

Bölüm 1

KADIN SPORCU ÜÇLEMESİ

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Sporun kadınlar için faydaları, risklerinden çok daha ağır bastığı için sağlık ve spor otoriteleri; ergin dönemdeki kadınları fiziksel olarak aktif olmaya ve spora katılmaya teşvik etmektedir (ACSM, 1992). Düzenli egzersizin kadın sağlığına olumlu etkileri bildirilirken, egzersiz yapan kadınlarda vücut yağ oranlarının da daha kolay kontrol edildiği ve iyi yönetildiği belirtilmektedir (Sevimli&Sanrı, 2017; Ağaoğlu, 2015). Tüm bu nedenlerden ötürü kadınlar spora katılmaya teşvik edilmelidir. Son yıllarda kadınların spora katılımları artmaktadır. Bununla birlikte sporda sakatlanmalar ve bazı sağlık riskleri güncel problemler arasında sayılabilmektedir.

Sakatlanmalara bağlı yaralanmalar dışında kadın sporcular için en önemli sağlık sorununu teşkil eden, bağımsız olmalarına karşın birbiriyle ilişkili üç sağlık probleminden oluşan atletik üçleme (kadın sporcu üçlemesi) ilk kez 1992'de ACSM tarafından tanımlanmıştır. Yeme bozukluğu, amenore ve düşük kemik mineral yoğunluğu kombinasyonu kadın sporcu üçlemesi olarak adlandırılmıştır (Yeager ve ark., 1993). Tüm kadın sporcuların birbiriyle ilişkili üç bileşenden oluşan bu ciddi sendrom riski altında olduğu ancak zayıflığın ve / veya düşük vücut ağırlığının önemli olduğu spor branşlarında yarışan sporcularda üçleme riskinin arttığı belirtilmiştir (Nattiv ve ark., 1994).

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kompozisyonunun, kuvvetin ve fiziksel uygunluğunun vücut ağırlığından daha önemli olduğunu vurgulamalıdır. Kadın sporcu üçlemesi ile yapılacak bilimsel araştırmalar sporcu sağlığı açısından sporculara, sağlık ve spor profesyonellerine katkı sağlayacaktır.

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