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DI MILANO

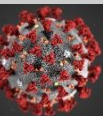


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Cochrane Rehabilitation special projects

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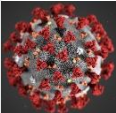
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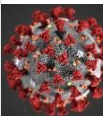


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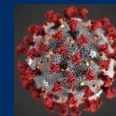


World Health Organization

Be4rehab Project

Best Evidence for Rehabilitation

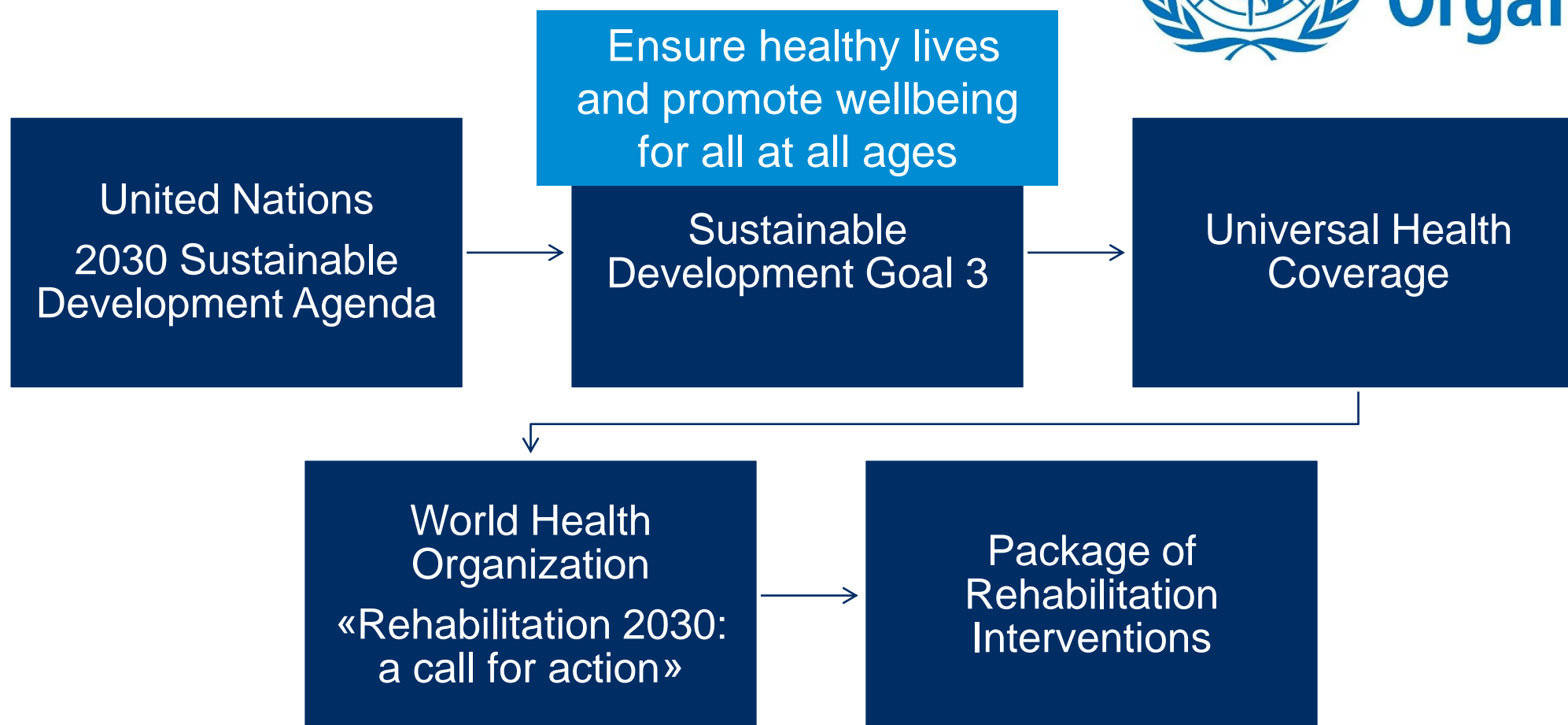
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Background



World Health Organization

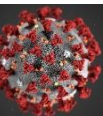


Objectives

To produce, in collaboration with the World Health Organization (WHO), the Minimum Package of Rehabilitation Interventions for Ministries of Health collecting data from selected best Guidelines and Cochrane Systematic Reviews on 21 health conditions.

Cochrane Rehabilitation role:

- Co-responsible of the methodology
- Recruitment and methodological overview of 10 out of 21 existing review groups
- Extraction of the best available evidence from Cochrane Systematic Reviews



Results

Methodological support to Technical Working Groups:

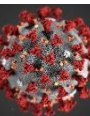
8 groups completed their task

2 groups did not

The provided assistance included:

- Running bibliographic researches
- Evaluating found Guidelines against inclusion and exclusion criteria
- Evaluating methodological quality of found Guidelines
- Controlling the quality of Technical Working Groups work

Amputation	Low back pain
Fractures	Osteoarthritis
Sarcopenia	Parkinson's disease
Chronic Obstructive Pulmonary Disease	Rheumatoid arthritis
Ischemic heart disease	Traumatic Brain Injury



Results

Data extraction from Cochrane Systematic Reviews:

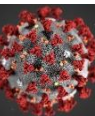
244 Cochrane Systematic Reviews on 17 health conditions were selected:

- 157 have a Summary of Findings table and GRADE assessment
- 87 lack the Summary of Findings and GRADE assessment

Data from 65 reviews were extracted

For 31 of the 65 reviews a Summary of Finding and GRADE assessment were prepared

Results were shared with the Peer Review Group of the WHO



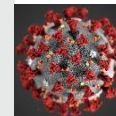
Health Condition

Cochrane Systematic
Reviews

With GRADE
assessment

Without GRADE
assessment

Health Condition	Cochrane Systematic Reviews	With GRADE assessment	Without GRADE assessment
Stroke	62	33	29
Cancer	44	25	19
Low back pain	30	24	6
Osteoarthritis	24	22	2
Rheumatoid arthritis	17	14	3
Chronic obstructive pulmonary diseases	14	14	0
Fractures	11	1	10
Parkinson's disease	8	4	4
Traumatic brain injury	7	5	2
Cerebral Palsy	7	5	2
Autism Spectrum Disorders	7	4	3
Ischemic heart disease	4	2	2
Spinal Cord Injury	3	1	2
Amputation	3	1	2
Intellectual disability	2	1	1
Congenital abnormality	1	1	0
Sarcopenia	0	0	0
Alzheimer disease/Dementia	13	7	6
(Major) Depressive disorder	7	6	1
Vision impairment	6	2	4
Hearing impairment	2	1	1
Totals	273	173	100





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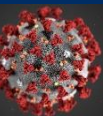


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Cochrane Rehabilitation ebook

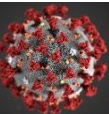


The Cochrane Rehabilitation ebook

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

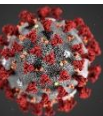


Cochrane Rehabilitation ebook

“**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



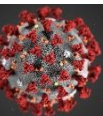
The content summaries

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

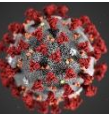
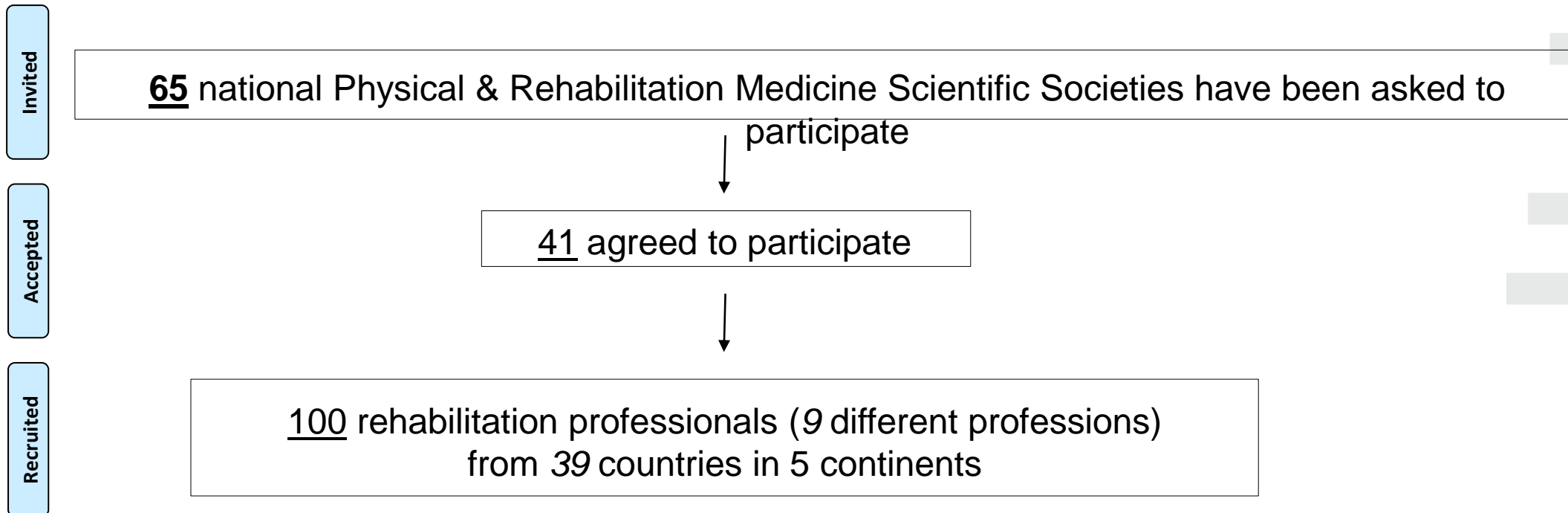
Continuous **updating**



Cochrane Rehabilitation ebook index

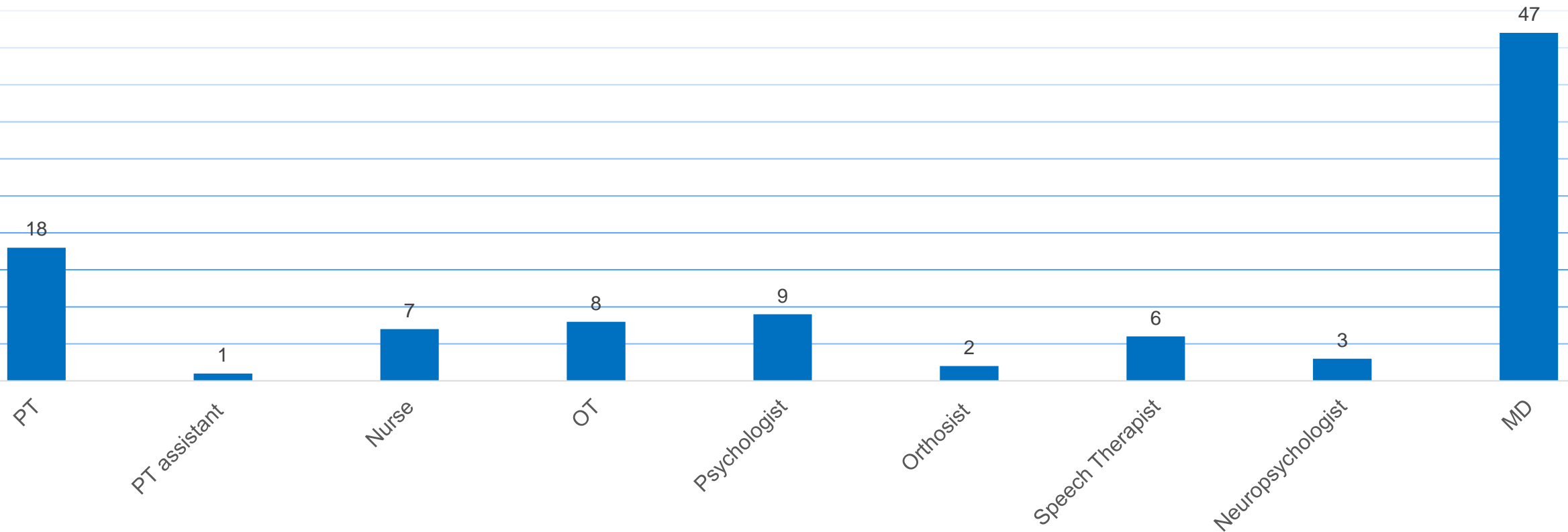
1. Rehabilitation approach to **Musculoskeletal** health conditions
2. Rehabilitation approach to **Neurological** health conditions
3. Rehabilitation approach to **Pain** health conditions
4. Rehabilitation approach to **Cardiovascular and Pulmonary** health conditions
5. Rehabilitation approach to **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**

Participants



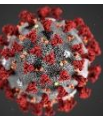
100 participants from 39 countries
5 Delphi Rounds

Profession distribution



Participant countries: 26 European

- 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



Participant countries: 13 world wide

5 Asian

- China
- Israel
- Malaysia
- Pakistan
- Turkey

4 American

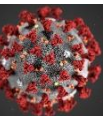
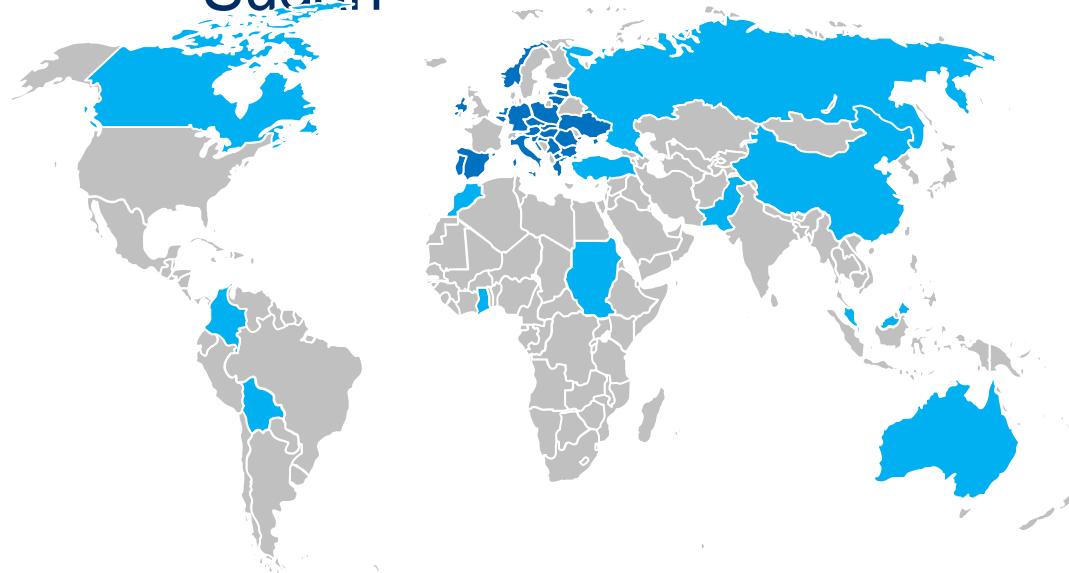
- AMLAR
- Canada
- Colombia
- Paraguay

3 African

- Ghana
- Morocco
- Sudan

1 Oceanian

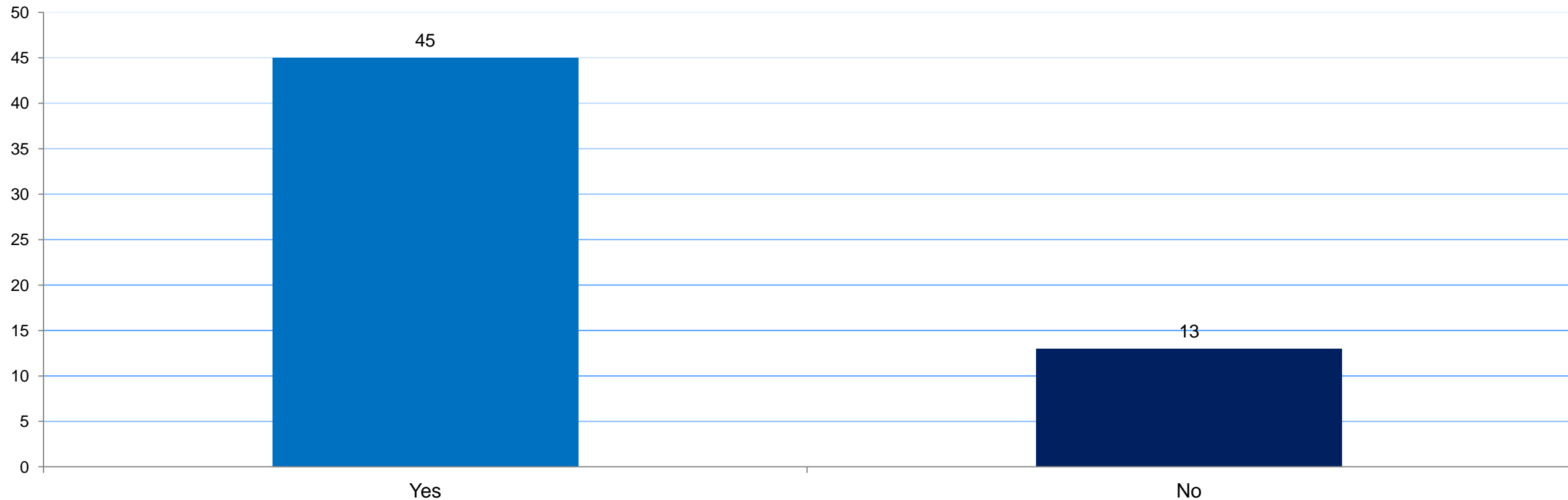
- Australia



Delphi Round 1: RR 58%

Table of Contents ok?

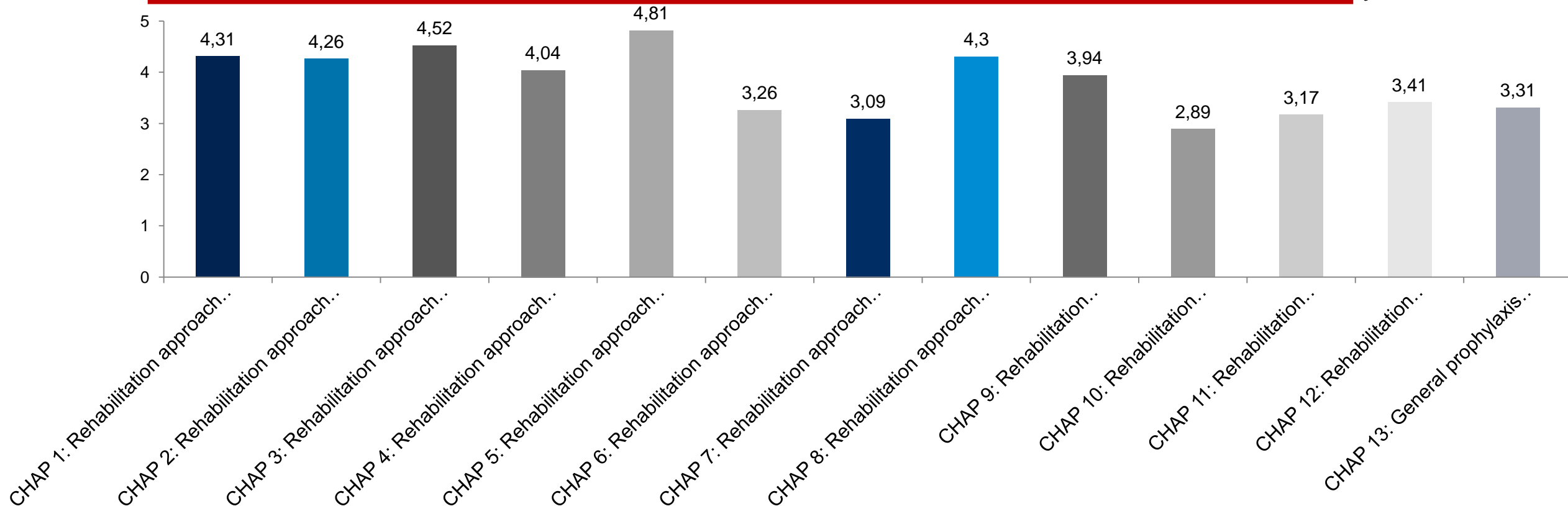
Do you agree with the whole suggested chapter classification?



Delphi Round 2: RR 58%

Are the Contents OK?

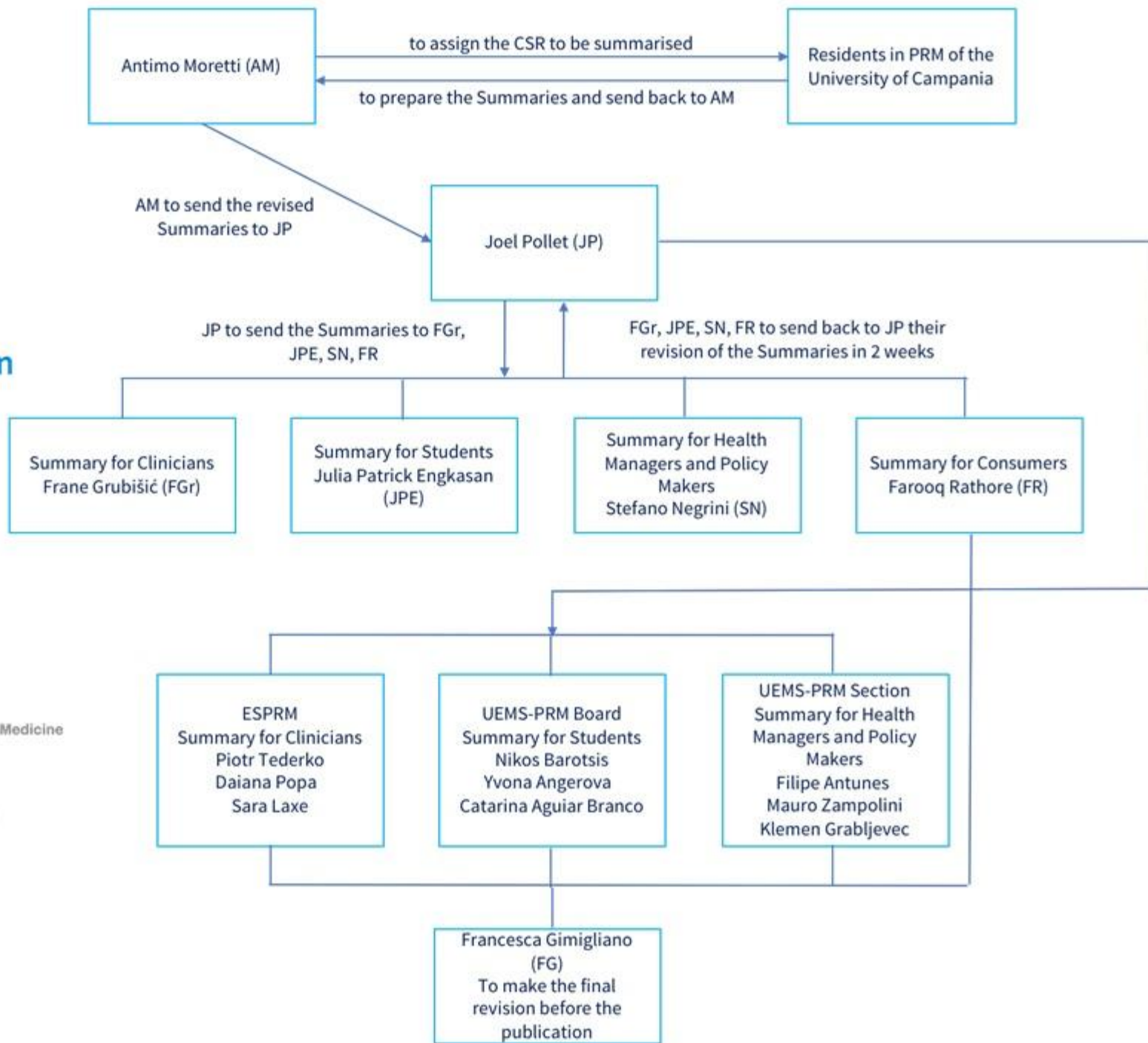
Regarding your profession and your country, please rate how important each chapter is to you.



Final index – Delphi Round 4: RR 60%

	Paragraphs
CHAP 1: Rehabilitation approach to Pediatric health conditions	5
CHAP 2: Rehabilitation approach to Geriatric health conditions	7
CHAP 3: Rehabilitation approach to Musculoskeletal health conditions	25
CHAP 4: Rehabilitation approach to Cardiovascular and Pulmonary health conditions	5
CHAP 5: Rehabilitation approach to Neurological health conditions	29
CHAP 6: Rehabilitation approach to Cancer- Organ Transplant and Immune-compromised health conditions	6
CHAP 7: Rehabilitation approach to Pelvic floor health conditions	8
CHAP 8: Rehabilitation approach to Pain health conditions	17
CHAP 9: Rehabilitation management	8
CHAP 10: Rehabilitation approach to Internal medicine health conditions	10
CHAP 11: Rehabilitation approach to Psychiatric health conditions	7
CHAP 12: Rehabilitation approach to Sport medicine health conditions	2
CHAP 13: General prophylaxis approach using rehabilitation interventions	7

The ebook production chart





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Electromechanical-assisted training for walking after stroke

Reference	Summary for health managers:
Abstract	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.
Plain language summary	The guidelines of American Heart Association/American Stroke Association recommend robot assisted movement training to improve mobility after stroke in combination with conventional therapy.
Summary for clinicians	Cochrane evidence shows that robotic training combined with physiotherapy probably improves walking ability in people with stroke.
Summary for students	
Summary for health managers	The summary was prepared by: Author: Andrea Settembre
Summary for consumers	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 8 th , 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

Reference	Summary for students:
Abstract	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.
Plain language summary	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.
Summary for clinicians	This Cochrane systematic review assessed the effectiveness of automated electromechanical and robotic assisted gait training devices for improving walking after stroke.
Summary for students	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.
Summary for health managers	The summary was prepared by: Author: Andrea Settembre Editors: Antimo Moretti, Julia Patrick Engkasan, Francesca Gimigliano Reviewers: Nikolaos Barotsis, Yvona Angerova
Summary for consumers	Approved by a vote from UEMS-PRM Board delegates at the General Assembly in Stockholm September 8 th , 2018.

Diseases:

[2. Neurological](#) > [2.3 Cerebrovascular Disorders](#)

[2. Neurological](#) > [2.8 Spasticity](#)

Interventions:

[Rehabilitation in general](#)

[Exercises](#)

[Physical modalities](#)

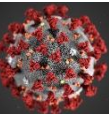
[Assistive technologies](#)

[Technological interventions](#)

Plan

To launch the ebook in (May) -> September 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!

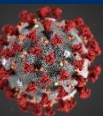




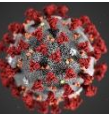
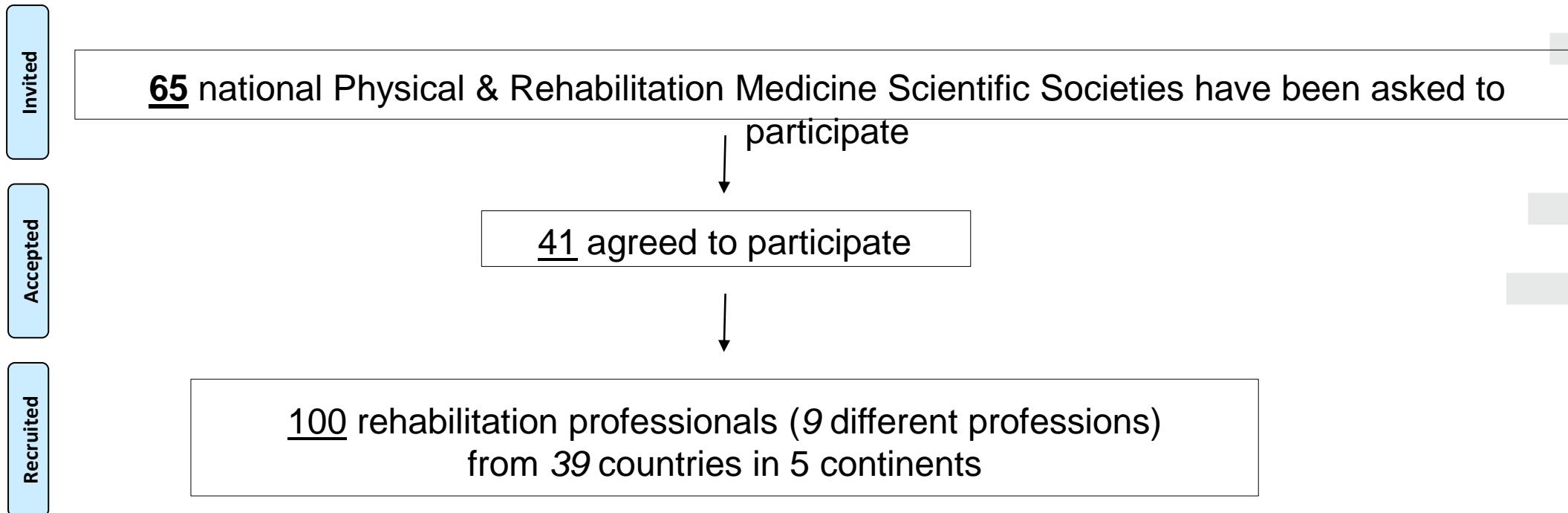
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Prioritization process

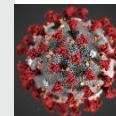


Participants



Index vs Reviews – Delphi Round 4: RR 58%

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



1. This list of priorities has been achieved considering the results of each Paragraph Please consider that each Paragraph has been evaluated by responders in contrast with the other Paragraphs in the same Chapter, and not compared to all the other Paragraphs in all Chapters.

	Weighted Average
3.3. Compression Fractures of the Spine (0)	4,17
9.5. Intervention protocols treatment (0)	4,17
10.1. Rehabilitation of patients with burns (0)	4,15
5.2. Spinal Cord Injury (5)	4,11
9.8. Goal setting in rehabilitation (2)	4,11
3.16. Polytrauma (0)	4,02
3.21. Amputation (3)	4,02
4.4. Deconditioning (4)	4
5.14. Neurogenic Bowel (0)	4
5.15. Neurogenic Bladder (2)	4
10.8. Obesity (1)	3,98
13.4. Rehabilitation as Secondary prevention in stroke (2)	3,98
2.5. Independence and technical aids in the elderly (3)	3,96
13.1. Prevention of obesity with rehabilitation interventions (1)	3,94
7.4. Sexuality and Disability (1)	3,93
13.6. Physical Activity in the Prevention of Chronic Disease (6)	3,92
6.3. Palliative care (0)	3,91
8.12. Pain in older people (0)	3,91
8.15. Adverse effects of pain management (0)	3,91
9.1. Rehabilitation assessment strategies (3)	3,91
9.2. Rehabilitation Setting (0)	3,91
5.17. Spasticity (10)	3,88
13.5. Biomechanical evaluation for prevention of chronic pain (1)	3,88
2.3. Depression (1)	3,88
5.12. Nutrition in neurological patients (1)	3,87
6.5. Transplant Rehabilitation (0)	3,87
1.4. Physical Activity in children with reduced function or disabilities (2)	3,86
5.21. Vestibular Diseases and Vertigo (1)	3,85
8.9. Complex regional pain syndrome (CRPS) (3)	3,85
9.3. Rehabilitation Team (3)	3,85
12.1. Muscle injuries in sports (1)	3,83
1.2. Musculoskeletal health conditions (7)	3,81
3.5. Scoliosis (3)	3,81
4.3. Prevention and rehabilitation of pulmonary aspiration (1)	3,81
13.3. Sport injury prevention with rehabilitation intervention (3)	3,81
2.1. Geriatric Frailty Syndrome (4)	3,8
9.10. Psychological pain components and Post-traumatic stress (2)	3,8

4. This list of priorities has been achieved considering the Paragraph that received the highest priority within its Chapter. Please consider that each Chapter had different results of priority.

	Order	Chapter
9.5. Intervention protocols treatment (0)	1	13
2.5. Independence and technical aids in the elderly (3)	1	12
12.1. Muscle injuries in sports (1)	1	11
10.1. Rehabilitation of patients with burns (0)	1	10
13.4. Rehabilitation as Secondary prevention in stroke (2)	1	9
1.4. Physical Activity in children with reduced function or disabilities (2)	1	8
8.12. Pain in older people (0)	1	7
6.3. Palliative care (0)	1	6
5.2. Spinal Cord Injury (5)	1	5
4.4. Deconditioning (4)	1	4
11.2. Functional neurological disorders (1)	1	3
7.4. Sexuality and Disability (1)	1	2
3.3. Compression Fractures of the Spine (0)	1	1
9.8. Goal setting in rehabilitation (2)	2	13
2.3. Depression (1)	2	12
10.8. Obesity (1)	2	10
13.1. Prevention of obesity with rehabilitation interventions (1)	2	9
1.2. Musculoskeletal health conditions (7)	2	8
8.15. Adverse effects of pain management (0)	2	7
6.5. Transplant Rehabilitation (0)	2	6
5.14. Neurogenic Bowel (0)	2	5
4.3. Prevention and rehabilitation of pulmonary aspiration (1)	2	4
11.5. Mourning process after loss of health (0)	2	3
7.2. Fecal incontinence (3)	2	2
3.16. Polytrauma (0)	2	1
9.1. Rehabilitation assessment strategies (3)	3	13
2.1. Geriatric Frailty Syndrome (4)	3	12
10.9. Metabolic syndrome (0)	3	10
13.6. Physical Activity in the Prevention of Chronic Disease (6)	3	9
1.3. Pediatric syndromes (2)	3	8
8.9. Complex regional pain syndrome (CRPS) (3)	3	7
6.1. Side effects of treatment (cancer surgery, chemotherapy, radiation therapy) (6)	3	6
5.15. Neurogenic Bladder (2)	3	5
4.1. Cardiovascular Diseases (21)	3	4
11.1. Malingering and factitious (1)	3	3
7.3. Pelvic instability (0)	3	2
3.21. Amputation (3)	3	1

2. This list of priorities has been achieved considering the results of each Paragraph multiplied by the result of its Chapter.

	Double weighted Average
9.5. Intervention protocols treatment (0)	15,6792
10.1. Rehabilitation of patients with burns (0)	15,521
9.8. Goal setting in rehabilitation (2)	15,4536
10.8. Obesity (1)	14,8852
2.5. Independence and technical aids in the elderly (3)	14,8104
13.4. Rehabilitation as Secondary prevention in stroke (2)	14,8056
9.1. Rehabilitation assessment strategies (3)	14,7016
9.2. Rehabilitation Setting (0)	14,7016
5.2. Spinal Cord Injury (5)	14,6727
13.1. Prevention of obesity with rehabilitation interventions (1)	14,6568
13.6. Physical Activity in the Prevention of Chronic Disease (6)	14,5824
2.3. Depression (1)	14,5112
9.3. Rehabilitation Team (3)	14,476
13.5. Biomechanical evaluation for prevention of chronic pain (1)	14,4708
12.1. Muscle injuries in sports (1)	14,3242
1.4. Physical Activity in children with reduced function or disabilities (2)	14,3206
5.14. Neurogenic Bowel (0)	14,28
5.15. Neurogenic Bladder (2)	14,28
6.3. Palliative care (0)	14,2324
8.12. Pain in older people (0)	14,2324
8.15. Adverse effects of pain management (0)	14,2324
2.1. Geriatric Frailty Syndrome (4)	14,212
13.3. Sport injury prevention with rehabilitation intervention (3)	14,1732
1.2. Musculoskeletal health conditions (7)	14,1351
10.9. Metabolic syndrome (0)	14,0998
6.5. Transplant Rehabilitation (0)	14,0868
8.9. Complex regional pain syndrome (CRPS) (3)	14,014

5. This list of priorities has been achieved considering the order of priority of each Paragraph in its Chapter, weighted by the number of Paragraphs in the Chapter. This value has then been multiplied by the order of priority of the Chapters.

	Weighted order Paragraphs	Weighted order Chapters	Total
9.5. Intervention protocols treatment (0)	13%	10%	13%
5.2. Spinal Cord Injury (5)	4%	60%	2%
10.1. Rehabilitation of patients with burns (0)	11%	20%	2%
9.8. Goal setting in rehabilitation (2)	25%	10%	3%
8.12. Pain in older people (0)	6%	50%	3%
2.5. Independence and technical aids in the elderly (3)	17%	20%	3%
9.1. Rehabilitation assessment strategies (3)	38%	10%	4%
3.3. Compression Fractures of the Spine (0)	4%	100%	4%
5.14. Neurogenic Bowel (0)	7%	60%	4%
10.8. Obesity (1)	22%	20%	4%
13.4. Rehabilitation as Secondary prevention in stroke (2)	17%	30%	5%
9.2. Rehabilitation Setting (0)	50%	10%	5%
8.15. Adverse effects of pain management (0)	13%	50%	6%
9.3. Rehabilitation Team (3)	63%	10%	6%
5.15. Neurogenic Bladder (2)	11%	60%	6%
10.9. Metabolic syndrome (0)	33%	20%	7%
2.3. Depression (1)	33%	20%	7%
9.6. Education of patients, relatives and caregivers (7)	75%	10%	8%
1.4. Physical Activity in children with reduced function or disabilities (2)	20%	40%	8%
3.16. Polytrauma (0)	8%	100%	8%
5.17. Spasticity (10)	14%	60%	9%
9.7. Orthosis, prothesis, devices and technical aids (20)	88%	10%	9%
10.2. HIV (0)	4%	20%	9%
8.9. Complex regional pain syndrome (CRPS) (3)	19%	50%	9%
13.1. Prevention of obesity with rehabilitation interventions (1)	33%	30%	10%
6.3. Palliative care (0)	20%	50%	10%
2.1. Geriatric Frailty Syndrome (4)	50%	20%	10%
9.4. Vocational and professional rehabilitation (12)	100%	10%	10%
5.12. Nutrition in neurological patients (1)	18%	60%	11%
10.7. Chronic renal diseases (1)	50%	20%	11%
11.2. Functional neurological disorders (1)	14%	80%	11%
3.21. Amputation (3)	13%	100%	13%
8.10. Psychological pain components and Post-traumatic stress (2)	25%	50%	13%
7.4. Sexuality and Disability (1)	14%	90%	13%
5.21. Vestibular Diseases and Vertigo (1)	21%	60%	13%
10.3. Gluten intolerance and celiac disease (0)	67%	20%	13%
2.4. Fall Prevention (15)	67%	20%	13%
5.28. Myalgic encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) (2)	25%	60%	15%
13.6. Physical Activity in the Prevention of Chronic Disease (6)	50%	30%	15%

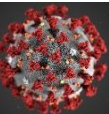
3. This list of priorities has been achieved considering the results of each Paragraph multiplied by the results of its Chapter and by the number of existing reviews (normalized) within the Paragraph. Please, consider that the number of reviews into each Paragraph has already been considered by the respondent to the survey to give their priorities.

	Total
9.5. Intervention protocols treatment (0)	15,52
10.1. Rehabilitation of patients with burns (0)	15,37
9.8. Goal setting in rehabilitation (2)	14,99
10.8. Obesity (1)	14,59
9.2. Rehabilitation Setting (0)	14,55
13.1. Prevention of obesity with rehabilitation interventions (1)	14,36
13.4. Rehabilitation as Secondary prevention in stroke (2)	14,36
2.3. Depression (1)	14,22
2.5. Independence and technical aids in the elderly (3)	14,22
13.5. Biomechanical evaluation for prevention of chronic pain (1)	14,18
5.14. Neurogenic Bowel (0)	14,14
9.1. Rehabilitation assessment strategies (3)	14,11
6.3. Palliative care (0)	14,09
8.12. Pain in older people (0)	14,09
8.15. Adverse effects of pain management (0)	14,09
12.1. Muscle injuries in sports (1)	14,04
10.9. Metabolic syndrome (0)	13,96
6.5. Transplant Rehabilitation (0)	13,95
9.3. Rehabilitation Team (3)	13,90
1.4. Physical Activity in children with reduced function or disabilities (2)	13,89
5.15. Neurogenic Bladder (2)	13,85
6.2. Spinal Cord Injury (5)	13,79
13.3. Sport injury prevention with rehabilitation intervention (3)	13,61
13.6. Physical Activity in the Prevention of Chronic Disease (6)	13,56
6.16. Headache (0)	13,55
5.12. Nutrition in neurological patients (1)	13,54
2.1. Geriatric Frailty Syndrome (4)	13,50
5.21. Vestibular Diseases and Vertigo (1)	13,47
8.9. Complex regional pain syndrome (CRPS) (3)	13,45
8.10. Psychological pain components and Post-traumatic stress (2)	13,42
1.3. Pediatric syndromes (2)	13,39
3.3. Compression Fractures of the Spine (0)	13,38
8.6. Facet joint pain (0)	13,23
8.7. Sacroiliac Joint Pain (0)	13,15
5.16. Heterotopic ossifications (0)	13,15
5.28. Myalgic encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) (2)	13,09
6.2. Human immune virus/acquired immune deficiency syndrome (0)	13,01
1.2. Musculoskeletal health conditions (7)	13,00

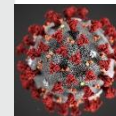
TOT. This list of priorities has been achieved comparing all the previous lists and averaging the level of priority that each Paragraph received in the previous lists (3 points for priorities level 1 - 2 points for priorities level 2 and 1 point for priorities level 3)

Semplici	Pesati	Pesati+#review	Ordinali pesati	Per capitolo	Value	
10.1. Rehabil	10.1. Rehabil	10.1. Rehabil	10.1. Rehabil	10.1. Rehabil	10.1. Rehabilitation of patients with burns (0)	3
9.5. Intervention	9.5. Intervention	9.5. Intervention	9.5. Intervention	9.5. Intervention	9.5. Intervention protocols treatment (0)	3
9.8. Goal setting	9.8. Goal setting	9.8. Goal setting	9.8. Goal setting	9.8. Goal setting	9.8. Goal setting in rehabilitation (2)	2,8
5.2. Spinal Cord	5.2. Spinal Cord	5.2. Spinal Cord	5.2. Spinal Cord	5.2. Spinal Cord	5.2. Spinal Cord Injury (5)	2,4
10.8. Obesity (1)	10.8. Obesity (1)	10.8. Obesity (1)	10.8. Obesity (1)	10.8. Obesity (1)	10.8. Obesity (1)	2,4
13.4. Rehabil	13.4. Rehabil	13.4. Rehabil	13.4. Rehabil	13.4. Rehabil	13.4. Rehabilitation as Secondary prevention in stroke (2)	2,4
2.5. Independen	2.5. Independen	2.5. Independen	2.5. Independen	2.5. Independence	2.5. Independence and technical aids in the elderly (3)	2,4
5.14. Neurogeni	5.14. Neurogeni	5.14. Neurogeni	5.14. Neurogeni	5.14. Neurogeni	5.14. Neurogenic Bowel (0)	2,2
8.12. Pain in old	8.12. Pain in old	8.12. Pain in old	8.12. Pain in old	8.12. Pain in old	8.12. Pain in older people (0)	2,2
3.3. Compression	3.3. Compression	3.3. Compression	3.3. Compression	3.3. Compression	3.3. Compression Fractures of the Spine (0)	2
9.2. Rehabil	9.2. Rehabil	9.2. Rehabil	9.2. Rehabil	9.2. Rehabil	9.2. Rehabilitation Setting (0)	2
6.3. Palliative ca	6.3. Palliative ca	6.3. Palliative ca	6.3. Palliative ca	6.3. Palliative care	6.3. Palliative care (0)	2
9.1. Rehabil	9.1. Rehabil	9.1. Rehabil	9.1. Rehabil	9.1. Rehabil	9.1. Rehabilitation assessment strategies (3)	2
13.1. Prevention	13.1. Prevention	13.1. Prevention	13.1. Prevention	13.1. Prevention	13.1. Prevention of obesity with rehabilitation interventions (1)	2
2.3. Depression	2.3. Depression	2.3. Depression	2.3. Depression	2.3. Depression	2.3. Depression (1)	1,8
8.15. Adverse ef	8.15. Adverse ef	8.15. Adverse ef	8.15. Adverse ef	8.15. Adverse ef	8.15. Adverse effects of pain management (0)	1,8
5.15. Neurogeni	5.15. Neurogeni	5.15. Neurogeni	5.15. Neurogeni	5.15. Neurogeni	5.15. Neurogenic Bladder (2)	1,6
1.4. Physical Ac	1.4. Physical Ac	1.4. Physical Ac	1.4. Physical Ac	1.4. Physical Ac	1.4. Physical Activity in children with reduced function or disabilities (2)	1,6
12.1. Muscle inj	12.1. Muscle inj	12.1. Muscle inj	12.1. Muscle inj	12.1. Muscle inj	12.1. Muscle injuries in sports (1)	1,4
3.16. Polytrauma			3.16. Polytraum	3.16. Polytrauma	3.16. Polytrauma (0)	1,4
13.6. Physical A	13.6. Physical A	13.6. Physical A	13.6. Physical A	13.6. Physical A	13.6. Physical Activity in the Prevention of Chronic Disease (6)	1,4
4.4. Deconditioning			4.4. Deconditioning	4.4. Deconditioning	4.4. Deconditioning (4)	1,2
7.4. Sexuality and Disability			7.4. Sexuality and	7.4. Sexuality and	7.4. Sexuality and Disability (1)	1,2
2.1. Geriatric Fr	2.1. Geriatric Fr	2.1. Geriatric Fr	2.1. Geriatric Fr	2.1. Geriatric Fr	2.1. Geriatric Frailty Syndrome (4)	1,2
8.9. Complex re	8.9. Complex re	8.9. Complex re	8.9. Complex re	8.9. Complex re	8.9. Complex regional pain syndrome (CRPS) (3)	1,2
3.21. Amputation			3.21. Amputation	3.21. Amputation	3.21. Amputation (3)	1
1.2. Musculoske	1.2. Musculoske	1.2. Musculoske	1.2. Musculoske	1.2. Musculoske	1.2. Musculoskeletal health conditions (7)	1
6.5. Transplant	6.5. Transplant	6.5. Transplant	6.5. Transplant	6.5. Transplant	6.5. Transplant Rehabilitation (0)	1
9.3. Rehabil	9.3. Rehabil	9.3. Rehabil	9.3. Rehabil	9.3. Rehabil	9.3. Rehabilitation Team (3)	1
	10.9. Metabolic	10.9. Metabolic	10.9. Metabolic	10.9. Metabolic	10.9. Metabolic syndrome (0)	1
			11.2. Functional	11.2. Functional	11.2. Functional neurological disorders (1)	0,8
13.5. Biomechar	13.5. Biomechar	13.5. Biomechar	13.5. Biomechar	13.5. Biomechar	13.5. Biomechanical evaluation for prevention of chronic pain (1)	0,8
13.3. Sport injun	13.3. Sport injun	13.3. Sport injun	13.3. Sport injun	13.3. Sport injun	13.3. Sport injury prevention with rehabilitation intervention (3)	0,6
5.12. Nutrition in	5.12. Nutrition in	5.12. Nutrition in	5.12. Nutrition in	5.12. Nutrition in	5.12. Nutrition in neurological patients (1)	0,6
5.21. Vestibular	5.21. Vestibular	5.21. Vestibular	5.21. Vestibular	5.21. Vestibular	5.21. Vestibular Diseases and Vertigo (1)	0,6
8.10. Psychological	8.10. Psychological	8.10. Psychological	8.10. Psychological	8.10. Psychological	8.10. Psychological pain components and Post-traumatic stress (2)	0,6
4.3. Prevention	4.3. Prevention	4.3. Prevention	4.3. Prevention	4.3. Prevention	4.3. Prevention and rehabilitation of pulmonary aspiration (1)	0,6
5.17. Spasticity			5.17. Spasticity	5.17. Spasticity	5.17. Spasticity (10)	0,6
		1.3. Pediatric	1.3. Pediatric	1.3. Pediatric	1.3. Pediatric syndromes (2)	0,4
		5.28. Myalgic en	5.28. Myalgic en	5.28. Myalgic en	5.28. Myalgic encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) (2)	0,4
				11.5. Mourning	11.5. Mourning process after loss of health (0)	0,4
				7.2. Fecal incontin	7.2. Fecal incontinence (3)	0,4
			9.4. Vocational	9.4. Vocational	9.4. Vocational and professional rehabilitation (12)	0,4
			9.6. Education	9.6. Education	9.6. Education of patients, relatives and caregivers (7)	0,4
			9.7. Orthosis,	9.7. Orthosis,	9.7. Orthosis, prosthesis, devices and technical aids (20)	0,4
			10.2. HIV	10.2. HIV	10.2. HIV (0)	0,4

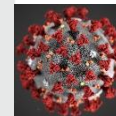
10.1	Rehabilitation of patients with burns	(0)	3	
9.5	Intervention protocols treatment	(0)	3	
9.8	Goal setting in rehabilitation		(2)	2,8
5.2	Spinal Cord Injury		(5)	2,4
10.8	Obesity	(1)	2,4	
13.4	Rehabilitation as Secondary prevention in stroke		(2)	2,4
2.5	Independence and technical aids in elderly	(3)	2,4	
5.14	Neurogenic Bowel		(0)	2,2
8.12	Pain in elderly	(0)	2,2	
3.3	Compression Fractures of the Spine	(0)	2	
9.2	Rehabilitation Setting	(0)	2	
6.3	Palliative care	(0)	2	
9.1	Rehabilitation assessment strategies		(3)	2
13.1	Prevention of obesity with rehabilitation interventions	(1)	2	



10.1	Rehabilitation of patients with burns	(0)	3	
9.5	Intervention protocols treatment	(0)	3	
9.8	Goal setting in rehabilitation		(2)	2,8
5.2	Spinal Cord Injury		(5)	2,4
10.8	Obesity	(1)	2,4	
13.4	Rehabilitation as Secondary prevention in stroke		(2)	2,4
2.5	Independence and technical aids in elderly	(3)	2,4	
5.14	Neurogenic Bowel	(0)	2,2	
8.12	Pain in elderly	(0)	2,2	
3.3	Compression Fractures of the Spine	(0)	2	
9.2	Rehabilitation Setting	(0)	2	
6.3	Palliative care	(0)	2	
9.1	Rehabilitation assessment strategies		(3)	2
13.1	Prevention of obesity with rehabilitation interventions	(1)	2	



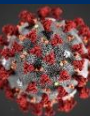
10.1	Rehabilitation of patients with burns	(0)	3	
9.5	Intervention protocols treatment	(0)	3	
9.8	Goal setting in rehabilitation		(2)	2,8
5.2	Spinal Cord Injury		(5)	2,4
10.8	Obesity	(1)	2,4	
13.4	Rehabilitation as Secondary prevention in stroke		(2)	2,4
2.5	Independence and technical aids in elderly	(3)	2,4	
5.14	Neurogenic Bowel		(0)	2,2
8.12	Pain in elderly	(0)	2,2	
3.3	Compression Fractures of the Spine	(0)	2	
9.2	Rehabilitation Setting	(0)	2	
6.3	Palliative care	(0)	2	
9.1	Rehabilitation assessment strategies		(3)	2
13.1	Prevention of obesity with rehabilitation interventions	(1)	2	





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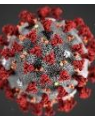
Rehabilitation definition for scientific research purposes



Introduction

In 3 years Cochrane Rehabilitation found the **need to better define** what was rehabilitation and what was not:

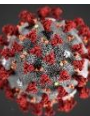
1. **tagging** all the Cochrane Systematic Reviews (CSR) to prepare a database of CSRs of rehabilitation interest
2. finding some **reviews containing in the title the word rehabilitation** while the contents appeared to us not rehabilitative
3. developing the **Package of Rehabilitation Interventions (PRI)** in collaboration with the World Health Organization (WHO)



The problem

Currently available definitions fall short on the purpose of exactly defining **what we needed for our research purposes:**

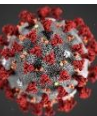
- **inclusion criteria:** what is rehabilitation
- **exclusion criteria:** what is not rehabilitation



Aim of the Cochrane Rehabilitation initiative

To develop an operational **definition** of rehabilitation that could be useful for research purposes allowing to define

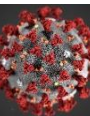
- Inclusion criteria
- Exclusion criteria



Methodology

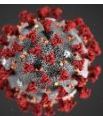
It has been **developed** following discussions inside Cochrane Rehabilitation:

- **Executive** Committee Meetings
- **Methodology** Committee Meetings
- **Advisory Board** Meeting (including all relevant stakeholders), Kobe June 2019
- among the **promoters**



Methodology

1. A **survey** into the Advisory and Executive Committees of Cochrane Rehabilitation to collect the current definitions by:
 1. the major rehabilitation organizations
 2. the major rehabilitation journals
 3. the experts and representatives of consumers and LMIC
 4. the participants invited to the Consensus Meeting
2. A **Consensus Meeting**: results will be published in the Eur J Phys Rehabil Med
3. a **Delphi procedure** to achieve the final definition in the Advisory Board of Cochrane Rehabilitation



Consensus Meeting

C Arienti (Ita)

J Bickenbach (USA)

MG Ceravolo (Ita)

F Gimigliano (Ita)

C Gutenbrunner (Ger)

C Kiekens (Bel)

A Kucukdeveci (Tur)

I Laffont (Fra)

A Malmivaara (Fin)

S Negrini (Ita)

M Pattison (Aus)

A Oral (Tur)

A Pollock (UK)

M Selb (Swi)

L Tesio (Ita)

M Zampolini (Ita)

Cochrane Rehabilitation
Headquarters (Ita):
R Bettinsoli, SG
Lazzarini, M Patrini



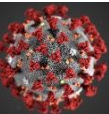
Consensus Meeting

Current definitions and related problems:

- Introduction
- Specific problems found by Cochrane Rehabilitation
- Current definitions analysis and discussion

“Pars construens” (constructive part):

- Work in little groups to prepare a proposal for the new rehabilitation definition for research purposes
- Conclusion with final discussion



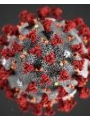
PICO: Intervention

In a health care context rehabilitation is a

multimodal person-centered process, including functioning interventions targeting body functions, and/or activities and participation, and/or the interaction with the environment,

with the goal of optimizing functioning

for persons with health conditions experiencing disability or likely to experience disability and/or persons with disability

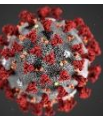


PICO: Outcome

In a health care context rehabilitation is a multimodal person-centered process, including functioning interventions targeting body functions, and/or activities and participation, and/or the interaction with the environment,

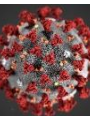
with the goal of optimizing functioning

for persons with health conditions experiencing disability or likely to experience disability and/or persons with disability



PICO: Population

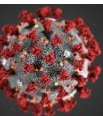
In a health care context rehabilitation is a multimodal person-centered process, including functioning interventions targeting body functions, and/or activities and participation, and/or the interaction with the environment, with the goal of optimizing functioning **for persons with health conditions experiencing disability or likely to experience disability and/or persons with disability**



Next step

A **Delphi procedure** to achieve the final definition in the Advisory Board of Cochrane Rehabilitation:

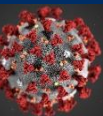
1. the major rehabilitation organizations
2. the major rehabilitation journals
3. the experts and representatives of consumers and LMIC
4. the participants invited to the Consensus Meeting





Trusted evidence.
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The RCTs in RehAbilitation Checklist (RCTRACK) project

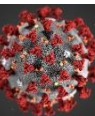


RCT Rehabilitation Checklist - RCTRaCk

To produce a **checklist of items** to be followed

- in the **reporting** of RCTs in rehabilitation
 - It could be a **stand-alone checklist** or
 - a specific add-on (not substitution) to **one of the CONSORT checklist**
- in the **conduct and risk of bias evaluation** of RCTs in rehabilitation
 - as an **add-on** (not substitution) to the **Cochrane Risk of Bias tool**.

To identify **areas of methodological research** to fill gaps in the actual relevant knowledge – toward a constant development of the RCTRaCk



Preparation

Cochrane Rehabilitation **Methodology Meeting @ ISPRM 2018**

– EJPRM Special Issue

Systematic review on the existing methodological Checklists relevant to rehabilitation

– Armijo-Olivo S et al. Phys Ther 2014; 94(9), 1272-84

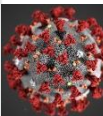
Scoping Review on methodological problems in rehabilitation research

– Arienti C et al. submitted

Clinical replicability of rehabilitation interventions in Randomized Controlled Trials reported in main journals is inadequate

– Negrini S et al. J Clin Epidemiol (2nd revision submitted)

Database in Cochrane Rehabilitation website of all relevant methodological literature



1st Consensus Conference @ Kobe ISPRM 2019

Stefano Negrini (Ita)

Thorsten Meyer (Ger)

Antti Malmivaara (Fin)

Julia Patrick Engkasan (Mal)

Walter Roura Frontera (Usa)

Allen Heinemann (Usa)

Frane Grubisic (Cro)

Carlotte Kiekens (Bel)



William Levack (Nzl)

Machalich eck (Usa)

Aydan Oral (Tur)

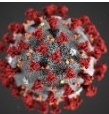
Melissa Selb (Swi)

Gerold Stucki (Swi)

Will Taylor (Nzl)

Susan Armijo-Olivo (Can)

Chiara Arienti (Ita)



Technical Working Groups

Aim: identification of the item(s) to be added to the CONSORT Non-Pharmacological Treatments Guideline in the RCTRaCk checklist

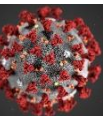
Composition: Responsible and the team he/she will chose

- **Methods**

- **Systematic/scoping review** on the identified topic OUTSIDE the world of rehabilitation
- Proposal of the preliminary item(s) for the **draft version of the RCTRaCk**

- **Results**

- Presentation at the **Orlando 2020 Consensus Meeting** for general discussion
- **Publication** of the systematic/scoping review



Topics to be focused

Patient selection (population)

Blinding

Treatment group

Control group & co-interventions

Attrition, follow up and protocol deviation

Outcomes

Statistical analysis and randomization

Design and research question

Thorsten Mayer, Ger

Allen Heineman, USA

John Whyte, USA

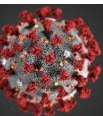
William Levack, Nzl

Susan Armijo-Olivo, Can

Pierre Côté, Can

Dinesh Kumbhare, Can

Chiara Arienti, Ita



Executive Board: 29 experts, 16 countries, 4 continents

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24. Aydan Oral (Tur)
25. Melissa Selb (Swi)
26. Dominic Pérennou (Fra)
27. Susan Slade (Aus)
28. Gerold Stucki (Swi)
29. John Whyte (Usa)

Management

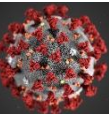
Cochrane Rehabilitation (Ita)

Chiara Arienti

Michele Patrini

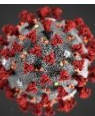
Stefano Giuseppe Lazzarini

Roberta Bettinsoli



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2. Liliana Alvarez (Can)
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8. Leighton Chan (USA)
9. Nicholas Christodoulou (Cyp)
10. Alarcos Cieza (Esp)
11. Marcel Dijkers (USA)
12. Roberto D'Amico (Ita)
13. Christopher Eccleston (UK)
14. Franco Franchignoni (Ita)
15. Rolf Frischknecht (Swi)
16. Frane Grubisic (Hrv)
17. Christoph Gutenbrunner (Ger)
18. Tracey Howe (UK)
19. Elena Ilieva (Bgr)
20. Gert Kwakkel (Ned)
21. Jianan Li (Chn)
22. Patricia Logullo (UK)
23. Leonard S.W. Li (Hkg)
24. Luz Helena Lugo (Col)
25. Jan A. Monsbakken (Nor)
26. Silvia Minozzi (Ita)
27. Ann Moore (UK)
28. Marilyn Pattison (Aus)
29. Alex Pollock (UK)
30. Farooq Rathore (Pak)
31. Holger Schünemann (Can)
32. Beverly Shea (Can)
33. Henk Stam (Ned)
34. Luigi Tesio (Ita)
35. Peter Tugwell (Can)
36. Derick Wade (UK)
37. Linda J. Woodhouse (Aus)
38. Sam Wu (USA)
39. Abena Yeboaa Tannor (Gha)
40. Mauro Zampolini (Ita)



Consensus Conference 2020 @ ISPRM Orlando

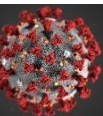
Participants

- RCTRaCk Executive Committee
- Chief-Editor of the Special issue (Tbd)

Technical Working Groups reporting:

- Presentation of systematic/scoping reviews
- Proposal of preliminary item(s) and relevant description

Definition of the preliminary items to be kept in the draft RCTRaCk

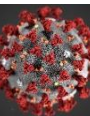


Results

Progress with a possible extensions of CONSORT products, but to be agreed with CONSORT group

Products:

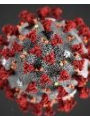
- CONSORT-Rehab (unofficial) extension
- TIDieR-Rehab (unofficial) extension



CONSORT-Rehab preliminary draft

43 added items, related to

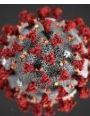
- Research question in PICOT format
- **P**articipants
- **I**nterventions
- **C**omparison (added)
- **O**utcomes
- **S**tatistics
- **R**esults



TIDieR-Rehab preliminary draft

Distinction in 3 dimensions

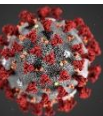
- Intervention
- Comparison
- Background treatment



Contents: TIDieR-Rehab vs TIDieR

1. BRIEF NAME
2. WHY
3. WHAT (1)
4. WHAT (2)
5. WHO PROVIDED
6. HOW
7. WHERE
8. WHEN and HOW MUCH
9. TAILORING
10. MODIFICATIONS
11. HOW WELL planned
12. HOW WELL actual

1. **INTERVENTION:** Intervention theory
2. Active ingredients
3. Quantity
4. Tailoring
5. Modifications
6. Planning
7. Actuation
8. **COMPARISON:** rationale
9. Contents
10. Usual care
11. **BACKGROUND TREATMENT**



Next stages

Refinement of current draft version by Technical Working Group leaders

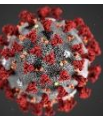
Definition of the **final draft** by the Executive Committee of RCTRACK

Collection of **suggestions** from the Advisory Board of RCTRACK

In the meantime

- **Manual** writing
- Development of the **additional material** for
 - Authors
 - Reviewers

Final product to be defined by the Technical Working Group leaders



Final products

Tentative agreement with CONSORT

Publication

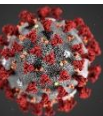
- Major medical/epidemiological journal
- Co-publication in all adhering rehabilitation journals

Manual

- Special issue of a rehabilitation journal

Presentations

- Main meetings worldwide by member of the Executive Committee

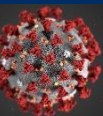




Trusted evidence.
Informed decisions.
Better health.



REH-COVER action: REHabilitation - COVid-19 Evidence-based Response





Trusted evidence.
Informed decisions.
Better health.

Cochrane Rehabilitation versus COVID-19

Cochrane Rehabilitation versus COVID-19

Systematic rapid living review and Mapping of Evidence

Rehabilitation professionals are facing an **unprecedented challenge** due to **COVID-19** pandemic. Evidence-based answers to newly-arisen questions are needed.

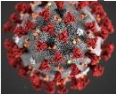
Cochrane Rehabilitation is working to synthesize and diffuse available evidence from the rapidly-growing scientific literature.

The **systematic “rapid” living review** condenses information from the most recently-published papers focused on **five fundamental topics** related to rehabilitation needs due to COVID-19:



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Some terminology

Evidence Mapping

- A map of all papers published on a topic according to a defined structure

Systematic review

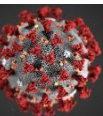
- A review systematically collecting all the evidence on a topic

Rapid review

- A review where, to prioritise rapidity of publication, some methodological steps are not respected

Living review

- A review constantly updated as soon as new evidence comes out



Initiatives

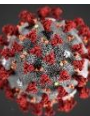
Current Covid-19 and Rehabilitation literature

- Rapid living systematic review
- Mapping

Evidence on expected sequelae of Covid-19

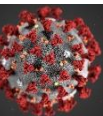
- Rapid systematic review for WHO (World Health Organization)
- Special Collection of the Cochrane Library

List of research priorities (with WHO rehabilitation programme)



Expected sequelae

1. Acute Respiratory Distress Syndrome (ARDS)
2. Post Intensive Care Syndrome (PICS)
3. Restrictive Lung Diseases
4. Post-Traumatic Stress Disorders (PSTDS) (only psychological treatments as part of the rehabilitation process)
5. Post-intubation dysphagia
6. Immobilization (bedding) and proning
7. Multiple Organ Failure





REH-COVER - Living systematic review

- ◆ [Steering Committee](#)
- ◆ [Living systematic review](#)
- ◆ [Interactive living evidence map](#)

Living systematic review

[Systematic rapid living review on rehabilitation needs due to covid-19: update to 31 March 2020](#)

[Systematic rapid living review on rehabilitation needs due to Covid-19: update to 30 April 2020](#)

[Systematic rapid living review on rehabilitation needs due to Covid-19: update to 31st May 2020](#)

Data table

[Complete data table of included studies](#)

[Complete data table of included studies](#)

Included papers

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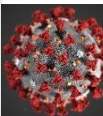


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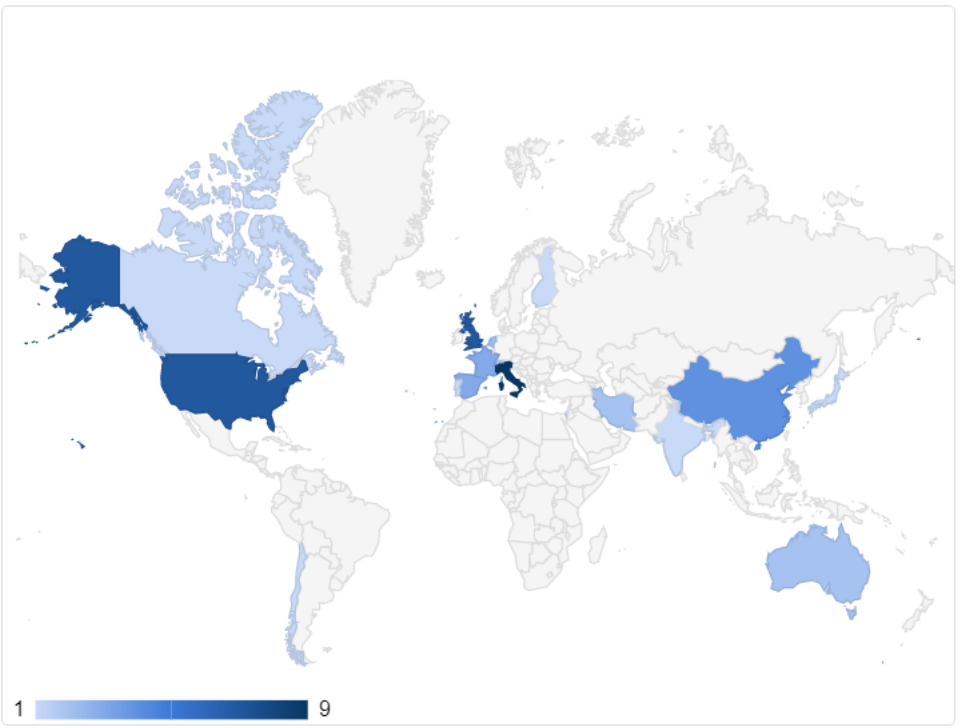
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Mapping of Evidence



GeoChart



Systematic Reviews Links

-  Systematic rapid living review on rehabilitation needs due to covid-19: update to 31 March 2020
-  Systematic rapid living review on rehabilitation needs due to Covid-19: update to 30 April 2020

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Two reviews, fruits of global collaborations, were not included in this chart.

5 questions

Prevalence and characteristics

Rehabilitation approaches

Organization and services

Impact on disease of rehabilitation interest

Late complication of rehabilitative interest





X 15 References

Filter

- Field
 - Cardiological
 - Dysphagia
 - Generic
 - Musculoskeletal
 - Neurological
 - Respiratory
- Question
 - Prevalence and chara...
 - Rehabilitation appoa...
 - Organization of rehab...
 - Impact on diseases of...
 - Late complications of ...

Adapting to the COVID-19 pande...
Escalon Miguel X; Herrera Joseph ; 2020

COVID-19 and Post Intensive Car...
Stam Henk J; Stucki Gerold ; Bicke... 2020

COVID-19 and the Advancement ...
Lee Alan ; 2020

First impact on services and thei...
Boldrini Paolo ; Kiekens Carlotte ; B... 2020

Impact of COVID-19 on Physical ...
AlpalhÃ£o Vanessa ; AlpalhÃ£o Mi... 2020

Impact of coronavirus disease 20...
Chaler Joaquim ; Gil-Fraguas Lour... 2020

Italian Physical Therapistsâ€™ R...
Pedersini Paolo ; Corbellini Camilo ... 2020

Medical Rehabilitation in Pandem...
Khan F; Amaty B ; 2020

Organization of acute patients' tr...
Treger Iuly ; Lutsky Treger ; Lena ; ... 2020

Adapting to the COVID-19 pandemic in New York City:

- COVID-19 patients should be treated like people with ARDS
- A home monitoring program started for persons with true or suspected COVID-19
- Their PRM Department provided only essential consultations, as for people in need of intrathecal baclofen pump refill

1. <http://journals.lww.com/10.1097/PHM.0000000000001451>
2. [10.1097/PHM.0000000000001451](http://journals.lww.com/10.1097/PHM.0000000000001451)

Authors	Escalon Miguel X; Herrera Joseph ;
DOI	10.1097/PHM.0000000000001451
Journal	American Journal of Physical Medicine & Rehabilitation
Title	Adapting to the COVID-19 pandemic in New York City:
URL	http://journals.lww.com/10.1097/PHM.0000000000001451
Year	2020

Systematic rapid living review

European Journal of Physical and Rehabilitation Medicine
EDIZIONI MINERVA MEDICA

ARTICLE ONLINE FIRST

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A copyedited and fully formatted version will be made available soon.
The final version may contain major or minor changes.

SYSTEMATIC RAPID LIVING REVIEW ON REHABILITATION NEEDS DUE TO COVID-19: UPDATE TO MARCH 31ST 2020

Maria Gabriella CERAVOLO, Alessandro DE SIRE, Elisa ANDRENELLI, Francesco
NEGRINI, Stefano NEGRINI

European Journal of Physical and Rehabilitation Medicine 2020 Apr 22

DOI: 10.23736/S1973-9087.20.06329-7

Article type: Systematic reviews and meta-analyses

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Article first published online: April 22, 2020

Manuscript accepted: April 21, 2020

Manuscript received: April 19, 2020

European Journal of Physical and Rehabilitation Medicine
EDIZIONI MINERVA MEDICA

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A copyedited and fully formatted version will be made available soon.
The final version may contain major or minor changes.

Systematic rapid living review on rehabilitation needs due to Covid-19: update to April 30th 2020

Alessandro DE SIRE, Elisa ANDRENELLI, Francesco NEGRINI, Stefano NEGRINI,
Maria Gabriella CERAVOLO

European Journal of Physical and Rehabilitation Medicine 2020 May 15

DOI: 10.23736/S1973-9087.20.06378-9

Article type: Systematic reviews and meta-analyses

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Article first published online: May 15, 2020

Manuscript accepted: May 14, 2020

Manuscript received: May 13, 2020

Living rapid systematic reviews

Edition 1 (April 2020)

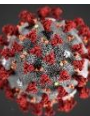
- Updates May and June

Edition 2 (July 2020)

- Monthly updates

Edition 3 (January 2021)

- Monthly updates



List of research priorities (with WHO research programme)

Limitation of functioning (disability) of rehabilitation interest (LFRI)

- Impairment(s), Activity limitation(s), Participation restriction(s)

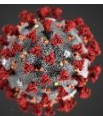
Phases

- Acute, Post-acute, Permanent, Late-onset, on a pre-existing health condition

Epidemiology of LFRI due to Covid-19: 5 questions

Evidence on rehabilitation for LFRI due to Covid-19

- individual level (micro-level): 4 questions
- service level (meso-level): 3 questions
- system level (macro-level): 5 questions





Special Projects

- ◆ [be4rehab](#)
- ◆ [Prioritization](#)
- ◆ [Randomized Controlled Trial Rehabilitation Checklists](#)

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[Ebook](#)

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[Rehabilitation definition](#)



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