Table 9-7 EATING DISORDER SCREENING SURVEYS FROM THE NATA POSITION STATEMENT	
Survey of Eating Disorders among Athletes	33 items to identify abnormal eating behaviors and underlying factors, such as belief that thinness is required for sport
Athletic Milieu Direct Questionnaire	19 items to identify eating disorders and disordered eating, validated in a study of Division I female athletes
Female Athlete Screening Tool	33 items that examine atypical exercise and eating behaviors http://www.watainc.org/uploads/pdfs/Annual%20 Meeting/2013_Annual_Meeting/Foos%20-%20Female%20 Athlete%20Screening%20Tool.pdf
College Health Related Information Survey	32 items groups into 4 areas: mental health problems, eating problems, risk behaviors, and performance pressure; appropriate for both genders
Physiologic Screening Test	4 self-report items combined with 4 physiologic measures; based on the presence of changes to physical health rather than eating behaviors
	www.acsmstore.org/ProductDetails. asp?ProductCode=9781606790694
Health, Weight, Dieting, and Menstrual History Questionnaire	53 items divided into 4 categories: general health, body weight, dieting behaviors, and body image

Education programs for coaches and athletes can improve awareness of disordered eating in sport. The NCAA advises that all schools provide information on the risks factors and potential consequences of eating disorders, but programs are not mandatory. Prevention programs for youth and high school athletes may be more effective because the onset of disordered eating typically begins prior to college. 129 The ATHENA program, a female-specific intervention, has shown improvements in body satisfaction, nutrition, and dieting or use of purging behaviors. 130

Return to Play

The decision to continue sports during treatment and return to play after treatment rests with the team or personal physician as outlined by the 2008 NATA position statement. No specific guideline exists, and the physician must consider the recommendations of the mental health professional and dietician along with any test results (cardiac, endocrine, bone density, body composition) and physical examination. The central questions to answer are, "When has an athlete recovered?" and "Is participation safe prior to recovery?" 16 Recovery can be evaluated physically, as in maintaining a healthy body weight, or emotionally, such as a realistic estimation of body size. Conditions may be placed on the athlete in order to return to play (eg, continued counseling or regular weight assessments). Eating disorders are pervasive, meaning they affect many aspects of a person's life. Those suffering with eating disorders can be good at hiding their disease, and relapse is common. Any stipulations or supervision of an athlete with an eating disorder must be carefully considered so as not create further hiding of behaviors.