

# Cochrane Rehabilitation: Evidence to rehabilitation and rehabilitation expertise to Cochrane

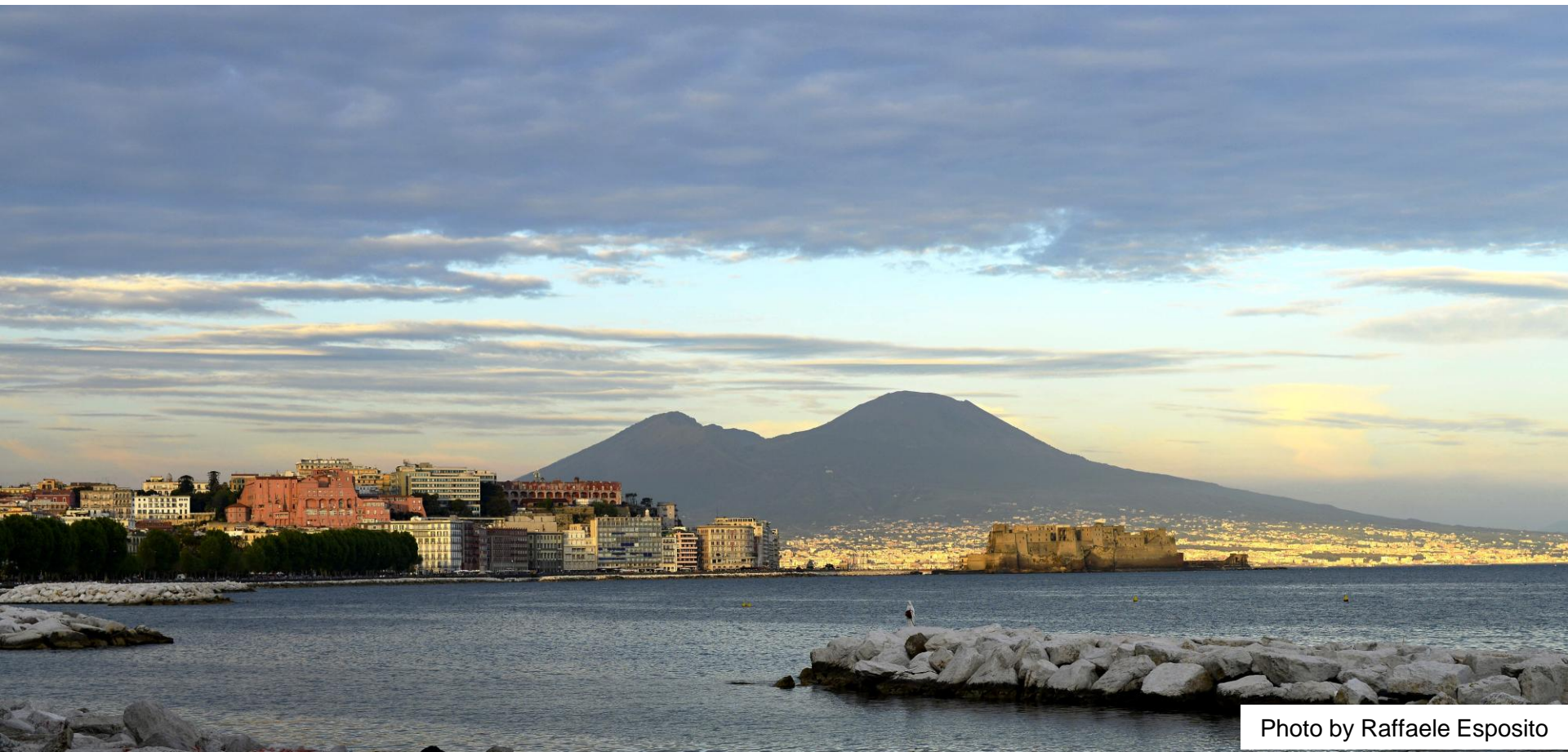
**Francesca Gimigliano, MD PhD**  
Cochrane Rehabilitation  
Communication Committee Chair  
ISPRM Secretary  
Associate Professor of PRM  
University of Campania “Luigi Vanvitelli”

Trusted evidence.  
Informed decisions.  
Better health.



**Associate Professor of  
Physical & Rehabilitation Medicine**

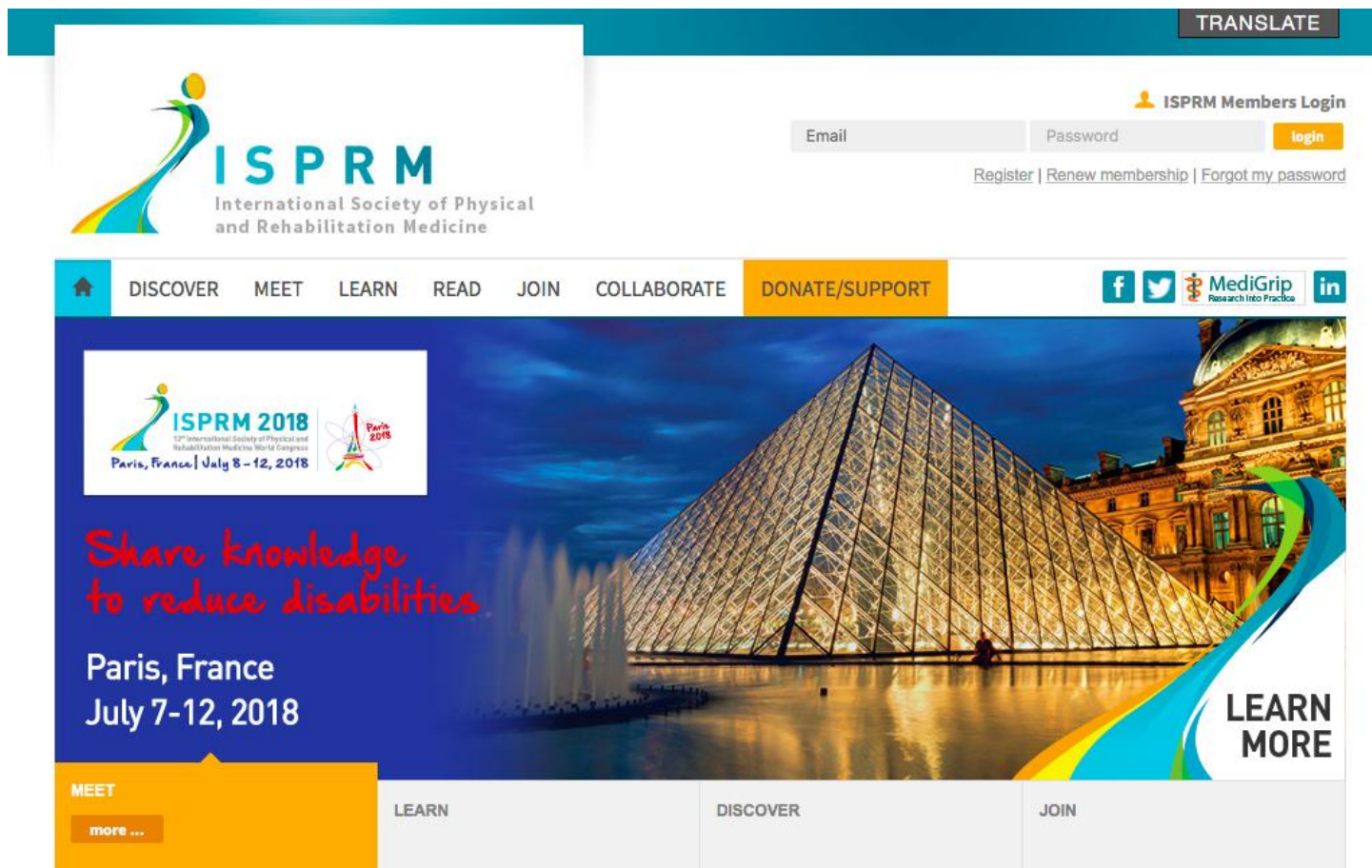
**Department of Mental and Physical  
Health and Preventive Medicine  
University of Campania “Luigi  
Vanvitelli”, Napoli, Italy**



# ISPRM – Secretary

## Secretary of the International Society of Physical and Rehabilitation Medicine

[www.isprm.org](http://www.isprm.org)  
**@ISPRM**  
[ISPRMsecretary@gmail.com](mailto:ISPRMsecretary@gmail.com)



The screenshot shows the ISPRM website homepage. At the top, there is a teal header with a "TRANSLATE" button on the right. Below the header, the ISPRM logo is on the left, and on the right, there is a "ISPRM Members Login" section with fields for "Email" and "Password", a "login" button, and links for "Register", "Renew membership", and "Forgot my password". A navigation bar below the login section contains links: "DISCOVER", "MEET", "LEARN", "READ", "JOIN", "COLLABORATE", and "DONATE/SUPPORT". To the right of these links are social media icons for Facebook, Twitter, and LinkedIn, along with a "MediGrip Research Into Practice" logo. The main content area features a large banner for the "ISPRM 2018 12th International Society of Physical and Rehabilitation Medicine World Congress" held in Paris, France, from July 8-12, 2018. The banner includes the text "Share knowledge to reduce disabilities" and "Paris, France July 7-12, 2018" over a background image of the Louvre Pyramid at night. A "LEARN MORE" button is in the bottom right of the banner. At the bottom of the page, there is a row of buttons: "MEET" (with a "more ..." link), "LEARN", "DISCOVER", and "JOIN".



# Cochrane Rehabilitation

Communication Committee  
Chair

[Cochrane Library](#) | [Cochrane.org](#) | [Admin](#)



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[About us](#)[Evidence](#)[Resources](#)[News & Events](#)[Get Involved](#)[Contact us](#)

## Cochrane News

- ✦ The Cochrane Review on portion sizes - from publication to informing policy
- ✦ Join the Cochrane Crowd 48-hour Citation Screening Challenge!
- ✦ Cochrane in the news: December 2016
- ✦ Cochrane seeks Junior Systems Administrator -



## Keep Posted



Tweets by

# Outline

What is Cochrane?

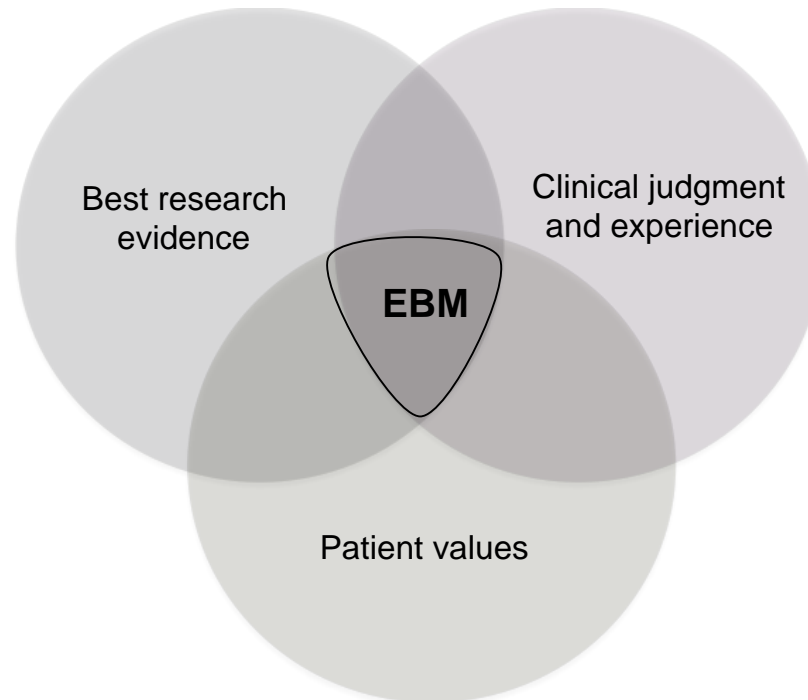
What is Cochrane Rehabilitation?



# Evidence Based Medicine

Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.

*Sackett, et al. BMJ 1996.*



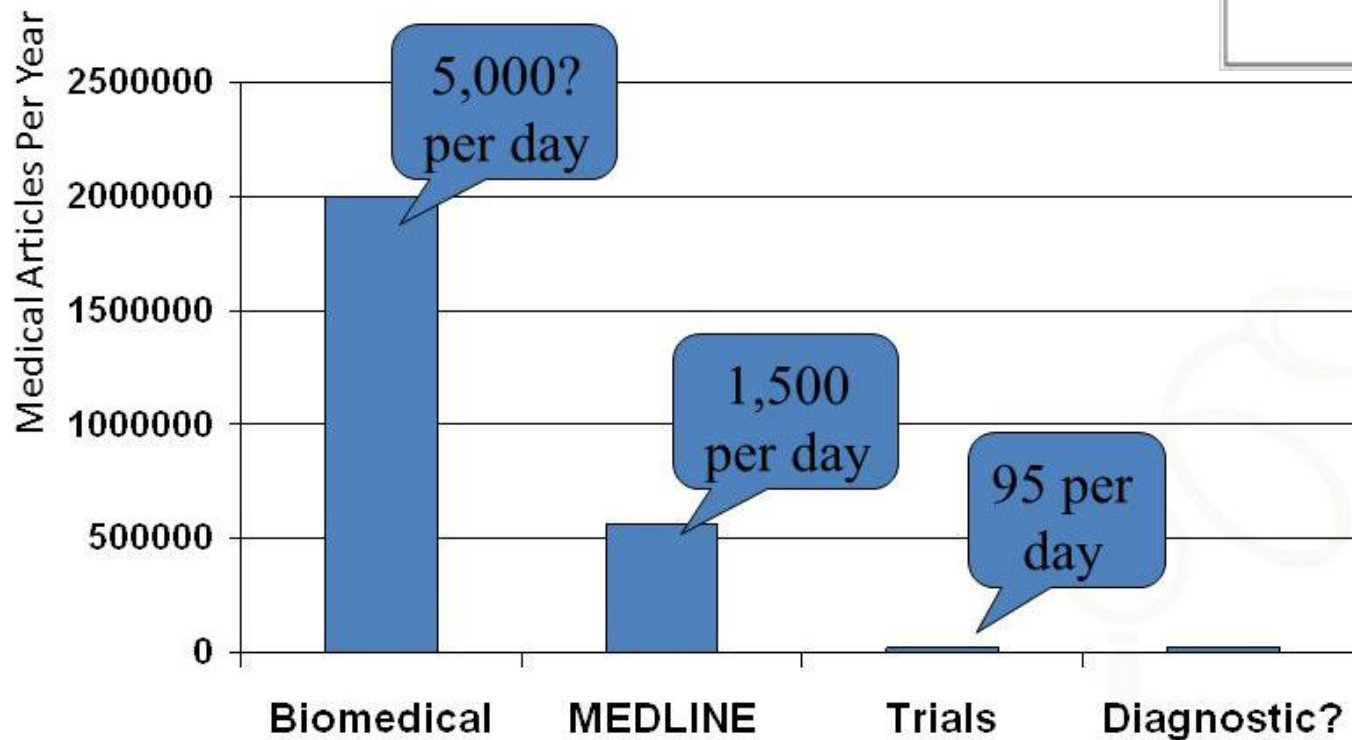
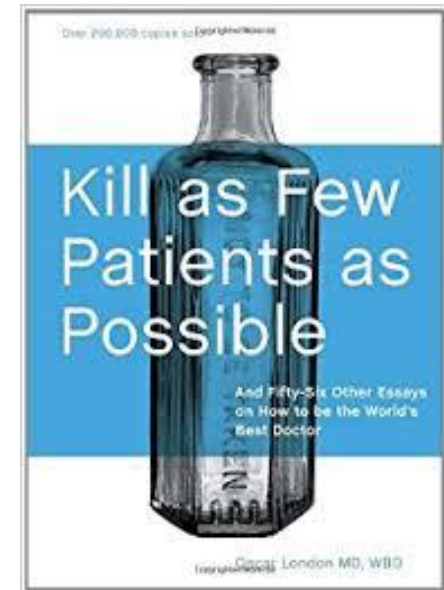
# Evidence Based Medicine

A 21st century clinician who cannot critically read a study is as unprepared as one who cannot take a blood pressure or examine the cardiovascular system.

*Glasziou P, et al. EBM and the Medical Curriculum. BMJ 2008.*



# Rule 31: Review the world literature fortnightly



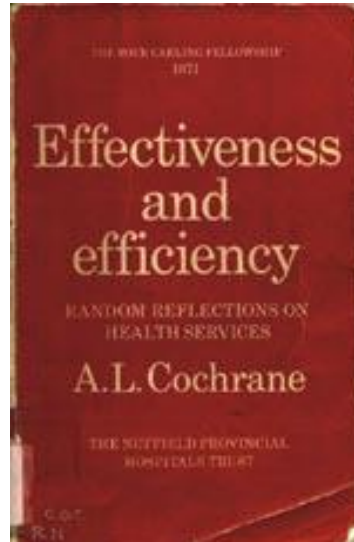
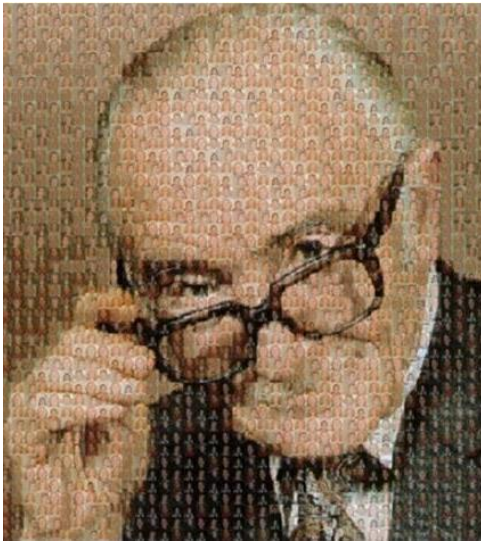




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**Better health.**

*"It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials."*

Professor Archibald Leman Cochrane, CBE FRCP FFCM, (1909-1988) (as depicted by a composite of hundreds of photos of Cochrane contributors)





Trusted evidence.  
Informed decisions.  
**Better health.**

Cochrane is a global independent network of researchers, professionals, patients, carers, and people interested in health.

Cochrane contributors - 37,000 from more than 130 countries - work together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

Many of Cochrane contributors are world leaders in their fields and our groups are situated in some of the world's most respected academic and medical institutions.





Trusted evidence.  
Informed decisions.  
**Better health.**

## ***Vision***

Cochrane vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence.

## ***Mission***

Cochrane mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence.



# Cochrane Organization

**Review Groups**: preparation and maintenance of systematic reviews

**Centres**: support Cochrane contributors in their area, and act as a point of contact between Cochrane and their regional health communities

**Methods Groups**: development and implementation of methods used in the preparation of Cochrane Reviews

**Fields and Networks**: focus on dimensions of health care other than a condition or topic



# Cochrane Review Groups

Cochrane Review Groups (CRGs) support Cochrane's primary organizational function: the preparation and maintenance of systematic reviews.

There are more than 50 CRGs, based in research institutions worldwide, each focused on a specific topic of health research.





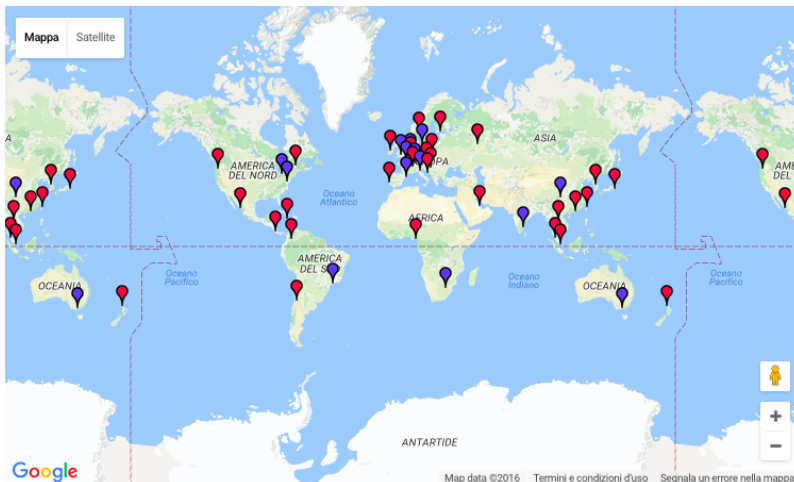
# 56 Cochrane Review Groups

- |   |   |  |  |
|---|---|--|--|
| 1. Acute Respiratory Infections Group             | 16. Airways Group                               | 32. Learning Problems Group                                | 47. Skin Group                             |
| 2. Anaesthesia, Critical and Emergency Care Group | 17. Back and Neck Group                         | 33. Drugs and Alcohol Group                                | 48. STI Group                              |
| 3. Bone, Joint and Muscle Trauma Group            | 18. Breast Cancer Group                         | 34. Effective Practice and Organisation of Care Group      | 49. Stroke Group                           |
| 4. Childhood Cancer Group                         | 19. Cochrane Response                           | 35. ENT Group  | 50. Test CRG                               |
| 5. Colorectal Cancer Group                        | 20. Common Mental Disorders Group               | 36. Epilepsy Group   | 51. Tobacco Addiction Group                |
| 6. Consumers and Communication Group              | 21. Covidence Review Group                      | 37. Eyes and Vision Group                                  | 52. Upper GI and Pancreatic Diseases Group |
| 7. Cystic Fibrosis and Genetic Disorders Group    | 22. Dementia and Cognitive Improvement Group    | 38. Fertility Regulation Group                             | 53. Urology Group                          |
| 8. Developmental, Psychosocial and                | 23. Learning Problems Group                     | 39. Gynaecological, Neuro-oncology and Orphan Cancer Group | 54. Vascular Group                         |
| 9. Developmental, Psychosocial and                | 24. Consumers and Communication Group           | 40. Gynaecology and Fertility Group                        | 55. Work Group                             |
| 10. Developmental, Psychosocial and               | 25. Covidence Review Group                      | 41. Haematological Malignancies Group                      | 56. Wounds Group                           |
| 11. Developmental, Psychosocial and               | 26. Cystic Fibrosis and Genetic Disorders Group | 42. Heart Group  |  |
| 12. Developmental, Psychosocial and               | 27. HIV/AIDS Group                              | 43. Hepato-Biliary Group                                   |  |
| 13. Developmental, Psychosocial and               | 28. Hypertension Group                          | 44. Pregnancy and Childbirth Group                         |  |
| 14. Developmental, Psychosocial and               | 29. IBD Group                                   | 45. Public Health Group                                    |  |
| 15. Developmental, Psychosocial and               | 30. Incontinence Group                          | 46. Schizophrenia Group                                    |  |
| 16. Airways Group                                 | 31. Infectious Diseases                         |  |  |

# Cochrane Centres

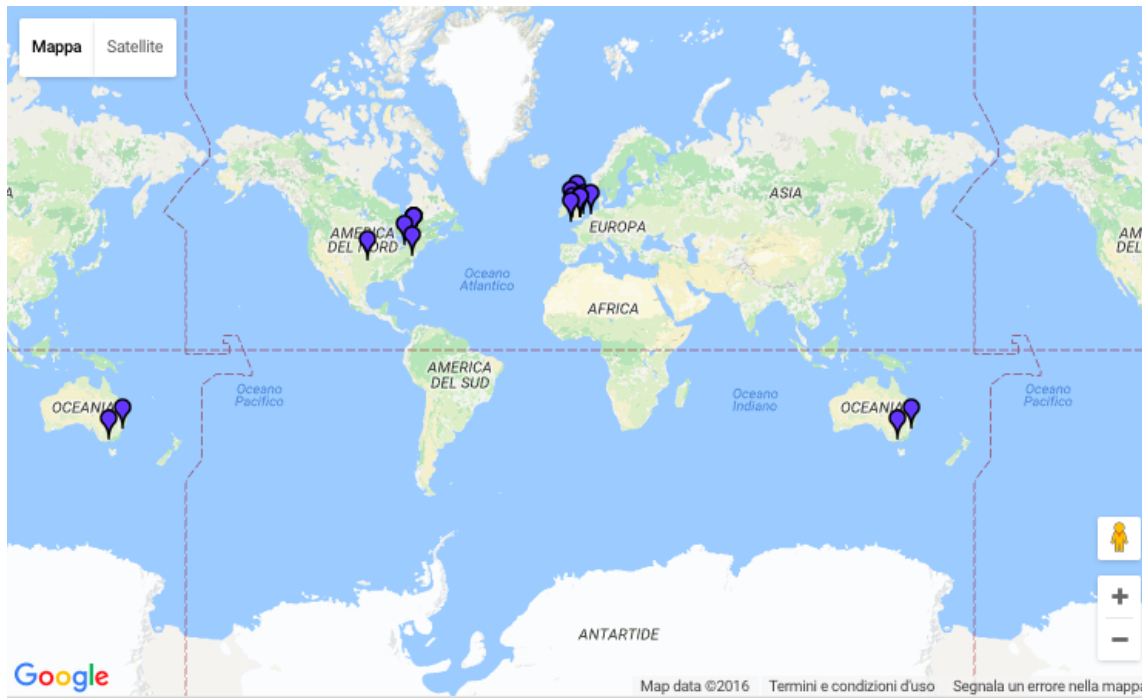
Cochrane Centres act as a regional focus for Cochrane activities within a defined geographical or linguistic area.

Their primary roles are to support Cochrane contributors in their area, and to act as a point of contact between Cochrane and their regional health communities.



# Cochrane Methods Groups

Cochrane Methods Groups provide policy advice and space for discussion on the development and implementation of methods used in the preparation of Cochrane Reviews



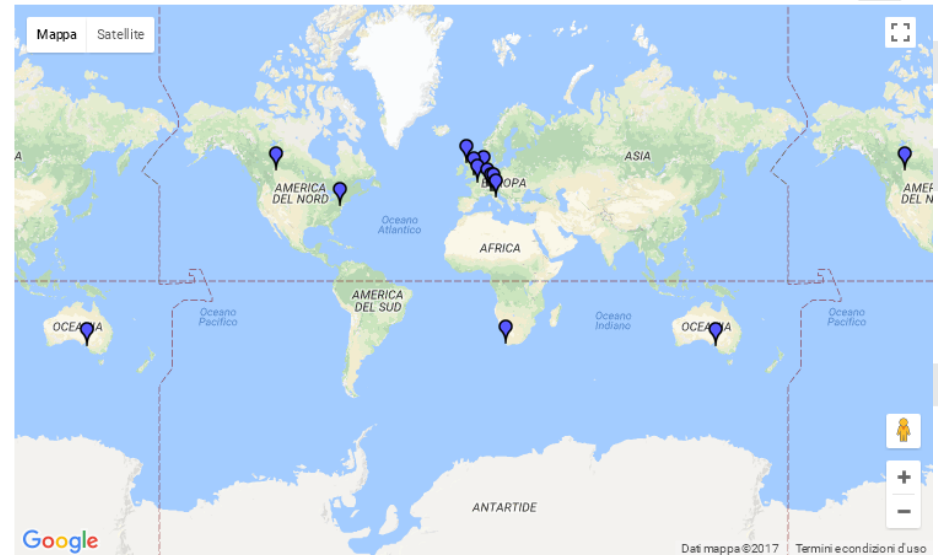
# Cochrane Methods Groups

- |  |  |                                       |
|--|--|---------------------------------------|
| 1. Adverse Effects                     | 8. Individual<br>Participant Data<br>Meta-Analysis | Analysis                              |
| 2. Bias                                |  | 14. Qualitative and<br>Implementation |
| 3. Comparing Multiple<br>Interventions | 9. Non-Randomized<br>Studies for<br>Interventions  | 15. Rapid Reviews                     |
| 4. Economics                           |  | 16. Screening and<br>Diagnostic Tests |
| 5. Equity                              | 10. Patient Reported<br>Outcomes                   | 17. Statistics                        |
| 6. GRADEing                            | 11. Priority Setting                               |                                       |
| 7. Information<br>Retrieval            | 12. Prognosis                                      |                                       |
|  | 13. Prospective Meta-                              |                                       |

# Cochrane Fields and Networks

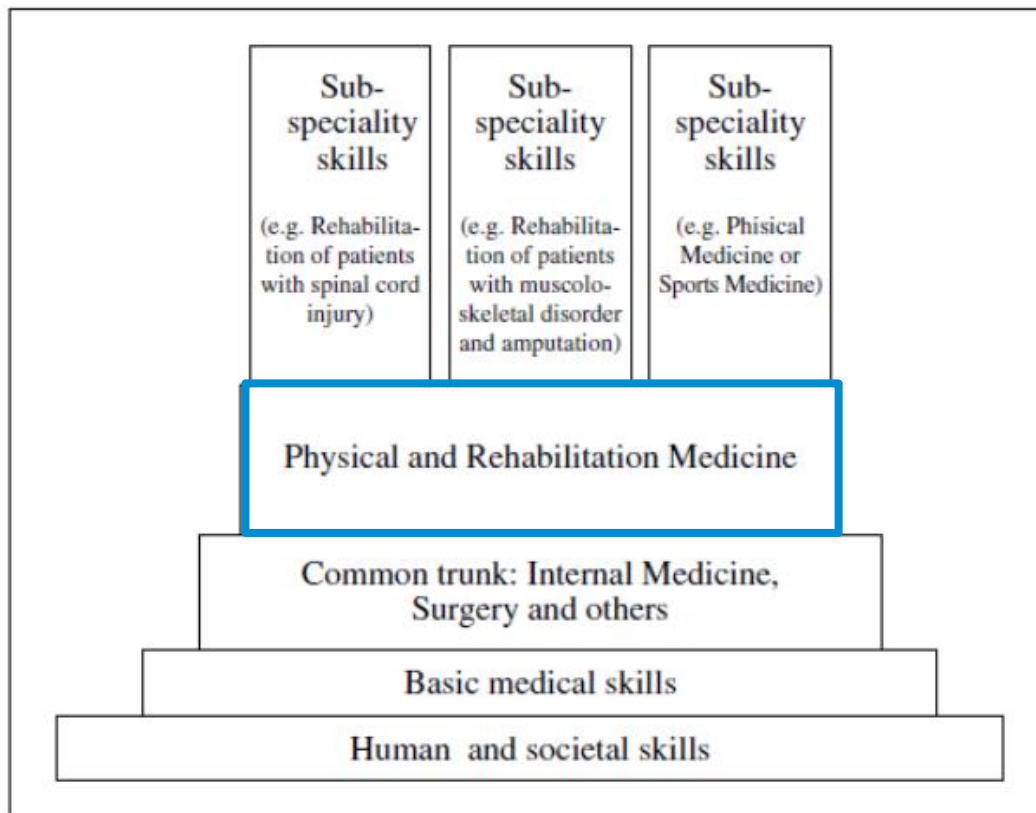
Focus on dimensions of health care other than a condition or topic.

1. Cochrane Child Health
2. Cochrane Complementary Medicine
3. Cochrane Consumer Network
4. Cochrane Global Ageing
5. Cochrane Global Mental Health
6. Cochrane Insurance Medicine
7. Cochrane Neurosciences
8. Cochrane Nursing Care
9. Cochrane Nutrition
10. Cochrane Pre-hospital and Emergency Care
11. Cochrane Primary Care
12. **Cochrane Rehabilitation**





# Physical and Rehabilitation Medicine



*European White Book of PRM; Europa Medicophysica 2006; J Rehabil Med 2007*

# + 20 Cochrane Reviews on Rehabilitation

- |   |  |   |  |
|---|--|---|--|
| 1. Acute Respiratory Infections Group             | 16. Learning Problems Group                                | 32. Injuries Group  | 47. Skin Group                             |
| 2. Airways Group                                  | 17. Drugs and Alcohol Group                                | 33. Kidney and Transplant Group                           | 48. STI Group                              |
| 3. Anaesthesia, Critical and Emergency Care Group | 18. Effective Practice and Organisation of Care Group      | 34. Lung Cancer Group                                     | 49. <b>Stroke Group</b>                    |
| 4. <b>Back and Neck Group</b>                     | 19. ENT Group  | 35. Metabolic and Endocrine Disorders Group               | 50. Test CRG                               |
| 5. <b>Bone, Joint and Muscle Trauma Group</b>     | 20. Epilepsy Group   | 36. Methodology Review Group                              | 51. Tobacco Addiction Group                |
| 6. Breast Cancer Group                            | 21. Eyes and Vision Group                                  | 37. Movement Disorders Group                              | 52. Upper GI and Pancreatic Diseases Group |
| 7. Childhood Cancer Group                         | 22. Fertility Regulation Group                             | 38. Multiple Sclerosis and Rare Diseases of the CNS Group | 53. Urology Group                          |
| 8. Cochrane Response                              | 23. Gynaecological, Neuro-oncology and Orphan Cancer Group | 39. <b>Musculoskeletal Group</b>                          | 54. Vascular Group                         |
| 9. Colorectal Cancer Group                        | 24. Gynaecology and Fertility Group                        | 40. Neonatal Group  | 55. Work Group                             |
| 10. Common Mental Disorders Group                 | 25. Haematological Malignancies Group                      | 41. Neuromuscular Group                                   | 56. Wounds Group                           |
| 11. Consumers and Communication Group             | 26. Heart Group  | 42. Oral Health Group                                     |  |
| 12. Covidence Review Group                        | 27. Hepato-Biliary Group                                   | 43. Pain, Palliative and Supportive Care Group            |  |
| 13. Cystic Fibrosis and Genetic Disorders Group   | 28. HIV/AIDS Group   | 44. Pregnancy and Childbirth Group                        |  |
| 14. Dementia and Cognitive Improvement Group      | 29. Hypertension Group                                     | 45. Public Health Group                                   |  |
| 15. Developmental, Psychosocial and               | 30. IBD Group  | 46. Schizophrenia Group                                   |  |
|   | 31. Incontinence Group                                     |   |  |
|   | 32. Infectious Diseases                                    |   |  |

# 1 or + Cochrane Reviews on Rehabilitation

- |  |  |  |   |
|--|--|--|---|
| 1. <b>Acute Respiratory Infections Group</b>             | 15. <b>Developmental, Psychosocial and Learning Problems Group</b> | 30. <b>Incontinence Group</b>                                    | 45. <b>Public Health Group</b>                    |
| 2. <b>Airways Group</b>                                  | 16. <b>Drugs and Alcohol Group</b>                                 | 31. <b>Infectious Diseases Group</b>                             | 46. <b>Schizophrenia Group</b>                    |
| 3. <b>Anaesthesia, Critical and Emergency Care Group</b> | 17. <b>Effective Practice and Organisation of Care Group</b>       | 32. <b>Injuries Group</b>  | 47. <b>Skin Group</b>                             |
| 4. <b>Back and Neck Group</b>                            | 18. <b>ENT Group</b>   | 33. <b>Kidney and Transplant Group</b>                           | 48. <b>STI Group</b>                              |
| 5. <b>Bone, Joint and Muscle Trauma Group</b>            | 19. <b>Epilepsy Group</b>  | 34. <b>Lung Cancer Group</b>                                     | 49. <b>Stroke Group</b>                           |
| 6. <b>Breast Cancer Group</b>                            | 20. <b>Eyes and Vision Group</b>                                   | 35. <b>Metabolic and Endocrine Disorders Group</b>               | 50. <b>Test CRG</b>                               |
| 7. <b>Childhood Cancer Group</b>                         | 21. <b>Fertility Regulation Group</b>                              | 36. <b>Methodology Review Group</b>                              | 51. <b>Tobacco Addiction Group</b>                |
| 8. <b>Cochrane Response</b>                              | 22. <b>Gynaecological, Neuro-oncology and Orphan Cancer Group</b>  | 37. <b>Movement Disorders Group</b>                              | 52. <b>Upper GI and Pancreatic Diseases Group</b> |
| 9. <b>Colorectal Cancer Group</b>                        | 23. <b>Gynaecology and Fertility Group</b>                         | 38. <b>Multiple Sclerosis and Rare Diseases of the CNS Group</b> | 53. <b>Urology Group</b>                          |
| 10. <b>Common Mental Disorders Group</b>                 | 24. <b>Haematological Malignancies Group</b>                       | 39. <b>Musculoskeletal Group</b>                                 | 54. <b>Vascular Group</b>                         |
| 11. <b>Consumers and Communication Group</b>             | 25. <b>Heart Group</b>   | 40. <b>Neonatal Group</b>  | 55. <b>Work Group</b>                             |
| 12. <b>Covidence Review Group</b>                        | 26. <b>Hepato-Biliary Group</b>                                    | 41. <b>Neuromuscular Group</b>                                   | 56. <b>Wounds Group</b>                           |
| 13. <b>Cystic Fibrosis and Genetic Disorders Group</b>   | 27. <b>HIV/AIDS Group</b>  | 42. <b>Oral Health Group</b>                                     |   |
| 14. <b>Dementia and Cognitive Improvement Group</b>      | 28. <b>Hypertension Group</b>                                      | 43. <b>Pain, Palliative and Supportive Care Group</b>            |   |
|  | 29. <b>IBD Group</b>   | 44. <b>Pregnancy and Childbirth Group</b>                        |   |

# Cochrane Rehabilitation Field

Fields focus on **dimensions of health care** other than a condition or topic - including the **setting** of care (primary care), the type of **consumer** (children, older people), or the type of **provider** (nursing).

**Rehabilitation** is a **health strategy** aimed at enabling people with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides disabled people with the tools they need to attain independence and self-determination.



# Cochrane Fields

- Facilitate the work of Cochrane Review Groups
- Ensure that Cochrane reviews are both relevant and accessible to their fellow specialists and consumers

**Rehabilitation  
stakeholders**

**Cochrane Groups**





# Timeline of Cochrane Rehabilitation

September 2014

**Establishment of  
ESPRM EBM  
Committee**

2015-2016

**Cochrane Rehabilitation  
campaign on Scientific  
journals**

2015-2016

**Cochrane Sessions and  
Workshops at ISPRM  
and ESPRM Meetings**

September 2016

**Cochrane  
Rehabilitation  
Exploratory Meeting**

October 2016 December 2016

**Cochrane  
Rehabilitation  
Approval** **Cochrane  
Rehabilitation  
Launch**

December 2016

**Start of work of  
Executive Committee  
and Headquarter**

May 2017

**Session and Advisory  
Board Meeting at  
ISPRM 2017**



Mark Wilson <MWilson@cochrane.org>

to Maya, Javier, Julie, Stefano, Carlotta, Roberto, Cantisani, Kathy, Kunz, William, Frane, Elena, me, Meyer-Thorsten, Julia, Chia

Dear Stefano,

I'm delighted to inform you that the Cochrane Steering Group at its meeting in Seoul unanimously approved the registration of Cochrane Rehabilitation as a new Field within the Cochrane Network!

My congratulations to you and all the team who have worked so hard on the preparation and establishment of this new Field. We'll be in touch soon on the technical details required to establish the Field within Cochrane systems; but in the meantime my grateful thanks and warmest best wishes,

Mark

Mark G. Wilson  
Chief Executive Officer



E mailson@cochrane.org T +44 (0)207 183 7503 S mark.wilson@cochrane.org  
Cochrane, St Albans House, 57-59 Haymarket, London SW1Y 4QX, UK  
www.cochrane.org

Trusted evidence. Informed decisions. Better health.



# Cochrane Rehabilitation Vision

All **rehabilitation professionals** can apply Evidence Based Clinical Practice

**Decision makers** will be able to take decisions according to the best and most appropriate evidence



# Cochrane Rehabilitation Mission

Allow **all rehabilitation professionals** to combine the **best available evidence** as gathered by high quality Cochrane systematic reviews, with their **own clinical expertise** and the **values of patients**

**Improve the methods for evidence synthesis**, to make them coherent with the needs of disabled people and daily clinical practice in rehabilitation.



# Cochrane Rehabilitation goals

- 
- 01** To **connect stakeholders** and individuals involved in production, dissemination, and implementation of EBCP in rehabilitation, creating a **global network**

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  - 02** To **undertake knowledge translation** for Cochrane on reviews relevant to rehabilitation, with dissemination to stakeholders, in line with Cochrane's knowledge translation strategy

---

  - 03** To develop a **register of Cochrane and non-Cochrane systematic reviews** relevant to rehabilitation

---

  - 04** To promote EBCP and **provide education and training** on it and on systematic review methods to stakeholders

---

  - 05** To **review and strengthen methodology** relevant to EBCP to inform both rehabilitation and other Cochrane work related to rehabilitation and stimulating methodological developments in other Cochrane groups

---

  - 06** To **promote and advocate for EBCP** in rehabilitation to other Cochrane groups and wider rehabilitation stakeholders
- 



a goal without  
a plan is just  
a wish - Antoine de Saint Exupéry





# Promoters

Stefano Negrini, MD (Italy) - [stefano.negrini@unibs.it](mailto:stefano.negrini@unibs.it)

Carlotte Kiekens, MD (Belgium) - [carlotte.kiekens@uzleuven.be](mailto:carlotte.kiekens@uzleuven.be)

William Levack, PT, PhD (New Zealand) - [william.levack@otago.ac.nz](mailto:william.levack@otago.ac.nz)

Frane Grubisic, MD (Croatia) - [franegrubisic@gmail.com](mailto:franegrubisic@gmail.com)

Francesca Gimigliano, MD, PhD (Italy) - [francescagimigliano@gmail.com](mailto:francescagimigliano@gmail.com)

Elena Ilieva, MD, PhD (Bulgaria) - [elena\\_md@yahoo.com](mailto:elena_md@yahoo.com)

Thorsten Meyer, Psy, PhD (Germany) - [Meyer.Thorsten@mh-hannover.de](mailto:Meyer.Thorsten@mh-hannover.de)

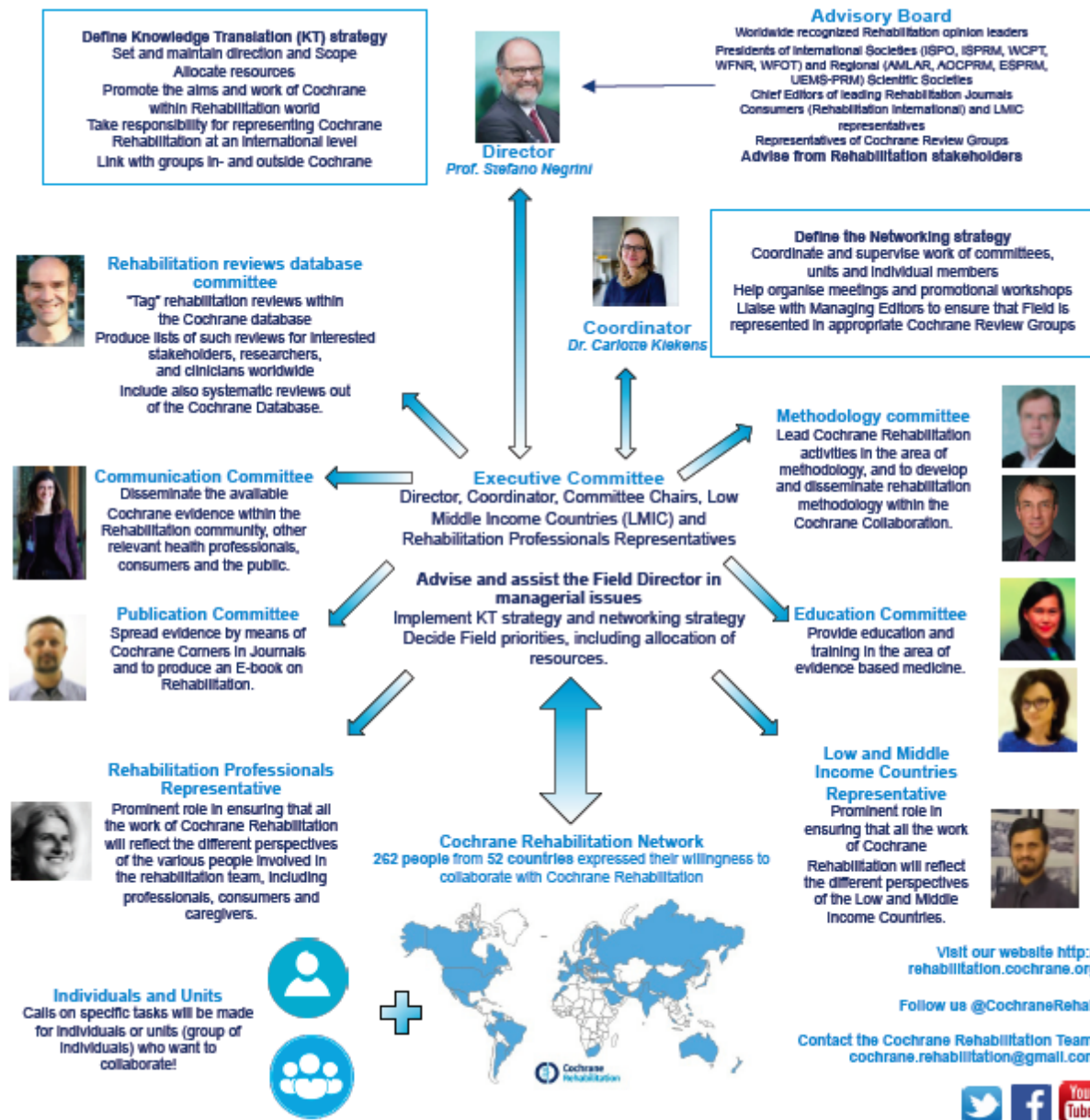
Julia Patrick Engkasan, MD (Malaysia) - [julia@ummc.edu.my](mailto:julia@ummc.edu.my)







# Organigram





# Field Director

## Define Knowledge Translation (KT) strategy

Set and maintain direction and scope

Allocate Field's resources

Promote the aims and work of Cochrane within the Field's area of care

Take responsibility for representing the Field at an international level

Link with groups in- and outside Cochrane



# Field Coordinator

## Define the Networking strategy

Help organise meetings and promotional workshops

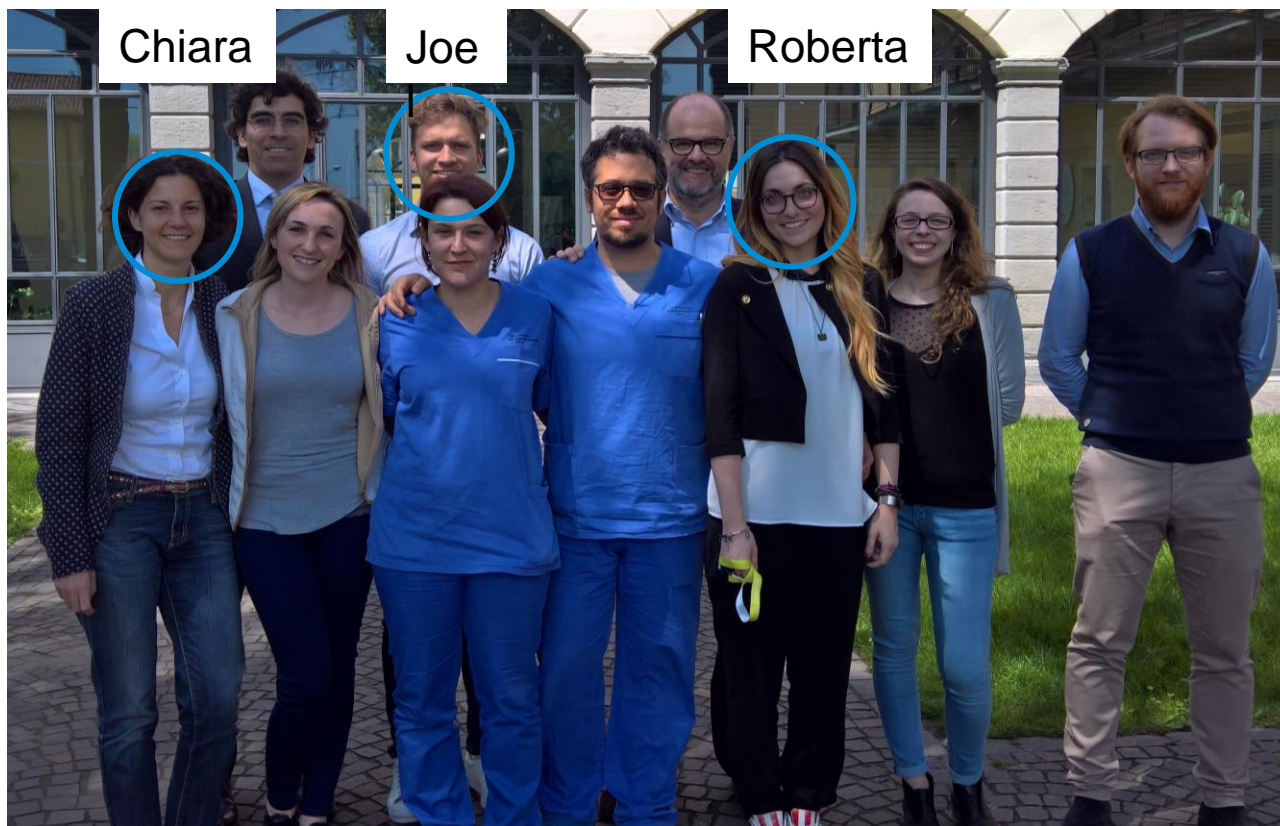
Prepare and maintain the Field module in The Cochrane Library

Coordinate and supervise work of committees, units and individual members

Liaise with Managing Editors to ensure that Field is represented in appropriate CRGs



# Headquarters





# Executive Committee

1. Stefano Negrini, MD (Italy) – Director; Publication Com
2. Carlotte Kiekens, MD (Belgium) – Coordinator; Communication Com
3. Francesca Gimigliano, MD, PhD (Italy) – Communication Com
4. Frane Grubisic, MD (Croatia) – Publication Com
5. Tracey Howe, PT (United Kingdom)
6. Elena Ilieva, MD, PhD (Bulgaria) – Education Com
7. William Levack, PT, PhD (New Zealand) – Review Com
8. Antti Malmivaara (Finland) – Method Com
9. Thorsten Meyer, Psy, PhD (Germany) – Method Com
10. Julia Patrick Engkanan, MD (Malaysia) – Education Com
11. Farooq Rathore, MD (Pakistan) – Review Com; LMIC representative

# Executive Committee

**Advise and assist the Field Director and Coordinator in managerial issues**

Implement KT strategy and networking strategy

Decide Field priorities, including allocation of resources

It is composed by:

- chairs of the Committees
- two representatives of Rehabilitation Professionals
- one representative of LMICs





# Advisory Board

## Advise and assist the Field Director

It is composed by:

- Worldwide recognized PRM opinion leaders
- Presidents of International PRM Societies (ISPRM, ESPRM and UEMS-PRM, WFNR, ISPO)
- Chief Editors of leading PRM Journals
- Representatives of associations of health-care professionals and consumers (WFOT, WCPT, RI...)
- Representatives of Cochrane Review Groups (Back & neck, musculoskeletal, stroke, ...)

# Committees

## Methodology

- Strengthen methodology in Rehabilitation

## Rehabilitation Reviews

- Reference database of Cochrane Reviews

## Publication

- Cochrane Corners in scientific journals
- Cochrane Rehabilitation e-book

## Communication

- Website, Newsletter, Social media

## Education

- Courses, Workshops and Congresses



## Rehabilitation Professionals Representatives

Prominent role in ensuring that all the work of Cochrane Rehabilitation will reflect the different perspectives of the various people involved in the rehabilitation team, including professionals, consumers and caregivers.



## LMICs Representative

Prominent role in ensuring that all the work of Cochrane Rehabilitation will reflect the different perspectives of the Low and Middle Income Countries.





## Individual members & Cochrane Rehabilitation Units

**Members: individual tasks**  
**Units: big tasks and actions**



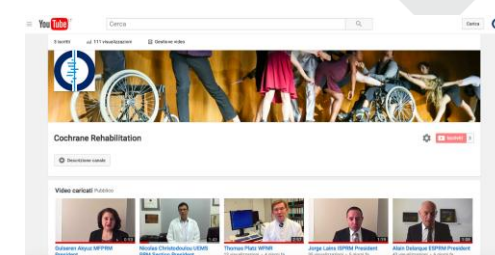
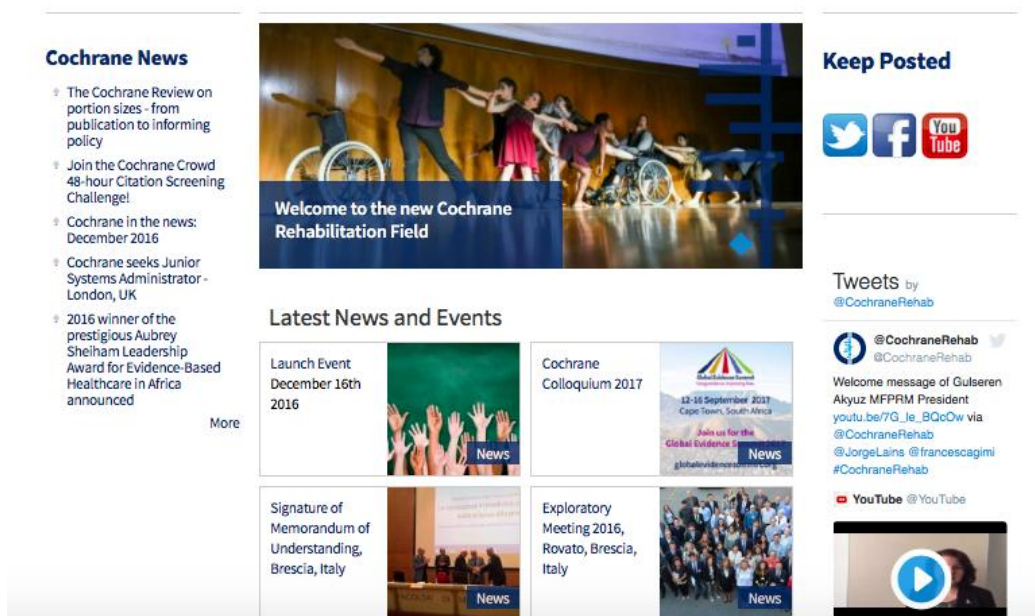
# Get involved

We are looking for:

- A Treasurer
- People who wish to be involved in the Review Tagging Activities
- Translators



# Website and Socials



<http://rehabilitation.cochrane.org>

# Newsletter



## Cochrane Rehabilitation

Trusted evidence. Informed decisions. **Better health.**

Issue 1 | June 2017

Cochrane Rehabilitation was formally approved on October 22<sup>nd</sup>, 2016 and officially launched on December 16<sup>th</sup>, 2017.

**Cochrane  
Rehabilitation**

Trusted evidence. Informed decisions. **Better health.**

Issue 2 | September 2017

Cochrane Rehabilitation serves as a bridge between all the stakeholders in Rehabilitation and Cochrane.

### The Global Evidence Summit 2017



#### My experience as a PhD student at the Global Evidence Summit 2017

*An African proverb says: "If you want to go fast, go alone, if you want to go far, go together".*





# Rehabilitation

## key for health in the 21st century

- Rehabilitation is essential in addressing the full scope of health needs of a population: ensure healthy lives and promote well-being for all at all ages.
- Health systems need to be equipped to provide services that optimize functioning in light of impairments, injuries or health conditions, acute or chronic.
- The benefits of rehabilitation are realized beyond the health sector.
- Rehabilitation must be integrated into national health plans and budgets. Current epidemiological trends, demographic shifts and expanded access to health care make scaling up rehabilitation services imperative for health systems in the 21st century.



**World Health  
Organization**







# Global Evidence Summit 2017

The Global Evidence Summit 2017 was a unique event. It was the first time that Cochrane, the Campbell Collaboration, the Guidelines International Network, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute joined together to create this premiere event in evidence-based policy.

***“If you want  
to go fast, go  
alone, if you  
want to go  
far, go  
together”.***



# Catalyst grant

<b>Catalyst Seeding</b>	<b>NZ PI's Surname</b> Levack	<b>Initials</b> WMM	<b>Application Number</b> 17-UOO-034-CSG	<b>Call</b> April
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## STATISTICAL INFORMATION (NB: Will not print as part of the application)

This information will be generated automatically for all NZ Principal Investigators as part of the proposal process and is for the applicants' reference only. This page is not included as part of the application.

Name	Do you consider yourself to be of Maori descent? (Yes/No)	Year of award of highest postgraduate degree (excluding DSc)	Gender (F/M)
Dr WMM Levack	No	PhD	Male

(NB The application number is included here for ease of administration only and will not be linked to the statistical information provided.)





# Publications

1. Negrini S, Kiekens C, Meerpohl JJ, Thomson D, Zampolini M, Christodoulou N, Delarque A, Gutenbrunner C, Michail X. Contributing to the growth of Physical and Rehabilitation Medicine (PRM): call for a Cochrane Field in PRM. *Eur J Phys Rehabil Med*. 2015 Jun;51(3):239-43.
2. Kiekens C, Negrini S, Thomson D, Frontera W. Cochrane Physical and Rehabilitation Medicine: Current State of Development and Next Steps. *Am J Phys Med Rehabil*. 2016 Apr;95(4):235-8.
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[francescagimigliano@gmail.com](mailto:francescagimigliano@gmail.com)

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