

**From:** [LAFP | Louisiana Academy of Family Physicians](#)  
**To:** [LAFP; Ragan LeBlanc](#)  
**Subject:** New Submission #932: 2026 Faculty CME Proposal Application  
**Date:** Saturday, January 31, 2026 12:23:40 PM

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**Are you a member of the LAFP/AAFP?:** Yes  
**AAFP ID#::** 9267635  
**Will you have co-faculty?:** No

**If yes, please indicate names and designation. (MD, DO, PhD, PharmD, etc):**

**Preferred Date and Time: (select all dates and times available):** July 23, 2026 - 8:00 am - 9:00 am, July 23, 2026 - 9:00 am - 10:00 am, July 23, 2026 - 10:30 am - 11:30 am, July 23, 2026 - 12:15 pm - 1:15 pm, July 23, 2026 - 1:15 pm - 2:15 pm, July 23, 2026 - 2:30 pm - 3:30 pm, July 23, 2026 - 3:30 pm - 4:30 pm, July 24, 2026 - 8:00 am - 9:00 am, July 24, 2026 - 9:00 am - 10:00 am, July 24, 2026 - 10:45 am - 11:45 am, July 24, 2026 - 11:45 am - 12:45 pm, July 25, 2026 - 8:00 am - 9:00 am, July 25, 2026 - 9:00 am - 10:00 am, July 25, 2026 - 10:45 am - 11:45 am, July 25, 2026 - 11:45 am - 12:45 pm, July 25, 2026 - 1:00 pm - 2:00 pm, July 25, 2026 - 2:00 pm - 3:00 pm, July 25, 2026 - 3:00 pm - 4:00 pm, July 26, 2026 - 9:00 am - 10:00 am, July 26, 2026 - 10:00 am - 11:00 am, July 26, 2026 - 11:00 am - 12:00 pm

**Provide a title for your proposal that is no more than 80 characters including spaces.:**

The Athlete Who Won't Heal: Recognizing RED-S in the Family Medicine Clinic

**Describe the problem, or gap in practice or knowledge you are addressing; and what the learner can expect to take away from this education.:** Relative Energy Deficiency in Sport (RED-S) is a complex, multisystem clinical syndrome driven by low energy availability (LEA)—a state in which energy intake is insufficient to support both the demands of exercise and the fundamental physiological processes required for health and performance. Although initially described in athletes, RED-S affects active individuals across the lifespan and presents with a spectrum of symptoms that extend far beyond performance decline.

LEA disrupts key body systems, leading to impairments in metabolic and hormonal regulation, menstrual function, bone health, immune competence, cardiovascular function, and psychological well-being. Because these manifestations often mimic common presentations in primary care—such as fatigue, mood changes, recurrent injuries, menstrual irregularities, and unexplained fractures—RED-S is frequently underrecognized.

In this session, we will explore RED-S as a clinical diagnosis relevant to family medicine, focusing on how to identify, evaluate, and manage energy deficiency in physically active

patients to improve health, prevent injury, and optimize daily functioning—not just athletic performance.

**Provide a description regarding how this education has a direct bearing on patient care, or how it supports the physician’s role in patient care, or how it has a direct bearing on a physician’s ability to deliver patient care.:** Relative Energy Deficiency in Sport (RED-S) has profound implications for everyday clinical practice, particularly in family medicine, where physicians often serve as the first point of contact for patients presenting with fatigue, recurrent injuries, menstrual irregularities, mood disturbances, or delayed recovery. When energy intake fails to meet the combined demands of exercise and basic physiological function, low energy availability disrupts multiple systems — musculoskeletal, endocrine, cardiovascular, reproductive, immune, and psychological — highlighting the importance of holistic patient care.

—Addresses CME competencies: Patient Care, Medical Knowledge

This mismatch often presents as the “athlete who won’t heal”: a patient with lingering stress fractures, persistent fatigue, unexplained bradycardia, irregular menstrual cycles, or recurrent illnesses despite appropriate rest and standard therapy. Without consideration of RED-S, these presentations are frequently misattributed to overtraining, burnout, or nonspecific stress, resulting in delayed diagnosis and prolonged morbidity.

—Addresses CME competencies: Patient Care, Medical Knowledge, Patient Safety

Education on RED-S equips physicians to:

- Identify early warning signs and symptom clusters that are common yet easily overlooked in active patients.
- Differentiate RED-S from other causes of poor recovery, including chronic fatigue syndrome, depression, or isolated orthopedic pathology.
- Implement targeted evaluation and management, including screening for energy deficiency, nutritional assessment, appropriate laboratory testing, safe return-to-activity strategies, and referral to nutrition and sports health specialists when indicated.
- Prevent long-term consequences, such as bone loss, hormonal dysfunction, infertility, cardiovascular compromise, and psychological morbidity, by intervening early in the energy pathway.

—Addresses CME competencies: Patient Care, Practice-Based Learning, Systems-Based Practice

By recognizing RED-S as a multisystem clinical condition rather than a performance issue alone, family physicians can improve diagnostic accuracy, guide recovery, reduce injury recurrence, and help active patients — from recreational exercisers to competitive athletes — regain health and function more efficiently. This knowledge enhances quality of care, supports evidence-based clinical decision-making, and fosters patient safety through early recognition and intervention.

—Addresses CME competencies: Patient Care, Medical Knowledge, Patient Safety, Systems-Based Practice

**Select all that apply.:** Screening, Initial Diagnosis, Treatment/Management, Patient Education, Care Coordination

**Objective 1:** Screen active patients for signs and symptoms of low energy availability

**Objective 2:** Differentiate RED-S from other causes of poor recovery or recurrent injury

**Objective 3:** Perform targeted evaluations for patients suspected of having RED-S

**Objective 4:** Develop and implement individualized management plans

**Objective 5:** Educate patients, families, coaches, and school or sports administrators on

RED-S risk factors, prevention strategies, and the importance of energy balance for long-term health and performance.

**Practice Change 1:** Screen and Recognize Early: Integrate routine screening for low energy availability and RED-S indicators (e.g., fatigue, recurrent injuries, menstrual irregularities, delayed recovery) in active patients during preparticipation exams, wellness visits, and musculoskeletal assessments.

**Practice Change 2:** Implement Targeted Management: Apply evidence-based interventions, including nutritional optimization, activity modification, laboratory evaluation, and referral to dietitians or sports medicine specialists when indicated, to prevent complications and promote recovery.

**Practice Change 3:** Educate and Advocate: Actively counsel patients, families, coaches, and schools on safe training practices, adequate fueling strategies, and the multisystem consequences of RED-S to support long-term health and sustainable athletic participation.

**Please select all that apply with respect to your proposal.:** Medical knowledge, Patient Care, Practice-based learning and improvement

**Does your proposal include osteopathic medicine principles?:** No

**Please select format.:** Didactic Presentation - 30 min

**If you marked other, please provide details.:**

**Maximum audience size.:** No max size

**Do you have prior teaching experience? :** Yes

**If you marked yes, please provide details. Please list one to three previous presentations that are relevant to this topic. Include dates, events, type and size of the audience, and evaluation score (converted to a 0-5 scale where 0 is low and 5 is high).:**

Previous Presentations Relevant to RED-S: 1. Lecture: Female Athlete and Pregnancy • Date: 06/06/25 • Event: Family Medicine Residency Didactics • Audience: Faculty, residents, and medical students (~30 attendees) • Evaluation Score: 5/5 2. Lecture: Relative Energy Deficiency in Sport • Date: 03/01/24 • Event: Family Medicine Residency Grand Rounds • Audience: Faculty, residents, and medical students (~30 attendees) • Evaluation Score: 5/5 3. Lecture: Relative Energy Deficiency in Sport • Date: 08/31/24 • Event: Family Medicine Residency Didactics • Audience: Faculty, residents, and medical students (~30 attendees) • Evaluation Score: 5/5

**Do you require an honorarium?:** No

**If you marked yes, what is the requested amount?:**

**Do you require reimbursement for travel expenses?:** No

**If you marked yes, please indicate what is requested: (please note that LAFP's Travel Policy will apply):** Waived Registration Fee, Hotel accommodations, Airfare/Mileage  
**CME Disclosure Form:**

[df72a58cc66da15e\\_2026-cme-disclosure-policy-and-form-fillable.pdf](#)

**Bio: Document should contain 1,200 characters or less. :**

[a291abe32667d4c9\\_NBL\\_Faculty\\_Biographical\\_Statement.pdf](#)

**CV:**

[62aeeb62c4ba3871\\_CV\\_NBL\\_-\\_Annual\\_Assembly\\_Call\\_for\\_Faculty\\_Proposals.pdf](#)

**Professional Photo: Headshot should be at least 400px wide by 600px tall in jpeg, tiff, or pdf format :**

[30ad123617d4db78\\_Headshot\\_Spring\\_Lake.JPG](#)

**Recording Acknowledgement : 1**

**Content Permission Acknowledgement: 1**

**Please select if there are any uses which you are NOT granting permission.: N/A**

**Author Acknowledgement1: 1**

**Author Acknowledgement2: 1**

**Author Acknowledgement3: 1**

**List authors of materials that may be provided during the presentation. If none, please put N/A in the box.: N/A**

**In the past 24 months (36 months for LAFP authors, journal editors and editorial board members) : I have NOT had a financial relationship with an ineligible company.**

**Disclosure Acknowledgement: 1**

**Please indicate your interest in being considered for additional teaching opportunities.:**

Yes I am interested