



COCHRANE REHABILITATION CORNER

The Cochrane Corners by Cochrane Rehabilitation

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ABSTRACT

Cochrane Rehabilitation (CR) is pursuing the goal of disseminating Cochrane evidence, in line with the Cochrane Knowledge Translation (KT) strategy theme 2: “Packaging, push, and support implementation”, through several projects: the CR eBook project, blogshots, and Cochrane Corners. A Cochrane Corner is a KT vehicle in which the contents of the Cochrane Library are summarized and presented by a rehabilitation professional, using the qualitative statements proposed by Cochrane Norway to communicate the magnitude of rehabilitation intervention effects on specific outcomes, based on the certainty of evidence, and followed by a section on “clinical implication for rehabilitation professionals” (both for clinical and research practice). Our Cochrane Corners aim to inform about evidence produced by Cochrane in the field of rehabilitation from a rehabilitation professional perspective. After setting internal rules for Cochrane Corners, designing a template and preparing a guide for authors, the production of Cochrane Corners started. As of December 2019, CR signed Publication Agreements with 13 rehabilitation relevant Journals, contributed to Editorials as introductory articles for the launch of Cochrane Corners in some of these Journals and published 34 Cochrane Corners, in print or ahead of print, whereas 7 additional Cochrane Corners have been submitted to the Journals and will be published soon. This initiative provided a significant opportunity for CR to communicate with members of other groups within Cochrane as well as with journal editors. The impact of Cochrane Corners on the readers will need to be evaluated in the future: unfortunately, we have no instruments to measure it at present.

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KEY WORDS: Rehabilitation; Knowledge; Publications.

Cochrane Rehabilitation is pursuing the goal of disseminating Cochrane evidence *via* Cochrane Corners in scholarly journals. This is in line with the Cochrane knowledge translation (KT) strategy theme 2: “Packaging, push, and support implementation.”¹ It is the mission of Cochrane Rehabilitation to ensure the application of the best available evidence in Cochrane Systematic Reviews (CSRs) by all rehabilitation professionals.² The dissemination of evidence, in this case by Cochrane, is a key step in moving from knowledge to action as described in the KT action cycle.³

The evidence in rehabilitation is growing with the increase of RCTs, systematic reviews and meta-analyses relevant to rehabilitation at a greater rate than that in other

therapeutic fields.⁴ Given that rehabilitation focuses on functioning with a transversal role to other specialties and settings of care,^{5,6} a large number of published CSRs are directly relevant to rehabilitation and “rehabilitation” titles were identified in almost one tenth of Cochrane publications including both protocols and published CSRs up to April 2018.⁷ This extensively growing body of evidence urges Cochrane Rehabilitation to disseminate evidence in a simpler way to a broader audience of stakeholders to be applied in rehabilitation practice. Cochrane Rehabilitation does this through its eBook project,⁸ blogshots,⁹ and Cochrane Corners led by its committees.¹⁰⁻¹³

A Cochrane Corner is a KT vehicle in which the con-

tents of the Cochrane Library (*i.e.* CSRs) are presented. Within the KT Action Cycle, it serves to adapt and to facilitate the use of knowledge in the context where it is used.³

Cochrane Rehabilitation Cochrane Corners aim to inform about evidence produced by Cochrane in the field of rehabilitation from a rehabilitation professional perspective.

Methodology

The publication of Cochrane Corners required a preparatory work based on a comprehensive methodologically and strategically sound approach for current planning and for building the future to ensure sustainability and continuity of the initiative.

The preparatory work included the composition of a list of journals with professional/scientific interest relevant to rehabilitation (Table I).¹⁴ Then, we developed a “Publication Agreement” template for Cochrane Corners between a journal and Cochrane Rehabilitation. The journal editors have been contacted and in case of a positive response, a Memorandum of Understanding was signed between Cochrane Rehabilitation and the journal, and between the Publisher of the journal and Wiley.

In the meantime, a “Call for Authors of Cochrane Review summaries” was made to Cochrane Rehabilitation community members¹⁵ to identify potential authors of Cochrane Corners. Internal rules for Cochrane Rehabilitation Cochrane Corners were set, a template was

TABLE I.—*The overview of rehabilitation relevant journals.*

| REHABILITATION/PRM RELEVANT INTERNATIONAL JOURNALS | |
|--|--|
| PROFESSIONAL INTEREST | SCIENTIFIC INTEREST |
| REHABILITATION/PRM (general) <i>Am J Phys Med Rehabil, Ann Phys Rehabil Med, Arch Phys Med Rehabil, Clin Rehabil, Disabil Health J, Disabil Rehabil, Eur J Phys Rehabil Med, Int J Rehabil Res, J Rehabil Med, Phys Med Rehabil Clin N A, PMandR, Rehabilitation (Stuttg)</i> | REHABILITATION (with specific scientific interest) Neurological Rehab Head Injury Stroke Spinal Cord Injury Movement disorders Neurodevelopmental disorders Multiple sclerosis MUSCULOSKELETAL/RHEUMATOLOGY <i>Eur Spine J, BMC Musculoskelet Disord, Int J Rheum Dis, J Back Musculoskelet Rehabil, J Musculoskelet Neuronal Interact, Musculoskelet Sci Prac, Rheumatol Int</i> ORTHOPEDICS <i>Int J Hand Ther, Prosthet Orthot Int</i> CARDIOPULMONARY <i>Eur J Prevent Cardiol, J Cardiopulm Rehabil Prev, Respir Care</i> CANCER <i>Eur J Cancer Care, Support Care Cancer</i> PAIN <i>Clin J Pain, Eur J Pain, J Pain, J Pain Res, J Pain Symptom Manage, Pain, Pain Prac</i> AGEING <i>Age Ageing, Australas J Ageing, Eur Geriatr Med</i> BURNS/WOUNDS <i>Int Wound J</i> |
| PHYSICAL THERAPY (general) <i>Braz J Phys Ther, J Physiother, Physiotherapy, Phys Ther, Physiother Canada</i> | PHYSICAL THERAPY (with specific scientific interest) Pediatric Neurological Orthopaedic/Sports Geriatrics OCCUPATIONAL THERAPY (with specific scientific interest) Pediatric <i>Am J Speech Lang Pathol, Aphasiology, Int J Lang Commun Disord, J Commun Disord, Semin Speech Lang</i> <i>Neuropsychol Rehabil</i> <i>Rehabil Nurs</i> |
| OCCUPATIONAL THERAPY (general) <i>Aust Occup Ther J, Br J Occup Ther, Can J Occup Ther, Occup Ther Int, Scand J Occup Ther</i> | |
| SPEECH-LANGUAGE THERAPY | |
| PSYCHOLOGY | |
| NURSING | |

Due to space limitations, a complete list of journals could not have been provided. This list contains journals indexed in SCI and/or SCI-expanded and in alphabetical order in each section. Source: Web of Science Group. Master Journal List.¹⁴

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designed, and a guide for authors was prepared (Supplementary Digital Material 1: Supplementary Text File 1). The specific template we use includes comments from a rehabilitation perspective (both for clinical and research practice) which are the essence of our Cochrane Corners.

The procedures for producing Cochrane Corners are based on the selection of CSRs by the journals from a list of published Cochrane Reviews produced by the Cochrane Rehabilitation Review Committee according to specific rules.⁷ The chief editors select the desired CSRs and define the frequency of their publication. Then Cochrane Rehabilitation invites the authors and follows the review process involving (at least) one reviewer from Cochrane Rehabilitation and one from the Cochrane Review Group. Finally, the submission and publication of the Corner follow the processes of the journal.

Cochrane Corners structure

The Cochrane Corners are usually authored by a rehabilitation professional to make comments from a rehabilitation perspective. The main section reports the summary of the CSR and the last is dedicated to “clinical implication for rehabilitation professionals”. The Corner is based on the use of the qualitative statements proposed by Cochrane Norway,¹⁶ to communicate the magnitude of rehabilitation intervention effects on specific outcomes, based on the certainty of evidence. The use of qualitative statements is a good instrument to improve the applicability of evidence

to clinical practice.¹⁷ Supplementary Text File 1 includes the Cochrane Rehabilitation instructions to author Cochrane Corners.

Results

Between December 2017 and December 2019, the Publication Committee contacted 51 Editors with a proposal of a Cochrane Corner section in their journals. The journals contacted according to scientific/professional interest and the status of communications are shown in Table II. 61% of the journal editors responded to our proposal: 39% of the responders signed agreements for publishing Cochrane Rehabilitation Cochrane Corners, 35% were not interested and with 26% communications are still ongoing.

As of December 2019, the journals we signed agreements with include: *NeuroRehabilitation*, *American Journal of Physical Medicine and Rehabilitation*, *Journal of Musculoskeletal and Neuronal Interactions*, *Musculoskeletal Science and Practice*, *Journal of Rehabilitation Medicine*, *Developmental Neurorehabilitation*, *PM&R: The journal of injury, function and rehabilitation*, *Respiratory Care*, *Turkish Journal of Physical Medicine and Rehabilitation*, *Developmental Medicine and Child Neurology*, *International Journal of Rheumatic Diseases*, and *Australasian Journal on Ageing*. The *European Journal of Physical and Rehabilitation Medicine*¹¹ publishes since 2017 the so-called Cochrane Rehabilitation Corners that, like this same paper, presents all the main actions and activities performed by Cochrane Rehabilitation.^{8, 9, 11-13, 18-23}

Our “call for Authors”¹⁵ received a considerable inter-

TABLE II.—*Journal contacted and status of communications.*

| Professional/Scientific interest | Topics | N. | Outcome | | | |
|----------------------------------|------------------------------|----|-----------|------------------------|----------------------|---------------|
| | | | Agreement | Ongoing communications | Inability to respond | To be excused |
| | Rehabilitation/PRM (general) | 12 | 4 | 3 | 4 | 1 |
| | Rehabilitation (specific) | | | | | |
| | Neurorehab | 6 | 3 | 1 | 2 | 0 |
| | Musculoskeletal/Rheumatology | 7 | 3 | 1 | 2 | 1 |
| | Orthopedics | 2 | 0 | 0 | 2 | 0 |
| | Cardiopulmonary | 2 | 1 | 0 | 0 | 1 |
| | Cancer | 3 | 0 | 0 | 2 | 1 |
| | Pain | 7 | 0 | 0 | 3 | 4 |
| | Ageing | 3 | 1 | 1 | 0 | 1 |
| | Burns/Wounds | 1 | 0 | 0 | 0 | 1 |
| | Physical therapy (general) | 2 | 0 | 0 | 1 | 1 |
| | Physical therapy | | | | | |
| | Geriatric | 1 | 0 | 0 | 1 | 0 |
| | Orthopedic | 1 | 0 | 1 | 0 | 0 |
| | Pediatric | 1 | 0 | 0 | 1 | 0 |
| | Occupational therapy | 2 | 0 | 1 | 1 | 0 |
| | Speech-language therapy | 1 | 0 | 0 | 1 | 0 |
| | Total | 51 | 12 | 8 | 20 | 11 |

TABLE III.—Cochrane Corners status and topics according to the journal.

| Journals | Cochrane Corners | | | Topics |
|--|------------------|----------------|-----------|--|
| | Published | Ahead of Print | Submitted | |
| <i>NeuroRehabilitation</i> | 8 | 1 | 2 | <i>Traumatic brain injury, spasticity, stroke, neuropathic pain, chronic inflammatory demyelinating polyradiculoneuropathy, children with non-progressive motor disorders, multiple sclerosis, dystonia.</i> |
| <i>American Journal of Physical Medicine and Rehabilitation</i> | 6 | 1 | 1 | <i>Migraine, fibromyalgia, stroke, chronic pain, osteoporotic vertebral compression fracture, deep vein thrombosis, urinary incontinence, pressure ulcers.</i> |
| <i>Journal of Musculoskeletal and Neuronal Interactions</i> | 5 | 0 | 0 | <i>Fibromyalgia, fall prevention.</i> |
| <i>Musculoskeletal Science and Practice</i> | 5 | 1 | 0 | <i>Hip and knee osteoarthritis, low back pain, patellofemoral pain syndrome, work-related musculoskeletal disorders, ergonomic interventions.</i> |
| <i>Developmental Neurorehabilitation</i> | 0 | 0 | 2 | <i>Shared decision making, anxiety and depression in children and adolescents.</i> |
| <i>Journal of Rehabilitation Medicine</i> | 2 | 0 | 0 | <i>Chronic non-cancer pain, intensive care unit (ICU) survivors.</i> |
| <i>PMandR: The journal of injury, function, and rehabilitation</i> | 1 | 1 | 0 | <i>Neuropathic pain, pressure ulcers.</i> |
| <i>Turkish Journal of Physical Medicine and Rehabilitation</i> | 1 | 0 | 0 | <i>Return to work for coronary heart disease.</i> |
| <i>Developmental Medicine and Child Neurology</i> | 0 | 2 | 2 | <i>Cerebral palsy, developmental co-ordination disorder, acute respiratory failure in neuromuscular disease and chest wall disorders, Tourette's syndrome.</i> |
| Total | 28 | 6 | 7 | |

est within our community with many rehabilitation professionals in diverse areas volunteering to author Cochrane Corners.

We also contributed to Editorials as introductory articles for the launch of Cochrane Corners in some journals.^{24, 25}

As of December 2019, we ended up with the publication of 34 Cochrane Corners,²⁶⁻⁵⁹ in print or ahead of print, whereas 7 additional Cochrane Corners have been submitted to the journals and will be published soon. The diverse topics discussed in Cochrane Corners, for which we communicated clinical implications of Cochrane evidence for practice in rehabilitation, using qualitative statements for different combinations of the magnitude of effect and the certainty of evidence,⁶⁰ are reported in Table III.

Discussion

It was an important challenge for Cochrane Rehabilitation to contribute to Cochrane KT efforts *via* Cochrane Corners. The journal editors' interest in Cochrane Corners showed the perceived need of evidence among the rehabilitation community but was encouraging for the future of evidence-based rehabilitation practice.⁶ The use of qualitative statements, as proposed by Cochrane Norway,¹⁶ is useful albeit difficult, but we think it can improve the applicability of evidence in rehabilitation practice. It provides to rehabilitation professionals a “short form” of the best available evidence in their clinical work.

In the perspective of Cochrane Rehabilitation this initiative provided a significant opportunity to communicate with members of other groups within Cochrane as well as with journal editors.

The impact of Cochrane Corners on the readers will need to be evaluated in the future. The ideal indicator would be the use of Cochrane evidence by rehabilitation professionals as well as its impact on patient-centred outcomes. Currently we have no instruments to measure these outcomes.

Cochrane Rehabilitation is continuing with dedicated efforts for the publication of Cochrane Corners in an extended number of rehabilitation relevant journals.

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