

Four Common Myths About Nutrition Among Soccer Players

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By Donald T. Kirkendall, works with U.S. Soccer's National Teams

There are more myths that coaches, players and parents may be following, but below four of the most common myths are dispelled. By following the nutritional guidelines below, players, coaches and teams can put themselves in an advantageous position before the match starts.

Myth 1: Game performance is not affected by what you eat.

Virtually every study on athletic performance for both team and individual sports shows that a diet rich in carbohydrates improves running performance. However, nutritional research from the 1970s to present day still show that soccer players choose a diet that is approximately 40 percent carbohydrates, 40 percent fat and 20 percent protein.

What is discouraging is that in the very early 70s, the Swedes conducted a study that showed soccer players with low muscle fuel (glycogen) walk about 50 percent of the game. Even 30 years later, a study showed that more than half of a national team in the 1994 FIFA World Cup thought food had nothing to do with their performance. The bottom line is that players eat what is put in front of them. The more carbohydrates an athlete eats, the more endurance he or she will have. This means that when the end of the game approaches, the player will be able to run faster and longer if he or she consumed the proper amount of carbohydrates.

Myth 2: What you eat after the game does not matter.

At games and tournaments around the country, players will sometimes eat the worst post game snacks possible including soda, sweet drinks in soft packaging, potato chips, candy bars and fries. Everyone who has ever been to a soccer field on a weekend has seen this.

Muscles are most ready to receive a fresh supply of fuel during the first hour or two directly following exercise. The smart coaches and parents supply food that will start refilling muscles with carbohydrates at just that time.

A proper supply of carbohydrates is needed. It can come from a carbohydrate replenishment drink or other foods like bagels with jelly, pretzels, raisins or other dried fruit. This is even more critical between tournament games when the time between games is even shorter.

Myth 3: A diet is good as long as an athlete gets enough protein.

While most every survey of the athletic diet shows that players get all the protein they need from food, there is a problem. The vast majority of protein is consumed in conjunction with fat.

Marbled meat, ground beef, and fried chicken all are examples of protein that is combined with lots of fat. Red meat should be trimmed of fat, and ground beef should be very lean. Chicken should have the skin removed before cooking.

One place protein isn't commonly found is the immediate post-exercise meal. A little protein helps in storing new fuel in the muscles faster than when there is no protein. Players can try to figure out a protein source after the game or drink a carbohydrate replenishment drink that contains protein.

Myth 4: Your body is the best indicator of when to drink; Mother Nature knows best.

For most mammals, it is OK not to drink until thirsty. However, the thirst mechanism of humans operates differently than the average mammal. In fact, the human thirst mechanism doesn't even kick in until a person has lost about two percent of body weight from sweating. At this level, a decrease in performance begins to become evident.

Players should drink before starting the game, every 15-20 minutes during play if possible, and at halftime. Make sure the team has drink bottles along both sidelines and in the goals so players have easy access to fluids during stoppages of play. Don't forget that playing in the cold is also dehydrating, so drinking fluids is just as important in cold weather.

Overall, it is important for the well-rounded player to keep an eye on what they eat and drink in order to get results on the field. For more information on nutrition in soccer, check out the Resource Center archives on the Services page of ussoccer.com.

Questions can be directed to Hughie O'Malley, U.S. Soccer's Manager of Sports Medicine

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