Cochrane Rehabilitation

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Disclosure

Nothing relevant to this talk

ISICO (Italian Scientific Spine Institute): stock
European Journal of Physical and Rehabilitation Medicine: congress expenses
Outline

Cochrane:
• what it is, what it does, why it is important

Cochrane Rehabilitation:
• what it is, what it does, why it is important
• organization and actions performed

Cochrane

what it is, what it does, why it is important
Cochrane vision

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.
What does Cochrane do?

Cochrane gathers and summarizes the best evidence from research producing systematic reviews and meta-analysis including only Randomized Controlled Trials (RCTs).

Cochrane does not accept commercial or conflicted funding.

Cochrane Rehabilitation

what it is, what it does, why it is important
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
11. Consumers and Communication Group
12. Covidence Review Group
13. Cystic Fibrosis and Genetic Disorders Group
14. Dementia and Cognitive
15. Developmental, Psychosocial and Learning Problems Group
16. Drugs and Alcohol Group
17. Effective Practice and Organisation of Care Group
18. ENT Group
19. Epilepsy Group
20. Eyes and Vision Group
21. Fertility Regulation Group
22. Gynaecological, Neuro-oncology and Orphan Cancer Group
23. Gynaecology and Fertility Group
24. Haematological Malignancies Group
25. Heart Group
26. Hepato-Biliary Group
27. HIV/AIDS Group
28. Hypertension Group
29. IBD Group
30. Incontinence Group
31. Infectious Diseases Group
32. Injuries Group
33. Kidney and Transplant Group
34. Lung Cancer Group
35. Metabolic and Endocrine Disorders Group
36. Methodology Review Group
37. Movement Disorders Group
38. Multiple Sclerosis and Rare Diseases of the CNS Group
39. Musculoskeletal Group
40. Neonatal Group
41. Neuromuscular Group
42. Oral Health Group
43. Pain, Palliative and Supportive Care Group
44. Pregnancy and Childbirth Group
45. Public Health Group
46. Schizophrenia Group
47. Skin Group
48. STI Group
49. Stroke Group
50. Test CRG
51. Tobacco Addiction Group
52. Upper GI and Pancreatic Diseases Group
53. Urology Group
54. Vascular Group
55. Work Group
56. Wounds Group
4 with >20 reviews of PRM interest

1. Back and Neck
2. Bone, Joint and Muscle Trauma
3. Musculoskeletal
4. Stroke

28 with ≥ 1 reviews of PRM interest

1. Acute Respiratory Infections  
2. Airways  
3. Back and Neck  
4. Bone, Joint and Muscle Trauma  
5. Breast Cancer  
6. Cystic Fibrosis and Genetic Disorders  
7. Dementia and Cognitive Improvement  
8. Developmental, Psychosocial and Learning Problems  
9. Ear Nose and Throat disorders  
10. Eyes and Vision  
11. Gynaecological, Neuro-oncology and Orphan Cancer  
12. Gynaecology and Fertility  
13. Heart  
14. HIV/AIDS  
15. Incontinence  
16. Injuries  
17. Kidney and Transplant  
18. Lung Cancer  
19. Movement Disorders  
20. Multiple Sclerosis and Rare Diseases of the CNS  
21. Musculoskeletal  
22. Neonatal  
23. Neuromuscular  
24. Pain, Palliative and Supportive Care  
25. Pregnancy and Childbirth  
26. Stroke  
27. Vascular  
28. Wounds

Cochrane Organization

**Review Groups**: systematic reviews

**Methods Groups**: development of methods for reviews

**Centres**: local knowledge translation

**Fields and Networks**: knowledge translation for a specific health community other than a condition
Role of Cochrane Fields
a bridge

- facilitate work of Cochrane Review Groups
- ensure that Cochrane reviews are both relevant and accessible to their fellow specialists and consumers

Rehabilitation stakeholders side
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.
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

Organization and actions performed
Packaging, push and support to implementation

Ensuring our users receive and can act on our reviews and products

Review Committee
- Review selection and website database

Communication Committee
- Web site and social media

Publication Committee
- Cochrane Corners

Ebook (in production)
Reviews Committee

Tagging rules document
Tagging database using “Knack” online software
Published reviews of first 6 months of 2017
All Cochrane Reviews since 2015 have been double-checked, with single check starting from 2012
Ongoing tagging process to tag all Cochrane database
List of Cochrane reviews of rehabilitation interest.

By subtopic:
- Health Conditions (100)
  - Cardiac (3)
  - Gynaecology or Urology (1)
  - Mental Health (1)
  - Neurological (26)
  - Older Adults (>65 years) (16)
  - Oncology (3)
  - Orthopaedic or musculoskeletal (incl. pain conditions) (29)
  - Other (5)
  - Paediatrics (<18 years) (11)
Comunication Committee

Web-site: 4727 visits in 2017
Newsletter: 361 subscribers
Twitter: 715 followers
Facebook: 1292 likes
U-tube channel: 28 videos with 58 visualizations on average
4 blogshots (1 per week since january 2018)
Facebook

1,372 likes (March 6, 2018)
1,427 follows (March 6, 2018)
70 posts shared (December 2016-March 2018)
Twitter

844 followers (March 6, 2018)
418 tweets (December 2016-March 2018)
23,583 visualizations
YouTube

28 video shared

Average: 61 visualizations

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

The first year of Cochrane Rehabilitation

The Latest Cochrane Systematic Reviews relevant to Rehabilitation

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”.

My name is Chiara and last year I started my PhD in Brescia (Italy) on Evidence Based Medicine, dedicating most of my time to Cochrane Rehabilitation. This year I attended for the first time a Global Evidence Summit.
Blogshots

Yoga for stroke rehabilitation

We are uncertain whether yoga improves quality of life, balance, gait, depression, anxiety and disability in stroke survivors. Whether or not yoga has any adverse effects is also uncertain.

Cochrane Review; two studies with 72 people comparing yoga vs waiting-list control in adults with stroke.

Cochrane Review by: Cochrane Stroke Group

Cardiorespiratory exercise programmes may improve cardiorespiratory fitness in people after traumatic brain injury.
It is uncertain whether they improve depression, cognition or fatigue or whether there are any adverse effects.

Cochrane Review: 8 studies with 398 people with traumatic brain injury of any age or severity, comparing cardiorespiratory exercise prescribed alone vs usual care, a non-exercise intervention or no intervention.

Cochrane Review by: Cochrane Injuries

Vocational rehabilitation for enhancing return-to-work in workers with traumatic upper limb injuries

We are uncertain whether vocational rehabilitation improves workers’ ability to return to work after traumatic upper limb injuries. Effects on functional status and quality of life are also uncertain. EVIDENCE GAP.

Cochrane Review; no eligible studies found.

Cochrane Review by: Cochrane Work Group

Treatment of fatigue in amyotrophic lateral sclerosis/motor neuron disease

It is uncertain whether modafinil, breathing exercises, exercises with weights, or magnetic brain stimulation are safe and effective at improving fatigue in people with amyotrophic lateral sclerosis (also known as motor neuron disease). EVIDENCE GAP.

Cochrane Review; 4 studies with 86 people with amyotrophic lateral sclerosis, comparing pharmacological and non-pharmacological treatments vs placebo.

Cochrane Review by: Cochrane Neuromuscular
Yoga for stroke rehabilitation

We are uncertain whether yoga improves quality of life, balance, gait, depression, anxiety and disability in stroke survivors. Whether or not yoga has any adverse effects is also uncertain.

Cochrane Review; two studies with 72 people comparing yoga vs waiting-list control in adults with stroke.

Cochrane Review by: Cochrane Stroke Group

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence http://bit.ly/2BR580B
Blogshots translations

脳卒中リハビリテーションのためのヨガ

ヨガが脳卒中サバイバーの生活の質、バランス、歩行、うつ、不安、そして能力障害を改善するかどうかは不明である。ヨガが引き起こす有害事象の存在についても不明である。

Cochrane Review; 成人脳卒中患者72名を有する2つの研究、ヨガを実施した群と実施しなかった群との比較。

Cochrane Review by: Cochrane Stroke Group

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence http://bit.ly/2BR580B
Cochrane Corners

Archives of Physical Medicine and Rehabilitation

THE OFFICIAL JOURNAL OF
ACRM
AMERICAN CONGRESS OF REHABILITATION MEDICINE
Improving lives through interdisciplinary rehabilitation research

ELSEVIER
Facilitating pull

Growing our users’ capacity to find and use our reviews

Education Committee

• courses
Education Committee

Workshops
– General introduction: what is Cochrane and Cochrane Rehabilitation
– Cochrane Rehabilitation results
– Other EBM material

Courses on EBM and Cochrane
Workshops & educational sessions

03/2017 – Frankfurt – Reha-Kolloquium 2017
05/2017 – Buenos Aires – International Society of PRM
09/2017 – Cape Town – Global Evidence Summit
11/2017 – Malta – Mediterranean Forum of PRM
11/2017 – Maastricht – Baltic North Sea Forum of PRM
02/2018 – Atlanta – American Academy Physiatry
04/2018 – Vilnius – European Society of PRM
07/2018 – Paris – International Society of PRM
09/2018 – Edimburgh – 2 workshops submitted
Exchange

Engaging with our users to support their evidence informed decision making

Personal direct engagement with Scientific Societies
Advisory Board
Participation in main International and Regional Meetings
Partnerships
Memorandum of Understandings
Advisory Board

3 Cochrane Groups: Italy, Musculoskeletal, Stroke

5 World Scientific Societies: ISPO, ISPRM, WCPT, WFNR, WFOT

4 Regional Scientific Societies: AMLAR, AOSPRM, ESPRM, UEMS-PRM Section


4 Experts: China, Colombia, Switzerland, USA

4 Representatives: consumers, LMIC (2), WHO

First meeting in Buenos Aires during ISPRM 2017
«Scientific» Campaigns

Pre launch (2015-6)


Scientific contributions

10/2016 – Seoul – Cochrane Colloquium: Presentation & Poster
05/2017 – Buenos Aires – International Society of PRM: Keynote lecture
09/2017 – Cape Town – Global Evidence Summit: 3 posters
02/2018 – Atlanta – American Academy of Physiatry: DeLisa Lecture
04/2018 – Vilnius – European Society of PRM: Lecture
06/2018 – Oxford – Evidence Live: Presentation & Poster

09/2018 – Edimburgh – Cochrane Colloquium: 5 papers submitted
Partners
Memorandum of understanding

- International organisations
- ESPRM (December 2016)
- ISPRM (May 2017)
- WFNＲ (?)
Partners

Memorandum of understanding

- National PRM Societies
- Croatia (April 2018)
- Italy (September 2018)
- Belgium (December 2018)
- …
WHO Rehabilitation 2030: a call for action

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.
Improving climate

Advocating for evidence informed health decision-making

Methodology Committee

- surveys
- discussion and position papers
Methodology Committee

A think tank to help solving problems of EBM in PRM

Already done:

• Two surveys on EBM problems in Rehabilitation
• One poster at the Global Evidence Summit
• First Cochrane Rehabilitation Corner paper in the European Journal of Physical and Rehabilitation Medicine (October 2017)

Yearly journal special issues and/or sections on methodology:

• First one in EJPRM after Catalyst 2-days Workshop before ISPRM
Papers on methodology

Catalyst Meeting: topics

Prioritisation of review questions: W Taylor, NZ
Service users' involvement: N Kayes, NZ
Operationalising interventions: J Hay-Smith, NZ; S Negrini, I; C Kiekens, Be
Managing control groups: W Levack, NZ
Selecting outcome measures: J Patrick Engkasan, Mal; G Stucki, Swi; M Selb, Swi
Evaluation of risk of bias: C Arienti, I; F Gimigliano, I; A Malmivaara, Fin
Generalisability and transferability of findings: M Harwood, NZ; F Rathore, Pak; T Meyer, De
Cochrane Overviews for rehabilitation practice: A Pollock, UK
Effective and sustainable KT

Building a sustainable infrastructure for knowledge translation

Contributors

- Calls
- Partners and/or Units
- Tasks
Calls

We are now looking for:

- [Translators]
- Persons interested in [Review Tagging Activities]
- [Bloggers]
Calls

Call for Review Tagging activities of Cochrane Rehabilitation

Dear Cochrane Rehabilitation Community member,

Help wanted! The Cochrane Rehabilitation Review Committee process of tagging all rehabilitation relevant reviews in the Cochrane Database. The purpose of this work is to make these reviews more accessible and involved in the work of rehabilitation. Eventually, we may explore these reviews by intervention and outcome types, but to begin, we will have to find them.

We are crowdsourcing the work of tagging reviews. We have set up a database where users can sign up to contribute to the work of tagging. A minimum of two people from different professional backgrounds will review, and differences of opinion in tagging will be resolved by the Rehabilitation Review Committee. Reviews relevant to rehabilitation will appear on the Cochrane Rehabilitation website under our evidence section.

What is involved?

Call for Translators of Communication material of Cochrane Rehabilitation

Dear Cochrane Rehabilitation Community member,

We are now proceeding with the production and dissemination of materials on Cochrane and Cochrane Rehabilitation. In order to spread these contents to all people involved in the rehabilitation world, we are looking for colleagues willing to collaborate with us in the translation activities. These will include the following:

- Cochrane Rehabilitation Website
- Newsletters

Call for Bloggers

Rewards

Page on the website
Milestones badges according to work performed
Cochrane membership (50 hours of work)
Partners

Partners

• Funding
  – Fondazione Don Gnocchi
  – University of Brescia
  – International Society of PRM
  – European Society of PRM
  – European Union Section (professional)
  – European Union Board (education)
  – European Academy of RM

• In kind (units)
  – 3 established
  – 8 proposed
Prioritisation and co-production

Producing reviews which meet the needs of our users

Work with CRGs

• Proposal of reviews to CRGs
• Revisions of review
• Co-production of rehabilitation reviews

Production of Overview of Cochrane Reviews

E-book project with the European Bodies of PRM
The Cochrane Rehabilitation eBook project

Funded and co-authored by the European PRM Bodies Alliance:

- European Society of Physical and Rehabilitation Medicine (ESPRM)
- European Union of Medical Specialists (UEMS), Physical and Rehabilitation Medicine Section and Board
- European Academy of Rehabilitation Medicine
Cochrane Rehabilitation eBook

“Live” e-book available for free in Internet to be constantly updated including all Cochrane reviews relevant to rehabilitation

Contents

• Titles
• Abstracts
• Plain language summary
• Summaries for the different audiences
• Blogshots and other relevant products
The eBook and the PRM Bodies

**Funded** by the European Physical and Rehabilitation Medicine (PRM) Bodies;
- European Society of PRM
- Europan Academy of RM
- European Union of Medical Specialists – PRM Section and Board

**Importance** to Physical and Rehabilitation Medicine (PRM):
- inform clinicians on evidence based practice (relevant to all European PRM Bodies)
- educate undergraduate and postgraduate PRM trainees (relevant to UEMS-PRM Board)
- support political actions toward policymakers, patients’ associations and other stakeholders (relevant to UEMS-PRM Section and ESPRM)
- identify unmet needs of evidence synthesis and activate correct prioritization for future work of Cochrane (relevant to all European PRM Bodies)
The prioritisation exercise

Definition of an **Index** in agreement with the stakeholders
Identification of all relevant **Cochrane reviews**
**Matching** between the Cochrane reviews and the index
Identification of
- missing information
- redundancies
The content summaries

Production of the summaries for different **target audiences**
- PRM physicians and other rehabilitation professionals, with ESPRM
- postgraduate PRM trainees and medical students, with UEMS Board
- politicians, with UEMS Section
- consumers, with Cochrane

**Translation** into different languages

**Publication**

Continuous **updating**
# How to write a plain language summary of a Cochrane intervention review

27th March 2017

(If you want to have any comments to the template to Cochrane Clintor (blazar@altered.co.uk) at Cochrane Norway)

## Table of standardised statements about effect

<table>
<thead>
<tr>
<th>Evidence Level</th>
<th>Important benefit/harm</th>
<th>Less important benefit/harm</th>
<th>No important benefit/harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>High quality/certainty¹ evidence</td>
<td>[Intervention] improves/reduces [outcome] (high quality / certainty evidence)</td>
<td>[Intervention] slightly improves/reduces [outcome] (high quality / certainty evidence)</td>
<td>[Intervention] makes little or no difference to [outcome] (high quality / certainty evidence)</td>
</tr>
<tr>
<td>Moderate quality/certainty¹ evidence</td>
<td>[Intervention] probably improves/reduces [outcome] (moderate quality / certainty evidence)</td>
<td>[Intervention] probably slightly improves/reduces [outcome] probably leads to slightly better/worse [outcome] (moderate quality / certainty evidence)</td>
<td>[Intervention] probably makes little or no difference to [outcome] (moderate quality / certainty evidence)</td>
</tr>
<tr>
<td>Low quality/certainty¹ evidence</td>
<td>[Intervention] may improve/reduce [outcome] (low quality / certainty evidence)</td>
<td>[Intervention] may slightly improve/reduce [outcome] (low quality / certainty evidence)</td>
<td>[Intervention] may make little or no difference to [outcome] (low quality / certainty evidence)</td>
</tr>
<tr>
<td>Very low quality/certainty¹ evidence</td>
<td>We / The review authors are uncertain whether [intervention] improves/reduces [outcome] as the quality / certainty of the evidence has been assessed as very low</td>
<td>None of the studies looked at [outcome]</td>
<td></td>
</tr>
<tr>
<td>No studies</td>
<td>None of the studies looked at [outcome]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹Within GRADE, the phrase “quality of the evidence” is increasingly referred to as “certainty of” the evidence. Use the same term that has been used elsewhere in the review.
Conclusion

Cochrane is the world Gold Standard for Evidence

Cochrane Rehabilitation is the new Body to increase quality and knowledge/application of evidence in Rehabilitation

The services of Cochrane Rehabilitation are offered for free to all the worldwide rehabilitation community
Conclusion

Cochrane is the world Gold Standard for Evidence

Cochrane Rehabilitation is the new Body to increase quality and knowledge/application of evidence in Rehabilitation

The services of Cochrane Rehabilitation are offered for free to all the worldwide rehabilitation community

Cochrane Rehabilitation needs your voluntary help to carry on its mission