ACRM AMERICAN CONGRESS OF REHABILITATION MEDICINE

Improving lives through interdisciplinary rehabilitation research

SYMPOSIA SPOTLIGHT **CLINICAL PRACTICE • INTERNATIONAL**

COCHRANE REHABILITATION, THE NEW INTERNATIONAL BODY TO SPREAD & STRENGTHEN EVIDENCE IN REHABILITATION MEDICINE

PRESENTERS

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Vigevano, Lombardia

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University Hospitals Leuven
Leuven, Vlaams-Brabant

TUE 5 NOV
12:45 PM - 2:00 PM

ACRM Annual Conference

ACRM CHICAGO 5-8 NOV 2019 PRE-CONF: 3-5 NOV

Disclosures

Stefano Negrini

- Stock of ISICO (Italian Scientific Spine Institute), Milan, Italy

Carlotte Kiekens

- Nothing to disclose

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The Firm, Inc. and ACRM staff has no financial interest to disclose.

Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. understand the value of different evidence synthesis products
2. access Cochrane Evidence relevant to rehabilitation
3. discuss some of the main problems of evidence production in rehabilitation

Obtaining CME/CE Credit

Credit is only given to attendees who:

- Successfully complete the entire course/session.
- Evaluate the course – by completing an online survey.
- After you have completed the evaluation, an email will automatically be generated to you with a link to print your certificate.

The evaluation system will close 30 days after the date of the workshop.

Cochrane Rehabilitation

The international body to spread and strengthen evidence in rehabilitation medicine

Carlotte Kiekens, MD, Coordinator
Physical and Rehabilitation Medicine, UZ Leuven, Belgium
ISRPM WHO Liasion committee chair

@CarlotteK @CochraneRehab

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Better health.

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UZ LEUVEN

Nothing to disclose

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Informed decisions.
Better health.

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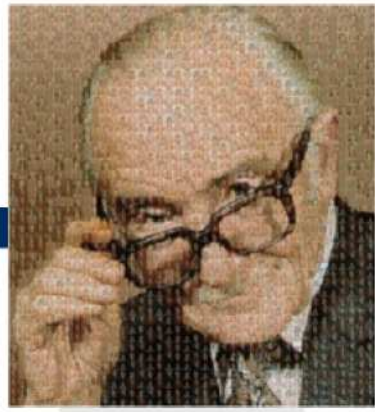
25TH ANNIVERSARY



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Global independent network with 11,000 members and over 68,000 supporters from more than 130 countries

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.

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Cochrane Organization

Review Group Networks (8)

Review Groups: systematic reviews (68)

Methods Groups: development of methods for reviews (17)

Geographic Centres: local knowledge translation (48)

Fields: **knowledge translation** for a specific health community other than a condition (12)

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Cochrane Fields

Focus on a **dimension** 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**

1. Cochrane Child Health
2. Cochrane Complementary Medicine
3. Cochrane Consumer Network
4. Cochrane Global Ageing
5. Cochrane Insurance Medicine
6. Cochrane Neurosciences
7. Cochrane Nursing Care
8. Cochrane Nutrition
9. Cochrane Pre-hospital and Emergency Care
10. Cochrane Primary Care
11. **Cochrane Rehabilitation**
12. Cochrane First Aid
13. *Sustainable Healthcare*

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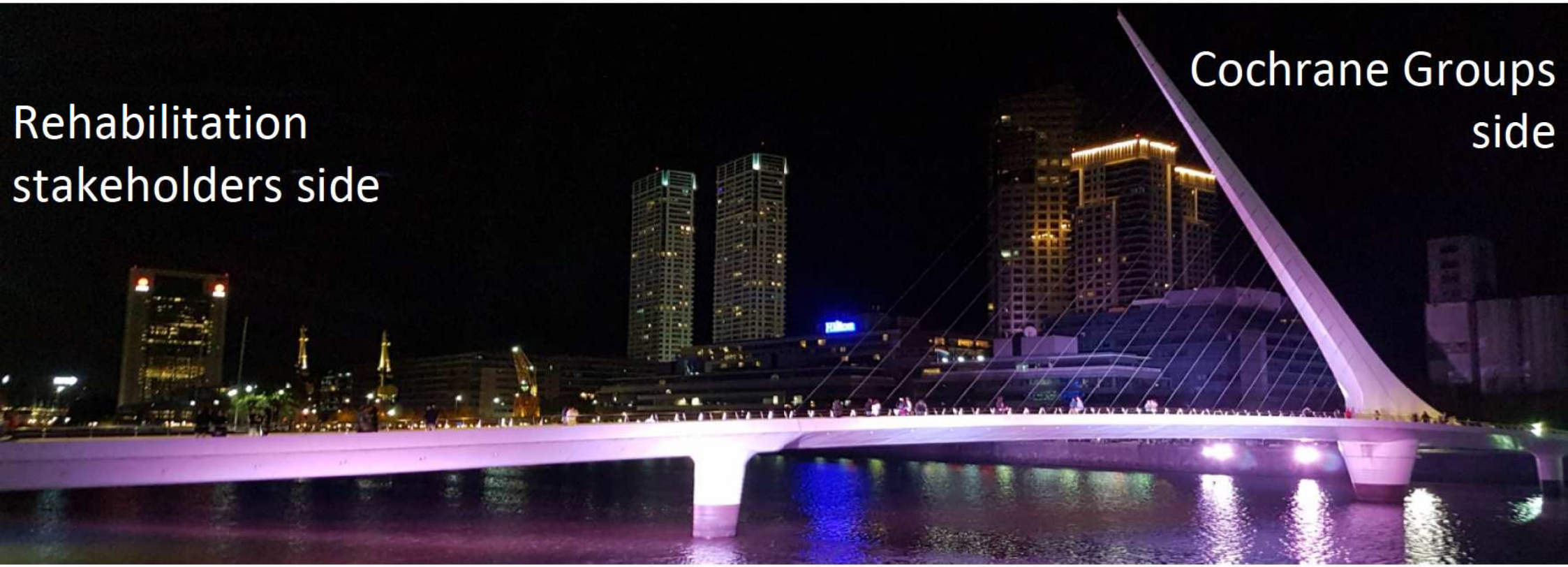
Role of Cochrane Fields: a bridge, knowledge translation



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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

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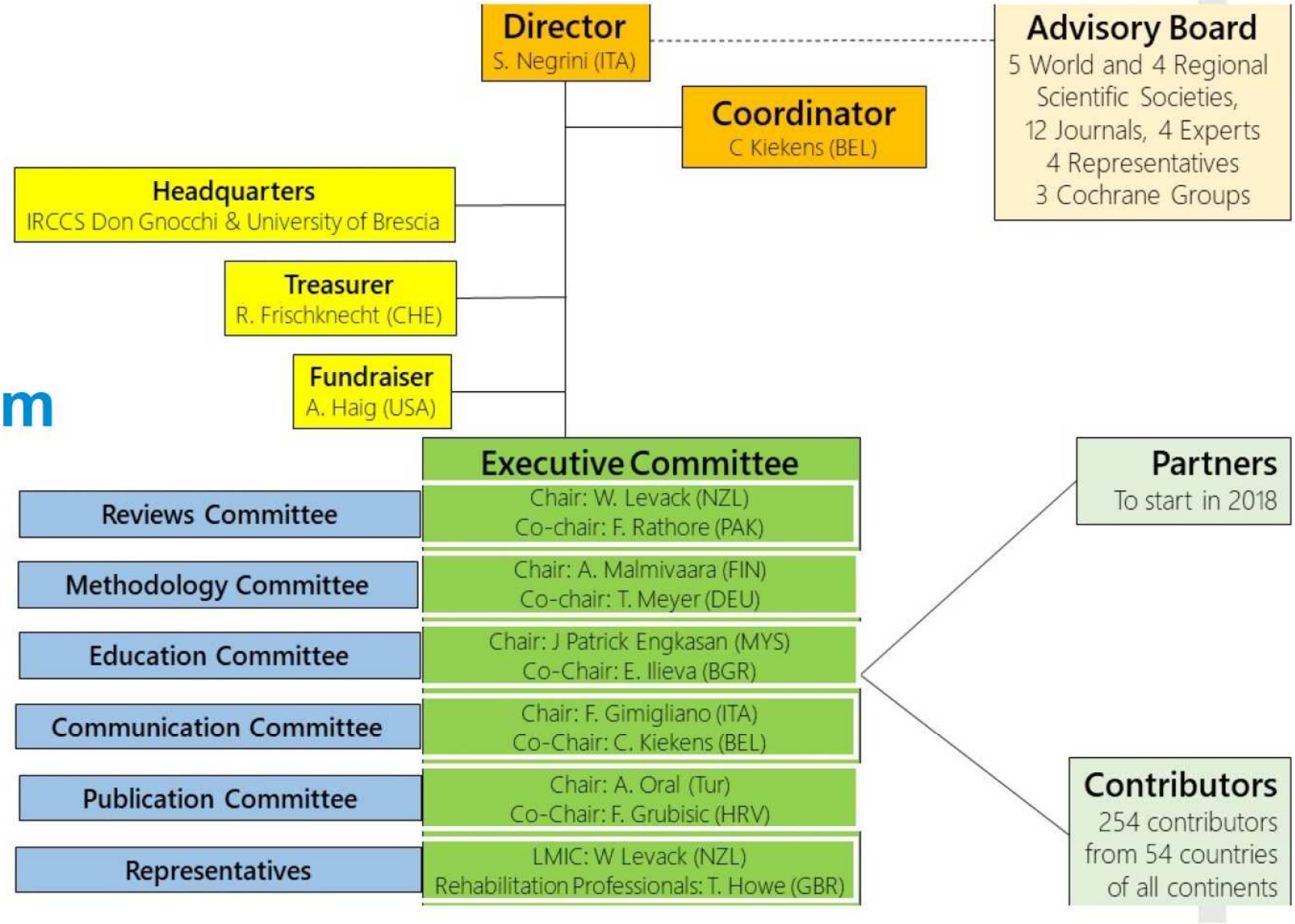
Mission of Cochrane Rehabilitation

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.

Cochrane Rehabilitation

Organigram



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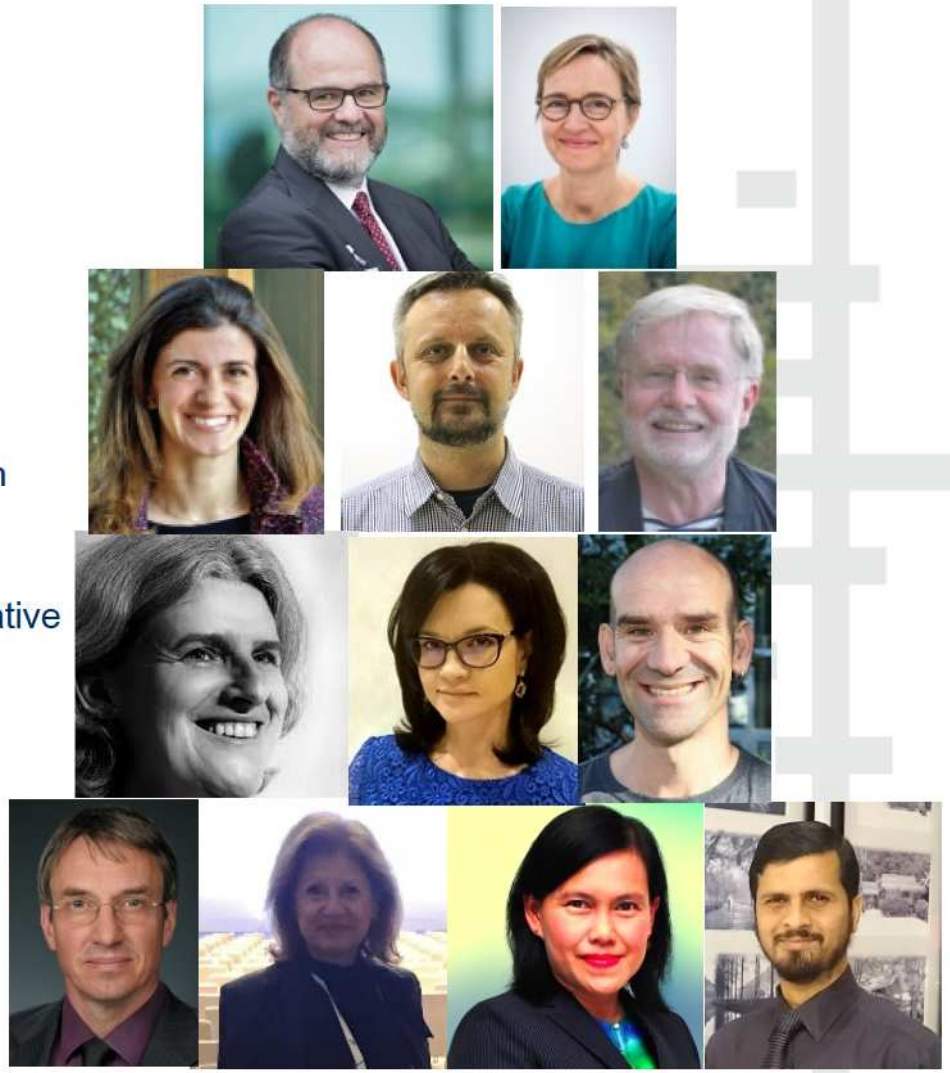
The Executive Commitee

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 , MD, PhD (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



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Our activities, in line with the themes of the Cochrane Knowledge Translation Strategy

Packaging, push and support to implementation

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

Reviews Committee

- Review selection and website database

Communication Committee

- Website and social media

Publication Committee

- Cochrane Corners

Ebook (in production)

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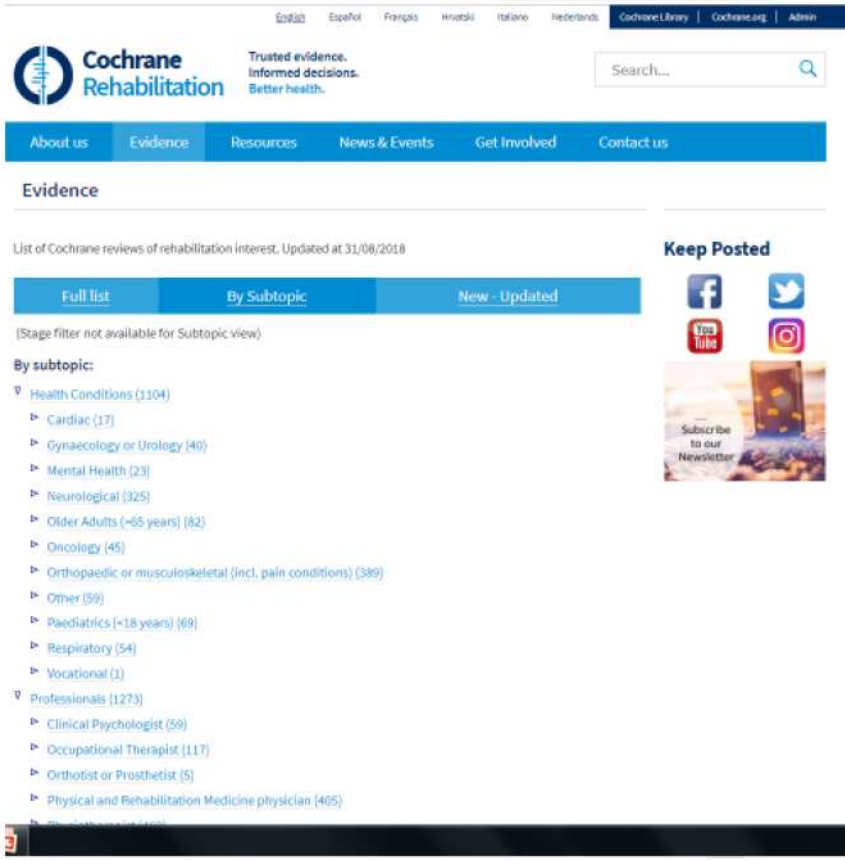
Reviews Committee

Tagged all the Cochrane reviews from 1996 to June 2019

Ongoing process to constantly update the results

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

Levack WM, Rathore FA, Pollet J, Negrini S. *Arch Phys Med Rehabil*. 2019



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Communication Committee

	2017	2018	2019
Website	4727	7073	
Newsletter	361	801	929
Twitter	715	1485	1821
Facebook	1292	2040	2382
Instagram	-	532	764
YouTube channel	28	76	2281
Blogshots	4	39	47

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Blogshots

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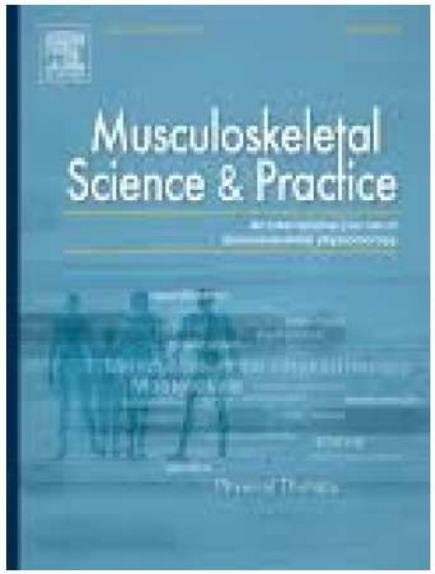
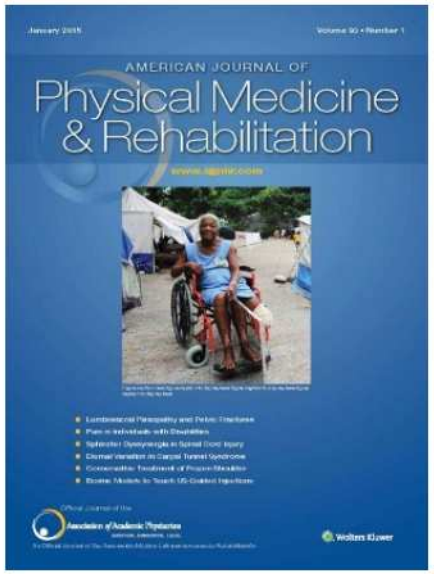
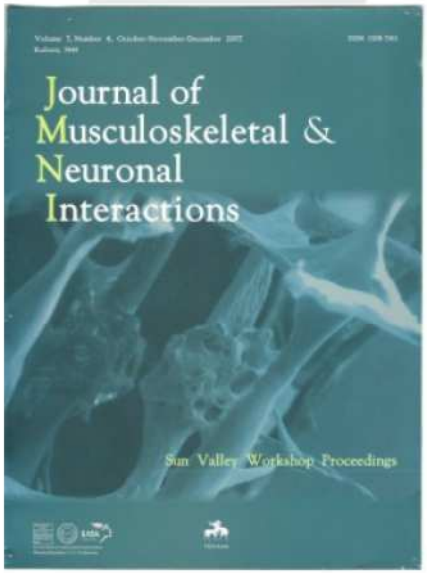
Publication Committee

Cochrane Corners (12 journals)

13 published, 8 in pre-press, 8 submitted







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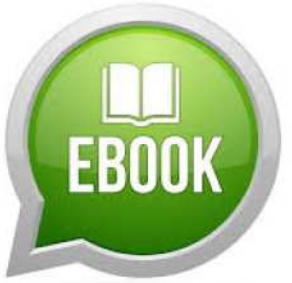

Cochrane Rehabilitation ebook

"**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

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The Cochrane Rehabilitation ebook

Funded by the European Physical and Rehabilitation Medicine (PRM) Bodies (ESPRM, EARM, UEMS PRMS Section & Board)

Importance to Rehabilitation:

- **inform rehabilitation clinicians** on evidence based practice
- **educate** undergraduate and postgraduate rehabilitation students
- **support political actions** toward policymakers, patients' associations and other stakeholders
- **identify unmet needs of evidence synthesis** and activate correct prioritization for future work of Cochrane

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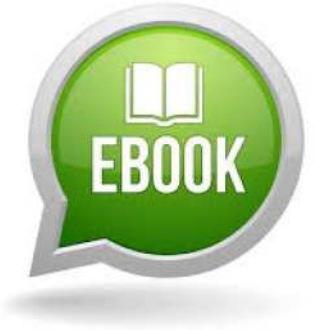


The content summaries

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

- **rehabilitation professionals**, with ESPRM
- **PRM trainees, medical and all rehabilitation profession students**, with UEMS PRM Board
- **politicians**, with UEMS PRM Section
- **consumers**, with Cochrane

Translation into different languages

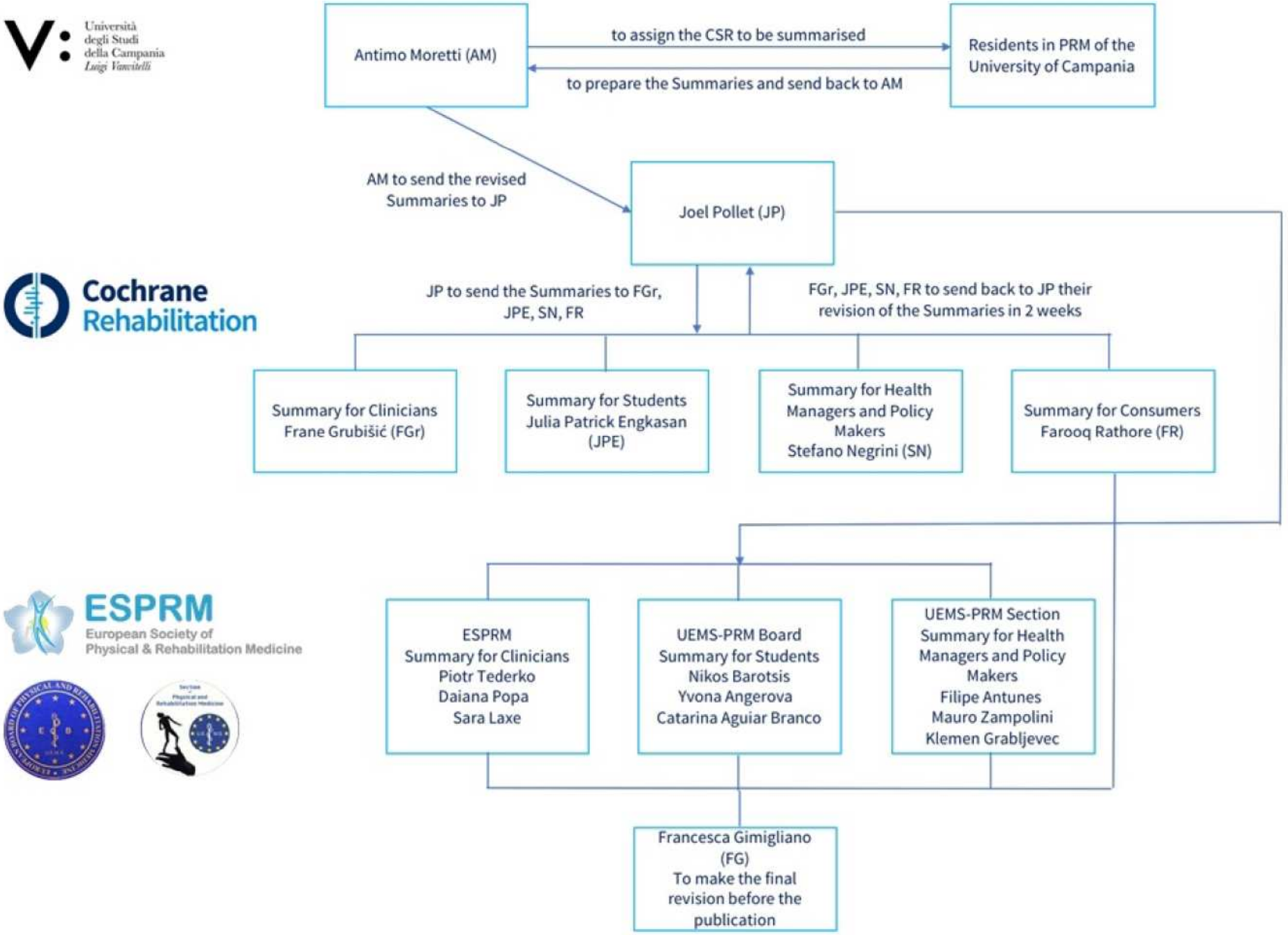
Continuous **updating**

Cochrane Rehabilitation

The ebook index

1. Rehabilitation approach to **Musculoskeletal** health conditions
2. Rehabilitation approach to **Neurological** health conditions
3. Rehabilitation approach to **Pain** health conditions
4. Rehabilitation approach to **Cardiovascular and Pulmonary** health conditions
5. Rehabilitation approach to **Internal medicine** health conditions
6. Rehabilitation approach to **Cancer- Organ Transplant and Immune-compromised** health conditions
7. Rehabilitation approach to **Pelvic floor** health conditions
8. Rehabilitation approach to **Psychiatric** health conditions
9. Rehabilitation approach to **Sport medicine** health conditions
10. Rehabilitation approach to **Pediatric** health conditions
11. Rehabilitation approach to **Geriatric** health conditions
12. Rehabilitation **management**
13. General **prophylaxis** approach using rehabilitation interventions

The ebook production chart



Electromechanical-assisted training for walking after stroke

Summary for health managers:

Stroke is a major public health problem because it is the first cause of disability in the adult population. Worldwide incidence rates range between 144 and 373/100.000/years.
The guidelines of American Heart Association/American Stroke Association recommend robot assisted movement training to improve mobility after stroke in combination with conventional therapy.
Cochrane evidence shows that robotic training combined with physiotherapy probably improves walking ability in people with stroke.

The summary was prepared by:
Author: Andrea Settembre
Editors: Antimo Moretti, Stefano Negrini, Francesca Gimigliano
Reviewers: Filipe Antunes, Klemen Grabljevec

Approved by a vote from UEMS-PRM Section delegates at the General Assembly in Stockholm September 8th, 2018.

Diseases:
2. Neurological > 2.3 Cerebrovascular Disorders
2. Neurological > 2.8 Spasticity

Interventions:
Rehabilitation in general
Exercises
Physical modalities
Assistive technologies
Technological interventions

Electromechanical-assisted training for walking after stroke

Summary for students:

Stroke is a major public health problem being the first cause of disability in the adult population. Three months after stroke, 20% of people remain wheelchair bound, and approximately 70% walk at a reduced velocity and capacity.
Body weight supported treadmill training, automated electromechanical gait training, and robotic assisted gait training devices have been developed to deliver gait therapy. The automated and robotic devices have the advantage of reduced dependence on therapists compared to body weight supported treadmill training.
This Cochrane systematic review assessed the effectiveness of automated electromechanical and robotic assisted gait training devices for improving walking after stroke.
It was reported that the use of electromechanical devices combined with physiotherapy when compared with physiotherapy alone may increase the chance of walking independently at the end of treatment in early post stroke people. The evidence for this outcome is of moderate quality and it is possible that the true effect might change with future studies. No improvement was reported in walking speed and distance. However, the evidence for both outcomes is low and it is very likely that future trials may change the quantitative effect, while the overall efficacy of the treatment may or not change.

The summary was prepared by:
Author: Andrea Settembre
Editors: Antimo Moretti, Julia Patrick Engkasan, Francesca Gimigliano
Reviewers: Nikolaos Barotsis, Yvona Angerova

Approved by a vote from UEMS-PRM Board delegates at the General Assembly in Stockholm September 8th, 2018.

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Rehabilitation in general
Exercises
Physical modalities
Assistive technologies
Technological interventions

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Plan

To launch the ebook in May 2020 at ESPRM2020 in Belgrade.

The ebook will be freely available for all and will be a useful tool to spread certified evidence in a fast and practical way!

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Facilitating pull

Growing our users' capacity to find and use our reviews Education Committee

Ex. 2019

- 3 Workshops in 2 Scientific Meetings in 2 continents
- 3 Sessions in 2 Scientific Meetings in 2 continents
- 18 Presentations in 15 Scientific Meetings in 5 continents
- Area in the website with educational material under development

Cochrane Interactive Learning, Cochrane Training

Exchange

Engaging with our users to support their evidence informed decision making

Advisory Board

Participation in International and Regional Meetings (ex. ACRM2019 ☺)

Partnerships (Memoranda of Understanding, MoUs)

30 Publications in Indexed journals

Cochrane Rehabilitation

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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

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Partners

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Partners

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

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Prioritization exercise

Prioritization exercise completed, involving 100 scientific societies representatives from 39 Countries and all continents

-Defined index of topics for rehabilitation

-Identified needs for new reviews for rehabilitation

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Methodology committee

A think tank to help solving problems of EBM in rehabilitation

- Two surveys on EBM problems in Rehabilitation
- One poster at the Global Evidence Summit

Yearly journal special issues and/or sections on methodology:

- First one in EJPRM after 2-days meeting #ISPRM2018 in Paris
- Second meeting #ISPRM2019 Kobe scheduled in AJPMR
- Third meeting #ISPRM2020 Orlando scheduled in AJPMR

Workshops Sessions and Presentations in Scientific Meetings as reported above

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Effective and Sustainable Knowledge Translation

Building a sustainable infrastructure for knowledge translation

- Executives not working in the Headquarters: 11 colleagues
- MoU signed with 32 partners for various activities
- People involved in various tasks and projects: 256 from 54 countries

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Rewards

Page on the website

Milestones badges according to work performed

Cochrane membership (50 hours of work)

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

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

Cochrane Rehabilitation contributors of 2017.

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Receive Weekly Evidence in Rehabilitation

http://rehabilitation.cochrane.org

cochrane.rehabilitation@gmail.com

@CochraneRehab

Thank you ☺
Join us, follow us !

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Evidence in Rehabilitation
Between Facts and Prejudice

Stefano Negrini

Chair of Physical and Rehabilitation Medicine
University of Brescia, Don Gnocchi Foundation
Director of Cochrane Rehabilitation

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Disclosure

Director of Cochrane Rehabilitation

Chief-Editor of the European Journal of Physical and Rehabilitation Medicine (congress expenses)

ISICO (Italian Scientific Spine Institute): stock

Medtronic: consultant

Cochrane Rehabilitation

1. **Rauch A, et al**. Toward Strengthening Rehabilitation in Health Systems: Methods Used to Develop a WHO Package of Rehabilitation Interventions. **Arch Phys Med Rehabil. 2019** Nov;100(11):2205-2211.
2. **Negrini S, et al**. Clinical replicability of rehabilitation interventions in randomized controlled trials reported in main journals is inadequate. **J Clin Epidemiol. 2019** Oct;114:108-117
3. **Levack WMM, et al**. One in 11 Cochrane Reviews Are on Rehabilitation Interventions, According to Pragmatic Inclusion Criteria Developed by Cochrane Rehabilitation. **Arch Phys Med Rehabil. 2019** Aug;100(8):1492-1498.
4. **Negrini S, et al**. The struggle for evidence in physical and rehabilitation medicine: publication rate of randomized controlled trials and systematic reviews is growing more than in other therapeutic fields. **Am J Phys Med Rehabil. 2019** Apr;98(4):258-265.
5. **Negrini S, et al**. Cochrane Rehabilitation: 2018 annual report. **Eur J Phys Rehabil Med. 2019** Apr;55(2):314–8.
6. **Negrini S**. DeLisa Lecture. Evidence in Rehabilitation Medicine: between facts and prejudices. **Am J Phys Med Rehabil. 2019** Feb;98(2):88-96.
7. **Moretti A, et al**. The Cochrane Rehabilitation eBook: a knowledge translation tool to transfer evidence to different rehabilitation audiences. **Eur J Phys Rehabil Med. 2018** Aug;54(4):622

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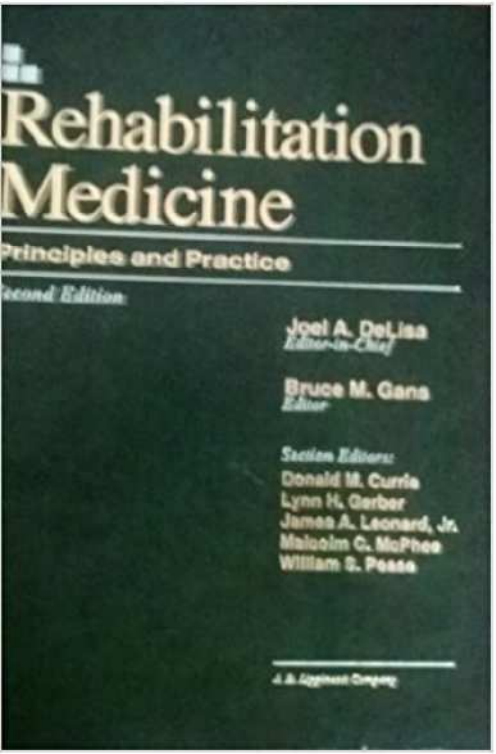
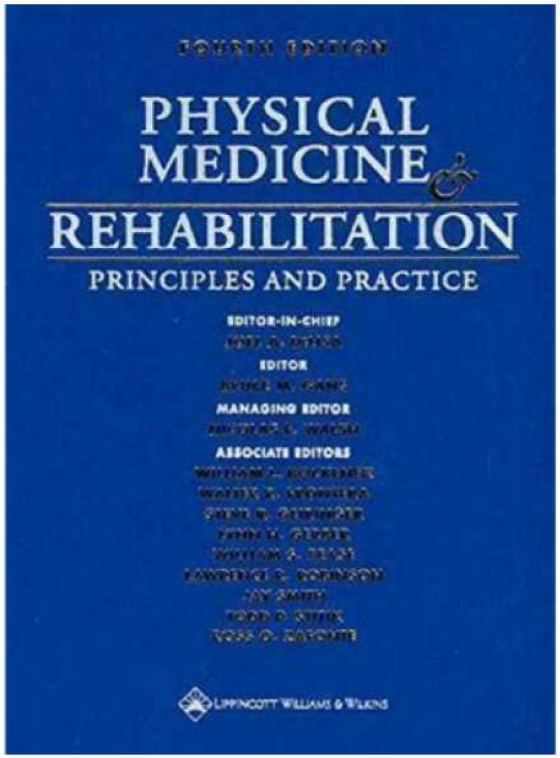
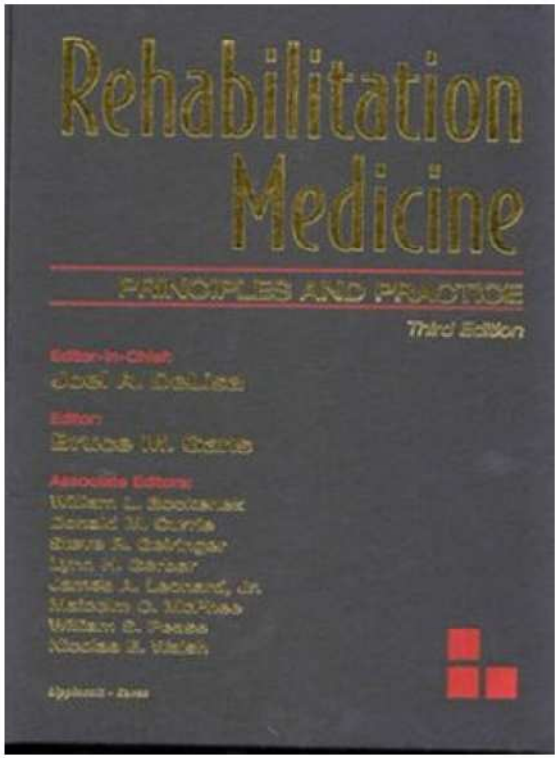
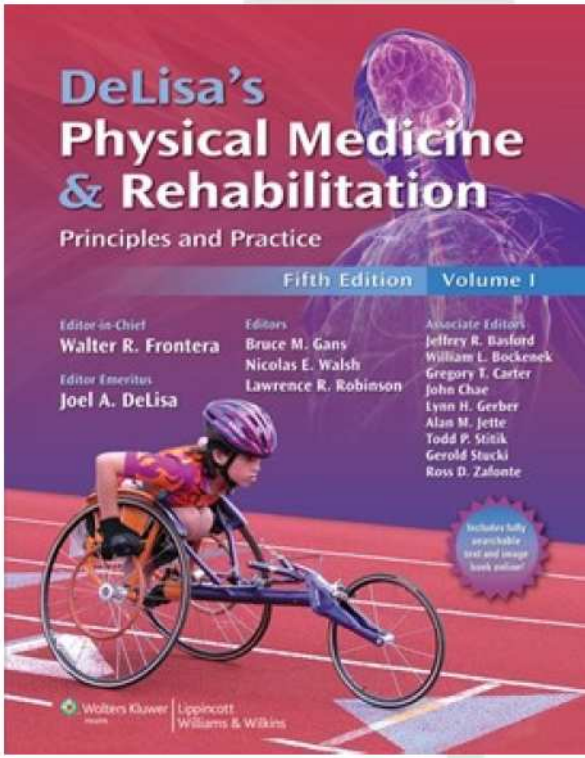
DeLisa Lecture









Negrini S. DeLisa Lecture. Evidence in Rehabilitation Medicine: between facts and prejudices. Am J Phys Med Rehabil. 2018 Aug 28. doi: 10.1097/PHM.0000000000001033.

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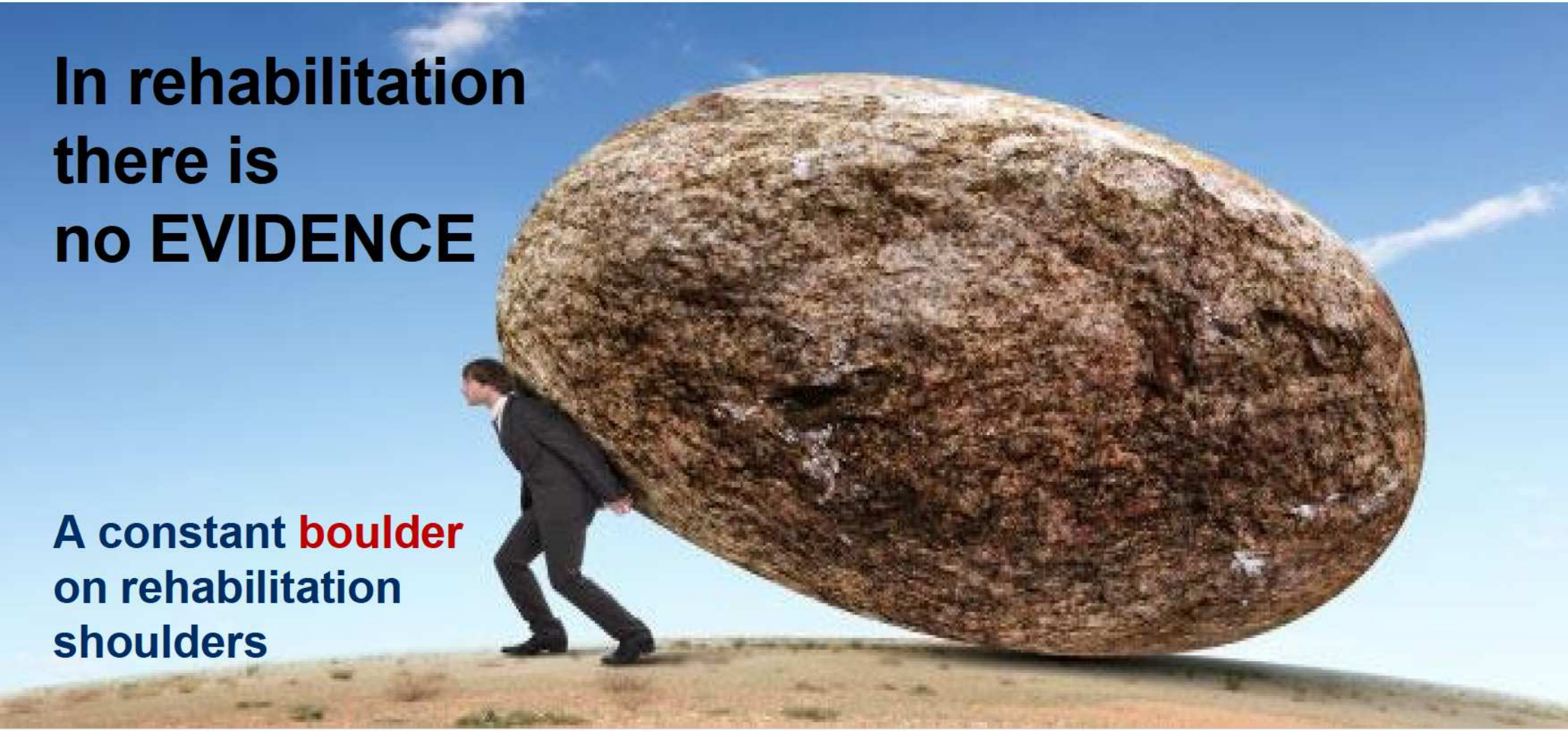

Cochrane Rehabilitation

Overview

Rehabilitation vs other health sectors

-
-

Problems with evidence generation in rehabilitation

-
-

State of research in rehabilitation

-
-

Implementation of EBM in rehabilitation

-

Cochrane Rehabilitation

Overview

Rehabilitation vs other health sectors

- The *Cohrane Rehabilitation* project: **rehabilitation definition**
- The *Cohrane Rehabilitation* project: **ebook table of contents**

Problems with evidence generation in rehabilitation

- The *Cohrane Rehabilitation* project: **the Replicability of RCTs in Everyday PRM Clinics (REREP)**
- The *Cohrane Rehabilitation* project: **the RCT in rehabilitation checklist (RCTRACK)**

State of research in rehabilitation

- The *Cohrane Rehabilitation* project: **prioritization**
- The *Cohrane Rehabilitation* project with WHO: **Best Evidence for Rehabilitation (be4rehab)**

Implementation of EBM in rehabilitation

- Knowledge Translation efforts of *Cochrane Rehabilitation*

Some other future solutions for EBM in rehabilitation

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Rehabilitation vs other health sectors

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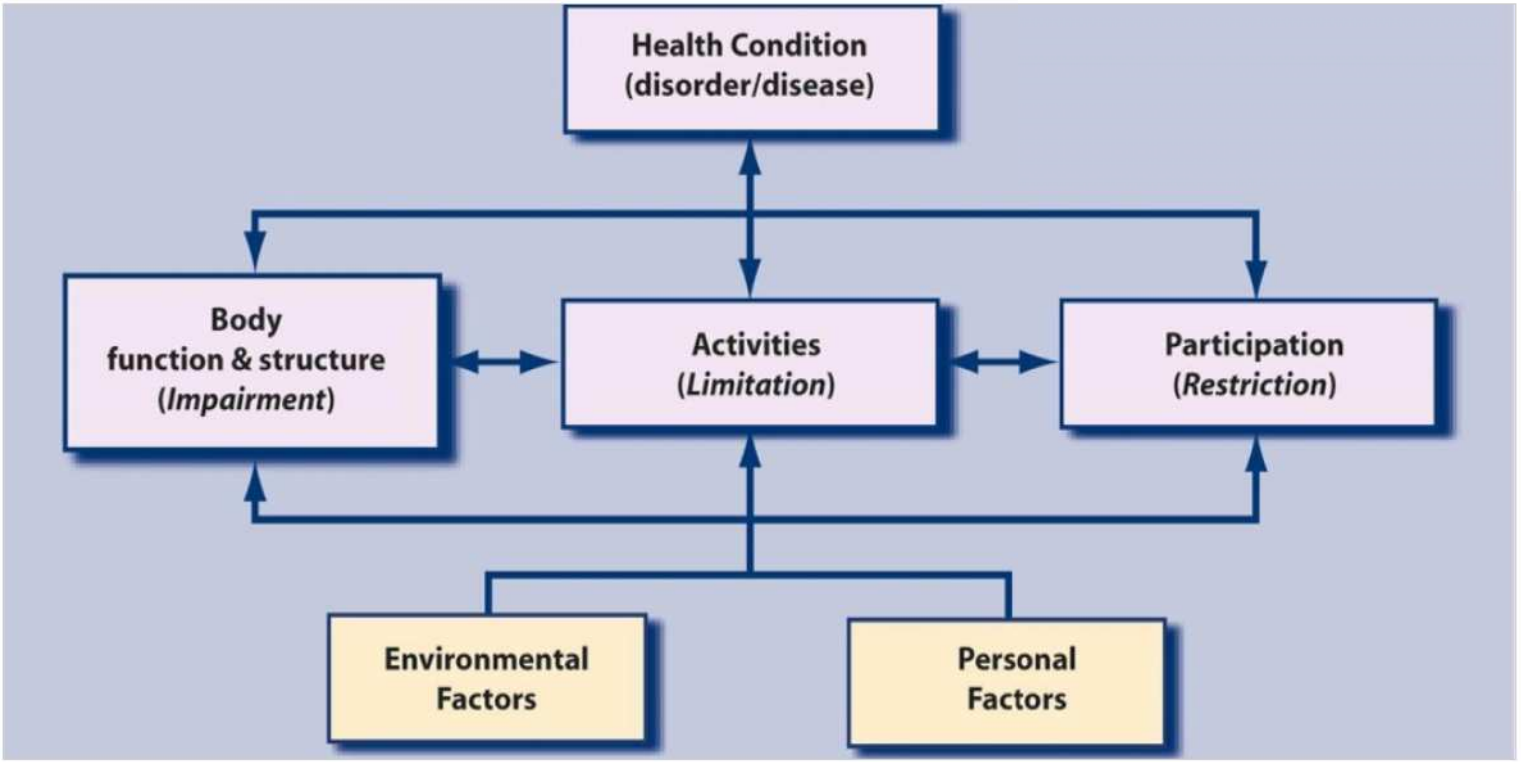
ICF biopsychosocial model (WHO)



International Classification of Functioning, Disability and Healty
World Health Organization 2001

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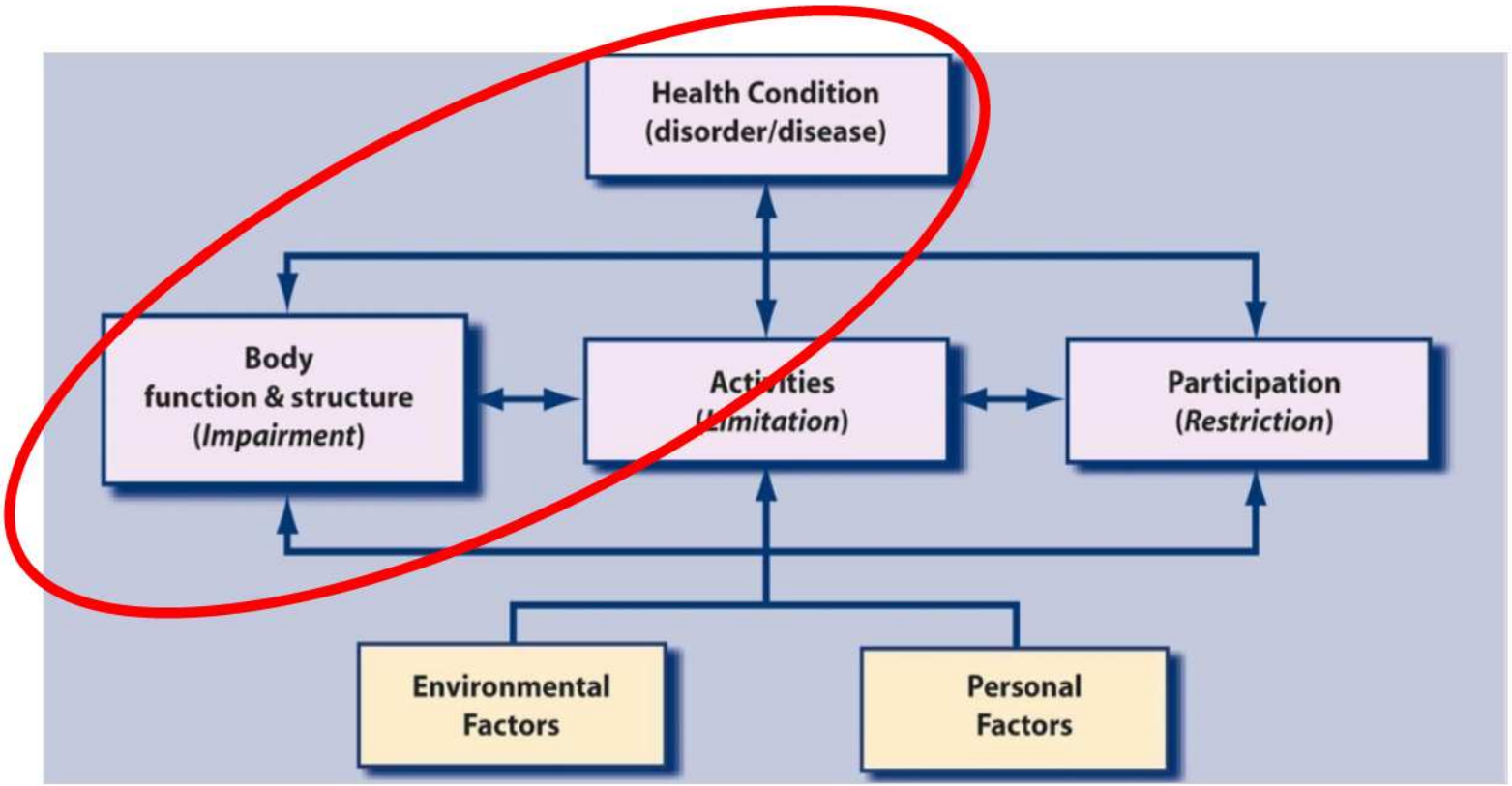
«Classical» medicine



European Physical and Rehabilitation Medicine Bodies Alliance. White Book of Physical and Rehabilitation Medicine (PRM) in Europe. Chapter 3. A primary medical specialty: the fundamentals of PRM. 3rd Ed. Eur J Phys Rehabil Med 2018 (54): S1

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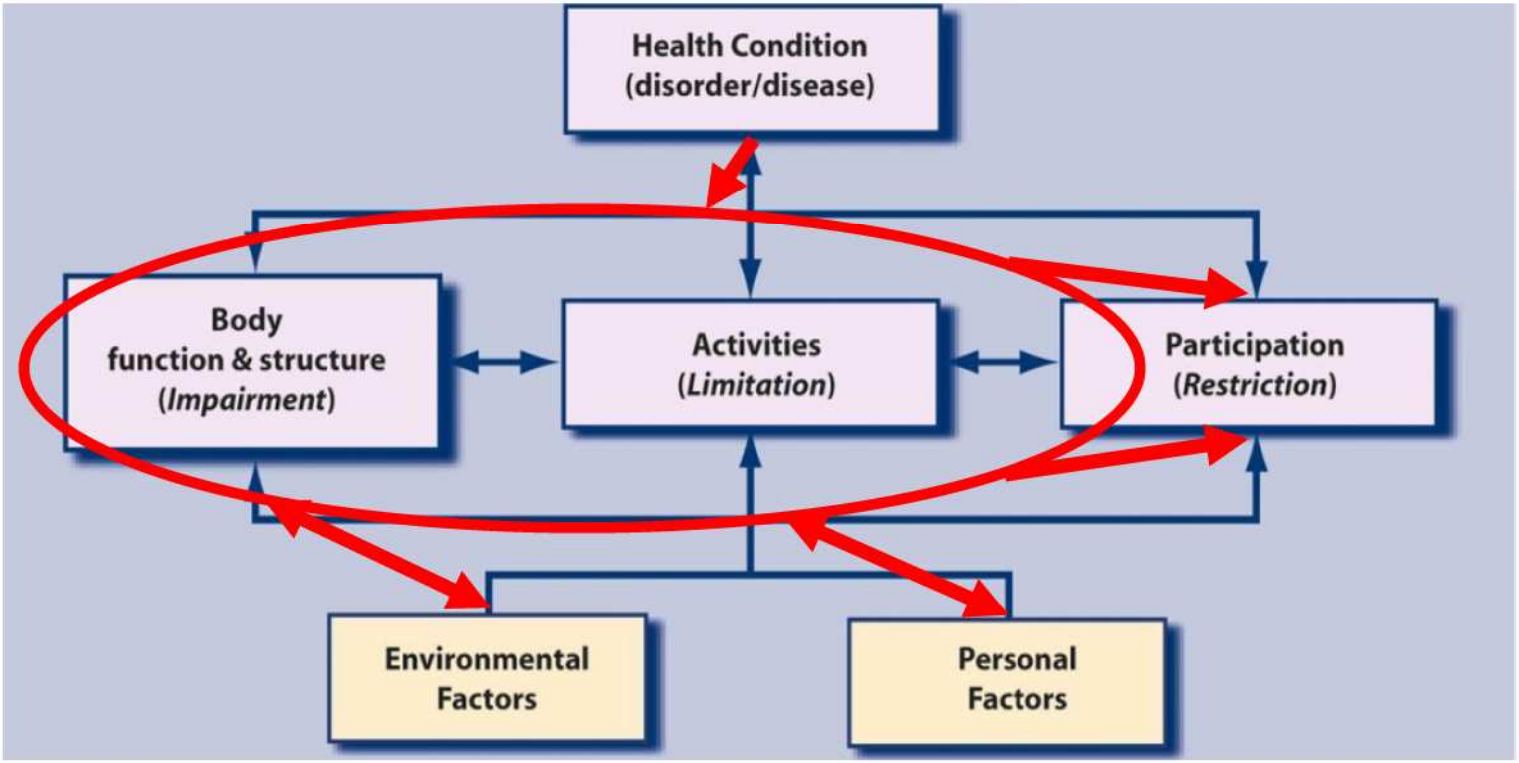
Rehabilitation



European Physical and Rehabilitation Medicine Bodies Alliance. White Book of Physical and Rehabilitation Medicine (PRM) in Europe. Chapter 3. A primary medical specialty: the fundamentals of PRM. 3rd Ed. Eur J Phys Rehabil Med 2018 (54): S1

Core concepts of rehabilitation

	Classical medicine	Rehabilitation
Overall approach	Disease oriented	Person/functioning oriented (holism)
Diagnosis and prognosis	Medical	Functional and medical
Treatments	One modality at a time	Multimodal
Morbidities	Single	Multiple
Professional approach	Individual	Multi-professional team

European Physical and Rehabilitation Medicine Bodies Alliance. White Book of Physical and Rehabilitation Medicine (PRM) in Europe. Chapter 3. A primary medical specialty: the fundamentals of PRM. 3rd Ed. Eur J Phys Rehabil Med 2018 (54): S1

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Rehabilitation has specific challenges for EBM that must be faced

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Cochrane Rehabilitation project: **Rehabilitation definition**

Aim
To provide a definition that proves to be valid not only internally but also externally

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Key results

We found that the men who used these medicines on a scheduled basis may have had similar self - reported erections and quality of erections (based on questionnaires they filled out) as men who took no medication regularly or

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Background

It does not exist a definition of rehabilitation worldwide recognized

World Health Organization defines rehabilitation as «a set of interventions designed to optimize functioning and reduce disability in individuals with in interaction with their environment»

This and other definitions have some shortcomings:

- The ability to clearly and consistently **differentiate** rehabilitation from "non-rehabilitation"
- The **acceptance** from all major stakeholders
- There is evidence that **rehabilitation is a whole** and not a "set of interventions", being the sum more than the individual interventions

Methods

The project will follow three sequential phases:

- **Collection** of world definitions
  - Direct questions to Scientific Societies multiprofessionally about their own definition and definitions in use in their Country
- **Expert Consensus Meeting** (February 2020)
- A **Consensus** will be achieved through a Delphi process **within** the world of rehabilitation
- A **Consensus** will be achieved through a Delphi process **outside the world of rehabilitation**

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Cochrane Rehabilitation project: **ebook table of contents**

Aim
To identify a table of contents of rehabilitation topics as a reference for our ebook

Trusted evidence.
Informed decisions.
Better health.

Cochrane Rehabilitation

Starting point: Books & Educational curricula

CHAP 1: Rehabilitation approach to **Pediatric** health conditions

CHAP 2: Rehabilitation approach to **Geriatric** health conditions

CHAP 3: Rehabilitation approach to **Musculoskeletal** health conditions

CHAP 4: Rehabilitation approach to **Cardiovascular and Pulmonary** health conditions

CHAP 5: Rehabilitation approach to **Neurological** health conditions

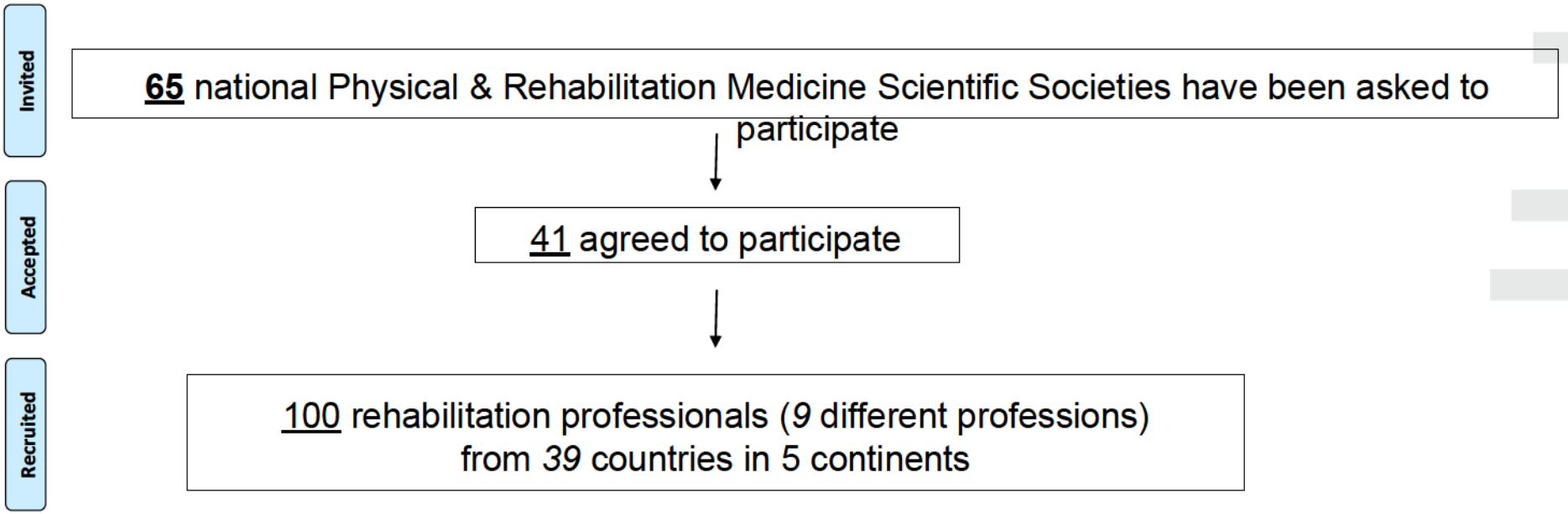
CHAP 6: Rehabilitation approach to **Cancer- Organ Transplant and Immune-compromised** health conditions

CHAP 7: Rehabilitation approach to **Pelvic floor** health conditions

CHAP 8: Rehabilitation approach to **Pain** health conditions

CHAP 9: Rehabilitation **management**

Participants



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Participant countries: 26 Europe

- Austria
- Belgium
- Bulgaria
- Croatia
- Czech Republic
- Estonia
- FYROM
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Malta
- Montenegro
- Norway
- Poland
- Portugal
- Romania
- Russia
- Slovakia
- Slovenia
- Spain
- The Netherlands
- Ukraine

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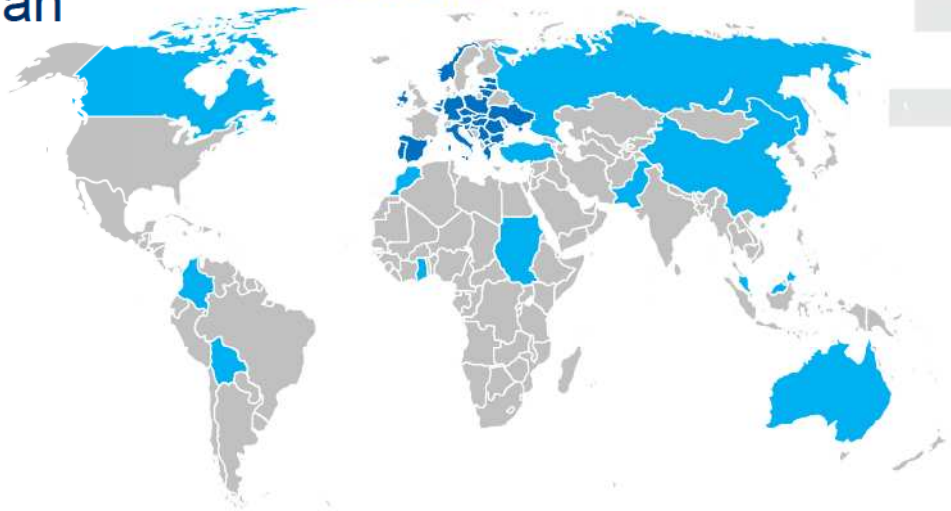
Participant countries: 13 world wide

5 Asia
- China
- Israel
- Malaysia
- Pakistan
- Turkey

4 Americas
- AMLAR
- Canada
- Colombia
- Paraguay

3 Africa
- Ghana
- Morocco
- Sudan

1 Oceania
- Australia



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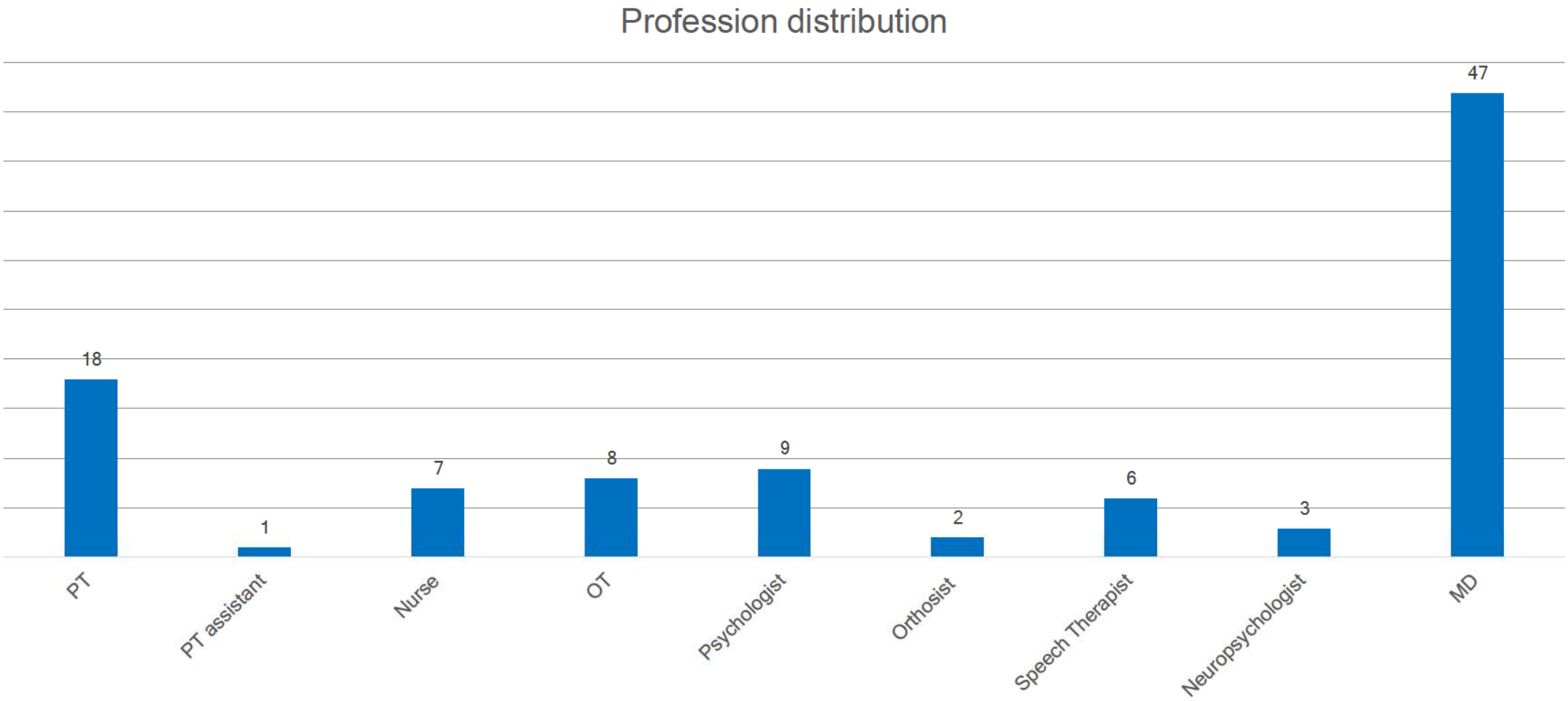
Rehabilitation professionals: 100



Surveys

First Survey: validation and modification of the **index**.

- 58% response rate
- Addition of four chapters to the original nine and of several items to each chapter;

Second Survey: rating of the **importance of each chapter**.

- 55% response rate
- Neurological and Musculoskeletal are the most rated chapters

Third Survey: final **approval of the index**

- 60% response rate
- Some additional items added

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13 Chapters: Rehabilitation approach to … health conditions	Paragraphs	Reviews
Musculoskeletal	24	294
Neurological	28	246
Pain	16	134
Cardiovascular and Pulmonary	4	79
Internal medicine	9	4
Cancer- Organ Transplant and Immune-compromised	6	34
Pelvic floor	7	42
Psychiatric	6	20
Sport medicine	1	5
Pediatric	5	74
Geriatric	6	55
Rehabilitation management	8	47
General prophylaxis approach using rehabilitation interventions	6	25

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Research problems in rehabilitation

Trusted evidence.
Informed decisions.
Better health.

Categories of problems in rehabilitation research

- Design (2)
- Patients selection (5)
- Assignment and randomization (5)
- Blinding (7)
- Interventions (3)
- Attrition, follow-up and protocol deviation (6)
- Outcomes (3)
- Statistical analysis (8)
- Conclusions (4)
- Others (11)

Arienti C, Armijo-Olivo S, Minozzi S, Tjosvold L, Lazzarini SG, Patrini M, Negrini S.
The challenges of real-world evidence to improve global health: all the methodological issues of research in rehabilitation (submitted)

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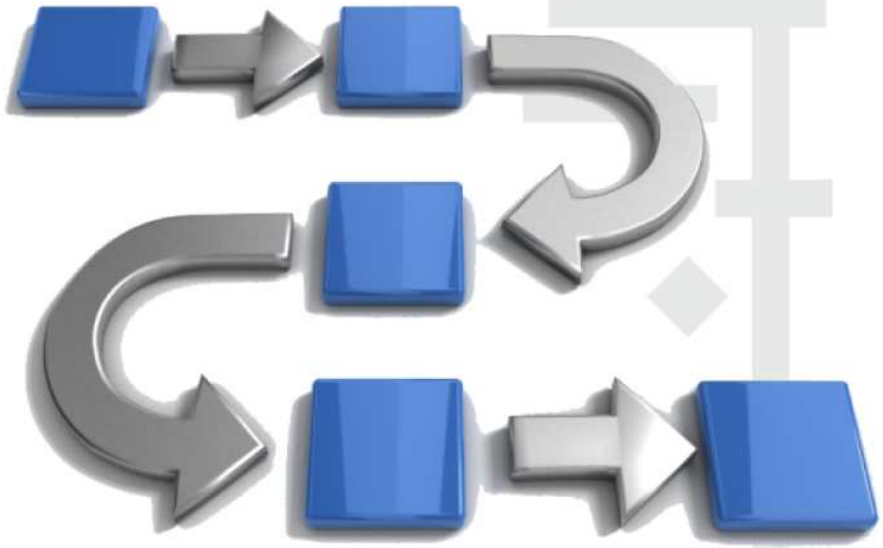
Rehabilitation process

Personal factors

- Team: multi-professional and interdisciplinary
- Therapists' competency and convincement
- Patients' convincement, compliance and adherence to treatment

Technical factors

- Low precision description (terminology and vocabulary)
- The Usual Therapy factor
- Multi-modal approach



Cochrane Rehabilitation

Usual therapy (UT): the black box

Methods

- Systematic Review
- RCTs on rehabilitation for lower limb after stroke (2006-2016)

Results

- 86 papers (out of 1582): 9% did not describe the usual care group
- 64 different combinations of interventions included in the UT groups
- 53 proposed only once, 8 twice, 3 in 3 papers (twice by the same group)
- No correlation with quality of the paper
- Gait training in 52%, balance in 51% of papers (in different combination), all the others less than 30%
- 18 different adjectives and 18 different nouns used to define UT
- In 2 articles 3 different definitions used, in 7 articles 2 different definitions

Negrini S, Pollet J, Buraschi R, Gobbo M, Arienti C. Opening the black box of “usual care” and finding a black hole: a numerical systematic review on the RCTs' “usual care” control groups in stroke rehabilitation. Protocol deposited in PROSPERO

Cochrane Rehabilitation

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Multimodal approach

Different treatments provided together

Same treatments combined differently by different teams

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Multimodal approach

Different treatments provided together

Treatments combined differently by different teams

Their combination gives the final result

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Rehabilitation research methodological problems requires better understanding

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Cochrane Rehabilitation project: **The Replicability of RCTs in Everyday PRM Clinics (REREP)**

Aim
To check the clinical replicability of RCTs in rehabilitation

Trusted evidence.
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The Replicability of RCTs in Everyday PRM Clinics – the REREP Study

Scientific world

- 86 published RCTs (Top PRM journals)

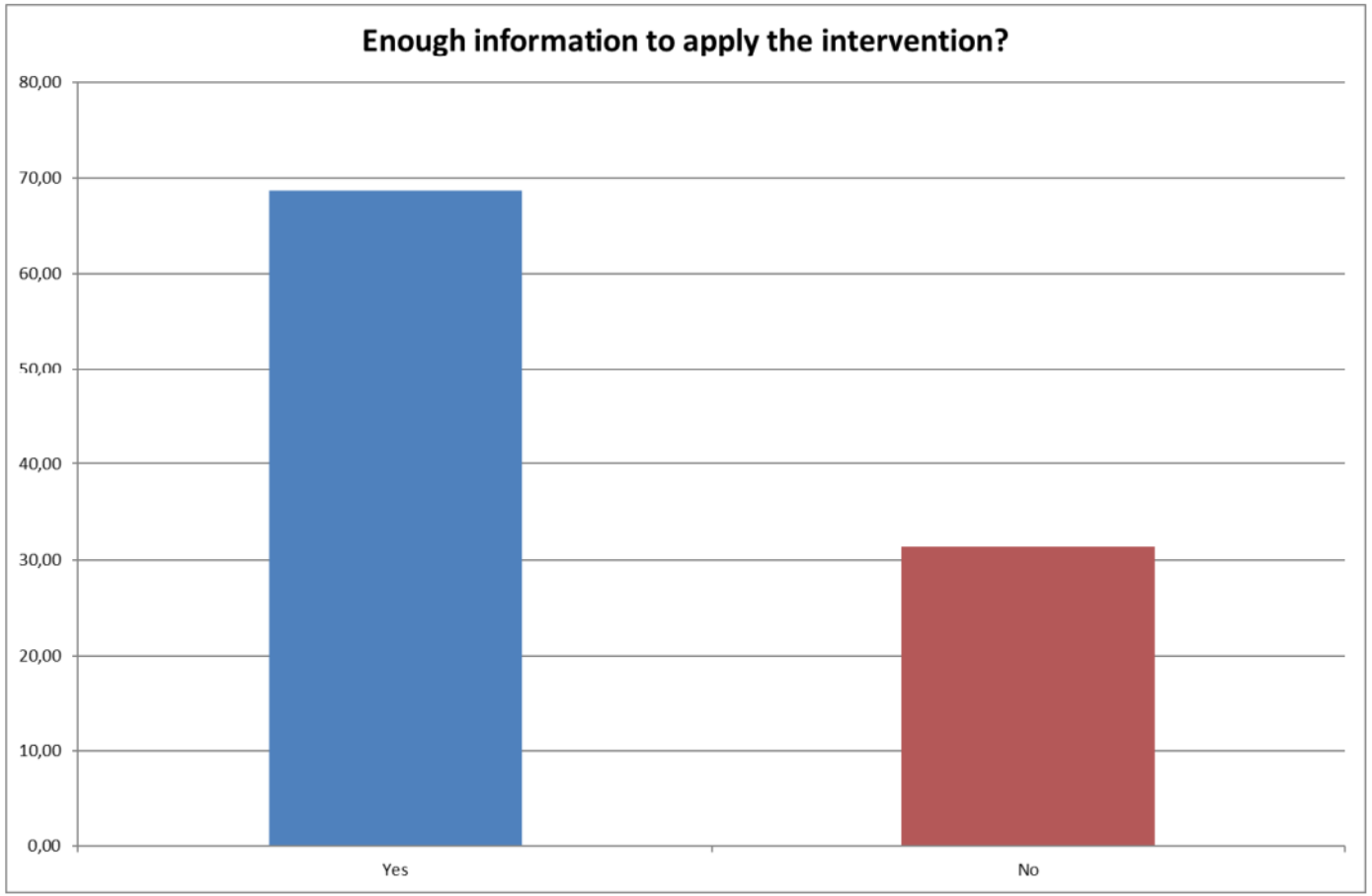
Clinical world

- 7 Judging clinical teams, 49 professionals (Belgium, Italy, Malaysia, Pakistan, Poland, Puerto Rico, USA)

Final analysis

- Comparison of results from different teams

Negrini S, REREP study participants. Clinical replicability of rehabilitation interventions in randomized controlled trials reported in main journals is inadequate. J Clin Epidemiol. 2019 Oct;114:108-117



Negrini S, Arienti C, Pollet J, Engkasan JP, Francisco GE, Frontera WR, Galeri S, Gworys K, Kujawa J, Mazlan M, Rathore FA, Schillebeeckx F, Kiekens C; REREP study participants. Clinical replicability of rehabilitation interventions in randomized controlled trials reported in main journals is inadequate. J Clin Epidemiol. 2019 Oct;114:108-117

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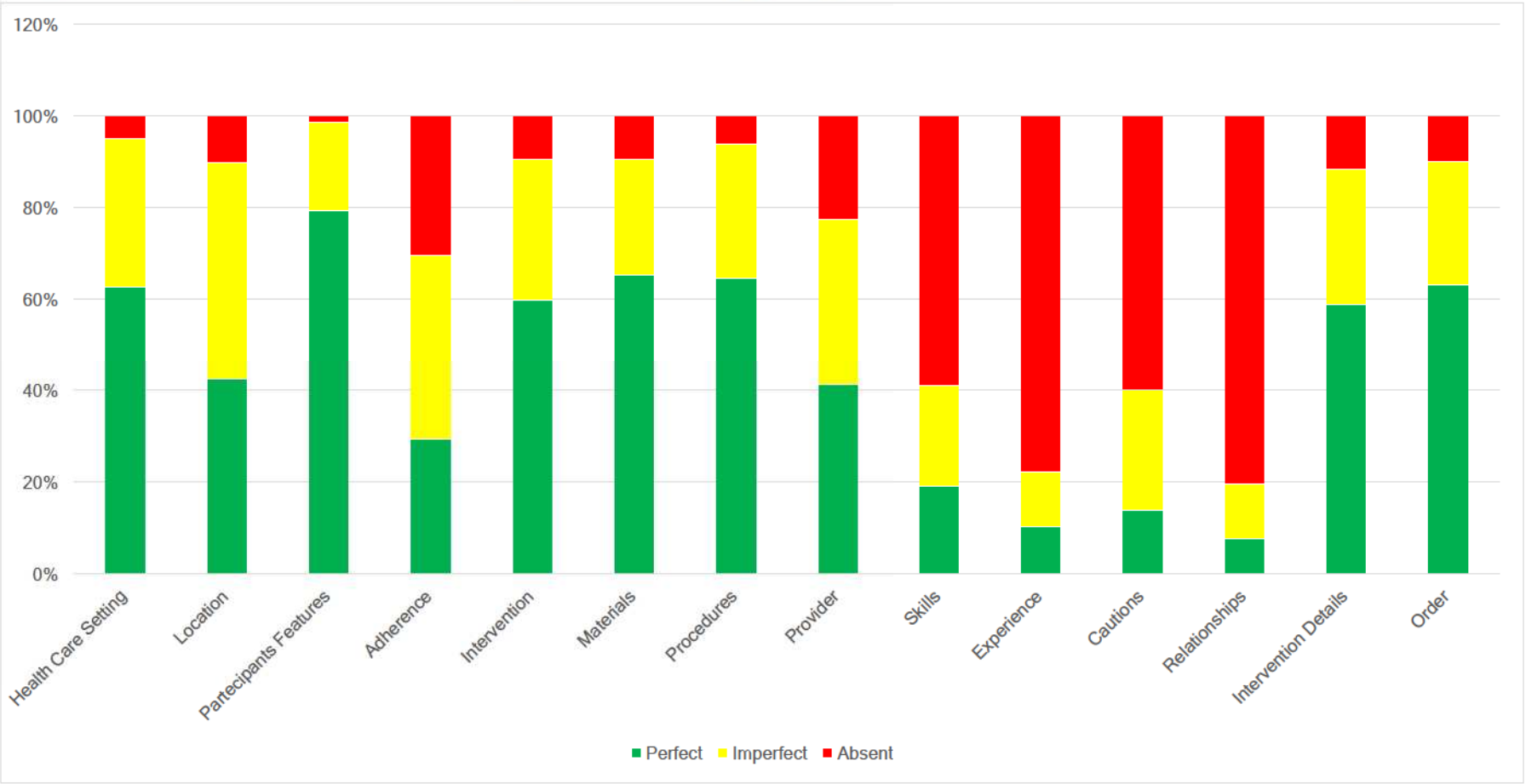

Negrini S, Arienti C, Pollet J, Engkasan JP, Francisco GE, Frontera WR, Galeri S, Gworys K, Kujawa J, Mazlan M, Rathore FA, Schillebeeckx F, Kiekens C; REREP study participants. Clinical replicability of rehabilitation interventions in randomized controlled trials reported in main journals is inadequate. J Clin Epidemiol. 2019 Oct;114:108-117