

## Nutrition and Performance Resources

To read full guideline resource visit:

<http://www.ncaa.org/health-and-safety/nutrition-and-performance/nutrition-and-performance-resources>

**NCAA Sports Medicine Handbook GUIDELINE 2f: Nutrition and Athletic Performance, January 1986**

• Revised May 2009

Athletic performance and recovery from training are enhanced by attention to nutrient intake. Optimal nutrition for health and performance includes the identification of both the quantity and quality of food and fluids needed to support regular training and peak performance. As training demands shift during the year, athletes need to adjust their caloric intake and macronutrient distribution while maintaining a high nutrient dense diet that supports their training and competition nutrient needs.

**Hydration** status impacts health and performance. Athletes should consume fluids throughout their day (water, low fat milk, 100% fruit juices) as well as pre, during and post training. Fluids containing electrolytes and carbohydrates are a good source of fuel and re-hydration. Fluids containing questionable supplement ingredients and high levels of caffeine or other stimulants may be detrimental to the health of the competitive athlete and are not effective forms of fuel or hydration.

Adequate overall energy intake spread out over the day is important for all student athletes. Insufficient energy intakes (due to skipped meals or dieting) will have a rapid negative impact on training, performance and over time on bone, immune function and injury risk. Inadequate energy intakes increase fatigue, deplete muscle glycogen stores, increase the risk of dehydration, decrease immune function and increase the risk of injury as well as result in unwanted loss of muscle mass. A low caloric intake in female student-athletes can lead to menstrual dysfunction and decreased bone mineral density.

**Eating disorders** are often an expression of underlying emotional distress that may develop long before the individual was involved in athletics. Eating disorders can be triggered in psychologically vulnerable individuals by a single event or comments (such as offhand remarks about appearance, or constant badgering about a student-athlete's body weight, body composition or body type) from a person important to the individual. Coaches, athletic trainers, sport dietitians and supervising physicians must be watchful for student-athletes at higher risk for eating disorders. Disordered eating can lead to dehydration, resulting in loss of muscular strength and endurance, decreased aerobic and anaerobic power, loss of coordination, impaired judgment, and other complications that decrease performance and impair health. These symptoms may be readily apparent or may not be evident for an extended period of time. Many student-athletes have performed successfully while experiencing an eating disorder. Therefore, diagnosis of this problem should not be based entirely on a decrease in athletic performance.

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I certify that I have read and understand the above information regarding steroid use, heart disease in student-athletes, nutrition and performance resources, and concussion management. Any inquiries may be directed to the school Athletic Trainer.

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Student-Athlete Full Name

Date of Birth

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Parent/Guardian Signature

Date



Athletic Training/Sports Medicine services are provided by Welia Health Sports Medicine. The current Welia Health Sports Medicine Team members may viewed at:

<https://www.weliahealth.org/services/sports-medicine/>

I understand my child may follow up with my preferred medical provider and system and is not obligated to Welia Health for continued care.

I certify my child may be medically treated and evaluated by the Welia Sports Medicine Staff when appropriate. Pertinent medical information may be shared with school coaching and nursing staff, Welia Sports Medicine team, and/or other treating medical staff when appropriate.

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Student-Athlete Full Name

Date of Birth

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Parent/Guardian Signature

Date

