

Rehabilitation and Cochrane: a difficult relationship

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Abstract

In rehabilitation world, there is wide-spread diffidence towards Cochrane reviews (CRs) and their results. One aim of Cochrane Rehabilitation (CRF) is to change this attitude while increasing quantity and quality of CRs in the field. To better understand this situation and find a way to solve it, we performed a short survey among CR authors who joined CRF.

The reported problems can be grouped as follows:

- Rehabilitation interventions are complex, difficult to standardise, with different components and contents; lack of existing "standard care"
- RCTs are complex; often lacking because unfeasible for some clinical questions
- CRs: impossibility to include alternative designs, evidence systematically downgraded due to unavoidable characteristics of rehabilitation (e.g. lack of blinding)
- Cochrane Review Groups (CRGs): reduced interest leading to low priority, and difficulty to find the appropriate CRG for rehabilitation interventions

These problems are believed to make it difficult to perform CRs on the one hand, on the other to have them accepted by CRGs. There is a perception of frustration and difficulty in working with Cochrane. Nevertheless, there is agreement that Cochrane provides an essential role in evidence-based rehabilitation. Moreover, responders believed that, despite the problems, their published CRs have been useful for the world of clinical rehabilitation. It was also recognised that the problems with conducting CR in rehabilitation are common to other fields where complex interventions are proposed.

Possible solutions included:

- the development of CRF, perceived as a relevant effort
- present good arguments for, or develop, different approaches or guidelines or methodologies about how to do robust reviews (and conduct robust studies) in rehabilitation
- introduction of observational effectiveness study designs in rehabilitation CRs

This survey confirmed the existence of problems for CRs in rehabilitation; they are mainly, but not only, methodological and there is a clear need for CRF to work to solve these problems.