'*My teammates don't recognise me*' – Persistent Post Concussion Symptoms (PPCS) Management in Sports and Exercise Medicine: Medical Elective Reflection.

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Abbreviations
NZ – New Zealand
PPCS – Persistent Post Concussion Symptoms
SEM – Sports and Exercise Medicine
UK – United Kingdom

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Abstract: This article reflects on an elective placement undertaken by a fourth-year student doctor. It uses an anonymised case study to explore the impacts of multidisciplinary management and patient education in persistent post-concussion symptoms. This article aims to highlight the value of overseas electives for personal and professional development.

Reflection on my Elective

The Elective

My four-week elective was based within a Sports and Exercise Medicine (SEM) clinic in New Zealand. I observed clinical sessions, orthopaedic procedures, as well as spent time pitch-side to learn more about traumatic sports injuries and management guidelines. One of the most impactful experiences during my placement was observing an acute sports-related concussion clinic for elite athletes.

Elective Objectives

The main objectives for my elective were:

- Further explore the specialty of

SEM
- Develop confidence in assessing concussion related symptoms outside of a clinical environment
- Compare the healthcare systems of the UK and NZ

Reflection

In this reflection, I discuss how observing a multidisciplinary approach to rehabilitation challenged my understanding of concussion, highlighted the limitations of a purely biomedical model, and the power of patient education.

As both a medical student and someone who has personally experienced concussion, I arrived with the understanding that concussion was a 'transient condition, where functional neurological deficits or disturbances typically resolved within 10-14 days' (Toman, Hodgson, Riley *et al*., 2022).

My initial assumptions were challenged by a professional rugby player who presented complaining of experiencing concussion-associated symptoms more than a year after the initial injury. I recall feeling immediate concern and attributed the ongoing symptoms to permanent neurological damage. However, observing the multidisciplinary assessment changed my thinking.

Alongside the concussion specialist, the patient was reviewed by a vestibular physiotherapist, a neuropsychologist, and an occupational therapist. Careful attention was not only given to the physical symptoms, but also to psychological and behavioural factors.

This integration of psychological factors struck me. Mood screening and discussion of evidence linking depression with prolonged symptom persistence highlighted to me how recovery can be influenced by far more than the initial impact itself (Lambert, Sheldrake, Deneault *et al*., 2022). Rather than separating symptoms into 'organic' or 'functional' causes, the team developed a holistic understanding of this presentation.

The consultant's communication was equally important. He validated the patient's concerns, primarily the pressures of returning to elite sport, while providing clear, compassionate education about concussion mechanisms and expected recovery. I commented on this and the consultant explained to me the importance of education and expectation-setting within this population, a view supported by research in reducing symptom-related distress in complex concussion cases (Karr, Areshenkoff and Garcia-Barrera, 2014).

Management extended beyond the 'if in doubt, sit them out' principle that I had associated with sports-related concussion management guidelines here in the UK (Department for Culture, Media and Sport [DCMS], 2023). Instead, patients were encouraged to begin light, sub-symptom-threshold aerobic exercise within 24-48 hours of injury. Current evidence suggests that this approach increases levels of brain-derived neurotrophic factor (BDNF)

within the brain, improving persistent post-concussive symptoms (Leddy *et al*., 2021).

Using Gibbs' Reflective Cycle has enabled me to consider the impact this experience has had on my learning (Health Education England, Gibbs' Reflection Model, n.d.). Although concussion is a common presentation, I feel that the complexities and long-term management are sometimes overlooked within undergraduate education. Upon reading further I was interested to find that similar perspectives have been reported among other medical students (Oxford Centre for Innovation, 2025).

I feel grateful that this placement has given me a greater appreciation of the multidisciplinary approach required for complex concussion management. The importance of compassionate communication and patient education is key, and I will continue this in my clinical practice, striving to reassure patients with clarity, empathy, and honesty.

Conclusion

This elective has enhanced my clinical confidence, and I have a greater appreciation of how a multidisciplinary team enhances patient care. This experience will support my future ambition to work within Sports and Exercise Medicine in the future.

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