



**Cochrane
Rehabilitation**

**Cochrane Rehabilitation
2022 Annual Report**

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Introduction

The year 2022 represents Cochrane Rehabilitation's sixth year since it was established as Cochrane Field in December 2016. The event to celebrate Cochrane Rehabilitation's fifth anniversary involved around 110 people, representatives of all rehabilitation stakeholders. We discussed the challenges that rehabilitation will have to address during the next years. The two most important aspects that emerged were 1) the dissemination of evidence in Low- and Middle-Income Countries and their involvement in our activities, and 2) education on research methodology among rehabilitation professionals. Consequently, we decided to revise our vision, mission and goals. (<https://www.youtube.com/@CochraneRehab/playlists>)

The updated vision of Cochrane Rehabilitation is of "a world where all clinical decisions in rehabilitation are based on the best available evidence that is easily accessible and understood by all rehabilitation stakeholders."

This new vision prompted a revision of our mission, which became "to improve the production, synthesis, dissemination, implementation and impact of rehabilitation evidence at an individual, organizational and health policy level, with a global view beyond professions, culture, language and economic resources. We aim to promote evidence-based clinical practice that integrates research evidence with clinical expertise and patient values." (<https://rehabilitation.cochrane.org/about-and-contacts/about-us/mission-and-vision>)

The new six goals (<https://rehabilitation.cochrane.org/about-and-contacts/about-us/goals>) are:

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1. Create a global rehabilitation network connecting all stakeholders and individuals involved in the production, dissemination, and implementation of evidence-based clinical practice.
2. Undertake knowledge translation of Cochrane reviews relevant to rehabilitation, with dissemination to all relevant audiences and intermediaries in different formats and languages.
3. Increase knowledge and skills:
 - a. to implement Evidence-Based Clinical Practice in rehabilitation through education and training for stakeholders.
 - b. to produce and synthesize evidence relevant to rehabilitation.
4. Improve the methodology of production and synthesis of evidence relevant to rehabilitation.
5. Develop specific strategies with projects and activities:
 - a. focusing on the priorities and needs of Low and Middle-Income Countries.
 - b. to impact health policy.
6. Synthesize or guide to synthesize the best available evidence relevant to rehabilitation according to identified priorities and emergent needs.

Cochrane Rehabilitation has expanded its headquarters, adding a location at the IRCCS Ospedale Galeazzi Sant'Ambrogio in Milan [Table 2].

The year 2022 included important projects and activities, such as:

1. Publication of the rehabilitation definition for scientific purposes.

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2. Collaboration with the World Health Organization (WHO) on different projects, such as:
 - a. Best Evidence for Rehabilitation (BE4REHAB), within the development of the Package of Interventions for Rehabilitation to plan and implement rehabilitation into Healthcare Systems (<https://rehabilitation.cochrane.org/special-projects/be4rehab>).
 - b. REHabilitation-COVID-19 Evidence-based Response (REH-COVER action) (<https://rehabilitation.cochrane.org/resources/cochrane-rehabilitation-versus-covid-19>).
 - c. Cochrane’s membership within the research workstream of the World Rehabilitation Alliance (WRA), a WHO global network of stakeholders that aims to support the implementation of the Rehabilitation 2030 initiative.
3. The official launch of Cochrane Rehabilitation’s ebook (<https://ebook-rehabilitation.cochrane.org/>).

Other work is outlined within this report, which presents the activities [Table 1], publications^{[1],[2],[3]} and projects completed during 2022.

Projects Activity

After a strategic meeting with the advisory committee — a small, highly focused support group — it was decided at the beginning of 2022 to move from the previous configuration of “Working Areas” (Review, Publication, Education, Methodology, and Communication) to “Project-based

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activities” carried out by the members of the previous working areas and any volunteer offering to help the activities of Cochrane Rehabilitation. The aim is to enlarge our actively working community.

❖ **Review activities**

Review activities are focused on the continuous identification and “tagging” of rehabilitation-relevant reviews and protocols published in the Cochrane Library. More than 1,300 articles published between September 2019 and July 2022 have been screened, including 1,026 Cochrane Systematic Reviews (CSRs) and 352 Protocols; 430 reviews are pending the check of a second tagger. Selection disagreements are discussed by an interprofessional group of rehabilitation professionals to enhance work quality and consistency. The decisions encountered in the tagging process highlighted the lack of a standard, globally accepted rehabilitation definition, even within single rehabilitation professional groups. This led to the creation of the “Rehabilitation definition for scientific purposes” project. The review group contributed to the project by analysing all the difficult-to-resolve disagreements in the screened reviews and protocols, their efforts serving as groundwork to develop, and evaluate the operability of, a definition of rehabilitation.

❖ **Publication activities**

The main activity remained the production of Cochrane Corners. The editorial process has been previously described. Currently, we have agreements with nine leading journals

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(<https://rehabilitation.cochrane.org/about-and-contacts/partners/journals>). In 2022, 34 Cochrane Corners were published, adding to prior years' publications for a total of 164 Cochrane Corners published (<https://rehabilitation.cochrane.org/resources/publications/cochrane-corners>).

❖ Education activities

In 2021, we centralised our efforts to 1) renew the internal organisational structure of this working area, and 2) revise and improve future educational activities and objectives.

During the 5th anniversary event, the session “Education on evidence for the rehabilitation community” focused on the need for training resources and advocacy for educational activities and tools within the rehabilitation world to support evidence-based practice (<https://youtu.be/R2hNr1bjZOo>). Therefore, we will launch a call in 2023 inviting people to get involved in or to propose projects for this effort.

We were able to resume in-person activities with the workshop “Cochrane Rehabilitation workshop: Cochrane Evidence Examine and Deploy (CREED)”, held in July 2022 during the 16th World Congress of the International Society of Physical and Rehabilitation Medicine (ISPRM).

❖ Methodology activities

During the second half of 2022, we performed a survey about the planning and organisation of the 5th Cochrane Rehabilitation Methodological Meeting, sent out to 52 rehabilitation

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stakeholders. The previous methodology meetings served the community by developing new tools and an understanding of evidence production. The meetings are organised in four main steps: 1) Definition: identification of topics and contributors; 2) Preparation: team producing preparatory papers distributed before the meeting to all participants; 3) Discussion: meeting where the papers are presented and thoroughly discussed; and 4) Writing and publication: production of a Special Issue in a journal. For the 5th Methodological Meeting, we are focusing on the topic “Study designs that provide useful evidence for rehabilitation”. In the survey, we asked respondents to provide any new ideas and/or topics and an expression of interest in being involved in this effort. Precise details on the organisation of the 5th Methodological Meeting will be shared later in 2023.

❖ **Communication activities**

Communication activities reflect three primary objectives: 1) connect rehabilitation stakeholders globally; 2) translate and disseminate rehabilitation knowledge; and 3) promote Cochrane to rehabilitation stakeholders and the needs of rehabilitation stakeholders to Cochrane.

❖ **Blogshots and translations**

A blogshot is an infographic that presents key information from a single Cochrane Review. Production and dissemination of blogshots started in 2019, and we have produced a total of 107 blogshots in the English language, with 18 in 2022. During the year, a second translation manager joined the Cochrane Rehabilitation team in charge of translation processes. We are now translating blogshots in 12 languages, with

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Chinese, Japanese and Malay added in 2022. We also established contacts to start the translations in Portuguese and Greek in 2023. During 2022, we had 79 blogshot translations: four in Chinese, five in Croatian, 11 in Dutch, nine in French, three in German, seven in Hungarian, ten in Italian, four in Japanese, two in Malay, 11 in Polish, ten in Serbian and three in Spanish. The translations are realised in collaboration with the National/Regional Societies of PRM and/or Regional Cochrane Centers. Blogshot translations are available on the Cochrane Rehabilitation website (<https://rehabilitation.cochrane.org/resources/blogshots>) and in the Cochrane archives on Tumblr (<https://cochraneblogshots.tumblr.com/tagged/rehab>). Future plans include broadening our translation activities beyond blogshots.

❖ **Newsletter**

The monthly newsletter remains one of the pillars of Cochrane Rehabilitation's communication strategy. Audience growth is stable: In 2022, the newsletter had 1,548 subscribers, with a 10.1% growth over 2021. The overall newsletter average open rate was 35.1% and the average click rate was 7.8%. The average unsubscribe rate was 0.1%.

❖ **Social media**

Social media activities are growing steadily. Followers on all social media channels increased: Facebook had 3,191 followers (+7.6%), Twitter 2,935 followers (+9.4%), Instagram 2,941 followers (+19.5%) and LinkedIn 1,604 followers (+67.8%). The new

YouTube channel, which opened in 2022, has 53 subscribers, and we uploaded 26 videos.

❖ Website

In 2022, the percentage of returning visitors on the website was 19.2%, and the percentage of new visitors was 80.8%. The overall average number of pages viewed during a session was +2.2%, the average session duration was +9.1% and the bounce rate was -5.0%. The pages with a higher percentage of page views were “Evidence,” with +79.0% (<https://rehabilitation.cochrane.org/evidence>), “Resources,” with +32.1% (<https://rehabilitation.cochrane.org/resources>) and “Special Projects,” with +15.5% (<https://rehabilitation.cochrane.org/special-projects>).

Special projects

Cochrane Rehabilitation is conducting a series of special projects in collaboration with some external partners.

❖ Rehabilitation Definition

The definition of rehabilitation for scientific purposes was published in 2022 — with the decision to copublish it in relevant rehabilitation journals — and disseminated to rehabilitation stakeholders. ^{[4],[5],[6]} A translation of the rehabilitation definition into other languages is being planned in collaboration with the UEMS (European Union of Medical Specialists) PRM (Physical and Rehabilitation Medicine) section.

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In addition, a systematic review is being carried out in order to verify the applicability of the new rehabilitation definition in identifying CSRs relevant for rehabilitation. The review started from a sample of CSRs tagged in the database of rehabilitation-relevant CSRs published on the website (<https://rehabilitation.cochrane.org/evidence>). The sample was scored by two reviewers, and discrepancies of agreement were resolved through a discussion involving a third researcher.

❖ WHO – Best Evidence for Rehabilitation – Be4rehab project

A Cochrane evidence map on 14 of the 22 non-transferable diseases identified by WHO is being produced, including on spinal cord injury, traumatic brain injury, chronic obstructive pulmonary disease, fractures, Parkinson’s disease, osteoarthritis, cerebral palsy, intellectual disability and ischemic heart disease. In the context of this initiative, the following papers were published in 2022: a systematic review on guidelines for children with fractures (34247473)^[7] and one on guidelines for persons with osteoarthritis (35166450)^[8] and three overviews of CSRs of rehabilitation interventions for persons with traumatic brain injury (35628818)^[9], spinal cord injury (35905770)^[10] and chronic obstructive pulmonary disease (35904775)^[11]. Manuscripts on cerebral palsy (submitted), ischemic heart disease and fractures are in progress, with the aim of seeing them published in 2023. The Cochrane evidence map includes data extracted from the Tables of Findings and GRADE quality assessment.

❖ Guidance for COVID-19 condition

❖ Rehabilitation – COVID-19 Evidence-based Response (REH-COVER) action

We kept the rehabilitation community informed with regular updates on the growth of evidence on rehabilitation for patients with COVID-19 and its lasting health effects after experiencing COVID-19 and its treatment. In the second part of the year, we decided to reduce the updates to yearly because of the reduced urgency; future updates are expected to be published accordingly. In 2022, we published three updates of the Third Edition: 1) update to October 2021;^[12] 2) update to December 2021;^[13] and 3) update to February 2022^[14] (for a total of three main papers and 13 updates — <https://rehabilitation.cochrane.org/covid-19/reh-cover-rapid-living-systematic-reviews>). The interactive living evidence map on Rehabilitation and Covid-19 (<https://rehabilitation.cochrane.org/covid-19/reh-cover-interactive-living-evidence>) continued to be regularly updated. In addition, we supported the WHO in developing “Rehabilitation for post-COVID-19 Condition Interim Guidance”. This project included two main activities: 1) a systematic review on rehabilitation care models; and 2) an evidence synthesis of rehabilitation interventions for post-COVID-19 impairments.

❖ “Evidence relevant to” project

Cochrane Rehabilitation developed the REH-COVER action to provide the global rehabilitation community with the best available evidence to respond to the COVID-19 pandemic. However, currently we are also facing the long-term consequences of

COVID-19, initially called “long covid” and now referred to as post COVID-19 condition (PCC).^{[15],[16],[17],[18],[19],[20]} This situation led the WHO Rehabilitation Programme to request an evidence synthesis to support the development of specific recommendations. Starting from this need, Cochrane Rehabilitation developed a summary of “evidence relevant to” the rehabilitation of adults with PCC.^[21]

The PICO framework informs evidence production and synthesis: Interventions to achieve a specific Outcome for people with a disease (Population) are contrasted with a Comparison. We could call the output of such research the “evidence on” interventions for a specific population. However, within rehabilitation, the interventions do not target the disease but the impairments and the level of activity/participation, accounting for pathology-specific contraindications. In other words, in rehabilitation, the health conditions contextualise the interventions that are required to regain capacity that has previously been lost by the patient. This understanding of rehabilitation provides an opportunity for a different approach to evidence gathering for managing new diseases — at least until direct evidence is available. Rehabilitation interventions can be identified based on their effectiveness for impairments and activity limitations in other health conditions. These interventions become strong hypotheses (and constitute the earliest evidence available) for clinical management and research until direct, more robust “evidence on” the rehabilitation for people with that health condition becomes available. This is what we call “evidence relevant to” rehabilitation.

The project provided a mapping synthesis of CSRs on adults experiencing relevant PCC impairment. The results have been reported in five different papers in the following categories: 1) Fatigue, post-exertional malaise and orthostatic intolerance;^[22] 2) Dyspnea;^[23] 3) Arthralgia;^[24] 4) Dysphagia, dysphonia and olfactory dysfunction;^[25] and 5) Cognitive impairment, anxiety and depression.^[26]

❖ **Cochrane Rehabilitation ebook**

In July 2022, we officially launched the Cochrane Rehabilitation ebook during the ISPRM Congress in Lisbon. Currently, summaries are available of 179 CSRs published in the period 2015–2019.

❖ **RCTTRACK – Randomized Controlled Trial Rehabilitation Checklists**

The RCTTRACK project was launched in 2019 to answer the need for improving the quality of conducting and reporting in rehabilitation research. In March 2020, the 4th Cochrane Rehabilitation Methodology Meeting was held at the annual ISPRM Congress in Orlando. During 2022, it was decided to split the project into two reporting guidelines: 1) RCTTRACK for Randomized Controlled Trials (RCTs); and 2) GUIDE-Rehab (GUIdeline for Intervention DEscription) for all designs, including RCTs. GUIDE-Rehab provides a series of items concerning all relevant information related to the description of the intervention and comparator that the studies' authors should report. GUIDE-Rehab is to be considered part of RCTTRACK where RCTs are concerned, but it also should be used as an independent guideline for all other study designs concerning rehabilitation interventions.

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In July 2022, two Delphi Rounds were launched, one for RCTRACK and one for GUIDE-Rehab, involving 75 rehabilitation stakeholders. The first Delphi Round on RCTRACK follows the Consensus Conference in Orlando's (March 2020) decision to add RCTRACK to 2010 CONSORT Guidelines, with the integration of 13 items. The survey required the respondents to provide feedback on the new items, comparing them to the CONSORT items and reviewing the provided adjunctive notes. The survey asked for one out of three possible answers for each item: 1) accepting the item; 2) accepting the item with comments; and 3) rejecting the item with comments. The first Delphi Round on GUIDE-Rehab follows the Consensus Conference in Orlando's (March 2020) decision that a careful description of interventions is relevant to all studies in rehabilitation. The survey required respondents to provide feedback on the guidance items by expressing three possible answers per item: 1) accepting the item; 2) accepting the item with comments; and 3) rejecting the items with comments.

Conclusion

The pursuit of promoting informed evidence-based decisions continues to be the focus of Cochrane Rehabilitation's work. During 2022, we worked to expand, integrate and reshape the field's objectives, highlighting the need to address more specifically the context of Low- and Middle-Income Countries for the dissemination of quality evidence and its implementation at individual, organisational and health-policy levels. During the last year, we established more extensive work on translations, with the aim of making the resources currently available more inclusive and accessible, thereby continuing the task of reaching

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out to rehabilitation stakeholders and making understandable the impact of decisions in the rehabilitation context, based on the best available evidence. The past year also has seen an increase in Cochrane Rehabilitation's requests for collaboration from a diverse array of professionals, clinicians and students. This coincides with the long-term goals of increasing the mutual collaboration of a global network of professionals and stakeholders, and spreading knowledge and usage of quality evidence in rehabilitation.

Publications

1. Décarry S, De Groote W, Arienti C, Kiekens C, Boldrini P, Lazzarini SG, *et al.* Scoping review of rehabilitation care models for post COVID-19 condition. *Bull World Health Organ.* 2022;100:676-88.
2. Arienti C, Buraschi R, Pollet J, Lazzarini SG, Cordani C, Negrini S, *et al.* A systematic review opens the black box of "usual care" in stroke rehabilitation control groups and finds a black hole. *Eur J Phys Rehabil Med.* 2022;58:520-29.
3. Gimigliano F, Young VM, Arienti C, Bargerì S, Castellini G, Gianola S, *et al.* The Effectiveness of Behavioral Interventions in Adults with Post-Traumatic Stress Disorder during Clinical Rehabilitation: A Rapid Review. *Int J Environ Res Public Health.* 2022;19:7514.
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8. Oral A, Arman S, Tarakci E, Patrini M, Arienti C, Etemadi Y, *et al.* A systematic review of clinical practice guidelines for persons with osteoarthritis. A "Best Evidence for Rehabilitation" (be4rehab) paper to develop the WHO's Package of Interventions for Rehabilitation: A systematic review of Clinical Practice Guidelines for persons with osteoarthritis for the identification of best evidence for rehabilitation. *Int J Rheum Dis.* 2022;25:383-93.
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11. Zampogna E, Ferriero G, Visca D, Patrini M, Negrini S, Arienti C. An Overview of Cochrane Systematic Reviews for pulmonary rehabilitation interventions in people with COPD: a mapping synthesis. *Panminerva Med.* 2022.
12. Andrenelli E, Negrini F, de Sire A, Lazzarini SG, Patrini M, Ceravolo MG, *et al.* Rehabilitation and COVID-19: update of the rapid living systematic review by Cochrane Rehabilitation Field as of October 31st, 2021. *Eur J Phys Rehabil Med.* 2022;58:153-56.

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26. Cordani C, Young VM, Arienti C, Lazzarini SG, Del Furia MJ, Negrini S, *et al.* Cognitive impairment, anxiety and depression: a map of Cochrane evidence relevant to rehabilitation for people with post COVID-19 condition. *Eur J Phys Rehabil Med.* 2022;58:880-87.

Congresses

Cochrane Rehabilitation participated in the following congresses during 2022:
<ul style="list-style-type: none">• WCNR 2022 - The 12th World Congress for Neurorehabilitation, Vienna, Austria (hybrid), 14–17 December 2022
<ul style="list-style-type: none">• Seraphic Institute of Assisi, Innovation and research in rehabilitation - opportunities for people with complex disabilities, Assisi, Italy (Italian language), 2– 3 December 2022
<ul style="list-style-type: none">• 18th Panhellenic Conference of the Greek Society of Physical Medicine & Rehabilitation, Larissa, Greece (hybrid), 25–27 November 2022
<ul style="list-style-type: none">• 17th E.M.R.S.S. - XVII Euro Mediterranean Rehabilitation Summer School Course, Syracuse, Italy, 13–16 November 2022
<ul style="list-style-type: none">• DCRM - Dutch Congress of Rehabilitation Medicine 2022, Online, 10–11 November 2022
<ul style="list-style-type: none">• 50th SIMFER National Congress, Catania, Italy, 23–26 October 2022
<ul style="list-style-type: none">• Virtual Conference Indonesia PMR - Annual Scientific Meeting 2022, Online, 19–23 October 2022

<ul style="list-style-type: none">• Finnish Society of PRM Annual Meeting - 65th Anniversary, Finland, 12–13 August 2022
<ul style="list-style-type: none">• SPINE20, Bali, Indonesia, 4–5 August 2022
<ul style="list-style-type: none">• RehabWeek 2022, Rotterdam, The Netherlands, 25–29 July 2022
<ul style="list-style-type: none">• ISPRM 16th World Congress, ESPRM 23rd European Congress & SPMFR 22nd Portuguese Congress, Lisboa, Portugal, 3–7 July 2022
<ul style="list-style-type: none">• 60th SERMEF Congress and 2nd Iberoamerican Congress on Rehabilitation, Cordoba, Spain, 15–18 June 2022
<ul style="list-style-type: none">• XXI SIRN National Congress, Naples, Italy, 12–14 June 2022
<ul style="list-style-type: none">• A.I.T.O.G. National Congress, Turin, Italy, 27–28 May 2022
<ul style="list-style-type: none">• AAP Physiatry '22 Annual Meeting, New Orleans, USA, 24–28 May 2022
<ul style="list-style-type: none">• European Forum for Research in Rehabilitation webinar, Online session, 19 May 2022
<ul style="list-style-type: none">• Cochrane ECP-Rehabilitation and Physiotherapy, Cochrane Early Career Professionals Network, Online session, 28 April 2022
<ul style="list-style-type: none">• KTDRR's 2022 webcast, Online, 2022
<ul style="list-style-type: none">• 29th National PRM Turkish Congress, Belek-Antalya, Turkey, 2–6 March 2022

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