
Organization and activities of Cochrane Rehabilitation

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Cochrane Rehabilitation (CR) is a worldwide network with a well-structured organization. Its aim is to act as a bridge between Cochrane and Rehabilitation stakeholders by systematically identifying and disseminating evidence from Cochrane to rehabilitation providers, policy makers, and patients while improving the quality, quantity and relevance of Cochrane's work from a rehabilitation perspective. Another objective is to improve the methods for evidence synthesis, and to make them compatible with the needs of people with disabilities and daily clinical rehabilitation practice.

CR is a network of individuals, coming from all continents. Currently, 294 people from 52 countries are part of the network. The organization includes:

- Director: responsible for the Knowledge Translation (KT) strategy
- Coordinator: ensures the implementation of the networking strategy, and coordinates the activities
- Executive Committee: chairs of Committees and representatives of Professionals and Low and Middle Income Countries; treasurer
- Advisory Board: 35 opinion leaders and representatives of international stakeholders.

The Communication Committee produced the website (www.rehabilitation.cochrane.org), Newsletter (370 subscribers), YouTube pages, and blogshots to disseminate the Cochrane Evidence in Rehabilitation (4 blogshots) using social media (1316 Facebook and 742 Twitter followers).

The Publication Committee links CR to national and international scientific journals and is preparing Cochrane Corners in rehabilitation. The Education Committee provides courses on evidence and CR: 4 Workshops and 10 Meeting Presentations have been realized worldwide. The Reviews Committee selects Cochrane Reviews for CR: it has developed and tested a systematic search strategy and is providing material for the other Committees. The Methodology Committee aims to improve methods of evidence production in CR:

it has produced a first survey that showed the problems due to characteristics of rehabilitation (e.g. for blinding, interventions...), RCT study design, lack of existing "standard care", Cochrane Reviews methodology, and Cochrane Review Groups strategies. A second survey has shown the most important topics to work on in the Committee. Both surveys support the crucial role of CR to drive evidence and methods developed by Cochrane to the world of Rehabilitation but also to convey priorities, needs and specificities of Rehabilitation to Cochrane.

Keywords: Cochrane Rehabilitation, organization, communication, methodology, publication, education