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hand osteoarthritis

Arthrose de la main : évaluation de l'acupuncture

1. Revues sytématiques et méta-analyses

1.1. Generic Acupuncture

1.1.1. Ye 2011 Ø

Ye L, Kalichman L, Spittle A, Dobson F, Bennell K. Effects of rehabilitative interventions on pain, function and physical impairments in people with hand osteoarthritis: a systematic review. Arthritis Res Ther. 2011;13(1):R28. [156118].

Introduction	Hand osteoarthritis (OA) is associated with pain, reduced grip strength, loss of range of motion and joint stiffness leading to impaired hand function and difficulty with daily activities. The effectiveness of different rehabilitation interventions on specific treatment goals has not yet been fully explored. The objective of this systematic review is to provide evidence based knowledge on the treatment effects of different rehabilitation interventions for specific treatment goals for hand OA.
Methods	A computerized literature search of Medline, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), ISI Web of Science, the Physiotherapy Evidence Database (PEDro) and SCOPUS was performed. Evidence level 2b or higher studies that compared a rehabilitation intervention with a control group and assessed at least one of the following outcome measures: pain, physical hand function or other measures of hand impairment, were included. The eligibility and methodological quality of trials were systematically assessed by two independent reviewers using the PEDro scale. Treatment effects were calculated using standardized mean difference and 95% confidence intervals.
Results	Ten studies were included, of which six were of higher-quality (PEDro score>6). The rehabilitation techniques reviewed included three studies on exercise, two studies each on laser and heat, and **one study each on splints, massage and acupuncture**. One higher quality trial showed a large positive effect of 12-months use of a night splint on hand pain, function, strength and range of motion. Exercise had no effect on hand pain or function although it may be able to improve hand strength. Low level laser therapy may be useful to improving range of motion. No rehabilitation interventions were found to improve stiffness.
Conclusions	**There is emerging high quality evidence to support that rehabilitation interventions can offer significant benefits to individuals with hand OA.** A summary of the higher quality evidence is provided to assist with clinical decision making based on current evidence. Further high-quality research is needed concerning the effects of rehabilitation interventions on specific treatment goals for hand OA.

Acupuncture	[**The single trial of acupuncture did not support its use for hand OA for pain and function,** but no detail was provided about the treatment dosage, including the acupuncture points, used. This lack of effect of acupuncture is consistent with findings of a recent systematic review of acupuncture for all OA; the review showed that, while there were statistically significant benefits in sham-controlled trials, the benefits were small, did not meet predefined thresholds for clinical relevance, and were possibly due at least partially to placebo effects from incomplete blinding.]

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation, (or lack of evidence)

2.1. Société Française de Rhumatologie, Société Française de Médecine Physique et Réadaptation (SFR, SOFMER, France) 2026 Ø

Courties A, Daste C, Homs AF, Kouki I, Alliot-Launois F, Bialé L, Cailleaux PE, Cambon A, Chapurlat R, Chammas M, Cormier G, Fabre MC, Gaud-Listrat V, Latourte A, Lopez A, Maheu E, Nayral N, Rannou F, Rat AC, Rören A, Roux CH, Mathieu S, Nguyen C, Pers YM, Sellam J. French Societies of Rheumatology and of Physical and Rehabilitation Medicine recommendations for the management of people living with hand osteoarthritis. Joint Bone Spine. 2026 Mar;93(2):106000. https://doi.org/10.1016/j.jbspin.2025.106000

In complementary approaches, local heat application may be considered for shortterm analgesic effects. Electromagnetic waves, laser therapy, **acupuncture**, or kinesiotaping should not be recommended.

References cited:

1. Barnard A, Jansen V, Swindells MG, Arundell M, Burke FD. A randomized controlled trial of real versus sham acupuncture for basal thumb joint arthritis. J Hand Surg Eur Vol. 2020 Jun;45(5):488-494. https://doi.org/10.1177/1753193420911326

2.2. American College of Rheumatology (ACR, USA) 2020 ⊕

Kolasinski SL, Neogi T, Hochberg MC, Oatis C, Guyatt G, Block J, Callahan L, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee. Arthritis Rheumatol. 2020;Jan 6:. [175069]. CrossRef.

Acupuncture is conditionally recommended for patients with knee, hip, and/or hand OA.

3. Randomized Controlled Trials

3.1. Sources

1. **Acudoc2**: ECR référencé dans la base de données du GERA et non inclus dans les autres sources citées.
2. **Ye 2011**: Ye L, Kalichman L, Spittle A, Dobson F, Bennell K. Effects of rehabilitative

interventions on pain, function and physical impairments in people with hand osteoarthritis: a systematic review. Arthritis Res Ther. 2011;13(1):R28. [156118].

3. **Manheimer 2010**: Manheimer E, Cheng K, Linde K, Lao L, Yoo J, Wieland S, van der Windt DAWM, Berman BM, Bouter LM. Acupuncture for peripheral joint osteoarthritis. Cochrane Database of Systematic Reviews 2010, CD001977. [154597].

3.2. List

	RCT	Sources
2013	Li H, Zhang FH, Wang YC. [Observation on the efficacy of acupuncture and fire needle therapy for hand osteoarthritis]. Chinese Acupuncture and Moxibustion. 2013;33(10):885-8. [162409].	Acudoc2
1989	Dickens W et al. A single-blind, controlled and randomised clinical trial to evaluate the effect of acupuncture in the treatment of trapizio-metacarpal. osteoarthritis. Complementary Medical Research. 1989;3(2):5-8. [77546].	Ye 2011, exclu Manheimer 2010 [Results measured only after two weeks of treatment, and again two weeks later]