SAMPLE BASKETBALL PLAYER REPORT

Basketball · Age 12 · 1.75 m · 44 kg · Test Date: 04.09.2026 · Report Date: 28.09.2026

Athlete Information & Test Scope

Field	Information	Field	Information
Name	Sample Basketball Player	Dominant Side	Not specified
Age / Sex	12 · Male	Injury History	Not reported
Sport	Basketball	Test / Report Date	04.09.2026 / 28.09.2026
Height / Weight	1.75 m · 44 kg	Test System	VALD ForceFrame, ForceDecks

This assessment includes no medical exam, dietitian, psychologist, genetic or posture data; dominant side, weekly training and injury history were also not reported. Interpretations are based solely on VALD measurement data.

Balance & Landing Control (Stabilisation Time) — *VALD ForceDecks — Max Time to Stabilisation*

Test	Left	Right	Asymmetry
Single Leg Land & Hold (single-leg landing)	0.67 s	0.73 s	**7.7% (right slower)**
Land & Hold (double-leg landing — bilateral total)	0.37 s (99th pct.)		**14% (right)**

Colour code: green ≤10% · orange 10–15% · red >15% asymmetry (Bishop 2018). In stabilisation tests a higher value is slower, i.e. the lagging side. ***Double-leg landing stabilisation is very good at the 99th percentile.*** *In both tests the right side stabilises later; the single-leg difference is within normal limits, while double-leg landing load is in the monitoring band at 14%.*

Strength & Symmetry — *VALD ForceFrame — Max Force*

Test	Left	Right	Asymmetry
Shoulder Adduction — Seated (long lever)	75 N	106 N	**29% (left deficit)**
Shoulder Abduction — Seated (long lever)	115 N	101 N	**12% (right deficit)**
Shoulder Extension — Seated (long lever)	84 N	77 N	**9.4%**
Shoulder Flexion — Seated (long lever)	78 N	78 N	**0.8%**
Knee Flexion — Supine	161 N	164 N	**1.8%**
Knee Extension — Supine (90°)	202 N	206 N	**1.9%**

Muscle Balance Ratios	Left	Right	Reference
Hip Add : Abd (45°)	**0.74**	0.82	≥0.80 target
Knee Flexion : Extension (calculated)	0.80	0.80	≥0.60 target
Shoulder Add : Abd (calculated)	**0.65**	1.05	Sides should be similar

In strength tests the ***lower value*** *is the lagging side. Hip Add:Abd target ≥0.80 (Thorborg). Lower-limb strength symmetry is very good (knee 1.8% / 1.9%; H:Q 0.80). Key points:* ***29% left deficit in shoulder adduction*** *(75 / 106 N), 12% left dominance in shoulder abduction and* ***left hip Add:Abd 0.74*** *(below target).*

Functional Performance — Jump & Power — *VALD ForceDecks — Max Peak Power / BW*

Test	Value	Percentile / Comment
Countermovement Jump (CMJ)	36.2 W/kg	**25th percentile — below average**
Squat Jump (SJ)	42.2 W/kg	44th percentile — near average
Single Leg Jump — Left / Right	23.2 / 23.3 W/kg	**19th / 19th pct. — below average**
Drop Jump	94.8 W/kg	No percentile given

Single-leg jump power is symmetrical (0.6%) but at the 19th percentile. ***CMJ power is below Squat Jump power*** *(ratio 0.86, calculated); the stretch-shortening cycle is not yet transferred efficiently into the jump.*

Findings Summary & Risk Ranking

Priority	Finding	Value	Risk
1	Shoulder adduction asymmetry (left deficit)	29%	**High**
2	Jump power (single-leg 19th pct., CMJ 25th pct.)	CMJ < SJ	**Performance limiter**
3	Double-leg landing (Land & Hold) asymmetry	14% (right)	**Medium**
4	Shoulder abduction asymmetry	12% (left dominant)	**Medium**
5	Left hip Add:Abd ratio	0.74	**Medium**
6	Shoulder extension asymmetry	9.4%	**Within normal**
7	Single-leg landing stabilisation asymmetry	7.7%	**Within normal**

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Specialist Assessments

PHYSICIAN / HEALTH ASSESSMENT

The athlete (12, basketball) reported no injury history or current complaints. Lower-limb strength symmetry and double-leg landing control are good. However, **a marked side-to-side difference in shoulder adductor strength** and **jump power that is low for the age group** stand out. At 1.75 m / 44 kg the athlete is in a rapid growth phase with low body mass for height; findings should be interpreted with this phase in mind.

Key findings

- **29% asymmetry in shoulder adduction** (left 75 N / right 106 N); Add:Abd balance 0.65 in the left shoulder, 1.05 in the right.
- **Low jump power:** single-leg jump 19th percentile, CMJ 25th percentile; CMJ power below Squat Jump (44th pct.).
- **Left hip Add:Abd ratio 0.74** — below target (≥0.80); right 0.82.
- Land & Hold time 0.37 s, 99th percentile; however, there is a 14% right asymmetry in landing load.

Clinical advice

- Ask about shoulder pain, instability and impingement after shooting/passing; if complaints exist, a shoulder exam should be done. Record the dominant hand to assess whether the difference relates to arm use.
- Growth-related anterior knee and heel pain (increasing with jump load) should be checked regularly.
- The power deficit should be treated as a **performance limiter** rather than an injury risk; strength work should be age-appropriate, technique-focused and supervised.

Conclusion

- **No barrier to participation.** Priorities are balancing left shoulder adductor strength and developing jump power; a follow-up test is advised in 8–12 weeks.

Physician (MD) _____

Name / Signature

PHYSIOTHERAPIST ASSESSMENT

Priority order: (1) left shoulder adductor strength and symmetry, (2) jump power and stretch-shortening cycle efficiency, (3) left hip adductor strength, (4) right-side landing control.

Interpretation of findings

- Lower-limb strength is symmetrical (knee 1.8% / 1.9%, H:Q 0.80), but this strength is not transferred well into jumping — single-leg jump 19th percentile.
- Squat Jump power exceeding CMJ shows a weak contribution of the countermovement (fast dip–rise) to the jump; technique and reactive strength work should be a priority.
- In the left shoulder the abductors are relatively strong (115 N) and the adductors weak (75 N); this balance is preserved on the right.
- Landing control is generally good; on the right, stabilisation time is longer in both single-leg (0.73 s) and double-leg landing (14%).

Programme recommendation (8–12 weeks)

- **Basic strength:** bodyweight and light-resistance goblet squat, split squat, glute bridge, step-up — technique first, 2–3 sessions per week.
- **Power / plyometrics:** low-volume pogo, CMJ and jump–landing series; arm swing and fast countermovement should be coached technically.
- **Shoulder:** left shoulder adduction strengthening (band, isometric, medicine ball squeeze) and scapular stabilisation; reduce asymmetry below 15%.
- **Hip:** adductor strengthening (ball squeeze, short-lever Copenhagen); raise left Add:Abd ratio above 0.80.
- **Landing:** single-leg land-and-hold drills, right-side emphasis; basketball-specific change-of-direction landings.

Follow-up criteria

- VALD retest at weeks 8–12. Targets: **shoulder adduction asymmetry <15%**, **left hip Add:Abd ≥0.80**, **CMJ power equal to or above SJ power**.
- Because growth rate is high, height and weight should be updated at every test.

PT _____

Name / Signature

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Field Recommendations for the Coach

TRAINING RECOMMENDATIONS FOR THE COACH (FIELD)

Priority: Jump power and left shoulder balance — CMJ 25th percentile, single-leg jump 19th percentile; the 29% left deficit in shoulder adduction should be closed.

Weekly field application

- **Before every session (8–10 min):** low-volume pogo jumps and CMJ series with arm swing — each jump with a 2-second controlled landing.
- **Shoulder, 2 sessions/week:** left-emphasis band adduction and medicine ball chest squeeze 3×10; combined with scapular control exercises.
- **Hip, 2 sessions/week:** ball squeeze between knees 3×10 s and short-lever Copenhagen 2×6 — left side first.
- **Landing, 2 sessions/week:** single-leg land-and-hold 3×5, right-side emphasis; followed by change-of-direction landings.

Basketball-specific application

- In rebound and layup landings, **equal two-foot contact, knees aligned over toes** should be applied as a technical rule.
- Passing, rebounding and steal drills should include two-handed work that makes active use of the left arm.
- Jump power should be trained at the start of the session when fresh; repeated jumps under fatigue should stop when quality drops.

Load management & points to watch

- **The athlete is in a rapid growth phase;** strength work should use bodyweight and light resistance, technique-first and supervised.
- If anterior knee, heel or shoulder pain is reported, reduce jump volume and refer to the medical team.

Note: These assessments are general interpretations based on test data; they do not replace an in-person clinical exam, physiotherapy assessment or individual nutrition counselling. This document is a sample basketball player report prepared to present the SPV GEN AI reporting format; athlete identity details have been removed.