



# Cochrane Rehabilitation

Knowledge Translation Activities for  
different Stakeholders

**Carlotte Kiekens, Coordinator**

Physical and Rehabilitation Medicine, UZ Leuven, Belgium  
ISRPM WHO Liaison committee chair

@CarlotteK  
@CochraneRehab

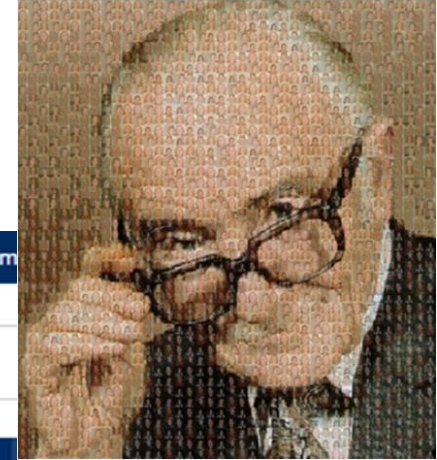
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# Nothing to disclose

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Our evidence

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.

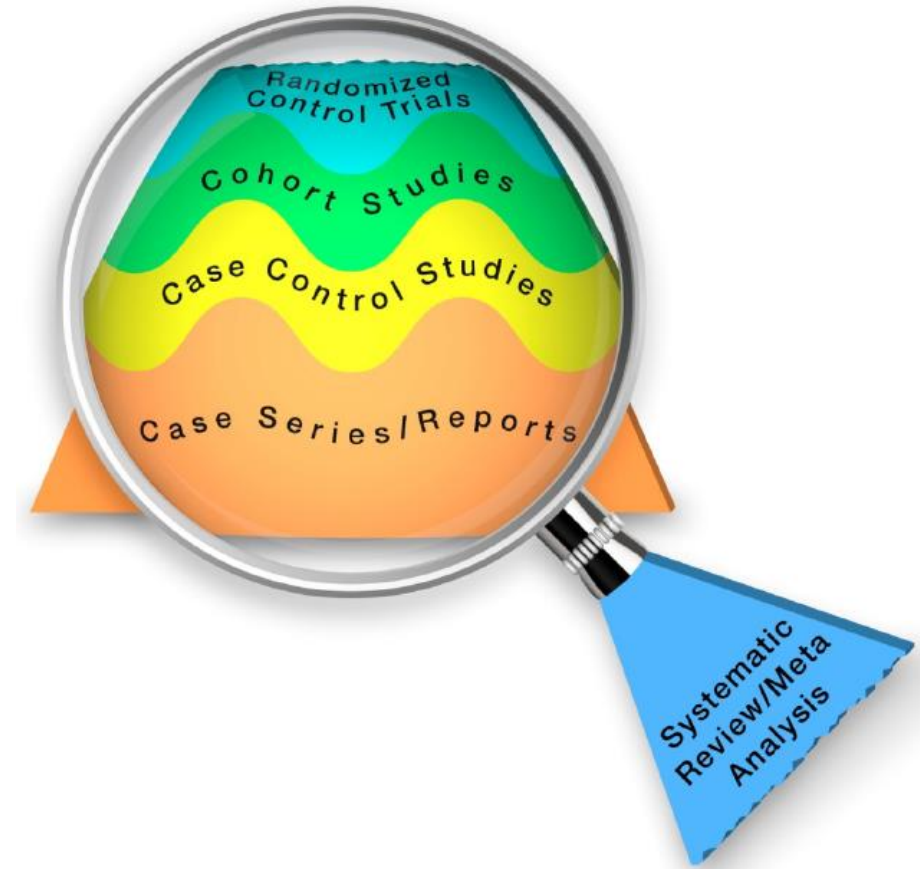


## What does Cochrane do ?

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**

The revised pyramid



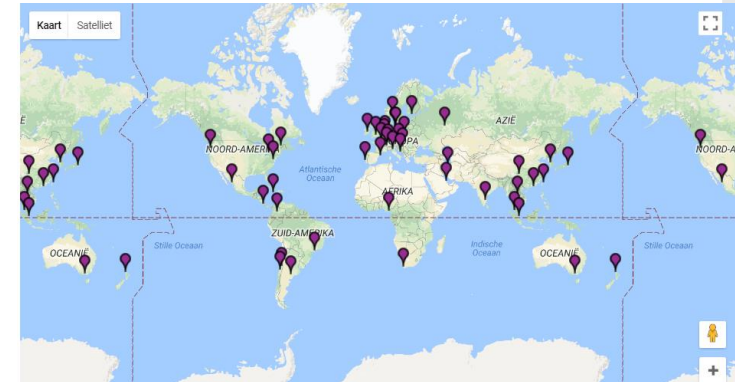
# Cochrane Organization

**Review Groups**: systematic reviews (56)

**Methods Groups**: development of methods for reviews (17)

**Centres**: local knowledge translation

- >52 countries & regions



**Fields**: **knowledge translation** for a specific health community  
other than a condition (11)

# 56 Cochrane Review Groups

>20 reviews of rehab interest

>1 review of rehab interest

- |                                                   |                                                             |                                                           |                                                |
|---------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------|
| 1. Acute Respiratory Infections Group             | 14. Dementia and Cognitive Improvement Group                | 25. Heart Group                                           | 41. Neuromuscular Group                        |
| 2. Airways Group                                  | 15. Developmental, Psychosocial and Learning Problems Group | 26. Hepato-Biliary Group                                  | 42. Oral Health Group                          |
| 3. Anaesthesia, Critical and Emergency Care Group | 16. Drugs and Alcohol Group                                 | 27. HIV/AIDS Group                                        | 43. Pain, Palliative and Supportive Care Group |
| 4. <b>Back and Neck Group</b>                     | 17. Effective Practice and Organisation of Care Group       | 28. Hypertension Group                                    | 44. Pregnancy and Childbirth Group             |
| 5. <b>Bone, Joint and Muscle Trauma Group</b>     | 18. ENT Group                                               | 29. IBD Group                                             | 45. Public Health Group                        |
| 6. Breast Cancer Group                            | 19. Epilepsy Group                                          | 30. Incontinence Group                                    | 46. Schizophrenia Group                        |
| 7. Childhood Cancer Group                         | 20. Eyes and Vision Group                                   | 31. Infectious Diseases Group                             | 47. Skin Group                                 |
| 8. Cochrane Response                              | 21. Fertility Regulation Group                              | 32. Injuries Group                                        | 48. STI Group                                  |
| 9. Colorectal Cancer Group                        | 22. Gynaecological, Neuro-oncology and Orphan Cancer Group  | 33. Kidney and Transplant Group                           | 49. <b>Stroke Group</b>                        |
| 10. Common Mental Disorders Group                 | 23. Gynaecology and Fertility Group                         | 34. Lung Cancer Group                                     | 50. Test CRG                                   |
| 11. Consumers and Communication Group             | 24. Haematological Malignancies Group                       | 35. Metabolic and Endocrine Disorders Group               | 51. Tobacco Addiction Group                    |
| 12. Covidence Review Group                        |                                                             | 36. Methodology Review Group                              | 52. Upper GI and Pancreatic Diseases Group     |
| 13. Cystic Fibrosis and Genetic Disorders Group   |                                                             | 37. Movement Disorders Group                              | 53. Urology Group                              |
|                                                   |                                                             | 38. Multiple Sclerosis and Rare Diseases of the CNS Group | 54. Vascular Group                             |
|                                                   |                                                             | 39. <b>Musculoskeletal Group</b>                          | 55. Work Group                                 |
|                                                   |                                                             | 40. Neonatal Group                                        | 56. Wounds Group                               |



## Cochrane Fields

Focus on dimensions of health care other than a condition or topic

- 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**.

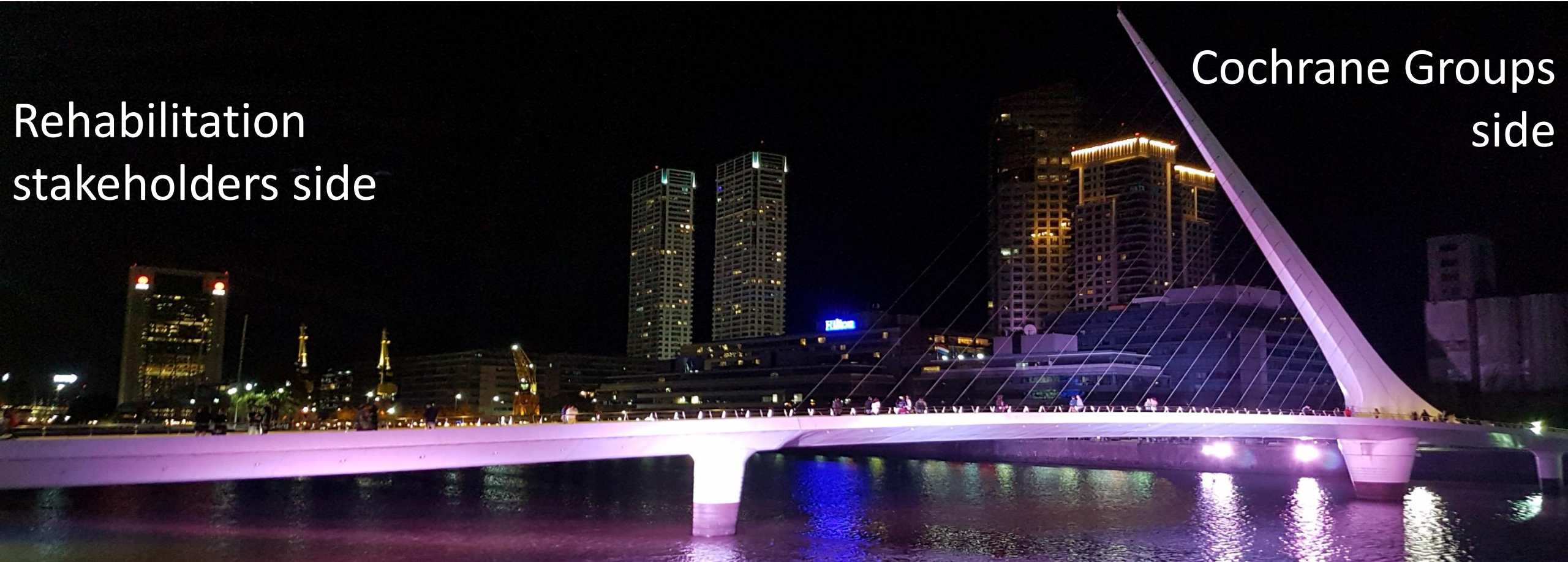
Cochrane Child Health  
Cochrane Complementary  
Medicine  
Cochrane Consumer Network  
Cochrane Global Ageing  
Cochrane Insurance Medicine  
Cochrane Neurosciences  
Cochrane Nursing Care  
Cochrane Nutrition  
Cochrane Pre-hospital and  
Emergency Care  
Cochrane Primary Care  
**Cochrane Rehabilitation**  
Cochrane First Aid

## Role of Cochrane Fields: a bridge, knowledge translation

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

Rehabilitation  
stakeholders side

Cochrane Groups  
side





# Vision of Cochrane Rehabilitation

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



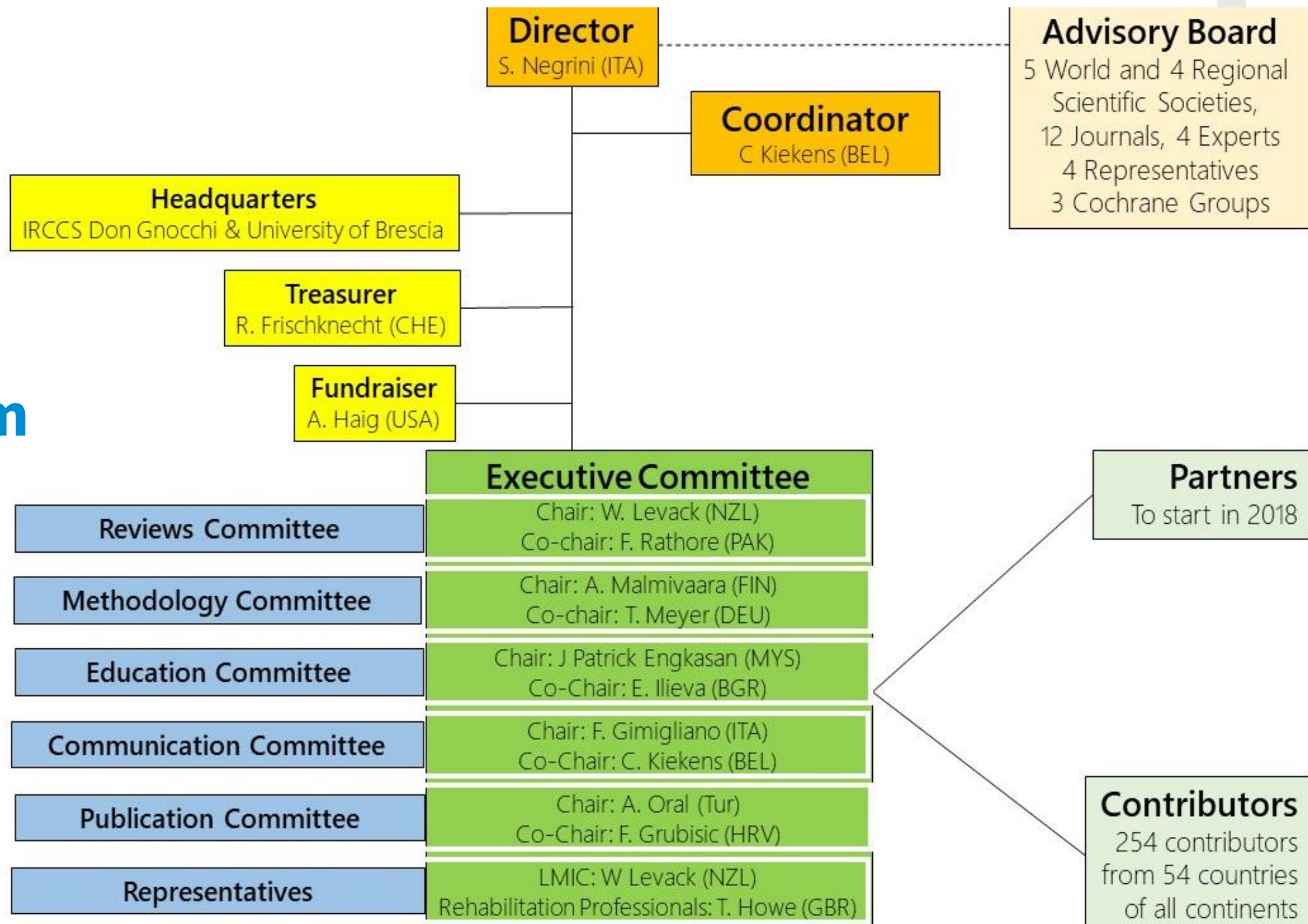
## Mission of Cochrane Rehabilitation

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.



# Organigram

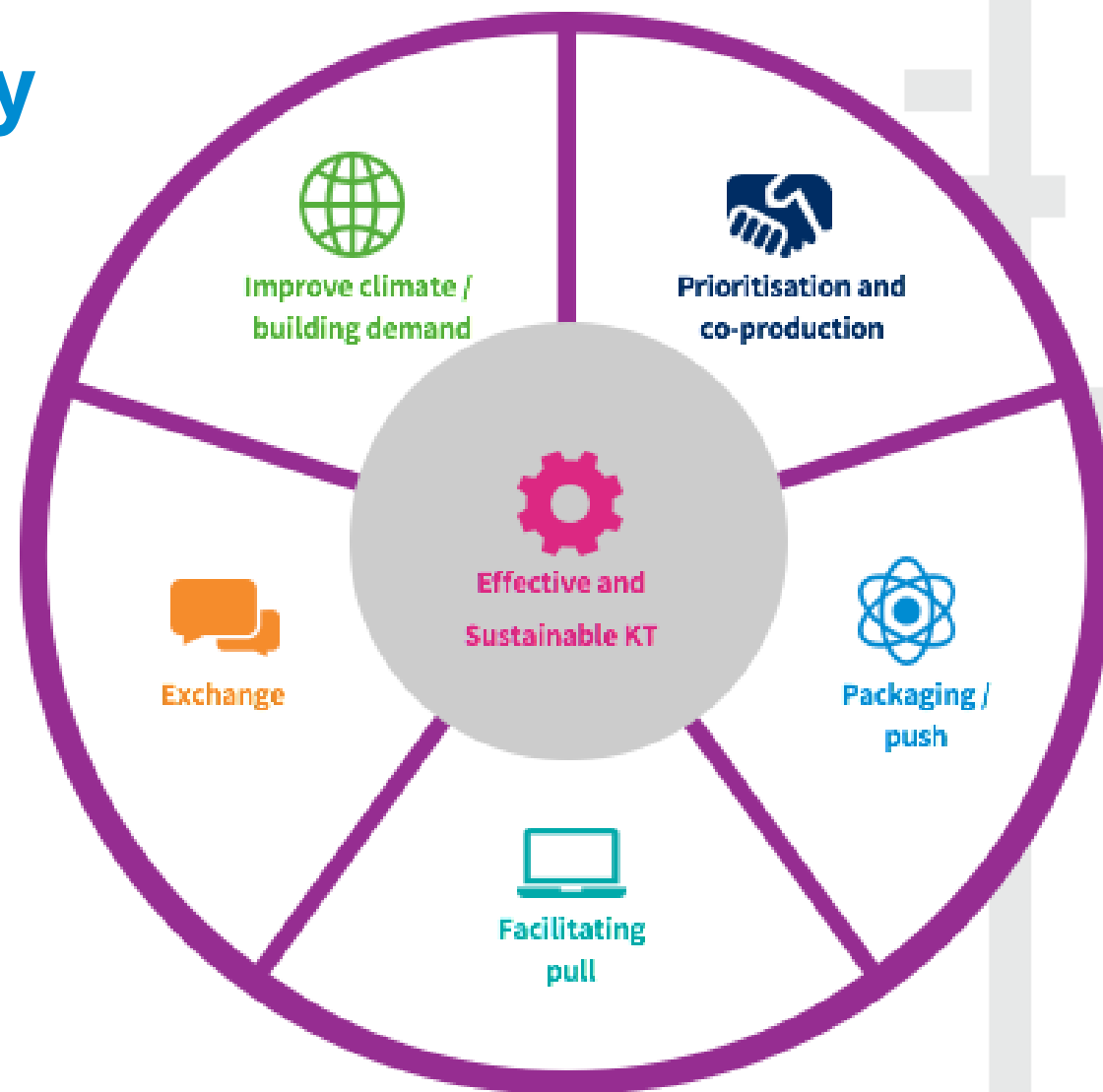


# The Executive Committee

1. **Stefano Negrini, MD (Italy) – Director**
2. **Carlotte Kiekens, MD (Belgium) – Coordinator**
3. Francesca Gimigliano, MD, PhD (Italy) – Communication Com
4. Frane Grubisic, MD (Croatia) – Publication Com
5. Tracey Howe, PT (United Kingdom) – Professional representative
6. Elena Ilieva, MD, PhD (Bulgaria) – Education Com
7. William Levack, PT, PhD (New Zealand) – Reviews Com
8. Antti Malmivaara (Finland) – Method Com
9. Thorsten Meyer, Psy, PhD (Germany) – Method Com
10. Aydan Oral, MD (Turkey) – Publication Com
11. Julia Patrick Engkasan, MD (Malaysia) – Education Com
12. Farooq Rathore, MD (Pakistan) – Reviews Com; LMIC representative



# Knowledge Translation strategy



# 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

- Website and social media

### Publication Committee

- Cochrane Corners

Ebook (in production)





## Reviews Committee

Tagged all the Cochrane reviews from 1996 to August 2018

Ongoing process to constantly update the results

Levack WM, Rathore FA, Pollet J, Negrini S.

**One in 11 Cochrane reviews are on rehabilitation interventions, according to pragmatic inclusion criteria developed by Cochrane Rehabilitation.**

*Arch Phys Med Rehabil.* 2019 Mar 1.

**P3-1215**



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- Resources
- News & Events
- Get Involved
- Contact us

## Evidence

List of Cochrane reviews of rehabilitation interest. Updated at 31/08/2018

- Full list
- By Subtopic
- New - Updated

(Stage filter not available for Subtopic view)

### By subtopic:

- Health Conditions (1104)
  - Cardiac (17)
  - Gynaecology or Urology (40)
  - Mental Health (23)
  - Neurological (325)
  - Older Adults (>65 years) (82)
  - Oncology (45)
  - Orthopaedic or musculoskeletal (incl. pain conditions) (389)
  - Other (59)
  - Paediatrics (<18 years) (69)
  - Respiratory (54)
  - Vocational (1)
- Professionals (1273)
  - Clinical Psychologist (59)
  - Occupational Therapist (117)
  - Orthotist or Prosthetist (5)
  - Physical and Rehabilitation Medicine physician (405)
  - Physiotherapist (400)

### Keep Posted





## Communication Committee



	2017	2018
Website	4727	7073
Newsletter	361	801
Twitter	715	1485
Facebook	1292	2040
Instagram	-	532
YouTube channel	28	76
Blogshots	4	39



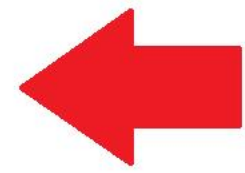
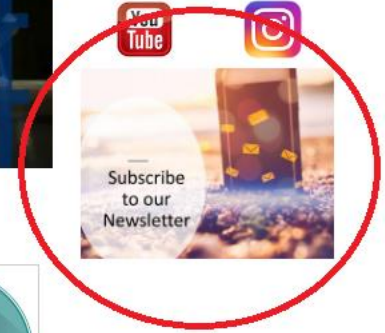


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Tweets by CochraneRehab



### Keep Posted



### Latest News and Events

One in 11 Cochrane reviews are on rehabilitation

News

Happy 2nd Birthday Cochrane Rehabilitation!

ANNIVERSARY News

2018 SIMFER Congress 2018

News

Cochrane Colloquium 2018

News

### Cochrane News

- ♦ Cochrane expresses thanks to Professor Philippe Ravaut for leadership of Cochrane France
- ♦ Cochrane's 30 under 30: Theresa Schmalfuß
- ♦ Podcast: Routine scale and polish for periodontal health in adults
- ♦ Cochrane-REWARD prize - 2017 Award Winner: SYRCL E

www.rehabilitation.cochrane.org

# 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

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



## 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

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2kQwJM8>



## Fitness training for cardiorespiratory conditioning after traumatic brain injury



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 399 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

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2Ez2CQ>



## 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

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2Dmf14k>

# Blogshots translations



**Cochrane Rehabilitation**

Elektromechanische en robot ondersteunde training van de arm voor het verbeteren van activiteiten van het dagelijks leven, functie en spierkracht van de arm na een hersenbloeding

Elektromechanische en robot ondersteunde training, vergeleken met alle andere interventies, verbeteren activiteiten van het dagelijks leven en functie en spierkracht van de arm bij volwassenen na een hersenbloeding aan het einde van de behandeling.

Cochrane Review; 45 studies met 1619 volwassenen na een hersenbloeding, vergelijken elektromechanische en robot ondersteunde training van de arm vs. alle andere interventies.

Cochrane Review door: Cochrane Stroke Group



rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/RehabCD006876> | Vertaald door Cochrane Belgium



**Cochrane Rehabilitation**

Vježbanje kod reumatoidnog artritisa šaka

Vježbanje poboljšava snagu i jačinu pincetnog hvata obje šake, što može povećati funkciju šake i suradljivost pacijenta te može srednjoročno i dugoročno umanjiti bol. Nema izvještaja o nuspojavama vježbanja.

Autori pregleda nisu sigurni da li vježbanje poboljšava funkciju šake, snagu i jačinu pincetnog hvata samo lijeve ili desne šake te djeluje li na kratkoročno smanjenje boli.

Cochrane pregled; 7 studija u koje je uključena 841 odrasla osoba s reumatoidnim artritisom, usporedba sa stanjem bez vježbanja.

Cochrane sustavni pregled izradila: Cochrane grupa za mišićno-koštani sustav.



rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/RehabCD000802> | Prevodeno od strane: Hrvatsko društvo za fizikalnu i rehabilitacijsku medicinu Hrvatskog liječničkog zbora.



**Cochrane Rehabilitation**

Rehabilitación cardíaca basada en ejercicio para personas con dispositivos de asistencia ventricular implantables

Es incierto que la rehabilitación cardíaca basada en ejercicio reduzca la mortalidad, la re-hospitalización y la infección en personas con dispositivos de asistencia ventricular implantables en comparación con el cuidado usual.

**VACÍO EN LA EVIDENCIA**

Revisión de Cochrane; 2 estudios que incluyeron 40 adultos con dispositivos de asistencia ventricular implantables, que compararon la rehabilitación cardíaca basada en el ejercicio vs. el cuidado usual.

Revisión de Cochrane por: Cochrane Heart Group



rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/RehabCD012222> | Traducido por Grupo Rehabilitación en Salud-Universidad de Antioquia



**Cochrane Rehabilitation**

La Riabilitazione vocazionale favorisce il ritorno all'attività lavorativa dopo lesioni traumatiche agli arti superiori

Non siamo sicuri che la riabilitazione vocazionale migliori le abilità per il ritorno all'attività lavorativa dopo lesioni traumatiche agli arti superiori. Anche gli effetti sullo stato funzionale e sulla qualità della vita risultano incerti.  
**EVIDENCE GAP.**

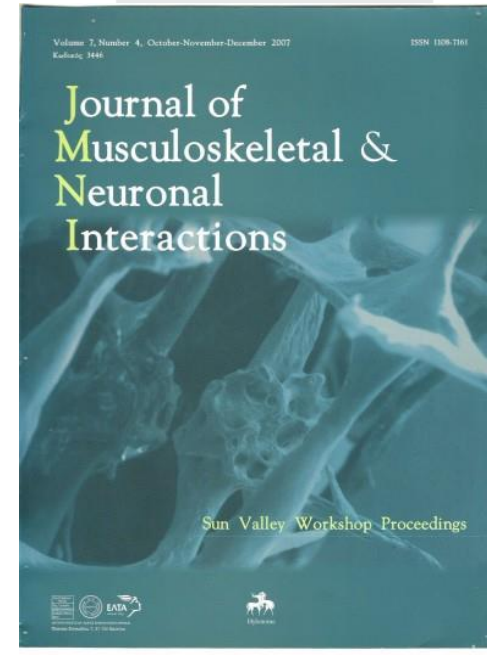
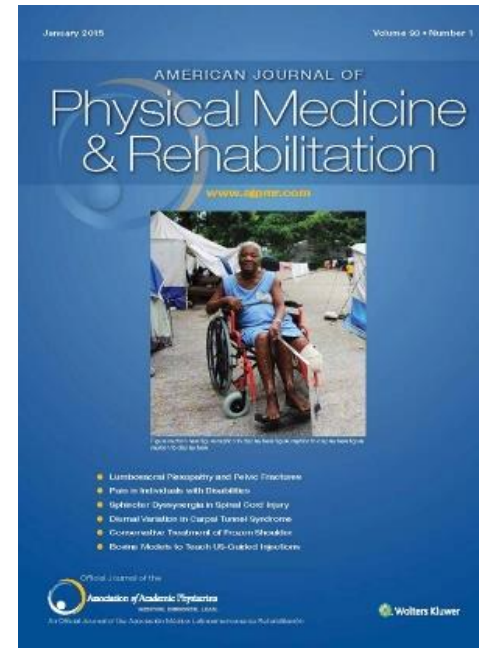
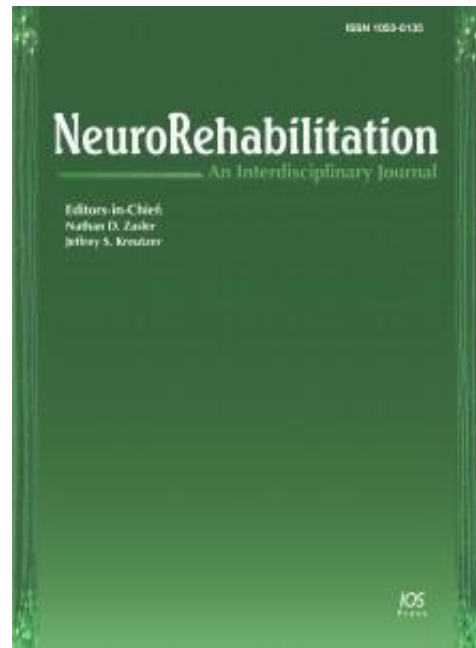
Revisione Cochrane; non sono stati trovati studi idonei

Cochrane Review by: Cochrane Work Group

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2kQwJM8> | tradotto da SIMFER



# Publication Committee Cochrane Corners





## Facilitating pull

**Growing our users' capacity to find and use our reviews**

### Education Committee

- Workshops
- Courses and video-presentations on EBM and Cochrane
- Scientific presentations and lectures



# Improving climate

## Advocating for evidence informed health decision-making

### Methodology Committee

- surveys
- discussion and position papers



# Effective and Sustainable Knowledge Translation

## Building a sustainable infrastructure for knowledge translation

### Contributors

- Calls

### Partners

- Tasks and Projects







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## Calls

- ◆ [Calls](#)
- ◆ [Past Calls](#)

We are now looking for:

- [Education Committee contributors](#)
- [Translators](#)
- [Bloggers](#)

### Keep Posted



# Rewards

Page on the website

Milestones badges according to work performance

Cochrane membership (50 hours of work)



**Green**  
Task training  
complete



**Bronze**  
100  
classifications



**Silver**  
500  
classifications



**Gold**  
1000  
classifications



**Purple**  
Exceptional  
*Ultra rare!*

Here a list of the contributors that have actively collaborated with the different committees of Cochrane Rehabilitation in 2018.

<b>Betty Bellard O'Keefe</b> , USA NL Contributor	<b>Francesca Cecchi</b> , Italy NL Contributor	<b>Francesco Agostini</b> , Italy NL Contributor	<b>Alberto Giattini</b> , Italy Translator
<b>Sara Laxe Garcia</b> , Spain NL Contributor	<b>Sabrina Paganoni</b> , USA Education Committee	<b>David Morgenroth</b> , USA Education Committee	<b>Saad Bindawas</b> , Saudi Arabia Review Committee
<b>Trudy Bekkering</b> , Belgium Translator	<b>Sanobe Naz</b> , Pakistan Review Committee	Ana Poljicanin, Croatia Translator	Alex Pollock, UK Methodology Committee
Susan Armijo Olivo, Canada Methodology Committee	Augusto Fusco, Italy Publication Committee	Livia Puljak, Croatia Publication Committee	Alexandra Chirica Review Committee
Fateh Muhammad Al-Farabi Review Committee	Paolo Patelli, Italy Review Committee	Wajida Perveen Review Committee	Catherine J. VanDerwerker Review Committee

## 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 Understanding



# 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

12 Journals: Am J PMR, Arch PMR, Aust Occup Ther J, Clin Rehabil, Dev Neurorehabil, Eur J PRM, JOSPT, J Rehab Med, Manual Ther, Neurorehab neural repair, Phys Ther, Prost Orthot Int, Ann PRM.

4 Experts: China, Colombia, Switzerland, USA

4 Representatives: consumers, LMIC (2), WHO

First meeting in Buenos Aires #ISPRM 2017

Second meeting in Paris #ISPRM 2018

Third meeting in Kobe #ISPRM2019





# Partnerships



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## Knowledge Translation case-study: Cochrane Rehabilitation – Building partnerships with European national Societies of Physical and Rehabilitation Medicine to support the use of evidence in the Rehabilitation Field

**Cochrane Rehabilitation, are a Cochrane Field with the aim to serve as a bridge between all the stakeholders in Rehabilitation and Cochrane. On one side we try to drive evidence and methods developed by Cochrane to the world of Rehabilitation and on the other we convey priorities, needs and specificities of Rehabilitation to Cochrane. In this case study we discuss our work to build a partnership with the International Society of Physical and Rehabilitation Medicine (ISPRM), one of the largest associations in our Field.**

Cochrane Rehabilitation grew out of the European Society of Physical and Rehabilitation Medicine (ESPRM). It was an initiative of the Evidence Based Medicine Scientific Special Interest group that was founded in 2014. ESPRM is an association which represents all of the different European PRM (Physical and Rehabilitation Medicine) national societies. A letter of cooperation between Cochrane Rehabilitation and ESPRM was signed in 2016. In the past few years, as the role of Cochrane Rehabilitation has grown, we made a strategic decision to encourage formal partnerships with the individual national societies in the Field. The primary aim of these partnerships is to help us to disseminate and translate Cochrane evidence for stakeholders.

### Working towards success

- Since we were already involved with the European Society, where each national society is represented by two delegates, we had existing relationships with them, so approaching them was easy.



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## Partners

- ◆ Mission and Goals
- ◆ Perspective
- ◆ Organisational Chart
- ◆ Field Director
- ◆ Field Coordinator
- ◆ Executive committee
- ◆ Committees
- ◆ Advisory Board
- ◆ Community
- ◆ Activities
- ◆ Partners
  - ◆ Hosting and Financing
  - ◆ International and Regional Societies
  - ◆ Journals
  - ◆ National Societies
  - ◆ Universities, Hospitals, Research Centres and other organizations

Cochrane Rehabilitation has been signing Memoranda of Understanding in order to create partnerships with different Groups, Societies, Universities, Hospitals, Journals and other Rehabilitation stakeholders.

Partners are defined according to their relationships with Cochrane Rehabilitation as:

- **Hosting and Financing**
- **Financing and Strategic**
- **Strategic**
- **Journals**
- **National Societies**
- **Universities, Hospitals, Research Centres and other organizations**

### Keep Posted





UNIVERSITÀ  
DEGLI STUDI  
DI BRESCIA



World Health  
Organization





## Special projects

### be4rehab

- with the World Health Organization to produce the WHO «Package of Rehabilitation Interventions»

### Cochrane Rehabilitation ebook

- European PRM bodies (coauthors and financiers)
- Vanvitelli University of Naples – University Politecnica of Ancona

### Prioritization Process

- Worldwide National PRM Societies

### RCTRaCk



# be4rehab: WHO-Cochrane Rehabilitation

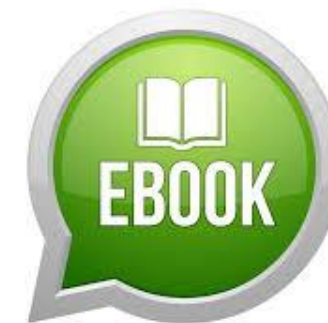
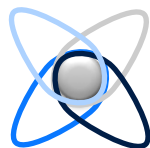
be4rehab: Best Evidence for Rehabilitation

Data from selected best Guidelines (expertise and evidence) and from Cochrane Reviews on 20 health conditions to produce the Minimum Package of Rehabilitation Interventions for Ministries of Health

Cochrane rehabilitation role:

- co-responsible of the methodology
- recruitment and methodological overview of 10 out of 20 existing review groups
- Extraction of the best available evidence from Cochrane Systematic Reviews





# 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
  - Students, health managers & politicians, clinicians
- Blogshots and other relevant products

P3-1215



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Browse About us

## Yoga treatment for chronic non-specific low back pain

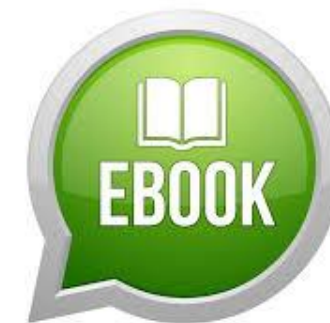
<b>Reference</b>	<b>Reference:</b> Wieland LS, Skoetz N, Pilkington K, Vempati R, D'Adamo CR, Berman BM. Yoga treatment for chronic non-specific low back pain. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD010671.
<b>Abstract</b>	
<b>Plain language summary</b>	<b>DOI:</b> <a href="https://doi.org/10.1002/14651858.CD010671.pub2">10.1002/14651858.CD010671.pub2</a>
<b>Summary for clinicians</b>	<b>Authors:</b> Wieland LS, Skoetz N, Pilkington K, Vempati R, D'Adamo CR, Berman BM
<b>Summary for students</b>	
<b>Summary for health managers</b>	
<b>Summary for consumers</b>	

**Diseases:**  
1. Musculoskeletal > 1.6 Back Pain/Radicular Low Back Pain

**Interventions:**  
[Exercises](#)  
[Education](#)  
[Others](#)

### More like this

- [Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews](#)
- [Topical analgesics for acute and chronic pain in adults - an overview of Cochrane Reviews](#)
- [Morphine for chronic neuropathic pain in adults](#)
- [Stretch for the treatment and prevention of contractures](#)
- [Yoga for improving health-related quality of life, mental health and cancer-related symptoms in women diagnosed with breast cancer](#)



# The content summaries

Production of the summaries for different **target audiences**

- PRM physicians and other rehabilitation professionals
- postgraduate PRM trainees and medical students
- Politicians
- consumers, with Cochrane

**Translation** into different languages

**Publication**

Continuous **updating**



**Thank you 😊 ありがとう**  
**Join us, follow us !**

**Receive Weekly Evidence in  
Rehabilitation**

<http://rehabilitation.cochrane.org>  
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