ATHLETE & PARENT SUMMARY · INITIAL ASSESSMENT

— Initial Assessment Results Summary

Basketball · Guard · 10 years · Sportoteam U11 · Test date: 12.09.2026 · Camera-based movement analysis

IN ONE SENTENCE

A healthy, fast and agile 10-year-old guard. Speed, agility, horizontal jumping, posture and flexibility are in the good band for age. There is one main area to work on: in four separate tests, the right side is slightly behind the left. This is a coordination and control difference; it is not an injury or a structural problem. Training and matches can continue without restriction.

WHAT IS GOOD RIGHT NOW

152 cm	3.96 s	5.74 s	+4 cm
Standing long jump	**20 m sprint**	**Agility 5-10-5**	**Sit & reach**
good band 150–165 cm	good band 3.75–4.00 s	good band 5.50–5.90 s	good band ≥ +3 cm
GOOD	GOOD	GOOD	GOOD

Posture, flexibility and technique. Shoulder tilt, pelvic tilt and trunk position are within reference limits; hamstring flexibility is good for age. The only point to watch is forward head position at 14°, with a 15° threshold — this is commonly related to screen time and school-bag load and will be rechecked in 3 months. Jump technique is sound: arm use is effective, squat depth is normal and the long-jump take-off angle is optimal. No extra work is needed in these areas.

THE ONE MAIN AREA TO WORK ON — RIGHT SIDE

1 Single-leg hop	2 Knee position on landing	3 Ankle mobility	4 Right-foot braking
Right 109 cm, left 118 cm — 7.6% behind	Right knee moves 9° inward, left 3°	Right ankle 33°, left 36° (reference ≥ 35°)	Right turn is 0.22 s slower than left

The four results above are not four separate problems; they are four expressions of the same issue. When the same side is slightly behind in four independent tests, it is unlikely to be random — it reflects a learned movement habit. At age 10, this is related to neuromuscular coordination rather than muscle weakness or a structural disorder, and it usually responds quickly to play-based training. It is a tendency, not an injury — there is no painful or torn structure. If left unaddressed, the same habit may carry into years when jumping and change-of-direction loads increase substantially.

Second priority: vertical jump. Vertical jump (22.8 cm) is just below the good band, while horizontal jump is one band ahead. At this age this is normal and not a weakn The solution is not weight training, but jump-and-landing technique games.

NEXT 4 WEEKS — 2×15 MIN/WEEK, ADDED TO NORMAL TRAINING

- **Single-leg landing games:** "quiet landing", hop-and-stick and lateral hops — start with the right foot; 2 sets × 6 each side.
- **Ankle mobility:** heel-toe walking and wall knee-to-ankle touches — 3 minutes daily, can be done at home.
- **Right-foot braking:** short 5-5 shuttle with repeated right-foot turns — 4–6 repetitions with full recovery.
- **Jump technique:** arm-swing jump games. No added weight and no maximal repetitions at this age.
- **Nothing is removed:** training and match volume stays unchanged. This adds about 30 minutes per week. During weeks 5–12, the same content continues at higher speed with more changes of direction.

FOLLOW-UP ASSESSMENT · DECEMBER 2026 (12 WEEKS)

The same 13-test set will be repeated. Targets: left-right hop difference below 5% · right ankle mobility 35° or more · right-foot balance sway 6% or less · vertical jump 24 cm or more · right landing knee angle 5° or less.

A single measurement is a photograph; repeated measurements are a film. Two to three assessments per year show how your child is developing and which work is producing results. If height increases by more than 3 cm, the December results should be interpreted together with that growth.

THREE QUESTIONS PARENTS ASK

Will they get injured?

No finding in this assessment reaches an injury-risk threshold. There is no pain or warning sign. This work is preventive, not corrective.

Can they play matches?

Yes. There is no restriction on training or matches. The 4-week program is added to normal training and takes about 30 minutes per week.

Why work on it if nothing hurts?

Because this is the easiest time to address it. Landing and change-of-direction loads rise rapidly during adolescence; a control habit is much easier to improve at age 10 than at 14.

This summary is a simplified version of the detailed assessment report and is not a medical diagnosis. All values were obtained using single-camera movement analysis; no force platform, blood test or clinical examination was performed. Medical examination is required if pain, swelling or restriction of movement occurs. Measurement data belongs to the athlete and is shared only with the family and, with your consent, the coaching team.

Physician

Name / Signature · Date

Physiotherapist

Name / Signature · Date

Coach

Name / Signature · Date