SAMPLE ATHLETE — ASSESSMENT REPORT

Basketball · Guard · 10 yrs (DOB 04.05.2016) · 145 cm / 38.5 kg · Test date: 12.09.2026

1 ATHLETE DETAILS AND TEST SCOPE

ATHLETE	Sample Athlete · #7	TEST DATE	12.09.2026 · Saturday, 10:00–10:45
SPORT / POSITION	Basketball · Guard · SPORTOVISION U11	PREVIOUS TEST	None — this measurement is the baseline
DATE OF BIRTH / AGE	04.05.2016 · 10 years	TEST BATTERY	13 tests · age-appropriate set
HEIGHT / WEIGHT	145 cm · 38.5 kg	REFERENCE	Boys' norms, 9–10 yrs (Eurofit + literature)
DOM. HAND / FOOT	Right / Right	CAPTURE	Single camera · 60 fps · height-calibrated

AREAS IN THE GOOD BAND
4 / 8
Horizontal power, sprint, agility, posture

AREAS TO MONITOR
4 / 8
Vertical jump, symmetry, balance, ankle mobility

PRIORITY AREAS
0 / 8
No findings in the improve/priority band

WEAKER SIDE
RIGHT
Consistent across 4 tests

SCOPE AND LIMITATIONS OF THIS ASSESSMENT

All values are derived from **single-camera video with MediaPipe skeletal tracking** (60 fps, ±8 ms; calibrated to the athlete's height of 145 cm). Jump heights are calculated from flight time ($h = g \cdot t^2/8$); distances are calibrated from body height. **No force-plate, EMG, heart-rate, InBody or clinical examination data were collected**, and this report is not a diagnosis.

Reference bands are approximate thresholds for boys aged 9–10, compiled from Eurofit and the youth-athlete literature; they are not a definitive norm table and will be recalibrated against the club's own database.

Not performed because of age: Nordic hamstring control, RSI 10/5 and repeated-jump endurance, BOSCO protocol, triple / crossover hop, 505 agility, 30 m sprint, Pupil AI reflex test. This report therefore contains no reactive-strength section.

2 JUMPING AND EXPLOSIVE POWER

VERTICAL JUMP FAMILY	VALUE	FLIGHT	PREVIOUS	Δ	REFERENCE (9–10 Y, M)	STATUS
CMJ (hands on hips)	22.8 cm	431 ms	—	—	good ≥ 24 · monitor 19–24	MONITOR
Squat Jump (SJ)	20.1 cm	405 ms	—	—	good ≥ 21 · monitor 17–21	MONITOR
Abalakov (arms free)	26.4 cm	464 ms	—	—	good ≥ 27 · monitor 22–27	MONITOR

ECCENTRIC UTILISATION RATIO
1.13
CMJ ÷ SJ. Stretch-shortening cycle used well for his age (ref. 1.05–1.20, age-independent).

ARM CONTRIBUTION
+3.6 cm
Abalakov − CMJ = 16%. Arm–leg coordination is within the normal range (10–18%).

COUNTERMOVEMENT DEPTH
96°
Knee angle at the deepest point. 90–105° is typical in children; no technical issue.

All three vertical jumps are in the age-norm monitor band and mutually consistent (ratio and arm contribution normal). A "not yet developed" profile, not a "weak" one: at age 10, vertical jump rises 2–3 cm a year with growth and neuromuscular maturation. Priority: jump–landing technique games, not resistance work.

Horizontal power — Standing long jump

MEASURE	VALUE	PREVIOUS	Δ	REFERENCE (9–10 Y, M)	STATUS
Jump distance	152 cm	—	—	excellent ≥ 165 · good 150–165 · monitor 135–150	GOOD
Flight time	418 ms	—	—	—	INFO
Distance / height ratio	1.05	—	—	good ≥ 1.00 (age-independent)	GOOD
Take-off angle	39°	—	—	38–45°	GOOD

Horizontal power is in the good band, one band ahead of the vertical jump. Take-off angle is optimal and the arms contribute well to the jump — a positive sign for first-step and horizontal explosiveness in basketball.

3 BILATERAL SYMMETRY (LSI)

Single-leg tests were recorded separately for left and right. LSI = weaker side ÷ stronger side; thresholds are age-independent (10% monitor, 15% priority). A low-load set was used at this age: Single Leg Hop and Flamingo balance only.

SINGLE LEG HOP (SLH)	LEFT	RIGHT	LSI	DIFF.	PREVIOUS	STATUS
Hop distance	118 cm	109 cm	92.4%	7.6%	—	MONITOR
Distance / height ratio	0.81	0.75	—	—	—	INFO
Landing knee valgus	3°	9°	—	6°	—	MONITOR
Result	—	—	**92.4%**	**7.6%**	—	**Right weaker**

DIRECTIONAL CONSISTENCY
3 / 3
The weaker side is always the **right** in jumping, balance and ankle mobility. This is not chance; it should be addressed with coordination-focused work.

AGE CONTEXT
7.6%
Differences of 5–10% are common at age 10; above 10% they are tracked if they persist. This result is currently below the monitoring threshold.

The right leg is 7.6% behind and the knee collapses 9° inward on landing (3° on the left). At this age this is a matter of neuromuscular control, not structure: it is expected to close within 12 weeks with single-leg landing games, lateral hops and "quiet landing" drills.

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4 SPRINT AND CHANGE OF DIRECTION

LINEAR SPRINT	TIME	SPLIT TIME	SPLIT SPEED	PREVIOUS	REFERENCE (9–10 Y, M)	STATUS
0–10 m	2.18 s	2.18	16.5 km/h	—	excellent ≤ 2.05 · good 2.05–2.20 · monitor 2.20–2.35	GOOD
0–20 m	3.96 s	1.78	20.2 km/h	—	excellent ≤ 3.75 · good 3.75–4.00 · monitor 4.00–4.30	GOOD

ESTIMATED MAX. SPEED
20.2 km/h
From the 10–20 m split speed. 19–21 km/h is the typical upper range for boys aged 10.

ACCELERATION PROFILE
55%
Share of the first 10 m in the 20 m time. Strong start; the profile wanted in basketball.

TRUNK LEAN
44°
From vertical over the first steps. Reference 45–50°: starts slightly upright, correctable.

Linear speed is in the good band and consistent over both distances. The high share of the first 10 m matches the good horizontal jump result: an explosive start is this athlete's strength.

Change of direction

TEST	TOTAL	PHASE TIMES	TURNS	PREVIOUS	REFERENCE (9–10 Y, M)	STATUS
Pro Agility 5-10-5	5.74 s	1.32 · 2.88 · 1.54	2	—	excellent ≤ 5.50 · good 5.50–5.90 · monitor 5.90–6.30	GOOD
T-Test	13.4 s	—	4	—	excellent ≤ 12.5 · good 12.5–13.5 · monitor 13.5–14.5	GOOD

LEFT / RIGHT TURN
1.32 / 1.54
In the 5-10-5 the first phase turns left and the last turns right: braking and push-off on the right foot are 0.22 s slower. Same direction as the symmetry findings.

DECELERATION SHARE
50%
The middle phase (2.88 s) is half the total; braking mechanics mature late in children, so this is normal.

Both change-of-direction tests are in the good band, but turning off the right foot is clearly slower. This is the fourth piece of evidence for the report's main finding (right-side control). Agility training should include repeated right-foot braking and push-off.

5 BALANCE, MOBILITY, POSTURE AND FLEXIBILITY

Single-leg balance — Flamingo · 20 s · hands on hips

MEASURE	LEFT	RIGHT	DIFF.	PREVIOUS	REFERENCE (IN-REPORT)	STATUS
Anterior–posterior sway	5.2%	7.8%	+50%	—	good ≤ 6 · monitor 6–9	MONITOR
Lateral sway	4.0%	5.1%	+28%	—	good ≤ 6 · monitor 6–9	GOOD
Sway path	214%	268%	+25%	—	marker = between-side difference	MONITOR
Stable time	20.0 s	18.4 s	1 correction, right	—	20 s without correction	MONITOR

Sway = standard deviation of the hip centre ÷ trunk length × 100. As there are no paediatric norms, the bands are broad in-report references; the left–right difference is an age-independent finding. Balance on the left foot is good; on the right, anterior–posterior sway is 50% greater and there is one corrective step. Anterior–posterior sway depends on the ankle strategy — it points the same way as the right ankle mobility restriction below.

OVERHEAD SQUAT SCREEN · ROM · 3 REPS · SIDE VIEW	LEFT	RIGHT	ASYMMETRY	PREVIOUS	REFERENCE	STATUS
Ankle dorsiflexion	36°	33°	3°	—	≥ 35°	MONITOR
Knee flexion (deepest)	114°	116°	2°	—	≥ 110°	GOOD
Hip flexion	94°	94°	0°	—	≤ 95°	GOOD
Trunk lean from vertical		35°	—	—	≤ 40°	GOOD
Squat depth		hip at knee level	—	—	full depth	MONITOR

Right ankle dorsiflexion is 33° — 2° below the reference and 3° less than the left. A small difference on its own, but together with the right balance result and the right landing valgus it forms a consistent chain. In children, ankle mobility is quickly gained through play (ankle-circle games, heel-to-toe walking).

Posture (front + side, 5 s static) and flexibility

MEASURE	VALUE	PREVIOUS	Δ	REFERENCE	STATUS
Shoulder tilt	2.4° (right ↓)	—	—	≤ 3°	GOOD
Pelvic tilt	1.9°	—	—	≤ 3°	GOOD
Forward head posture	14°	—	—	≤ 15°	GOOD
Forward trunk lean	2.1°	—	—	≤ 5°	GOOD
Sit-and-reach (beyond toes)	+4 cm	—	—	good ≥ +3 · monitor −2…+3	GOOD
Hip flexion (min., sit-and-reach)	66°	—	—	—	INFO

Posture angles are not a diagnosis. All four are within reference, but forward head posture is near the threshold (14°) — ask about screen time and school-bag load and re-measure in 3 months. Hamstring flexibility is good for his age; a drop during the growth spurt (12–14 yrs) is normal, so re-measure then.

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6 DEVELOPMENT TREND

First measurement — no comparison line; the values above form the baseline. Retest: in 12 weeks (December 2026), same 13-test set. If height has increased by more than 3 cm, results should be read together with the growth effect.

RETEST SUCCESS CRITERION	BASELINE (12.09.2026)	RETEST TARGET	CURRENT STATUS
SLH left–right difference	7.6%	< 5%	MONITOR
Right ankle dorsiflexion	33°	≥ 35°	MONITOR
Right-foot anterior–posterior sway	7.8%	≤ 6%	MONITOR
CMJ height	22.8 cm	≥ 24 cm	MONITOR
Right landing knee valgus	9°	≤ 5°	MONITOR

7 SUMMARY OF FINDINGS AND RISK RANKING

#	FINDING	EVIDENCE	INTERPRETATION FOR AGE 10	STATUS
1	Neuromuscular control deficit on the right side	SLH 7.6% · A–P sway +50% · ankle DF 33° · right turn 0.22 s slower	Consistent across four independent tests; not structural, but should not be ignored	MONITOR
2	Right knee valgus on landing	Single-leg landing: right 9°, left 3°	Landing control; easiest to correct before the load increase of adolescence	MONITOR
3	Vertical jump below the good band	CMJ 22.8 · SJ 20.1 · Abalakov 26.4 cm — all in the monitor band	Expected at this age; improves with maturation and technique games	MONITOR
4	Forward head posture close to threshold	14° (reference ≤ 15°)	Ask about screen time and bag load; re-check in 3 months	MONITOR

Strengths to maintain: *10 m and 20 m sprint, 5-10-5, T-Test, standing long jump, posture angles and sit-and-reach are in the good band — a fast, agile guard profile. No additional work is needed in these areas.*

MEDICAL ASSESSMENT

KEY FINDINGS

- No finding in this camera-based screen reaches a clinical or injury-risk threshold; no pain reported and no red flags.
- A consistent right-side pattern across four tests: single-leg hop deficit (7.6%), increased anterior–posterior balance sway (+50%), reduced ankle dorsiflexion (33° / 36°) and slower right-foot braking in change of direction.
- The 9° dynamic knee valgus on right single-leg landing (3° on the left) is a movement-quality marker worth monitoring. All posture angles are within reference; forward head posture (14°) is just below the threshold.

CLINICAL RECOMMENDATIONS

- No restriction on sports participation; these results do not call for imaging or clinical investigation.
- Ankle mobility and single-leg landing control work as described in the performance section; if the right-side pattern persists at the week-12 test, a physical examination of the right ankle and hip is recommended.
- Growth-related apophysitis (Osgood-Schlatter, Sever) should be kept in mind at this age: with anterior knee or heel pain the session is stopped and the athlete is referred to the medical team. Ask about screen time and bag load; reassess posture in 3 months.

CONCLUSION

A healthy 10-year-old athlete with an age-appropriate profile and no clinical concerns. The right-side asymmetry is not a structural problem but a difference in neuromuscular control and mobility; it is expected to close with play-based coordination work. Reassessment in 12 weeks.

Doctor _____ Full name / Signature · Date

PERFORMANCE ANALYSIS

ORDER OF PRIORITY

1. Right-side control (jumping, balance, right-foot braking) · **2.** Right landing knee valgus · **3.** Right ankle mobility · **4.** Vertical jump technique. Maximal loading and 1RM testing are not performed at this age.

INTERPRETATION OF FINDINGS

The athlete shows a fast, agile guard profile against age-10 norms: 10 m, 20 m, 5-10-5, T-Test and standing long jump are in the good band. Vertical jump is in the monitor band — expected at this age; it improves through jump–landing technique games, not resistance training. The one finding worth a single heading is that the right is the weaker side in four separate tests; as landing and change-of-direction loads rise quickly in adolescence, now is the easiest time to close this gap.

PROGRAMME PROPOSAL — FIRST 4 WEEKS (PLAY-BASED, 2 × 15 MIN PER WEEK, IN ADDITION TO NORMAL TRAINING)

- **Single-leg landing games:** "quiet landing", hop-and-stop, lateral hops — right foot first, 2 sets × 6 each side.
- **Ankle mobility:** heel-to-toe walking, knee-to-wall ankle touches — 3 minutes a day.
- **Right-foot braking and push-off:** short version of the 5-10-5 (5-5), repeated right turns — 4–6 reps, full recovery.
- **Jump technique:** arm-swing jumping games; no added load, no maximal reps.
- **Weeks 5–12:** same content at higher speed and with more changes of direction; interim check in week 4 (right-leg landing quality by eye, wall test).

FOLLOW-UP CRITERIA

Retest in December 2026 with the same 13-test set. Success: SLH difference < 5%, right ankle dorsiflexion ≥ 35°, right-foot anterior–posterior sway ≤ 6%, CMJ ≥ 24 cm, right landing valgus ≤ 5°. If height has increased by more than 3 cm, results are read together with the growth effect.

Physiotherapist _____ Full name / Signature · Date