

SAMPLE ATHLETE — ASSESSMENT REPORT

Age 30 · 178 cm / 82 kg · Test date: 09 Sep 2026



TEST DATE	TEST SYSTEM	REPORT DATE
09 Sep 2026	VALD ForceFrame · NordBord · ForceDecks	09 Sep 2026

1 · Identity & Source Data

1.1 Identity Information

Name	Sample Athlete	Age	30
Sex	Male	Height / Weight	178 cm / 82 kg
Sport / Position	Not stated	Dominant leg	Not stated
Weekly training	Not stated — VALD Hub record: 0 sessions in the last 35 days, 0% completion	Current complaint	No pain — approx. 6th month after right knee ACL revision
Test date	09 Sep 2026 (VALD Hub)	Report date	09 Sep 2026

Note: The date of birth is recorded differently in the two VALD Hub exports; the age is 30 in both — correction of the profile record is recommended. Sport, position, dominant leg and weekly loading information were not provided.

1.2 Source Data (A–G) & Additional Assessment

	SOURCE	STATUS / EXPLANATION
A	Medical examination	✓ Available — Right knee ACL revision (March 2026; all-inside + ALL reconstruction, peroneal tendon autograft). On examination knee ROM is comfortable and stability is good; Lachman · anterior drawer · pivot shift negative, no pain. First ACL reconstruction in 2014.
B	Dietitian	Not performed — height and weight are available (178 cm / 82 kg), body composition was not provided. RECOMMENDED for monitoring quadriceps mass recovery after ACL surgery.
C	Psychologist	Not performed — psychological readiness for return to sport after revision surgery (e.g. ACL-RSI) is RECOMMENDED.
D	Genetics	Not performed
E	Gait / Foot & Posture	Not performed — as the graft was harvested from the right peroneal tendon, this is RECOMMENDED AS A PRIORITY for foot–ankle load distribution, evertor function and orthotic suitability.
F	Athletic development	Not performed — the hop battery (SLH · Triple · Crossover) and change-of-direction tests are missing; the functional leg of the return-to-sport criteria is incomplete.
G	Coach assessment	Not performed — no information could be obtained on sport, position, weekly training/match load and loading history.

Note: VALD strength, jump and landing data are outside the A–G scope; test-level detail is in sections 2–4. This assessment does not include body composition (InBody), gait/plantar pressure analysis or a hop battery.

Additional Assessment Information

Reason for referral	To profile lower-limb strength and symmetry at approximately the 6th month after right knee ACL revision, to objectively assess landing control and power output, and to position return-to-sport readiness on a measurement basis.
Current complaint / Clinical observation	No pain. Knee ROM comfortable, stability good; Lachman, anterior drawer and pivot shift negative — no structural restriction was identified on examination.
Known injury / Medical history	Right knee ACL reconstruction — 2014. Right knee ACL revision — March 2026; all-inside technique + ALL reconstruction, peroneal tendon autograft.
Treatment applied	Not provided — the content, duration and current load restrictions of the post-operative rehabilitation programme were not reported. The VALD Hub record shows 0 sessions and 0% average completion in the last 35 days.
Medication	Not stated.
Requested tests / Rationale	ForceFrame: knee extension (seated 45° and 90°), hamstring isometric (60°), hip flexion (supine), hip extension (prone), hip Add/Abd (45°). NordBord: Nordic hamstring eccentric. ForceDecks: single-leg Land and Hold, Land and Hold, single-leg jump, CMJ, Squat Jump.
Expectation	To determine the magnitude and distribution of the strength deficit on the operated side, to interpret the side difference in landing control, to position power output and to define the measurements that still need to be completed for return to sport.
Additional notes	1) The battery does not include ankle evertor (peroneal — graft donor site) or plantar flexor strength measurement. 2) There is no hop battery or change-of-direction test; the LSI table alone does not determine a return-to-sport decision. 3) Only the ratio is reported on the hip Add/Abd card; absolute values were not provided. 4) In the bilateral Land and Hold test no per-side time was given, only the bilateral total and the difference percentage. 5) As sport, position and dominant leg were not declared, the interpretations are made within a general return-to-sport framework.

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

TEST	LEFT	RIGHT	ASYMMETRY
Single-Leg Land & Hold (single-leg landing)	1.53 s (31st p.)	0.91 s (67th p.)	40% (left slower)
Land & Hold (bilateral — combined)	0.63 s (82nd p.) — bilateral		18% (left slower)

Colour code: green ≤10% · orange 10–20% · red >20% asymmetry. In stabilisation time a HIGHER value is worse. On single-leg landing the LEFT side stabilises markedly late (40%). This is the side opposite the operated leg (right); it points in the same direction as the 18% left difference in the bilateral landing. The bilateral total time (0.63 s, 82nd percentile) is good — meaning the problem is not total capacity but its distribution between sides.

3 • Strength & Symmetry — VALD ForceFrame & NordBord — Max Force

TEST	LEFT	RIGHT	ASYMMETRY
Knee Extension — Seated (45°)	499 N (86th p.)	295 N (47th p.)	41%
Knee Extension — Seated (90°)	359 N (65th p.)	295 N (47th p.)	18%
Nordic Hamstring (eccentric)	336 N (48th p.)	288 N (29th p.)	14%
Hamstring Isometric — 60°	280 N (32nd p.)	241 N (18th p.)	14%
Hip Flexion — Supine	287 N (67th p.)	246 N (47th p.)	14%
Hip Extension — Prone	394 N (49th p.)	401 N (50th p.)	1.8%
MUSCLE BALANCE RATIO	LEFT	RIGHT	REFERENCE
Hip Add : Abd (45°)	0.91	1.00	≥ 0.80 target

The strength profile is one-directional: in knee extension, hamstring and hip flexion the deficit is always on the RIGHT (operated) side. The largest difference is at 45° knee extension (41%) and it falls to 18% at 90° — this angle-dependent pattern suggests that quadriceps strength lags particularly in the final degrees of knee extension (a typical finding after ACL surgery). Hip extension is symmetrical (1.8%) and the Add:Abd ratio is above target on both sides.

4 • Functional Performance — Jump & Power — VALD ForceDecks — Max Peak Power / BM

TEST	VALUE	PERCENTILE / COMMENT
Countermovement Jump (CMJ)	39.3 W/kg	13th percentile — markedly low
Squat Jump	37.1 W/kg	14th percentile — markedly low
Single-Leg Jump — Left	23.0 W/kg	8th percentile — markedly low
Single-Leg Jump — Right	22.4 W/kg	7th percentile — markedly low
Single-Leg Jump — Asymmetry	2.9% (left)	Within normal limits

Power output is the weakest area of this report: all four jump parameters are below the 15th percentile. The low asymmetry in the single-leg jump (2.9%) should not be misread — both sides are similarly low, i.e. symmetry has been achieved at a low performance level rather than a high one. The record of 0 training sessions in the last 35 days is consistent with this picture.

5 • Summary of Findings & Risk Ranking

PRIORITY	FINDING	VALUE	RISK
1	Knee extension (45°) asymmetry — deficit on the right (operated) side	41%	High
2	Single-leg landing stabilisation asymmetry — left slower	40%	High
3	Low power output (CMJ 13th · SJ 14th · single-leg 7th–8th p.)	< 15th p.	High
4	Knee extension (90°) and bilateral landing asymmetry	18%	Moderate
5	Hamstring (Nordic & isometric) and hip flexion asymmetry	14%	Moderate
6	Hip extension symmetry and Add:Abd ratio	1.8% · 0.91/1.00	Within normal

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6 • Assessments

MEDICAL ASSESSMENT

The athlete (30) was assessed at approximately the 6th month after right knee ACL revision. On examination knee ROM is comfortable, stability is good, Lachman · anterior drawer · pivot shift are negative and there is no pain. Consistent with the clinical picture, the measurements show a **persisting quadriceps strength deficit on the operated side** and **generally low power output**.

Key findings

- **Knee extension at 45°: left 499 N / right 295 N — 41% deficit.** The difference falls to 18% at 90°; this angle-dependent profile is consistent with the terminal-extension strength deficit typically seen after ACL surgery.
- A consistent 14% right-side deficit in the hamstrings (Nordic 336/288 N, isometric 280/241 N) and in hip flexion (287/246 N) — expected given the graft and rehabilitation load, but requiring follow-up.
- Power output: CMJ 39.3 W/kg (13th p.), SJ 37.1 W/kg (14th p.), single-leg jump 7th–8th percentile — insufficient for return to sport.
- The 40% difference in single-leg landing stabilisation is on the side opposite the operated leg (left 1.53 s / right 0.91 s); the possibility of a protective, stiff landing strategy on the right should be assessed clinically.

Clinical recommendations

- As the graft was harvested from the right peroneal tendon, ankle evtor and plantar flexor strength as well as donor-site complaints should be specifically questioned and measured.
- Effusion, mechanical symptoms and post-activity pain should continue to be monitored; these findings are the decision criteria when load is increased.
- A return-to-sport decision should not be made before the hop battery and change-of-direction tests are completed.

Conclusion

- **There is no obstacle to controlled strength and power development; the criteria for returning to cutting, pivoting and contact sport activity have not yet been met.** A follow-up measurement and completion of the missing tests are recommended after 8–12 weeks.

Specialist Dr. _____

Name–Surname / Signature

ANALYSIS ASSESSMENT

Order of priority: (1) right quadriceps strength deficit, (2) general power–speed development, (3) left-side landing control, (4) completion of the missing test battery.

Interpretation of findings

- The difference between 45° and 90° (41% → 18%) is angle-dependent; exercise selection should therefore target the final degrees of knee extension.
- Hip extension is symmetrical (1.8%) — the deficit is knee-centred rather than hip-related; compensation masking this in compound lifts is likely.
- Single-leg jump asymmetry is low (2.9%) but both sides are below the 8th percentile; the symmetry criterion alone is not a sufficient measure.
- The delay in left-side landing stabilisation (1.53 s) can be read either as a protective landing strategy on the right or as load accumulation on the left; video-supported landing analysis is recommended.

Programme recommendation (8–12 weeks)

- **Quadriceps-targeted block:** isolated knee extension (particularly the 0–45° range), split squat, slow-eccentric single-leg work — 2–3 sessions per week, progressed in blocks of 4–6 repetitions.
- **Power / speed:** low-volume plyometrics focused on CMJ and squat jump quality; bilateral first, progressing to single leg as landing control is established.
- **Landing control:** controlled single-leg landing work prioritising the left side (box landings, drop-land, multidirectional hop-and-hold).
- **Ankle / donor site:** peroneal (evtor) and plantar flexor strengthening; single-leg heel-raise capacity should be monitored.
- **Hamstrings:** continued eccentric hamstring work for the Nordic and hip flexion deficits, 2 sessions per week.

Follow-up criteria

- Repeat VALD measurement at week 8–12. Targets: knee extension asymmetry < 15%, hamstring and hip flexion asymmetry < 10%, a marked increase in CMJ power output.
- The missing tests should be completed: hop battery (SLH · Triple · Crossover), change-of-direction test, ankle evtor / plantar flexor strength.

Physiotherapist _____

Name–Surname / Signature