Introducing the Cochrane Rehabilitation, Functioning, and Disability Thematic Group: Enhancing the Evidence Base in Rehabilitation

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In an era shaped by the growing burden of chronic conditions, complex multimorbidity, and glaring health inequities, the demand for robust, relevant, and responsive evidence has never been greater. Rehabilitation, as a strategy and service, occupies a vital place along the continuum of care – enhancing function, promoting participation, and improving quality of life for over 2.6 billion individuals worldwide [1]. Yet, synthesising and disseminating quality evidence to inform rehabilitation practice and policy remains challenging. Today, we are proud to introduce a significant evolution in this ongoing endeavour: Cochrane Rehabilitation, Functioning, and Disability, a new Thematic Group within the global Cochrane network, with an expanded mandate to integrate and amplify evidence relating to functioning and disability alongside rehabilitation [2].

From field to thematic group: an expanded vision and mandate

Cochrane Rehabilitation was born as a Cochrane Field in 2016, to address a pressing gap: rehabilitation evidence, broadly dispersed and fragmented across numerous health conditions and research disciplines, required centralised stewardship. The aim was to connect stakeholders – clinicians, researchers, policymakers, and patients – and to mobilise evidence-based practice in rehabilitation globally.

After eight years of valuable work as a Field, the evolution into a Thematic Group represents a strategic broadening and deepening of this role. Thematic Groups have been developed by Cochrane to reorganise its multiple entities (like Review Groups and Fields) into larger and stronger entities, with expanded remits and larger impact. Now renamed Cochrane Rehabilitation, Functioning, and Disability (abbreviated as CochraneRehab), the group involves 16 Units worldwide, including the Global South, and explicitly includes the complementary domains of functioning and disability. This expansion reflects growing recognition – shared by organisations such as the World Health Organisation (WHO) – that these areas are inseparable elements of health and wellbeing, critical for person-centred clinical care, service delivery, and policy.

Functioning is increasingly recognised as the third key health indicator alongside mortality and morbidity. It embodies the lived experience of health, covering body functions and structures, activities, and participation. Integration of functioning into evidence syntheses emphasises outcomes that matter most to patients and society. Disability addresses barriers faced by individuals living with long-term impairments, illuminating persistent inequities in access, inclusion, and health outcomes. The global burden of disability is extensive and often hidden beneath traditional disease-focused lenses, calling for equity-centred research and synthesis. Rehabilitation continues as the foundational pillar, focused on optimising functioning and participation through interventions delivered across acute, post-acute, and long-term care settings [3]. By unifying these pillars within one thematic group, CochraneRehab is positioned to meet the evolving needs of health systems and patients worldwide – advancing a comprehensive and integrated approach to evidence generation and translation.

The imperative of evidence-based practice in rehabilitation

The evidence base for rehabilitation interventions, health policies, and service models has expanded exponentially over recent decades. For example, as of early 2024, PubMed indexes over 880,000 articles for "rehabilitation". While this growth provides unprecedented opportunities, it also burdens clinicians and decision-makers who must filter vast, heterogeneous literature under time constraints. Systematic reviews and meta-analyses, particularly those produced under the rigorous Cochrane methodology, globally recognised as the gold standard, provide indispensable syntheses of randomised controlled trials (RCTs) and other data sources, furnishing trusted summaries that underpin evidence-based clinical decisions. The Cochrane Collaboration, established in 1993 and named after epidemiologist Archibald, Leman Cochrane, has for decades championed transparency, methodological rigour, and the avoidance of conflicts of interest to uphold the highest standards in evidence synthesis. The evolution of Cochrane itself has mirrored the complexity of health research with the creation of the new Thematic Groups, addressing chronic conditions, methodologies, and thematic priorities aligned with global health challenges. CochraneRehab's transformation into a thematic group fits within this broader change.

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Addressing the complexity and equity challenges of rehabilitation research

Rehabilitation research faces unique methodological challenges stemming from its inherent complexity (3). Unlike many pharmaceuticals, rehabilitation interventions often involve multifaceted, context-dependent therapies that integrate biological, psychological, and social dimensions. This requires innovation beyond traditional RCT paradigms toward study designs like single-case experimental designs, target trial emulations, and health policy and systems research (HPSR). CochraneRehab is at the forefront of methodological advancement in this space. It launched the RCTRACK project, developing tailored reporting guidelines to improve trial transparency in rehabilitation, and GUIDE-Rehab to describe rehabilitation interventions more precisely. These initiatives pave the way for more meaningful data synthesis and facilitate replication, uptake, and guideline development. Furthermore, disability and access inequities increasingly demand attention within research and evidence synthesis. CochraneRehab places a strong focus on health equity, promoting the inclusion of people with disabilities in research design, measurement, and dissemination. It actively foregrounds the needs and perspectives of low- and middle-income countries (LMICs), reflecting the ethical imperative to reduce global disparities.

Knowledge translation: bridging evidence and practice

Generating meaningful rehabilitation-related evidence is only half the battle. Knowledge translation (KT) – the process of synthesising, disseminating, exchanging, and applying knowledge ethically and effectively – is essential to close the "know-do gap." CochraneRehab has developed robust KT efforts tailored to diverse audiences, including clinicians, students, managers, policymakers, and patients. More than 150 accessible "blogshots" summarising Cochrane systematic reviews are available in 15 languages, a resource that promotes equity by overcoming language barriers. The recent eBook distils nearly 180 systematic reviews into plain-language summaries, further enhancing usability across professional backgrounds. Meanwhile, Cochrane Corners published in partner journals and multiple social media platforms serve to reach wider audiences rapidly. Looking forward, expanding digital engagement through podcasts, webinars, and interactive platforms offers promising ways to broaden reach and impact. These efforts emphasise not only dissemination but also authentic engagement with stakeholders, ensuring that evidence synthesis responds pragmatically to real-world needs.

Partnership and global impact: collaborations with WHO and beyond

Cochrane Rehabilitation has built strong collaborations with key partners. Notably, its longstanding relationship with the WHO has produced major contributions such as the evidence synthesis underpinning the WHO Package of Interventions for Rehabilitation (WHO-PIR). This package identifies prioritised, evidence-based rehabilitation interventions for 20 health conditions across neurological, musculoskeletal, cardiopulmonary, and mental health domains, among others. WHO-PIR guides policymakers and health systems in defining minimum standards of rehabilitation care—a critical global milestone. Other collaborations include partnerships with major organisations like the Joanna Briggs Institute, the Campbell Collaboration, and scientific and professional rehabilitation societies worldwide, fostering international harmonisation of research and policy priorities. Our intervention during the last JFK in Montpellier during the national congress of the Société Française de Physiothérapie illustrates that. CochraneRehab's global footprint is reinforced by 16 active Units across nine countries on five continents, including targeted presence in LMICs such as Jordan and Colombia. This decentralised model supports contextualised evidence synthesis and prioritisation responsive to diverse health systems and population needs.

Strategic priorities: a blueprint for the future

Looking ahead, CochraneRehab has articulated a strategic agenda centred around four priorities:

1. Enhanced evidence synthesis and methodological innovation

Building on current strengths, the Group will develop prioritised calls for new systematic reviews, including living overviews using advanced mapping methods [4]. Key focus areas will include chronic diseases, multimorbidity, and complex biopsychosocial interventions, with a firm grounding in functioning and disability frameworks. Methodological research will continue apace to refine study designs and outcome measurement. Of note, four upcoming Cochrane overviews will synthesise health policy and systems research related to rehabilitation. This work responds directly to the 2023 World Health Assembly's Resolution on "Strengthening Rehabilitation in Health Systems," examining delivery, financing, governance, and implementation—pillars essential to scaling quality rehabilitation services worldwide [5].

2. Expanding knowledge translation and dissemination

Future efforts will expand multilingual resources, digital innovations, and user-friendly evidence summaries for clinicians, consumers, and policymakers. By tailoring outputs to diverse audiences, CochraneRehab seeks to reduce the gap between evidence generation and its practical application.

3. Strengthening the global network and collaboration

Leveraging the multi-unit model, the Group aims to deepen partnerships with WHO initiatives such as Rehabilitation 2030, the World Rehabilitation Alliance, and the recently launched WHO Disability Health Equity Network fostering alignment with global health goals. Priority-setting exercises will incorporate the voices of stakeholders in LMICs, ensuring equity and relevance in research agendas.

4. Improving governance and accountability

A newly established governance structure includes a Thematic Group Director, a Board of Chairs representing individual Units, and an Advisory Board incorporating clinical, methodological, and consumer expertise. Transparent reporting and regular review cycles will safeguard quality and strategic coherence within Cochrane's global mission.

Conclusion: Toward Inclusive Evidence-Informed Rehabilitation and Health

The transformation of Cochrane Rehabilitation into Cochrane Rehabilitation, Functioning, and Disability embodies a bold, integrative approach to meet the pressing health challenges of the 21st century. It signals a shift from compartmentalised, condition-focused evidence toward a multidimensional perspective that values functioning as a key health outcome, embraces the diversity and rights of persons with disabilities, and sustains rehabilitation as a vital connector. The vision is clear: by harnessing methodological innovation, global partnerships, and inclusive stakeholder engagement, CochraneRehab will ensure that decisions in clinical practice, policy, and service design are informed by the best available evidence—presented in accessible, relevant ways that reflect lived experiences and cultural contexts. As this new Thematic Group embarks on its journey, it calls on the European and global rehabilitation community—researchers, clinicians, patients, and policymakers alike—to collaborate, share expertise, and champion the integration of functioning and disability into the evidence ecosystem. Together, we can accelerate

progress toward equitable, effective rehabilitation services and improved health for all.

Competing Interest

The authors declare to have no competing interests regarding the content of the editorial.

Use of Generative AI and AI-assisted technologies in the writing process'

During the preparation of this work the authors used the OpenAI's GPT-4 model in order to improve the writing style, without adding any content generated by AI. After using this tool/service, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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