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Lifestyles: Incisive Insight from U.S. U19 Team Doctor Sutton

by **Clare Lochary** | LaxMagazine.com

Karen Sutton will cut you. It's OK. She's had a lot of training. The hard-nosed midfielder was a three-time captain for Duke during the Blue Devils' first seasons as a varsity program, and today she's an orthopedic surgeon with the Yale Medical Group. Sutton has worked with the Boston Revolution and the Boston Red Sox, but her favorite assignment was being a team doctor for Team USA this summer at the 2011 FIL U19 Women's World Championship.

How did you get into lacrosse?

I started playing right before high school, when one of my friends and I were just throwing the ball around, and he was like, "I think you'd be good at this sport." I knew I was on the faster side, so I knew running-wise I could keep up with people.

How did you get interested in medicine?

When I was 5, my dad, who is also a doctor, used to take us to the hospital when he had to see his patients. I'd look at the EKGs and pretend I was reading them with him. I liked it from that point. I'd always copy what he'd write down on a piece of paper and pretend I was his assistant.

How did you get involved with the U19 team?

When I went into [orthopedics], my goal was to work with US Lacrosse. As an attending [physician] at Yale in 2010, I called [Duke head coach] Kerstin [Kimel] and asked her, "How can I be involved in US Lacrosse?" She discussed that opportunity with some of the people at US Lacrosse, so I submitted a CV, interviewed and was offered position. My main responsibility was to keep the girls healthy on the field, and we worked closely with the trainers and the coaches with an eye towards preventing future injuries as well. We worked with the girls in developing an injury prevention program – specific stretches, yoga exercise and monitoring them on the field for soreness and tightness.

Tell us about your experience working with pro athletes.

For my fellowship, I worked at Mass General, and they cover the Red Sox (MLB), the Bruins (NHL), the Patriots (NFL) and the Boston Revolution (MLS). So during that time I worked with the Red Sox and went down to Florida with them for spring training. I'd evaluate the players after injuries and discuss any current pathology that they may be having in their legs or arms. With the Revolution, I was there for almost all of their games that year. I was the first woman to do this fellowship at Mass General, and there was a question of how the teams would accept me. I can truly say that both the Revolution and the Sox welcomed me with open arms.

The American Academy of Orthopaedic Surgeons says that just 4.3 percent of board-certified orthopedic surgeons are women. How did you get into such a male-dominant field?

A lot of athletes end up going into ortho. When I was down at Duke, I was a member of the Bassett Society, which is for Duke athletes interested in medical or dental school. Through that society, I went to University of Maryland for med school and met Dr. Claude Moorman. He, at the time, was the team physician for the Baltimore Ravens, so I reached out to him as a member of the Bassett Society and I'd typically meet with him once a month. And he was like, "You have the personality for ortho, and you can give back to athletes. There aren't that many women, but I think you could handle it. There are some things that require strength, but you're just as capable as any guy." We did research on lacrosse injuries. I really enjoyed the research, I presented at a national meeting and I forged ahead.

As someone who understands how driven an athlete can be, how do you help patients draw the line between training hard and doing themselves harm?

There's a time when you should have a player play through an overuse injury, but there are times when you have to put your foot down and say, "Look, this is going to be extreme dangerous and detrimental to your joint if you keep playing on it." I think you have to give people the initial shock that they did injure themselves, and then give them time to understand the injury, what the rehab and surgical options would be, and just outline the whole recovery program for them. I find if patients understand the injury and what it entails to get back to their baseline, they're more willing to work with you. Because I did play in college, I can relate to them. I want to get them out on the field just as quickly as they can. It's very easy to tell someone, "Maybe you shouldn't run ever again." But if that's what makes you smile every day, I really want to get them back to running, or whatever their specific sport is.

Tell us about the first varsity season at Duke.

It was much different than it is now. Right now, they have a beautiful field, a beautiful locker room that they don't share and great sponsorship. The first year we were there, basically we shared a locker room with random other students and faculty who wanted to use the swimming pool. There was no official Duke women's lacrosse locker room. We practiced on whatever field we had access to each day, so that changed all the time. It was a rough year. We were 3-12 and our coach, Kerstin Kimel, was very driven. She had very high expectations and was not extremely happy with that first season. Every year afterwards, we were at least .500. We went to the NCAA tournament in the third year I was there. Then my final year, the 1999 season, we had a great locker room, fantastic sponsorship from Nike and STX, and people were itching to play us all the time. We had a few weeks where we were No. 1 in the country and we went to the semifinals. It was a complete turnaround. Kerstin kept recruiting amazing players. People were just more and more motivated to practice, to lift, to do whatever they could to better themselves.

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"You get kicked and then you get back at it," he said. "They've been resilient all year. This weekend was a little bit of reality nobody likes to take but we have to."

Colorado and Minnesota had chances to pull into their respective league leads, but suffered 0-2 weekends. How do they recover?

