1 PATIENT & ASSESSMENTS COMPARED

PATIENT	PATIENT ID	AGE / SEX	ASSESSMENT
Mr. Sample Landing	SMP-L01	19 yrs / Male	LESS jump-landing assessment
BASELINE (PRE)	**FOLLOW-UP (POST)**	**INTERVAL**	**CLINICIAN**
01/08/2026	20/10/2026	80 days (11.4 wk)	Dr. A. Sample (PT)
COMPLAINT / INTERVENTION		**REPORT**	
Pre-season screening, right knee ACL reconstruction 2 years ago		Pre–post outcome comparison	

2 OVERALL CHANGE BETWEEN ASSESSMENTS

OUTCOME

Marked improvement

Mr. Sample Landing was re-assessed with LESS jump-landing assessment 80 days (11.4 weeks) after the baseline assessment of 01/08/2026. Of 5 measurements outside normal at baseline, **3 normalised** and **0 improved** beyond the measurement error, while 2 showed no meaningful change. The LESS score changed from **3** (Excellent) to **0** (Excellent), a decrease of 3 points. Overall change: **marked improvement** (summary categories set by the manufacturer; not clinically validated).

3	0	2	0	0
NORMALISED	IMPROVED	NO CHANGE	WORSENED	NEW DEVIATION

3 PRE VS POST AT A GLANCE

	BASELINE – 01/08/2026	FOLLOW-UP – 20/10/2026
Main movement finding	Excellent landing – LESS 3/19	Excellent landing – LESS 0/19
LESS score	3 / 19 · Excellent	0 / 19 · Excellent
Measurements	22 normal · 3 minor · 2 major	25 normal · 1 minor · 1 major
Main findings	None	None

A change counts as real only when it is larger than the typical 2D measurement error (5° for angles, 8° for frontal-plane knee angles, 0.10 for ratios, 3% for distances), and the measurement also moves toward or into the normal range. Smaller differences are reported as "no meaningful change".

SAMPLE – SYNTHETIC TEST DATA – NOT A PATIENT RECORD

4 OUTCOME MEASURES – PRE VS POST

MEASURE	SIDE	PRE	POST	CHANGE	NORMAL	OUTCOME
Knee flexion at initial contact	Left	**24.0°**	33.0°	+9.0°	> 30°	Normalised
Knee flexion at initial contact	Right	**26.0°**	34.0°	+8.0°	> 30°	Normalised
Knee flexion at maximum knee flexion	Left	**78.0°**	92.0°	+14.0°	≥ 80°	Normalised
Knee FPPA at max knee flexion	Left	**(−) 15.0°**	**(−) 8.1°**	+6.9°	0° to (+) 10°	No meaningful change
Knee FPPA at max knee flexion	Right	**(−) 1.9°**	**(−) 1.9°**	±0.0°	0° to (+) 10°	No meaningful change
Hip flexion at initial contact	Left	30.0°	46.0°	+16.0°	> 10° (hip flexed)	Normal – maintained
Hip flexion at initial contact	Right	33.0°	48.0°	+15.0°	> 10° (hip flexed)	Normal – maintained
Trunk flexion at initial contact	Left	8.0°	12.0°	+4.0°	> 5° (trunk flexed)	Normal – maintained
Trunk flexion at initial contact	Right	9.0°	13.0°	+4.0°	> 5° (trunk flexed)	Normal – maintained
Foot-to-floor angle at contact (+ toe first)	Left	(+) 14.0°	(+) 16.0°	+2.0°	> (+) 5° (toe-to-heel)	Normal – maintained
Foot-to-floor angle at contact (+ toe first)	Right	(+) 13.0°	(+) 15.0°	+2.0°	> (+) 5° (toe-to-heel)	Normal – maintained
Knee flexion at maximum knee flexion	Right	80.0°	94.0°	+14.0°	≥ 80°	Normal – maintained
Knee flexion displacement	Left	54.0°	59.0°	+5.0°	> 45°	Normal – maintained
Knee flexion displacement	Right	54.0°	60.0°	+6.0°	> 45°	Normal – maintained
Hip flexion displacement	Left	(+) 50.0°	(+) 59.0°	+9.0°	> 0° (more flexed at max knee flexion)	Normal – maintained
Hip flexion displacement	Right	(+) 51.0°	(+) 59.0°	+8.0°	> 0° (more flexed at max knee flexion)	Normal – maintained
Trunk flexion displacement	Left	(+) 12.0°	(+) 18.0°	+6.0°	> 0° (more flexed at max knee flexion)	Normal – maintained
Trunk flexion displacement	Right	(+) 13.0°	(+) 18.0°	+5.0°	> 0° (more flexed at max knee flexion)	Normal – maintained
Knee position vs midfoot at contact	Left	(+) 3.6°	(+) 3.6°	±0.0°	≤ (+) 5° (knee over midfoot)	Normal – maintained
Knee position vs midfoot at contact	Right	(+) 3.6°	(+) 3.6°	±0.0°	≤ (+) 5° (knee over midfoot)	Normal – maintained
Lateral trunk flexion at contact	—	0.0°	0.0°	±0.0°	(−) 5° to (+) 5°	Normal – maintained
Stance width (ankles ÷ shoulders)	—	0.79	0.79	±0.00	0.7 to 1.15	Normal – maintained

SAMPLE – SYNTHETIC TEST DATA – NOT A PATIENT RECORD

Photographs in this sample show an AI-generated human model – not a real person.

MEASURE	SIDE	PRE	POST	CHANGE	NORMAL	OUTCOME
Estimated foot rotation (toe-out +)	Left	(+) 5.0°	(+) 5.0°	±0.0°	(−) 30° to (+) 30°	Normal – maintained
Estimated foot rotation (toe-out +)	Right	(+) 5.0°	(+) 5.0°	±0.0°	(−) 30° to (+) 30°	Normal – maintained
Ankle height difference at contact (asymmetry proxy)	—	0.0%	0.0%	±0.0%	≤ 8% of shank length	Normal – maintained
Knee position vs midfoot at max flexion	Left	(−) 3.0°	(+) 0.2°	+3.1°	≤ (+) 5° (knee over midfoot)	Normal – maintained
Knee position vs midfoot at max flexion	Right	(+) 3.0°	(+) 3.0°	±0.0°	≤ (+) 5° (knee over midfoot)	Normal – maintained

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5 CHANGE CHART – MEASURES OUTSIDE NORMAL AT EITHER VISIT

Pre · Post · Normal range · green = improved · red = worsened



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6 CLINICAL FINDINGS – PRE VS POST

No abnormal pattern at either assessment.

7 LESS ITEMS – PRE VS POST

#	ITEM	PRE	POST	OUTCOME
1	Knee flexion at initial contact	1	0	Normalised
2	Hip flexion at initial contact	0	0	Normal – maintained
3	Trunk flexion at initial contact	0	0	Normal – maintained
4	Ankle plantarflexion at initial contact	0	0	Normal – maintained
5	Medial knee position at initial contact	0	0	Normal – maintained
6	Lateral trunk flexion at initial contact	0	0	Normal – maintained
7	Stance width – wide	0	0	Normal – maintained
8	Stance width – narrow	0	0	Normal – maintained
9	Foot position – toe-in	0	0	Normal – maintained
10	Foot position – toe-out	0	0	Normal – maintained
11	Symmetric initial foot contact	0	0	Normal – maintained
12	Knee flexion displacement	0	0	Normal – maintained
13	Hip flexion at maximum knee flexion	0	0	Normal – maintained
14	Trunk flexion at maximum knee flexion	0	0	Normal – maintained
15	Knee valgus displacement	0	0	Normal – maintained
16	Joint displacement (sagittal)	1	0	Normalised
17	Overall impression	1	0	Normalised
	Total	**3**	**0**	**−3**

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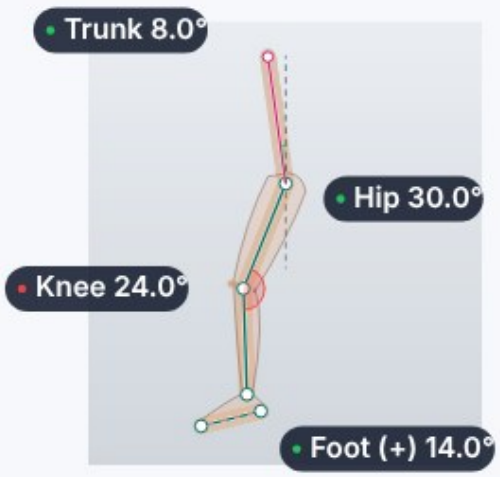
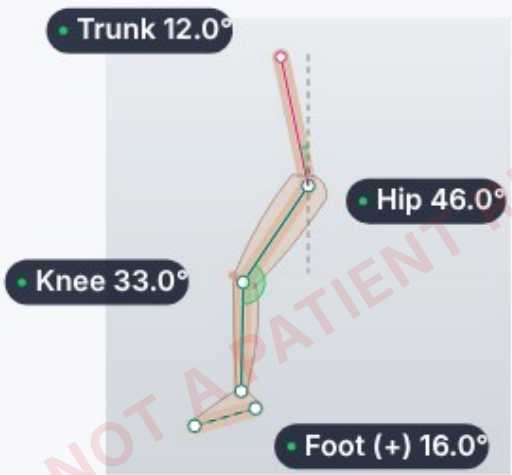
8 VISUAL COMPARISON – PRE VS POST

Lateral – Left
Left side – initial contact

PRE · 01/08/2026



POST · 20/10/2026

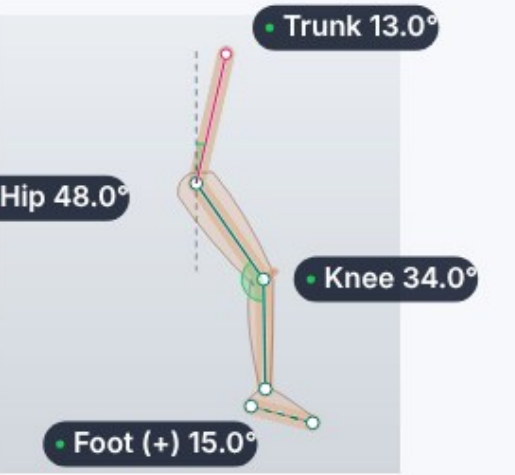


Lateral – Right
Right side – initial contact

PRE · 01/08/2026



POST · 20/10/2026



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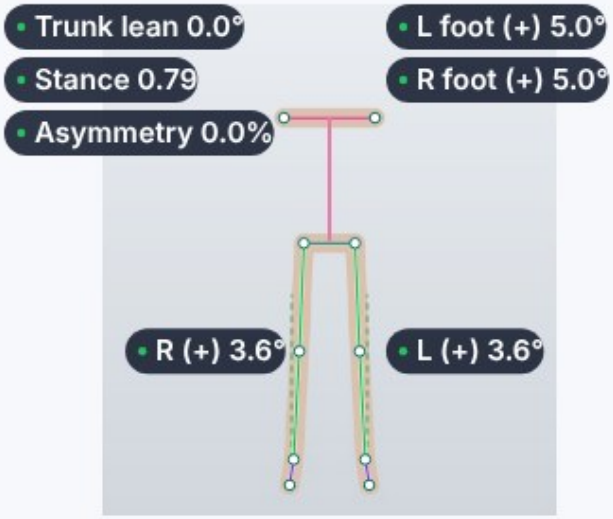
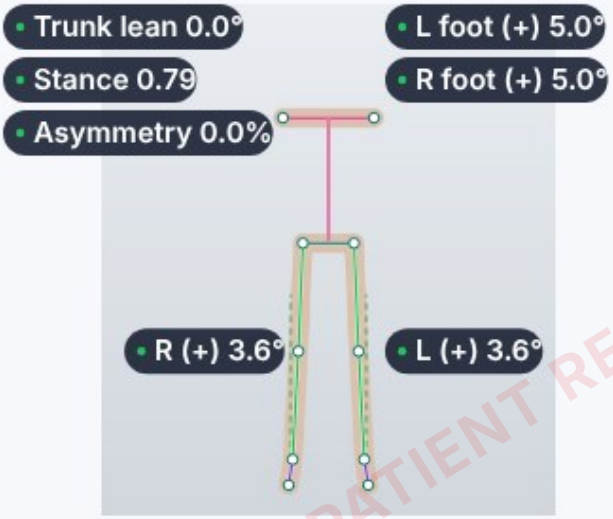
Anterior
Front – initial contact

PRE · 01/08/2026



POST · 20/10/2026



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9 INTERPRETATION

Mr. Sample Landing was re-assessed with LESS jump-landing assessment 80 days (11.4 weeks) after the baseline assessment of 01/08/2026. Of 5 measurements outside normal at baseline, **3 normalised** and **0 improved** beyond the measurement error, while 2 showed no meaningful change. The LESS score changed from **3** (Excellent) to **0** (Excellent), a decrease of 3 points. Overall change: **marked improvement** (summary categories set by the manufacturer; not clinically validated).

10 SUGGESTIONS & FURTHER RECOMMENDATIONS

1 **Progress the programme**
Gains are clear. Progress load, speed and complexity (e.g. single-leg, sport-specific or higher-level tasks) and move towards a self-managed maintenance programme.

11 NEXT ASSESSMENT

RE-ASSESSMENT
In 8–12 weeks, using the same protocol, camera set-up and marker positions for a valid comparison.

KEEP CONSTANT BETWEEN VISITS
Camera height and distance, frame rate, footwear, task instructions and the assessor where possible.

This comparison is generated automatically from two saved assessments and must be reviewed by the treating clinician.

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12 PHYSICAL EXAMINATION & HISTORY

13 FINAL DIAGNOSIS

14 MANAGEMENT PLAN & FOLLOW-UP

RE-ASSESSMENT DUE

REFERRAL TO

Assessed by (name, qualification)

Signature & date

Reviewed by

Signature & date

SAMPLE – SYNTHETIC TEST DATA – NOT A PATIENT RECORD

15 PATIENT CONSENT RECORD

Consent given by	Mr. Sample Landing
Date & time recorded	20/10/2026, 09:05:00
Recorded by	Dr. A. Sample (PT)
Purpose	Video / photographic recording and computer-assisted analysis of movement and posture for teaching, learning and research.
Use of anonymised data in teaching materials / publications	Not agreed

16 INTENDED USE

For research and education use only. Rollaxis is not a medical device. Its measurements, interpretations, provisional diagnoses and management options are teaching and research examples and must not be used to diagnose or treat any person.

Rollaxis Research & Education Edition is software for teaching, learning and research in human movement science. It measures two-dimensional (2D) joint and segment angles, timing and alignment from video recordings and photographs of posture, walking, running, a bodyweight squat and the Landing Error Scoring System (LESS) jump-landing task, using skin markers placed and confirmed by the user, and compares the measurements with published reference values. To support teaching, its reports also show worked examples of clinical reasoning – interpretation of the findings, provisional diagnoses and management options with their published evidence – generated by fixed rules from the literature. It is intended for students, educators and researchers in physiotherapy, sports science and medicine, in teaching laboratories, classrooms and approved research studies. It is not a medical device and is not intended for the diagnosis, prevention, monitoring, treatment or alleviation of any disease, injury or disability in an individual; its output must not be used as the basis for clinical decisions.

17 WARNINGS AND LIMITATIONS

Measurements are 2D projections of 3D movement and are affected by camera position, height, distance and tilt, lens distortion, patient rotation, clothing, frame rate and marker placement; rotations about the long axis of the limb are not measured. Check every marker, including automatic suggestions, before using a value. Differences smaller than the measurement error should not be interpreted as change. Reference values come from published adult populations and may not apply to every patient; they are not paediatric values. Stop the test if the patient reports pain, dizziness, chest discomfort or instability. Rule-based interpretations, provisional diagnoses and management options are teaching examples, not clinical advice. Use only the version supplied by the publisher on a computer protected as described in the user manual.

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18 PERSONAL DATA PROTECTION (DIGITAL PERSONAL DATA PROTECTION ACT, 2023)

Sample Physiotherapy Clinic is the **Data Fiduciary** for the personal data in this report, including images and health information. The data were collected with the consent recorded above, for the specified purpose only, and are stored on the institution's computer. Rollaxis does not transmit patient data; licence activation sends only the licence key, a computer identifier, the computer name and the software version to the publisher's licence server. The data principal (patient) may withdraw consent at any time, and may request access to, correction of or erasure of their personal data, or raise a grievance, by contacting Sample Physiotherapy Clinic. Withdrawal does not affect processing done before it. Data are kept only as long as needed for this purpose or as required by law for clinical records. For a child (under 18 years), verifiable consent of the parent or lawful guardian is required.

19 RESPONSIBILITIES

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20 USER DECLARATION

I confirm that the participant gave consent, that I have reviewed the measurements in this report, and that this report was produced for teaching, learning or research and will not be used as the basis for diagnosis or treatment of the participant.

Name, designation & institution

Signature & date

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