



**Cochrane  
Rehabilitation**

**Cochrane Rehabilitation  
2021 Annual Report**

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## Introduction

Over five years have elapsed since the establishment of Cochrane Rehabilitation. Last year saw the consolidation of Cochrane's internal organisation in addition to its pivotal research support to the World Health Organization (WHO) regarding pandemic management. Cochrane Rehabilitation celebrated its 5th Anniversary in December 2021 by hosting three virtual events. These events highlighted the accomplishments of the past five years that have honed our current vision and served as the perfect forum to outline our future goals and objectives for the next five years. This report presents the activities and the projects completed in 2021.

## Working Areas Activities

### ❖ Review Working Area

The Review Working area continued to identify and "tag" the rehabilitation-relevant reviews and protocols published in the Cochrane Library<sup>1-3</sup>. More than 1300 articles, published between September 1<sup>st</sup> 2019 and May 31<sup>th</sup> 2021, have been screened, including 1026 Cochrane Systematic Reviews (CSRs) and 352 Protocols. Selection disagreements were discussed by an interprofessional group of rehabilitation practitioners to enhance the quality and consistency of this work. The difficult decisions encountered in the tagging process highlighted the lack of a standard, worldwide accepted rehabilitation definition, even within single rehabilitation professional groups<sup>4</sup>. This is one of the reasons behind the "Rehabilitation definition for scientific purposes" project. The Working Area contributed to the project by analysing all the difficult-to-solve disagreements in the screened reviews and protocols published up to August 31<sup>st</sup> 2019. This has served as groundwork to develop a definition of rehabilitation and could be used to evaluate its operability.

### ❖ Publication Working Area

The Publication Area's main activity remained the production of Cochrane Corners, in line with 'Cochrane Knowledge Translation strategy theme 2' and following the Cochrane predetermined

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procedures and internal rules. The Editorial Process has been previously described<sup>5</sup>. Currently, we have agreements in place with 11 leading Journals (<https://rehabilitation.cochrane.org/about-and-contacts/partners/journals>) and we expect to have two more Journals publishing Cochrane Corners soon. In 2021, 45 Cochrane Corners have been published (<https://rehabilitation.cochrane.org/resources/publications/cochrane-corners>).

### ❖ Education Working Area

The education working area suffered the highest decline in productivity since the start of the pandemic with merely 3 online sessions hosted between September 2020 and August 2021. The last in-person workshop, "Cochrane Evidence: Examine and Deploy," was held at the beginning of March 2020 at the International Society of Physical and Rehabilitation Medicine (ISPRM) Conference in Orlando. During its 21<sup>st</sup> Congress, the European Society of PRM (ESPRM) hosted a virtual Cochrane Rehabilitation workshop named "Systematic reviews: writing, reading, applying." Additional Cochrane Rehabilitation symposia took place at the Philippines Association of Rehabilitation Medicine (PARM) Congress, and at the World Federation of Neurorehabilitation (WFNR) and the International Society of Spinal Cord Society (ISCOS) online conferences.

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

In collaboration with the Association of Academic Physiatrists (AAP), the working area explored educational opportunities on evidence-based medicine (EBM) for residency programs in different nations. On this note, members of the education working area collected, developed, and implemented digital educational materials on EBM currently available on the Cochrane Rehabilitation website (<https://rehabilitation.cochrane.org/resources/education-and-training>).

In October 2021, we conducted an online survey to identify educational priorities and needs of the global rehabilitation community. We emailed the electronic survey to all Cochrane Rehabilitation stakeholders on our mailing list (1,488 contacts). The results show a diverse pool of respondents in terms of demographics and background. More than 75% of stakeholders

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are MD or PhD-level professionals. More than 56% are clinicians, and about 64% are located in Europe.

Results regarding educational topics preferences indicated that evidence-based practice was voted as the highest priority topic, followed by rehabilitation in the context of research, methodology, finding and reading Cochrane Systematic Reviews, and making sense of evidence for consumers. No real preferences were detected between types of events (online synchronous, online asynchronous, or in-person), showing that the rehabilitation community may be interested in participating in various educational formats. Finally, from the thematic analysis of the qualitative data, we identified three main areas of improvement (number of events, variety of topics, and level of expertise) and an additional five suggested topics for future events (tele-rehabilitation, critical appraisal, conducting reviews, evidence implementation in clinical practice, and multidisciplinary approaches and understandings of outcome measures).

#### ❖ Methodology Working Area

The new internal organization of Cochrane Rehabilitation and the recent publications on the methodological issues in rehabilitation<sup>6,7</sup> shaped the new priorities for the Methodology Working Area<sup>8</sup>. We performed an internal survey to define how to improve the quality of evidence in rehabilitation research. The survey results indicated two main priorities. The first priority entails determining whether methodological limitations (e.g., blinding of patients) when conducting RCTs in rehabilitation are associated with biased effect sizes of treatment efficacy/effectiveness (90% of agreement). The recommendation was to conduct a systematic review of evidence from meta-epidemiological studies contextualized to RCTs of rehabilitation interventions. Further, 80% agreed on the need to develop sets of core outcome measures for different areas of rehabilitation.

The second priority pertains to determine whether observational studies of rehabilitation interventions (e.g., cohort studies) lead to biased estimates of effect sizes of treatment efficacy/effectiveness (60% of agreement).

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The completion of the survey and review of the responses established two main projects focused on rehabilitation research for the year 2022: 1. a systematic review of meta-epidemiological studies to make recommendations for improving the conduct of RCTs in rehabilitation; 2. determine whether the tools for the critically appraisal (e.g., Cochrane RoB2, GRADE) are associated with different findings of assessment<sup>9</sup>.

### ❖ Communication Working Area

The Communication Working Area strategically pursues three main objectives: 1) connect rehabilitation stakeholders globally; 2) translate and disseminate rehabilitation knowledge; 3) promote Cochrane to rehabilitation stakeholders and rehabilitation to Cochrane. In 2021, the average website session engagement increased (+ 12.34%). The most clicked pages were “homepage” and “Rehabilitation – COVID-19 Evidence-based Response” (<https://rehabilitation.cochrane.org/resources/cochrane-rehabilitation-versus-covid-19>), while the most viewed pages were REH-COVER interactive living evidence with a 40.29% of new sessions and 25.79% of new users and “About us” section with 88.39% new sessions and 86.57% new users. In 2021, people from 178 countries accessed the website, 28 countries more than in the previous years. The monthly Newsletter remains one of the pillars of our communication strategy. The audience has been continuously growing for the past five years; from 361 subscribers in 2017, we now count 1,405 subscribers, 14.32 % recipients more than in 2020. The last year has seen a great improvement in the Social Media’s growth. Followers on all social media increased: Facebook 2,966 followers (+ 5.36%), Twitter 2,682 followers (+ 14.27%), Instagram 2,461 followers (+ 51.53%), and LinkedIn 956 subscribers (+ 119%). A new YouTube Channel is available, where there will be new content soon.

Production and dissemination of blogshots started in 2019, and so far, we have produced 93 blogshots.<sup>10</sup> Most of them are translated in French (85), Dutch (85), Spanish (81), Italian (74), Hungarian (58), Croatian (55), German (20), Serbian (5), and Polish (3). All translations are realised in collaboration with the National/Regional Societies of PRM and/or Regional Cochrane Centres.

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## Special projects

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

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

We kept the rehabilitation community informed on the growth of evidence on rehabilitation for patients with COVID-19 and lasting health effects after experiencing COVID-19 and its treatment<sup>11</sup>. In the years 2020 and 2021, we published three main papers<sup>12,13</sup> and 12 updates<sup>14–26</sup> (<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>) is regularly being updated.

In addition, we supported the WHO in developing “Rehabilitation for Post COVID-19 Condition Interim Guidance”<sup>27</sup>. This project included two main activities: 1. a systematic review on rehabilitation care models; 2. an evidence synthesis of rehabilitation interventions for post COVID-19 impairments.<sup>28,29,30(p19)</sup>

### ❖ WHO – Best Evidence for Rehabilitation – Be4rehab project

We completed the project with the publications of three systematic reviews on guidelines for adults with fractures (33188610)<sup>31,32</sup>, osteoarthritis (submitted) and amputation (33412108)<sup>33</sup>. We then created a Cochrane evidence map on 14 out of the 22 non-transferable diseases identify by WHO. Our evidence map includes spinal cord injury, traumatic brain injury, chronic obstructive pulmonary disease, fractures, Parkinson’s disease and osteoarthritis. The Cochrane evidence map includes data extracted from the Tables of Findings and GRADE. We aim at submitting these manuscripts for publication within the year 2022<sup>34</sup>.

### ❖ Cochrane Rehabilitation ebook project

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Considering the CSRs published in the last six years (2016 to 2021) and tagged as relevant to rehabilitation by the Review Working Area, 142 CSRs still need to be summarised. Up to now, 179 CSRs have been summarised and approved, while 3 are under final revision, almost ready for approval. In 2021, Cochrane Rehabilitation also worked at the production of the ebook website (<https://ebook-rehabilitation.cochrane.org/>), which will include all the CSRs relevant to rehabilitation and all the products (summaries, blogshots, Cochrane Corners and other products) related to those CSRs. The ebook was officially presented during the fifth anniversary of Cochrane Rehabilitation's event.

#### ❖ **Prioritisation exercise project**

Cochrane Rehabilitation's prioritisation exercise is a project that parallels the production of the ebook, more specifically its index. This project aimed to identify the current research gaps in rehabilitation-relevant Cochrane Systematic Reviews production and define research priorities based on the gaps. A worldwide three-round Delphi Consensus process has been performed to refine and validate the ebook index. The index has then been mapped with the Cochrane Systematic Reviews and Protocols tagged as relevant to rehabilitation. The mapped version of the index can be accessed at <https://ebook-rehabilitation.cochrane.org/> and will be continuously updated every time new Cochrane Evidence relevant to rehabilitation is identified. Two additional Delphi rounds have been run to identify the research priorities according to the existing Cochrane evidence. Both processes involved 100 health professionals from 9 different professions and 39 countries. The process will then be repeated in the future, according to the Cochrane priority setting guidance document.

#### ❖ **Rehabilitation definition project**

The project arises from the need for defining and operationalising what is rehabilitation and what is not<sup>35-37</sup>. A first consensus meeting was held in February 2020 in Milan, where the first version of a rehabilitation definition for scientific purposes was developed following the PICO structure. During 2020, the research was presented at a series of conferences, and after these, three Delphi rounds were performed.<sup>38</sup> In a June 2020 online meeting, the promoters

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developed a draft definition of rehabilitation, and in December 2020, the results of the first survey were analysed. Overall, four Consensus Meetings and three Delphi rounds with 80 rehabilitation stakeholders were held. We surveyed a cohort of 70 participants in the second Delphi round and 80 in the third. The latter was conducted in September 2021, where we asked participants to decide the defining term from a list of 16. The draft version of the definition was updated through discussion generated by scientific meeting, the Delphi results, a published commentary, and two editorials in two major rehabilitation journals. The Rehabilitation definition for scientific purposes has been published in 2022 and will be disseminated to all rehabilitation stakeholders.<sup>39</sup>

## Conclusion

The COVID-19 pandemic period has highlighted the urgency of promoting evidence-informed health decision-making in rehabilitation and the need to ensure that rehabilitation professionals can apply evidence to clinical practice, combining the best available evidence, know-how, clinical expertise, and the values of patients. For 2022, Cochrane Rehabilitation is revising its Mission & Goals, with the intention of focusing particularly on Low- and Middle-Income Countries and Health policy. The internal changes within the organization represent an opportunity to continue to pursue its mission and unfold new boundaries, ensuring that rehabilitation professionals and stakeholders are always updated on the best available evidence produced.



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<p>European Physical and Rehabilitation Medicine Bodies Alliance, including:</p> <p>European Union of Medical Specialists (UEMS), Physical and Rehabilitation Medicine Section &amp; Board;</p> <p>European Society of Physical and Rehabilitation Medicine (ESPRM);</p> <p>European Academy of Rehabilitation Medicine (AERM).</p>	Ebook Project	

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