

# Comparison of the Efficacy of Different Traditional Chinese Exercises in the Treatment of Chronic Non-Specific Low Back Pain: A Bayesian Network Meta- Analysis [Response to Letter]

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## Dear editor

We sincerely thank the reviewers for their thorough review of our paper<sup>1</sup> and for their valuable suggestions. We also appreciate the opportunity to respond to their comments. Below, we provide point-by-point responses to the key issues raised. Our responses are addressed as follows:

## Regarding Critical Logical and Methodological Flaws in the Statistical Outcome Ranking

We sincerely thank the reviewer for pointing out this critical error. We fully acknowledge the concern regarding the data inconsistency in the SUCRA rankings. After carefully re-examining the raw data and analysis process, we confirmed that during the compilation of Table 2, an operational oversight led to the incorrect entry of the SUCRA rank for “Baduanjin” as “20”. In reality, the total number of interventions included in the analysis was only 12, and the correct rank should be “8”. This basic error indeed compromised the rigor and clarity of the tabular data. There was a lapse in our team’s data verification and table review procedures prior to submission. We sincerely apologize for this oversight.

## Regarding the Typographical Error in the Discussion Section

During the writing process, the initial draft was composed in Chinese by a non-native English speaker. Abbreviations were used when describing both transcranial electrical stimulation therapies and traditional Chinese exercise therapies. The Chinese draft was then translated into English using machine translation software. A software error in recognizing terminology abbreviations resulted in the incorrect replacement of “traditional Chinese exercise therapies” with “transcranial electrical stimulation therapies” in the text. During the subsequent manual proofreading of the translation, this issue was identified and most instances were corrected. However, it is with great regret that this particular error was overlooked. We deeply apologize for this oversight. We will take this as a serious lesson and implement stricter quality control measures for manuscript preparation in our future research and writing.

## Regarding the Issue of the Key Element “Exercise Intensity” not Being Incorporated into the Analysis

Regarding the point raised by the reviewer, we also considered incorporating the key element of “exercise intensity” into our analysis during the research process. However, due to several difficulties, this was ultimately not feasible. The main reasons are as follows:

- (1) Lack of reported detailed intensity parameters in some original studies: It was impossible to accurately derive precise intensity measures from the limited information reported in some studies. As we could not contact the original authors to obtain raw data, incorporating “exercise intensity” into a meta-regression would have relied largely on reference values from the literature rather than the actual intensities used in each study. This would disconnect the analysis from the original data and could introduce bias.
- (2) Significant heterogeneity in the implementation of interventions: The intensity of the same traditional Chinese exercise can vary considerably across different schools and practice styles. Moreover, the frequency, session duration, and total intervention period differed among studies, leading to wide variation in cumulative dose even for the same type of exercise. Given these constraints, even if we attempted intensity stratification, the reliability of the classification criteria would be difficult to ensure.

We appreciate this valuable suggestion. As more high-quality literature in this field becomes available, our team will refine our approach in subsequent research.

## Disclosure

The authors report no conflicts of interest in this communication.

## Reference

1. Huang M, Liu H, Zeng L, Chen J. Comparison of the efficacy of different traditional Chinese exercises in the treatment of chronic non-specific low back pain: a bayesian network meta-analysis. *J Pain Res.* 2026;19:590557. PMID: 41804330; PMCID: PMC12967548. doi:10.2147/JPR.S590557

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