

Effects of Hip Joint Motion-Style Acupuncture Treatment in Patients with Acute Radiating Leg Symptoms After Traffic Accidents: A Pilot Pragmatic Randomized Controlled Trial [Letter]

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Dear editor

We have carefully read the article published in your journal entitled “Effects of Hip Joint Motion-Style Acupuncture Treatment in Patients with Acute Radiating Leg Symptoms After Traffic Accidents: A Pilot Pragmatic Randomized Controlled Trial”.¹ The authors have conducted an exploratory study on the use of motion-style acupuncture treatment (MSAT) in patients with acute radiating leg pain, providing valuable data on the efficacy of MSAT and offering new therapeutic insights for early pain relief in this patient population. However, we have noted several issues that may have influenced the study results and wish to discuss these with the authors with a view to enhancing the reliability of the research.

Firstly, the MSAT technique involves inducing active or passive movement of the acupuncture sites following conventional acupuncture.² However, whilst patients in the experimental group received MSAT treatment, those in the control group did not undergo acupuncture at sites such as the piriformis, gluteus medius and quadratus lumborum muscles. Consequently, the difference in treatment outcomes between the two groups cannot rule out the influence of acupuncture on the gluteal and lumbar muscles; this constitutes an additional confounding factor between the groups, which may have amplified the efficacy of MSAT.³ It is recommended that future studies include a subgroup receiving acupuncture to the gluteal and lumbar muscles in addition to IKMT treatment.

Secondly, in the experiment, the selection of acupoints and the administration of treatment were determined independently by the practitioners based on the patients' symptoms and palpation findings. The manuscript does not provide details regarding all the practitioners involved; differences in their levels of experience, acupoint selection habits and clinical reasoning may exist, which could lead to a lack of standardisation in the implementation of the intervention. Furthermore, whilst palpation of acupoints can provide some indication of the therapeutic effect following acupuncture, different acupoints possess specific therapeutic effects. Relying solely on palpation results to select acupoints may overlook the inherent therapeutic effects of certain points (such as BL23, BL24 and BL25 mentioned in the text). All of these factors introduce a risk of bias.

The aim of this study was to investigate the short-term efficacy of early MSAT intervention. Previous findings have also indicated that MSAT treatment produces significant effects within a short period of time,⁴ with efficacy potentially peaking rapidly. However, in the experimental group, MSAT treatment was administered only on days 2, 3 and 4 of hospitalisation, whilst the primary outcome measure was assessed on day 5. This may have resulted in missing the optimal window for measuring efficacy, thereby limiting the ability to determine the true time-effect curve for MSAT.



Last, although MSAT therapy is a relatively safe treatment, its specific clinical delivery method carries a risk of minor haematomas or bleeding.⁵ However, the study reports only one case of an unrelated adverse event—an upper respiratory tract infection. The safety monitoring findings, which indicate zero related adverse events, are surprising. This may be attributable to inadequate safety monitoring in the study.

In conclusion, we are deeply grateful to Xi et al for their contributions. This study provides a vital evidence base for the inclusion of MSAT in the early management of acute radiating leg pain. We hope that future, more comprehensive and larger-scale RCTs will take full account of the impact of the aforementioned factors on trial outcomes, and we look forward to further contributions from the authors in this field.

Disclosure

The authors declare no conflicts of interest in this communication.

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