SCHEDULE OF ASSESSMENTS

Screening / Enrolment (Week 0)

- Confirm eligibility (age, training years, VO_2max threshold, medical clearance).
- Obtain written informed consent.
- Record demographics (age, sex, training history, anthropometrics).
- Record baseline training load and recent injury/illness history.
- Conduct baseline laboratory and performance testing
    - VO_2max (graded treadmill test with gas analysis).
    - Lactate threshold (finger-prick capillary blood test).
    - Wingate 30-sec cycling power test.
    - Countermovement jump (CMJ) height.
    - Heart rate recovery (HRR-1 min).
    - Heart rate variability (HRV, 5-min supine rest, RMSSD).
    - Biomechanical asymmetry index (3D motion capture + IMU).

Daily (Weeks 1–24)

- Record training exposure (session duration, type, load).
- Record **session-RPE** (Borg CR10, 30 min post-training).
- Record **subjective readiness score** (McLean 1–10, pre-training).
- Record heart rate variability (RMSSD, morning supine).
- Capture injury or illness events.

Weekly (Weeks 1–24)

- Calculate **Performance Load Ratio (PLR)**.
- Calculate training compliance (%) and monotony index.
- Identify HRV suppression episodes and lag response coefficients.
- Review adherence to study procedures.

Mid-Phase Testing (Week 12)

- Repeat laboratory and performance testing VO_2max, lactate threshold, Wingate, CMJ, HRR, HRV.
- Record biomechanical asymmetry index.

Post-Phase Testing (Week 24)

- Repeat full laboratory and performance testing as above.

- Record PRI (Performance Reserve Index) composite score.
- Document cumulative injuries, illness, and compliance.

Retention / Taper Check (Week 32)

- Assess PRI retention.
- Repeat CMJ, HRV, VO_2max, and lactate threshold.
- Record final asymmetry index and readiness scores.

Throughout Study

- Record any adverse events or testing-related complications.
- Monitor for musculoskeletal injuries or abnormal physiological responses.