

Cochrane Rehabilitation

Who we are, how we work, and how you can contribute - The Networking Strategy

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ESPRM Secretary General**

@CharlotteK
@CochraneRehab
@ESPRM_

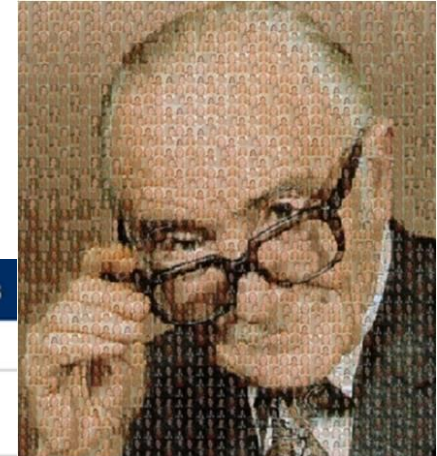
Trusted evidence.
Informed decisions.
Better health.



Nothing to disclose

Trusted evidence.
Informed decisions.
Better health.





Cochrane vision

A world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence.

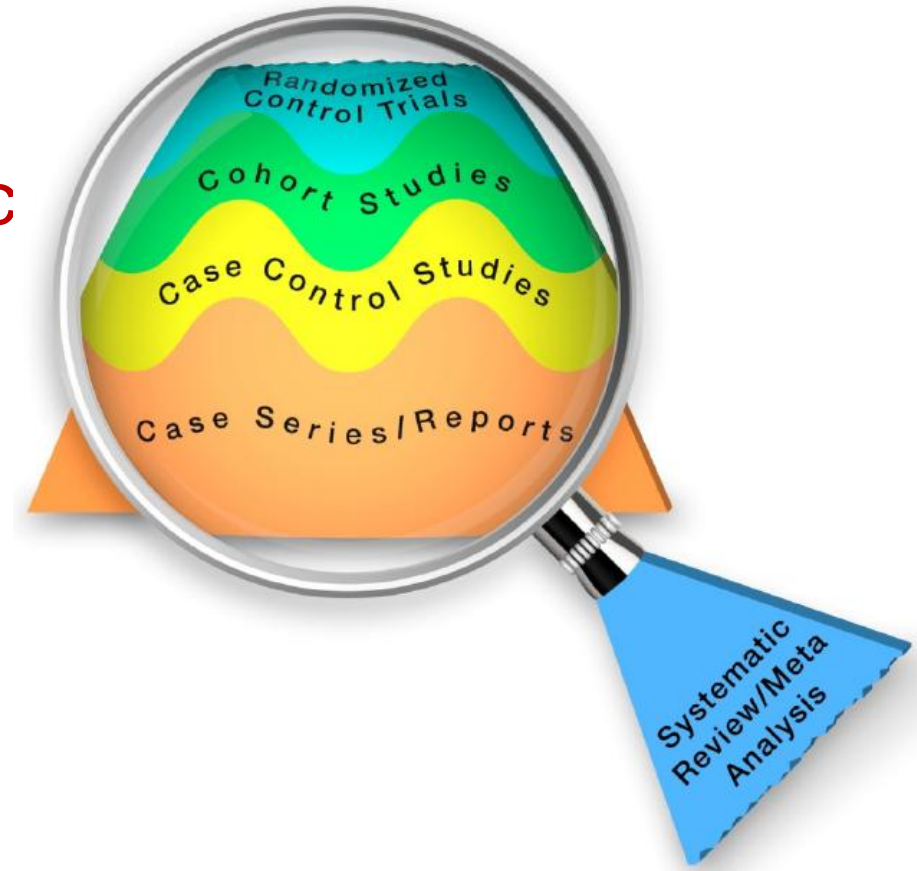


What does Cochrane do ?

Cochrane gathers and summarizes the best evidence from research producing **systematic reviews and meta-analysis** including only Randomized Controlled Trials (RCTs).

Cochrane **does not accept commercial or conflicted funding**

The revised pyramid



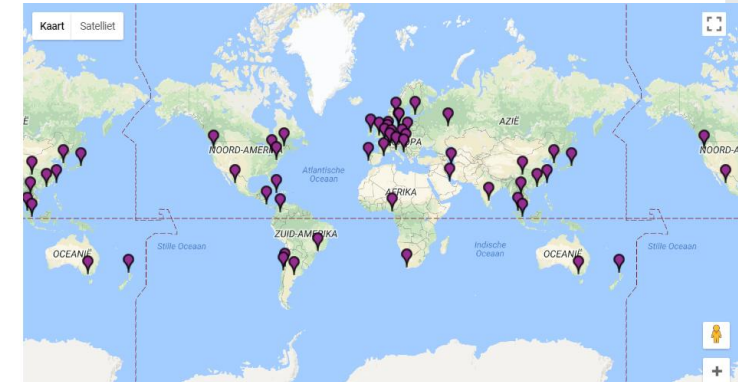
Cochrane Organization

Review Groups: systematic reviews (56)

Methods Groups: development of methods for reviews (17)

Centres: local knowledge translation

- >52 countries & regions



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



56 Cochrane Review Groups

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

4 with >20 reviews of PRM interest

1. Back and Neck
2. Bone, Joint and Muscle Trauma
3. Musculoskeletal
4. Stroke





28 with ≥ 1 reviews of PRM interest

- | | |
|--|---|
| 1. Acute Respiratory Infections | 15. Incontinence |
| 2. Airways | 16. Injuries |
| 3. Back and Neck | 17. Kidney and Transplant |
| 4. Bone, Joint and Muscle Trauma | 18. Lung Cancer |
| 5. Breast Cancer | 19. Movement Disorders |
| 6. Cystic Fibrosis and Genetic Disorders | 20. Multiple Sclerosis and Rare Diseases of the CNS |
| 7. Dementia and Cognitive Improvement | 21. Musculoskeletal |
| 8. Developmental, Psychosocial and Learning Problems | 22. Neonatal |
| 9. Ear Nose and Throat disorders | 23. Neuromuscular |
| 10. Eyes and Vision | 24. Pain, Palliative and Supportive Care |
| 11. Gynaecological, Neuro-oncology and Orphan Cancer | 25. Pregnancy and Childbirth |
| 12. Gynaecology and Fertility | 26. Stroke |
| 13. Heart | 27. Vascular |
| 14. HIV/AIDS | 28. Wounds |

Cochrane Fields

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

- the **setting** of care (primary care)
- the type of **consumer** (children, older people)
- or the type of **provider** (nursing).

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

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

Stucki G, Bickenbach J.

Functioning: the third health indicator in the health system and the key indicator for rehabilitation.

Eur J Phys Rehabil Med
2017;53:134-8.

TABLE I.—Health information for the monitoring and evaluation of the five health strategies.

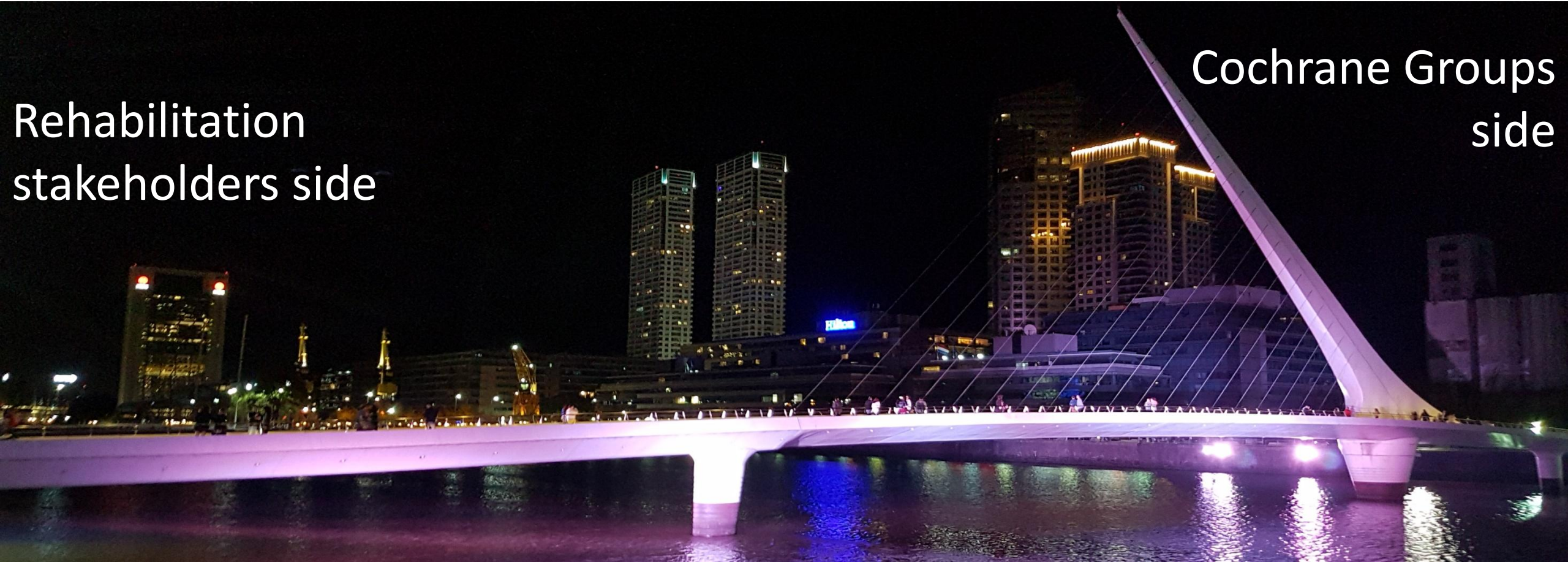
Strategy	Health goals	Health indicator	Data coding	Health information use cases
Preventive	Prevent the occurrence of health conditions	Morbidity	ICD – Health condition entities – Risk factors of health conditions	Health statistics Incidence of health conditions Service delivery Planning of public health programs
	Prevent mortality related to the occurrence of health conditions	Mortality	ICD – Health condition entities – Causes of death	Health statistics Years of life saved from the non-occurrence of health conditions Service delivery Evaluation of public health programs
	Prevent the loss of functioning related to the occurrence of health conditions	Biological Health (intrinsic health capacity)	ICF – Impairment qualifier – Capacity qualifier ICD 11 – Functioning properties ²⁸	Health statistics Biological health saved from the non-occurrence of a health condition Service delivery Evaluation of public health programs
Promotive	Optimal health	Biological Health (intrinsic health capacity)	ICF – Impairment qualifier – Capacity qualifier	Health statistics Incidence of impairments in body functions and structures; capacity limitations in activities and participation
Curative	Cure (full recovery) Remission Disease control	Mortality	ICD – Health condition entities – Causes of death	Health statistics Epidemiology of the causes of death
		Morbidity	ICD 11 – Health condition entities – Properties in development for the ICD 11	Health services delivery Reasons for encounters Quality and safety Financing Case-mix for reimbursement
		Functioning (intrinsic health capacity)	ICD 11 – Functioning properties ¹⁶	Financing Improved case-mix for reimbursement in the frail, disabled and co-morbid patient ¹⁷ Service delivery Functioning outcomes in health care performance assessment and quality and safety management
Rehabilitative	Optimal functioning	Functioning – Complete lived experience of health: biological and lived health in light of health conditions, under consideration of a person's resources, and in interaction with the environment	ICF – Impairment – Capacity qualifier – Performance qualifier	Health statistics Epidemiology of functioning and functioning needs Governance and leadership National rehabilitation policy and program planning Service delivery Rehabilitation quality management at the individual, service and national program level
Palliative	Optimize wellbeing	Appraised functioning (quality of life)	ICF – Appraisal of impairments and performance restrictions (qualifier not available in the ICF – one may use a satisfaction or preference qualifier)	Health statistics Epidemiology of appraised functioning in the end-of-life context Governance and leadership National palliation policy and program planning Service delivery Palliative care quality management at the individual, service and national program level

Role of Cochrane Fields: a bridge

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

Rehabilitation
stakeholders side

Cochrane Groups
side



Vision of Cochrane Rehabilitation

All rehabilitation professionals can apply Evidence Based Clinical Practice

Decision makers will be able to take decisions according to the best and most appropriate evidence



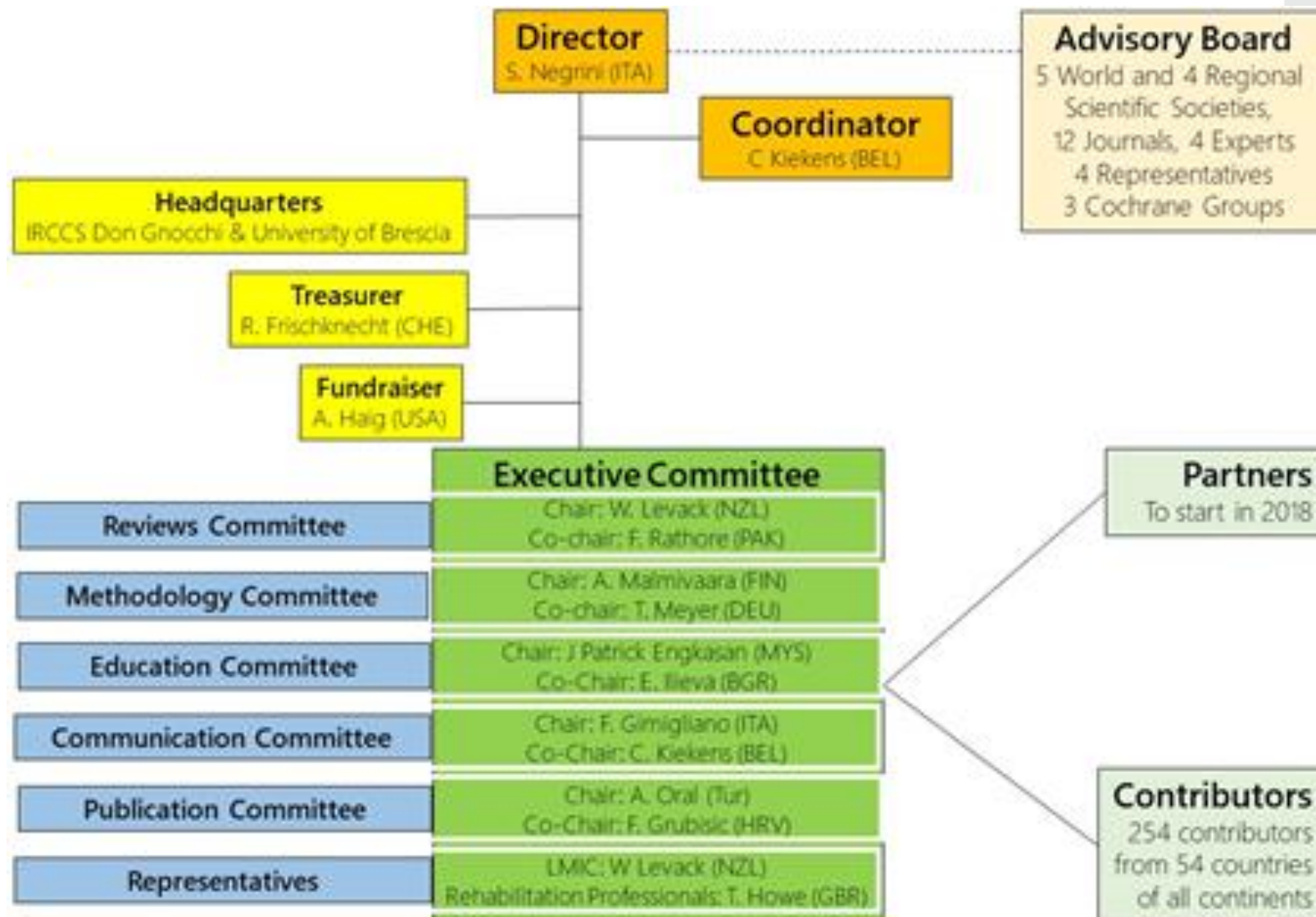
Goals

1. To **connect stakeholders and individuals** involved in production, dissemination, and implementation of evidence based clinical practice in rehabilitation, creating a global **network**
2. To undertake **knowledge translation for Cochrane** on reviews relevant to rehabilitation, with dissemination to stakeholders, in line with Cochrane's knowledge translation strategy
3. To develop a **register of Cochrane and non-Cochrane systematic reviews** relevant to rehabilitation

Goals

4. To **promote Evidence Based Clinical Practice** and provide education and training on it and on systematic review methods to stakeholders
5. To **review and strengthen methodology** relevant to **Evidence Based Clinical Practice** to inform both rehabilitation and other Cochrane work related to rehabilitation and stimulating methodological developments in other Cochrane groups
6. To promote and advocate for **Evidence Based Clinical Practice in rehabilitation** to other Cochrane groups and wider rehabilitation stakeholders

Organization





Director

Define **Knowledge Translation (KT) strategy**

Set and maintain direction, scope and organization

Promote the aims and work of Cochrane within the Field's area of care

Take responsibility for representing the Field at an international level

Link with groups in- and outside Cochrane

Allocate Field's resources

- Funds 2017-2019 for Headquarters secured

One of the 12 members of the KT Advisory Board of Cochrane

Field Coordinator

Define the **Networking strategy**

Coordinate and supervise work of committees, representatives, units/partners and individual members/contributors

Liaise with Managing Editors to ensure that Field is represented in appropriate CRGs



Headquarters team

Rovato Headquarter (Italy)

- Stefano Negrini, MD – Field Director
- Chiara Arienti, Mot Sci, DO – PhD Student
- Joel Pollet, PT – Researcher
- Sylvia Bergamini, PT - Researcher
- Roberta Bettinsoli , M Lang– Secretary

Leuven (Belgium)

- Carlotte Kiekens, MD – Field Coordinator

Headquarter of Cochrane Rehabilitation in Italy



Rehabilitation Centre "E. Spalenza-Don Gnocchi", Largo Paolo VI, Rovato (Brescia), Italy

Advisory Board

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

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

Provide ad hoc advice on request

Support the dissemination strategy of CR

Establish important contacts

Maintain strict liaison with all Stakeholders

Advisory Board

3 Cochrane Groups

1 Centre: Cochrane Italia



2 Cochrane Review Groups: Musculoskeletal, Stroke

5 World Scientific Societies

ISPO

ISPRM

WCPT

WFNR

WFOT



Advisory Board

4 Regional Scientific PRM Societies

AMLAR

AOSPRM

ESPRM

UEMS-PRM Section



4 Experts

Jianan Li, Luz Helena Lugo, Gerold Stucki, Sam Wu

4 Representatives

consumers (2), LMIC (2), WHO

Advisory Board

12 Journals

American Journal PMR

Archives PMR

Australian Occup Ther J

Clinical Rehabilitation

Developmental Neurorehabil

European J PRM

J Orth Sports Physical Therapy

J Rehabilitation Medicine

Manual Therapy

Neurorehab neural repair

Physical Therapy

Prosthetics Orthothotics Int

Advisory Board

First meeting in Buenos Aires during ISPRM 2017



Second meeting in Paris during ISPRM 2018



Administrative functions

➤ Treasurer

- Rolf Frischknecht (CH)



➤ Fundraiser

- Andy Haig (US)



Invited members of the EC



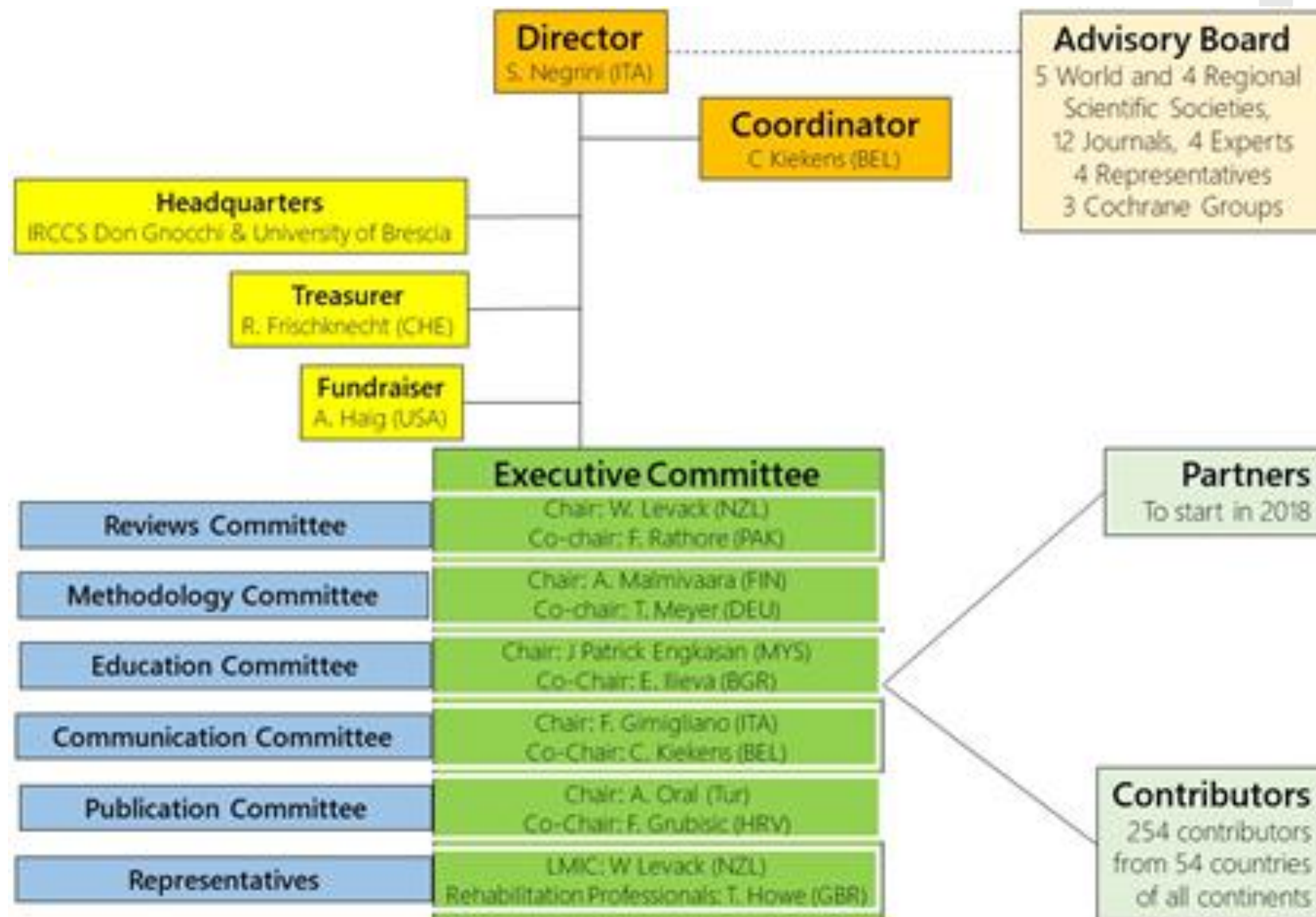
Executive Committee

To advise and assist the Field Director on managerial issues

Is composed by

- chairs of the Committees
- representative of Rehabilitation Professionals
- representative of LMICs

Organigram



Review Database Committee

Goal 3. To develop a **register** of Cochrane and non-Cochrane systematic reviews relevant to rehabilitation

“**Tag**” **rehabilitation reviews** within (and out of) the Cochrane database

The reviews are initially being tagged in three categories

- **professional group**
- **health condition**
- **intervention type**

At a later date, **outcome** categorised on the basis of **ICF**



Chair:
William Levack



Co-Chair:
Farooq Rathore

Evidence

List of Cochrane reviews of rehabilitation interest.

Full list

By Subtopic

New - Updated

(Stage filter not available for Subtopic view)

By subtopic:

▼ Health Conditions (284)

- ▶ Cardiac (6)
- ▶ Gynaecology or Urology (10)
- ▶ Mental Health (7)
- ▶ Neurological (65)
- ▶ Older Adults (>65 years) (38)
- ▶ Oncology (15)

▼ Orthopaedic or musculoskeletal (incl. pain conditions) (79)

-  [Calcium and vitamin D for increasing bone mineral density in premenopausal women](#) (protocol stage)
-  [Acupuncture and related interventions for symptoms of chronic kidney disease](#)
-  [Acupuncture for neuropathic pain in adults](#)
-  [Anti-sclerostin antibodies for the treatment of osteoporosis](#) (protocol stage)
-  [Antidepressants for chronic non-cancer pain in children and adolescents](#)
-  [Antidepressants for osteoarthritis](#) (protocol stage)
-  [Antipsychotics for fibromyalgia in adults](#)
-  [Aquatic exercise for the treatment of knee and hip osteoarthritis](#)
-  [Back schools for acute and subacute non-specific low-back pain](#)

Keep Posted



Communication Committee

Goal 2. To undertake **knowledge translation** for Cochrane on reviews relevant to rehabilitation, with dissemination to stakeholders, in line with Cochrane's knowledge translation strategy

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

Website, Newsletter, Twitter,

Facebook, YouTube channel, **Blogshots**



Chair:
Francesca Gimigliano



Co-chair:
Carlote Kiekens

www.rehabilitation.cochrane.org



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Cochrane Library | Cochrane.org | Admin

Search...



7c82cd800/cochrane-rehabilitation-nl-issue-7april-2018



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Cochrane News

- List of countries eligible for free one-click access to the Cochrane Library in 2018
- Opportunity for some keen tweeters to come to the Cochrane Colloquium 2018
- Cochrane is delighted to announce the official launch of Cochrane Mexico
- Stipends deadline for Cochrane Colloquium Edinburgh 2018
- Cochrane Lung Cancer seeks author of systematic reviews in English language - Besancon, France

More



Life After Stroke: a round up of Cochrane evidence

Keep Posted



Latest News and Events

Updates on Cochrane Rehabilitation activities



Cochrane Rehabilitation at the Global Evidence



Call to Cochrane Rehabilitation



Students 4 Best Evidence



Tweets by @CochraneRehab



Physical activity for women with breast cancer after adjuvant therapy

For women with breast cancer who have completed active cancer treatment, physical activity probably leads to small-to-moderate improvements in emotional function/mental health, perceived physical function, fatigue and cardiorespiratory fitness. Physical activity may also improve health-related quality of life and depression. It is uncertain how long these benefits last.

Cochrane Review: 63 studies with 5761 women with breast cancer after adjuvant therapy, comparing physical activity vs. control procedures.

Cochrane Review by: Cochrane Breast Cancer

[Read More](#)

Life after breast cancer: may physical activity be of help?

Breast cancer is worldwide the most prevalent cancer in women. Women surviving breast cancer are not only at risk of recurrence and reduced life expectancy, but undergo physical and psychological changes caused by both cancer and its treatment.

[Read More](#)



Non-pharmacological interventions for treating chronic prostatitis/chronic pelvic pain syndrome

In adults with chronic prostatitis/chronic pelvic pain syndrome, acupuncture, transurethral and extracorporeal shockwave therapy probably reduce prostatitis symptoms. Physical activity and transrectal thermotherapy may reduce prostatitis symptoms. There is uncertainty about the effects of other interventions. Limited information about adverse events is available.

Cochrane Review: 38 studies with 3167 adults with chronic prostatitis/chronic pelvic pain syndrome, comparing non-pharmacological therapies vs. sham procedure.

Cochrane Review by: Cochrane Urology

[Read More](#)



Exercise-based cardiac rehabilitation for adults with stable angina

In people with stable angina, we are uncertain of the



Cochrane Rehabilitation Perspective



Role and function of Cochrane Rehabilitation

Publication Committee

Goal 2. To undertake **knowledge translation** for Cochrane on reviews relevant to rehabilitation, with dissemination to stakeholders, in line with Cochrane's knowledge translation strategy

Cochrane Corners in scientific journals

Cochrane Rehabilitation E-book



Chair:
Aydan Oral



Co-Chair:
Frane Grubisic

Education Committee

Goal 3. To **promote** Evidence Based Clinical Practice and provide **education and training** on it and on systematic review methods to stakeholders

Workshops and Courses on EBM and Cochrane

- ESPRM2018 Vilnius
- ISPRM2018 Paris



Chair:
Julia Patrick Engkasan



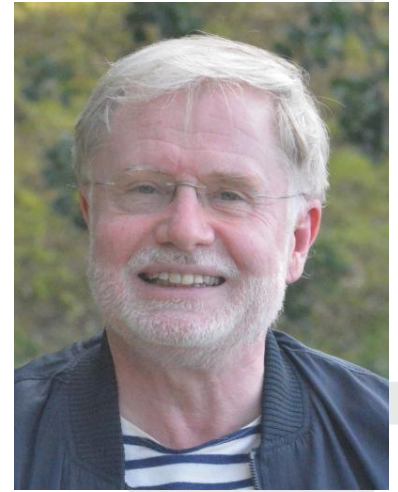
Co-Chair:
Elena Ileva

Methodology Committee

Goal 4. To **review and strengthen methodology** relevant to Evidence Based Clinical Practice to inform both rehabilitation and other Cochrane work related to rehabilitation and stimulating methodological developments in other Cochrane groups

Focus on Methodological problems in PRM

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



Chair:
Antti Malmivaara



Co-Chair:
Thorsten Meyer

Representatives

Low Middle Income Countries (LMIC)

- Ensuring that all the work of Cochrane Rehabilitation will reflect the different perspectives of the Low and Middle Income Countries.

Review selection process in Pakistan



LMIC
Farooq Rathore

Representatives

Rehabilitation Professionals

- Ensuring that all the work of Cochrane Rehabilitation reflect the different perspectives of the various people involved in the rehabilitation team, including professionals, consumers and care-givers

Professional Societies and Journals in the Advisory Board



Rehabilitation professionals
Tracey Howe



Individual members/Contributors

Members of Cochrane Rehabilitation are recruited according to a **top-down** approach through **specific calls** following the tasks gradually produced by the committees.

All members providing support are **credited** in the website.

Currently 304 people from > 50 countries are member



932



1592 **Newsletter** 426

Cochrane Rehabilitation Contributors

- » Mission and Goals
- » Our Perspective
- » Organizational Chart
- » Field Director
- » Field Coordinator
- » Executive committee
- » Committees
- » Advisory Board
- » Units
- » Our Community
- » Partners

We have at this moment 250 members from 54 countries.



Here a list of the contributors that have actively collaborated with the different committees of Cochrane Rehabilitation in 2017.



Monserat Gil Escudero

Madrid, Spain

Review Committee Contributor

Zaher Gil

Review Committee Contributor

Esra Dinay

Istanbul, Turkey

Review Committee Contributor




Amara Ilyas

Punjab, Pakistan

Review Committee Contributor



rehabilitation.cochrane.org/get-involved/calls

VAPH - Login  SCI2  Nieuw tabblad  eClinicalOS | Clinical



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Calls

♦ [Calls](#)

♦ [Past Calls](#)

We are now looking for:

- **Translators**

- Persons interested in **Review Tagging Activities**

- **Bloggers**

Units/Partners

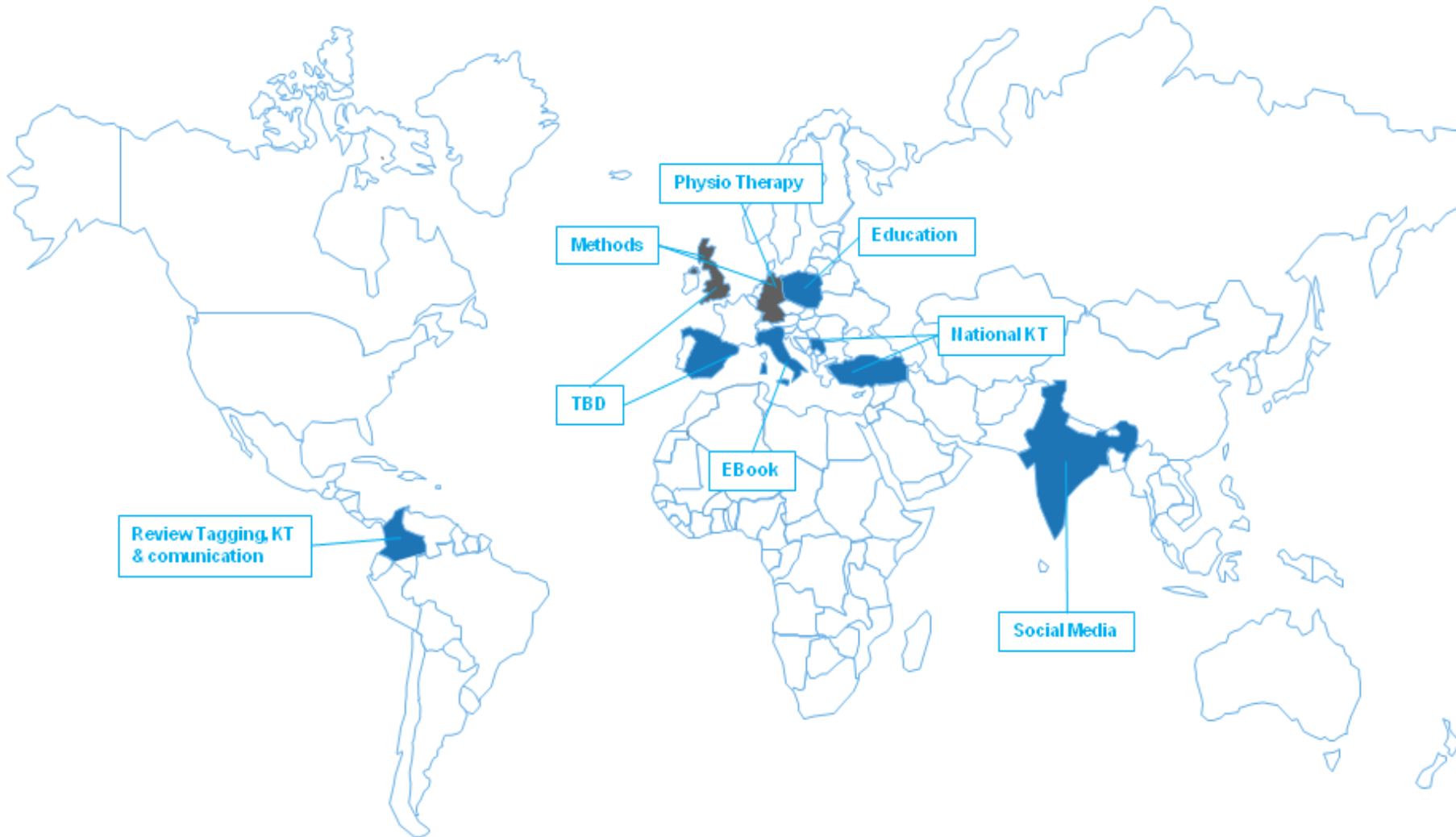
Fulfil all the needs of a **larger specific task** of Cochrane PRM proposed by the committees

Ongoing discussion with Cochrane central

Units are recruited according to a **bottom-up approach** to produce big tasks under the guidance of one or more Committees

Contacts with eleven groups to launch the first Units in 2018

Partners— work in progress



1. University of Antioquia (**Colombia**)
2. University of Warwick (**England**)
3. Hochschule Furtwangen (**Germany**)
4. World Federation of Neuro-Rehabilitation (**Germany**)
5. Bharath University (**India**)
6. Uniwersytetu Medycznego w Łodzi (**Poland**)
7. Nursing Midwifery and Allied Health Professions (**Scotland**)
8. Hospital Universitari Vall d'Hebron Barcelona (**Spain**)
9. Turkish Society of Physical Medicine and Rehabilitation (**Turkey**)
10. Faculty of Medicine, University of Banja Luka (**Bosnia**)

Partners

Memorandum of understanding



- International organisation

- ISPRM
- ESPRM
-



Partners

Memorandum of understanding

- National PRM Societies
 - Croatia April 2018
 - Belgium December 2018
 - Italy September 2018 ?
 - ...



Thank you 😊
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   @CochraneRehab

