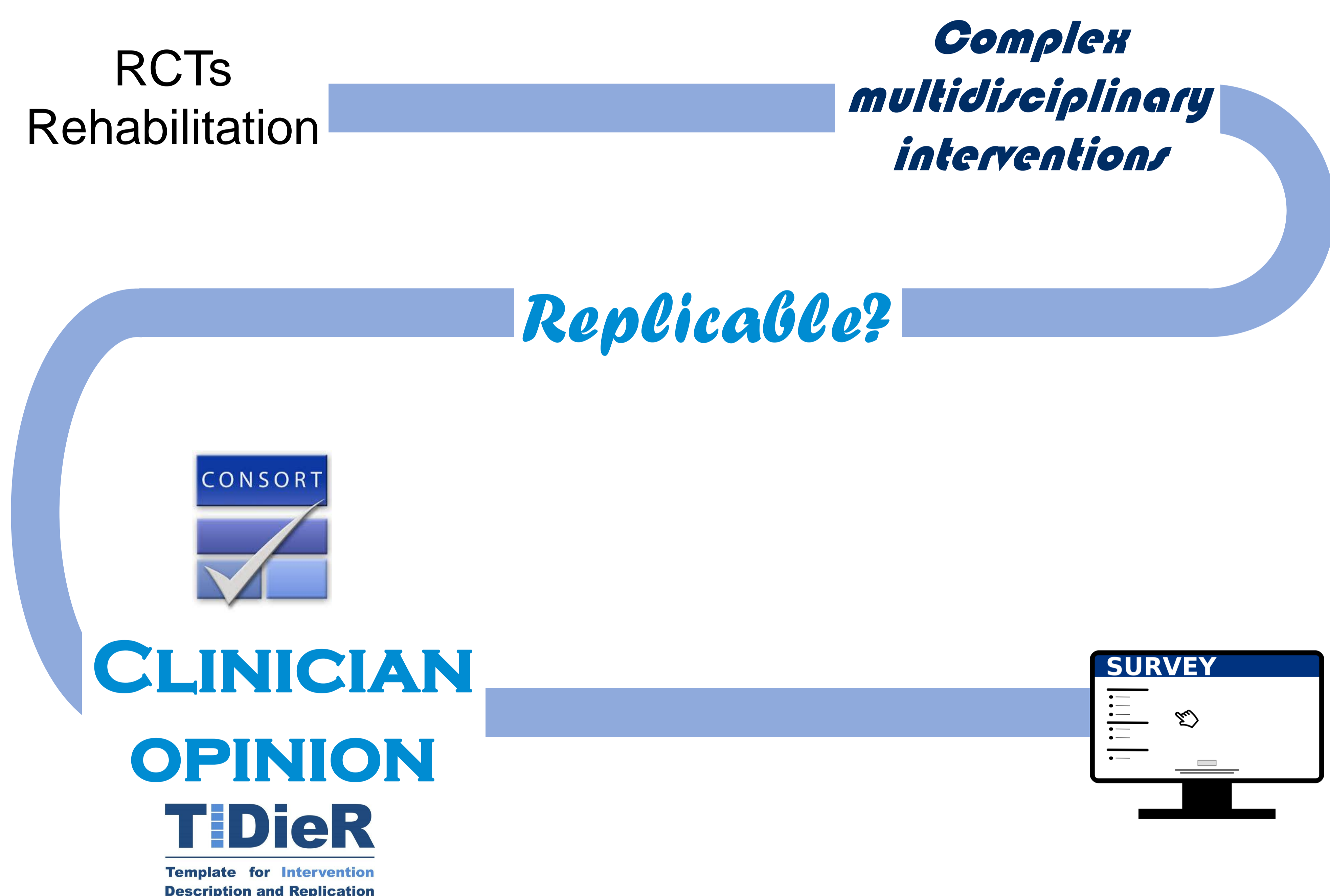


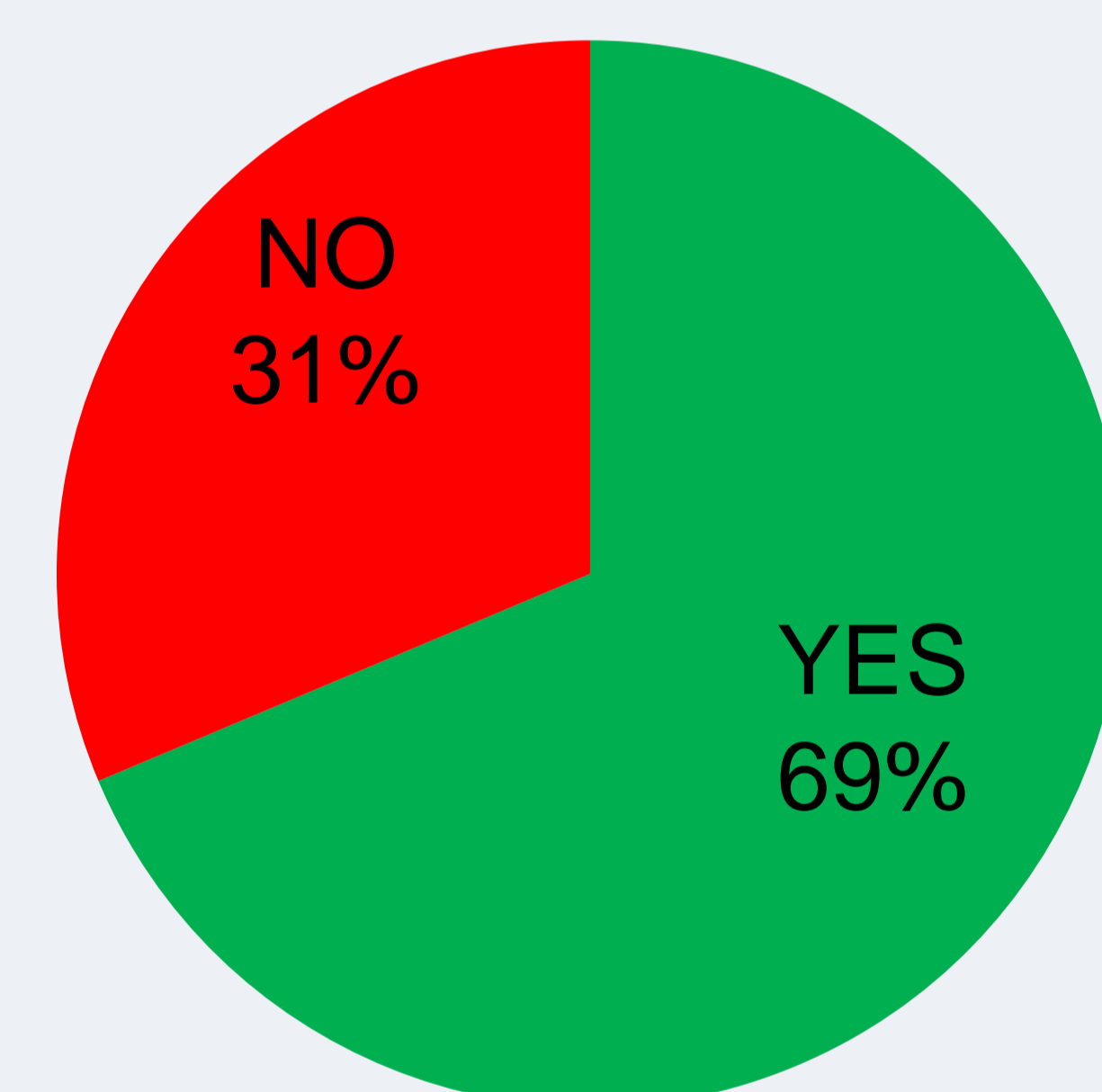
There are problems in the clinical replicability of complex rehabilitation interventions in RCTs and there is a need to better focus the clinical items not described by classical methodological checklists.

Background



| Profession | Number |
|---|--------|
| Physical and Rehabilitation Medicine physicians | 20 |
| Physiotherapists | 12 |
| Occupational Therapists | 6 |
| Rehabilitation psychologists | 6 |
| Others | 3 |

Enough information to replicate the intervention?



Methods

Design. Survey on a pre-defined sample of PRM clinical expert teams representative of the different areas of the world and of different clinical competences.

Participants. 47 rehabilitation clinicians from 7 teams.

Methods. All RCTs published between July and December 2016 in the main PRM journals (77 RCTs.) have been submitted to each participant that was asked to fill in a questionnaire per study.

Main outcome measurements. The survey, consisting of 14 questions, was developed from CONSORT and TIDieR checklists through consensus and piloting. The rate of agreement has been verified.

Key results

- Included RCTs were finally considered not replicable in clinics by 31% of participants;
- 53% of the studies have been considered replicable by all teams, while in 23% of cases all the team considered it not replicable;
- In no cases one single RCT was considered not replicable by all teams.

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Complex interventions require description beyond methodological items to allow clinical replicability: the REREP study of RCTs in rehabilitation

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