

Cochrane has published a Special Collection of its systematic reviews on “Coronavirus (COVID-19): evidence relevant to clinical rehabilitation”

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Dear Editor,

Cochrane Rehabilitation is proud to announce that the Cochrane Library has published on October 21st a new special collection of its the series about COVID-19

(<https://www.cochrane.org/coronavirus-covid-19-resources/special-collections>) with the title “Coronavirus (COVID-19): evidence relevant to clinical rehabilitation”

(<https://rehabilitation.cochrane.org/special-collection-rehabilitation-covid19>). This series is highly relevant for the rehabilitation community, since it exposes our field to the wide generalist readership of the Cochrane Library, highlighting rehabilitation’s importance for COVID-19 management. Cochrane is the main International Body collecting the best evidence in all fields of medicine, and the methodological quality of its Systematic Reviews (CSR) is considered the reference standard (1). The scientific importance of the Cochrane Library is shown by its growing bibliometric data: an Impact Factor of 7.890, with 67.763 total citations in 2019. The COVID-19 special collections received 385,389 visits in 8 months, constantly growing from March to August 2020.

Ten months after the COVID-19 pandemic outbreak, it seems clear that the hospitalization period constitutes only a part, albeit relevant, of the story. Since the start, the World Health Organization (WHO) underlined rehabilitation’s primary role in the COVID-19 emergency’s health management, focusing on the overall functioning of the whole person and considering not only the consequences strictly linked to the disease (2,3). Cochrane Rehabilitation, immediately started in April 2020 the REH-COVER (Rehabilitation – COVID-19 Evidence-base Response) action

(<https://rehabilitation.cochrane.org/resources/cochrane-rehabilitation-versus-covid-19>), including a rapid living systematic review (4,5) on the current evidence, updated on a monthly basis (6-10), and an interactive living mapping (<https://rehabilitation.cochrane.org/covid-19/reh-cover-interactive-living-evidence>).

This activity is supported by an international multi-professional Steering Committee (<https://rehabilitation.cochrane.org/resources/reh-cover-action/international-multiprofessional-steering-committee>). The collaboration with the WHO Rehabilitation Programme (WHO-RP) allowed to define specific research questions for COVID-19 and rehabilitation (<https://rehabilitation.cochrane.org/covid-19/priorities-research-defined-collaboration-who-rehabilitation-programme>), and to identify some disorders relevant to the possible sequelae of

COVID-19 and its acute treatments. These include: acute respiratory distress syndrome (ARDS) and pulmonary restrictive syndrome, post-intensive care syndrome (PICS), post-extubation swallowing disorders, multiple organ failure and shock, and post-traumatic stress disorder (PTSD) in the context of rehabilitation. These disorders served as the basis for the Special Collection production, that obviously can only focus on the evidence “relevant” to COVID-19 and rehabilitation and not the current evidence coming from studies specific on COVID-19 sequelae.

The production of the Special Collection followed a specific (and innovative) methodology (<https://rehabilitation.cochrane.org/special-collection-rehabilitation-covid19>), followed for all the listed disorders with the exclusion of PTSD, that was managed by Cochrane Mental Health and Neuroscience Network, with a final choice of CSRs performed in consultation.

A systematic search of all CSRs on the identified topics was carried out, retrieving 26 CSRs dealing with ARDS and pulmonary restrictive syndrome, and 14 with PICS. We found none about rehabilitation for post-extubation swallowing disorders and multiple organ failure and shock; these areas are now prioritized by Cochrane. To produce the final list of 7 CSRs to be added to the 4 on PTSD, we structured a prioritization process involving all our stakeholders from the Cochrane Rehabilitation Advisory Board (<https://rehabilitation.cochrane.org/about-and-contacts/advisory-board>), Executive (<https://rehabilitation.cochrane.org/about-and-contacts/executive-committee>) and REH-COVER Steering Committees. The final Collection includes 11 CSRs, while 5 more have been prioritized for future production.

WHO's "Rehabilitation 2030: a call for action" initiative pushes for an increased awareness of the growing important role of rehabilitation (<https://www.who.int/rehabilitation/rehab-2030/en/>). The pandemic emergency may offer a unique opportunity in this direction. The Cochrane Rehabilitation REH-COVER action goes in this direction, being part of a global action of the rehabilitation community. This Special Collection shows that also Cochrane recognises these needs.

1. Useem J, Brennan A, LaValley M, Vickery M, Ameli O, Reinen N, Gill CJ. Systematic Differences between Cochrane and Non-Cochrane Meta-Analyses on the Same Topic: A Matched Pair Analysis. PLoS One. 2015 Dec 15;10(12):e0144980. doi: 10.1371/journal.pone.0144980.
2. Rehabilitation considerations during the COVID-19 outbreak - Pan American Health Organization (PAHO) – WHO
3. World Health Organization. Clinical management of COVID-19. Interim guidance 27th may 2020. WHO/2019-nCoV/clinical/2020.5
4. Edizione 1 march
5. Edizione 2 june
6. Update 1.1 april
7. Update 1.2 may
8. Update 2.1 july
9. Update 2.2 august
10. Update 2.3 september