Cochrane Rehabilitation: Evidence to rehabilitation and rehabilitation expertise to Cochrane

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Communication Committee Chair
ISPRM Secretary
Associate Professor of PRM
University of Campania “Luigi Vanvitelli”

Associate Professor of Physical & Rehabilitation Medicine

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

Photo by Raffaele Esposito
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.

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.

Rule 31: Review the world literature fortnightly
"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)
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.
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
2. Airways Group
3. Anaesthesia, Critical and Emergency Care Group
4. Back and Neck Group
5. Bone, Joint and Muscle Trauma Group
6. Breast Cancer Group
7. Childhood Cancer Group
8. Cochrane Response
9. Colorectal Cancer Group
10. Common Mental Disorders Group
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46. Skin Group
47. STI Group
48. Stroke Group
49. Test CRG
50. Tobacco Addiction Group
51. Upper GI and Pancreatic Diseases Group
52. Urology Group
53. Vascular Group
54. Work Group
55. Wounds Group
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
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 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
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**Zaina F, Negrini S. EJPRM 2012.**
1 or + Cochrane Reviews on Rehabilitation

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Zaina F, Negrini S. EJPRM 2012.
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
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
Cochrane Rehabilitation Approval

December 2016
Cochrane Rehabilitation Launch

December 2016
Start of work of Executive Committee and Headquarter

May 2017
Session and Advisory Board Meeting at ISPRM 2017

Cochrane Rehabilitation

Prof. Stefano Negri
Cochrane/Rehabilitation Director
Official Launch: 16th December 2016


Communicating evidence
Francesca Gobbi, MD, PhD
Cochrane Rehabilitation Communication Committee Chair


Rehabilitation Reviews Committee

Associate Professor/William Leavitt
University of Otago
New Zealand


Cochrane Rehabilitation Coordinator
Carlotta Kiesins
Dept. Physical and Rehabilitation Medicine
University Hospitals Leuven


Mark Wilson
Chief Executive Officer
Cochrane


Mark Wilson
m.wilson@cochrane.org
22 Oct (3 days ago)

To: Maya, Javier, Julie, Stefano, Roberto, Cardano, Kathy, Kunz, eleven, Elena, me, Meyer, Thorsten, Julia, Chi, ...

Subject: Cochrane Steering Group at its meeting in Seoul unanimously approved the establishment 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 the Cochrane System, but in the meantime my grateful thanks and warmest good wishes,

Mark

Mark Wilson
Chief Executive Officer
Cochrane®
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

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
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
Thorsten Meyer, Psy, PhD (Germany) - Meyer.Thorsten@mh-hannover.de
Julia Patrick Engkasan, MD (Malaysia) - julia@ummc.edu.my
Supporters
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

Chiara   Joe   Roberta
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 Engkasan, 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, WFNPR, 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
Cochrane Rehabilitation was formally approved on October 22nd, 2016 and officially launched on December 16th, 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.
Cochrane Rehabilitation at ISPRM2017
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

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<td>WMM</td>
<td>17-U00-034-CSG</td>
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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.

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<tr>
<td>Dr WMM Levack</td>
<td>No</td>
<td>PhD</td>
<td>Male</td>
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(NB The application number is included here for ease of administration only and will not be linked to the statistical information provided.)
Publications

Future Congresses

- MFPRM 2017
- BNFPRM 2017
- ARUR Moscow 2017
- AAP 2018
- ESPRM 2018
- ISPRM 2018
- Cochrane Colloquium 2018
GET INVOLVED

FOLLOW US

http://rehabilitation.cochrane.org
@CochraneRehab

CONTACT US

cochrane.rehabilitation@gmail.com
francescagimigliano@gmail.com