



## Systematic Reviews of Physical and Rehabilitation Medicine Cochrane Contents. Introduction

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The Cochrane Collaboration produces and disseminates systematic reviews of healthcare interventions and promotes the search for the best evidence of intervention effectiveness based on clinical trials and other studies. The Cochrane Collaboration was founded in 1993 and named after the British epidemiologist, Sir Archie Cochrane.<sup>1</sup> Reviewers are mostly volunteers who work in one of the many Cochrane Review Groups; editorial teams oversee the preparation and maintenance of the reviews, as well as the application of rigorous quality standards for which the Cochrane reviews have become known. The major product of the Collaboration is the Cochrane Database of Systematic Reviews, which publishes the reviews as soon as they are ready. An Open Access model is envisaged by the Collaboration but is presently applied for new reviews with a one-year delay.

The Cochrane reviews identify an intervention for a specific disease or other problem in health care and determine whether or not this intervention works. Cochrane systematic reviews differ from other types of review in that they adhere to a strict design in order to make them more comprehensive, thus minimizing the chance of bias and ensuring their reliability. They summarize conclusions about effectiveness and provide a unique collation of the known evidence on a given topic, so that others can easily review the primary studies for any intervention.<sup>1</sup>

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Since 2007 the European Journal of Physical and Rehabilitation Medicine (EJPRM) has systematically reviewed the physical and rehabilitation medicine (PRM) contents of the Cochrane Collaboration.<sup>1-17</sup> But because there is no PRM-specific Cochrane Group (there being only a field),<sup>1</sup> the almost 200 reviews of PRM interest<sup>1, 17</sup> are scattered among the different Cochrane Groups, so that PRM physicians need to individually search the Cochrane reviews to find articles of potential interest. Now, to make the current best evidence readily available to PRM doctors, while offering general overviews for readers, the EJPRM offers this valuable service.

Following on publication of the first paper that introduced the Cochrane Collaboration and gave an overall view of its PRM contents,<sup>1</sup> systematic continuous updates have appeared regularly.<sup>2-17</sup> At the same time, Cochrane reviews have been published also in the EJPRM.<sup>18-24</sup> What we now want to do is group the PRM contents of the Cochrane Database of Systematic Reviews and offer a critical view on specific topics. To do this, we have planned a series of papers for publication in six consecutive issues of the EJPRM to complete the entire overview of the PRM contents of the Cochrane Collaboration. The PRM topics are:

— disabilities due to spinal diseases or pain syndromes in adults;

- other musculoskeletal disabilities;
- disabilities due to stroke and traumatic brain injury;
- other neurological disabilities;
- cardiorespiratory and internal disabilities;
- pediatric disabilities.

The aims of this series of papers are to bring together the PRM contents scattered across the Cochrane Groups of Interest, to present readers with the currently strongest evidence in the PRM literature, and to offer new ideas for reviews and research in neglected areas of PRM.

Each paper will be organized in a format similar to other systematic reviews, with an introduction delineating the importance of the problem and the classical material and methods section. The results section will report the numerical data of the search and the current contents of the retrieved Cochrane Reviews. The discussion will examine best evidence gleaned from the Cochrane reviews and present directions for future research.

This series will also be made available to other readers in a specific issue to be published by *Minerva Medica* in June 2014. The issue will contain all six papers appearing in the series, together with other material (specific tables with the details of the contents of the included Cochrane Reviews) that cannot be published in the EJPRM due to space constraints.

We are certain that our readers will appreciate this initiative. It will contribute to the growth of evidence-based PRM clinical practice, which is ultimate goal of the EJPRM.

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*Conflicts of interest.*—The authors certify that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript.