



RECOGNIZE TO RECOVER

Presented By THORNE

NUTRITION FOR SOCCER

Prioritizing nutrition and hydration can help soccer players improve energy, power, speed, endurance and mental conditioning for peak performance. U.S. Soccer's Recognize to Recover program wants players, parents and coaches to keep GOAL in mind to maintain the best nutrition practices.

GO FOR BALANCE

Athletes don't need to be A+ students when it comes to eating. However, the better quality of fuel consumed, the better their performance and overall health will be. Carbohydrates are the much needed fuel source for the brain and working muscles, while protein aids in building and repairing muscle tissues, as well as boosting the immune system. Fat provides essential fatty acids and helps with absorption of fat-soluble vitamins. Although calorie needs vary depending on age, gender, size and activity level, players should aim to have the following on their plates:

- 1/4 grains
- 1/4 protein
- 1/2 vegetables and fruit (encourage a rainbow of colors for daily vitamins, minerals and antioxidants)

Visit www.choosemyplate.gov for a plate visual, food group ideas and portion sizes.



OPTIMIZE TIMING OF FUEL

The timing of fuel before, during and after practices and games is crucial in soccer performance and recovery.

1 | BEFORE

Aim to eat a meal two to four (2-4) hours before play to prevent fatigue and hunger. Look for familiar, low fiber, easily digestible, higher carbohydrate foods. Avoid high sugar and high fat foods before playing, as they will be difficult to digest and will not provide lasting energy.

- Sample meal: apple, pretzels and turkey sandwich
- Sample snacks: half of a plain bagel, raisins or granola bar

2 | HALFTIME

Take advantage of this break in play to sustain energy by refueling with carbohydrates and rehydrating. Younger players may not play as intensely or as long as older players and therefore may not need to refuel; however, drinking fluids should still be a priority. Don't forget fruit such as watermelon and orange slices serve the dual purpose of providing carbohydrates and fluid.

- Sample snacks: orange slices, squeezable apple sauce, fig bars, grapes, melon or granola bars

3 | AFTER

Think recovery nutrition. This is a time when blood is flowing readily to muscles, allowing important nutrients to get back into depleted muscles and aiding in repair for the athlete's next time on the field. If an athlete has played a lot of minutes in a game or is playing in another game soon after, it is important to eat and drink something within 30-60 minutes after the end of competition. Components to include in a recovery snack or meal are carbohydrates, protein and fluids.

- Sample snacks: chocolate milk, frozen yogurt tube, banana and peanut butter or string cheese and crackers with water

AIM FOR FREQUENCY

Often times, young athletes are in school long hours and are going from one activity to another making it difficult to consume enough or the right type of fuel. It is important to eat three balanced meals and healthy snacks in between activities, such as after school or before bedtime. Bottom line, youth players shouldn't go more than four to five (4-5) hours without eating. Try to include carbohydrate and protein in snack choices, like trail mix, string cheese and apple or pretzels and hummus.



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LEARN TO HYDRATE

Being properly hydrated helps players perform their best, regulate their body temperature regulation and decrease the risk of heat-related illnesses. Drinking fluids throughout the day is essential for maintaining proper hydration levels. Remind athletes to always bring a water bottle for practices and games and regularly drink from it. Water is acceptable to drink, but if a player is exercising longer than 60 minutes, at high intensity, or in a hot/humid environment, then a sports drink may be needed. Overall daily fluid needs will vary

depending on age, size, activity and environmental conditions.

Here are some general guidelines around play time:

- Before: Drink 16-24 ounces per hour, two to three (2-3) hours before getting on the field.¹
- During: Allow for fluid breaks. Players should aim to drink a minimum of three to eight ounces (or about 3-8 gulps) every 20 minutes. Older players may need even more.²
- After: Gradually drink at least 16 ounces for every pound lost. Drink based on thirst.^{2,3}

REFERENCES

1 Rowland T. Fluid replacement requirements for child athletes. *Sports Med.* 2011;41(4):279-288.

2 Council on Sports Medicine and Fitness and Council on School Health, Bergeron MF, Devore C, Rice SG; American Academy of Pediatrics. Policy statement — climatic heat stress and exercising children and adolescents. *Pediatrics.* 2011;128(3):e741-e747.

3 National Federation of State High School Associations Sports Medicine Advisory Committee. Position statement and recommendations for hydration to minimize the risk for dehydration and heat illness. <http://www.nfhs.org/sports-resource-content/position-statement-and-recommendations-for-hydration-to-minimize-the-risk-for-dehydration-and-heat-illness/>. Published November 21, 2014.

BEST PRACTICES

- Position of the Academy of Nutrition and Dietetics, Dietitians of Canada, and the American College of Sports Medicine: Nutrition and Athletic Performance. *J Acad Nutr Diet.* 2016;116(3):501-528. <http://www.eatrightpro.org/~media/eatrightpro%20files/practice/position%20and%20practice%20papers/position%20papers/nutritionathleticperf.ashx>
- American College of Sports Medicine, Sawka MN, Burke LM, et al. American College of Sports Medicine position stand. Exercise and fluid replacement. *Med Sci Sports Exerc.* 2007;39(2):377-390. http://journals.lww.com/acsm-msse/Fulltext/2007/02000/Exercise_and_Fluid_Replacement.22.aspx

- Rowland T. Fluid replacement requirements for child athletes. *Sports Med.* 2011;41(4):279-288.
- Council on Sports Medicine and Fitness and Council on School Health, Bergeron MF, Devore C, Rice SG; American Academy of Pediatrics. Policy statement — climatic heat stress and exercising children and adolescents. *Pediatrics.* 2011;128(3):e741-e747. <http://pediatrics.aappublications.org/content/pediatrics/early/2011/08/04/peds.2011-1664.full.pdf>

SOURCE

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