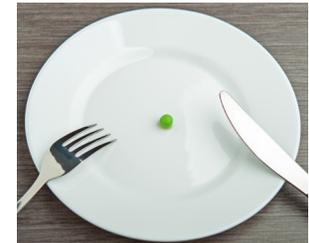
Janell Kalifey, LCSW

Janell Kalifey is a licensed clinical social worker with 20 years of experience in the mental health field. She specializes in adults and young adults with depression, anxiety, addictions, grief/loss, sexuality issues, relationship problems, stress, sports performance, physical health challenges, and those looking to restore balance in their lives following transitions. She is experienced in short-term solution-based therapy and long-term insight-oriented therapy. Her approach is eclectic psychodynamic and explores subconscious conflicts that can stifle happiness. I maintain a holistic understanding of my clients and utilize mind-body interventions to facilitate healing.

Tulane

INSTITUTE OF
Sports Medicine

Female Athlete Triad



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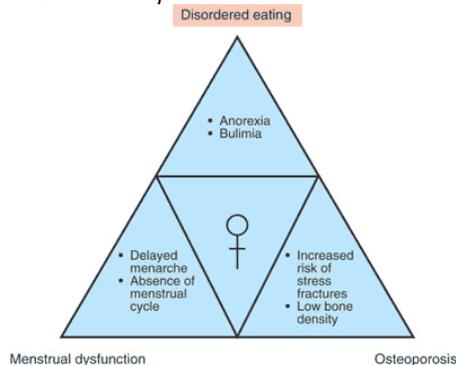
Female Athlete Triad

Overview

Sports and exercise are healthy activities for girls and women of all ages. Occasionally, a female athlete who focuses on being thin or lightweight may eat too little or exercise too much. Doing this can cause damage to health and also hurt athletic performance. Occasionally, over exercising, or restrictive eating habits may result in low energy availability, which may lead to problems with menstrual cycle and overall bone health. Three interrelated conditions may develop when a young female athlete does not have enough energy available to match the energy that is being expended through practices, performances, or competitions.

Female Athlete Triad

- **Disordered eating:** Abnormal eating habits (i.e., crash diets, binge eating) or excessive exercise keeps the body from getting enough nutrition.
- **Menstrual dysfunction:** Poor nutrition, low calorie intake, high-energy demands, physical and emotional stress, or low percentage of body fat can lead to hormonal changes that stop menstrual periods (amenorrhea).
- **Premature osteoporosis (low bone density for age):** Lack of periods disrupts the body's bone-building processes and weakens the skeleton, making bones more likely to break.



Disordered Eating

Although they usually do not realize or admit that they are ill, people with disordered eating have serious and complex disturbances in eating behaviors. They are often preoccupied with body shape and weight and have poor nutritional habits. Disordered eating can take many forms. Some people starve themselves (anorexia nervosa) or engage in cycles of overeating and purging (bulimia). Others severely restrict the amount of food they eat, fast for prolonged periods of time or misuse diet pills, diuretics, or laxatives. People with disordered eating may also exercise excessively to keep their weight down. Females are more likely than males to have disordered eating. The illness can cause many problems, including dehydration, muscle fatigue and weakness, an erratic heartbeat, kidney damage, and other serious conditions. Not taking in enough calcium can lead to bone loss, which is problematic because maximum bone density is obtained during the late teenage years. Hormone imbalances can lead to more bone loss through menstrual dysfunction.

Menstrual Dysfunction

Missing three or more periods in a row is cause for concern. With normal menstruation, the body produces estrogen, a hormone that helps to keep bones strong. Without a menstrual cycle (amenorrhea), the level of estrogen may be lowered, causing a loss of bone density and strength (premature osteoporosis).

If this happens during youth, it may become a serious problem later in life when the natural process of bone mineral loss begins after menopause. Irregular menstrual function may also lead to the development of stress fractures.

Premature Osteoporosis

There is a disruption in the normal process of making new bone and breaking down bone, which leads to low mineral density (ie weak bones) and places patients at risk for fractures.

Females at Risk

Females in any sport can develop one or more parts of the triad. At greatest risk are those in sports that reward being thin for appearance (such as figure skating or gymnastics) or improved performance (such as distance running or rowing).

Fashion trends and advertising often encourage women to try to reach unhealthy weight levels. Some female athletes suffer low self-esteem or depression, and may focus on weight loss because they think they are heavier than they actually are. Others feel pressure to lose weight from athletic coaches or parents.

Female athletes should consider these questions:

- Are you dissatisfied with your body?
- Do you strive to be thin?
- Do you continuously focus on your weight?

If the answers are yes, you may be at risk for developing abnormal patterns of eating food (disordered eating).

Treatment

Treatment for the female athlete triad often requires help from a team of medical professionals including your doctor (pediatrician, gynecologist, family physician, orthopaedist), your athletic trainer, a nutritionist, and a psychological counselor.