Cochrane Physical and Rehabilitation Medicine

Current State of Development and Next Steps

In 2014, the European Society of Physical and Rehabilitation Medicine (ESPRM) in collaboration with the PRM Section and Board of the European Union of Medical Specialists decided to create a Cochrane PRM field (Cochrane PRM). The background and rationale for this initiative has been explained extensively in an editorial in the *European Journal of PRM* in June 2015.

In brief, Cochrane (www.cochrane.org) is a “global independent network of researchers, professionals, patients, carers, and people interested in health”. Cochrane contributors, 37,000 from more than 130 countries, work together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest. Cochrane is organized as a network of groups, distributed at various centers around the world, focused on review production, dissemination, methods, and training. The production of reviews is done by Cochrane review groups (CRGs). Cochrane fields build relationships with stakeholders in focused areas (e.g., child health, complementary medicine) with the goal of increasing the use of Cochrane evidence in health care.

The specialty of PRM covers a broad medical and scientific domain that includes a large number of health conditions of the musculoskeletal, neurological, and cardiopulmonary systems with an emphasis on function, activity, and participation. Zaina and Negriini explored manuscripts of PRM interest published in the Cochrane Library. They found 242 reviews in more than 28 CRGs. Most of these reviews were performed by the 5 following CRGs: musculoskeletal (40); stroke (38); back (26); bone, joints, and muscle trauma (20); and movement disorders (18).

Good quality evidence on the effectiveness of PRM interventions is still relatively scarce. This is due in part to difficult methodological issues in PRM research. For example, randomizing and blinding is often difficult or impossible. Furthermore, clarity on what is usually referred to as “conventional therapy” is frequently lacking. In addition, there is often a significant human factor (such as motivation and confidence) interfering with interventions that may affect the patient as well as the therapist. A Cochrane field is the place to encourage a debate on sound research methods and tools that may help us address these shortcomings. Ideally, this debate should take place in close collaboration with related CRGs and other Cochrane fields. This can be accomplished with the establishment of a Cochrane PRM field. Thus, the purpose of this editorial is to report the current state and next steps in the development of Cochrane PRM.

**CURRENT STATE OF THE PROJECT**

This project started as a European proposal, but the creation of Cochrane PRM has become a global effort, with the support of the International Society of PRM (ISPRM). A first exploratory meeting (in Cochrane terminology) was held during the ISPRM World Congress in Berlin in June 2015, in collaboration with the German Cochrane Centre and the Cochrane fields executive. Representatives of PRM participated at the World Cochrane Colloquium in Vienna in October 2015, where meetings have been held with field representatives and Cochrane staff. In our opinion, these discussions have contributed to the definition of Cochrane PRM and its inclusion in the strategic plan for Cochrane 2020. Future activities include the presentation of Cochrane PRM during the next congress of the ESPRM meeting in Estoril, Portugal in April 2016 and the ISPRM world congress in Kuala Lumpur, Malaysia, in June 2016. The initiative is gaining strong support from the PRM community worldwide. So far, a total of 69 PRM specialists, as well as some other healthcare professionals such as psychologists and physical therapists, from 29 countries have committed to the initiative.

The University of Brescia, Italy has proposed to host Cochrane PRM, in collaboration with the Care and Research Institute Don Gnocchi Foundation of Milan, Italy. The 2 institutions will provide research and administrative personnel to support the initiative, as well as grant support, while an official agreement is established with Cochrane. The formal exploratory meeting required by Cochrane will take place in Brescia, where the Cochrane PRM will be launched.

**PROPOSAL FOR A COCHRANE PRM ORGANIGRAM**

We propose here an organizational chart for Cochrane PRM (Fig. 1). These functions, initially planned as committees, could be eventually considered units located in specific universities and/or institutes around the world with assigned responsibilities and personnel. In this way, Cochrane PRM could become a network of organizations and not just a single group. This type of organization could offer advantages such

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as the distribution of responsibilities, the strengthening of specific functions, a more effective dissemination of information, and better fundraising opportunities. Such an organizational approach would require excellent communication.

There will be a director, an executive, and an advisory board. The daily planning, organization, and harmonization of activities will be assured by a coordinator.

Fundraising

The Cochrane Institute is totally based on voluntary contributions, and its finances must be supported with donations. Furthermore, Cochrane is committed to avoiding conflicts of interest and wishes to maintain complete independence from industry. Fundraising is an important function that must be performed by a specific task force that could involve stakeholders such as scientific and professional societies and PRM representative entities.

Committees/Units

The core activities will be assigned to 6 committees (in our proposal units).

1. Cochrane PRM reviews database

One of the main aims of the Cochrane fields is to “tag” reviews of interest to the field (in this case, PRM) within the Cochrane database and to produce lists of such reviews for interested stakeholders, researchers, and clinicians worldwide. This work is of primary importance, and this unit will be at the core of Cochrane PRM.

2. PRM RCT database

Cochrane reviews are based on the evaluation of published randomized controlled trials (RCTs). Many of these are easily found in the indexed literature, but some are not indexed and may be published in national journals in different
languages that are not so easily accessible. This unit will focus on collecting all RCTs published in different parts of the world on topics related to PRM increasing the available knowledge in our field.

3. Methods

In PRM, evidence-based medicine (EBM) has been considered with diffidence by some, since RCTs in our field are difficult to conduct. Cochrane is at the center of the EBM approach. This is a great opportunity for the specialty of PRM to contribute to the successful use of EBM. In addition, Cochrane has several methods groups, whose aim is to develop appropriate methodologies for authors of review articles. The collaboration with these method groups will strengthen the action of this unit.

4. Education

With the support of the different scientific PRM societies in the world, educational initiatives such as core EBM courses and PRM Cochrane review courses will be organized as part of PRM congresses and meetings and or offered online. A PRM summer school could be considered in collaboration with specific universities.

5. Publication

The focus of the publication unit will be to develop collaborations with PRM journals to produce Cochrane sections reporting the contents produced by Cochrane reviews relevant to PRM. These sections could be differentiated according to the main interest of the journals. Another initiative could be a book, probably electronic, but possibly also printed, reporting the available Cochrane PRM evidence.

6. Communication

An important role for Cochrane PRM is to disseminate the available Cochrane evidence within the PRM community. This will of course be done by means of publications, but also through a specific website, the websites of the PRM societies and associated journals, and the use of social media.

Liaison

Crucial to Cochrane PRM will be the establishment of working relationships with relevant stakeholders such as scientific societies, PRM professional organizations, journals, and others. Members of the liaison group will have a key bridging role serving as contacts between both organizations.

Next Steps in the Development of Cochrane PRM

According to the Cochrane rules for the establishment of a Cochrane field, some objectives have already been fulfilled with the activities earlier reported such as:

- Well-defined collaborations with relevant stakeholders
- Ensure that encompasses more than one Cochrane review group

However, other steps need to be taken including the following:

- Carry out the formal exploratory meeting (planned for September 2016 in Brescia, Italy)
- Write a clearly documented action plan (to be done in preparation of the exploratory meeting and completed immediately after)
- Identify an individual (or group of individuals) who are prepared to take responsibility for coordinating the broad range of tasks, including an advisory group (underway)
- Ascertain a commitment of funding and resources required to establish and maintain activities within the field
- Include details of an advisory group (or plans for one) comprising individuals who would be acceptable to a broad representation of people within and affected by the field (including consumers).

All these steps will be further discussed during meetings planned in 2016, as discussed above, with the presentation of the action plan in October 2016 at the Cochrane colloquium in Seoul, Korea.

CONCLUSION

In our opinion, the establishment of a Cochrane PRM field will contribute to enhancing the quality of the knowledge base in the medical specialty of PRM. This idea is now supported by many individuals and institutions in several countries around the world. The proposed organizational structure is described in this editorial. We invite all colleagues to join the aforementioned activities and to support this effort.

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