

# Cochrane Rehabilitation

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[@CarlotteK](#)  
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Trusted evidence.  
Informed decisions.  
Better health.



## Cochrane 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).

Cochrane Rehabilitation focuses on a specific **health strategy**.



## Health strategies (Alma Ata 1978)

Preventive

Promotive (health)

Curative

Rehabilitative (function)

(Supportive)

*Palliative*

Stucki G, Olle Höök lecture, J Rehab Med 2017





## WHO paradigm shift

Traditional focus: **Compression of morbidity:**  
absence of disease or infirmity, **ICD**

New focus: **optimal functioning:** 'complete  
physical mental and social well-being', **ICF**

21<sup>st</sup> century health goal:  
**functioning**



## Disability and rehabilitation

Disability and rehabilitation

Policies

Rehabilitation

Community-based rehabilitation (CBR)

Assistive devices / technologies

Capacity building

Data

Disability and rehabilitation in emergencies

Publications

### Rehabilitation 2030: A Call for Action

Executive Boardroom, WHO headquarters, Geneva, Switzerland  
6-7 February 2017

There is a substantial and ever-increasing unmet need for rehabilitation worldwide, which is particularly profound in low- and middle-income countries. The availability of accessible and affordable rehabilitation is necessary for many people with health conditions to remain as independent as possible, to participate in education, to be economically productive, and fulfil meaningful life roles. The magnitude and scope of unmet rehabilitation needs signals an urgent need for concerted and coordinated global action by all stakeholders.

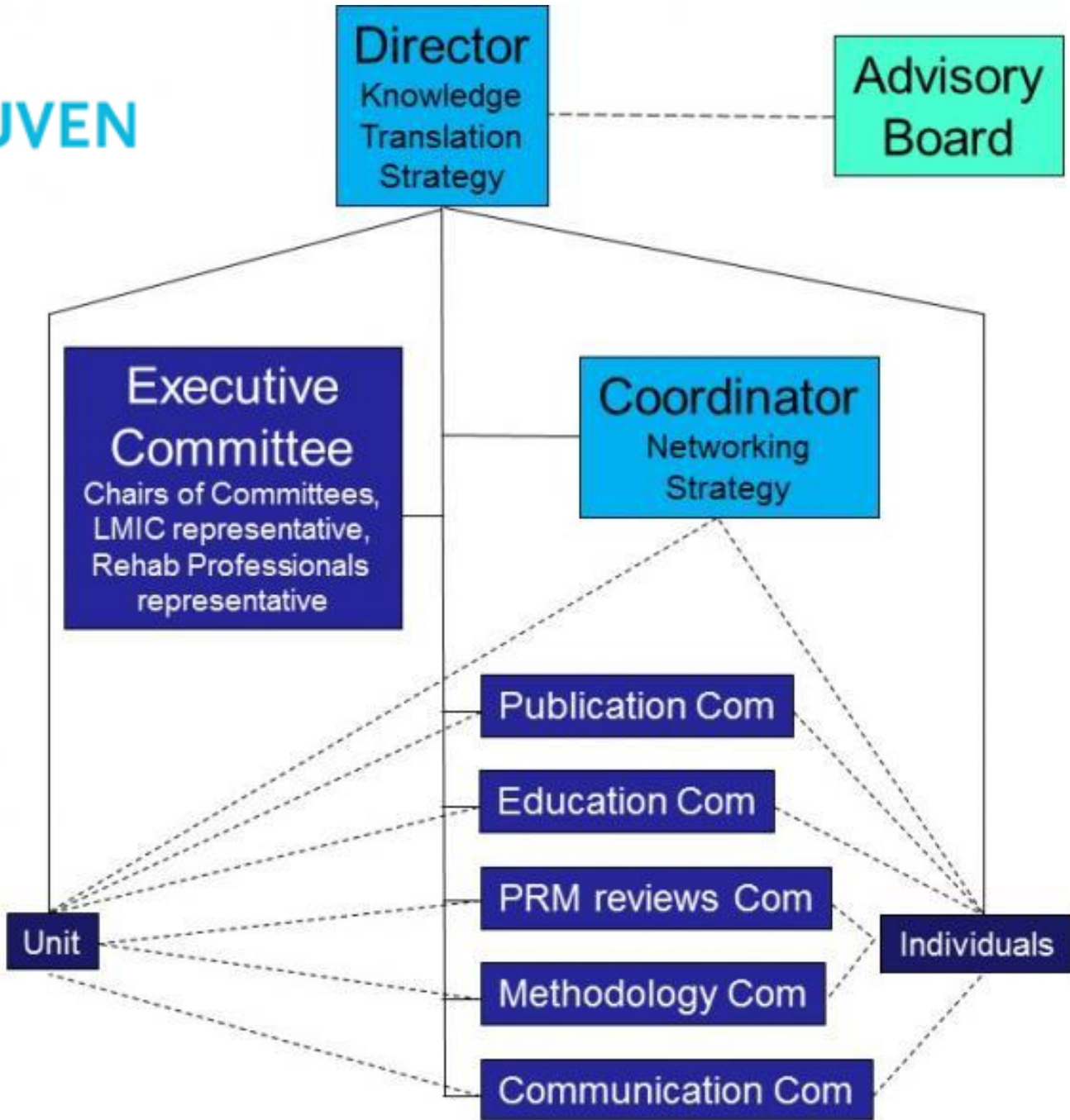


Bringing stakeholders together in the Rehabilitation 2030: A Call for Action meeting provided an invaluable opportunity for discussing the strategic direction for coordinated action and establishing joint commitments to raise the profile of rehabilitation as a health strategy relevant to the whole population, across the lifespan and across the continuum of care.

The meeting was attended by a broad range of stakeholders.



# 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





## Executive Committee

To advise and assist the Field Director on **managerial issues**

Is composed by

- **chairs of the Committees**
- **two representative of Rehabilitation Professionals**
- **one representative of LMICs**

## Executive Committee

- implement KT strategy
- implement networking strategy
- decide on the priorities of the Field, including allocation of resources

regularly update the field's business plan

establish and maintain strategic contact with organizations/stakeholders

coordinate and check work of committees

## Executive Committee

develop and maintain **links** with all relevant Cochrane Centres or Fields

define the **communication, educational and publication strategy**

seek and secure sufficient **funding** to enable the Field to function effectively



## Advisory Board

- to advise and assist the Field Director
- **individuals** who are committed to the aims and principles of The Cochrane Collaboration, and reflect the **international** nature of The Cochrane Collaboration and the **broad area** of the field.



# Advisory Board

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...)

- Consumer representative

Representatives of **Cochrane Review Groups**

- Back & neck, musculoskeletal, stroke,...



## Advisory Board

Critically **review** the progress and achievements of CR based on its goals

Suggest **new directions** to advance CR, **based on expressed needs** from stakeholders, Cochrane or CR

Provide ad hoc advice on request

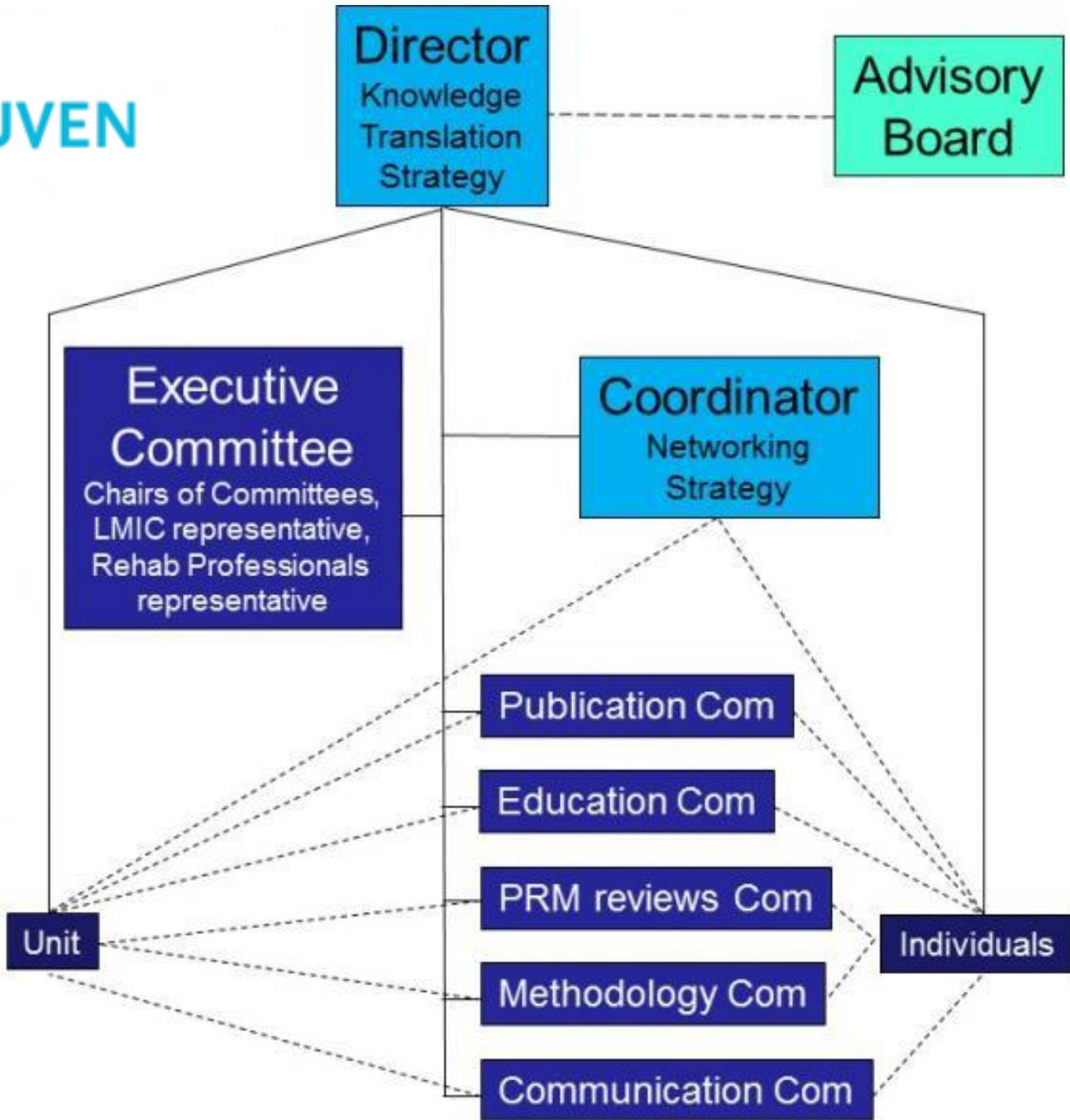
Support the dissemination strategy of CR

Establish important contacts

Maintain strict liaison with all Stakeholders



# Organigram



## Committees

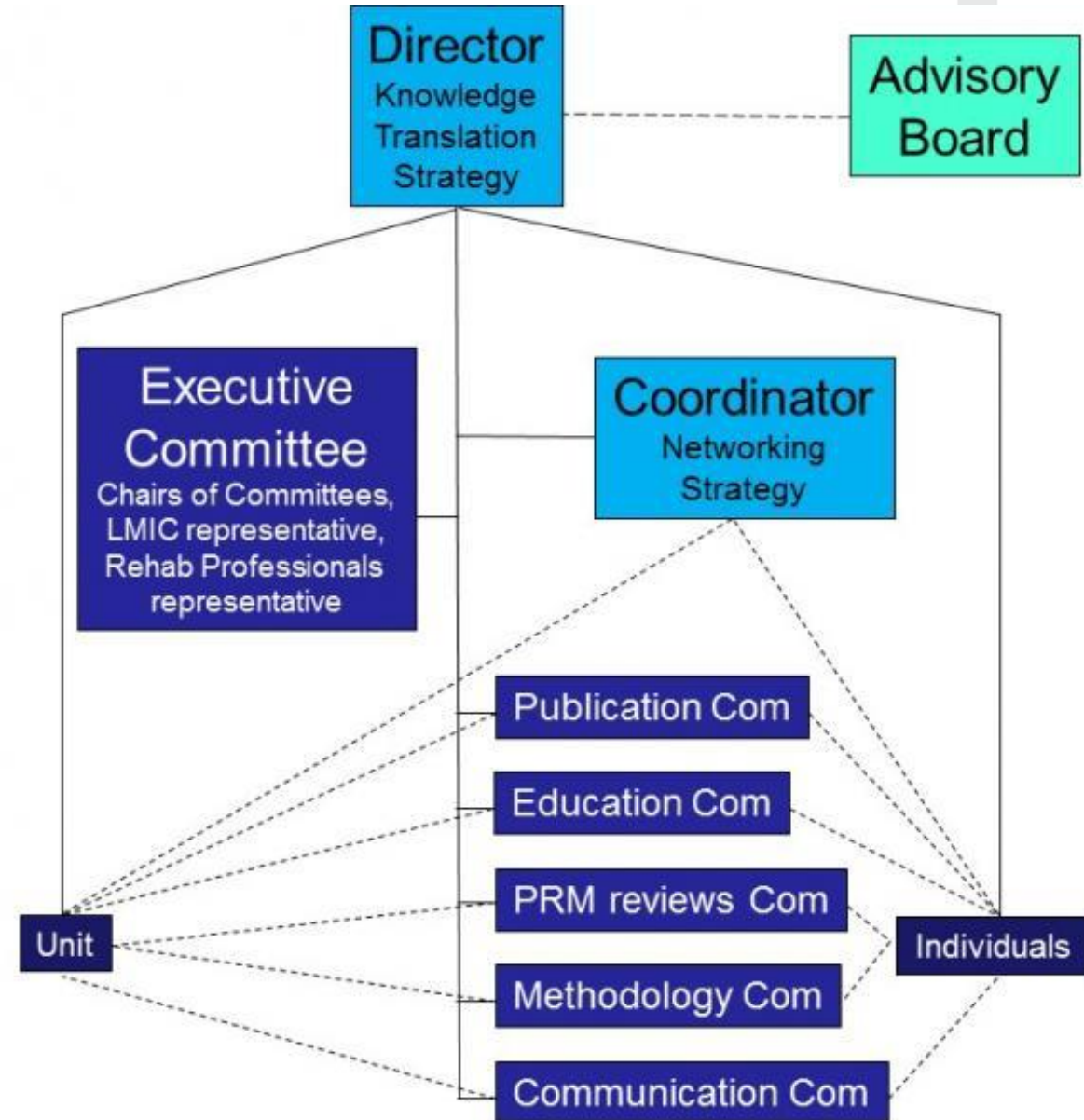
- Small number of people (4 to 6) who coordinate the work around their topic
- Include representatives of **PRM professionals** and of **LMICs**
- They define tasks for
  - individuals
  - units





## Committees

- Rehab reviews committee
- Methodology
- Education
- Publication
- Communication



## Rehabilitation reviews database committee

Chair: Prof. William Levack (New Zealand)

This work is of primary importance, and this committee will be at **the core** of Cochrane Rehabilitation



## Rehabilitation reviews database committee

“Tag” rehabilitation reviews within the Cochrane database

Produce lists of such reviews for interested stakeholders, researchers, and clinicians worldwide

Include also systematic reviews out of the Cochrane Database

## Rehabilitation reviews database committee

The reviews will initially be tagged in three categories:

- professional group
- health condition
- intervention type

At a later date, consideration will be given to tagging reviews by outcome categorised on the basis of ICF

## Methodology committee

Chair: Dr. Antti Malmivaara (Finland)

Co-Chair: Prof. Thorsten Meyer (Germany)

Collaboration with the different Cochrane  
methods groups



# Methodology committee

## Focus on Methodological problems in PRM

- RCTs are difficult to conduct
- Complex interventions
- Behavioural components of interventions
- Measurement systems
- Use of the ICF framework in research





## Education committee

Chair: Prof. Julia Patrick Engkasan (Malaysia)

Co-Chair: Prof. Elena Ilieva (Bulgaria)

## Educational initiatives



## Education committee

- Core EBM courses
- Rehabilitation Cochrane Review course

during PRM congresses, PRM schools and/or online  
PRM summer school in collaboration with a specific  
university or society (e.g. ESPRM/ISPRM)

Attention for precarious educational situation in LMIC  
countries





# Publication committee

Chair: Dr. Frane Grubišić (Croatia)



## Publication committee

Develop collaborations with Rehab **Journals** to produce **Cochrane Corners** reporting the contents produced by Cochrane Rehab reviews

**(e)Book** reporting the available Cochrane PRM evidence

**Meta-reviews** on a specific topic of rehabilitation interest





## Communication committee

Chair: Prof. Francesca Gimigliano (Italy)

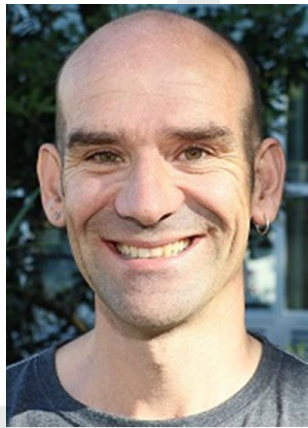
Disseminate the available Cochrane evidence within the PRM community, other relevant health professionals, consumers and the public

# Communication committee

- publications/newsletter
- specific website
- websites of PRM societies
- websites of rehabilitation journals
- social media
  - Facebook (CochraneRehab)
  - Twitter (@CochraneRehab)
  - YouTube channel



# Rehabilitation Professionals Representatives



Prof. William Levack (New Zealand)

Prof. Tracey Howe (United Kingdom)



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.**

## LMIC Representative

Prof. Farooq Rathore (Pakistan)

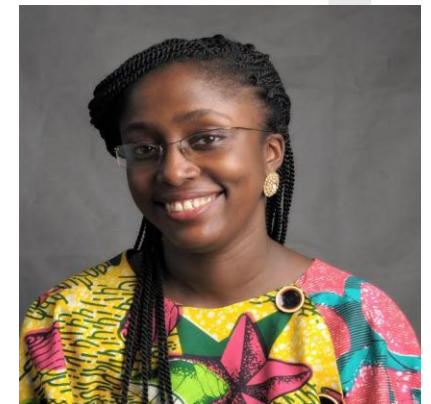


Prominent role in ensuring that all the work of Cochrane Rehabilitation will reflect the different perspectives of the Low and Middle Income Countries.

Member of the Executive Committee

Also LMIC representative in the Advisory Board

- dr. Abena Tannor (Ghana)



## Individual members

contribute to the mission of the Field:

promoting Cochrane and Cochrane Rehabilitation in  
his or her community

tasks will be prepared



## Individual members' tasks

- Cochrane corners
- Translation of material
- Write part of the newsletter
- Pages of the website
- Organise regional educational courses and workshops
- Tag reviews on a specific topic
- Report about CochraneRehab at conferences
- ...





## Units

Fulfil all the needs of a **larger specific task** of Cochrane PRM proposed by the committees

Produce Cochrane **reviews**, and **papers** in PRM journals

Tagging reviews

Organising courses

...



## Call for Cochrane PRM units

Cochrane PRM will be organised as a Network of Units, coordinated and organized by Headquarters in Brescia. Each Unit will be in charge of one specific task of Cochrane Rehab.

Units will be situated in Universities and/or Research Hospital and/or Rehabilitation Centres that will accept and give their support to the project.



**Join us !**

**Vielen Dank**



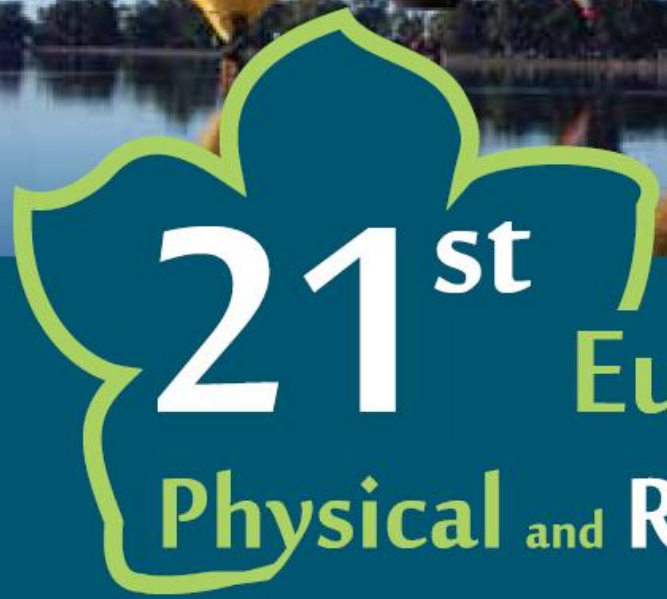
[www.rehabilitation.cochrane.org](http://www.rehabilitation.cochrane.org)

**@CochraneRehab**

**FB CochraneRehab**

**@CarlotteK**

◆◆ SAVE THE DATE ◆◆



21<sup>st</sup>

European Congress of

Physical and Rehabilitation Medicine

Cochrane Rehab session

01 - 06.MAY.2018

Congress Center Litexpo

Vilnius . Lithuania

[www.esprm2018.com](http://www.esprm2018.com)



Co-organized by



PRM Board of UEMS



European Academy of Rehabilitation Medicine



PRM Section of UEMS