

Cochrane Rehabilitation: evidence in rehabilitation

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

Trusted evidence.
Informed decisions.
Better health.





**Associate Professor of
Physical & Rehabilitation Medicine**

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

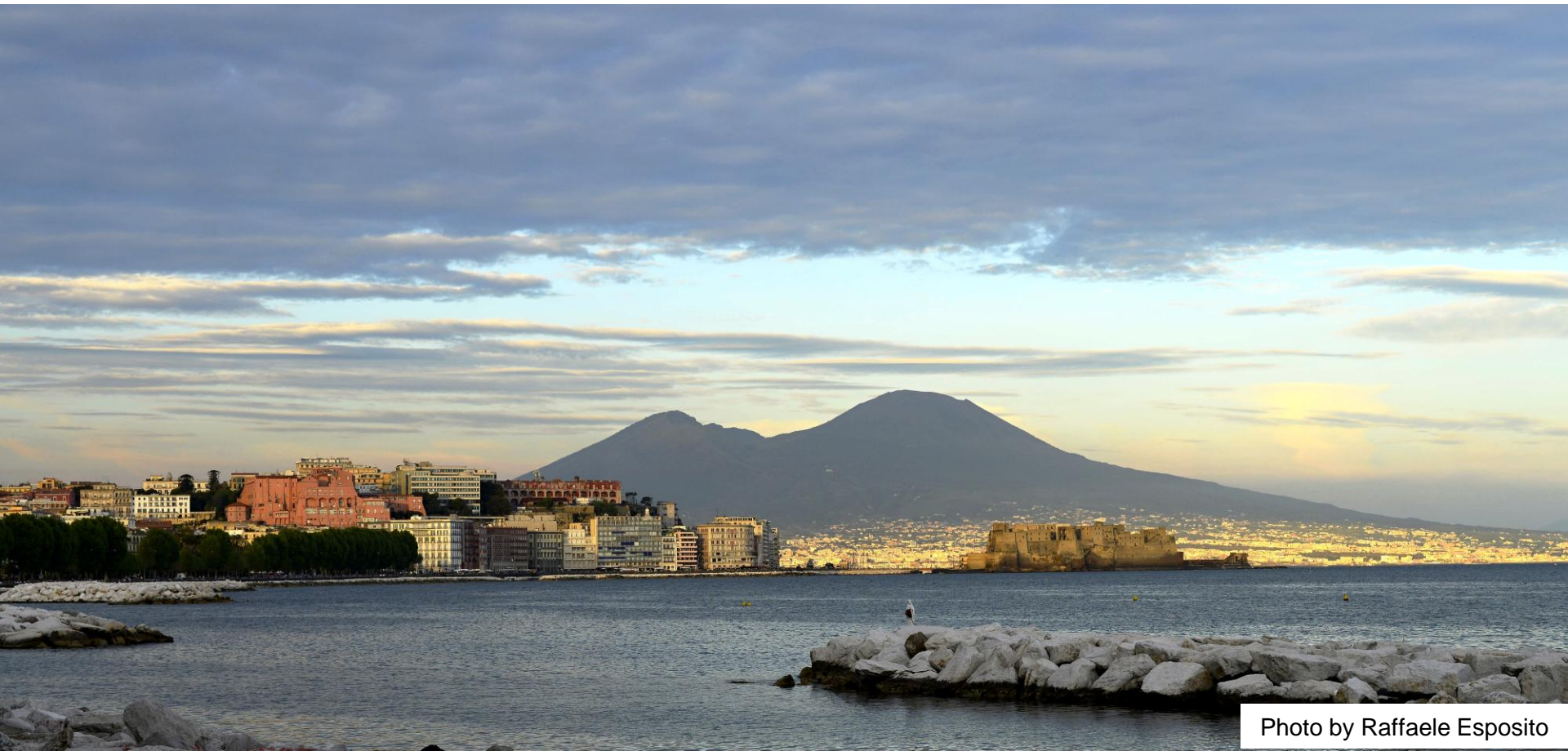
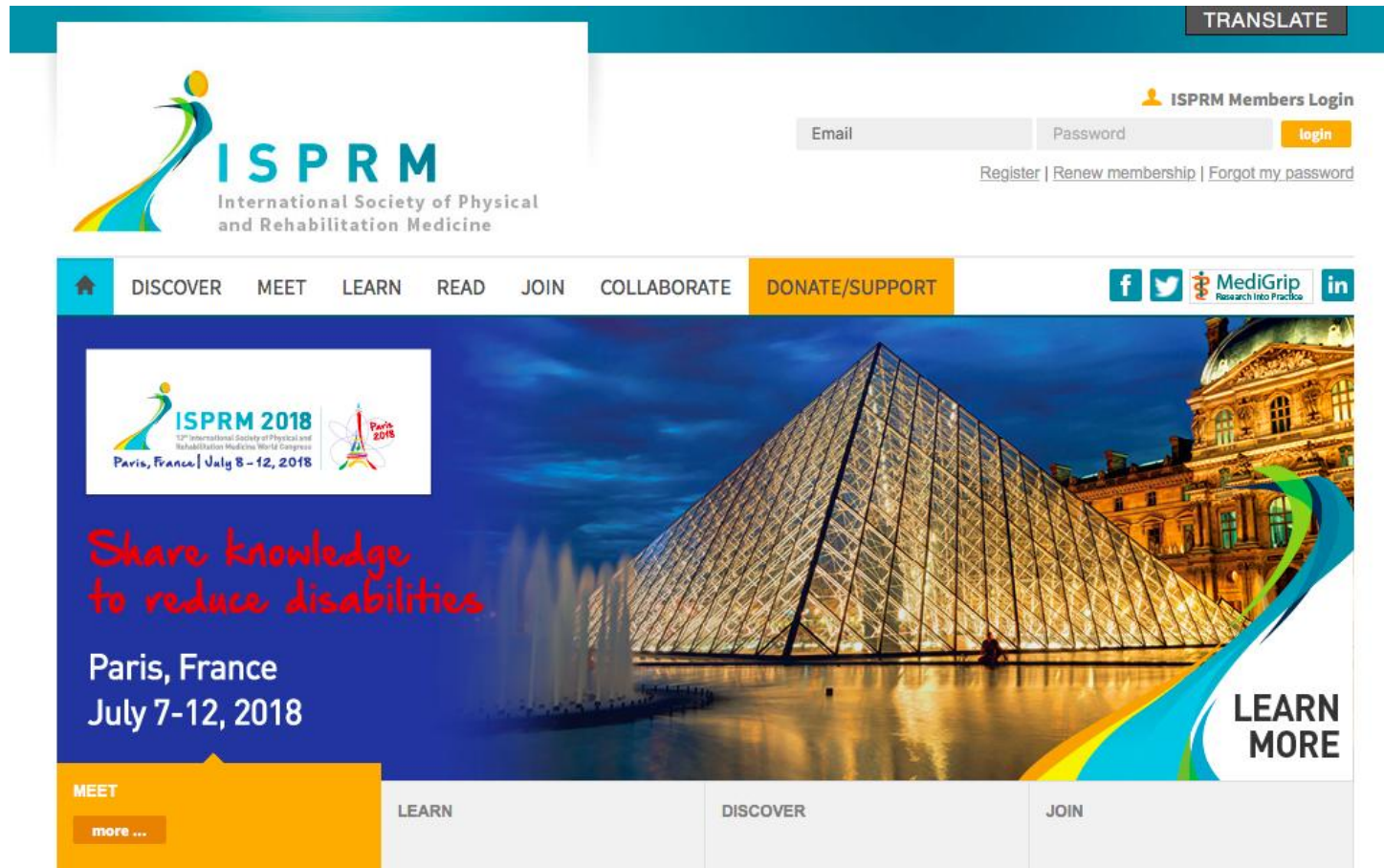


Photo by Raffaele Esposito

ISPRM – Secretary

Secretary of the International Society of
Physical and Rehabilitation Medicine

www.isprm.org
@ISPRM
ISPRMsecretary@gmail.com



The screenshot shows the ISPRM website homepage. At the top right, there is a "TRANSLATE" button. Below it is the ISPRM logo and the text "International Society of Physical and Rehabilitation Medicine". To the right of the logo is a "ISPRM Members Login" section with fields for "Email" and "Password" and a "login" button. Below the login fields are links for "Register", "Renew membership", and "Forgot my password".

The main navigation bar includes: [DISCOVER](#), [MEET](#), [LEARN](#), [READ](#), [JOIN](#), [COLLABORATE](#), and [DONATE/SUPPORT](#). There are also social media icons for Facebook, Twitter, and LinkedIn, and a "MediGrip Research Into Practice" logo.

The main banner features a night view of the Louvre Pyramid in Paris. On the left, there is a logo for "ISPRM 2018 12th International Society of Physical and Rehabilitation Medicine World Congress Paris, France | July 8 - 12, 2018". Below the logo, the text reads: "Share knowledge to reduce disabilities" in red, "Paris, France" in white, and "July 7-12, 2018" in white. On the right side of the banner, there is a "LEARN MORE" button.

At the bottom, there is a navigation bar with buttons for "MEET", "LEARN", "DISCOVER", and "JOIN". The "MEET" button has a "more ..." link below it.

Cochrane Rehabilitation

Communication Committee Chair

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



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[About us](#)

[Evidence](#)

[Resources](#)

[News & Events](#)

[Get Involved](#)

[Contact us](#)

Cochrane News

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



Welcome to the new Cochrane
Rehabilitation Field

Keep Posted



Tweets by

Outline

Evidence Based Medicine

Cochrane

Cochrane Rehabilitation

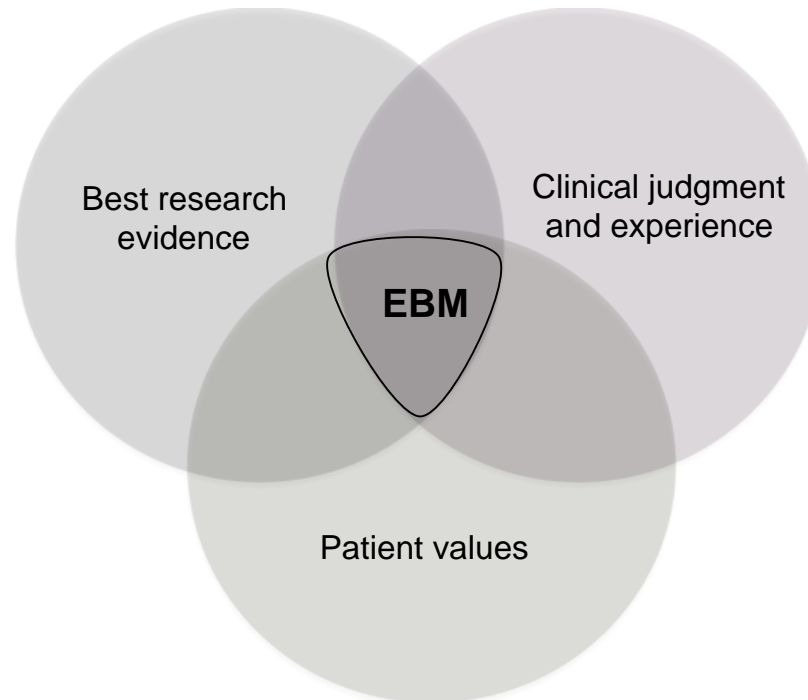
Knowledge Translation



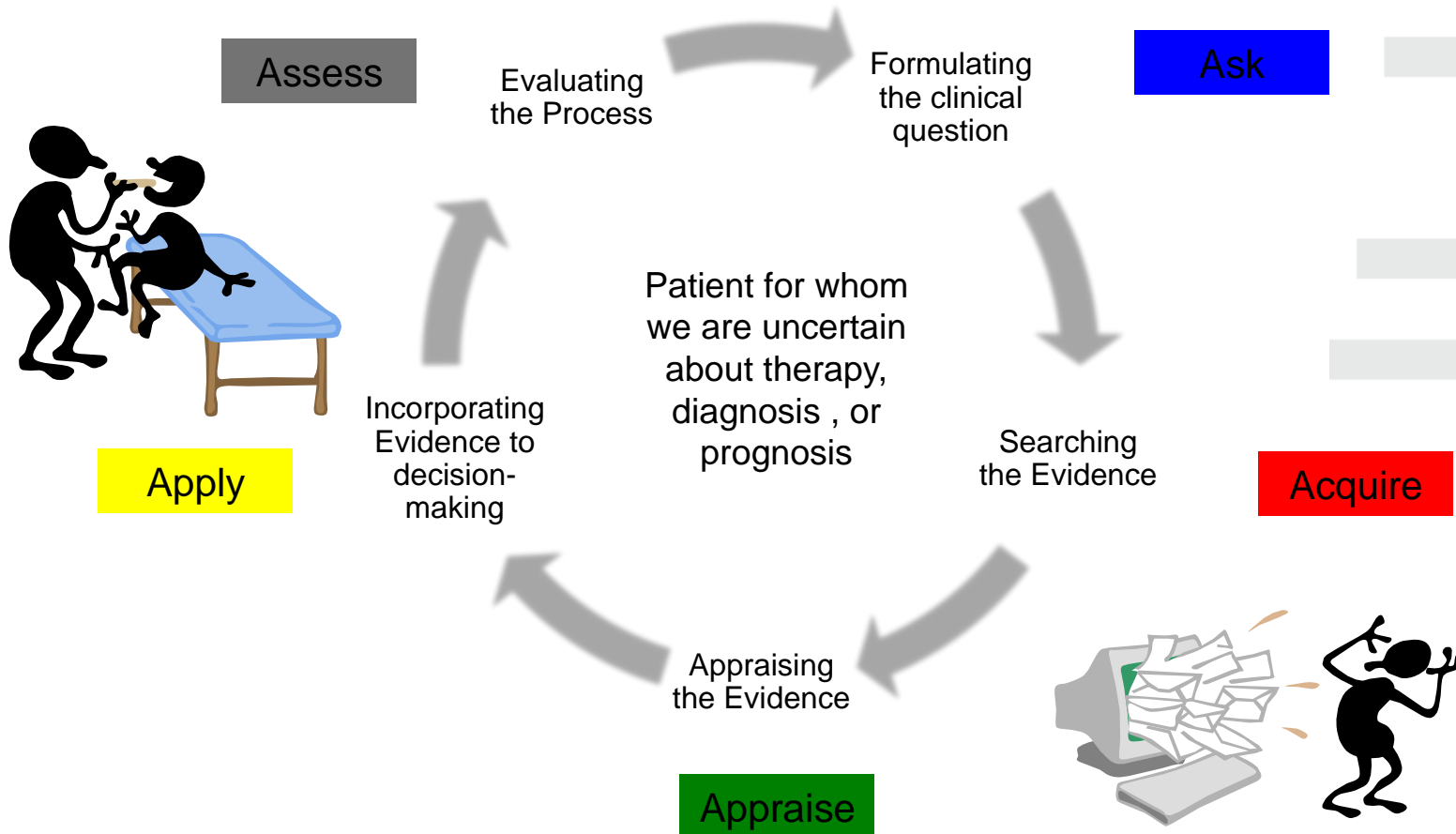
What is EBM?

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

Sackett, et al. BMJ 1996.



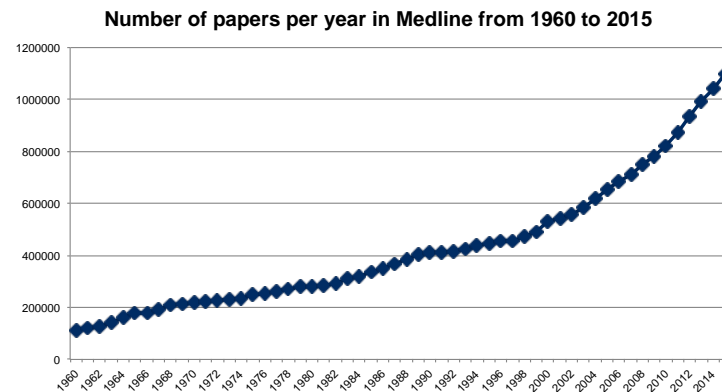
EBM process



Evidence Based Medicine

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

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

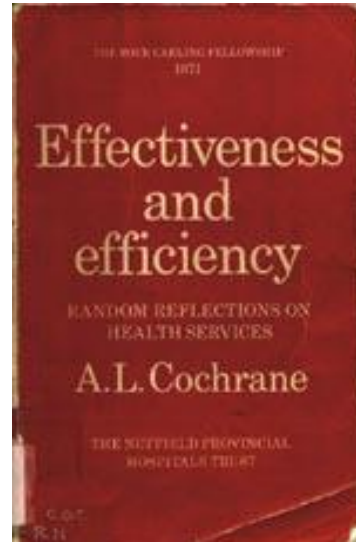
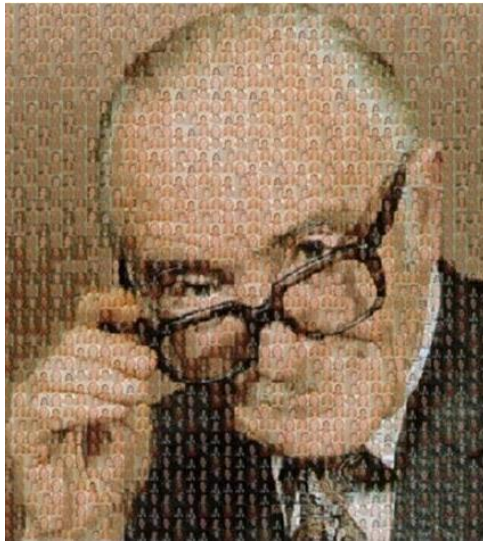




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Better health.

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

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





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

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

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

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



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



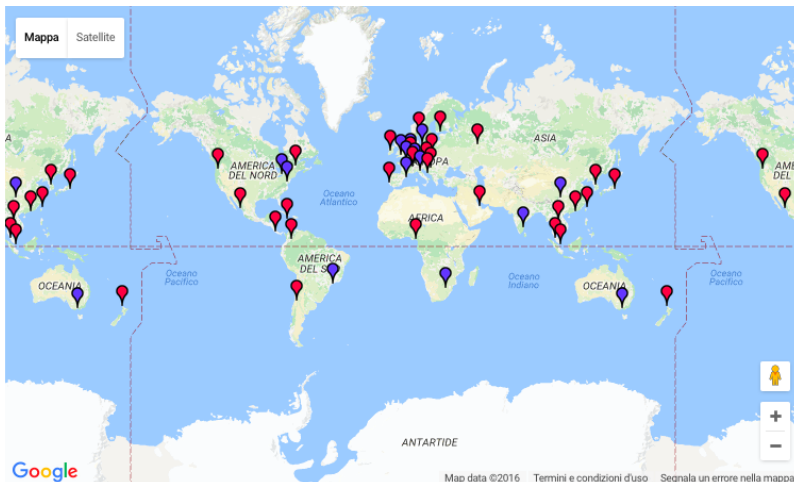
56 Cochrane Review Groups

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

Cochrane Centres

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

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



Cochrane Methods Groups

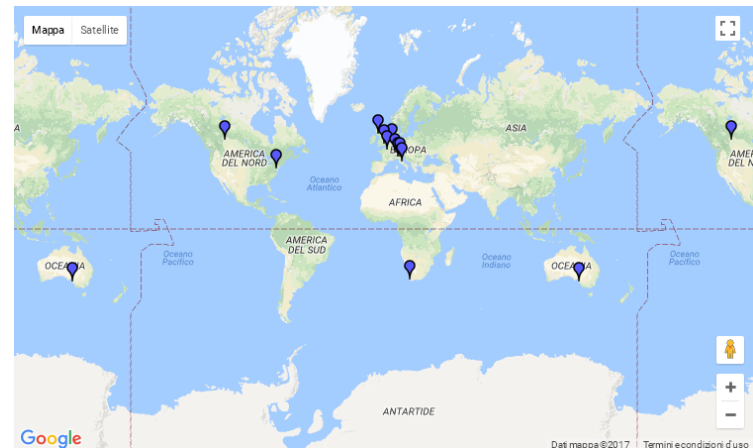
1. Adverse Effects
2. Bias
3. Comparing Multiple Interventions
4. Economics
5. Equity
6. GRADEing
7. Information Retrieval
8. Individual Participant Data Meta-Analysis
9. Non-Randomized Studies for Interventions
10. Patient Reported Outcomes
11. Priority Setting
12. Prognosis
13. Prospective Meta-Analysis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



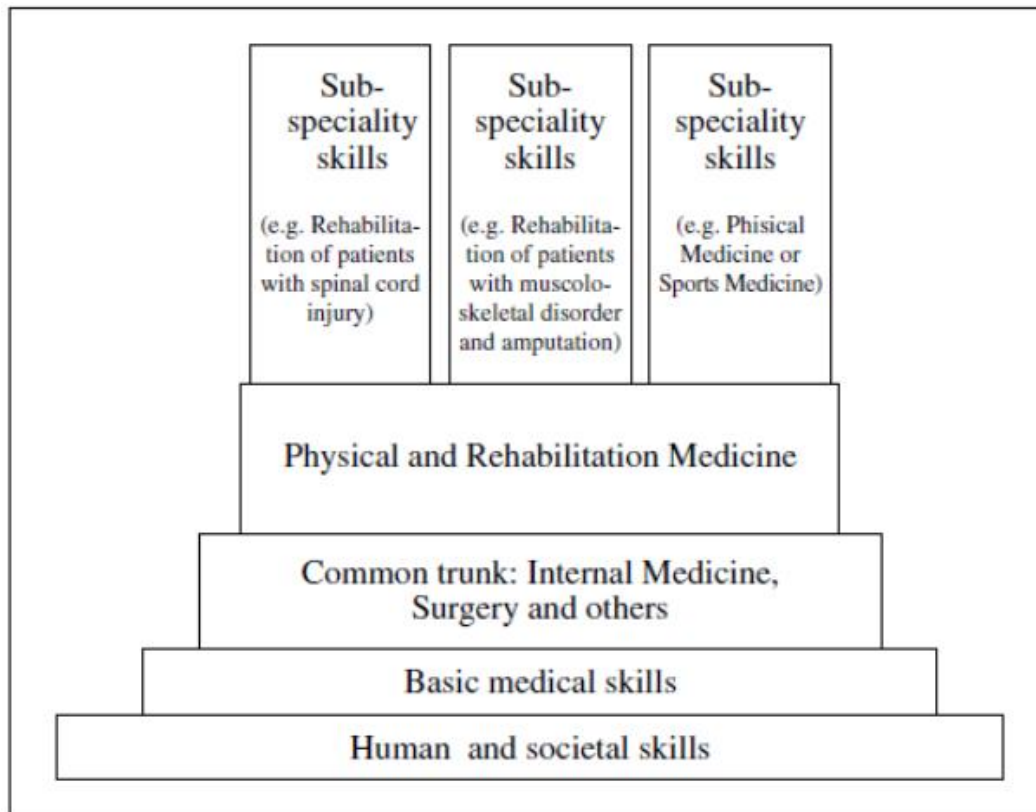
Cochrane Fields and Networks

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



+ 20 Cochrane Reviews on Rehabilitation

- | | | | |
|---|--|---|--|
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| 15. Developmental, Psychosocial and | 30. IBD Group | 46. Public Health Group | |
| | 31. Incontinence Group | 47. Schizophrenia Group | |
| | | | |

1 or + Cochrane Reviews on Rehabilitation

- | | | | |
|--|--|--|---|
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| | 29. IBD Group | 44. Pregnancy and Childbirth Group | |

Cochrane Rehabilitation Field

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

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



Cochrane Fields

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

**Rehabilitation
stakeholders**

Cochrane Groups



Timeline of Cochrane Rehabilitation

September 2014

Establishment of
ESPRM EBM
Committee

2015-2016

Cochrane Rehabilitation
campaign on Scientific
journals

2015-2016

Cochrane Sessions and
Workshops at ISPRM
and ESPRM Meetings

September 2016

Cochrane
Rehabilitation
Exploratory Meeting

October 2016

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



Mark Wilson <MWilson@cochrane.org>

22 Oct (3 days ago)

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

Dear Stefano,

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

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

Mark

Mark G. Wilson
Chief Executive Officer



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Cochrane, St Albans House, 57-59 Haymarket, London SW1Y 4QX, UK
www.cochrane.org

Trusted evidence. Informed decisions. Better health.



Cochrane Rehabilitation Vision

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

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



Cochrane Rehabilitation Mission

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

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



Cochrane Rehabilitation goals

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

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

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

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

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

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

A decorative graphic on the right side of the slide, consisting of a vertical grey line with several horizontal grey bars of varying lengths extending to the left, resembling a stylized staircase or a ladder.

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

A bokeh light effect at the bottom of the slide, showing out-of-focus yellow and orange lights against a dark background.



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



Organigram





Field Director

Define Knowledge Translation (KT) strategy

Set and maintain direction and scope

Allocate Field's resources

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

Take responsibility for representing the Field at an international level

Link with groups in- and outside Cochrane



Field Coordinator

Define the Networking strategy

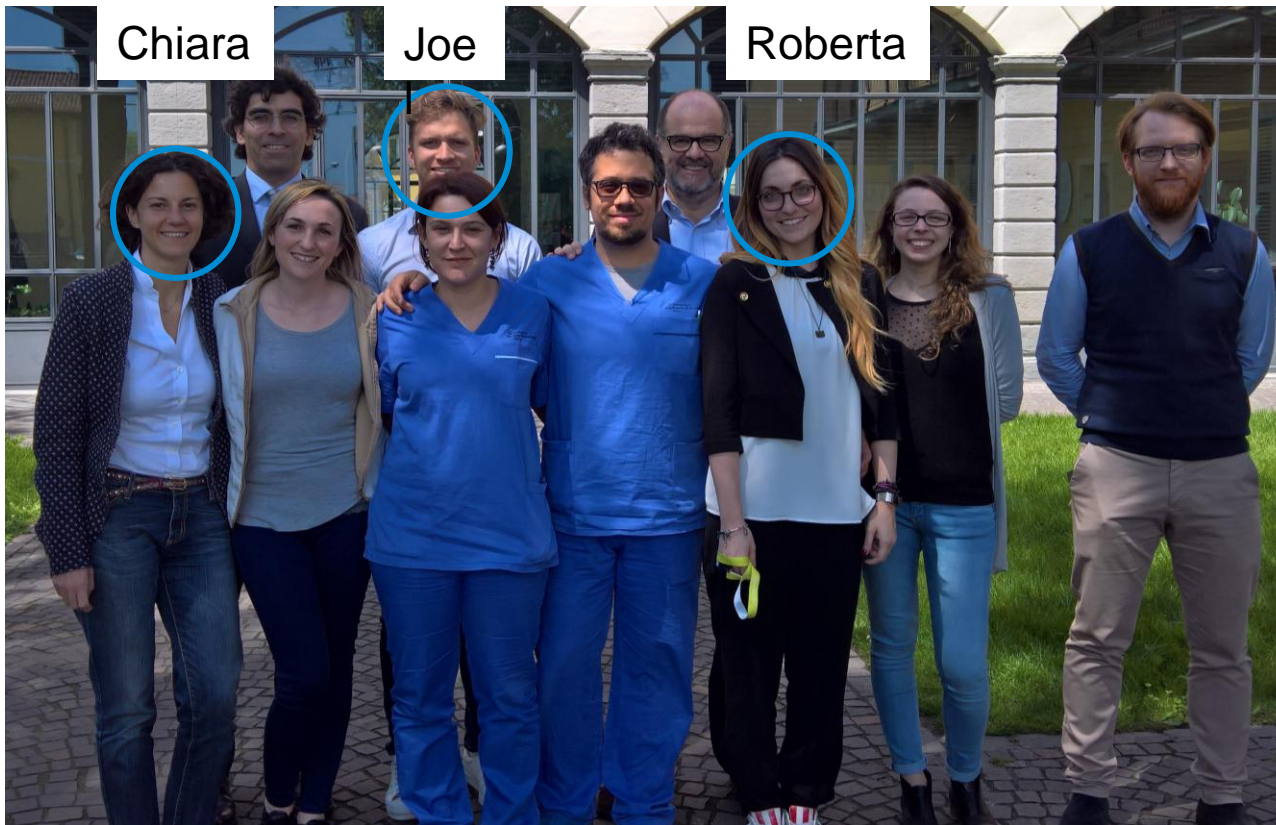
Help organise meetings and promotional workshops

Prepare and maintain the Field module in The Cochrane Library

Coordinate and supervise work of committees, units and individual members

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

Headquarters



Executive Committee

1. Stefano Negrini, MD (Italy) – Director; Publication Com
2. Carlotte Kiekens, MD (Belgium) – Coordinator; Communication Com
3. Francesca Gimigliano, MD, PhD (Italy) – Communication Com
4. Frane Grubisic, MD (Croatia) – Publication Com
5. Tracey Howe, PT (United Kingdom)
6. Elena Ilieva, MD, PhD (Bulgaria) – Education Com
7. William Levack, PT, PhD (New Zealand) – Review Com
8. Antti Malmivaara (Finland) – Method Com
9. Thorsten Meyer, Psy, PhD (Germany) – Method Com
10. Julia Patrick 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, WFNR, ISPO)
- Chief Editors of leading PRM Journals
- Representatives of associations of health-care professionals and consumers (WFOT, WCPT, RI...)
- Representatives of Cochrane Review Groups (Back & neck, musculoskeletal, stroke, ...)

Committees

Methodology

- Strengthen methodology in Rehabilitation

Rehabilitation Reviews

- Reference database of Cochrane Reviews

Publication

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

Communication

- Website, Newsletter, Social media

Education

- Courses, Workshops and Congresses



Rehabilitation Professionals Representatives

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



LMICs Representative

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



Individual members & Cochrane Rehabilitation Units

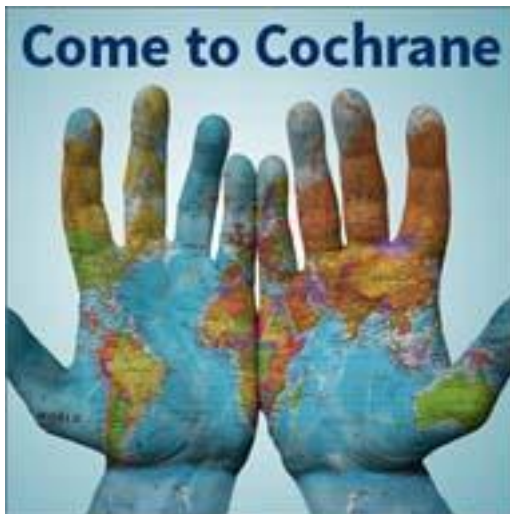
Members: individual tasks
Units: big tasks and actions



Get involved

We are looking for:

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



Website and Socials



Cochrane News

- The Cochrane Review on portion sizes - from publication to informing policy
- Join the Cochrane Crowd 48-hour Citation Screening Challenge!
- Cochrane in the news: December 2016
- Cochrane seeks Junior Systems Administrator - London, UK
- 2016 winner of the prestigious Aubrey Sheilham Leadership Award for Evidence-Based Healthcare in Africa announced

More



Latest News and Events

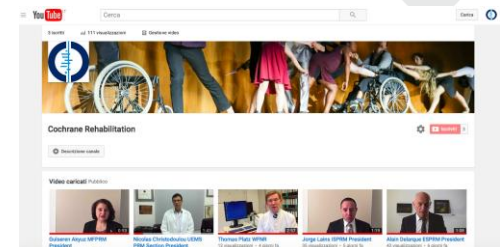
<p>Launch Event December 16th 2016</p>  <p>News</p>	<p>Cochrane Colloquium 2017</p>  <p>News</p>
<p>Signature of Memorandum of Understanding, Brescia, Italy</p>  <p>News</p>	<p>Exploratory Meeting 2016, Rovato, Brescia, Italy</p>  <p>News</p>

Keep Posted



Tweets by @CochraneRehab

Welcome message of Gulseren Akyuz MFPFM President
youtu.be/7G_Le_BQc0w via @CochraneRehab @JorgeLains @francescagimi #CochraneRehab



<http://rehabilitation.cochrane.org>

Newsletter



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

Issue 1 | June 2017

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



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

Issue 2 | September 2017

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

The Global Evidence Summit 2017



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

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



Rehabilitation

key for health in the 21st century

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



World Health
Organization



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”.



Future Congresses

- Jornadas Internacionais Medicina Fisica e Reabilitação
- SIMFER 2017
- MFPRM 2017
- BNFPRM 2017
- ARUR Moscow 2017
- AAP 2018
- ESPRM 2018
- ISPRM 2018
- Cochrane Colloquium 2018



Catalyst grant

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

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

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

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



Strategy to 2020

- | | | |
|---|---|---|
| 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. |

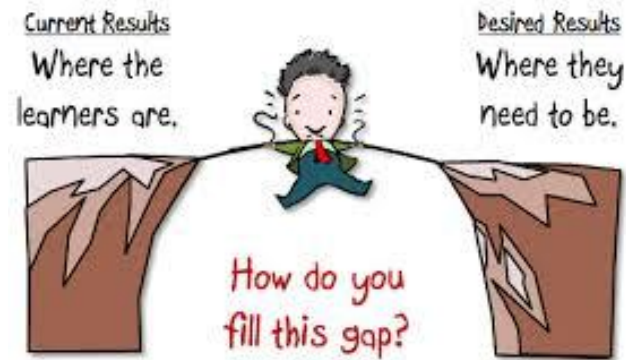


The main aims of the Strategy to 2020 are:

1. Make it simpler, quicker and more efficient to produce Cochrane Reviews and other synthesized research evidence.
2. Increase the number of people worldwide accessing and using this evidence in their decision making.

- | | | |
|----|-----------------------------|--|
| 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. |
| 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. |





The Know-Do Gap

High quality evidence is not consistently applied in practice¹

Examples in clinical practice:

- Statins decrease mortality and morbidity in post-stroke, but they are underprescribed²
- Antibiotics are overprescribed in children with upper respiratory tract symptoms³

Examples in health system policies:

- Evidence was not frequently used by WHO⁴ (not true for last rehabilitation guidelines)
- Out of 8 policymaking processes in Canada⁵
 - Only 1 was fully based on research
 - Other 3 were partially based on research

1. Majumdar SR et al. *J Am Coll Cardiol.* 2004. 2. LaRosa JC et al. *JAMA.* 1999. 3. Arnold S et al. *Cochrane Database Syst Rev.* 2005;. 4. Oxman A et al. *Lancet.* 2007. 5. Lavis J et al. *Milbank Q.* 2002.

Why there is the Know-Do Gap?

Evidence not focused on the end-users¹:

- Epidemiologically and methodologically focused
- Missing details on interventions and settings

Lack of knowledge management skills and infrastructure²

- Macro-level: health care system and organization (finance and equipments)
- Meso-level: health care teams (standards of care)
- Micro-level: Individual health care professionals
 - Volume of, and access to research evidence
 - Time to read
 - Skills to appraise, understand and apply research evidence

1. Glenton C et al. *J Clin Epidemiol* 2006. 2. Grimshaw JM et al. *J Contin Educ Health Prof.* 2002.

Knowledge Translation

“A dynamic and interactive process that includes the synthesis, dissemination, exchange, and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system.” *Canadian Institute of Health Research*¹

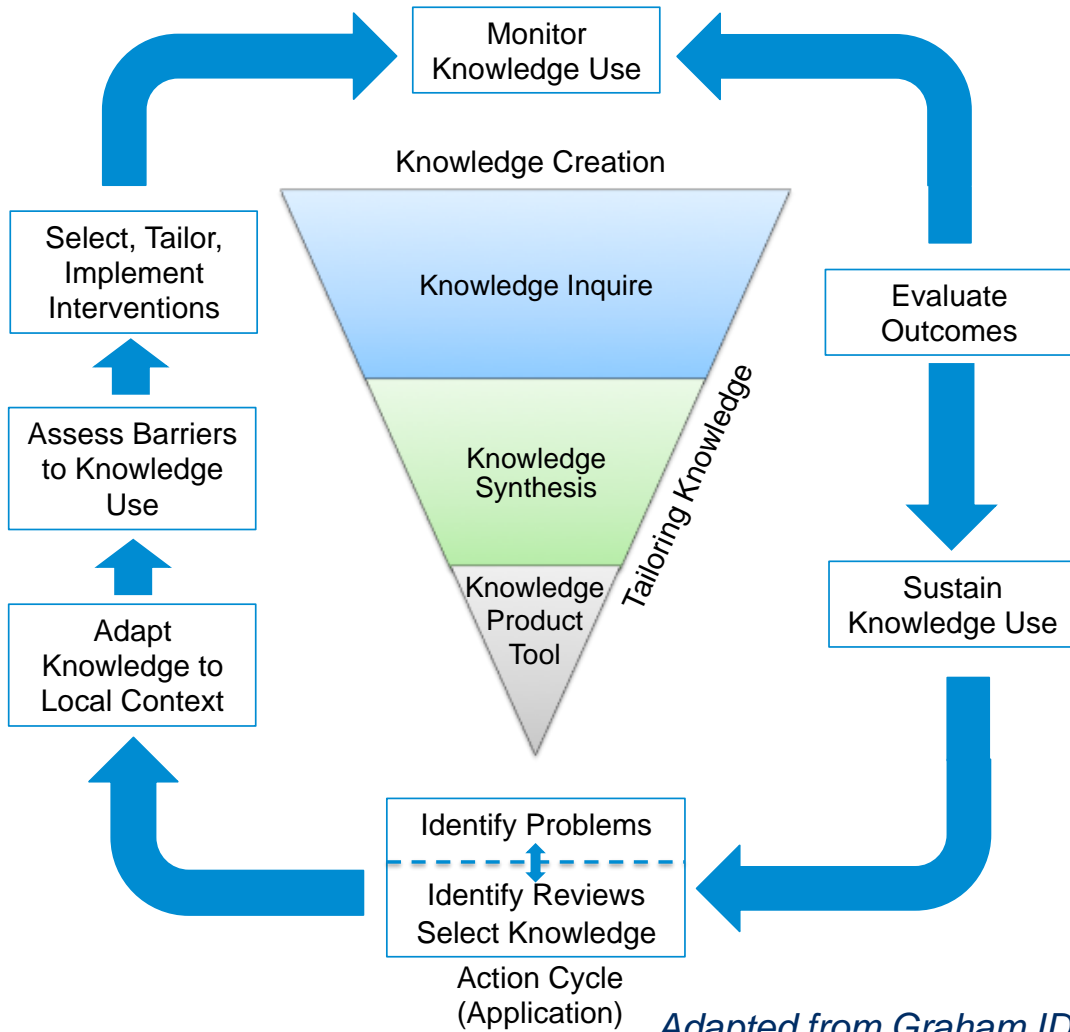
Alternative terms² are:

- dissemination and implementation,
- implementation science,
- research use,
- knowledge transfer
- uptake/exchange



1. Mc Kibbon KA et al. *Impl Sci*. 2010. 2. www.cihr-irsc.gc.ca/e/29418.html.

Knowledge to action process



Adapted from Graham ID et al. J Contin Ed Health Prof. 2006.

**World Health
Organization**

Cochrane & WHO

Cochrane has been in **official relations** with the World Health Organization (WHO) **since 2011**.

This collaboration includes:

To **appoint a representative** to participate in WHO's meetings, including **at the World Health Assembly**

To **provide input on the way research evidence is identified, synthesized, assessed and used** by WHO

To **provide reliable summaries of health information** which can be used to inform recommendations and policies

To promote **intersectoral collaboration** and high-quality research between our two organizations **to produce** the necessary **evidence to ensure policies** in all sectors contribute to improving health and health equity



Cochrane and Wikipedia

Articles relating to medicine are viewed more than 180 million times per month on Wikipedia, yet less than 1 per cent of these have passed a formal peer review process.

This opens up a unique opportunity for Cochrane to work with Wikipedia medical editors to transform the quality and content of health evidence available online.

The partnership, formalized in 2014, supports the **inclusion of relevant evidence within all Wikipedia medical articles**, as well as processes to help ensure that medical information included in Wikipedia is of the highest quality and as accurate as possible.

Trusted, evidence-based research can help people to make informed decisions about their own health care.

Cochrane KT Strategy

- 1. Prioritization and co-production of Cochrane reviews:** producing reviews which meet the needs of our users.
- 2. Packaging, push and support to implementation:** ensuring our users receive and can act on our reviews and products.
- 3. Facilitating pull:** growing our users' capacity to find and use our reviews.
- 4. Exchange:** engaging with our users to support their evidence informed decision making.
- 5. Improving climate:** advocating for evidence informed health decision-making.
- 6. Sustainable KT Processes:** building a sustainable infrastructure for knowledge translation.



Cochrane Rehabilitation & KT

1. **Review Committee** selects and tags all Cochrane Reviews relevant for rehabilitation creating the background for the work of all other Committees;
2. **Communication and Publication Committees** spread Cochrane Reviews results through social media and scientific instruments respectively (theme 2 of the Cochrane KT Strategy);
3. **Education Committee** educates and trains rehabilitation professionals on evidence and review production (theme 3-5 of the Cochrane KT Strategy)
4. **Methodology Committee** works on methodology in evidence production and gathering in rehabilitation (themes 1 and 4 of the Cochrane KT Strategy)



Cochrane Rehabilitation





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