

The use of language methodology for disseminating Cochrane Evidence through Cochrane Corners: Cochrane Rehabilitation experience.

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Abstract

Background. Health literacy has been recognized for a long time as an important factor both for understanding health information and prediction of health status. There are many efforts to translate health information in different languages, but particular challenge for achieving appropriate health literacy are systematic reviews of health interventions, because they summarize evidence from individual studies to help doctors and patients make informed choices about health treatments. One of these efforts are Cochrane Corners, a knowledge translation tool to disseminate Cochrane Evidence to make sure that all health professionals can make use of the best available evidence in their clinical work.

Objectives. The aim of this work is to highlight the use of qualitative statements, in Cochrane Corners, produced by Cochrane rehabilitation, to communicate the clinical implications of rehabilitation interventions to the clinicians, founded on the certainty of evidence.

Methods. Cochrane Corners have a specific structure: they are authored by one author who is rehabilitation professional to make comments from a rehabilitation perspective, the main section is founded on the summary of Cochrane Review contents and the last section is dedicated to “clinical implication for rehabilitation professionals”. It is founded on the use of qualitative statements, proposed by Cochrane Norway, to communicate the magnitude of rehabilitation intervention effects on specific outcome, based on the certainty of evidence.

Results. We published 8 Cochrane Corners on neurorehabilitation, rheumatology, musculoskeletal diseases and pain conditions. In each Cochrane Corner, it has been provided the clinical implications of each rehabilitation intervention in traumatic brain injury, stroke, fibromyalgia, migraine in adults and in older people living in community.

Conclusion. The use of qualitative statement is a good instrument to improve the applicability of evidence to clinical practice.

Patient or healthcare consumer involvement. Not applicable.

Relevance to diversity. The research addressed to rehabilitation clinicians to use short summary of Cochrane Systematic Reviews in rehabilitation field and to inform clinical and public health decisions on better evidence.