



University of Brescia
Department of Clinical and Experimental Sciences



Care & Research Institute
Don Gnocchi, Milan

Cochrane PRM Exploratory Meeting

Welcome !

Prof Stefano Negrini, MD
Chair - Physical and Rehabilitation Medicine





Fondazione Don Gnocchi



- Not for profit organization
- **Founded by Don Carlo Gnocchi for rehabilitation of children who lost limbs in the war, covers now the full field of Rehabilitation Medicine**
- 5,500 employees and consultants, in 29 Centres covering 9 administrative Italian regions
- **Italian HNS accredited: inpatient, day-hospital, outpatient's services, and home care**
- Recognised and financed by NHS as one of his Care and Research Institutes (IRCCS)
- **Social welfare: integrated daytime centres, nursing home, in-home care, relief stays, and palliative-care facilities**
- Social-therapeutic services: daytime centres for disabilities, homes for the disabled, daytime rehabilitation clinics, community living, and holiday centres
- **Non-Governmental Organisation (NGO)**
- Awarded the gold medal for service to public health in 2003 by the President of the Italian Republic





«E. Spalenza» Rovato Centre



- PRM hospital with 120 beds, including outpatient services and home care
- **All kinds of PRM patients:**
 - 45% neurological (mainly stroke – specialization in TBI)
 - **35% orthopedic (mainly joint replacements)**
 - 20% cardio-respiratory
- **Innovative organization by complexity of care**
- Office of the Physical and Rehabilitation Medicine Chair of University of Brescia



<https://www.surveymonkey.com/r/CochranePRM>





What is an Exploratory Meeting



- Formal exploratory meetings are meetings convened to assess **whether the basis and the will exist to establish a new Cochrane Field** in a specific area of health care.
- They may have **a number of objectives**, depending on the terrain of the area of care under discussion.



<https://www.surveymonkey.com/r/CochranePRM>





Participation



- 89 registered – 27 countries
 - Europe 78 participants (19 countries) – 53 from Italy
 - Oceania 4 participants (2 countries)
 - South America 3 participants (3 countries)
 - Asia 3 participants (2 countries)
 - North America 1 participant (1 country)
- 3 World Societies: ISPRM, ISPO, WFNR
- 4 European Bodies: ESPRM, UEMS-PRM Section and Board, EARM
- 3 Italian Societies: SIMFER, SIF, SIRN
- 2 consumers' groups: EDF, FISH
- 4 Cochrane Groups: Musculoskeletal, Stroke, Back and Neck, Neuromuscular



<https://www.surveymonkey.com/r/CochranePRM>





People



- **174 interested**
 - 143 PRM physicians + 4 other physicians
 - **12 PT**
 - 2 OT; 2 Nurses; 2 psychologists
 - **9 other rehabilitation professionals**
- 125 want to actively contribute
- **48 countries**
 - Europe 84 participants (21 countries)
 - **Asia 52 participants (16 countries)**
 - North America 18 participants (2 countries)
 - **Oceania 9 participants (2 countries)**
 - South America 8 participants (4 countries)
 - **Africa 3 participants (3 countries)**



<https://www.surveymonkey.com/r/CochranePRM>





Low Middle Income Countries



- 54 people (31%) – 17 countries (35%)
 - 2 Low Income (2 countries)
 - 19 Lower Middle Income (6 countries)
 - 33 Upper Middle Income (9 countries)
- 6 registered participants – 5 countries
 - All from Upper Middle Income countries



<https://www.surveymonkey.com/r/CochranePRM>





Aims of this Meeting



- to introduce Cochrane
- to better define the need of the new Field
- to assess what resources already exist
- to avoid possible conflicts and disappointments in the future
- to introduce all the work done until now
- to complete the action business plan for submission
- to define how to work together in the future
- to seek for additional resources (human and economical)
- to include more actors (professions and consumers) in the action plan





Introduction

Stefano Negrini 

09.15 Kathy Mahan
Cochrane and Fields

09.30 Stefano Negrini
Cochrane PRM

09.45 Discussion



<https://www.surveymonkey.com/r/CochranePRM>





The needs

Carlotte Kiekens



10.00 – 5 minutes presentations

ESPRM - Carlotte Kiekens

EDF - Luisella Fazzi

ISPRM - Jorge Lains

FISH - Vincenzo Falabella

UEMS-PRM - Mauro Zampolini

Cochrane Musculoskeletal -
Carsten Borg Juhl

EARM - Antti Malmivaara

Cochrane Stroke - Alex Pollock

ISPO - Friedbert Köhler

WFNR – Volker Hömberg

Cochrane Back and Neck -
Antti Malmivaara

SIMFER - Paolo Boldrini

Cochrane Neuromuscular –
Katherine Jones

SIF – Matteo Paci

SIRN - Caterina Pistarini



11.30 – Coffee break





Cochrane PRM

Julia Patrick Engkasan



12.00 William Levack

Goals of CPRM

12.20 Discussion

12.40 Francesca Gimigliano

Name of the Field:
PRM vs Rehabilitation Medicine

12.50 Discussion

13.20 Lunch



<https://www.surveymonkey.com/r/CochranePRM>





Cochrane PRM

Francesca Gimigliano



14.00 Mark Wilson

Cochrane KT

14.20 Discussion

14.30 Carlotte Kiekens

Organigram and funding

12.50 Discussion

15.00 Committees working groups

<https://www.surveymonkey.com/r/CochranePRM>





Committees working groups



- Communication (10 people)
Francesca Gimigliano
Carlotte Kiekens
- Education (19 people)
Elena Ilieva
Julia Patrick Engkasan
- Methodology (26 people)
William Levack
Antti Malmivaara
- Publication (18 people)
Frane Grubisic
Stefano Negrini



<https://www.surveymonkey.com/r/CochranePRM>





Tasks



- Organization
- Relevant Goals of CPRM
- Objectives
- Targets (3 years perspective)
- Deliverables
- GANTT
- SWOT
- Individual members actions
- Units actions
- Funding
- List of members



<https://www.surveymonkey.com/r/CochranePRM>





Thanks to the promoters



- **Carlotte Kiekens, MD (Belgium)**
- **William Levack, PT, PhD (New Zealand)**
- **Frane Grubisic, MD (Croatia)**
- **Francesca Gimigliano, MD, PhD (Italy)**
- **Elena Ilieva, MD, PhD (Bulgaria)**
- **Meyer Thorsten, Psy, PhD (Germany)**
- **Julia Patrick Engkasan, MD (Malaysia)**



<https://www.surveymonkey.com/r/CochranePRM>





Thanks to Rovato personnel



- **Rovato Research Group**
 - Chiara Arienti, Mot. Sci.
 - **Riccardo Buraschi, PT**
 - Barbara Piovanelli, PT
 - **Jorge Hugo Villafaña, PT**
- **Rovato organization**
 - **Alberto Rotondi – Director**
 - Mauro Ricca – Medical Director
 - **Silvia Galeri, Leonardo Callea, Fulvia Noro, Amidio Testa**
 - Paola Begni
 - **Marco Lombardi**



<https://www.surveymonkey.com/r/CochranePRM>





www.isico.it

www.unibs.it

Let's work !

Stefano Negrini
stefano.negrini@unibs.it



www.ejprm.it

www.dongnocchi.it





Cochrane in the World: an organization for Evidence

**Physical and Rehabilitation Medicine Field
*Exploratory Meeting***

Brescia, 19 settembre 2016

Trusted evidence.
Informed decisions.
Better health.

Cochrane Neurological Sciences Field
c/o Health Authority, Umbria Region, Italy
Coordinator, Kathryn M Mahan
member of the Cochrane Field's executive

Who we are

Cochrane is a global independent network of almost **38,000** researchers, professionals, patients, carers and people interested in health.

Cochrane is a not-for-profit organization with collaborators from more than **130 countries** working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.



Our Vision and Mission

Our **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.

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



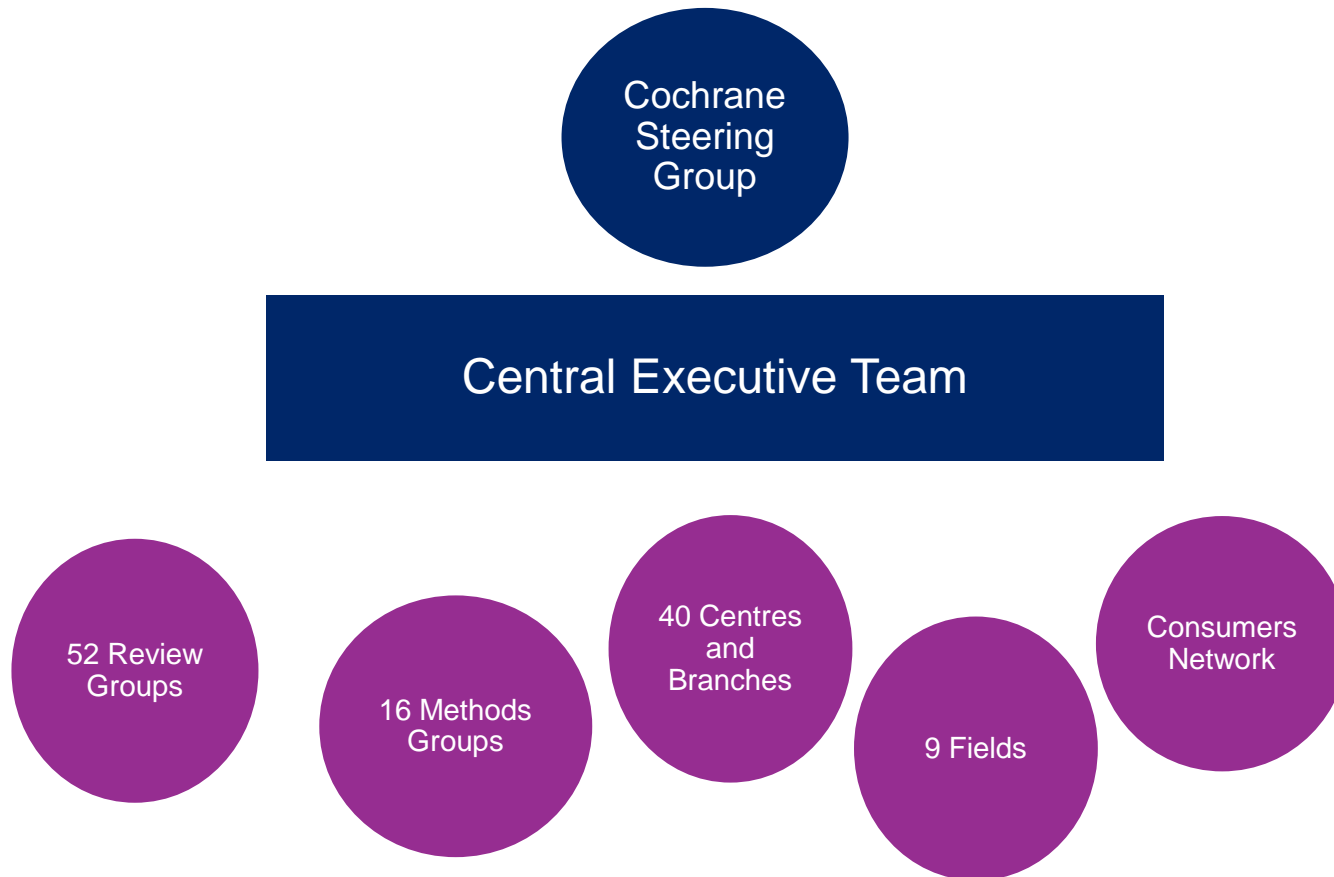
Cochrane contributors

Cochrane's contributors are affiliated to the organization through Cochrane groups: healthcare subject-related review groups, thematic networks (Fields), groups concerned with the methodology of systematic reviews, and regional centres.

There is no one place or office that is 'Cochrane'. Cochrane contributors and groups are based all around the world and the majority of the work is carried out online. Each group is a 'mini-organization' in itself, with its own funding, website, and workload. Contributors affiliate themselves to a group, or in some cases several groups, based on their interests, expertise, and/or geographical location.



Cochrane's organizational structure



Fields

<p>Cochrane Child Health Department of Pediatrics University of Alberta, 4-476 ECHA Dept of Pediatrics, University of Alberta Edmonton AB T6G 1C9 – Canada www.cochranechildhealth.org</p>	<p>Cochrane Neurological Sciences Direzione salute e coesione sociale Regione Umbria Via M. Angeloni, 61 06124 Perugia - Italy www.neuronet.cochrane.org</p>
<p>Cochrane Complementary Medicine Field Center for Integrative Medicine University of Maryland School of Medicine East Hall 520 W. Lombard Street Baltimore Maryland 21201 – USA www.cam.cochrane.org</p>	<p>Nursing Care Field Joanna Briggs Institute University of Adelaide North Terrace Adelaide SA 5005 - Australia www.cncf.cochrane.org/home</p>
<p>Consumer Network Cochrane Collaboration Secretariat Summertown Pavilion 18-24 Middle Way Oxford, OX2 7LG - UK www.cochrane.org/consumers</p>	<p>Pre-hospital and Emergency Care Field SAMU de Paris - Hôpital Necker Enfants Malades – APHP, Université Paris Descartes 149 rue de Sèvres 75015 Paris - France www.pecf.cochrane.org</p>
<p>Health Care of Older People Field <i>soon Global Ageing Field</i> Academic Section of Geriatric Medicine University of Glasgow Queen Elizabeth Building Glasgow Royal Infirmary Glasgow, Strathclyde, G31 2ER - UK www.healthcareofolderpeoplefield.cochrane.org</p>	<p>Primary Health Care Field Department of Primary and Community Care Radboud University Nijmegen Medical Centre PO Box 9101 - 117 elg 6500 HB Nijmegen – Netherlands www.cochranepriarycare.org</p>
<p>Insurance Medicine Field ASIM, Swiss Academy of Insurance Medicine University of Basel Hospital University of Basel Petersgraben 4 4031 Basel - Switzerland www.insuremed.cochrane.org</p>	<p>Physical and Rehabilitation Medicine Field</p>



Cochrane exists so that healthcare decisions get better.

Over the past 24 years, Cochrane has helped to transform the way health decisions are made.

We produce reviews that summarize the best available evidence generated through research to inform decisions about health.

Our work is recognized as representing an international gold standard for high quality, trusted information.

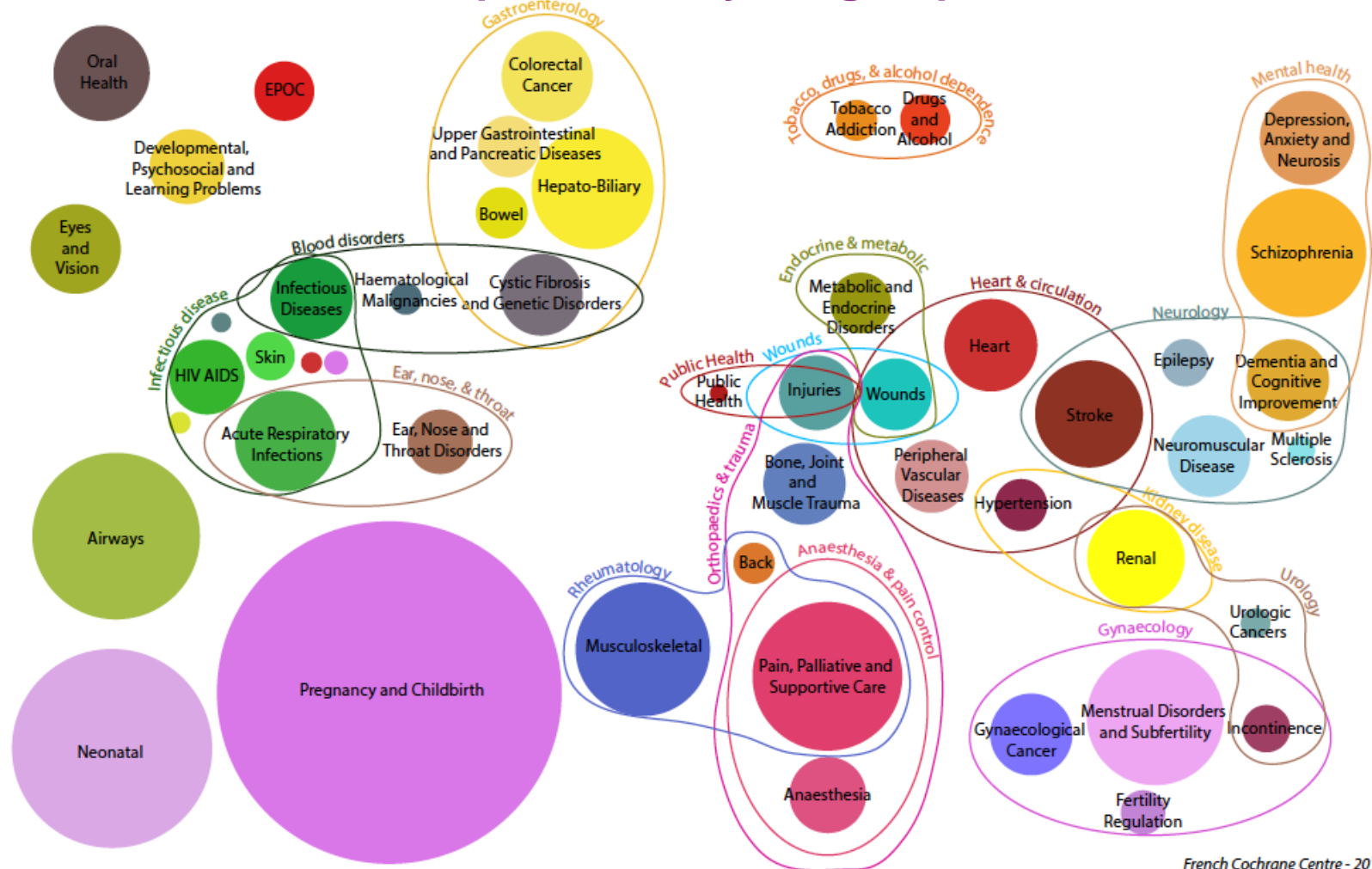
We want to be the leading advocate for evidence-informed health across the world.



Organizational Reach

- 38,000 Cochrane contributors
 - 107 countries with active authors
 - Author distribution:
 - HIC 22,375
 - UMIC 4,937
 - LMIC/LIC 1,195
 - Translation communities actively working in 12 languages
- 

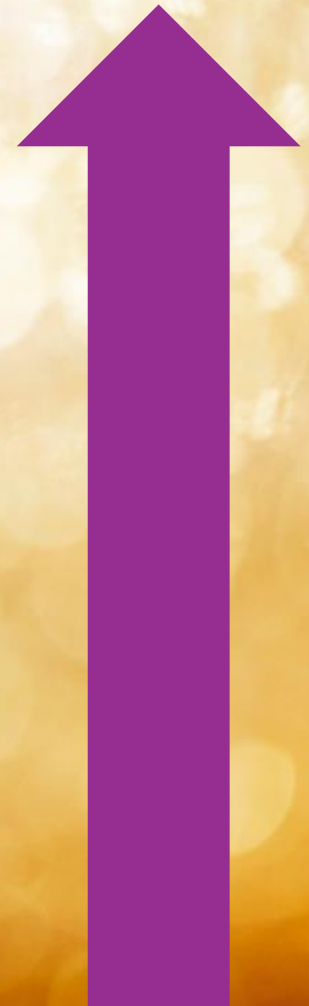
Cochrane Review Groups by health topic. The circle size is proportional to the number of reviews published by the group



Reputational Audit

Showed us that generally Cochrane and our reviews are seen as the 'gold standard'

- ✓ Robust methodology
- ✓ Comprehensive studies
- ✓ 100% independent
- ✓ Respected name
- ✓ International reach
- ✓ Passionate and enthusiastic reviewers



Cochrane *Strategy to 2020* has 4 Goals

Goal 1: Producing evidence

To produce high quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

Goal 3: Advocating for evidence

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

Goal 2: Accessible evidence

To make **Cochrane evidence accessible and useful** to everybody, everywhere in the world.

Goal 4: Building an effective and sustainable organization

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently, and makes optimal use of its resources.



Principles

1 Collaboration

by fostering global co-operation, teamwork, and open and transparent communication and decision-making.

2 Building on the enthusiasm of individuals

by involving, supporting, and training people of different skills and backgrounds.

3 Avoiding duplication of effort

by good management, co-ordination and effective internal communications to maximize economy of effort.

4 Minimising bias

through a variety of approaches such as scientific rigour, ensuring broad participation, and avoiding conflicts of interest.



Principles

5 Keeping up to date

by a commitment to ensure that Cochrane Systematic Reviews are maintained through identification and incorporation of new evidence.

6 Striving for relevance

by promoting the assessment of health questions using outcomes that matter to people making choices in health and health care.

7 Promoting access

by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate access models and delivery solutions to meet the needs of users worldwide.



Principles

8 Ensuring quality

by applying advances in methodology, developing systems for quality improvement, and being open and responsive to criticism.

9 Continuity

by ensuring that responsibility for reviews, editorial processes, and key functions is maintained and renewed.

10 Enabling wide participation

in our work by reducing barriers to contributing and by encouraging diversity.



Key Cochrane partnerships

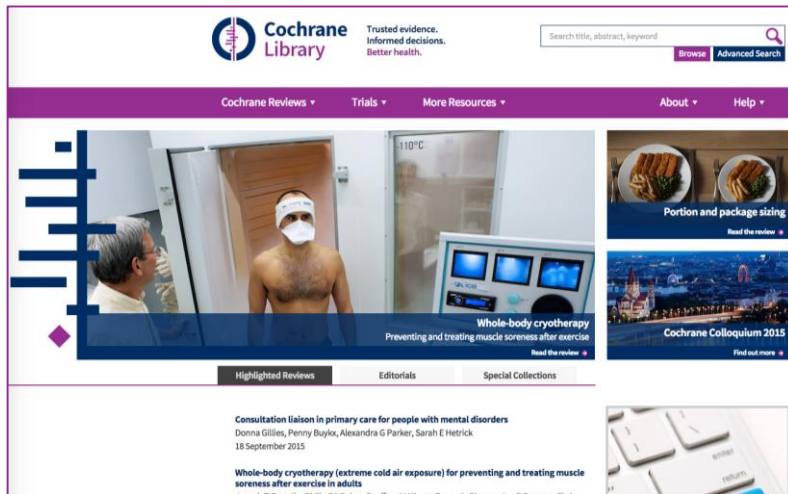
World Health
Organization



WIKIPEDIA
The Free Encyclopedia



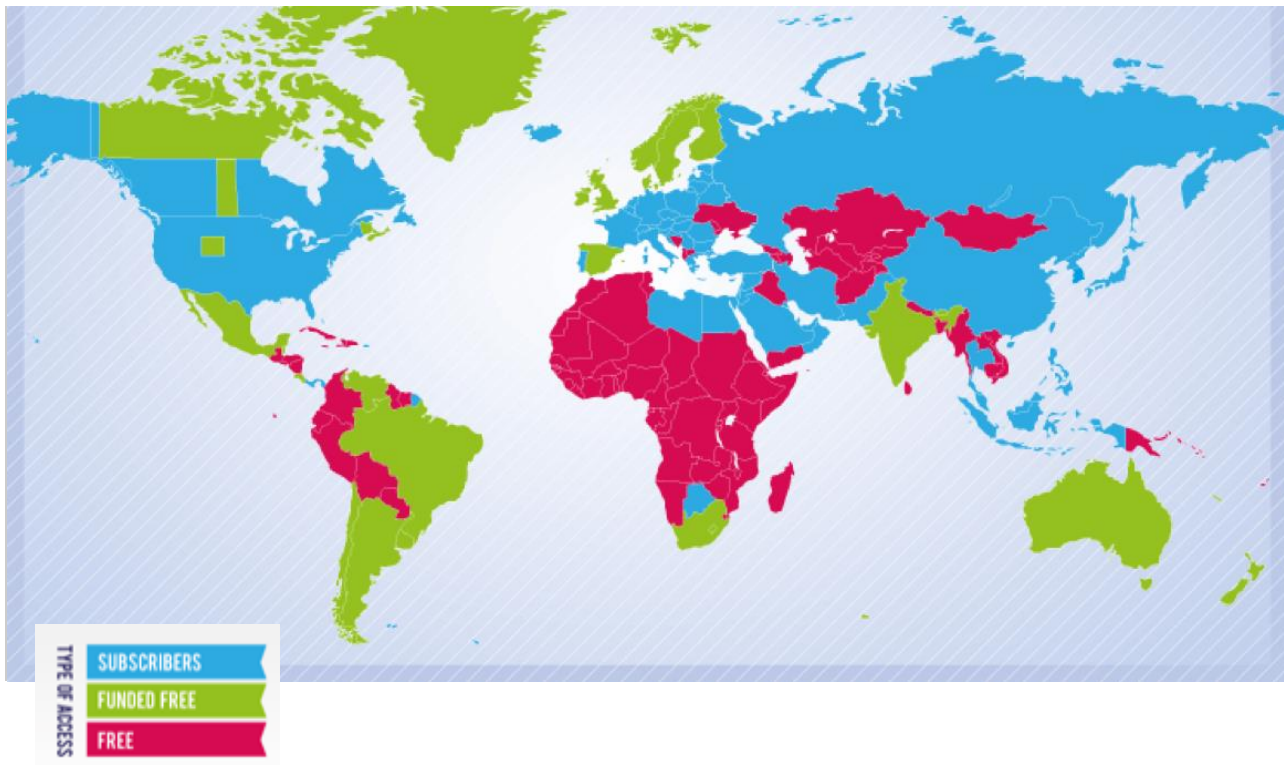
Cochrane Library



High quality systematic reviews to inform decision making:

- 6000+ reviews
- 40 new reviews / 45 updates per month

Geographical reach and access



3.66 billion people have free access in 148 countries

Translating Cochrane



Why translate?

Only **6%** of the world speaks English as a first language. **75%** do not speak English at all

**WE TRANSLATE OUR
EVIDENCE TO MAKE IT MORE
ACCESSIBLE WORLDWIDE**



Cochrane translations

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



COCHRANE.ORG HAS BEEN TRANSLATED INTO 12 LANGUAGES

German

Spanish

French

Croatian

Portuguese

Malay

Russian

Japanese

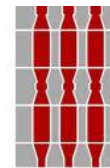
Korean

**Traditional
Chinese**

**Simplified
Chinese**

Tamil

Thank you, Grazie!





University of Brescia
Department of Clinical and Experimental Sciences



Care & Research Institute
Don Gnocchi, Milan

Cochrane

Physical and Rehabilitation

Medicine (PRM)



Prof Stefano Negrini, MD
Chair - Physical and Rehabilitation Medicine





How everything started

- PRM Bodies

- European Society of PRM (ESPRM)
- European Union of Medical Specialists (UEMS)
 - PRM Section
 - PRM Board
- European Academy of PRM (EARM)
- International Society of PRM (ISPRM)

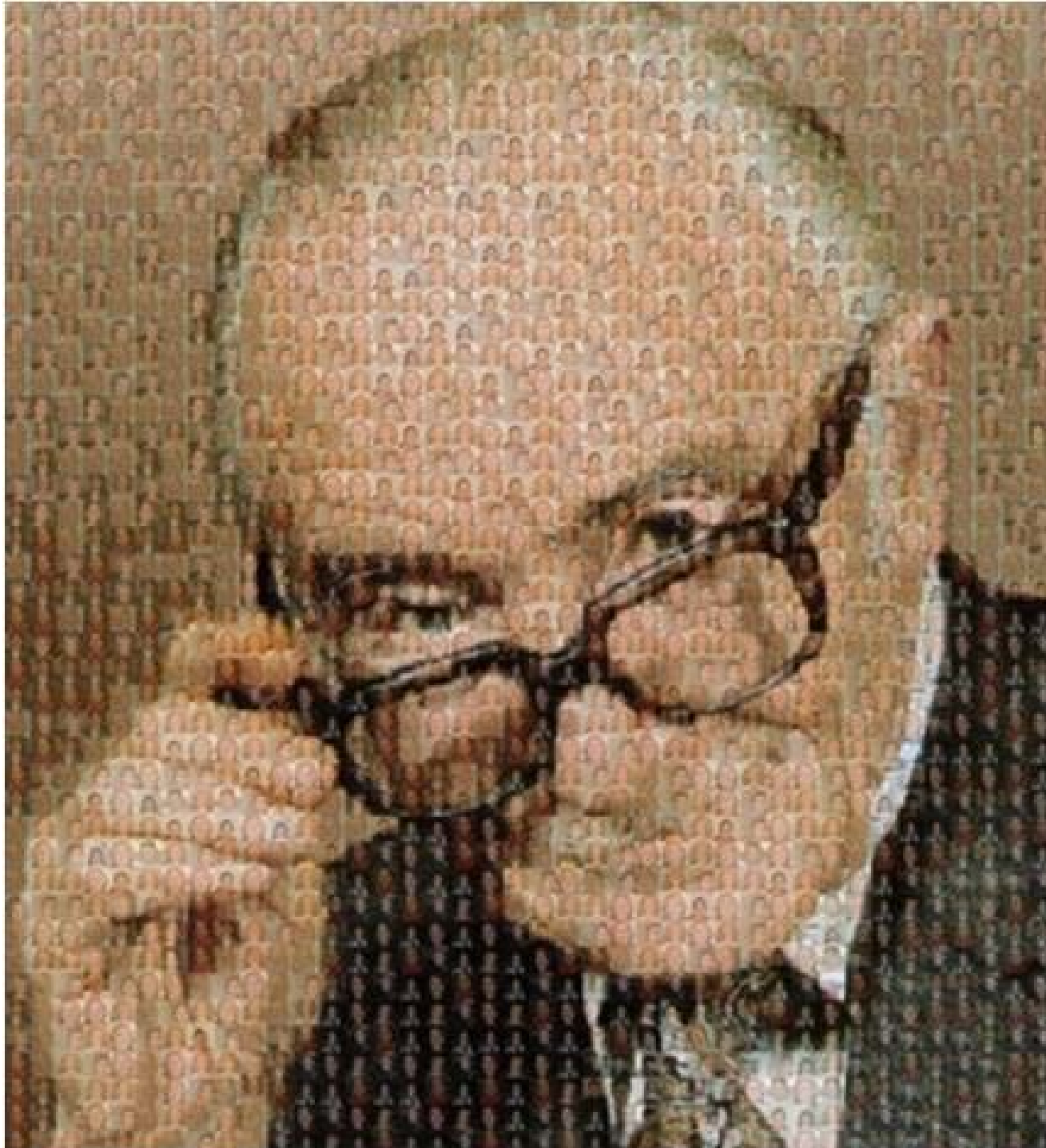
- Decisions

- 9/2014: start of the ESPRM EBM Committee
- 3/2015 ESPRM decision to develop Cochrane PRM
- 3/2015 UEMS PRM Section & Board approval
- Enthusiastic participation of colleagues from all over Europe



<https://www.surveymonkey.com/r/CochranePRM>





Archie Cochrane, MD
(1909-1988)

Resources will always be limited: they should be used to provide health care which has been shown in properly designed evaluations to be effective (1972)

Importance of RCTs and
metanalysis





Cochrane Organization

- Cochrane Review Groups
- Cochrane Centres
- Cochrane Fields and Networks
- Cochrane Methods Groups



<https://www.surveymonkey.com/r/CochranePRM>





53 Cochrane Review Groups



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





Cochrane Review Groups



>20 SR of PRM interest = 4

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





Cochrane Review Groups



with at least 1 SR of PRM interest

1. Acute Respiratory Infections
2. Airways
3. Anaesthesia, Critical and Emergency Care
4. Back and Neck
5. Bone, Joint and Muscle Trauma
6. Breast Cancer
7. Childhood Cancer
8. Colorectal Cancer
9. Common Mental Disorders
10. Consumers and Communication
11. Cystic Fibrosis and Genetic Disorders
12. Dementia and Cognitive Improvement
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29. Infectious Diseases
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31. Kidney and Transplant
32. Lung Cancer
33. Metabolic and Endocrine Disorders
34. Methodology Review
35. Movement Disorders
36. Multiple Sclerosis and Rare Diseases of the CNS
37. Musculoskeletal
38. Neonatal
39. Neuromuscular
40. Oral Health
41. Pain, Palliative and Supportive Care
42. Pregnancy and Childbirth
43. Public Health
44. Schizophrenia
45. Skin
46. Sexually Transmitted Infections
47. Stroke
48. Tobacco Addiction
49. Upper Gastrointestinal and Pancreatic Diseases
50. Urology
51. Vascular
52. Work
53. Wounds





17 Cochrane Methods Groups

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





Cochrane Methods Groups

1. Adverse Effects
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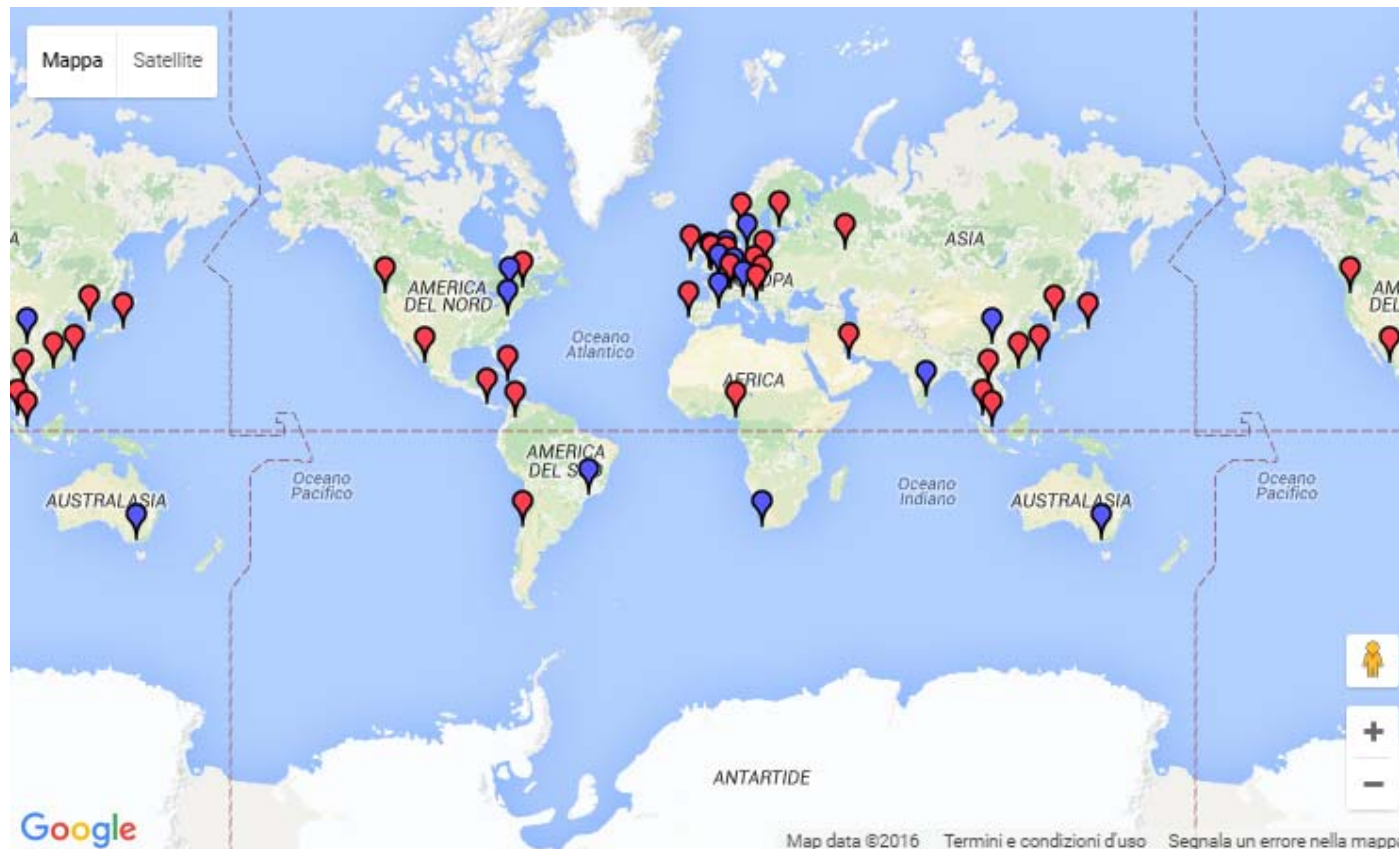




15 Cochrane Centres



- Support **Cochrane contributors in their area**, and act as a point of contact between Cochrane and their regional health communities.





10 Cochrane Fields and Networks

1. Child Health

2. Complementary
Medicine

3. Consumer
Network

4. Health Care of
Older People

5. Insurance
Medicine

6. Justice Health

7. Neurosciences

8. Nursing Care

9. Pre-hospital and
Emergency Care

10. Primary Care





Not a PRM Group but a Field

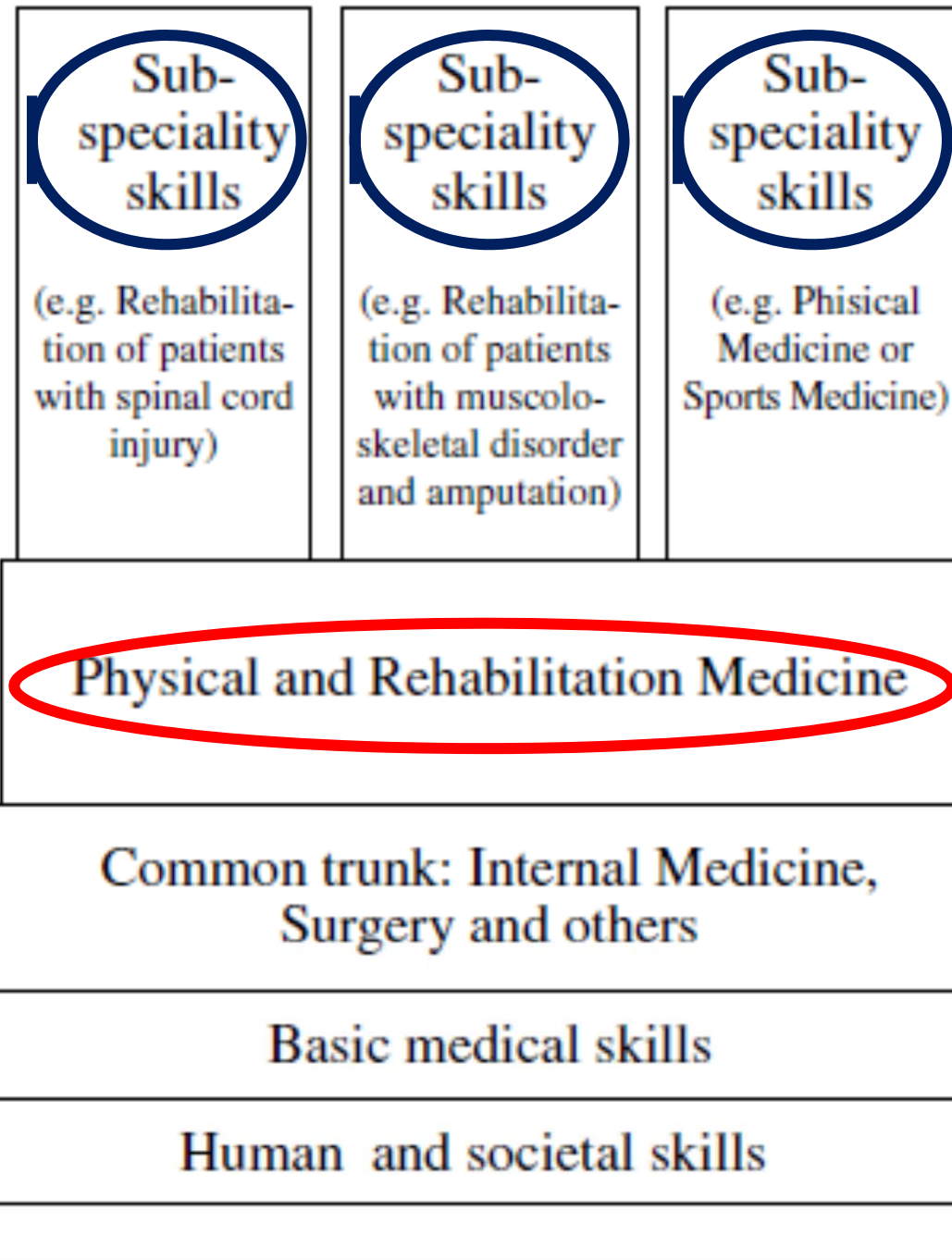


- Cochrane Review **Groups** (CRG) are essentially **problem-based** (eg. Stroke Group, Back Group, Musculoskeletal Disorders Group etc)
- There are dimensions of health care that cannot be considered '**health problems**' (setting of care, type of patient or intervention, areas too large to be covered by a single Review Group)
- **Fields** exist to draw upon the support existing in these areas and to ensure that their needs are taken into account



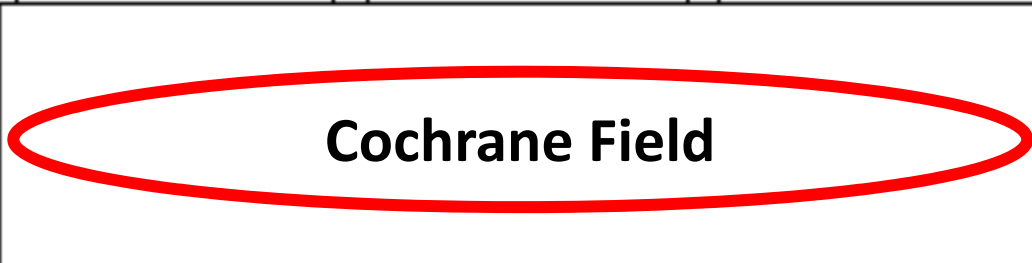
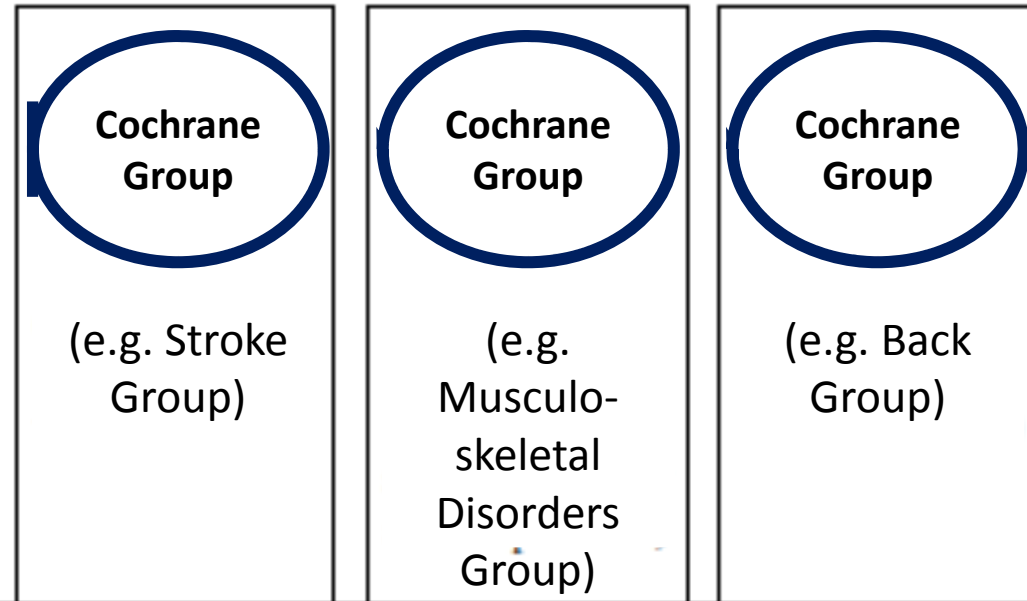
<https://www.surveymonkey.com/r/CochranePRM>





European
White Book
of PRM
Eura
Medicophys
2006
J Rehabil
Med 2007







Core functions of Fields



- Advocacy for evidence-based health care
 - **Relation** with Field's constituents
 - **Recognition** of Field's systematic reviews
 - **Dissemination** activities
- Elective functions
 - To **promote the production of relevant and high-quality systematic reviews.** Spring/Autumn 2016
 - To **train** about Cochrane reviews, and Field's content
 - To participate in the **development of methods for the production or dissemination of EBM**



<https://www.surveymonkey.com/r/CochranePRM>





Role of Cochrane Fields: a bridge



- to **facilitate** the work of Cochrane Review **Groups** (CRG)
- to ensure that **Cochrane reviews** appropriate to their area of interest are both **relevant and accessible** to their fellow specialists and consumers



Physical and Rehabilitation
Medicine stakeholders side

Cochrane Groups
side





Importance of Cochrane PRM

PRM side

- Increase science
- Improve methods
- Attract researchers
- Strengthen professional role
- Improve visibility

Cochrane side

- Beyond diseases: function
- Behavioral aspects of Medicine
 - Methods in challenging fields



<https://www.surveymonkey.com/r/CochranePRM>





The promoters



- Stefano Negrini, MD (Italy) - stefano.negrini@unibs.it
- **Carlotte Kiekens, MD (Belgium)** - carlotte.kiekens@uzleuven.be
- William Levack, PT, PhD (New Zealand) - william.levack@otago.ac.nz
- **Frane Grubisic, MD (Croatia)** - franegrubisic@gmail.com
- Francesca Gimigliano, MD, PhD (Italy) - francescagimigliano@gmail.com
- **Elena Ilieva, MD, PhD (Bulgaria)** - elena_md@yahoo.com
- Meyer Thorsten, Psy, PhD (Germany) - Meyer.Thorsten@mh-hannover.de
- **Julia Patrick Engkasan, MD (Malaysia)** - julia@ummc.edu.my



<https://www.surveymonkey.com/r/CochranePRM>





What has been done

- PRM Stakeholders
 - 9/14: ESPRM EBM Committee
 - 3/15 ESPRM decision to develop Cochrane PRM
 - 3/15 UEMS PRM Section & Board approval
 - 2/16 ISPRM support
 - 9/16 EARM support
- Archives of PM&R
- EJPRM
- Man Ther
- Phys Ther
- Scientific Sessions
 - 6/15 ISPRM Berlin
 - 4/16: ESPRM Estoril
 - 5/16: ISPRM Kuala Lumpur
- Editorials/letters
 - 6/15 European Journal of PRM
 - 4/16: American Journal of PM&R
 - 6-9/16: Co-publications:
- Fund raising
 - University of Brescia (Ita)
 - Care & Research Institute Don Gnocchi (Ita)



<https://www.surveymonkey.com/r/CochranePRM>





Cochrane Physical and Rehabilitation Medicine

Action Business Plan

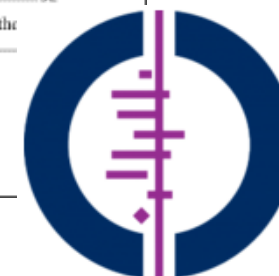
Second draft

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Action Business Plan

- Executive summary
- **Cochrane: goals**
- **The timing of the proposal of a new Field in the midst of Cochrane Strategy 2020**
- **Overview of challenges and obstacles**
- **Organization of CPRM**
- **Decision matrix of CPRM**
- **Resources**
- **Process**
- The actual needs
- **Mission and Vision**
- The players
- **Implementing PRM in**





Current and next steps

- 19 September 2016: Exploratory Meeting (Rovato – Brescia – Italy)
- 20 September 2016: Cochrane Meeting (Brescia – Italy)
Official Agreement Cochrane, Don Gnocchi, UNIBS
- PhD position and research funds
- 30 September 2016 : submission Final Action Business Plan
- End of October 2016: Cochrane Colloquium (Seoul)
Cochrane PRM Approval ?



<https://www.surveymonkey.com/r/CochranePRM>





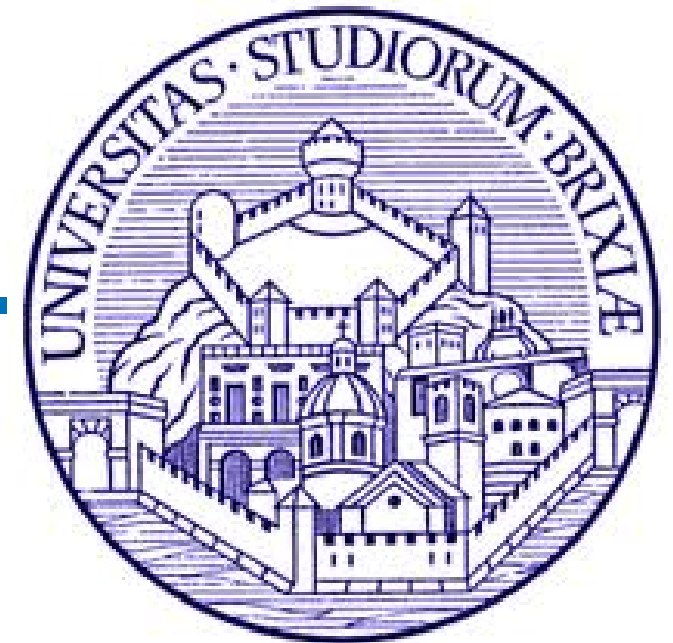
www.isico.it

www.unibs.it

Thank you

Stefano Negrini

stefano.negrini@unibs.it



www.ejprm.it

www.dongnocchi.it





ESPRM

European Society of
Physical & Rehabilitation Medicine

European Society of Physical & Rehabilitation Medicine



ESPRM

European Society of
Physical & Rehabilitation Medicine

Aims & Goals

The ESPRM aims are:

- To be the leading scientific European Society for physicians in the field of physical and rehabilitation medicine
- To improve the knowledge of fundamentals and the management of activities, participation and contextual factors of people with a disability.
- **To improve and maintain a strong connection between research and clinical practice in PRM**

The ESPRM goals are:

- To facilitate international exchange regarding different aspects of rehabilitation research, including disseminating information about rehabilitation related funding, multicenter trials, national and European projects, meetings and congresses.
- To provide means to facilitate research activities and communications at the European level.
- To organise a biannual European Congress of PRM, and many other Meetings on different specific Topics, involving experts and researchers from different competences (other Societies not only Medical).
- To promote definition of Guidelines.
- **To provide information to local, national and European governments about the contents, aims and evidence based efficacy of PRM.**
- To influence national governments and European organizations to support initiatives and co-



ESPRM

European Society of
Physical & Rehabilitation Medicine

Special interest scientific committees (SISCs)

- to propose **ways to improve the research activities** of the ESPRM on a specific topic
- enlarge the types of research activities in a field,
- prepare the conditions for EU or international networks for grants application
- to propose ways to increase the visibility of the research activities ESPRM in a field



ESPRM

European Society of
Physical & Rehabilitation Medicine

Special interest scientific committees (SISCs)

- **ESPRM scientific involvement** with regards to **authorities, public, disabled persons** as individuals or their associations, **media** and create or **develop networks**:
- **Network of persons** (ESPRM delegates, Section and Board of UEMS delegates, Academicians, ...).
- Composed of research experts, research referents, or correspondents
- **Network of research units and centers**, with research programmes on the topic. They welcome PRM trainees during open labs days, for short duration or during masters and for PhD programmes.
- “**Labs Session**” in ESPRM congresses in order to develop links between PRM trainees and research units.
- **Network of PRM centers or units** which have well known and recognized clinical activities based on scientific knowledge and supporting research programmes in the field.



ESPRM

European Society of
Physical & Rehabilitation Medicine

Evidence based committee

- To promote the Evidence Based Medicine approach in the field of Physical and Rehabilitation Medicine across Europe
- Created in 2014
- Cochrane PRM initiative

expects...

What ESPRM



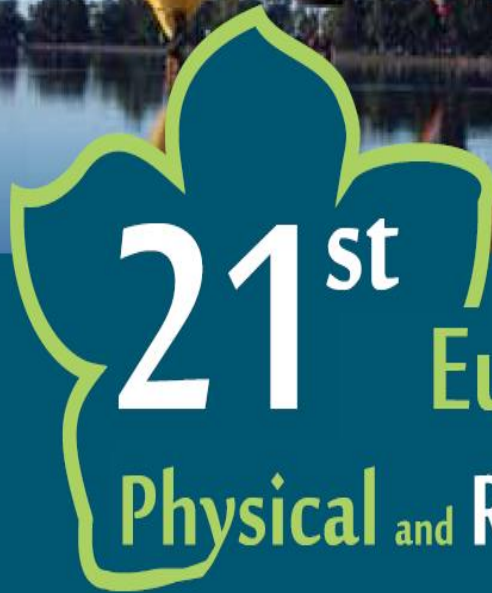
ESPRM

European Society of
Physical & Rehabilitation Medicine

What can ESPRM offer

- Scientific support
- Funding
- Space in meetings
- Networks through the SISCs
- Dissimination of information
-

◆◆ SAVE THE DATE ◆◆



21st

European Congress of

Physical and Rehabilitation Medicine

**Cochrane PRM
session**

01 - 06.MAY.2018

Congress Center Litexpo

Vilnius . Lithuania

www.esprm2018.com



ESPRM

European Society of
Physical & Rehabilitation Medicine



LSPRM

Lithuanian Society of
Physical & Rehabilitation Medicine

Co-organized by



PRM Board
of UEMS



European Academy
of Rehabilitation Medicine



PRM Section
of UEMS



**Alvydas
Juocevicius**

Alain Delarque

Xanthi Michail

**Nicholas
Christodoulou**

**Maria
Gabriella
Ceravolo**

President of
the Lithuanian
Society of
PRM

President of the
European
Society of PRM
2015-2019

President of the
European
Academy of
Rehabilitation
Medicine

President of
the PRM
Section of
UEMS

President of
the PRM
Board of
UEMS





ESPRM

European Society of
Physical & Rehabilitation Medicine

European Society of Physical & Rehabilitation Medicine

www.esprm.net

@ESPRM_



Cochrane PRM Exploratory Meeting 19 September 2016

Centro E. Spalenza, Fondazione Don Gnocchi di Rovato (BS) – Via Golgi, 1

Jorge Laíns, Francesca Gimigliano



ISPRM



the global professional society for Physical and Rehabilitation Medicine (PRM)

- established: **13 November, 1999**
- the merger and integration of the International Rehabilitation Medicine Association (**IRMA**) and the International Federation of Physical and Rehabilitation Medicine (**IFPM&R**)
- a non-governmental organization (NGO)
- in relation with the World Health Organization (WHO)
- an international umbrella organization of physicians specialized in PRM
- a catalyst for international PRM research

* <http://www.isprm.org/discover/the-society/>

ISPRM



Mission*

to optimize functioning and health-related quality of life and minimize disability in persons with disabilities and medical problems throughout the world

Mandates**

- humanitarian
- scientific
- professional

* www.isprm.org/discover/mission-goals/

** DeLisa JA, Melvin JL, Stucki G. *Developing the International Society of Physical and Rehabilitation Medicine (ISPRM). Foreword. J Rehabil Med 2009 Sep;41(10):789-90*

ISPRM President's Cabinet



Jorge Lains

President

presidentjorgelains@isprm.org



Walter Frontera

President Elect

presidentelect@isprm.org



Leonard Li

Vice President

vicepresident@isprm.org



Jianan Li

Past President (Chair of Honorary
Council of Presidents)

pastpresident@isprm.org



Sam Wu

Treasurer

treasurer@isprm.org



Francesca Gimigliano

Secretary

secretary@isprm.org

2016 ISPRM NATIONAL SOCIETIES



Cochrane PRM Exploratory Meeting
19 September 2016

Centro E. Spalenza, Fondazione Don Gnocchi di Rovato IBSI - Via Golgi, 1

ISPRM

Executive Committee



- **President's Cabinet**
- **Representatives - Active National Societies (n=9)**
 - North America
 - Middle America
 - South America
 - Europe
 - Eastern Mediterranean
 - Africa
 - Southern & South East Asia
 - Central & East Asia
 - Oceania
- **Representatives - ISPRM World Congresses**
 - 2017 - Buenos Aires, Argentina
 - 2018 – Paris, France
 - 2019 - Kobe, Japan
- **Representatives - Active Individual Members (n=3)**
 - Europe-Africa-Easter Mediterranean
 - Asia-Oceania
 - Americas
- **Secretariat**

President Cabinet

Jorge Lains
President
presidentjorlains@isprm.org

Walter Frontera
President Elect
presidentelect@isprm.org

Leonard Li
Vice President
vicepresident@isprm.org

Sam Wu
Treasurer
treasurer@isprm.org

Francesca Gimigliano
Secretary
secretary@isprm.org

Jianan Li
Past President
pastpresident@isprm.org

Representatives from Active National Societies

Gerard Francisco
North America
Gerard.F.Francisco@uth.tmc.edu

Mariá Elena Herrera Dean
Middle America
mehenerad@yahoo.com.ar

Hugo Nuñez Bernadet
South America

Anton Wicker
Europe
wicker@aon.at

Gulseren Akyuz
Eastern Mediterranean
gulserena@gmail.com

No representative
Africa

Taslim Uddin
Southern & South East Asia
taslimpr@gmail.com

Lidian Chen
Central & East Asia
lidianchen87@163.com

No representative
Oceania

Representatives of the ISPRM World Congresses

Carolina Schiappacasse
2017 - Buenos Aires
Schiap@ntramed.net

André Thevenon
2018 - Paris
andre.thevenon@chu-illie.fr

Eiichi Saitoh
2019 - Kobe
esaitoh@fujiita-hu.ac.jp

Representatives of the Active Individual Members to the Executive Committee

Catarina Aguiar Branco
catarinaabranco@mcob.pt

Fary Khan
Fary.Khan@mh.org.au

Alberto Esquenazi
aesquena@einstein.edu

Secretariat

Louise Gorringe
Executive Director
isprmoffice@kenes.com

ISPRM Committees



Standing

Statutes
Finance & Audit
Int. Edu Trust Fund
Awards & Nominations
Honorary President's council

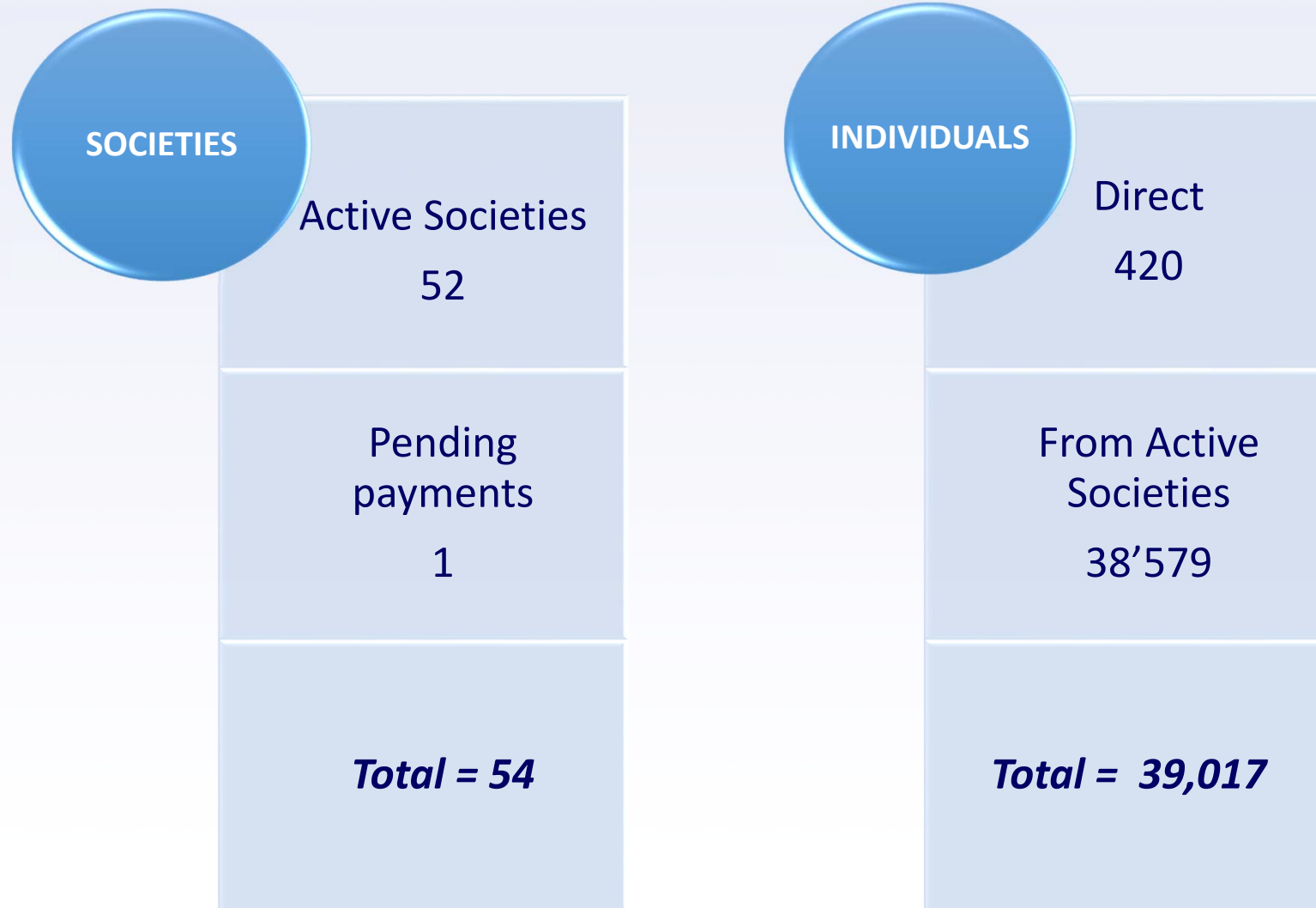
Ad Hoc

WHO-ISPRM
Int. Education
Publications
DRC
Clinical Sciences and Research

Task Forces

Women and Health, ISPRM Ambassadors, certificate training, UN-ISPRM Liaison

ISPRM Membership



ISPRM & Cochrane



ISPRM expectations from a Cochrane PRM Field

- to help clarify and strengthen the current global PRM knowledge content
- to enhance the image and credibility of PRM
- to compare the current global PRM knowledge content with other specialties (may happen indirectly)
- to respond to questions and concerns that may arise as the practice of PRM evolves by reviewing existing literature

ISPRM is available, capable, and eager to collaborate

ISPRM & Cochrane



Pathways by which ISPRM may contribute to a Cochrane PRM Field

- contributing to the Field Advocacy (Methodology, Education, Publication)
- participating in reviews of PRM interest
- suggesting areas of knowledge gaps which need a "Cochrane review"
- Facilitating Cochrane PRM Executive and Advisory Boards meetings and the presentations of "Cochrane PRM" related topics during our World Congresses
- facilitating knowledge translation and dissemination

ISPRM is available, capable, and eager to collaborate



Turning Disabilities into Possibilities

**11TH INTERNATIONAL SOCIETY
OF PHYSICAL & REHABILITATION
MEDICINE (ISPRM)
WORLD CONGRESS**

23RD SAMFYR NATIONAL CONGRESS

Buenos Aires, Argentina
April 30 - May 4, 2017

SEE YOU IN BUENOS AIRES



ISPRM Secretariat
Kenes International
7, rue François-Versonnex, C.P.
6053, 1211 Geneva 6 Switzerland
Tel: + 41 22 908 0488
Fax: + 41 22 906 9140

www.isprm2017.com

ISPRM2017



Cochrane PRM Exploratory Meeting 19 September 2016

Centro E. Spalenza, Fondazione Don Gnocchi di Rovato (BS) – Via Golgi, 1

Jorge Laíns - presidentjorgelains@isprm.org

Francesca Gimigliano - secretary@isprm.org

Office - isprmoffice@kenes.com





Cochrane PRM Exploratory Meeting

19 September 2016

Centro E. Spalenza, Fondazione Don Gnocchi di Rovato (Brescia) – Italy



Physical and Rehabilitation Medicine

Section and Board

of the European Union of Medical Specialists



DR. MAURO ZAMPOLINI
GENERAL SECRETARY OF SECTION AND
BOARD UEMS-PRM

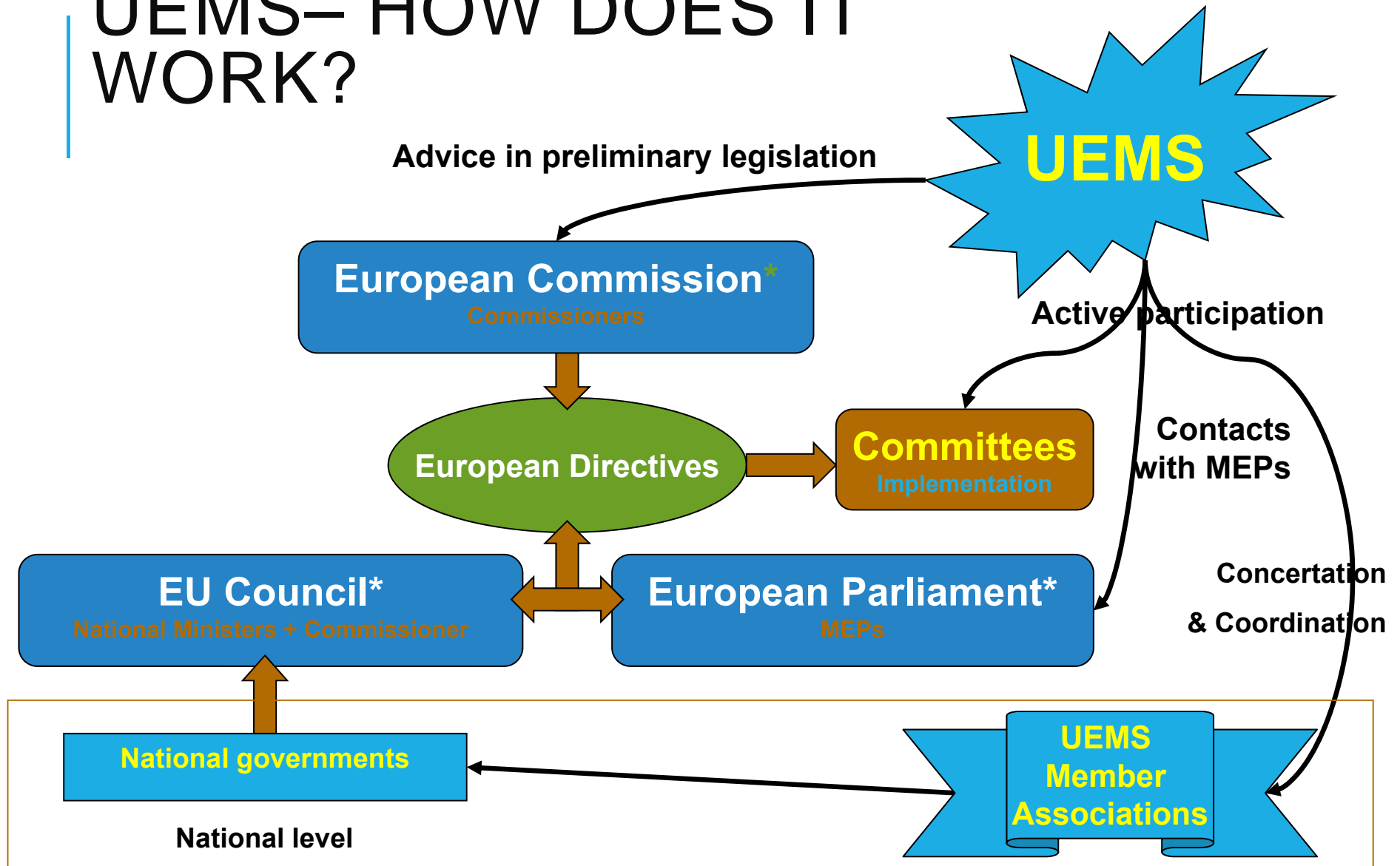
founded in
Brussels in 1958

EUROPEAN UNION OF MEDICAL SPECIALISTS, PHYSICAL AND REHABILITATION MEDICINE SECTION AND BOARD

Main Goals

- the harmonization of specialist training in Europe in order to guarantee a high level standard of training in all countries,
- define the role and the functions of the PRM specialist
- study the content and methods of continuing education in PRM.

UEMS- HOW DOES IT WORK?



WHAT ARE SECTIONS AND BOARDS

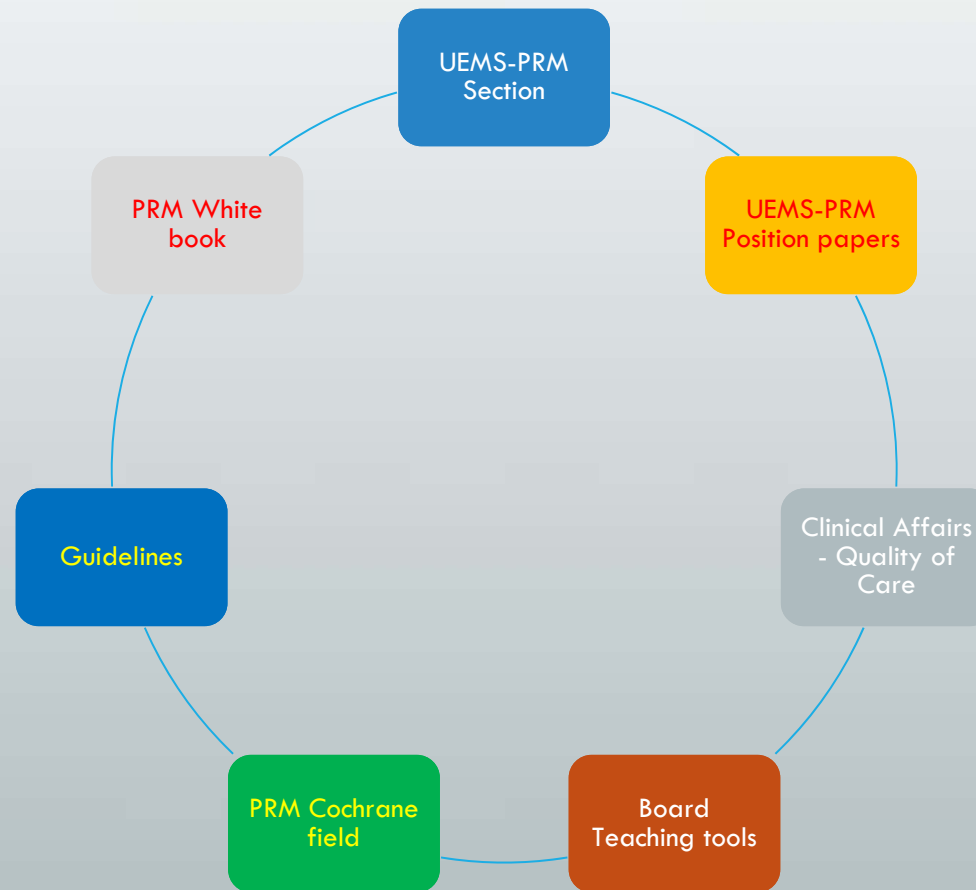
Sections

- Two delegates of the Specialty from each EU member state
- Mandated by their National Medical Association

Boards

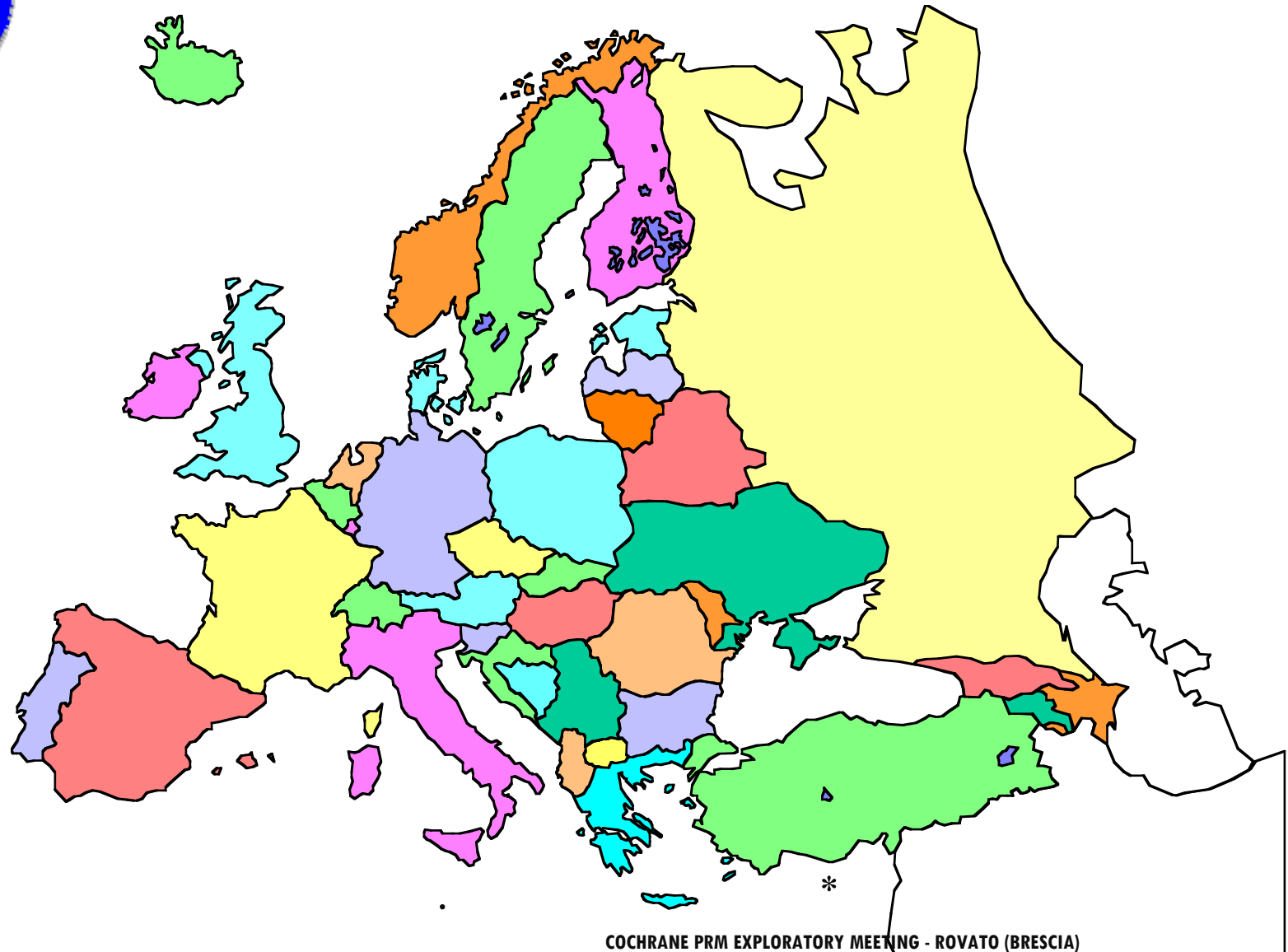
- Working Group of the Section
- Delegates from the Section together with representatives of the Scientific Society

THE NETWORK OF KNOWLEDGE





The UEMS-PRM Network



FURTHER INFORMATION – WEB BASED

www.euro-prm.org/

whitebookprm.eu

www.esprm.net

www.uems.net





ACADEMIE EUROPEENNE DE MEDECINE DE READAPTATION
EUROPEAN ACADEMY OF REHABILITATION MEDICINE

What is expected from Cochrane PRM Field

Antti Malmivaara, MD, PhD

European Academy of Rehabilitation Medicine



ACADEMIE EUROPEENNE DE MEDECINE DE READAPTATION
EUROPEAN ACADEMY OF REHABILITATION MEDICINE

Academy of up to 50 senior doctors in the specialty across Europe was created in 1969. Academicians are invited on the basis of their distinguished contribution to the specialty, particularly its humanitarian aspects.

The aim of the Académie is to promote education and research across Europe, acting as a reference point in scientific, educational and research matters, exchanging ideas and information and engaging in moral and ethical debate.

The Académie is entirely independent.

Its motto is: 'Societatis vir origo ac finis' which can be translated as 'Man is both the source and the goal of Society'.



ACADEMIE EUROPEENNE DE MEDECINE DE READAPTATION
EUROPEAN ACADEMY OF REHABILITATION MEDICINE

The expectations from the Cochrane PRM

To respond to the growing need for rehabilitation around the world using Cochrane PRM as the facilitator. The need and role of PRM is based on the following:

- Disability burden of disorders belonging to the field of Physical and Rehabilitation Medicine (PRM) is globally extremely heavy
- The goals of PRM concur with the current definition of health: Focus is on advancing functional abilities and participation of patients
- The Cochrane PRM will fulfill the current visions for health care in the 21st century: the century of rehabilitation.

EARM considers it of outmost important that a Cochrane field committed to advancing rehabilitation would be established.



for your attention!

Thank you!





INTERNATIONAL
SOCIETY FOR PROSTHETICS
AND ORTHOTICS



www.ispoint.org

...moving beyond physical disability

ISPO in Brief...

- International Society for Prosthetics and Orthotics
- Multidisciplinary:
 - prosthetists & orthotists, prosthetic & orthotic technicians (40%)
 - orthopaedic surgeons, rehabilitation doctors (25%)
 - physiotherapists, occupational therapists
 - biomechanical/rehabilitation engineers
 - orthopaedic shoemakers,
 - nurses
- 69 Member Societies
- Almost 3,500 individual members in 108 countries
- encourages, supports and coordinates education and training
- facilitates exchange of information, sharing of knowledge & experience and promotes and guides research, development and evaluation
- fosters efforts in all parts of the world to improve Prosthetic & Orthotic care



What Does ISPO Expect from a Cochrane Rehabilitation Field?

1. Inclusion of professions who contribute to the field of rehabilitation
2. Collaborative approach from various professional groups associated with rehabilitation
3. Contributions from various professionals associated with rehabilitation
4. Be major (leading) partners in work relating to prosthetics and orthotics
5. Be involved in every step of the process of work relating to Prosthetics and orthotics
6. Be a contributor to the dissemination of the collaborative work



What Can ISPO contribute

ISPO organizes:

- consensus conferences
- short courses
- workshops and consultative meetings
- world congresses



ISPO has:

- an active scientific and education committee
- A separate science and education committee for each World congress (every second year)
- To foster debate, exchange of information and cooperation,
- To advance research and evidence based practice,
- To facilitate development of innovative and appropriate technology

ISPO has a journal:

Prosthetics and Orthotics International established in 1977,
now published 6 times a year



INTERNATIONAL
SOCIETY FOR PROSTHETICS
AND ORTHOTICS

ISPO 16th World Congress



2017
SOUTH
AFRICA



Cape Town
8-11 May



INTERNATIONAL
SOCIETY FOR PROSTHETICS
AND ORTHOTICS

www.ispo2017.org

www.ispoint.org

World Federation for NeuroRehabilitation

A charity NGO registered in UK



www.wfnr.co.uk

Prof. Dr. med. Thomas Platz

**Head Education Committee and SIG
Clinical Pathways, WFNR**

**BDH-Klinik Greifswald
Neurorehabilitation Centre and SCI Unit
Ernst-Moritz-Arndt Universität, Greifswald**

Membership is multidisciplinary working in the field of Neurorehabilitation (NR)

**The WFNR is an umbrella organisation for the national societies of NR
(37 national NR societies are currently organized in the WFNR)**

Presidium of WFNR



- Leonard Li (Hong Kong SAR) – President
- David Good (USA) - President-elect
- Stephanie Clarke (Switzerland)– Past President
- Volker Homberg (Germany) - Secretary General
- Mike Barnes (UK) - Treasurer
- Tracey Mole - Executive Director (ex-officio)



Regional Vice Presidents



- East, West & Central Africa - Dr Mayowa Owolabi
- North America - David Good
- South America - Lucia Braga
- Central America and Caribbean - Jorge Hernandez Franco
- Mediterranean – Paolo Tonin
- Gulf – Sabahat Asim Wasti
- Central Asia – Karl Heinz Mauritz
- South Asia - Nirmal Surya
- South East Asia - Witsanu Kumthornthip
- Australia, New Zealand and Oceania - John Olver

World Congress NeuroRehabilitation



- 1st WCNR: Newcastle upon Tyre, 1998
- 2nd WCNR: Toronto, 2001
- 3rd WCNR: Venice, 2003
- 4th WCNR: Hong Kong, 2006
- 5th WCNR: Brasilia, 2008
- 6th WCNR: Vienna, 2010
- 7th WCNR: Melbourne, 2012
- 8th WCNR: Istanbul, 2014
- 9th WCNR: Philadelphia, 2016
- 10th WCNR: Mumbai, 2018

Attendees: local + about 1,000 overseas

WCNR 2016, Philadelphia



Special Interest Groups



Autonomic Neurorehabilitation
Cervical Spondylotic Myelopathy
Clinical Applications of Advanced Technologies
Clinical Pathways
Cognitive Neurorehabilitation
Communication Disorders
Community Based Neurorehabilitation
Contenance and Bowel Management in Neurorehabilitation
Developing World Forum
Dysphagia
Early Rehabilitation Ethics in Neurorehabilitation
HBOT and Neurorehabilitation –
MAC: Measurement, Assessment and Classification
Mild and Severe Brain Injury
Neurological Rehabilitation Clinical Trials
Neurological Conditions and Driving
Neurologic Music Therapy

Neuropathic Pain
Neuropharmacology
Neuropsychological Rehabilitation
Neurorehabilitation Service
Neurosurgical, Reconstructive and Restorative Rehabilitation
Organisation for Psychological Research into Stroke (OPSYRIS)
Paediatric Neurorehabilitation
Plexopathies
Posture, Mobility and Falls
Rehabilitation for Movement
Robotics
Spasticity
Spina Bifida and Hydrocephalus
Spinal Cord Injury
Stroke Rehabilitation
Telerehabilitation
Young WFNR

35 SIGs, problem orientated, covering various aspects of neurorehabilitation

WFNR expectations and contributions to the Cochrane Rehabilitation Field (CRF)



Our strengths are:

- well structured global organisation
- multidisciplinary experts in the field of NR
- Special Interest Groups (SIGs) as organisational structure for experts and expertise covering various topics in NR

Expectations:

- WFNR and its member societies to be involved in NR topics

Contributions:

- offer to organise and structure NR topics for the CRF
- provide reviewers from our SIGs
- provide a forum for distribution (e.g. newsletter, Cochrane session at WCNR ...)

Further activities:

- Evidence-based practice guidelines (based on systematic review of SRs, RCTs ..)



SIMFER

**SOCIETÀ ITALIANA DI MEDICINA
FISICA E RIABILITATIVA**

**The Italian Society of Physical and
Rehabilitative Medicine**

-
- SIMFER is the Italian national medical specialty society for physicians who specialized in PM&R, or are trainees in PM&R, or practice PM&R
 - Founded in 1958
 - 2000 members
 - 17 Regional Groups
 - 27 SCI groups
 - Member of ISPRM and ESPRM
 - www.simfer.it



SIMFER

SOCIETÀ ITALIANA DI MEDICINA
FISICA E RIABILITATIVA

The Italian Society of Physical and
Rehabilitative Medicine

SIMFER expectations from this initiative:

- ❑ To increase the knowledge and competencies of the members through the access to updated clinical information based on an evidence-based approach.
- ❑ To get a relevant amount of clinical information in PM&R from a unique source, rather than from multiple specific topic areas
- ❑ To enhance the visibility and public awareness and recognition of the scientific and clinical value of PM&R in the area of prevention, diagnosis and treatment of medical conditions which compromise function.



SIMFER

SOCIETÀ ITALIANA DI MEDICINA
FISICA E RIABILITATIVA
The Italian Society of Physical and
Rehabilitative Medicine

SIMFER contribution:

- ❑ Cooperation in data collection, analysis and synthesis through the SIMFER Special Interest Group on Evidence Based Practice, and other SIGs or societal bodies;
- ❑ Dissemination of results through journals (EJPMR; MR) and other media or initiatives (Guidelines, Congresses, Courses, Workshops...) in the professional milieu;
- ❑ Communication, Information and Education on evidence based practices in PM&R to non-professional stakeholders;
- ❑ Implementation of evidence based practices.

Cochrane PRM Exploratory Meeting - September 19th

Who is our Society?



Società Italiana
di Fisioterapia

www.sif-fisioterapia.it

ARCHIVES OF
PHYSIOTHERAPY



What does our Society expect from this Cochrane Field?

Clinical Rehabilitation 2010; 24: 745–755

Interprofessional teamwork in medical rehabilitation: a comparison of multidisciplinary and interdisciplinary team approach

Mirjam Körner Department of Medical Psychology and Sociology, Medical Faculty, University of Freiburg, Freiburg, Germany

Comprehensive rehabilitation of patients requires multiple health care professionals (e.g. physician, psychologist, occupational therapist, physiotherapist, nurse, social worker, etc.), who build a team to bring the different professions, assessments and

evaluations together to obtain a holistic view of the patients' problems. Teamwork is therefore one of the most fundamental factors in rehabilitation and an essential part of high-quality patient care.¹⁻⁴ The literature differentiates between

Select		Full Journal Title	Total Cites	Journal Impact Factor	Eigenfactor Score
<input type="checkbox"/>	1	NEUROREHABILITATION AND NEURAL REPAIR	4,086	4.035	0.01060
<input type="checkbox"/>	2	Journal of Physiotherapy	484	4.000	0.00207
<input type="checkbox"/>	3	JOURNAL OF HEAD TRAUMA REHABILITATION	3,274	3.323	0.00488
<input type="checkbox"/>	4	ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION	20,209	3.045	0.02492
<input type="checkbox"/>	5	PHYSICAL THERAPY	9,933	2.799	0.01146
<input type="checkbox"/>	6	IEEE TRANSACTIONS ON NEURAL SYSTEMS AND REHABILITATION ENGINEERING	3,077	2.583	0.00763
<input type="checkbox"/>	7	JOURNAL OF ORTHOPAEDIC & SPORTS PHYSICAL THERAPY	5,130	2.551	0.00728

What does our Society expect from this Cochrane Field?

Marco Baccini, Editor-in-Chief

ARCHIVES OF
PHYSIOTHERAPY

<http://archivesphysiotherapy.biomedcentral.com/>

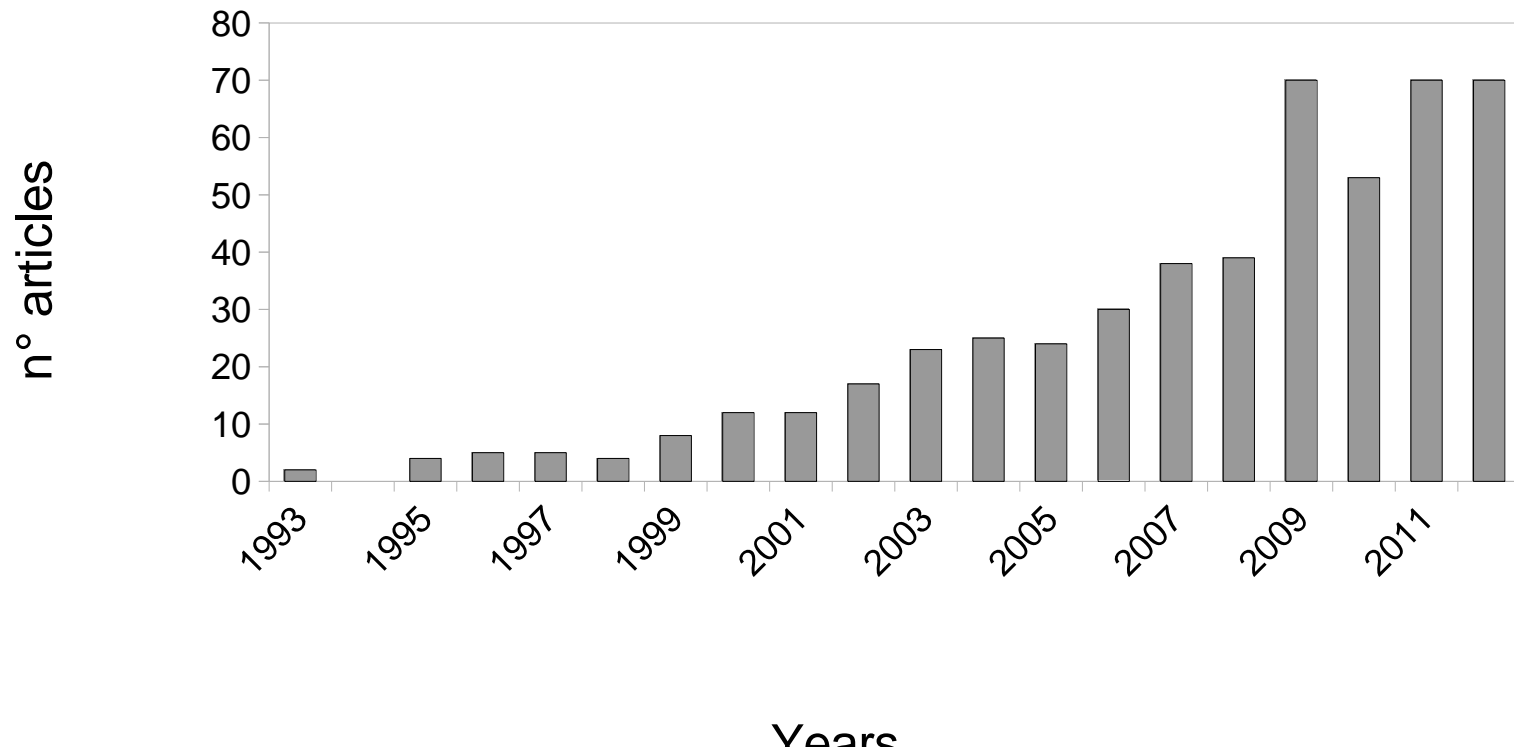
"A frequently quoted statement by Dr. Sydney Burwel in 1956 says "My students are dismayed when I say to them: Half of what you are taught as medical students will in 10 years have been shown to be wrong. And the trouble is, none of your teachers knows which half." I think this statement is still largely true nowadays for rehabilitation and physiotherapy and this highlights the imperative need of research in this field".

How can our Society contribute to this Cochrane Field?

Scientific publication productivity of Italian physiotherapists

M. PACI ¹, G. PLEBANI ²

(It J Physiotherapy 2013;3:170-3)



Source: Scopus

How can our Society contribute to this Cochrane Field?

Constraint-induced movement therapy for upper extremities in people with stroke

Davide Corbetta¹, Valeria Sirtori¹, Greta Castellini², Lorenzo Moja^{3,4}, Roberto Gatti⁵

¹Unit of Functional Recovery, San Raffaele Hospital, Milan, Italy. ²University of Milan, IRCCS Galeazzi Orthopaedic Institute, Milan, Italy. ³Department of Biomedical Sciences for Health, University of Milan, Milan, Italy. ⁴Clinical Epidemiology Unit, IRCCS Galeazzi Orthopaedic Institute, Milan, Italy. ⁵School of Physiotherapy, University Vita-Salute San Raffaele, Milan, Italy

Cochrane Database of Systematic Reviews 2015, Issue 10.



Cochrane
Library

Cochrane Database of Systematic Reviews

Thank you for your attention





**ITALIAN
SOCIETY
OF NEURO REHABILITATION**

Who is your Society?

SIRN was officially constituted in 2000 from the highest representatives of three scientific societies (SIN, SINC, SIMFER).

The aim is to compare and enrich the field of Neurological Rehabilitation proceeding toward the best organizational conditions

•and in line with the international scientific scenario

INTERNATIONAL PARTNERS WFNR-EFNR





**ITALIAN
SOCIETY
OF NEURO REHABILITATION**

ORGANIZATION AND BOARD OF DIRECTORS OF THE S.I.R.N.

President

Caterina Pistarini

Secretary

Carmelo Lentino

Auditors

...

Incoming President

Carlo Cisari

Treasurer

Stefano Paolucci

Arbiters

...

Vice President

Piero Fiore

Councillors

with representatives
of different
professionals



**ITALIAN
SOCIETY
OF NEURO REHABILITATION**

ORGANIZATION AND SECTIONS OF THE S.I.R.N.

To enable a wide dissemination of the neurorehabilitation culture the S.I.R.N. has set up 3 different types of Sections:

- 1. Regional Sections**, each with its own board
- 2. Special Sections** - for the study of specific topics in the field of NR
- 3. Study Groups** - having a limited duration, linked to specific projects

The **S.I.R.N. School of Continuing Education in Neurological Rehabilitation** aims at fostering the growth of a culture of interprofessional rehab through the training of experts with theoretical competence, scientific expertise and technical and practical skills

TOOLS: EDUCATIONAL COURSES and TRAINING WORKSHOPS



**ITALIAN
SOCIETY
OF NEURO REHABILITATION**

SIRN organizes a National **Scientific Congress** every year;

SIRN collaborates (in the research and verification of clinical activity) with several Associations of people with disabilities in order to collect data on the needs and satisfaction by the users.



**ITALIAN
SOCIETY
OF NEURO REHABILITATION**

What does your Society expect from a Cochrane PRM field

WHY Cochrane «PRM Rehabilitation GROUP»?

To increase and develop the knowledge in NRB field

To increase the dissemination of the efficacy of the treatments , emerging from Cochrane results, in clinical practice



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OF NEURO REHABILITATION**

How can your Society contribute to a Cochrane PRM field

- A suitable analysis of research in this specific rehabilitation field including the crucial multiprofessional aspects of neurorehabilitation
- Current analysis of how conjugate the research activity and clinical practice by applying the Cochrane methodology



**ITALIAN
SOCIETY
OF NEURO REHABILITATION**

To get more info:
[www. sirn.net](http://www.sirn.net)

Thank You for attention



Cochrane PRM: the actual needs, what is expected from Cochrane PRM?”

Cochrane PRM Exploratory Meeting

Luisa Bosisio Fazzi

Rovato September 19, 2016

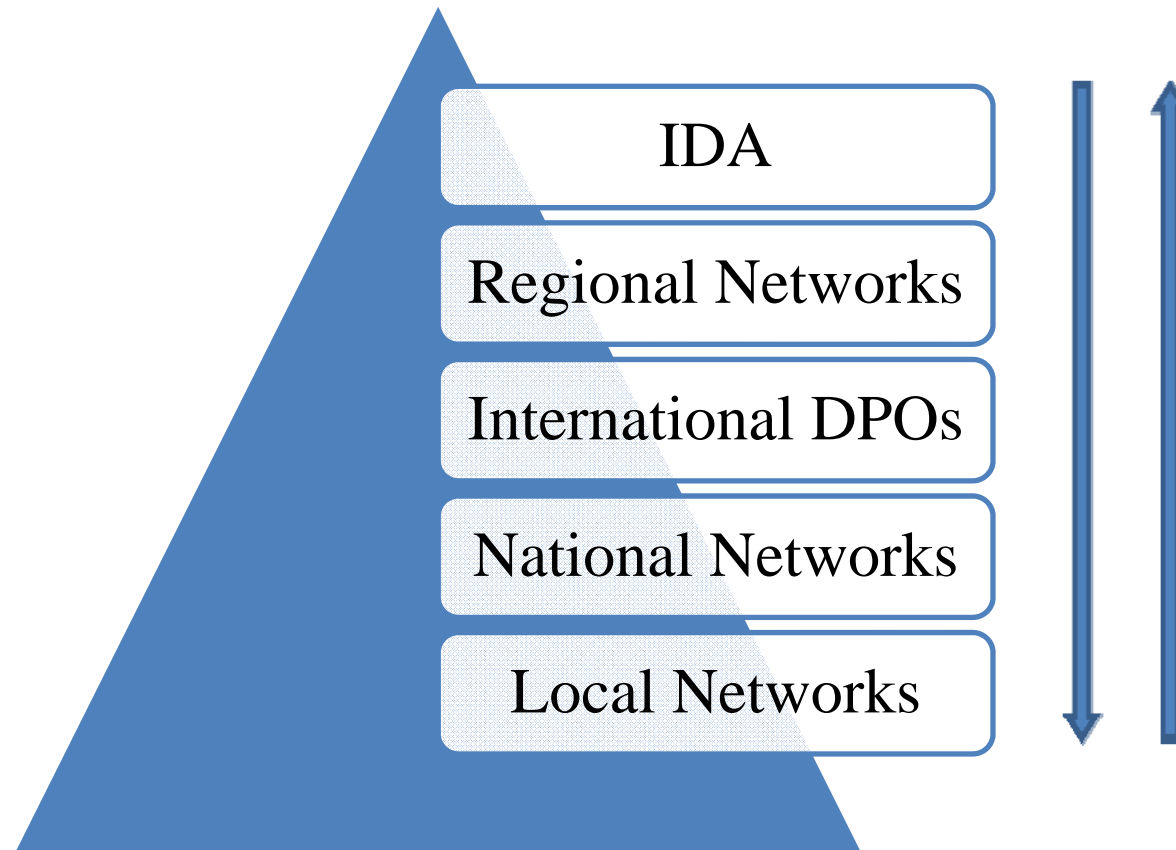


Lega per i diritti delle persone con disabilità
Associazione di Promozione Sociale
Referente fish Regione Lombardia



federazione italiana superamento handicap

DPOs Networks Pyramid



Precondition for equal and full participation for PwD

- Awareness raising
- **Health and Medical care**
- **Rehabilitation and Habilitation**
- Support services



Lega per i diritti delle persone con disabilità
Associazione di Promozione Sociale
Referente fish Regione Lombardia



federazione italiana superamento handicap

What does your Society expect from a Cochrane PRM Field?

Explore if there is an urgent need for high-quality health services research to identify optimal health services for persons with physical, intellectual and psycho-social disabilities.

How?

- **Providing** systematic reviews concerning the living conditions of persons with disabilities with the reference on access to health and medical care, rehabilitation and (re)habilitation services without any discrimination
- **Conducting** reviews of the literature to assess the effects of different ways to organize services, including on available services and programs, their quality as well as on the different groups of persons with disabilities
- **Conducting** review on the terminology and criteria for the conduct of reviews and surveys regarding persons with disabilities?



How can your Society contribute to a Cochrane PRM Field?

Starting from the principle “Nothing about us, without us” DPOs could play a fundamental role on:

- Collaborate with our expertise and knowledge on disability condition to identify “Needs and Priorities” when planning a review;
- Participate in the reviews concerning the lives of persons with disabilities;
- Contribute to public awareness and promote dissemination of the results of reviews.



Global nature of DPOs

Nothing about us without us



www.ledha.it www.personecondisabilita.it



Lega per i diritti delle persone con disabilità
Associazione di Promozione Sociale
Referente fish Regione Lombardia



federazione italiana superamento handicap



Cochrane
Musculoskeletal

Trusted evidence.
Informed decisions.
Better health.

Associate Professor Carsten Juhl, PT MPH Ph.D.
Research Unit for Musculoskeletal Function and
Physiotherapy (FoF)
University of Southern Denmark



Cochrane Musculoskeletal

Trusted evidence.
Informed decisions.
Better health.

- Musculoskeletal Disease: Osteoarthritis, rheumatoid arthritis, soft tissue conditions (e.g fibromyalgia) spondylo-arthropathy
- Large number of systematic review on Physical medicine and rehabilitation interventions for musculoskeletal diseases

Peter Tugwell
Ottawa; Canada

Philippe Ravaud
Paris; France

Jasvinder Singh,
Birmingham; USA

Rachelle Buchbinder
Melbourne, Australia,

Hans Lund
Odense; Denmark



Cochrane
Musculoskeletal

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Informed decisions.
Better health.

Sep 2016:

- Total number of documents published: **302**
(194 reviews, 103 protocols, 5 network meta-analyses)
- Publications in 2015: **24**
(8 protocols, 10 reviews, 6 updates)
- Last 12 months: **21**
(10 protocols, 10 reviews, 2 updates)
- Total of contributors
2,054 active members; **1,406** authors
- Cochrane Library impact factor: **6.035**

The top ten most cited reviews from the Musculoskeletal Group are:

Methotrexate for ankylosing spondylitis	2013	Chen J, Veras MMS, Liu C, Lin J
Non-pharmacological interventions for fatigue in rheumatoid arthritis	2013	Cramp F, Hewlett S, Almeida C, Kirwan JR, Choy EHS, Chalder T, Pollock J, Christensen R
Folic acid and folinic acid for reducing side effects in patients receiving methotrexate for rheumatoid arthritis	2013	Shea B, Swinden MV, Tanjong Ghogomu E, Ortiz Z, Katchamart W, Rader T, Bombardier C, Wells GA, Tugwell P
Resistance exercise training for fibromyalgia	2013	Busch AJ, Webber SC, Richards RS, Bidonde J, Schachter CL, Schafer LA, Danyliw A, Sawant A, Dal Bello-Haas V, Rader T, Overend TJ
Topical herbal therapies for treating osteoarthritis	2013	Cameron M, Chrubasik S
Retention versus sacrifice of the posterior cruciate ligament in total knee arthroplasty for treating osteoarthritis	2013	Verra WC, van den Boom LGH, Jacobs W, Clement DJ, Wymenga AAB, Nelissen RGHH
Diacerein for osteoarthritis	2014	Fidelix TS.A., Macedo CR, Maxwell LJ, Fernandes Moça Trevisani V
Exercise for osteoarthritis of the hip	2014	Fransen M, McConnell S, Hernandez-Molina G, Reichenbach S
Preoperative education for hip or knee replacement	2014	McDonald S, Page MJ, Beringer K, Wasiak J, Sprowson A
Continuous passive motion following total knee arthroplasty in people with arthritis	2014	Harvey LA, Brosseau L, Herbert RD

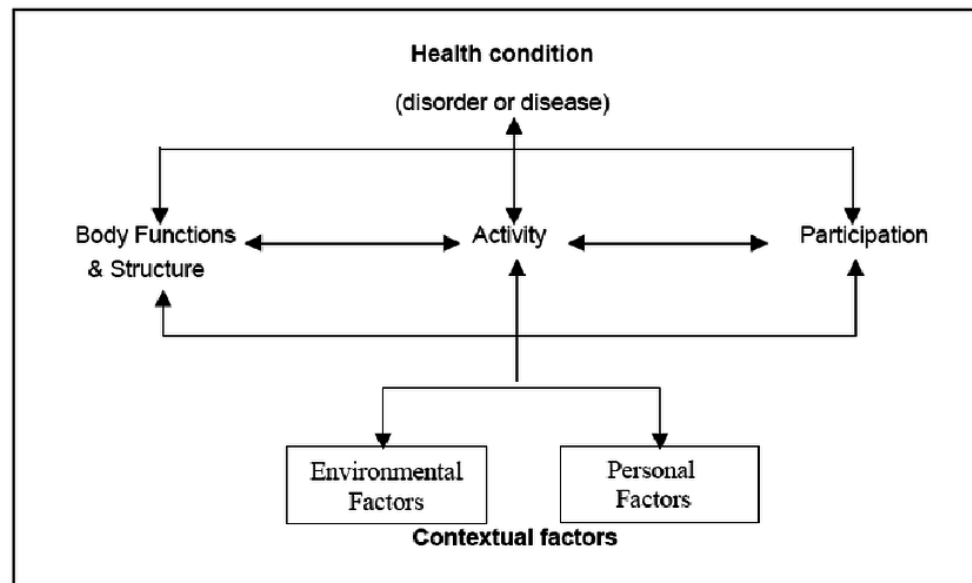
2015 data

The top ten **most accessed** reviews from the Musculoskeletal Group are:

Review Title	Full text download	Abstract views
Exercise for osteoarthritis of the knee	4,471	11,826
Manual therapy and exercise for adhesive capsulitis (frozen shoulder)	4,020	9,811
Exercise for preventing and treating osteoporosis in postmenopausal women	3,181	6,395
Chondroitin for osteoarthritis	2,921	6,394
Deep transverse friction massage for treating lateral elbow or lateral knee tendinitis	2,090	6,067
Physiotherapy interventions for shoulder pain	2,515	5,553
Glucosamine therapy for treating osteoarthritis	1,687	5,292
Electrotherapy modalities for adhesive capsulitis (frozen shoulder)	1,830	5,019
Adverse effects of biologics: a network meta-analysis and Cochrane overview	2,300	4,596
Preoperative education for hip or knee replacement	2,351	4,495

2015 data

International Classification of Functioning, Disability, and Health (ICF)



Challenge:

How to handle complex intervention for heterogeneous populations in systematic review and meta-analysis ???

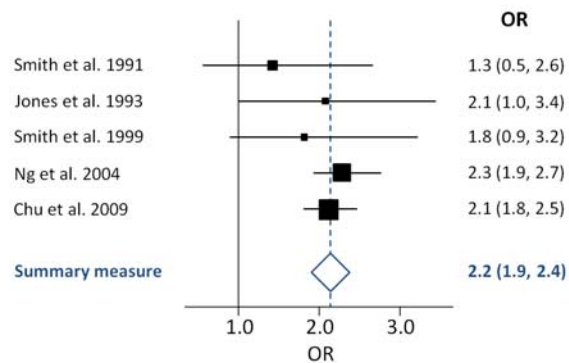
What is expected from Cochrane PRM

- Address methodological challenges with systematic reviews in this field
 - – challenges in combining complex intervention
 - – challenges in combining heterogeneous population
 - – challenges in methodology in included studies
 - – no clear defined convention therapy (control group)
 - – inspiration and perspectives on method
 - – identify all relevant studies
- Increase dissemination and outreach of current PRM relevant reviews.
- Promote further PRM review production in combination with active Cochrane review groups in the field



Cochrane Musculoskeletal

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Cochrane Stroke Group

Alex Pollock, Senior Research Fellow, Glasgow, UK



Improving health through research  CHIEF SCIENTIST OFFICE



Editorial Base (UK)

Co-ordinating Editor: Peter Langhorne	Co-ordinating Editor: Gillian Mead
Managing Editor: Hazel Fraser	Trials Search Co-ordinator: Joshua Cheyne
Software Developer: Alison McInnes	Statistical Editor: Steff Lewis
Statistician: Valentina Assi	

Associate Editors

- Daniel Berezcki, Hungary
- Eivind Berge, Norway
- Marian Brady, UK
- Miriam Brazzelli, UK
- Maree Hackett, Australia
- Jan Mehrholz, Germany
- Paul J Nederkoorn, Netherlands
- Alex Pollock, UK
- Stefano Ricci, Italy

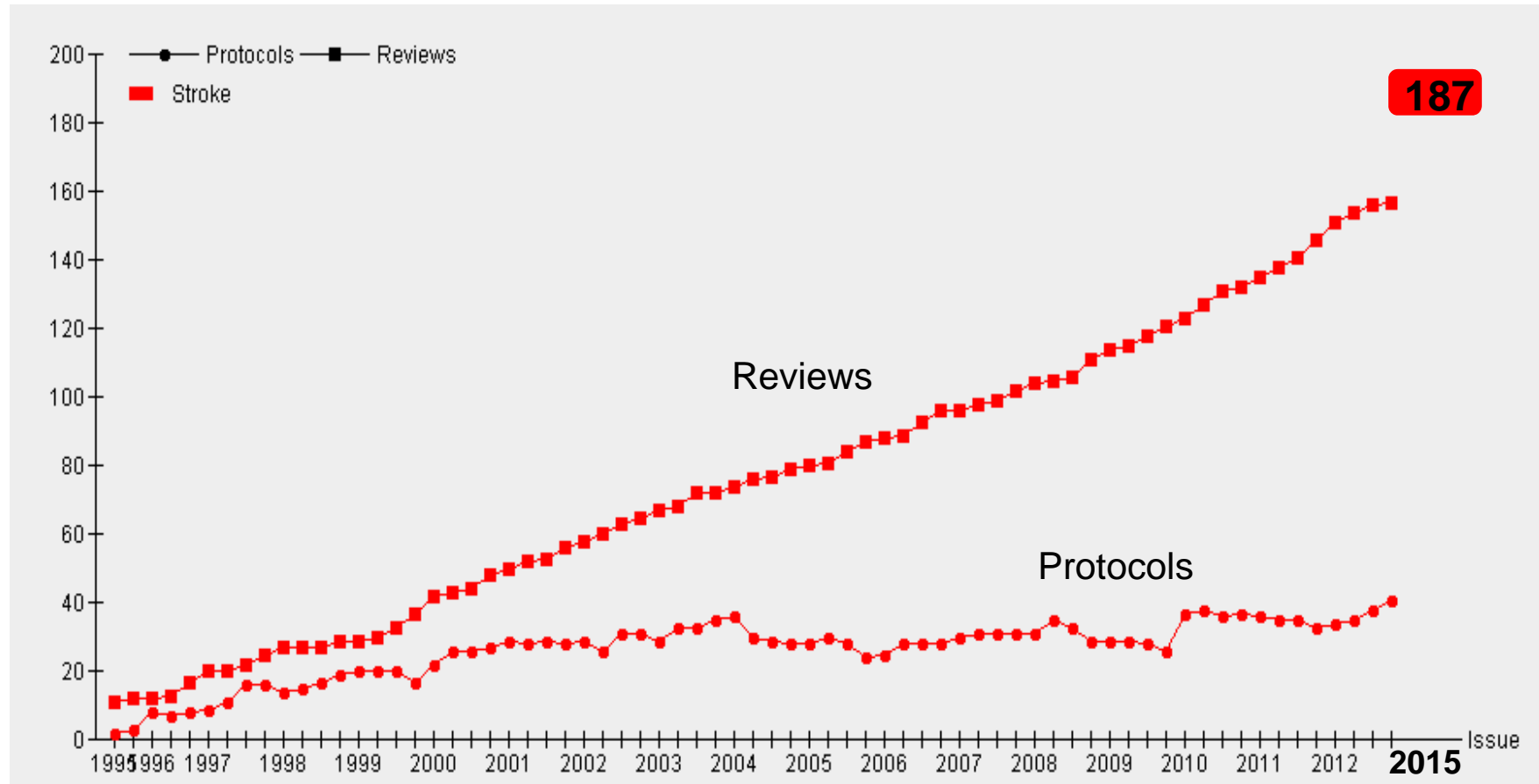
Editors

- Ale Algra, Netherlands
- Rustam Al-Shahi Salman, UK
- Craig Anderson, New Zealand
- Graeme Hankey, Australia
- Tammy Hoffman, Australia
- Ming Liu, China
- Kameshwar Prasad, India
- Peter Sandercock, UK
- Frederike van Wijck, UK
- Bo Wu, China

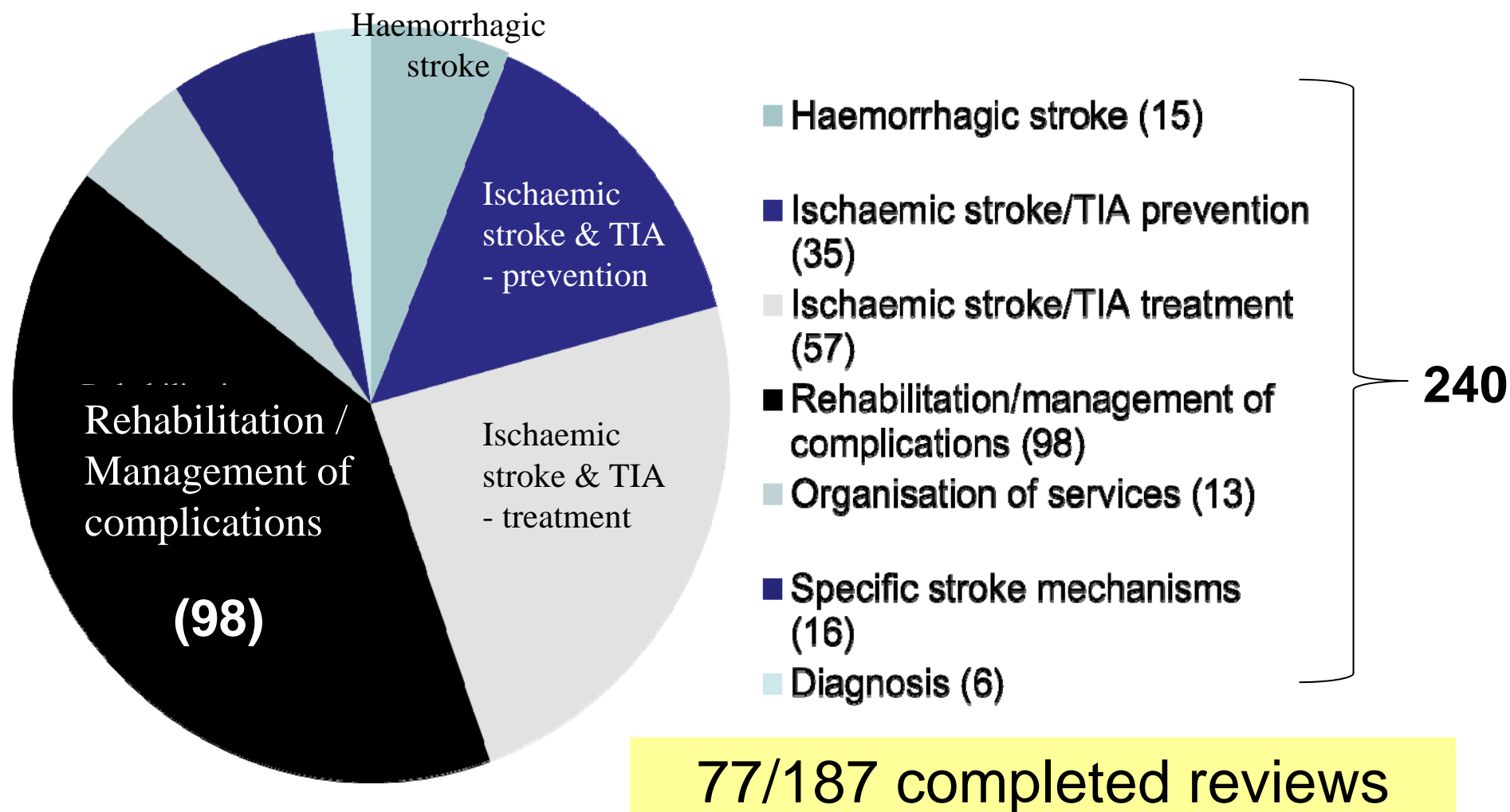
- 600 authors from > 30 countries
- Systematic reviews on the prevention, treatment & rehabilitation of stroke



Growth of Cochrane reviews and protocols from 1995 (first publication of the Cochrane Database of Systematic Reviews)



Reviews & protocols (2015)



Most accessed reviews (2015)



Review Title	Full Text Downloads	Abstract Views
Interventions for improving upper limb function after stroke*	5,254	11,754
Physical rehabilitation approaches for the recovery of function and mobility following stroke	4,706	8,660
Speech and language therapy for aphasia following stroke	4,225	7,190
Organised inpatient (stroke unit) care for stroke	4,177	4,616
Thrombolysis for acute ischaemic stroke	3,780	8,025
Treadmill training and body weight support for walking after stroke	3,013	4,080
Interventions for dysphagia and nutritional support in acute and subacute stroke	2,790	5,870
Physical fitness training for stroke patients	2,598	3,988
Occupational therapy for patients with problems in activities of daily living after stroke	2,304	3,354
Cognitive rehabilitation for spatial neglect following stroke	2,063	2,728

Cochrane Stroke & PRM field?



Increased opportunities for learning and sharing:

- Collaborating on relevant PRM reviews
- Relevant training for CSG authors
- Co-authoring publications to increase access
- Overviews / summaries of related reviews

Collaboration on methodological developments:

- Complex interventions
- Describing participants/populations
- Outcome measures: core outcome sets
- Overviews of reviews

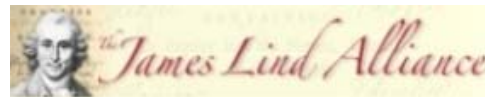
Cochrane Stroke Group
database



www.askDORIS.org

Free easy access to Cochrane Stroke Group reviews and specialised trial register:

- Regularly updated
- 24,767 references to 9620 trials and 1352 reviews (09/09/16)
- Links to national stroke guidelines



What is expected from the Cochrane PRM Field

Antti Malmivaara, MD, PhD, Chief Physician

National Institute for Health and Welfare / Centre for Health and Social
Economics

Cochrane Back and Neck, Editor, Member of the editorial Board

THE LANCET

Volume 376 · Number 9734 · Pages 1-68 · July 3-9, 2010

www.thelancet.com

Systematic Analysis of the Global Burden of Diseases in 2013

Rank	Disorder
1	Low back pain
2	Major depressive disorder
3	Iron-deficiency anaemia
4	Neck pain
5	Age-related and other hearing loss
6	Migraine
7	Diabetes mellitus
8	Chronic obstructive pulmonary disease
9	Anxiety disorders
10	Other musculoskeletal disorders



Cochrane Back and Neck (CBN) – The group

Cochrane Back and Neck's Editorial Team comprises two Co-ordinating Editors, nine Editors, an Associate Editorial Board, a Managing Editor, and a Trials Search Co-ordinator. The Editorial Team is responsible for the production, publication, and dissemination of high quality reviews.

The Editorial Board, comprised of the Co-ordinating Editors and the Editors, sets policy for CBN, taking into account Cochrane policies and the strengths and needs of the group.

Cochrane Back and Neck (CBN) - Scope

Cochrane Back and Neck covers the areas of diagnosis, primary and secondary prevention and treatment of neck and back pain and other spinal disorders, excluding inflammatory diseases and fractures.

This may intersect with the scope of a number of other Cochrane review groups or fields like Cochrane Occupational Safety and Health Field. CBN will consult with another review group or a field if the topic may overlap or be more appropriately covered within their scope.

The expectations from the Cochrane PRM

The goals documented in the Action Business Plan are all relevant to the Cochrane Back and Neck. Particularly the following :

- To connect PRM stakeholders and individuals in production and dissemination of evidence based clinical practice in PRM, creating a global network
- To develop a register of Cochrane and non-Cochrane systematic reviews relevant to PRM
- To undertake knowledge translation (KT) for Cochrane on reviews relevant to PRM
- To provide education and training on systematic review (SR) methods to PRM stakeholders
- To strengthen methodology to inform both PRM and other Cochrane work related to PRM

THANK YOU!



Goals of CPRM

Recap: What Cochrane think fields should do



Mandatory requirements:

- Building relationships between Cochrane and external stakeholders
- Identifying and tagging reviews, protocols, titles
- PLUS at least one of the following:
 - Reformating/disseminating summaries of reviews
 - Advising/assisting with publishing articles on review in relevant journals
 - Identifying/prioritising/promoting review topics to Cochrane

From “Implementing *Strategy to 2020: Cochrane Fields*” (2015)

Recap: What Cochrane think fields should do



Additional activities

- At least one of the following:
 - Promote production of relevant reviews *in conjunction with Cochrane Review Groups*
 - Providing training to those within the Field's areas in Cochrane review methods and content *in conjunction with Cochrane Centres*
 - Develop methods for review and dissemination *in conjunction with Cochrane Methods Groups*

From “Implementing *Strategy to 2020: Cochrane Fields*” (2015)

CPRM Goals - Overview



1. Connect PRM stakeholders globally
2. Translate PRM knowledge
3. Register PRM reviews
4. Educate PRM stakeholders
5. Develop PRM review methods
6. Promote Cochrane to PRM & PRM to Cochrane

Connect



To connect PRM stakeholders and individuals involved in production, dissemination, and implementation of EBPRM, creating a global network

- Led by CPRM Coordinator within the Exec
- Networking activities for the Committees
- Webpage, social media & newsletters
- Connection/representation within Cochrane
- Connecting with professional societies globally

Knowledge translation



To undertake KT for Cochrane on reviews relevant to PRM, with dissemination to PRM stakeholders, in line with Cochrane's KT strategy

- Led by CPRM Director
- Links through Coordinator and Advisory Board
- Communication & Publication committees
- Development/implementation of strategies for KT
- Close partnership with Cochrane KT Strategy

Review register



To develop a register of Cochrane and non-Cochrane systematic reviews relevant to PRM

- Led by PRM Review Committee

Educate



To promote EBCP and provide education and training on it and on SR methods to PRM stakeholders

- Led by Education Committee
- Publications
- Workshops
- Summer Schools
- eLearning
- Attention to LMIC needs

Develop review methods



To review and strengthen methodology relevant to EBCP to inform both PRM and other Cochrane work related to PRM and stimulating methodological developments in other Cochrane groups

- Led by Methodology Committee
- Bi-directional development of methods
- Development of resources and guidelines
- Close links with Cochrane Review Groups

Promote



To promote and advocate for EBPRM to other Cochrane groups and wider PRM stakeholders

- A product of all other activities
- Representation of PRM within Cochrane
- Representation of Cochrane to PRM world
- Encouraging cascade dissemination

CPRM Goals - Overview



1. Connect PRM stakeholders globally
2. Translate PRM knowledge
3. Register PRM reviews
4. Educate PRM stakeholders
5. Develop PRM review methods
6. Promote Cochrane to PRM & PRM to Cochrane



Cochrane  **Fondazione
Don Carlo Gnocchi
Onlus**



 **ESPRM**
European Society of
Physical & Rehabilitation Medicine



Cochrane PRM Exploratory Meeting

Name of the Field:

PRM vs Rehabilitation Medicine



ISPRM

International Society of Physical
and Rehabilitation Medicine



Francesca Gimigliano

Secretary of ISPRM

Associate Professor of PRM

Department of Mental and Physical Health and Preventive Medicine

Second University of Naples

Cochrane ... Field

Physical and
Rehabilitation Medicine

Rehabilitation (Medicine)

Cochrane Physical and Rehabilitation Medicine Field – Cochrane PRM Field

PROS

- It is consistent with the international adopted name of our specialty (ISPRM, ESPRM, UEMS-PRM, AOSPRM, ...)
- Enhances the visibility, credibility, and image of our specialty

CONS

- The word “medicine” can be considered as not totally inclusive

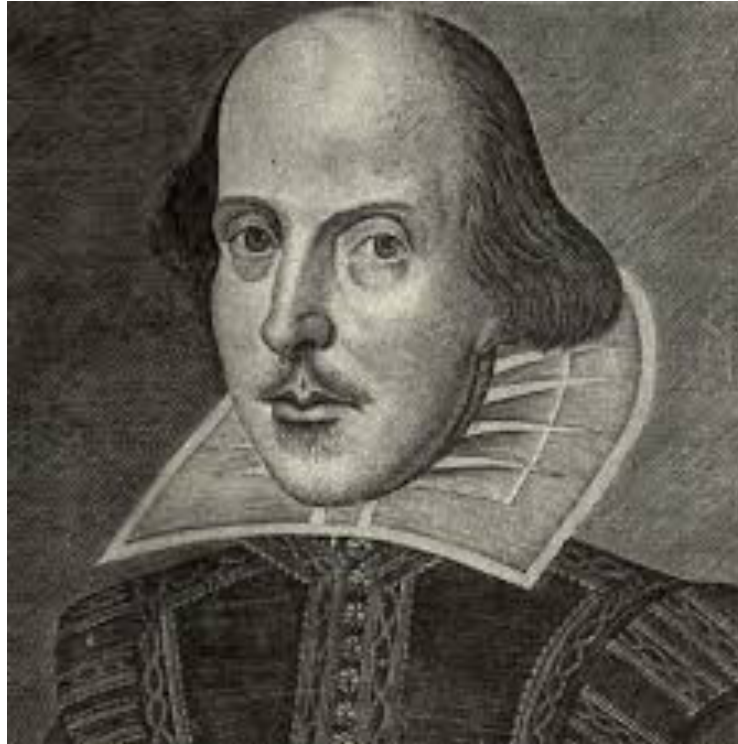
Cochrane Rehabilitation (Medicine) Field

PROS

- More inclusive of all the multidisciplinary team

CONS

- It can be not always related to our specialty
- The word “medicine” can be still considered as not totally inclusive



*“What’s in a name? that which we call a rose
By any other name would smell as sweet; ...”*

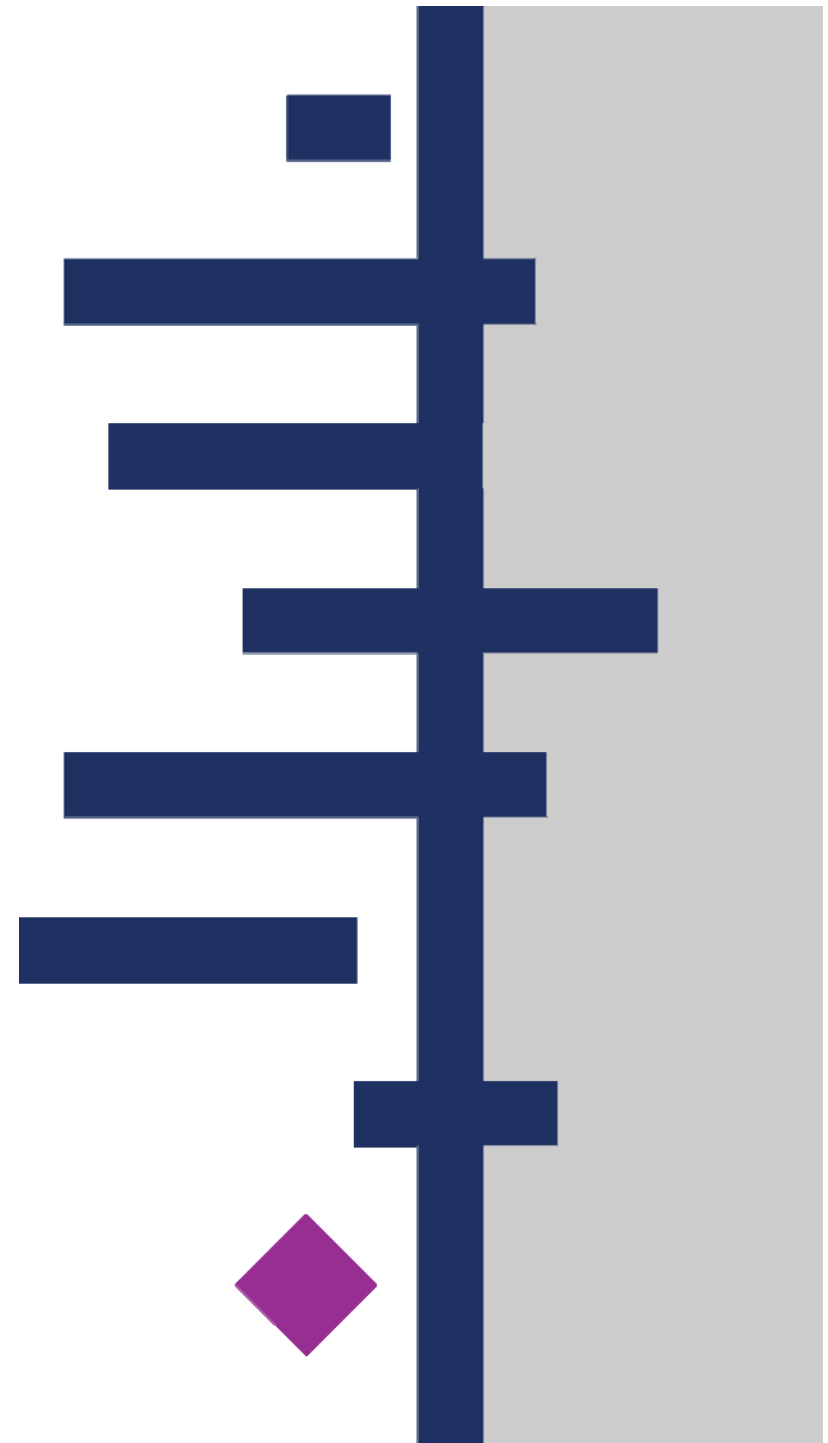


Knowledge Translation (KT) in Cochrane

A presentation to:
The Exploratory meeting of the Physical
and Rehabilitation Medicine Field
September 2016

Mark Wilson, Cochrane CEO

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What is KT in Cochrane

- Knowledge translation encompasses a broad range of activities that we undertake to make our reviews more accessible to our users or to make users more aware of our work.
- This is bi-directional, and often referred to as Knowledge Exchange, as we can learn a lot from our stakeholders.
- We broadly work with the scope of the following definition of knowledge translation:
 - *"Ensuring stakeholders are aware of and use research evidence to inform their health and healthcare decision-making. Ensuring research is informed by current available evidence and the experiences and information needs of stakeholders"*

Grimshaw et al.: Knowledge translation of research findings.
Implementation Science 2012 7:50.





Why is KT important to Cochrane

- KT is core to our vision and mission.
 - **Our 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.
 - **Our mission** is to promote evidence-informed health decision-making by producing high-quality, relevant, **accessible** systematic reviews and other synthesized research evidence.





Strategy to 2020 and KT

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

GOAL 3: ADVOCATING FOR EVIDENCE

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.



Cochrane's KT strategy

- *Strategy to 2020* set a strategic imperative that we must have a greater focus on Knowledge Translation, but this was a high level strategic commitment.
- Cochrane's Knowledge Translation Strategy is an in depth assessment of what Cochrane could or should be doing in the area of KT, that will provide a clear strategy and operational plan for the Groups undertaking KT.





Consumers / citizens



Practitioners



Policy Makers



Researchers / Research Funders



Researchers / Research Funders



Policy Makers



Practitioners



Consumers / citizens



This graphic is work in progress as the strategy develops

Group specific KT priorities

- As the strategy develops we will be providing further detail around the individual activities that Groups might undertake in each different theme area.
- Ultimately, the strategy will provide a menu of KT options for Cochrane Groups which they can prioritise according to their own factors.
- There will also be organisational priorities stated in the strategy.



Looking to the future

- Opportunities to contribute to the KT strategy in development:
 - Discussion at the KT Symposium in Seoul
 - Documentation will be circulated for comment as well for those not in Seoul.



23rd - 27th October 2016
Grand Hilton Seoul, Korea
Challenges to evidence-based health care and Cochrane



- Undertaking KT activities through PRM Field work





UZ
LEUVEN



Organigram and funding of Cochrane PRM

Charlotte Kiekens

Physical and Rehabilitation Medicine

University Hospitals Leuven



@CarlotteK

UZ
Leuven

Herestraat 49
B - 3000 Leuven

www.uzleuven.be
tel. +32 16 33 22 11

UNIVERSITY HOSPITALS LEUVEN

Cochrane PRM Field

- **Global network of collaborating individuals and units**
 - Strength and challenge
 - Brescia as headquarter, not single location
- Six common goals related to CPRM



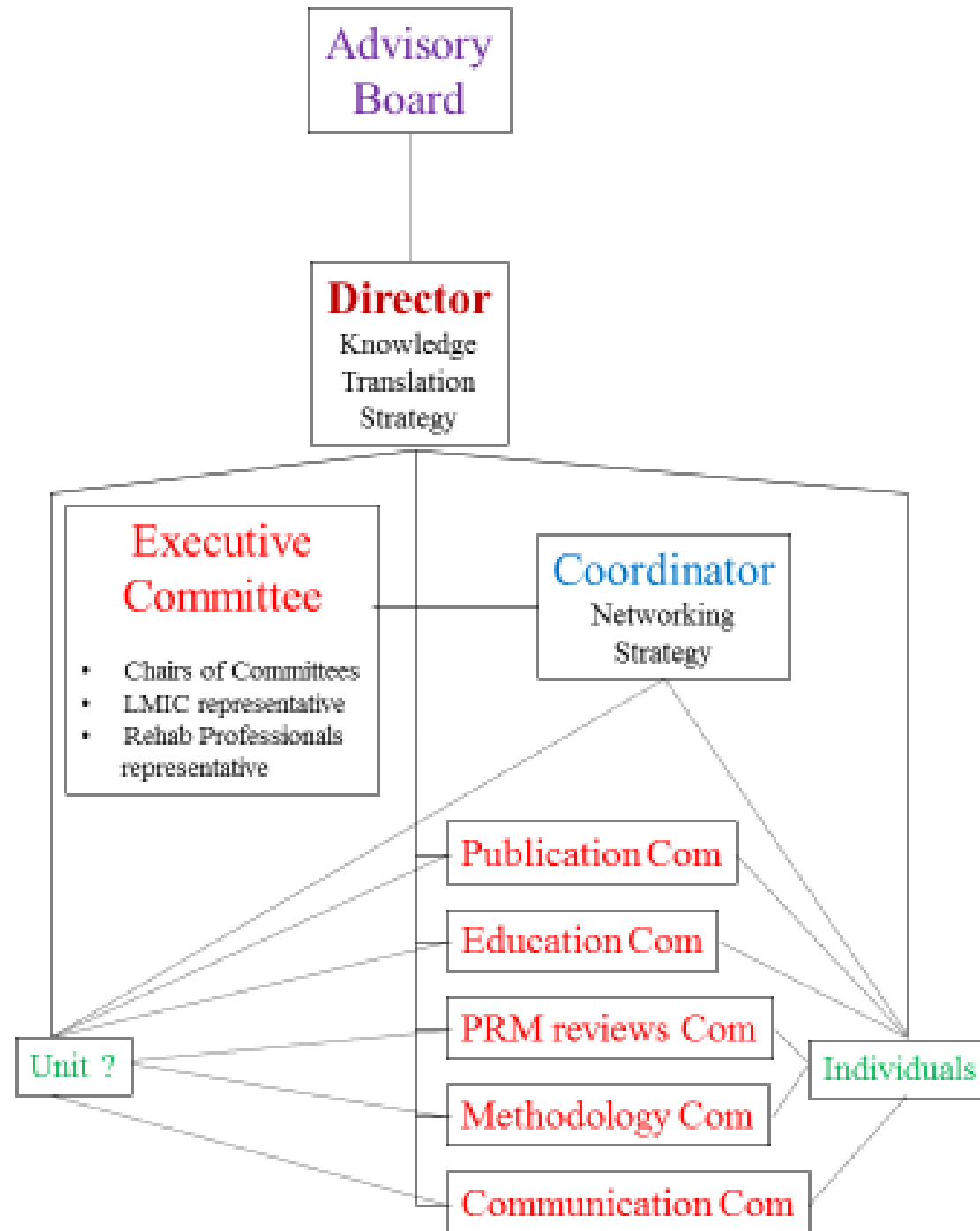
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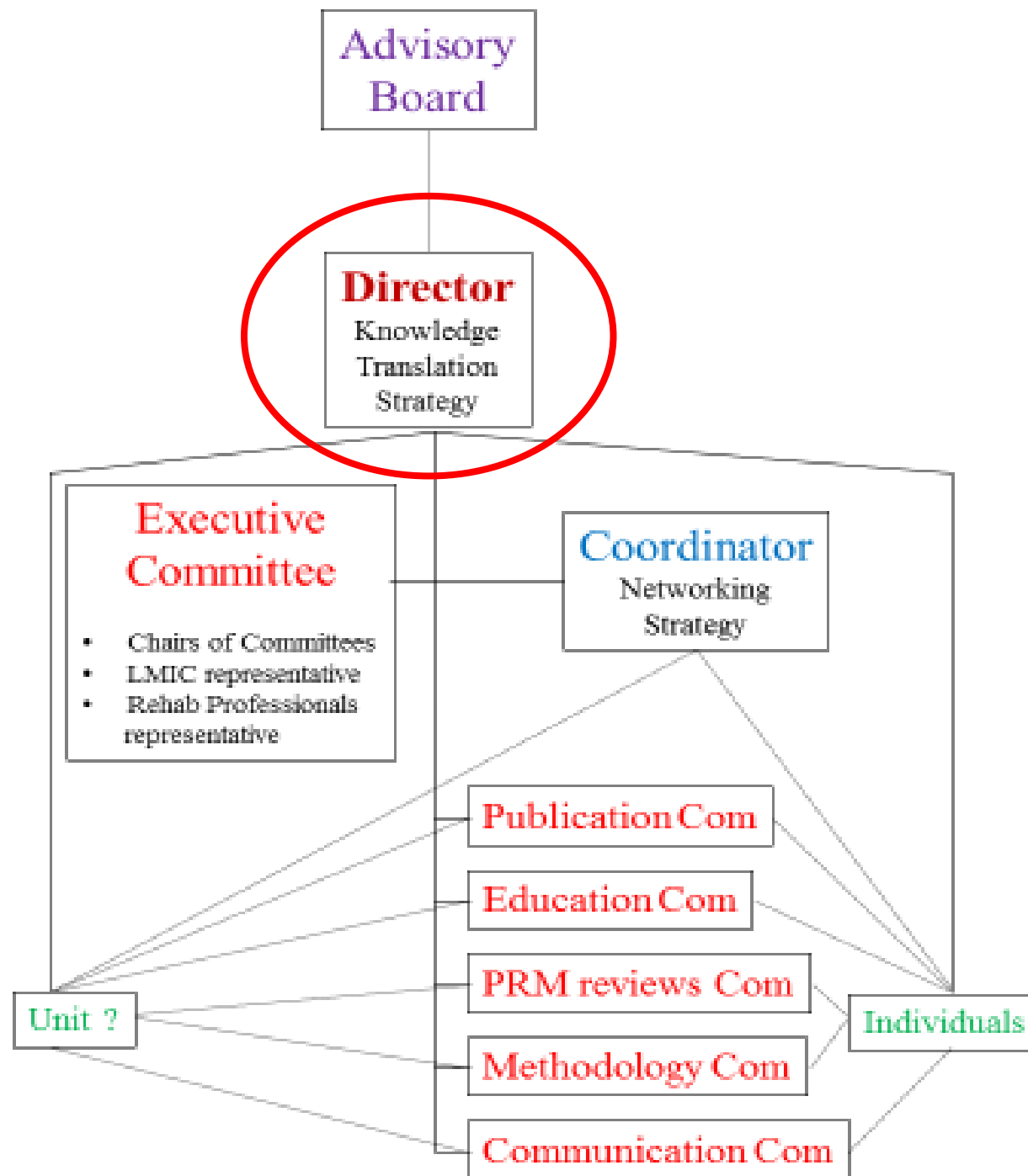
Cochrane PRM organigram

- Field director
- Field coordinator
- Executive Committee
- Advisory board
- Committees
- Units
- Individuals



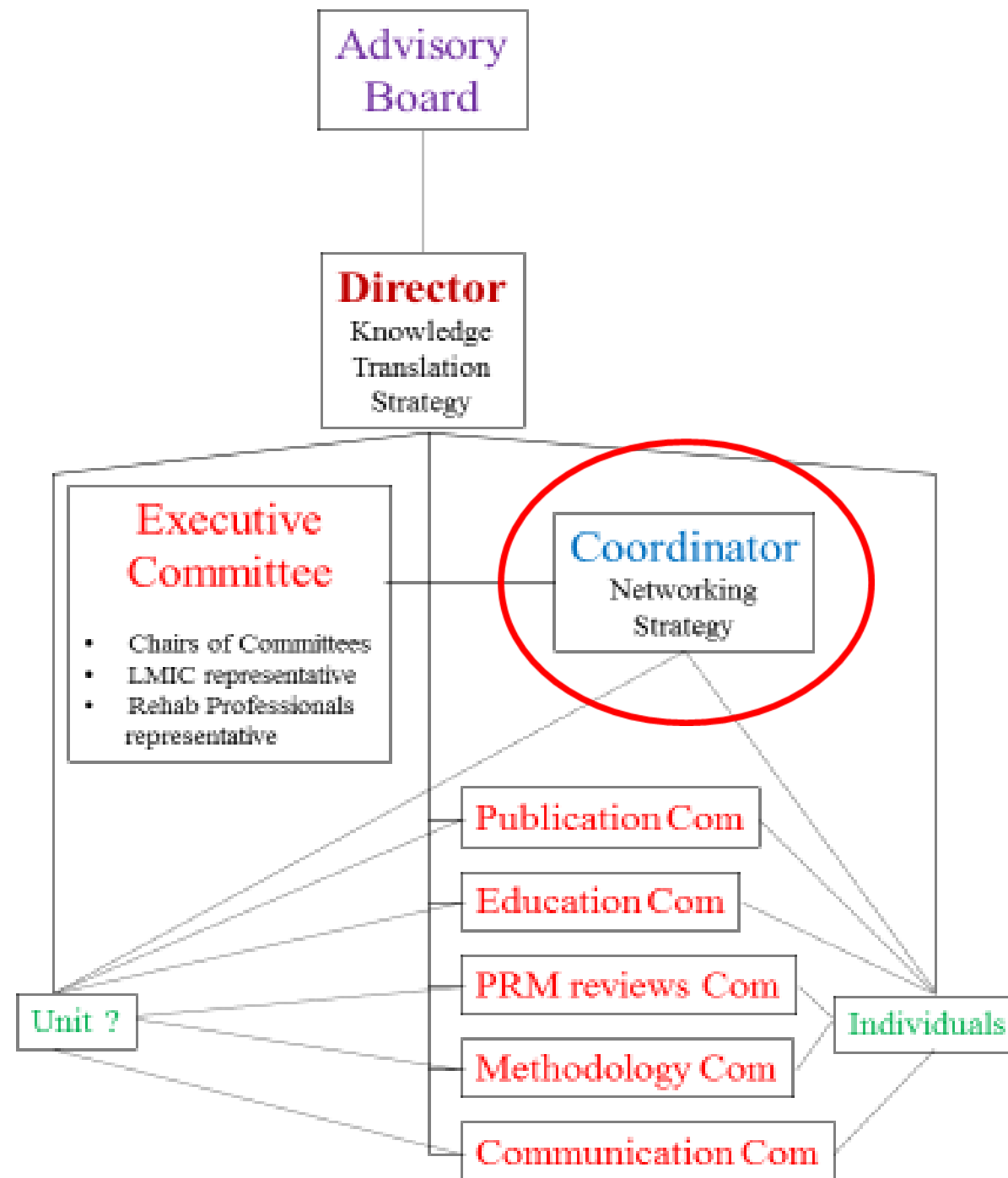
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- **define Knowledge Translation (KT) strategy**
- **set and maintain direction and scope of the Field**
- **allocate Field's resources**
- promote the aims and work of Cochrane within the Field's area of care
- take responsibility for **representing the Field** at an international level

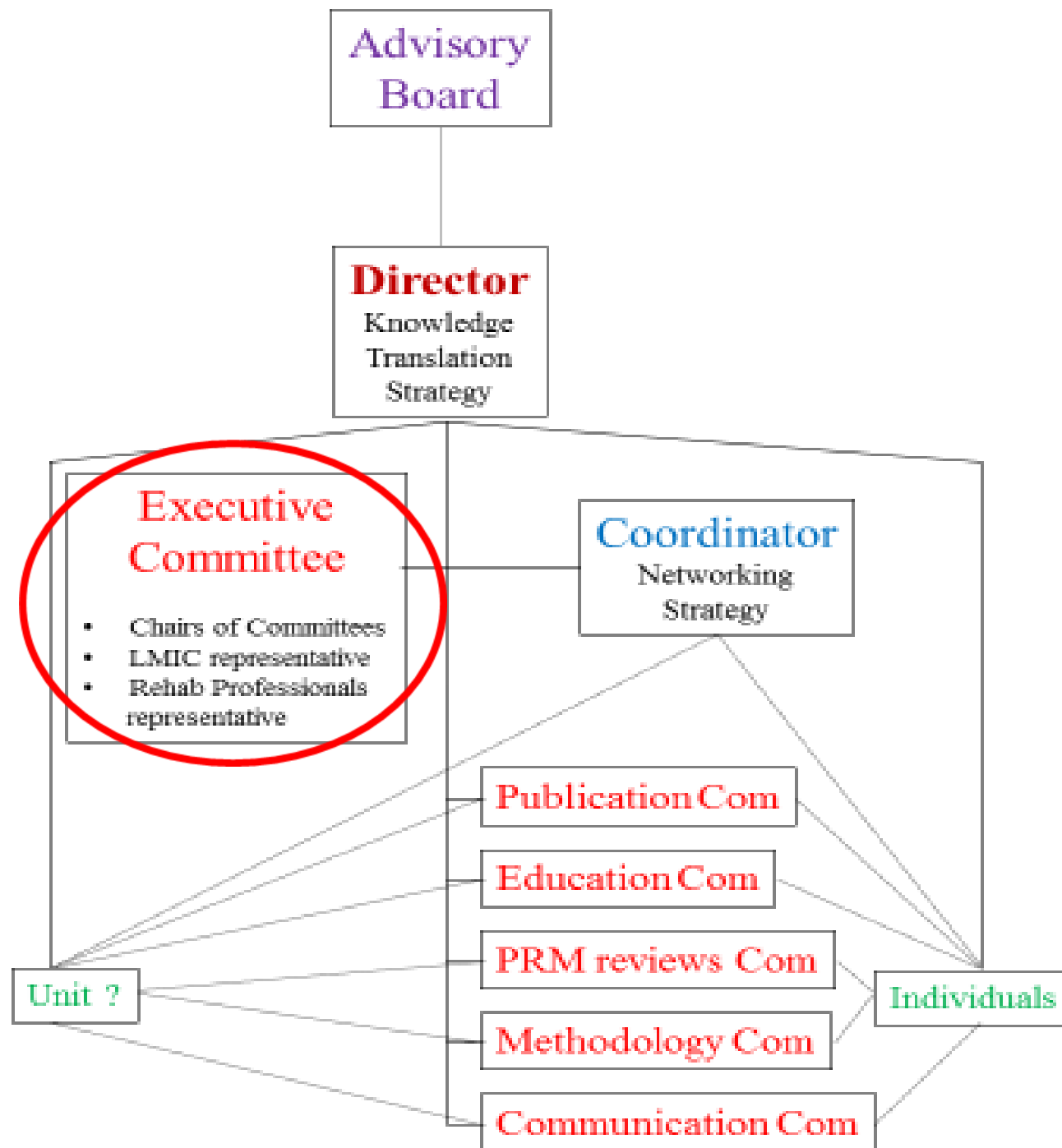
- develop and maintain **links** with
 - organisations outside Cochrane
 - the Co-ordinating Editors of all relevant Cochrane Review Groups
 - all Cochrane Centres and Fields
- attend Cochrane Colloquia and regularly report progress and developments in the Field to the central Cochrane offices



- **define the networking strategy**
- provide Director, Executive Committee and Advisory Board **administrative support**
- help organise meetings and promotional workshops
- prepare and maintain the Field module in **The Cochrane Library**
- co-ordinate the submission of monitoring documents to Cochrane

- coordinate and supervise work of committees, units and individual members
- ensure production of Field **newsletter** and maintenance of Field **website** by Communication unit
- ensure maintenance of **Field database** by Database committee
- liaise with Managing Editors to ensure that Field is represented in appropriate CRGs

- coordinate the **collaboration between the different committees/units**
- maintain the Field **database of contacts**
- maintain **contact with stakeholders** on organisational matters
- function as **primary contact person** for the field
- maintain contacts with specific Cochrane Groups

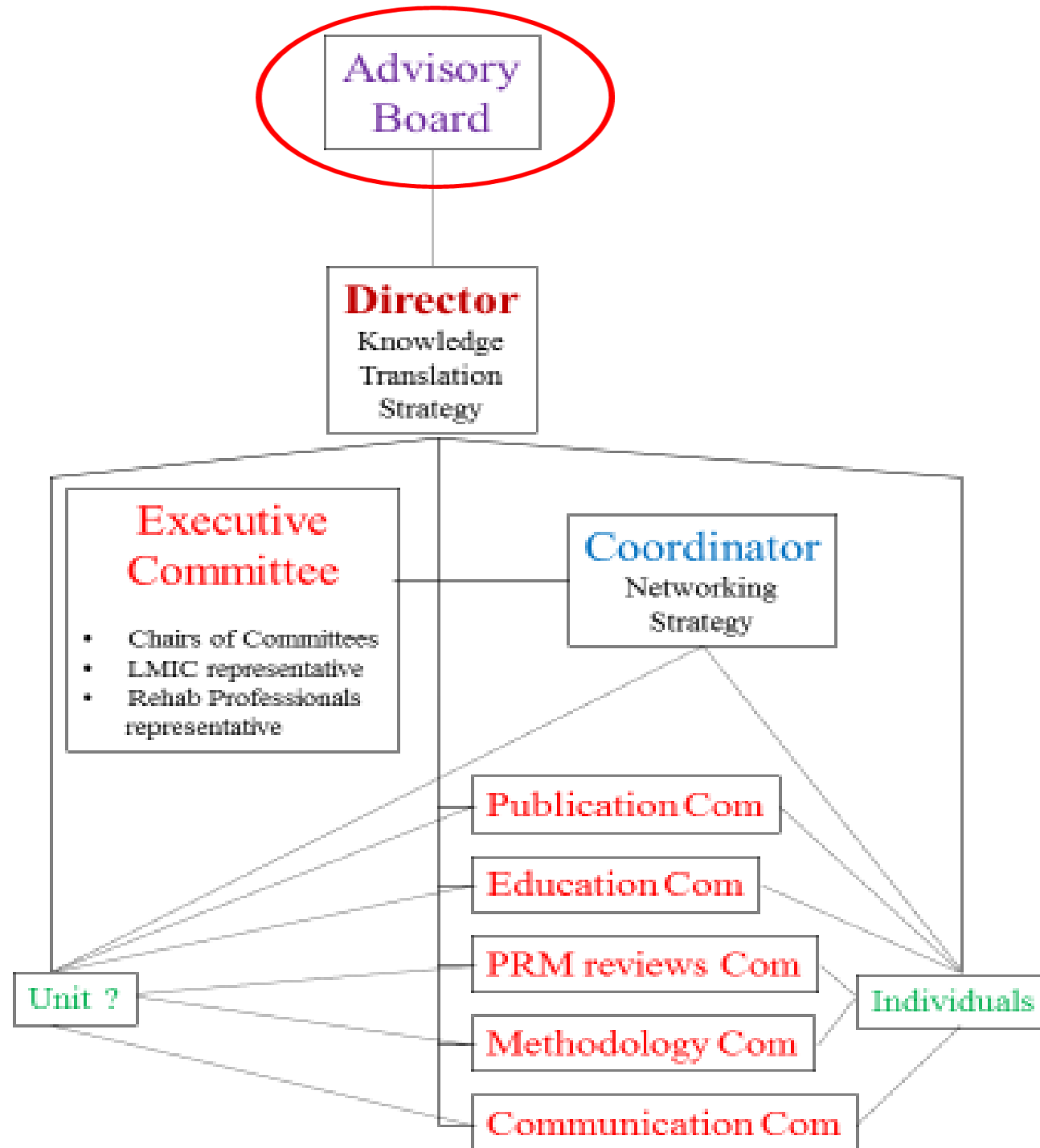


Executive Committee

- to advise and assist the Field Director on **managerial issues**
- Is composed by
 - the **chairs of the Committees**
 - one representative of the PRM **Professionals**
 - one representative of the **LMICs**

- implement **KT strategy**
- implement **networking strategy**
- **decide on the priorities** of the Field, including allocation of resources
- regularly update the **field's business plan**
- establish and maintain **strategic contact** with organizations/stakeholders
- coordinate and check work of committees

- develop and maintain **links** with all relevant Cochrane Centres or Fields
- define the **communication, educational and publication strategy**
- seek and secure sufficient **funding** to enable the Field to function effectively
- guarantee a good flow of information among the different components of the Field (committees, units, members)

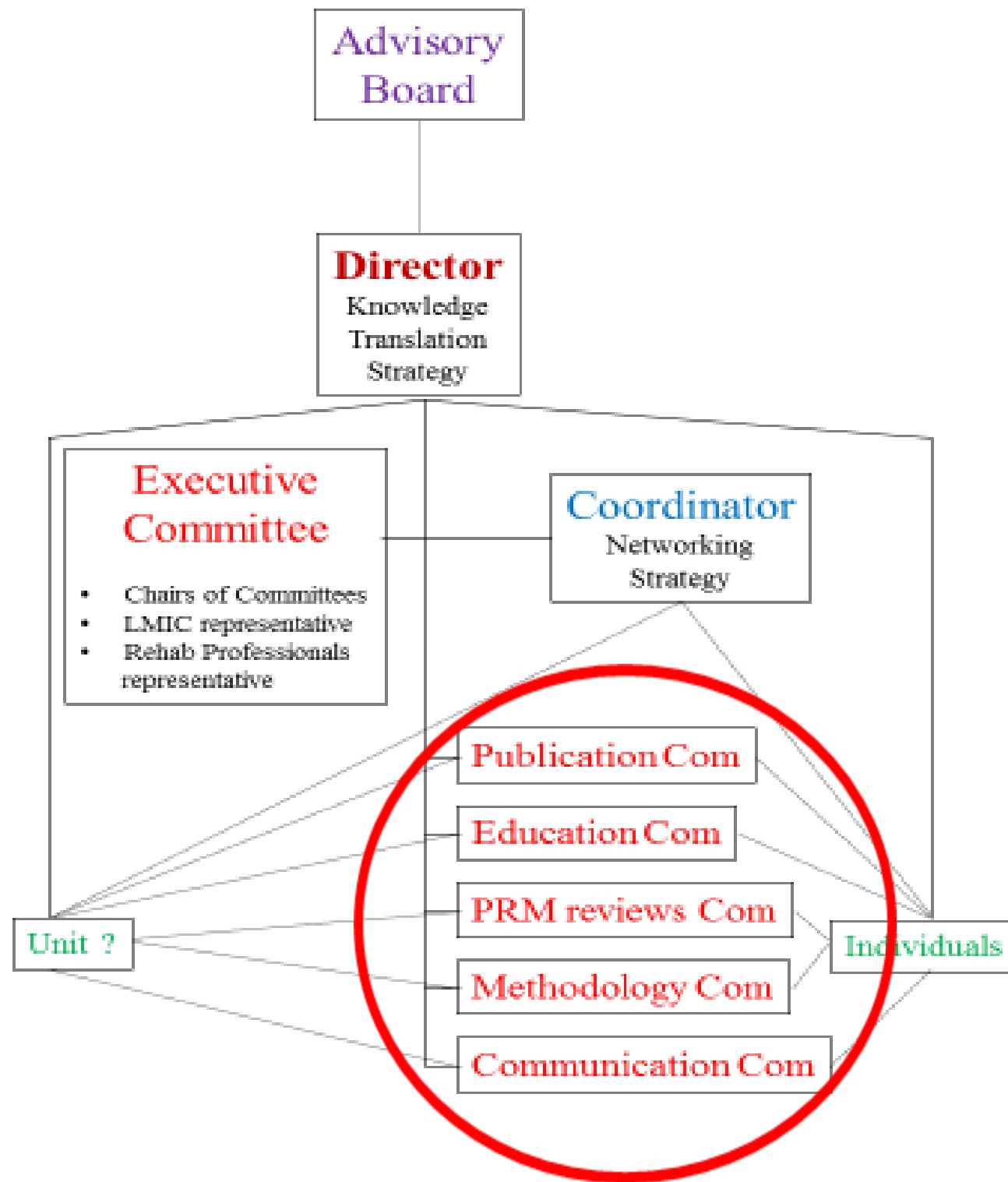


Advisory Board

- to advise and assist the Field Director
- **individuals** who are committed to the aims and principles of The Cochrane Collaboration, and reflect the **international** nature of The Cochrane Collaboration and the **broad area** of the field.

- worldwide recognized **PRM opinion leaders**
- **Presidents** of International PRM Societies (ISPRM, ESPRM and UEMS-PRM; members of the Board ex officio)
- Chief **Editors** of leading PRM Journals
- representatives of **associations** of health-care professionals and patient groups
- **consumer** representative
- representative **Cochrane Review Group**

- critically **review** the progress and achievements of CPRM based on its goals
- suggest **new directions** to advance CPRM, **based on expressed needs** from stakeholders, Cochrane or CPRM
- provide ad hoc advice on request support the dissemination strategy of CPRM
- establish important contacts
- maintain strict liaison with all Stakeholders



Committees

- small number of people (4 to 6) who will coordinate the work around their topic
- include representatives of **PRM professionals** and of **LMICs**
- They define tasks for
 - individuals
 - units

Committees

- Cochrane PRM reviews database
- Methodology
- Education
- Publication
- Communication

Cochrane PRM reviews database

- ‘**Tag**’ reviews of interest to the PRM field within the Cochrane database
- Produce **lists** of such reviews for interested stakeholders, researchers, and clinicians worldwide

Methodology

- Focus on Methodological problems in PRM
 - RCTs are difficult to conduct
 - Complex interventions
 - Behavioural components of interventions
 - Measurement systems
 - Use of the ICF framework in research
- Collaboration with the different Cochrane methods groups

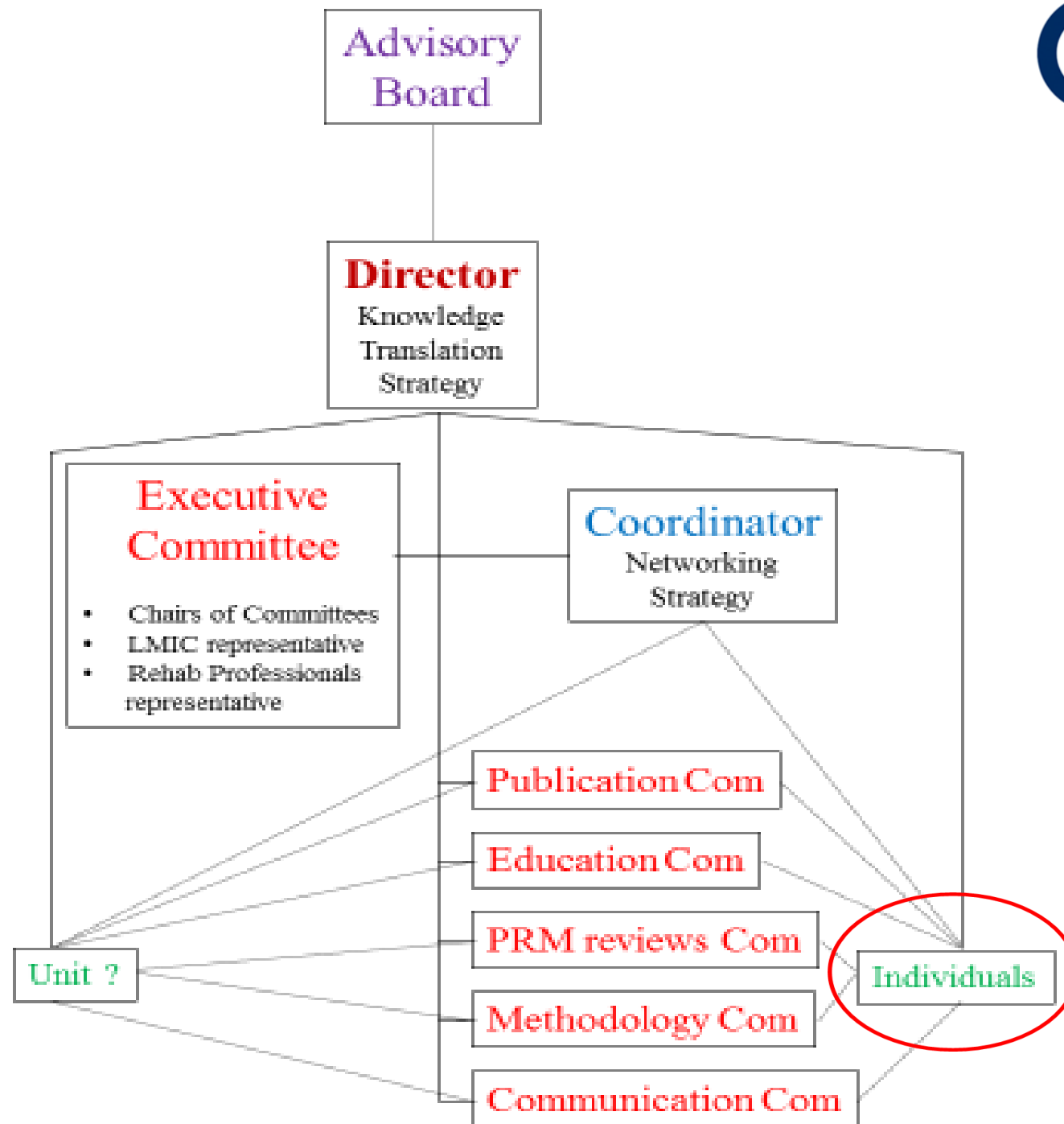
Education

- Educational initiatives
 - core **EBM courses**
 - **PRM Cochrane review courses**
 - during PRM congresses and/or online.
- PRM **summer school(s)** in collaboration with specific universities
- Attention for precarious educational situation in **developing countries**

Publication

- Develop collaborations with PRM **journals** to produce Cochrane sections reporting the contents produced by Cochrane reviews relevant to PRM
- **(e)Book** reporting the available Cochrane PRM evidence
- **Meta-reviews** on PRM contents

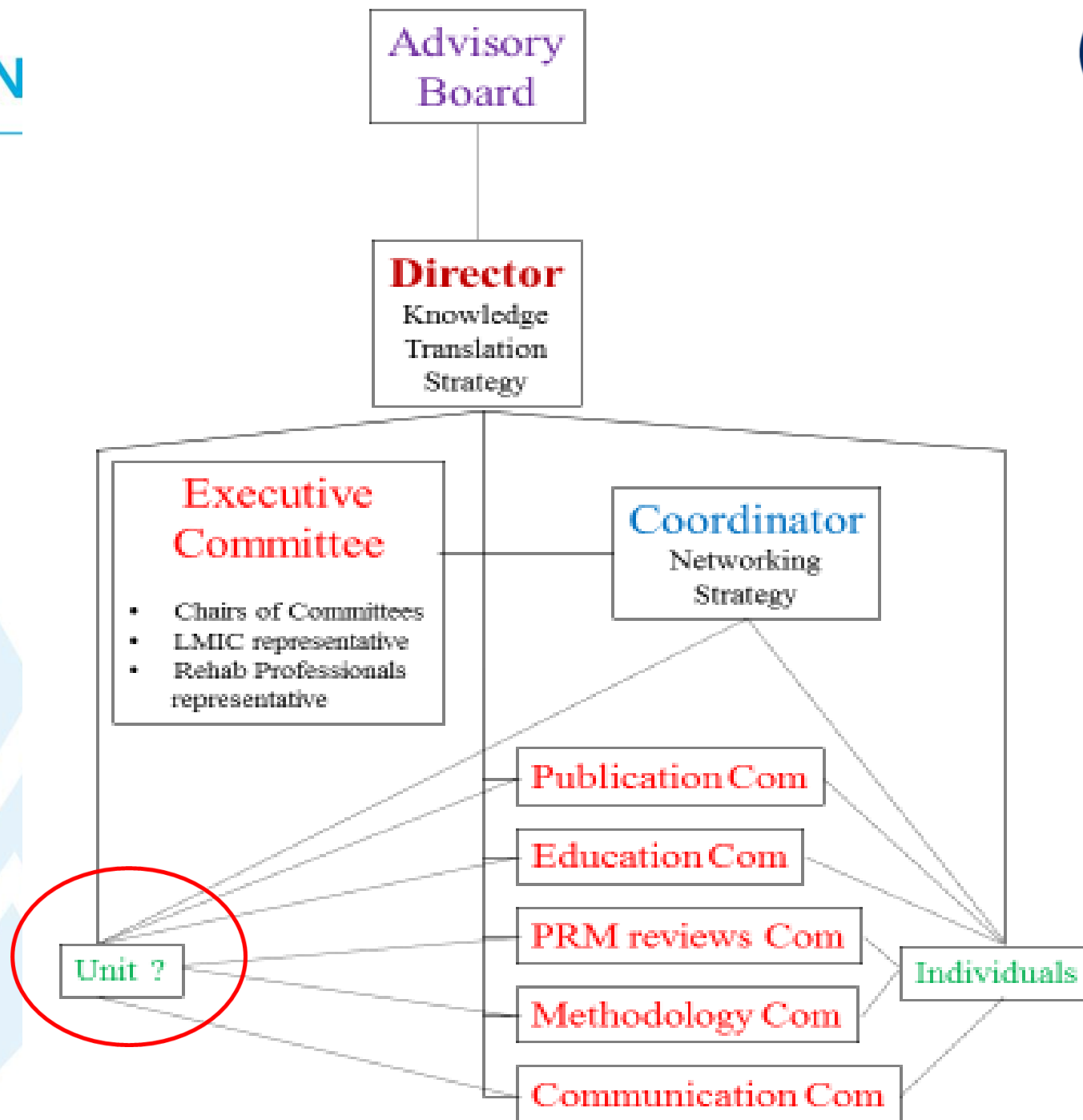
- Disseminate the available Cochrane evidence within the PRM community, other relevant health professionals, consumers and the public
 - publications/newsletter
 - specific website
 - websites of the PRM societies and associated journals
 - social media
 - ...



Individual members

- contribute to the mission of the Field: promoting Cochrane and CPRM in his or her community

- Can be responsible for **specific tasks** defined by committees
 - Cochrane corners
 - Translation of material
 - Write part of the newsletter
 - Pages of the website
 - Organise regional educational courses and workshops
 - Tag reviews on a specific topic
 - report about CPRM at conferences
 - ...



Units

- Fulfil all the needs of a **larger specific task** of Cochrane PRM proposed by the committees
- Produce Cochrane **reviews**, and **papers** in PRM journals

Call for Cochrane PRM units

- Cochrane PRM will be organised as a Network of Units, coordinated and organized by Headquarters in Brescia. Each Unit will be in charge of one specific task of Cochrane PRM.
- Units will be situated in Universities and/or Research Hospital and/or Rehabilitation Centres that will accept and give their support to the project.

- **Individual members** will work individually, in agreement with regional Cochrane Centre, or may organise themselves, for example at a national level, for funding and cooperation.
- Cochrane PRM **Units** can be established by external institutions to achieve specific tasks through local funds.

Funding

- EBM Centre created in Rovato
 - University of Brescia 
 - Don Gnocchi Foundation 
- Model of units: raise funds locally
 - part time person for a specific function and for review production
- International and National Societies



University of Brescia

1. Research Award
2. Everyday funds

Don Gnocchi Foundation

1. Offices
2. PhD position funding
3. Secretary
4. Everyday funds

International stakeholders

1. ESPRM
2. ISPRM
3. UEMS Section
4. UEMS Board

Legenda

- ▶ Already established
- - -▶ To be defined
- · - ·▶ Not mandatory
- · - ·▶ Mandatory for a Unit

**Centre for EBM in PRM
(Brescia Headquarters)**

Cochrane PRM

Director
Coordinator
Executive Committee
Advisory Board
Cochrane Personnel

Cochrane PRM Unit

Individual members

Local financing from
Universities or
Rehabilitation Institutes or
Rehabilitation Organizations or
PRM Societies



Local financing from
Universities or
Rehabilitation Institutes or
Rehabilitation Organizations or
PRM Societies

Thank you and good luck !

