## **ELECTIVE (SSC5c) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Healthcare in Qatar is a mixture of Public and Private Care. Public care is largely delivered via Hamad Medical Corporation, which provides services in most areas, including Orthopaedics, Rheumatology, Acute Medicine, and Family Practice. However there is no official Sports and Exercise Medicine care at Hamad, and there is an absence of a Sports and Exercise Medicine Training Programme for its Doctors as there currently is within the National Health Service in the United Kingdom. In fact, doctors training at Hamad in Family Practice are routinely sent to Aspetar, Sports Medicine and Orthopaedic Hospital, in order to gain the necessary musculoskeletal experience to deal with common issues to their practice, such as Osteoarthritis, and acute muscle, ligament and bone injuries.

Private patients are seen at Aspetar in specific clinics separate to athletes, and Aspetar also caters for the ongoing obesity epidemic which is increasingly a problem in Qatar, by providing the Exercise is Medicine service through the Healthy Lifestyle Programme. This is an extremely important initiative, tailoring an exercise prescription to an individual's needs, taking into account co-morbidities, risk factors and the benefits of physical activity.

Anecdotally 85-90% of patients seen in Aspetar are Qatari Nationals, or foreign nationals currently residing in Qatar. In the private clinics, almost all patients seen are locals. Presentation is with a variety of common conditions, such as Osteoarthritis, or inflammatory arthritides, as well as common general practice presentations of acute and chronic musculoskeletal injuries.

The majority of Athletes seen are Qatari, as Aspetar has a partnership with the Qatar Olympic Committee, providing world class care, treatment and rehabilitation to Sports club and Federation Athletes in Qatar. This is mainly through its athlete walk in clinic, athlete assessment and follow up clinics, national screening services, and its sports science and rehabilitation services. It works closely with the Qatar Sports Clubs and Federations in a number of sports, most commonly Football and Handball, and provides quality healthcare for the next generation of Qatari athletes with its close ties to the neighbouring Aspire Academy for Sporting Excellence.

Aspetar is working on growing its ties with international athletes and Sporting corporations. It has a newly developed partnership with Paris Saint Germain Football Club, very recently providing its care and world class facilities during a training camp for the Woman's Football Team. It has been undertaking various public relations and marketing strategies showing world renowned athletes around the hospital such as world number one tennis player Novak Djokovic, and French International Footballer Serge Aurier. Aspetar also provides care for sporting tournaments held in Qatar, one example being the upcoming Diamond League Athletics due to take place in Doha in May, which will feature internationally renowned athletes such as Mo Farah of Team GB.

A semi-professional footballer presented to the Athlete Follow Up clinic with a 2 week history of pain in the right anterior thigh. He had a previous grade 2 muscle injury in the Rectus Femoris muscle 6 months ago for which he was receiving physiotherapy for, but he had stopped his rehabilitation programme recently to perform pilgrimage in Mecca and Medina. He had not returned to sporting action since his original injury 6 months ago. He had no relevant past medical history, and was on no regular medication. He had no allergies. There was no relevant family history, and he was a non

smoker and did not drink any alcohol. He currently played football for League 2 Qatari Football Team, and this was his main source of income. On examination there was no skin changes, swelling, obvious biomechanical abnormalities, however muscle wasting was visible in the right quadriceps muscle groups. The patients Gait was normal, but there was collapse and tenderness produced on squatting, with the patient unable to complete a single leg squat on the right side. On palpation there was significant tenderness over the right anterior thigh, with some muscular rigidity. Range of motion was intact however there was tenderness on resisted Knee extension, and reduced power in the right quadriceps muscles. The primary differential for this presentation was a repeat tear of the rectus Femoris muscle or tear/strain to the surrounding quadriceps musculature. Differentials though unlikely include Quadriceps tendinopathy, adductor muscle injury and femoracetabular impingement. X ray, and MRI would be undertaken to confirm the suspected diagnosis. The consultant was particularly concerned about the potential of scar tissue formation being the primary cause for the patients symptoms and that this would have a significant long term effect on the athletes ability to return to play and prevent a recurrence of the injury. He spent a significant portion of the consultation educating the patient on the injury and the importance of following through with the rehabilitation programme outlined by himself and the physiotherapists so he can return to play and prevent reinjures. This was significantly important for the athlete as football was his main source of income, and during injury he was not receiving his normal salary. After the consultation I discussed the treatment of scar tissue with the consultant, and learnt that there isn't much that can be done to treat significant scar tissue formation. Surgery is an option but that will likely result in formation of new scar tissue.

It was a fantastic opportunity to sit in and experience the specialty of Sports and Exercise Medicine in an elite field with doctors who have significant experience, from various backgrounds of sport such as athletics, football, handball and more. The world class facilities at hand only enhanced the experience further. The hospital also has a number of educational benefits, with weekly lectures, journal clubs and tutorials for its research fellows and elective students. It was important to get their first hand experiences of working in both professional sport, and private and public practice to truly understand the pros and cons of a future career in this field of medicine. It was unfortunate that I was unable to experience any pitch side care, however I would welcome the opportunity to revisit Doha and the doctors at Aspetar for any future sporting competitions to gain further experience in the immediate care of athletes in these settings. I would like to thank the doctors and staff at Aspetar for having me and accommodating me during the first part of my medical elective in Sports and Exercise Medicine.