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Cochrane Corners to Enhance Access to Evidence-Based Physiatry (EBP)

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Introduction:

How do physiatrists make day-to-day decisions about patient treatments and management? In modern medicine, high-quality care is the result of careful integration of the best available medical evidence with the clinician's own expertise and patient values. But how do physiatrists get rapid, up-to-date access to actionable, on-topic evidence? Scientific and technological advances are driving an exponentially growing body of medical literature, making it challenging for practicing physicians to extract the most relevant Evidence-Based Physiatry (EBP) from a complex research landscape. As a result, the translation of scientific knowledge into clinical practice is often delayed and not consistently achieved.

To fill this gap, several medical societies and professional organizations have started to focus on Knowledge Translation (KT), broadly defined as the process of moving what we learned through research to the application of such knowledge in a variety of practice settings. As an example, our Journal launched the monthly section Evidence-Based Physiatry (EBP) in July 2017 with the goal of disseminating information about current rehabilitation-relevant issues (full-text articles are freely available on the Journal's website at <https://journals.lww.com/ajpmr/Pages/collectiondetails.aspx?TopicalCollectionId=10>) (1). The EBP section provides concise summaries of evidence-based topics that matter to practicing physiatrists, from low back pain to concussion and pediatric rehabilitation. The format is intentionally easy to digest and includes key "take home" messages that can be readily applied to clinical practice.

To further enhance this effort, we are pleased to partner with Cochrane Rehabilitation (2). Cochrane is a leader in Evidence-Based Medicine in all fields of Medicine and, for the past 20 years, has worked to gather and summarize the best evidence from research. Cochrane Rehabilitation was established in 2016 within the larger Cochrane organization with the goal of presenting and disseminating Cochrane reviews of rehabilitation interest. To achieve these

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goals, Cochrane Rehabilitation publishes “Cochrane Corners” in selected rehabilitation journals. The Corners are systematic presentations of Cochrane library contents that can be easily accessed and understood and are relevant for the practice of physiatry. Topics are selected by editors at the AJPM&R from a list of previously-published Cochrane reviews that is updated on a regular basis. Corners are drafted by Cochrane Rehabilitation authors and are reviewed and approved by the Cochrane Review Group that generated the original review prior to submission to the Journal. You will find the first AJPM&R Cochrane Corner in this issue in the section Evidence-Based Physiatry. We are delighted to support Cochrane Rehabilitation’s mission to enhance Knowledge Translation and are confident that our readership will find these articles useful and applicable.

References

1. Frontera WR Evidence-based physiatry and social media: two new sections. *Am J Phys Med Rehabil* 2018;97:465–466. [PubMed: 29916901]
2. Kiekens C, Negrini S, Thomson D, Frontera WR Cochrane Physical and Rehabilitation Medicine: current state of development and next steps. *Am J Phys Med Rehabil* 2016;95: 235–238. [PubMed: 26987100]