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On The Issue Of Women's Sports Problems

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ABSTRACT

The paper describes in detail the problem of increased training requirements and excessive competitive loads imposed on the body of female athletes. In this regard, the author recommends paying quite a lot of attention to the problems of women's sports, in particular, the impact of increasing physical activity on the female body and, accordingly, the issues of a comprehensive, balanced approach to the recovery and rehabilitation of female athletes.

KEYWORDS

Increased requirements, training, competitive load, the body of female athletes, women's sports, recovery, rehabilitation.

INTRODUCTION

Today, sports actively attract women to their ranks, starting, sometimes, from early childhood. They actively master previously considered firmly "male" sports. This has led to the introduction of new sports disciplines into the program of the Olympic Games, world

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championships and various levels of competitions (many types of wrestling, martial arts, weightlifting, wrestling, etc.). There is, in my opinion, an unhealthy "emancipation" of sports, often unjustified, and sometimes harmful, unnecessary for women's health. Increased training requirements and, often, excessive competitive loads impose "excessive" demands on the body of female athletes. In this regard, leading domestic and foreign scientists specializing in sports medicine pay quite a lot of attention to the problems of women's sports, in particular, the impact of increasing, sometimes inadequate physical activity on the female body and, accordingly, the issues of a comprehensive, balanced approach to the recovery and rehabilitation of female athletes.

Since the mass and active participation of women in professional sports, in the coaching and academic environment, especially among specialists in sports medicine, there has been talk of such a phenomenon as the"triad of female athletes". A number of domestic and foreign studies have reliably traced the prevalence of this triad among professional athletes, although there are various manifestations of it in "active" non-professional female athletes [4,5,6].

The first information and results of observations on the triad of female athletes appeared in foreign research circles and among specialists in sports medicine at the end of the last century. When conducting these studies, the phenomena of changes in eating behavior, amenorrhea and manifestations of osteporosis were quite often recorded, which led to the appearance in 1992 among specialists (American Association of Sports Medicine) of the term called "the triad of female athletes" (the female athlete triad). [3,5].

In practice, it is quite difficult to establish the true number of cases of this pathology, since there are many athletes who, for various objective and subjective reasons, are already at the initial stages of the development of this pathology. They hide their problems from coaches and sports doctors in every possible way. This contributes to the fact that it is not possible to establish this formidable and prognostically unfavorable diagnosis in time. Unfortunately, it is often established already with a bright clinical manifestation of this triad, when pathological changes in the body of a female athlete have already gone far enough [1,3,5]. Therefore, to establish this diagnosis - "triad", a situation is allowed when there may not be all 3 components. Sometimes it is enough to clinically record 1 or 2 manifestations of the "triad" to take such a female athlete on a dispensary register, monitor her health status and conduct her rehabilitation [1,3,5]. With regard to violations of the menstrual cycle, they, especially in the initial stages of the formation of the triad (tetrad) women athletes, can range from occasional lower level of female sex hormones (estrogens) and / or gonadotropins (FSH, LH, prolactin), with preservation of menstrual function, and to the phenomena of persistent amenorrhea, the absence of menstrual periods from 3 to 6 months.

Currently, it is established that a decrease in the synthesis of estrogens is one of the main causes of the occurrence and development of osteoporosis. According to generally accepted data, the highest bone mass is observed in women aged between 20 and 30 years of their

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life. At the same time, athletes with a normal menstrual cycle can add from 2 to 4% of their bone mass each year, while athletes with a menstrual cycle disorder can lose up to 2% of their bone mass each year, due to the progressive phenomena of osteoporosis [2,6]. Thus, professional athletes with manifestations of one of the components of the triad will have a higher percentage of the risk of fractures, which is confirmed in practice. In addition, the risk of multiple fractures in different parts of the pelvis, thoracic and lumbar spine increases significantly.

As practical experience and data from numerous domestic and foreign studies have shown, the bones of the lower extremities, pelvis and spine are the most affected in female athletes, where fractures occur most often [5,6]. There is research evidence that in the course of rehabilitation and adaptation after the termination of a sports career, many former professional athletes ' bone tissue condition may improve somewhat.

This complex chain of pathological changes leads to a violation of complex circadian mechanisms of regulation in the body, such as the hypothalamic-pituitary-ovarian axis, which leads to violations of the synthesis of such important hormones as gonadotropin-releasing hormone, LH and FSH. These hormones control the synthesis of estrogens, which fails and, consequently, causes menstrual disorders. The latter, in turn, affects the resorption of calcium from the bones, reducing the mass of bone tissue.

Therefore, particularly frequent manifestations of the sports triad are observed in such aesthetic sports as figure skating, gymnastics, or in those sports in which the athlete is tied to a certain weight category: for example, boxing, weightlifting, wrestling, various types of martial arts.

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