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Virtual Reality for Cognitive Rehabilitation in Post-Concussion Syndrome: A Neurological Perspective

Afifa Fahim¹, Muhammad Talha², Noor un nisa Irshad^{3,*}

¹Dow University of Health Sciences, Karachi, Pakistan

²King Edward Medical University, Lahore, Pakistan

³Jinnah Sindh Medical University, Karachi, Pakistan

*Corresponding author:

Noor un nisa Irshad

Jinnah Sindh Medical University, Rafiqui H. J, Iqbal Shaheed Road, Karachi, Karachi City, Pakistan, Tel: +92 3705907716, ORCID: 0009-0006-1584-5024, E-mail: noorunnisairshad@gmail.com

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OPINION

To the Editor,

Post-concussion symptoms (PCS) are a cluster of physical, cognitive, and emotional/behavioral issues frequently experienced by patients with mild traumatic brain injury. While PCS usually resolves within one month, in some patients, PCS may last from months to years after injury and can even be permanent and result in disability. Where this group of PCS is ongoing in nature, it is commonly termed the post-concussion syndrome or persistent PCS [1]. Research highlights that 5-58% of individuals with a concussion have long-term symptoms and limitations that affect many functional activities in everyday life [2]. These symptoms widely vary, often including headache, visual disturbance, reduced concentration, fatigue, and vestibular impairment. Virtual reality is emerging as a novel and effective approach for rehabilitating cognitive impairments in post-concussion syndrome, with promising therapeutic applications in the near future [1,2]. Based on a thorough evaluation of ongoing literature, the letter seeks to focus on the underlying neurophysiology of efficacy in VR. Such evidence captures that which underlines its ability to mobilize brain activity and connectivity through predetermined sensory and cognitive engagement.

Multisensory integration might tap into brain networks involved in attention and executive control, essentially taking neuroplasticity to a different level through repeated practice with a specific task mirroring the demand of the real world. It embarks on certain neurophysiological principles such as those of Hebbian learning and induced synaptic modulation via enriched sensory feedback [3].

The potential of VR interventions, particularly non-immersive and semi-immersive platforms, to improve executive functioning, attention, and coping strategies as well as to

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improve postural control and lower the risk of falls in people with traumatic brain injury (TBI), a population that includes many PCS patients, is backed by recent systematic reviews and RCTs [4]. These interventions deliver immersive, interactive environments that mimic real-world situations, which have not only been shown to be more effective than traditional forms of therapy for patients with vestibular and balance impairments but also have shown increased enjoyment and motivation, less fatique, better adherence, and an increased ability to tolerate greater cognitive load within VR environments [5]. Especially, VR-based neurorehabilitation has proven capable of inducing neuroplasticity, as evidenced by measurable alterations in brain connectivity and activity, suggesting that virtual environments can facilitate actual neural recovery and adaptation [6]. Neural rehabilitation via immersive VR environments holds promise for PCS patients, presenting a novel approach to address cognitive impairments through multisensory stimulation and interactive engagement [5,6].

Yet, with these improvements in VR-based treatments, accessibility remains a significant hurdle to deployment within heterogeneous populations. Even though it provides customized and interactive therapeutic programs, cost, technical skills, and accessibility of specialized hardware restrict widespread application, especially in resource-poor healthcare facilities. Additionally, usability of the VR systems can be hindered by cybersickness, a frequent side effect that induces nausea, disorientation, and eye strain, thereby impairing patient tolerability and compliance with treatment regimens. VR-induced negative symptoms can compromise health and safety standards [7]. Mitigating these disparities is essential for ensuring equitable care and optimizing the public health potential of VR-based interventions.

As such, it is necessary for neurology departments and rehabilitation facilities to make investments and push for incorporating VR therapy programs. This now brings advanced technologies like Apple Cognitive Intelligence, which all promise to transform individuals' health and fitness into personalization completely. It will then analyze huge amounts of data from VR sessions, tailoring personalized interventions, and determining patient outcomes with incredible precision [8]. In addition, cutting-edge tracking technologies now allow real-time monitoring of cognitive and motor performance in VR environments, which have been increasingly objective indicators of tracking patient responses and their progression [9]. This requires more rigorous, large-scale randomized controlled trials specifically focused on PCS to establish

definitive evidence and refine optimal intervention protocols and clinician training. By greater access and standardization of protocols, the field may move toward more efficient, evidence-based cognitive rehabilitation for all PCS-impacted individuals [8,9].

In conclusion, even though virtual reality provides a transformative and scientifically supported method of cognitive rehabilitation for individuals suffering from post-concussion syndrome, issues like cost, accessibility, and standardization must be addressed before it can be widely used. VR is a useful tool to improve recovery and quality of life for PCS patients, and investments in research, infrastructure, and clinician training can guarantee equitable, efficient care.

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AUTHORS' CONTRIBUTIONS

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Writing - original draft preparation: Afifa Fahim, Muhammad Talha, Noor un nisa Irshad.

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CONSENT TO PARTICIPATE AND PUBLISH

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