

Cochrane Rehabilitation

Stefano Negrini

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

Trusted evidence. Informed decisions. Better health.









Disclosure

Nothing relevant to this talk

ISICO (Italian Scientific Spine Institute): stock

European Journal of Physical and Rehabilitation Medicine: congress expenses



Outline

Cochrane:

- what it is, what it does, why it is important
 Cochrane Rehabilitation:
- what it is what it does why it is im
- what it is, what it does, why it is important
- organization and actions performed





Cochrane

what it is, what it does, why it is important

Trusted evidence. Informed decisions. Better health.



Our evidence



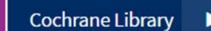


About us

Trusted evidence. Informed decisions. Better health.

Get involved

News and events







Media

Search...

English

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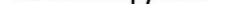




Cochrane vision

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 ?

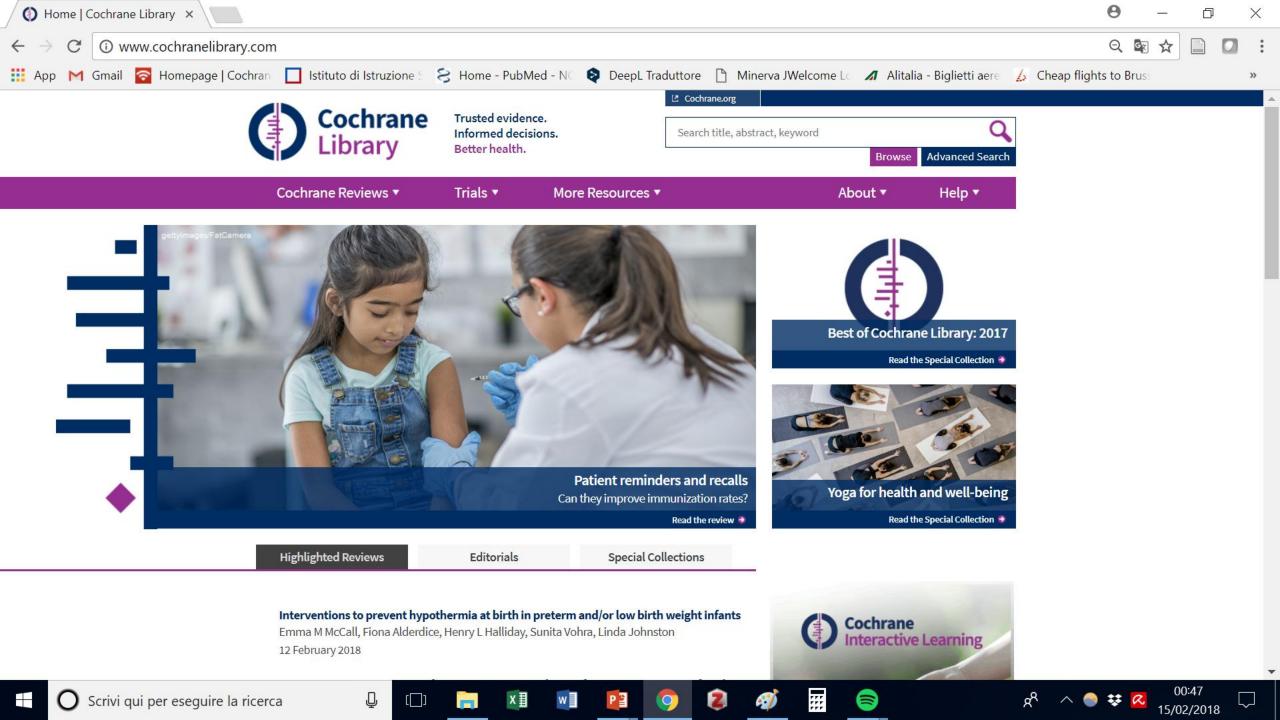
Cochrane gathers and summarizes the best evidence from research producing systematic reviews and metaanalysis including only Randomized Controlled Trials (RCTs).

Cochrane does not accept commercial or conflicted funding





Murad MH, Asi N, Alsawas M, et al New evidence pyramid BMJ evidence-based medicine doi: 10.1136/ebmed-2016-110401







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Cochrane Rehabilitation

what it is, what it does, why it is important



56 Cochrane Review Groups

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



Zaina F, Negrini S. EJPRM systematic continuous update on Cochrane reviews in rehabilitation: news from December 2011 to February 2012. Eur J Phys Rehabil Med. 2012 Mar;48(1):57-70.



28 with ≥ 1 reviews of PRM interest

- 1. Acute Respiratory Infections
- 2. Airways
- 3. Back and Neck
- 4. Bone, Joint and Muscle Trauma
- 5. Breast Cancer
- 6. Cystic Fibrosis and Genetic Disorders
- 7. Dementia and Cognitive Improvement
- 8. Developmental, Psychosocial and Learning Problems
- 9. Ear Nose and Throat disorders
- 10. Eyes and Vision
- 11. Gynaecological, Neuro-oncology and Orphan Cancer
- 12. Gynaecology and Fertility
- 13. Heart
- 14. HIV/AIDS

- 15. Incontinence
- 16. Injuries
- 17. Kidney and Transplant
- 18. Lung Cancer
- 19. Movement Disorders
- 20. Multiple Sclerosis and Rare Diseases of the CNS
- 21. Musculoskeletal
- 22. Neonatal
- 23. Neuromuscular
- 24. Pain, Palliative and Supportive Care
- 25. Pregnancy and Childbirth
- 26. Stroke
- 27. Vascular
- 28. Wounds





Cochrane Organization

Review Groups: systematic **reviews**

Methods Groups: development of methods for reviews

Centres: local **knowledge translation**

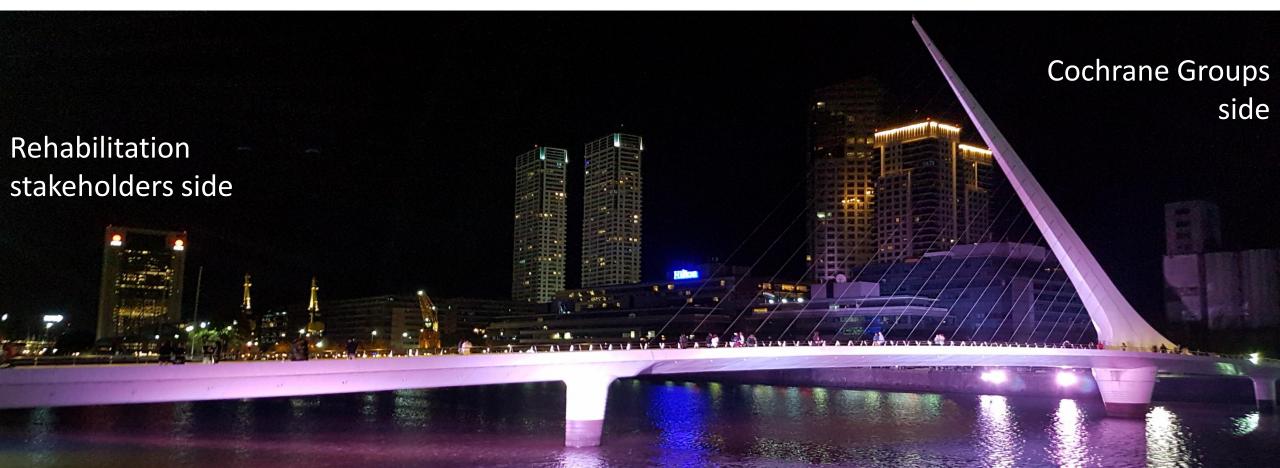
Fields and Networks: knowledge translation for a specific health community other than a condition





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





Vision

All rehabilitation professionals can apply Evidence Based Clinical Practice Decision makers will be able to take decisions according to the best and most appropriate evidence





Mission

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.

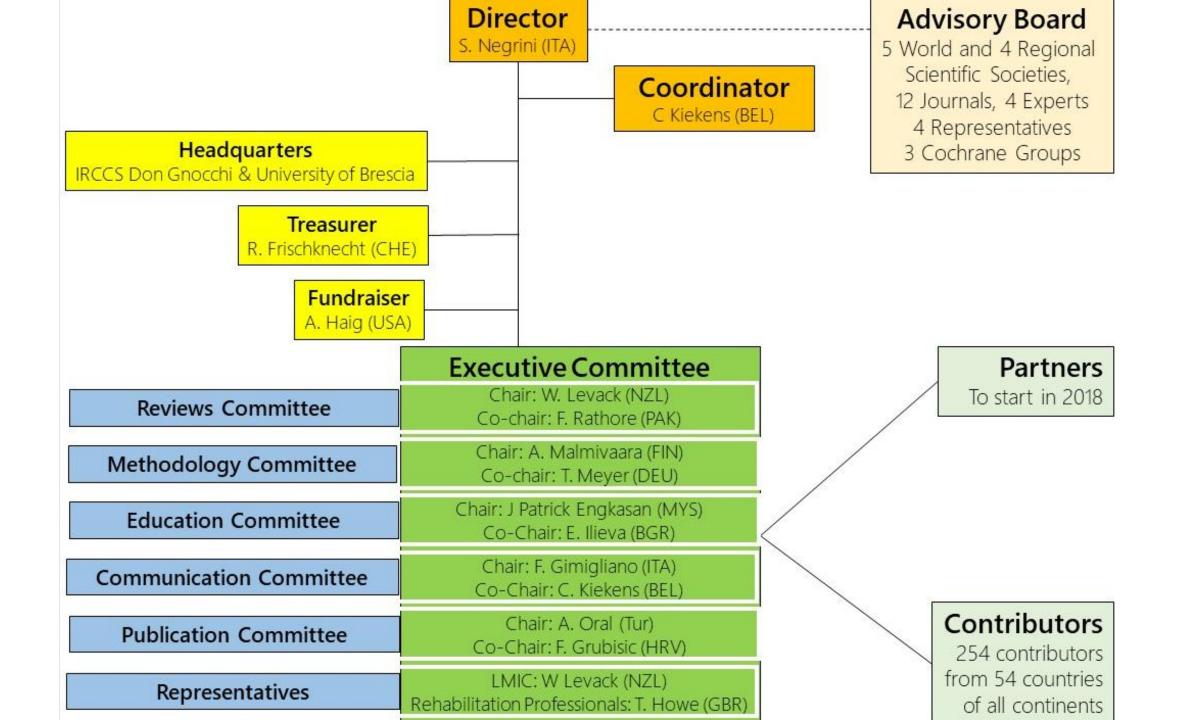




Cochrane Rehabilitation

Organization and actions performed

Trusted evidence. Informed decisions. Better health.





Packaging, push and support to implementation

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

Review Committee

- Review selection and website database
- **Communication Committee**
- Web site and social media
- **Publication Committee**
- Cochrane Corners
- Ebook (in production)



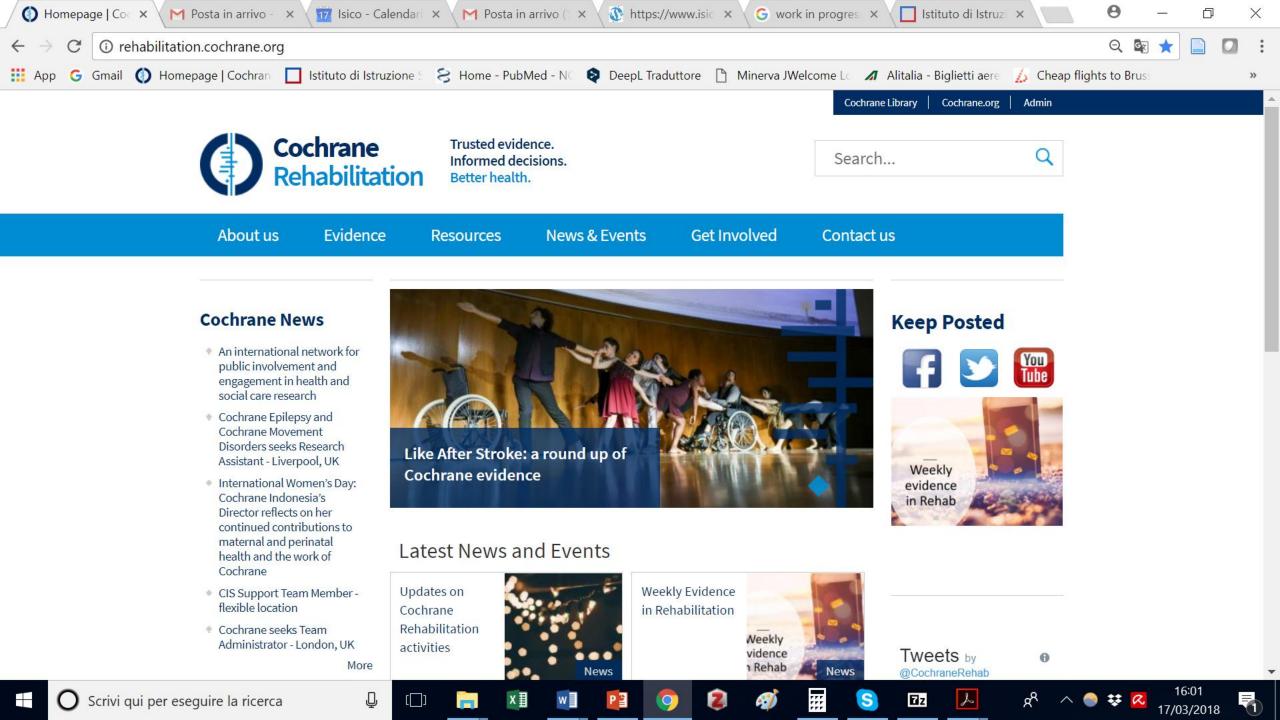


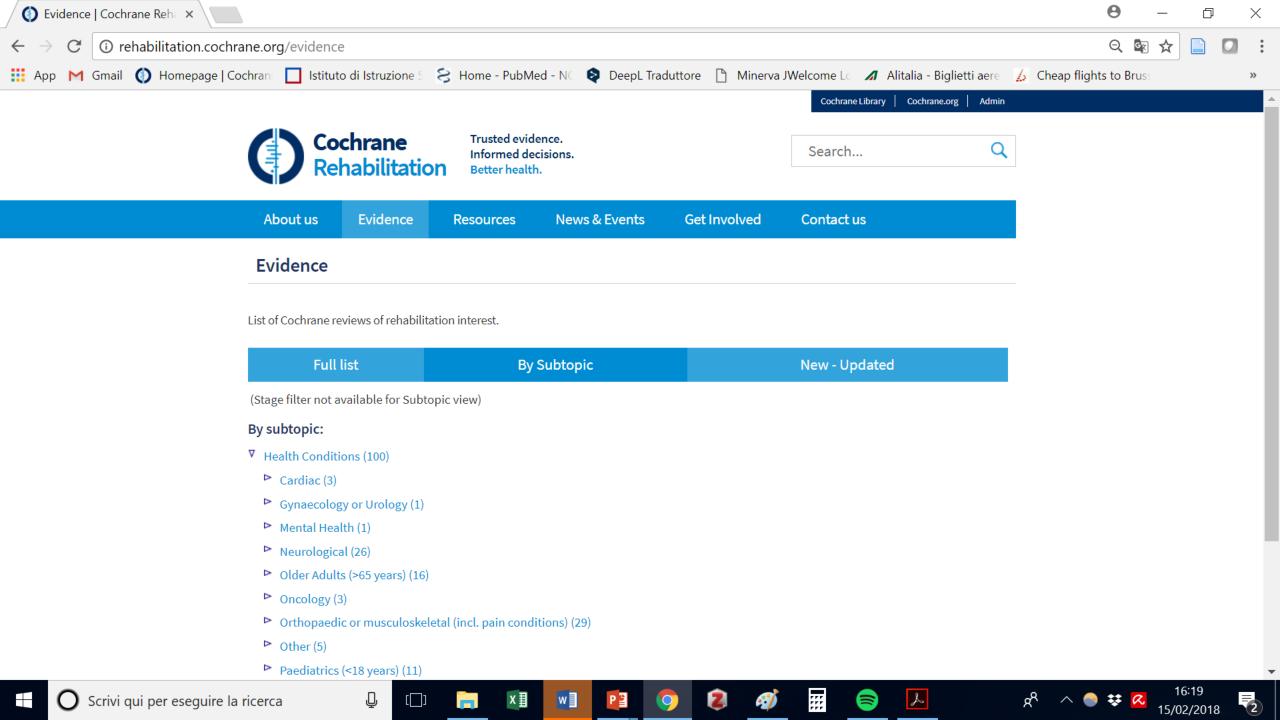


Reviews Committee

- Tagging rules document
- Tagging database using "Knack" online software
- Published reviews of first 6 months of 2017
- All Cochrane Reviews since 2015 have been double-checked, with single check starting from 2012
- Ongoing tagging process to tag all Cochrane database











Comunication Committee

Web-site: 4727 visits in 2017

Newsletter: 361 subscribers

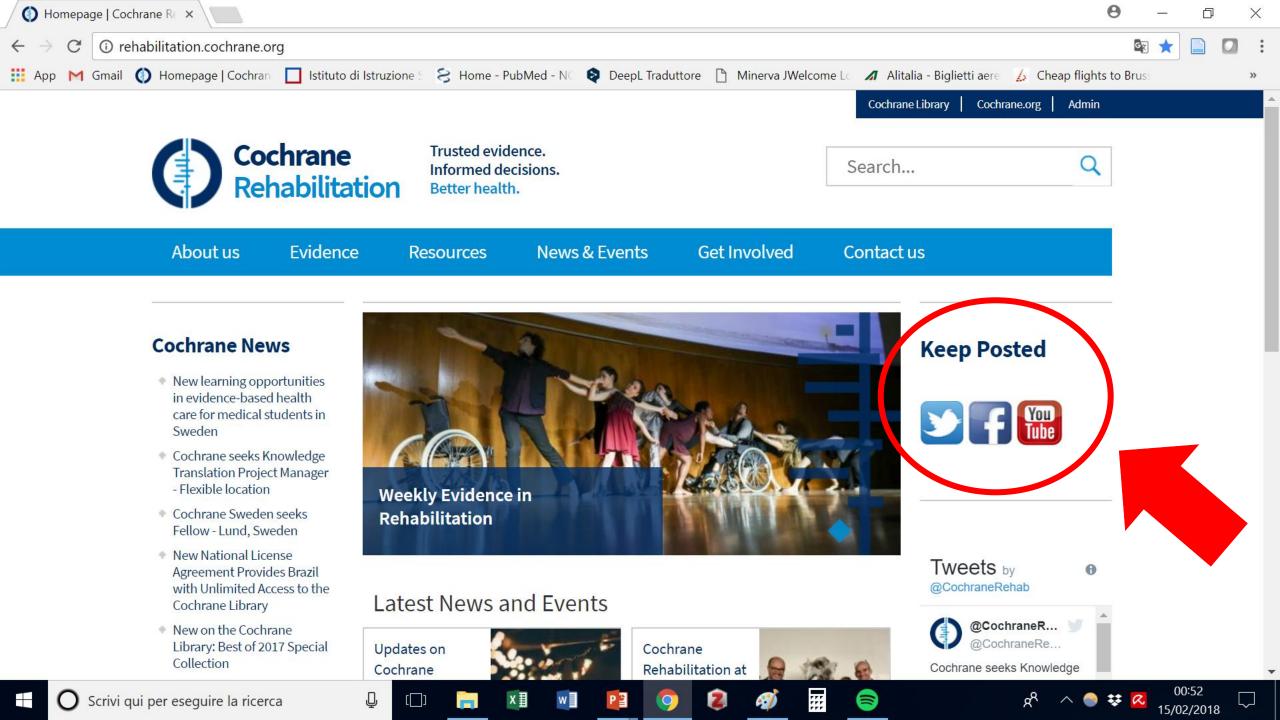
Twitter: 715 followers

Facebook: 1292 likes

U-tube channel: 28 videos with 58 visualizations on average

4 blogshots (1 per week since january 2018)











Facebook

- 1,372 likes (March 6, 2018)
- 1,427 follows (March 6, 2018)
- 70 posts shared (December 2016-March 2018)

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Twitter

844 followers (March 6, 2018)418 tweets (December 2016-March 2018)23,583 visualizations

Visualizzazioni	23.583
Interazioni totali	148
Clic sul link	64
Espansioni dettagli	44
Clic sul profilo	16
Retweet	12
Mi piace	10
Nuovi follower	2

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@CochraneRehab @CochraneRehab · 16 giu 2017
Cochrane Rehabilitation Newsletter issue 1 | June 2017:
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Traduci dalla lingua originale: inglese

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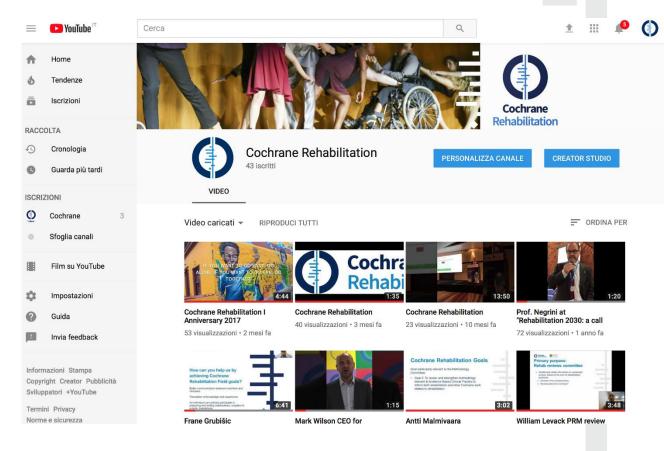


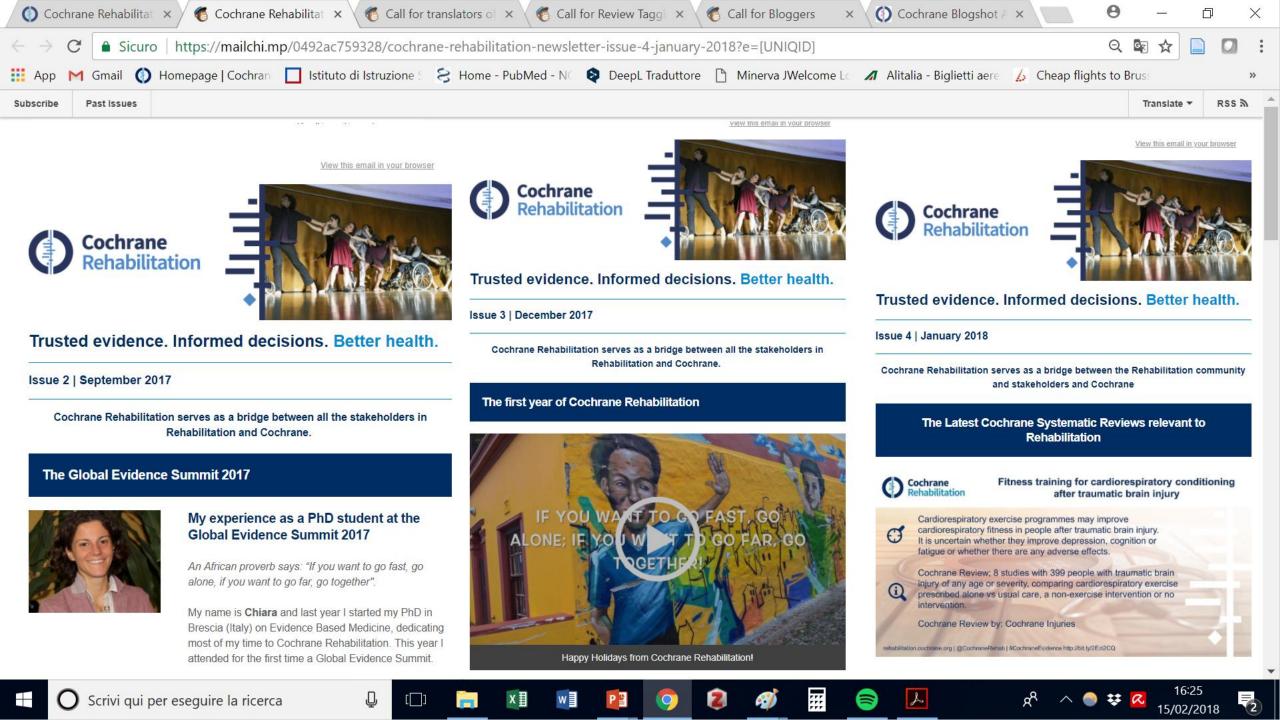


YouTube

28 video shared

Average: 61 visualizations











Blogshots



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Yoga for stroke rehabilitation

We are uncertain whether yoga improves quality of life, balance, gait, depression, anxiety and disability in stroke survivors. Whether or not yoga has any adverse effects is also uncertain.

Cochrane Review; two studies with 72 people comparing yoga vs waiting-list control in adults with stroke.

Cochrane Review by: Cochrane Stroke Group

habilitation.cochrane.org | @CochraneRehab | #CochraneEvidence http://bit.ly/2BR580B

Cochrane Rehabilitation

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(i)

Fitness training for cardiorespiratory conditioning after traumatic brain injury

Cardiorespiratory exercise programmes may improve cardiorespiratory fitness in people after traumatic brain injury. It is uncertain whether they improve depression, cognition or fatigue or whether there are any adverse effects.

Cochrane Review; 8 studies with 399 people with traumatic brain injury of any age or severity, comparing cardiorespiratory exercise prescribed alone vs usual care, a non-exercise intervention or no intervention.

Cochrane Review by: Cochrane Injuries

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence http://bit.ly/2Ezi2CQ

Cochrane Rehabilitation

Vocational rehabilitation for enhancing return-to-work in workers with traumatic upper limb injuries

We are uncertain whether vocational rehabilitation improves workers' ability to return to work after traumatic upper limb injuries. Effects on functional status and quality of life are also uncertain. EVIDENCE GAP.

(i) Cochrane Review; no eligible studies found.

Cochrane Review by: Cochrane Work Group

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

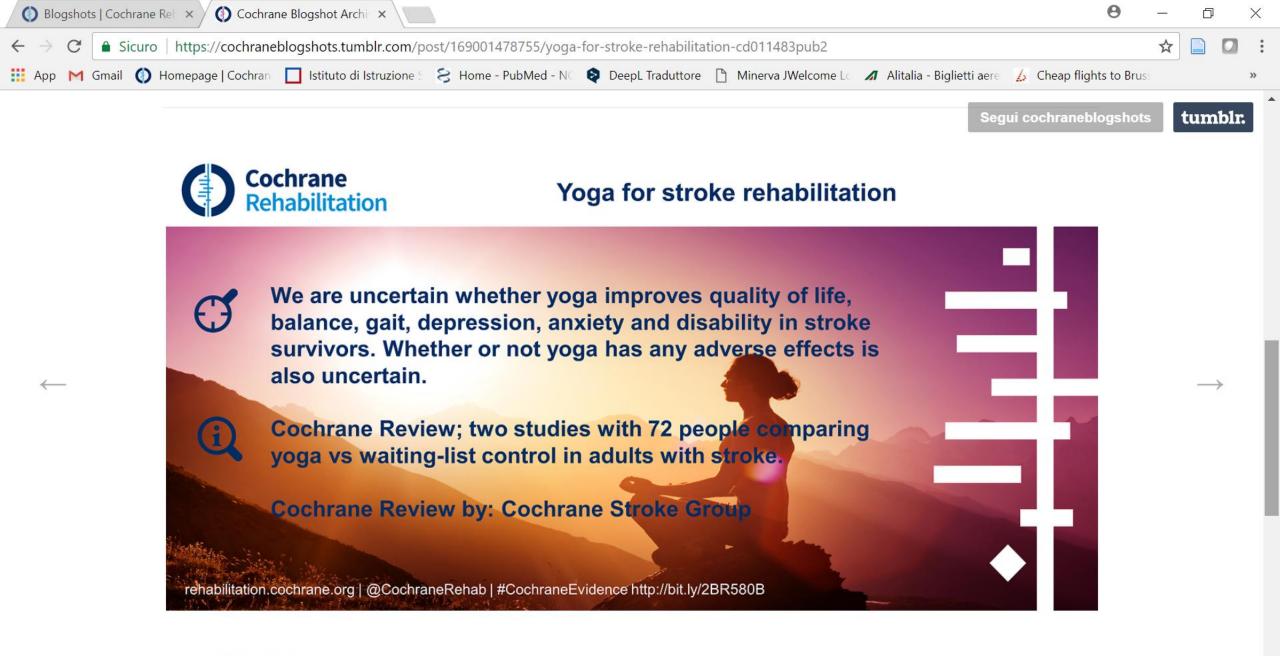
Cochrane Rehabilitation Treatment of fatigue in amyotrophic lateral sclerosis/motor neuron disease

It is uncertain whether modafinil, breathing exercises, exercises with weights, or magnetic brain stimulation are safe and effective at improving fatigue in people with amyotrophic lateral sclerosis (also known as motor neuron disease). EVIDENCE GAP

Cochrane Review; 4 studies with 86 people with amyotrophic lateral sclerosis, comparing pharmacological and non-pharmacological treatments vs placebo.

Cochrane Review by: Cochrane Neuromuscular

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence http://bit.ly/2Dmfl4k



15/02/2018

Yoga for stroke rehabilitation

Q



Blogshots translations







Cochrane Corners

EUROPEAN JOURNAL OF PHYSICAL AND REHABILITATION MEDICINE

MEDITERRANEAN JOURNAL OF PHYSICAL AND REHABILITATION MEDICINE

EUROPA MEDICOPHYSICA

VOLUME 48 - No. 4 - DECEMBER 2012



Official Journal of Italian Society of Physical and Rehabilitation Medicine (SIMFER) European Society of Physical Medicine and Rehabilitation (ESPRM) opean Union of Medical Specialists – Physical and Rehabilitation Medicine Section (UEMS - PRM Mediterranean Forum of Physical and Rehabilitation Medicine (MFPRM) In association with International Society of Physical and Rehabilitation Medicine (ISPRM)

Archives of Physical Medicine and Rehabilitation

THE OFFICIAL JOURNAL OF



Improving lives through interdisciplinary rehabilitation research





January 2015

Volume 90 • Number 1

Physical Medicine & Rehabilitation

Www.eddina.com



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- Lumboencrul Plexapetity and Petric Fractures.
- Point in Industry with Disabilities
- Spheroter Dyssynergia in Spheri Cost Injury
- Diumal Variation in Carpel Tunnel Synchrome
- Conservative Treatment of Procen Shoulder
- Borra Modets to Teach US-Galilod Injections

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EDIZIONI MINERVA MEDICA



Facilitating pull

Growing our users' capacity to find and use our reviews

Education Committee

• courses









- -General introdution: what is Cochrane and Cochrane Rehabilitation
- -Cochrane Rehabilitation results
- -Other EBM material
- Courses on EBM and Cochrane







Workshops & educational sessions

- 03/2017 Frankfurt Reha-Kolloquium 2017
- 05/2017 Buenos Aires International Society of PRM
- 09/2017 Cape Town Global Evidence Summit
- 11/2017 Malta Mediterranean Forum of PRM
- 11/2017 Maastricht Baltic North Sea Forum of PRM
- 02/2018 Atlanta American Academy Physiatry
- 04/2018 Vilnius European Society of PRM
- 07/2018 Paris International Society of PRM
- 0972018 Edimburgh 2 workshops submitted













Exchange

Engaging with our users to support their evidence informed decision making

Personal direct engagement with Scientific Societies Advisory Board

Participation in main International and Regional Meetings Partnerships

Memorandum of Understandings









Advisory Board

3 Cochrane Groups: Italy, Musculoskeletal, Stroke



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

4 Experts: China, Colombia, Switzerland, USA

4 Representatives: consumers, LMIC (2), WHO

First meeting in Buenos Aires during ISPRM 2017



Building Demand /

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inslation strategy Themes 3 and 5 Knowledge

Translation Outputs

03

Stakeholder

Engagement

04





«Scientific» Campaigns

Pre launch (2015-6)

- Negrini S, et al. Eur J Phys Rehabil Med. 2015 Jun;51(3):239-43.
- Kiekens C, et al. Am J Phys Med Rehabil. 2016 Apr;95(4):235-8.
- Negrini S, et al. Eur J Phys Rehabil Med. 2016 Jun;52(3):417-8.
- Negrini S, et al. Phys Ther. 2016 Jul;96(7):1109-10.
- Negrini S, et al. Arch Phys Med Rehabil. 2016 Aug;97(8):1226-7.
- Negrini S, et al. Man Ther. 2016 Dec;26:vii-viii.

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Scientific contributions

- 10/2016 Seoul Cochrane Colloquium: Presentation & Poster
- 05/2017 Buenos Aires International Society of PRM: Keynote lecture
- 09/2017 Cape Town Global Evidence Summit: 3 posters
- 02/2018 Atlanta American Academy of Physiatry: DeLisa Lecture
- 04/2018 Vilnius European Society of PRM: Lecture
- 06/2018 Oxford Evidence Live: Presentation & Poster

09/2018 – Edimbugh – Cochrane Colloquium: 5 papers submitted









Partners

Memorandum of understanding



- International organisations
- ESPRM (December 2016)
- ISPRM (May 2017)
- WFNR (?)





Memorandum of understanding

- National PRM Societies
 - Croatia (April 2018)

. . .

- Italy (September 2018)
- Belgium (December 2018)









WHO Rehabilitation 2030: a call for action

Rehabilitation is essential in addressing the full scope of health needs of a population: ensure healthy lives and promote well-being for all at all ages.

Health systems need to be equipped to provide services that optimize functioning in light of impairments, injuries or health conditions, acute or chronic.

The benefits of rehabilitation are realized beyond the health sector.

Rehabilitation must be integrated into national health plans and budgets. Current epidemiological trends, demographic shifts and expanded access to health care make scaling up rehabilitation services imperative for health systems in the 21st century.







Improving climate

Advocating for evidence informed health decision-making

Methodology Committee

- surveys
- discussion and position papers







Methodology Committee

A think tank to help solving problems of EBM in PRM Already done:

- Two surveys on EBM problems in Rehabilitation
- One poster at the Global Evidence Summit
- First Cochrane Rehabilitation Corner paper in the European Journal of Physical and Rehabilitation Medicine (October 2017)

Yearly journal special issues and/or sections on methodology:

First one in EJPRM after Catalyst 2-days Workshop before ISPR

Cochrane Rehabilitation



Rehabilitation and Cochrane: a difficult relationship

Stefano Negrint^{1,6}, William Levack², Antil Mahnivaara³, Thorsten Meyer⁴, Francesca Gimigliano⁵, Joel Pollet¹, Chiara Arienti⁶, Carkotte Kiekens² Cincela eta Dipuementa Giorneo Departemet, Usiventy of Denso, tary: Delema Young, Iwa: Delema Young, Iwai Markana, Haritana Markana, Haritana, Haritanaa, Haritanaa, Haritanaa, Haritanaa,

In the rehabilitation world, there is wide-spread diffidence towards Ochrane Reviews and their results. Ochrane Reviews and their results.

cording to the World Health Organization (WHO), Rehabilitation is a set of measures that assist individuals, who experience or are likely to experience disability to achieve and maintain optimum functioning in interaction with their environments.



Rehabilitation aim: allowing <u>participation</u> through reduction of <u>Impairments</u> (body damages) and <u>Activity Imitations</u> (impossibility to perform enormal- activities of the human being), and control of <u>environment and personal factors</u>





Papers on methodology

Levack WM, et al. Eur J Phys Rehabil Med. 2017 Oct;53(5):814–7. Negrini S, et al. Arch Phys Med Rehabil. 2017 Dec 11. Negrini S, et al. Am J Phys Med Rehabil. 2018 Jan;97(1):68-71.





Catalyst Meeting: topics

Prioritisation of review questions: W Taylor, NZ Service users' involvement: N Kayes, NZ Operationalising interventions: J Hay-Smith, NZ; S Negrini, I; C Kiekens, Be Managing control groups: W Levack, NZ Selecting outcome measures: J Patrick Engkasan, Mal; G Stucki, Swi; M Selb, Swi Evaluation of risk of bias: C Arienti, I; F Gimigliano, I; A Malmivaara, Fin Generalisability and transferability of findings: M Harwood, NZ; F Rathore, Pak; T Meyer, De Cochrane Overviews for rehabilitation practice: A Pollock, UK



Effective and sustainable KT

Building a sustainable infrastructure for knowledge translation

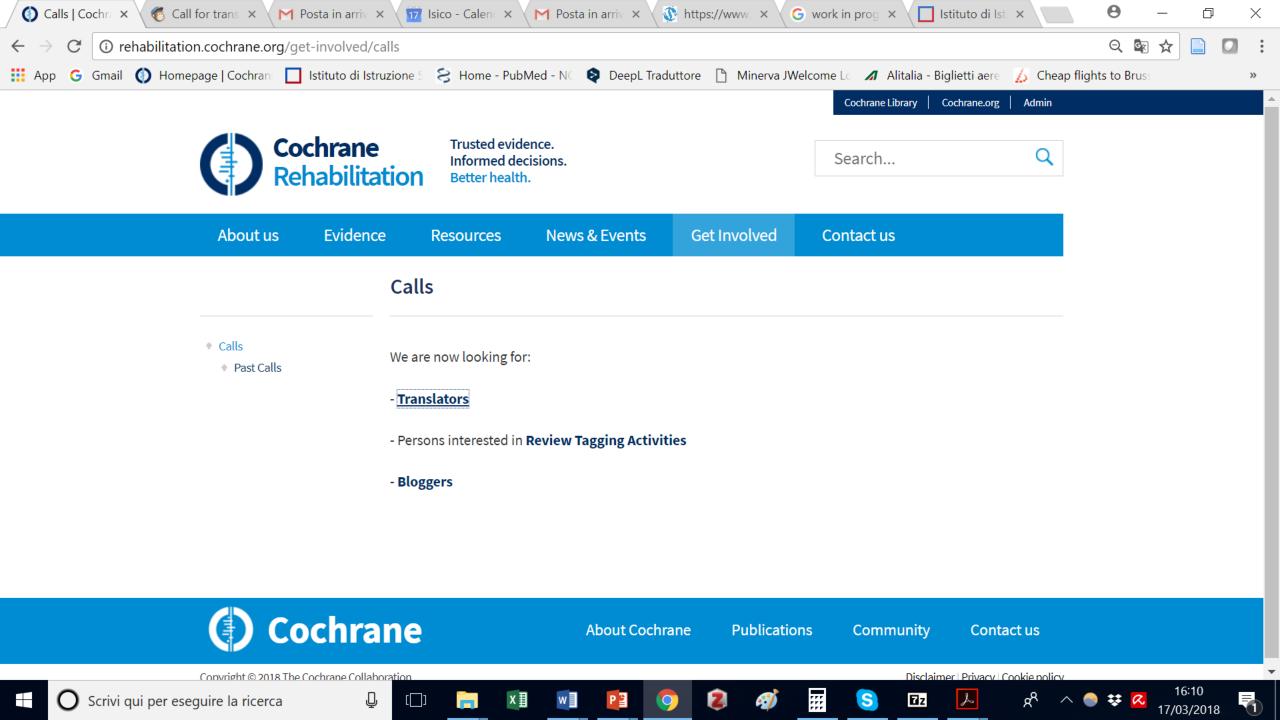
Contributors

Calls

Partners and/or Units

Tasks











Cochrane Rehabilitation



Trusted evidence. Informed decisions. Better health.



Call for Bloggers



Cochrane Rehabilitation Headquarters Rehabilitation Centre "E. Spalenza" Don Carlo Gnocchi Foundation Largo Paolo VI Rovato (BS)-25038 Italy

Call for Review Tagging activities of Cochrane Rehabili

Dear Cochrane Rehabilitation Community member,

Rehabilitation

Help wanted! The Cochrane Rehabilitation Review Committee process of tagging all rehabilitation relevant reviews in the Cochrane The purpose of this work is to make these reviews more accessible involved in the work of rehabilitation. Eventually we may explore cathese reviews by intervention and outcome types, but to begin with have to find them.

We are crowd sourcing the work of tagging reviews. We have set database where users can sign up to contribute to the work of tagging A minimum of two people from different professional backgrounds wil review, and differences of opinion in tagging will be resolved by the Rehabilitation Review Committee. Reviews relevant to rehabilit appear on the Cochrane Rehabilitation website under our se "Evidence".

What is involved?





View this email in your browser

Trusted evidence. Informed decisions. Better health.

Call for translators of Communication material of Cochrane Rehabilitation

Dear Cochrane Rehabilitation Community member,

We are now proceeding with the production and dissemination of materials on Cochrane and Cochrane Rehabilitation.

In order to spread these contents to all people involved in the rehabilitation world we are looking for colleagues willing to collaborate with us in the translation activities. These will include for the moment mainly:

- Cochrane Rehabilitation Website
- Newsletters

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





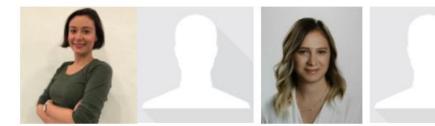


Rewards

Page on the website

Milestones badges according to work performed Cochrane membership (50 hours of work)





Monserat Gil Escudero	Esra Giray	Amara Ilyas
Zaheer Gill		
Madrid, Spain	Istambul, Turkey	Punjab, Pakistan
Review Committee Contributor		
Review Committee Contributor	Review Committee Contributor	Review Committee Contributor









Sinan Kardeş	Harry Mee	Nuria Esther Meliân Cruz	Elizabeta Leonid Popova Ramova
Istambul, Turkey	Cambridge, United Kingdom	Madrid, Spain	Bitola, Macedonia
Review Committee Contributor	Review Committee Contributor	Review Committee Contributor	

Review Committee Contributor



Cristina Anastasia Rapidi



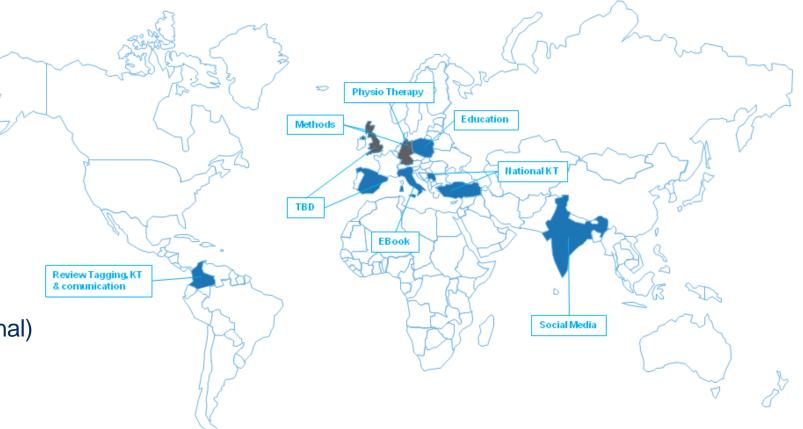




Partners

Partners

- Funding
 - -Fondazione Don Gnocchi
 - -University of Brescia
 - -International Society of PRM
 - -European Society of PRM
 - -European Union Section (professional)
 - -European Union Board (education)
 - -European Academy of RM
- In kind (units)
 - -3 established
 - -8 proposed





Prioritisation and co-production

Producing reviews which meet the needs of our users

Work with CRGs

- Proposal of reviews to CRGs
- Revisions of review
- Co-production of rehabilitation reviews
 Production of Overview of Cochrane Reviews
 E-book project with the European Bodies of PRM









The Cochrane Rehabilitation eBook project

Trusted evidence. Informed decisions. Better health. Funded and co-authored by the European PRM Bodies Alliance:

- European Society of Physical and Rehabilitation Medicine (ESPRM)

- European Union of Medical Specialists (UEMS), Physical and Rehabilitation Medicine Section and Board

- European Academy of Rehabilitation Medicine



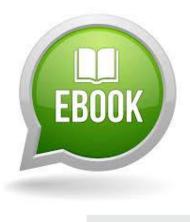
Cochrane Rehabilitation eBook

"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 audieces
- Blogshots and other relevant products







The eBook and the PRM Bodies



- European Society of PRM
- Europan Academy of RM
- European Union of Medical Spcialists PRM Section and Board

Importance to Physical and Rehabilitation Medicine (PRM):

- inform clinicians on evidence based practice (relevant to all European PRM Bodies)
- educate undergraduate and postgraduate PRM trainees (relevant to UEMS-PRM Board)
- support political actions toward policymakers, patients' associations and other stakeholders (relevant to UEMS-PRM Section and ESPRM)
- identify unmet needs of evidence synthesis and activate correct prioritization for future work of Cochrane (relevant to all European PRM Bodies)







The prioritisation exercise

Definition of an **Index** in agreement with the stakeholders Identification of all relevant **Cochrane reviews Matching** between the Cochrane reviews and the index Identification of

- missing information
- redundancies







The content summaries

Production of the summaries for different target audiences

- PRM physicians and other rehabilitation professionals, with ESPRM
- postgraduate PRM trainees and medical students, with UEMS Board
- politicians, with UEMS Section
- consumers, with Cochrane
- Translation into different languages
- **Publication**

Continuous **updating**

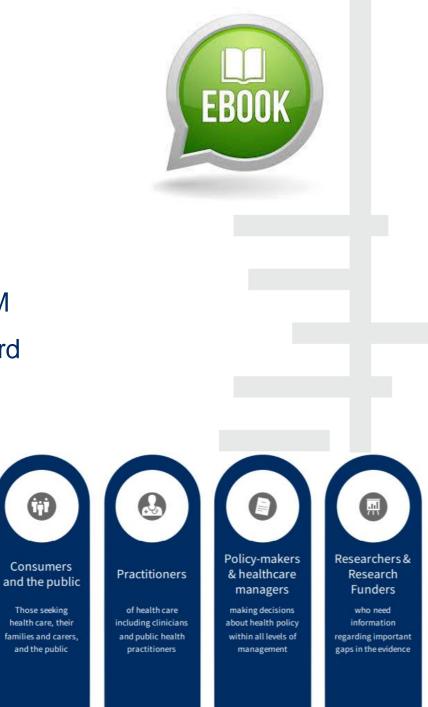








Table of standardised statements about effect

	Important benefit/harm	Less important benefit/harm	No important benefit/harm
High quality / certainty ¹ evidence	[<i>Intervention</i>] improves/reduces [<i>outcome</i>] (high quality / certainty evidence)	[<i>Intervention</i>] slightly improves/reduces [<i>outcome</i>] (high quality / certainty evidence)	[<i>Intervention</i>] makes little or no difference to [<i>outcome</i>] (high quality / certainty evidence)
Moderate quality / certainty ¹ evidence	[<i>Intervention</i>] probably improves/reduces [<i>outcome</i>] (moderate quality / certainty evidence)	[Intervention] probably slightly improves/reduces / probably leads to slightly better/worse [outcome] (moderate quality / certainty evidence)	[<i>Intervention</i>] probably makes little or no difference to [<i>outcome</i>] (moderate quality / certainty evidence)
Low quality / certainty ¹ evidence	[<i>Intervention</i>] may improve/reduce [<i>outcome</i>] (low quality / certainty evidence)	[<i>Intervention</i>] may slightly improve/reduce [<i>outcome</i>] (low quality / certainty evidence)	[<i>Intervention</i>] may make little or no difference to [<i>outcome</i>] (low quality / certainty evidence
Very low quality / certainty ¹ evidence	We / The review authors are uncertain whether [<i>intervention</i>] improves/reduces [<i>outcome</i>] as the quality / certainty of the evidence has been assessed as very low None of the studies looked at [<i>outcome</i>]		
No studies			

¹Within GRADE, the phrase "quality of the evidence" is increasingly referred to as "certainty of" the evidence. Use the same term that has been used elsewhere in the review.

How to write a plain language summary of a **Cochrane intervention** review 27th March 2017 (Please send any comments to the template to Claire Glenton (claire.glenton@fhi.no) at Cochrane Norway) Cochrane Norway



Conclusion

Cochrane is the world Gold Standard for Evidence

Cochrane Rehabilitation is the new Body to increase quality and knowledge/application of evidence in Rehabilitation

The services of Cochrane Rehabilitation are offered for free to all the worldwide rehabilitation community



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