

Services for all – methodological developments

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Trusted evidence.
Informed decisions.
Better health.

Conflict of interest disclosure

X	No, nothing to disclose
	Yes, please specify:

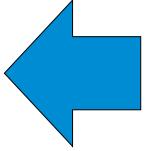
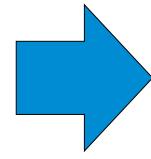
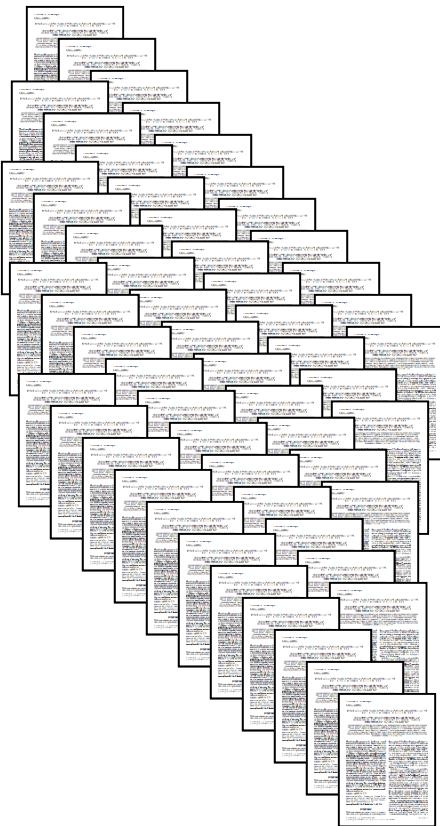
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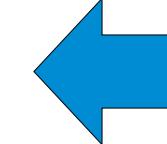
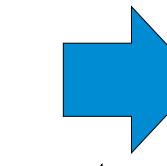
Outline

- knowledge translation – a methodology perspective
- different study questions stemming from different practice needs
- **rehabilitation: a special case in evidence-based health care approaches?**
- activities of Cochrane Rehab Methodology Committee

Knowledge translation within Cochrane - building brigdes



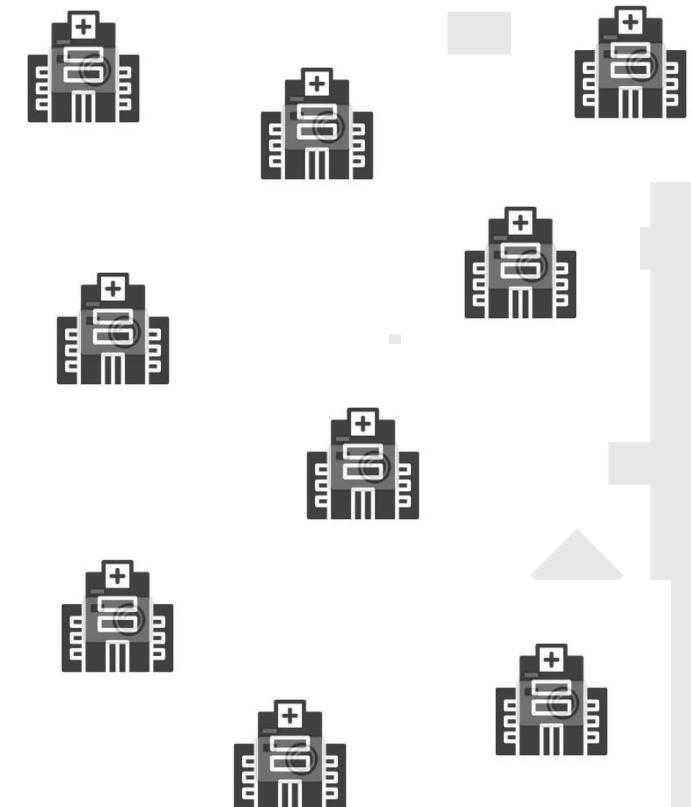
I.



II.



Rehabilitation
stakeholders side



Cochrane Groups
side

Different study questions stemming von different practice needs and its relation to methodology

- **studies that address innovations**
incl. single interventions and rehab programmes
- **studies that address different ways of current practice**
to legitimize current care, to distinguish among different service offers in current practice

Different study questions stemming von different practice needs and its relation to methodology

- **studies that address rehab measures under ideal conditions**
efficacy trials
- **studies that address rehab measures under real-world conditions**
effectiveness trials, pragmatic trials, benchmarking controlled trials
- **studies that address context factors of rehab measure important for outcomes**
health services research

Different study questions stemming von different practice needs and its relation to methodology

- **studies that address single interventions**
can give guidance for professionals which interventions to choose
- **studies that relate to the whole complex of rehab**
can legitimize the whole approach and is in essence patient-centred
- **studies that relate to local evidence of single institutions**
can help patients which rehab service to choose and commissioners in managing the rehab system

Is rehabilitation a special case in evidence-based health care approaches?

One side of the coin:

No special case

- need to legitimize what we are doing with patients in rehab care
- we have to know if what we do in rehab does more good than harm (and to what degree)
- problem of unwarranted variation present in rehab, as in other health care fields
- strong causal claims of interventions need strong study designs – first to consider: a randomized-controlled study

The turning side of the coin: **Yes, it is a special case**

- characteristics of rehab that interfere with a “simple” evaluative framework
- problems of rehab embedded in legal social code framework (“right for rehab”)
- service is strongly depended on the quality of the therapists (person-, not just intervention related)
- and on the quality of interdisciplinary team work
- and the active role of the patient/person (“prosumer”)
- individual, functioning-oriented, multidimensional outcomes
- relevant outcomes are long-term, e.g. return-to-work, and are only partly in control of rehab processes

Cochrane Rehab Methodology Committee

Chair: Antti Malmivaara (Finland), Co-Chair: Thorsten Meyer (Germany)

A think tank to help solving problems of EBM in rehabilitation.

- Monthly online committee meetings
- Two surveys on ebm problems in rehabilitation
- Pros and cons of rcts in rehabilitation research

Yearly meetings working on methodology issues in rehab:

- 2-days workshop prior to ISPRM2018 in Paris, France (William Levack)
- 1-day workshop prior to ISPRM2019 in Kobe, Japan (Stefano Negrini, Thorsten Meyer, Antti Malmivaara)



Special issue Eur J Phys Rehabil Med 55(3) June 2019

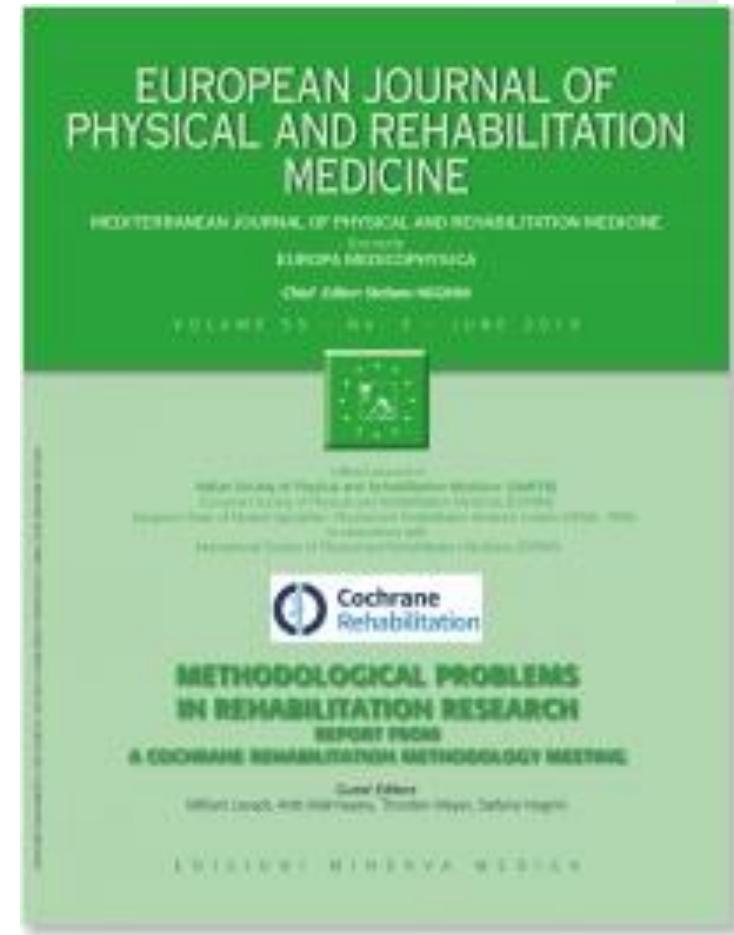
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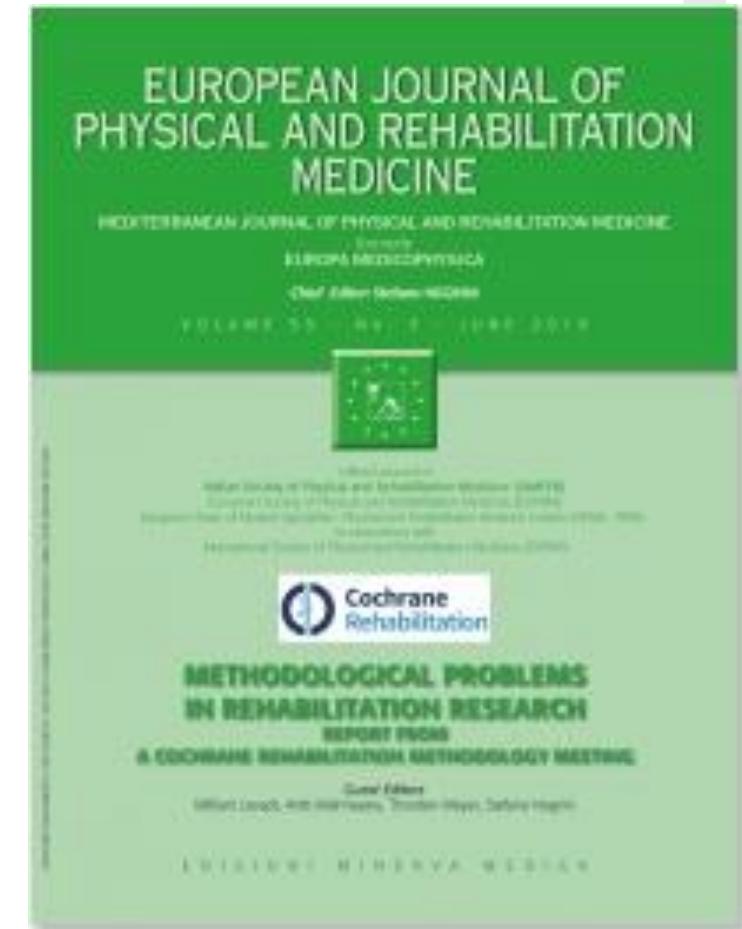
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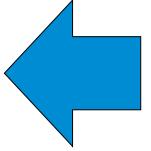
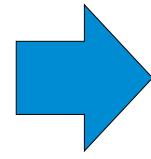
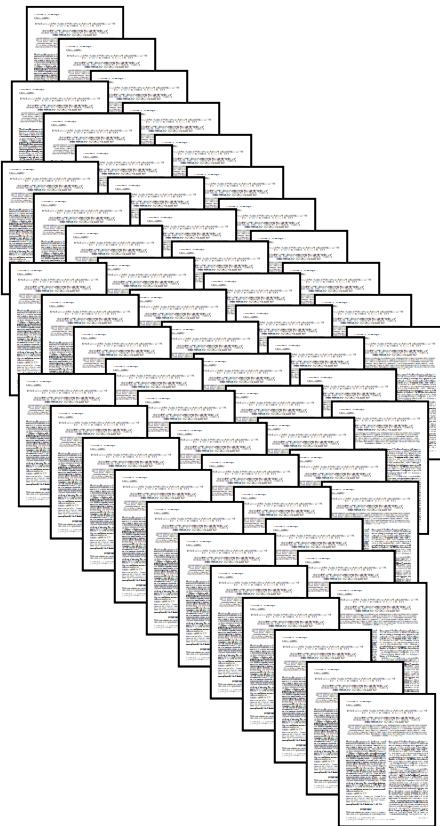
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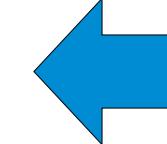
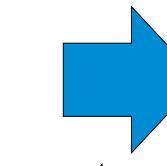
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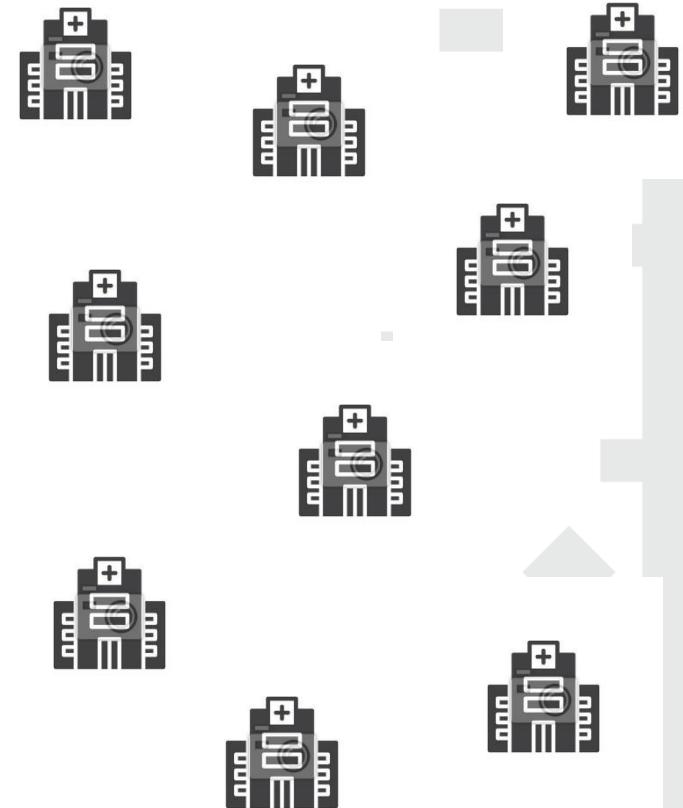
Knowledge translation within Cochrane - building brigdes



I.



II.



2nd CR methodology committee workshop in Kobe

8th June 2019

Aim Discuss topics connected with reporting for RCTs in rehab research, aligning and linking our activities with the EQUATOR network, esp. the CONSORT Extension Statement for RCT of Nonpharmacologic Treatments

Participants

Chiara Arienti (telconf), Julia Patrick Engkasan, Walter Frontera, Frane Grubisic, Allen Heinemann, Charlotte Kiekens, William Levack, Wendy Machalicek, Antti Malmivaara, Thorsten Meyer , Stefano Negrini , Susan Armijo Olivo (telconf), Aydan Oral, Melissa Selb, Gerold Stucki, William Taylor



2nd CR methodology committee workshop in Kobe



Blinding in rehabilitation research – what kind of blinding is useful and necessary in which research situation? Antti Malmivaara, Susan Armijo Olivo

Description of comparison (in addition to description of intervention), i.e. covering standard care
William Levack

Description of patient characteristics I: clinical descriptions including co-morbidities.
Thorsten Meyer, Frane Grubisic, Charlotte Kiekens

Description of patient characteristics II: inclusion of functional limitations and capacities
Gerold Stucki, William Taylor

Toward the development of the “Randomised Controlled Trials in Rehabilitation Checklist” – RCTRaCk Project
Stefano Negrini, Susan Armijo Olivo, William Levack, Chiara Arienti

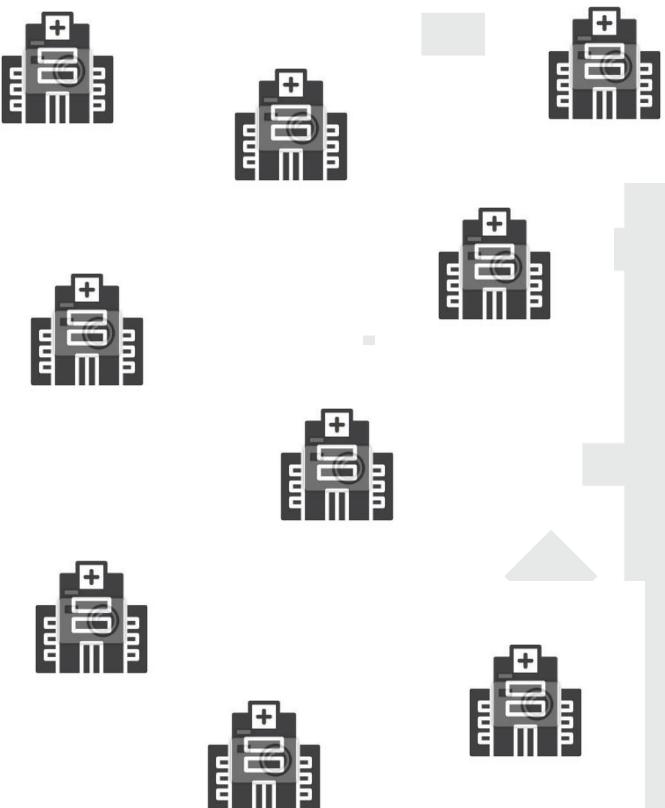
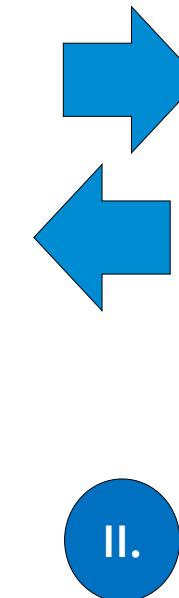
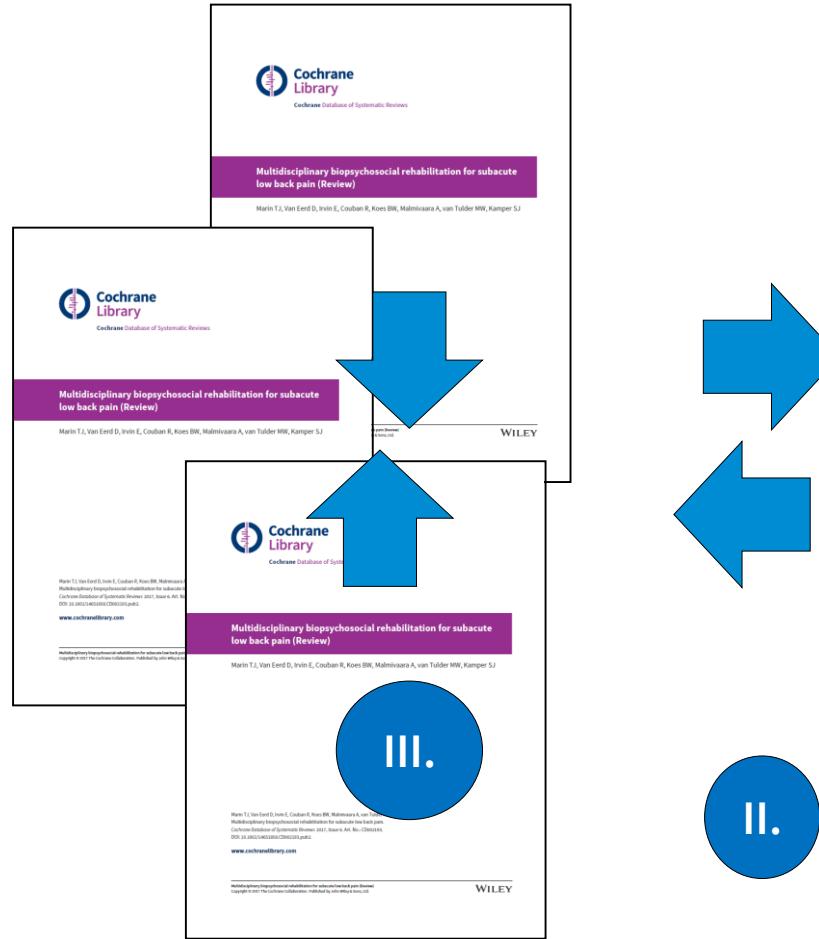
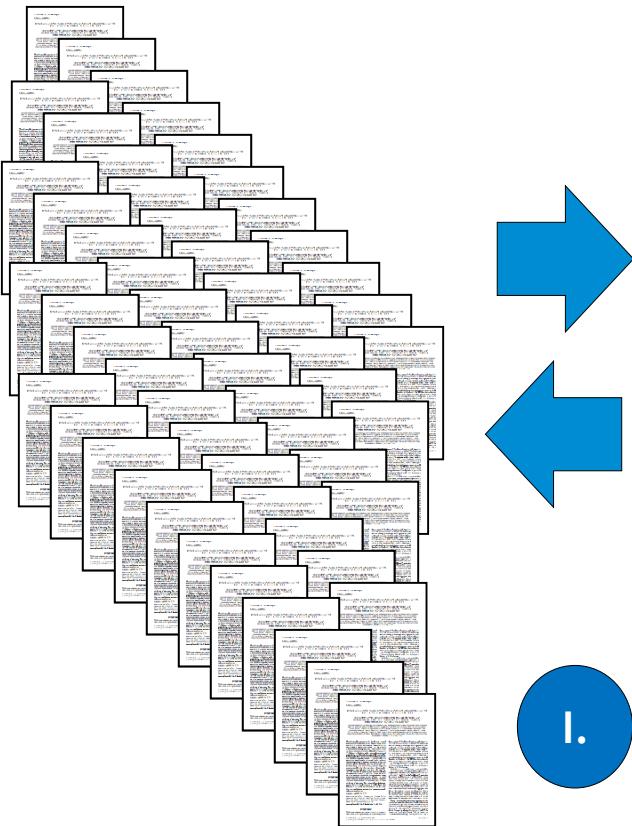
RCT Rehabilitation Checklist - RCTRaCk

To produce a **checklist of items** to be followed

- in the **reporting** of RCTs in rehabilitation
 - as an **add-on** (not substitution) to the **CONSORT Non-Pharmacological Treatment Studies checklist**
- in the **conduct** and **risk of bias evaluation** of RCTs in rehabilitation
 - as an **add-on** (not substitution) to the **Cochrane Risk of Bias tool**.

To identify **areas of methodological research** to fill gaps in the actual relevant knowledge – toward a constant development of the RCTRaCk

Knowledge translation within Cochrane - building brigdes



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Thank you

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