



## SPECIAL ARTICLE

## Cochrane Rehabilitation: 2020 annual report

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## ABSTRACT

During its fourth year of existence, Cochrane Rehabilitation went on to promote evidence-informed health decision-making in rehabilitation. In 2020, the outbreak of the COVID-19 pandemic has made it necessary to alter priorities. In these challenging times, Cochrane Rehabilitation has firstly changed its internal organisation and established a new relevant project in line with pandemic needs: the REH-COVER (Rehabilitation – COVID-19 evidence-based response) action. The aim was to focus on the timely collection, review and dissemination of summarised and synthesised evidence relating to COVID-19 and rehabilitation. Cochrane Rehabilitation REH-COVER action has included in 2020 five main initiatives: 1) rapid living systematic reviews on rehabilitation and COVID-19; 2) interactive living evidence map on rehabilitation and COVID-19; 3) definition of the research topics on “rehabilitation and COVID-19” in collaboration with the World Health Organization (WHO) rehabilitation programme; 4) Cochrane Library special collection on Coronavirus (COVID-19) rehabilitation; and 5) collaboration with COVID-END for the topics “rehabilitation” and “disability.” Furthermore, we are still carrying on five different special projects: Be4rehab; RCTRACK; definition of rehabilitation for research purposes; ebook project; and a prioritization exercise for Cochrane Reviews production. The Review Working Area continued to identify and “tag” the rehabilitation-relevant reviews published in the Cochrane library; the Publication Working Area went on to publish Cochrane Corners, working more closely with the Cochrane Review Groups (CRGs) and Cochrane Networks, particularly with Cochrane Musculoskeletal, Oral, Skin and Sensory Network; the Education Working Area, the most damaged in 2020, tried to continue performing educational activities such as workshops in different online meetings; the Methodology Working Area organized the third and fourth Cochrane Rehabilitation Methodological (CRM) meetings respectively in Milan and Orlando; the Communication Working Area spread rehabilitation evidences through different channels and translated the contents in different languages.

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Four years have passed since Cochrane Rehabilitation was established. During these years, the field carried on its mission: to promote evidence-informed health decision-making in rehabilitation thus ensuring that all reha-

bilitation professionals can apply evidence-based clinical practice by combining best available evidence gathered by high-quality Cochrane systematic reviews, with their clinical expertise and the values of patients. The year 2020

was challenging for the entire world due to the outbreak of the COVID-19 pandemic; everybody's life changed, and so did the priorities. In these challenging times, Cochrane Rehabilitation has firstly changed its internal organisation and established a relevant aim in line with the pandemic: keeping up with the new needs the world of rehabilitation has experienced due to the pandemic.

This special article aimed to present the different activities and projects carried forward in 2020, starting from introducing the new organisation.

### New organization

In 2020, Cochrane Rehabilitation converted its internal structure. The previous structure was similar to that of a scientific society, while the new organigram is typical of a scientific organisation. The five committees became working areas, each with a person in charge and several people responsible for the Area's activities (tasks) (Figure 1). The coordinator Carlotte Kiekens moved to CoDirector and maintained her responsibility for the networking strategy, and a new coordinator, Chiara Arienti, has been appointed to focus mostly on all internal activities. The previous Executive Committee became the Advisory Committee – that was its role from the beginning – being a small and highly focused supporting group. With its broad political focus, the Advisory Board remains unchanged, involving all the field's main stakeholders. The new Executive Committee comprises all Working Area's chairs, who are the Cochrane Rehabilitation activities' real executives. While this process of organisational structure changing was taking shape, COVID-19 hit hard and fast. As a result, we launched the REH-COVER initiative, and everything else

was slowed down, including the internal changes. Nevertheless, they are now operative and will show their results in 2021.

### Working areas results

#### Review working area

The Review Working Area continued to identify and “tag” the rehabilitation-relevant reviews and protocols published in the Cochrane Library. More than 1000 articles, published between September 1, 2019 and November 30, 2020, have been screened, including 727 Cochrane Systematic Reviews (CSRs) and 352 protocols. Selection disagreements are being discussed with all the professionals involved to enhance the selection's quality and consistency. Results of this process will be made available on the Cochrane Rehabilitation website in January 2021. The difficult decisions encountered in the tagging process highlighted the lack of a standard, worldwide accepted rehabilitation definition, even between rehabilitation professionals. This is one of the reasons behind the “rehabilitation definition for scientific purposes” project. The Working Area contributed to the project by analysing all the difficult-to-solve disagreements in the screened reviews and protocols published up to August 31<sup>st</sup> 2019. This has served as groundwork to develop a definition of rehabilitation and could be used to evaluate its operability.

#### Publication Working Area

The Publication Area's main activity continued to be the Cochrane Corners, in line with “Cochrane knowledge translation strategy theme 2” and following the Cochrane predetermined procedures and internal rules. The Editorial Process has been previously described.<sup>1</sup> In 2020 the area worked more closely with the Cochrane Review Groups (CRGs) and Cochrane Networks: every time a journal selects a CSR, we immediately inform the relevant CRG and network for comments or suggestions. An even closer collaboration started with Cochrane Musculoskeletal, Oral, Skin and Sensory Network. We asked the CRGs of the network to prioritise the CSRs relevant to rehabilitation. This information, shared with the Journals during their CSRs selection, will suggest the most relevant (according to the CRGs) Cochrane Systematic Reviews available. Up to now, we have signed agreements with 14 leading journals (<https://rehabilitation.cochrane.org/about-and-contacts/partners/journals>). In 2020 we published 53 Cochrane Corners (<https://rehabilitation.cochrane.org/resources/publications/cochrane-corners>).

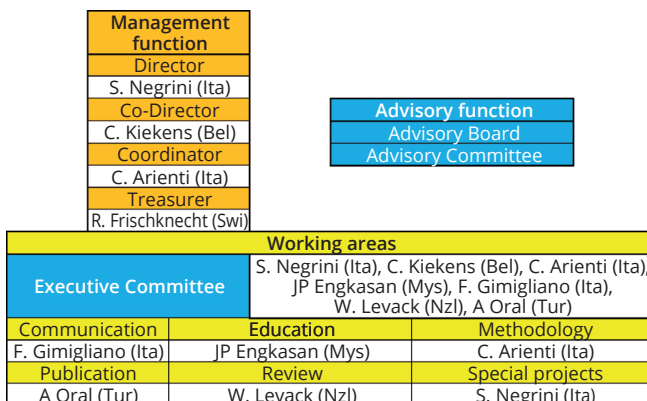


Figure 1.—The new internal organization of Cochrane Rehabilitation, with the responsibility of each primary function. Each Working Area includes different tasks, with one responsible per task.

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## Education Working Area

The Education Working Area has been the most damaged in 2020. Due to the pandemic, the congresses all around the world have been cancelled. The last “live” workshop, titled “Cochrane Evidence Examine and Deploy,” was held at the beginning of March during the International Society of Physical and Rehabilitation Medicine (ISPRM) Meeting in Orlando. At a regional gathering, the 21<sup>st</sup> Congress of the European Society of PRM (ESPRM) held online, a Cochrane Rehabilitation workshop titled “systematic reviews: writing, reading, applying” was conducted. Other Cochrane Rehabilitation symposia were held during the Philippines Association of Rehabilitation Medicine (PARM) congress and online conferences of the World Federation of Neurorehabilitation (WFNR) and the International Society of Spinal Cord Society (ISCOS). The Education group worked together with the Association of Academic Physiatrists (AAP) to survey the current EBM educational opportunities within the PRM residency programmes in different world regions. Another main task of the working Area is to collect, develop and implement online EBM educational material accessible through the Cochrane Rehabilitation website (<https://rehabilitation.cochrane.org/resources/education-and-training>).

## Methodology Working Area

In 2020, the Methodology Working Area organised the third and fourth Cochrane Rehabilitation Methodological (CRM) meetings in Milan in February and Orlando in March. The third CRM was a kick-off consensus meeting on the “rehabilitation definition for scientific purposes” project.<sup>2,3</sup> The fourth CRM was also a consensus meeting to develop the “Randomized Controlled Trial Rehabilitation Checklists” (RCTRACK).<sup>4</sup> Each Technical Working Group presented its items proposal based on systematic/scoping reviews on their topics.<sup>5-11</sup> The meeting concluded with the first draft of the RCTRACK Reporting Guideline. The Methodology Working Area started a specific COVID-19 project to continuously update rehabilitation professionals on the new evidence produced in rehabilitation on COVID-19.

## Communication Working Area

The Communication Working Area pursues different objectives: to connect rehabilitation stakeholders globally; to translate rehabilitation knowledge; to promote Cochrane to rehabilitation stakeholders and rehabilitation to Cochrane. The website is one of the main communication

tools and contains all the information regarding Cochrane Rehabilitation. Over the last year, the number of users increased by 53.6% with 15,896 active users in 2020 vs. 10,348 in 2019. Along with the users’ base, the number of page views grew by 33.3% with 50,017 pages visualised in 2020 vs. 37,530 in 2019. In 2020, accesses were recorded from 174 countries, 26 more than in 2019. Historically, the most viewed page has always been the home page, but the REH-COVER action main page has been the most visited between July and October, being on par in November and December.

The newsletter audience keeps growing in these years, from 361 in 2017 it now counts 1229 subscribers. Last but not least, we are using Social Media to reach the rehabilitation community, such as Facebook (2815 followers), Twitter (2347 followers), Instagram (1624 followers), YouTube (172 subscribers) and LinkedIn (436 subscribers).

The production and dissemination of blogshots has started since 2019 and is one of the main tasks that the working Area keeps pursuing. Blogshots are indeed a straightforward way to summarise the content of a CSR in the format of a slide. Their translation is also considered an important task that can help to reach even more people. So far 75 blogshots have been produced, and most of them have been translated in different languages: 67 in Italian, 72 in French and Dutch, 46 in Croatian, 66 in Spanish, 51 in Hungarian, while the German translation has just began. In 2021, we aim to implement translations in other languages, starting with Portuguese. All translations are realised in collaboration with the National/Regional Societies of PRM and/or Regional Cochrane Centres.

## Special projects

Together with the working areas, Cochrane Rehabilitation realises a series of special projects in collaboration with external partners. This year a significant new one was about the COVID-19 pandemic.

## Rehabilitation – COVID-19 evidence-based response (REH-COVER) action

To update the rehabilitation community on the increasing growth of evidence on rehabilitation for patients with consequences due to COVID-19 and its treatments, Cochrane Rehabilitation launched the REH-COVER (Rehabilitation – COVID-19 Evidence-based Response) action. The aim was to focus on the timely collection, review and dissemination of summarised and synthesised evidence relating to COVID-19 and rehabilitation. An International Multiprofessional Steering Committee was formed to fa-

cilitate the action, and to advise on all the initiatives. Cochrane Rehabilitation REH-COVER action has included in 2020 five main initiatives: 1) rapid living systematic reviews on rehabilitation and COVID-19;<sup>12-19</sup> 2) interactive living evidence map on rehabilitation and COVID-19 (<https://rehabilitation.cochrane.org/covid-19/reh-cover-interactive-living-evidence>); 3) definition of the research topics on “rehabilitation and COVID-19” in collaboration with the World Health Organization (WHO) rehabilitation programme (<https://rehabilitation.cochrane.org/covid-19/priorities-research-defined-collaboration-who-rehabilitation-programme>); 4) Cochrane Library Special Collection: Coronavirus (COVID-19): rehabilitation of patients with functional consequences of acute illness and its treatments (<https://rehabilitation.cochrane.org/special-collection-rehabilitation-covid19>);<sup>2</sup> and 5) collaboration with COVID-END for the topics “rehabilitation” and “disability” (<https://www.mcmasterforum.org/networks/covid-end/about-us/partners>).

#### WHO – best evidence for rehabilitation – Be4rehab project

The World Health Organization (WHO) – Cochrane rehabilitation Be4Rehab project aims to inform the WHO package of interventions for rehabilitation and consists of two main tasks.<sup>20</sup> The first was completed in 2019, when all the technical working groups, 8 of which under Cochrane Rehabilitation methodological supervision, extracted the recommendations from CPGs relevant to rehabilitation for a specific health condition. In 2020 one TWG published its results,<sup>21</sup> and other groups have submitted theirs to different journals. The second task consisted in the extraction of data from CSRs. Cochrane Rehabilitation assessed 251 revisions addressing 18 health conditions and, for 62 reviews, prepared a summary of findings complete with GRADE quality assessment. Data have been sent to the WHO for 221 CSRs, and the other 30 were excluded for various reasons: 10 were empty reviews, three focused only on secondary outcomes, 15 presented only a descriptive summary, and two were overviews. Papers reporting the results are currently being drafted and will be published in the next year.

#### Cochrane Rehabilitation ebook project

The Cochrane Rehabilitation ebook project is ongoing. Considering the CSRs published in the last five years (2016 to 2020) and tagged as relevant to rehabilitation by the Review Working Area, 145 CSRs still needs to be summarised. Up to now, 121 CSRs have been summarised and approved, while 42 are under final revision, almost

ready for approval. In 2020, Cochrane Rehabilitation also developed the Ebook website to be completed with the finalised CSRs summaries. The Ebook and website will be officially launched in 2021.

#### Prioritization exercise project

Cochrane Rehabilitation’s prioritisation exercise is a project going side-by-side with the Ebook production, particularly its index. This project aims to identify the current research gaps in rehabilitation-relevant Cochrane Systematic Reviews production and define research priorities among these gaps. A worldwide three-rounds Delphi Consensus process has been performed to refine and validate the ebook index. The index has then been mapped with the Cochrane Systematic Reviews and Protocols tagged as relevant to rehabilitation. Two additional Delphi rounds have been run to identify the research priorities according to the existing Cochrane evidence. Both processes involved 100 health professionals from 9 different professions and 39 countries. Cochrane Rehabilitation’s prioritisation exercise has been listed among the Current Cochrane Group Priority Setting Projects (<https://community.cochrane.org/news/current-cochrane-group-priority-setting-projects>). The process will then be repeated in the future, according to the Cochrane priority setting guidance document.

#### The Randomized Controlled Trial Rehabilitation Checklists (RCTRACK) project

This project was launched in 2019, and the kick-off phase was concluded during the Fourth Cochrane Rehabilitation Methodology Meeting in Orlando in March 3 and 4, 2020. Systematic reviews and methodological studies on the eight topics related to the RCTACK Reporting Guideline items have then been published<sup>4, 22</sup> about: patient selection;<sup>23</sup> blinding;<sup>24, 25</sup> treatment group;<sup>26</sup> control groups and cointerventions;<sup>27</sup> attrition, follow-up, and protocol deviation;<sup>9, 10</sup> outcomes;<sup>6</sup> statistical analysis and appropriate randomization;<sup>11</sup> and research questions.<sup>5</sup> A list of items to populate the RCTRACK Guideline has been developed, and a first Delphi Round has been carried-on. Its results will be discussed during an online consensus in January 2021.

#### Rehabilitation definition project

The project arises from the need for defining and operationalising what is rehabilitation and what is not.<sup>28</sup> A first consensus meeting was held in February 2020 in Milan, where the first version of a rehabilitation definition for

scientific purposes was developed following the PICO structure. A special issue of all preparatory material has been published in the *European Journal of Physical and Rehabilitation Medicine*.<sup>3, 29-31</sup> During the online meeting in June 2020, the promoters developed a draft of rehabilitation definition, and a first survey was sent out to the Milan meeting participants to collect a consensus on the proposal. In December 2020, the promoters analysed and discussed the first survey results to develop a third version of the definition. This will be submitted to all stakeholders represented in the Cochrane Rehabilitation Advisory Board. When the final consensus is reached, the rehabilitation definition for scientific purposes will be published and disseminated to all rehabilitation stakeholders.

### Conclusions

Despite the COVID-19 pandemic, Cochrane Rehabilitation continued its mission of promoting evidence-informed health decision-making in rehabilitation thus ensuring that all rehabilitation professionals can apply evidence to clinical practice, combining the best available evidence, with their clinical expertise and the values of patients. Never before this mission has become an urgent priority as during the COVID-19 outbreak. The main goal of 2021 will be to continue pursuing this mission, ensuring the constant updating of rehabilitation professionals on the best available evidence produced.

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