LONGEVICO

OVERVIEW · LONGEVICO HEALTH REVIEW

Health & Performance Report

This sample report uses fictional information to demonstrate the format. It is not a real client record, a testimonial or advice for your own care.

PROFILE

Man, aged 52

ASSESSMENT DATE

1 September 2026

SERVICE

Longevico Health Review

INITIAL REVIEW

Four weeks

AT A GLANCE

01

Fading late in tennis.

02

Body composition has stalled.

03

No clear training plan.

01

Your priorities

You want to keep playing tennis, feel fitter through the second set and improve body composition without losing strength.

Subjective summary

You play doubles once a week and attend the gym inconsistently. Work often displaces exercise, and late evenings leave around six and a half hours for sleep.

An old left ankle sprain is no longer painful, but that side feels less confident when changing direction. Your father had heart disease in his late fifties. The GP review recommends further discussion of cholesterol and overall cardiovascular risk.

WHAT MATTERS MOST

- The main priorities are consistent conditioning, left calf capacity, sleep opportunity and the recommended GP review.

CLINICAL CONTEXT

No pain was reported during testing.

STARTING POINT

Your regular tennis, gym access and willingness to follow a plan provide a useful starting point.

RECOVERY

Work often displaces exercise, and late evenings leave around six and a half hours for sleep.

CONFIDENCE

An old left ankle sprain is no longer painful, but that side feels less confident when changing direction.

ASSESSMENT FOCUS

The main priorities are consistent conditioning, left calf capacity, sleep opportunity and the recommended GP review.

02

Physical capacity

Asymmetry is calculated as the higher result minus the lower result, divided by the higher result, multiplied by 100.

MEASURE	RESULT	INTERPRETATION	TEST CONTEXT
Knee extension, seated at 90°	Left: 360 N Right: 405 N	11.1% asymmetry	
Calf raise, full height	Left: 18 repetitions Right: 23 repetitions	21.7% asymmetry	
Knee to wall test, heel down	Left: 7.0 cm Right: 10.0 cm	30.0% asymmetry	
Grip, elbow at 90°	Left: 390 N Right: 410 N	4.9% asymmetry	
Hip abduction, supine with belt fixation	Left: 240 N Right: 250 N	4.0% asymmetry	
Single leg balance, eyes open	Left: 30 seconds Right: 30 seconds	Test limit reached on both sides	
Sit to stand in 30 seconds	14 repetitions		Chair height 43 cm, arms crossed, no pain reported
Comfortable 10 m walk	1.28 m/s		Personal baseline

REFERENCE 1

1. Ardern CL et al. 2016 Bern consensus statement on return to sport. Br J Sports Med. 2016;50:853–864. https://bjsm.bmj.com/content/50/14/853

REFERENCE 2

2. Smith MD et al. Return to sport after acute lateral ankle sprain: the PAASS framework. Br J Sports Med. 2021;55:1270–1276. https://bjsm.bmj.com/content/55/22/1270

WHAT THIS MEANS

Left calf endurance and ankle range give the exercise plan a specific focus. We will review them alongside your confidence and tolerance on court. These figures are not universal injury thresholds. [1, 2]

03

Aerobic capacity and body composition

External cycle exercise test with a ramp of 20 W/min

TEST

20 W/min

External cycle test

DIRECTLY MEASURED VO_2 PEAK

30.5

$mL \cdot kg^{-1} \cdot min^{-1}$

REFERENCE

Personal baseline

No age percentile assigned.

PRIORITY

Conditioning

For tennis

AEROBIC INTERPRETATION

The result provides a starting measure for conditioning. More consistent aerobic work is the practical priority for tennis, with the method kept consistent for any repeat comparison. The score needs to be considered alongside symptoms, current activity and exercise tolerance. [3]

Higher aerobic fitness is associated with better health outcomes at a population level. This result is not a diagnosis or an individual health forecast. [4]

REFERENCES 3 AND 4

3. Ross R et al. Importance of Assessing Cardiorespiratory Fitness in Clinical Practice. Circulation. 2016;134:e653–e699. https://www.ahajournals.org/doi/10.1161/CIR.0000000000000461

4. Lang JJ et al. Cardiorespiratory fitness and health outcomes: overview of meta-analyses. Br J Sports Med. 2024;58:556–566. https://pubmed.ncbi.nlm.nih.gov/38599681/

DEXA

External DEXA findings

BODY FAT

27.5%

GOAL

No fixed body fat percentage target.

LEAN TISSUE MASS

61.2 kg

BONE DENSITY

Diagnostic hip and spine bone density was not assessed.

DEXA INTERPRETATION

Body composition will be reviewed alongside strength and function. Lean tissue mass is not a direct measure of muscle strength. Consistent scan preparation and technique matter when comparing results. [5]

REFERENCE 5

5. Nana A et al. Methodology review: DXA assessment of body composition in athletes and active people. Int J Sport Nutr Exerc Metab. 2015;25:198–215. https://pubmed.ncbi.nlm.nih.gov/25029265/

04

Blood results

Cholesterol can be raised without obvious symptoms. The GP considers these results alongside family history and other risk factors. [6]

MARKER	RESULT	REPORTING CONTEXT
LDL cholesterol	3.7 mmol/L	Priority for GP review
Non HDL cholesterol	4.4 mmol/L	Total cholesterol minus HDL cholesterol
Total cholesterol	5.7 mmol/L	Review the full profile with the GP
HDL cholesterol	1.3 mmol/L	Not interpreted in isolation
Triglycerides	1.5 mmol/L	Part of the GP lipid review
Fasting glucose	5.2 mmol/L	Requires medical context
HbA1c	35 mmol/mol	Requires medical context
Creatinine	85 µmol/L	Requires medical context

MEDICAL SCOPE

Laboratory reference intervals and personal medical targets are not supplied here, so results are not classified against assumed ranges. Medical interpretation and treatment decisions remain with the GP.

REFERENCE 6 Heart Foundation. Blood cholesterol (updated May 2026). https://www.heartfoundation.org.au/your-heart/high-blood-cholesterol

05

Your plan

EXERCISE PRIORITIES

Regular tennis provides a useful base. The exercise priorities are consistent conditioning, left calf capacity and a repeatable strength routine. The cholesterol review remains with the GP.

Actions

PRIORITY	ACTION	WHAT WE REVIEW
Medical review	Discuss lipids and family history with the GP. Share exercise priorities with consent.	GP recommendations and agreed next steps
Strength for tennis	Two strength sessions each week, including graded calf and single leg work, adapted to your response	Sessions completed, calf endurance, knee force and confidence on court
Aerobic capacity	Two manageable conditioning sessions around tennis, with effort selected after screening	Weekly minutes, effort in the second set and repeat testing where useful
Recovery and routine	Protect exercise and sleep time. Offer dietitian input for body composition goals.	Weekly routine, sleep opportunity, waist measurements and strength

CONCLUSION

Begin with an appointment to set the program, then review after four weeks. Reassess selected strength, calf endurance and ankle measures at 12 weeks. Repeat aerobic testing only where it would help the next decision.