Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Lin 2024 (Versus Oral Medications) 1
1.1.2. Su 2021 1
1.1.3. Wu 2021 2
1.1.4. Yu 2020 3
1.1.5. Chou 2017 ★ 3
1.1.6. Lee 2013 ★★ 4
1.1.7. Mcintosh 2011 ∅ 4
1.1.8. Hall 2008 ∅ 5
1.2. Specific Acupuncture Techniques 6
1.2.1. Governor Vessel-Based Acupuncture 6
1.2.1.1. Yang 2026 6
1.2.2. Houxi Acupoint (SI 3) 6
1.2.2.1. Wang 2015 6
2. Overviews of Systematic Reviews 7
2.1. Liu 2015 7
3. Clinical Practice Guidelines 8
3.1. Michigan Quality Improvement Consortium (MQIC, USA) 2024 ⊕ 8
3.2. World Federation of Neurosurgical Societies (WFNS) 2024 ⊕ 8
3.3. Department of Veterans Affairs Department of Defense (VA/DoD, USA) 2022 Ø 8
3.4. American College of Occupational and Environmental Medicine (ACOEM, USA) 2020 Ø 8
3.5. Australian and New Zealand College of Anaesthetists (ANZA) 2020 ⊕ 9
3.6. Danish Health and Medicines Authority (DHMA, Danemark 2018) Ø 9
3.7. Institute for Clinical Systems Improvement (ICSI, USA) 2018 ⊕ 9
3.8. Alberta Health Services 2017 (AHS, Canada) ⊕ 9
3.9. American College of Physicians 2017 (ACP, USA) ⊕ 9
3.10. Bundesärztekammer [German Medical Association] et al (BÄK, Germany) 2017 ⊕ 10
3.11. Department of Veterans Affairs, Department of Defense (VA/DOD, USA) 2017 Ø 10
3.12. Kaiser Foundation Health 2017 Ø 10
3.13. Philippine Academy of Rehabilitation Medicine (PARM) 2017 ⊕ 10
3.14. Danish Health Authority (DHA, Denmark) 2016 ∅ 10
3.15. NSW Agency for Clinical Inovation (ACI, Australia) 2016 Ø 11
3.16. Pan African Medical Journal (Africa) 2015 Ø 11
3.17. Australian and New Zealand College of Anaesthetists (ANZCA, Autralia- New Zealand) 2015 ⊕ 11
3.18. Toward Optimized Practice 2015 (TOP, Canada) Ø 11
3.19. State of Colorado Department of Labor and Employment (USA) 2014 ⊕ 11
3.20. Institute for Clinical Systems Improvement (ICSI, USA) 2012 ⊕ 12
3.21. American College of Occupational and Environmental Medicine (ACOEM, USA) 2011 Ø 12
3.22. Accident Compensation Corporation 2011 (ACC, New-Zealand) 2011 Ø 12
3.23. Michigan medicine University of Michigan 2011 Ø 12
3.24. Philippine Academy of Rehabilitation Medicine (PARM, Philippine) 2011 ⊕ 12
3.25. Toward Optimized Practice 2011 (TOP, Canada) 2011 Ø 13
3.26. The Clinic on Low-back pain in Interdisciplinary Practice (CLIP, Canada) 2008 ⊕ 13
3.27. European evidence-based Guidelines (Europe, COST ACTION B13) 2006 Ø 13
3.28. New Zealand Guidelines Group (New Zealand) 2004 Ø 13

3.29. National Health and Medical Research Council (Australie) 2003 Ø 14
4. Randomized Controlled Trials 14
4.1. Sources 14
4.2. List 14

Acute Low Back Pain

Lombalgies aigues : évaluation de l'acupuncture

Articles connexes : - Médicaments en vente libre et conseils dans la lombalgie aigue - lombalgies chroniques-

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Lin 2024 (Versus Oral Medications)

Lin H, Wang X, Feng Y, Liu X, Liu L, Zhu K, Shen J, Zhang P, Yu J, Yang T. Acupuncture Versus Oral Medications for Acute/Subacute Non-Specific Low Back Pain: A Systematic Review and Meta-Analysis. Curr Pain Headache Rep. 2024 Jun;28(6):489-500. https://doi.org/10.1007/s11916-023-01201-7

Purpose of review	Pharmacologic intervention do not always achieve benefits in the treatment of acute/subacute non-specific low back pain (NSLBP). We assessed efficacy and safety of acupuncture for acute/subacute NSLBP as alternative treatment.
Methods	We searched PubMed, Web of Science, Embase, Cochrane Library, Scopus, Epistemonikos, CNKI, Wan Fang Database, VIP database, CBMLD, CSTJ, clinical trials, EUCTR, World WHO ICTRP, and ChiCTR for randomized controlled trials, cross-over studies, and cohort studies of NSLBP treated by acupuncture versus oral medication from inception to 23th April 2022.
Results	A total of 6 784 records were identified, and **14 studies** were included **1 263 participants** in this review. The results of the meta-analysis indicated that acupuncture therapy was slightly more effective than oral medication in improving pain ($P < 0.00001$, $I2 = 92\%$, MD = -1.17, 95% CI [-1.61, -0.72]). According to the results of the meta-analysis, acupuncture therapy exhibited a significant advantage over oral medication with a substantial effect ($P < 0.00001$, $I2 = 90\%$, SMD = -1.42, 95% CI [-2.22, -0.62]). Based on the results of the meta-analysis, acupuncture therapy was associated with a 12% improvement rate compared to oral medication in patients with acute/subacute NSLBP ($P < 0.0001$, $I2 = 54\%$, RR = 1.11, 95% CI [1.05, 1.18]).
Conclusions	Acupuncture is more effective and safer than oral medication in treating acute/subacute NSLBP. This systematic review is poised to offer valuable guidance to clinicians treating acute/subacute NSLBP and potentially benefit the afflicted patients.

1.1.2. Su 2021

Su X, Qian H, Chen B, Fan W, Xu D, Tang C, Lu L. Acupuncture for acute low back pain: a systematic review and meta-analysis. Ann Palliat Med. 2021;10(4):3924-3936. [218807]. doi

Background	Acupuncture has been widely used for acute low back pain (LBP), yet there remains continued controversy regarding its efficacy. Therefore, we aimed to critically evaluate the evidence for acupuncture as an effective treatment for acute LBP.
Methods	English and Chinese databases were searched for randomized controlled trials (RCTs) that involved acupuncture for acute LBP published up to May 2020. Data on the outcomes of pain intensity, functional status, and analgesic use were extracted. The meta-analysis was performed using the Cochrane Collaboration's RevMan 5.3, and pooled data were expressed as mean differences (MD) with 95% confidence intervals (CIs).
Results	Of the 13 eligible RCTs identified, **11 RCTs (involving 707 patients)** provided moderate-quality evidence that acupuncture has a statistically significant association with improvements in VAS (visual analog scale) score [MD: -1.75 (95% CI: -2.39, -1.12)]. Two studies indicated that acupuncture did not influence the RMDQ (Roland-Morris Disability Questionnaire) scores more than the control treatment [MD: -2.34 (95% CI: -5.34, 0.67)]. Three studies suggested that acupuncture influenced the ODI (Oswestry Disability Index) scores more than the control treatment [MD: -12.84 (95% CI: -23.94, -1.74)]. Two studies suggested that acupuncture influenced the number of pills more than the control treatment [MD: -3.19 (95% CI: -3.45, -2.92)].
Conclusions	Acupuncture treatment of acute LBP was associated with modest improvements in the VAS score, ODI score, and the number of pills, but not the RMDQ score. Our findings should be considered with caution due to the low power original studies. High-quality trials are needed to assess further the role of acupuncture in the treatment of acute LBP.

1.1.3. Wu 2021

Wu B, Yang L, Fu C, Jian G, Zhuo Y, Yao M, Xiong H. Efficacy and safety of acupuncture in treating acute low back pain: a systematic review and bayesian network meta-analysis. Ann Palliat Med. 2021;10(6):6156-6167. [220192]. doi

Background	Acute low back pain (ALBP) is common and acupuncture therapy is a treatment option. The comparative efficacy and safety of different acupuncture therapies are still unclear. The aim of this network meta-analysis (NMA) was to evaluate and compare the efficacy and safety of different acupuncture therapies for ALBP.
Methods	We performed a systematic search in PubMed, Cochrane Library, Embase, Web of Science, China National Knowledge Infrastructure (CNKI), VIP Database, Wanfang Database, and Chinese Biomedical Database (CBM). The outcome indicators measured were visual analog scale (VAS) score, lumbar range of motion (ROM) score, and adverse events. The risk of bias among included studies was assessed with the Cochrane risk-of-bias tool. WinBUGS 1.4 was used for the NMA.
Results	In total, **nineteen randomized controlled trials (RCTs) comprising 1,427 participants** were included. Results of NMA showed the following: (I) compared with placebo, motion style acupuncture (MSA) (SMD: -2.21; 95% CI, -3.33 to -1.08), manual acupuncture (MA) (SMD: -1.14; 95% CI, -2.01 to -0.27), and electroacupuncture (EA) (SMD: -1.57; 95% CI, -2.98 to -0.15) were found to be more effective for decreasing VAS score; (II) compared with pharmacotherapy, MSA (SMD: -1.00; 95% CI, -1.47 to -0.54) and MA (SMD: -0.60; 95% CI, -1.15 to -0.05) were found to be more effective in reducing ROM score. Results of the surface under the cumulative ranking curve indicated that all acupuncture types were superior to placebo or pharmacotherapy in lowering VAS and ROM score. It was noted that MSA was the most effective treatment.

Conclusions	This study indicated that acupuncture therapy achieved good therapeutic effects in the treatment of ALBP, especially MSA therapy. Nevertheless, due to the low quality of the included trials, the credibility of our conclusions is low. Further well-designed RCTs with high quality and large samples are still needed to evaluate the efficacy and safety of acupuncture therapy for ALBP.

1.1.4. Yu 2020

Yu Xingxing. [Effectiveness of acupuncture for acute back sprain: a meta-analysis]. Master's Theses: Changchun University of Traditional Chinese Medicine Jilin Province. 2020. [174932].

Objective	Meta-analysis was used to evaluate the clinical effect of acupuncture on acute lumbar sprain.
Methods	A computer search was conducted on CNKI,VIP,WANFANG Data, CBM, PubMed, Embase, Plus one, and Cochrane Library. Randomized controlled trials of acupuncture in the treatment of acute lumbar sprain were also collected by hand, the retrieval time is 1 January 2010 solstice 1 January 2020.Two researchers independently screened the literature in strict accordance with the inclusion and exclusion criteria, assessed the risk of bias in the final included literature, and accurately extracted the data and basic information required by the research. Finally,Revman5.3 software was used for meta-analysis of included studies, and GRADE system was used for quality grading.
Results	1. A total of 1503 articles were retrieved;2. **15 articles** were included, including **1206 patients** with acute lumbar sprain;3. Results of meta-analysis: (1)Total clinical efficacy was reported in 13 studies: OR=2.86,95%CI(1.85,4.43),p <0.00001; (2) Recovery rates were reported in 12 studies: OR=2.11,95%CI(1.49,2.99), p < 0.0001; (3) VAS pain scores were reported in 3 studies: MD=-2.08,95% CI(-2.33,-1.82),p <0.00001;(4) There were 2 reports of Schoder sign(forward flexion)spacing between two markers: MD=1.43,95%CI(1.12,1.74),p < 0.00001.
Conclusion	Acupuncture is effective and safe in treating acute lumbar sprain

1.1.5. Chou 2017 ★

Chou R, Deyo R, Friedly J, Skelly A1, Hashimoto R, Weimer M, Fu R, Dana T, Kraegel P, Griffin J, Grusing S, Brodt ED. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. Ann Intern Med. 2017. [191864].

Objectives	A 2007 American College of Physicians guideline addressed nonpharmacologic treatment options for low back pain. New evidence is now available. Purpose: To systematically review the current evidence on nonpharmacologic therapies for acute or chronic nonradicular or radicular low back pain.
Methods	Data Sources: Ovid MEDLINE (January 2008 through February 2016), Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, and reference lists. Study Selection: Randomized trials of 9 nonpharmacologic options versus sham treatment, wait list, or usual care, or of 1 nonpharmacologic option versus another. Data Extraction: One investigator abstracted data, and a second checked abstractions for accuracy; 2 investigators independently assessed study quality.

Results	Data Synthesis: The number of trials evaluating nonpharmacologic therapies ranged from 2 (tai chi) to 121 (exercise). New evidence indicates that tai chi (strength of evidence [SOE], low) and mindfulness-based stress reduction (SOE, moderate) are effective for chronic low back pain and strengthens previous findings regarding the effectiveness of yoga (SOE, moderate). **Evidence continues to support the effectiveness of** exercise, psychological therapies, multidisciplinary rehabilitation, spinal manipulation, massage, and **acupuncture for chronic low back pain** (SOE, low to moderate). **Limited evidence shows that acupuncture is modestly effective for acute low back pain** (SOE, low). The magnitude of pain benefits was small to moderate and generally short term; effects on function generally were smaller than effects on pain.Limitation: Qualitatively synthesized new trials with prior meta-analyses, restricted to English-language studies; heterogeneity in treatment techniques; and inability to exclude placebo effects.
Conclusions	Several nonpharmacologic therapies for primarily chronic low back pain are associated with small to moderate, usually short-term effects on pain; findings include new evidence on mind-body interventions.

1.1.6. Lee 2013 ★★

Lee JH, Choi TY, Lee MS, Lee H, Shin BC, Lee H. Acupuncture for acute low back pain: a systematic review. Clin J Pain. 2013;29(2):172-85. [170691].

Purpose	Although acupuncture has been frequently used for acute nonspecific low back pain (LBP), relevant systematic reviews indicate sparse and inconclusive evidence. This systematic review aimed at critically evaluating the evidence for/against acupuncture for acute LBP.
Methods	We searched Medline, Central, Embase, 2 Chinese databases, relevant journals, and trial registries for the randomized-controlled trials of acupuncture that involved needling for acute/subacute LBP. Risk of bias was assessed using the assessment tool from the Cochrane Back Review Group and the adequacy of acupuncture intervention was evaluated by 2 independent reviewers. The studies according to the control types were combined using a random-effects model.
Results	A total of **11 randomized-controlled trials (n=1139)** were included. Compared with nonsteroidal anti-inflammatory drugs, acupuncture may more effectively improve symptoms of acute LBP (5 studies; risk ratio, 1.11; 95% confidence interval: 1.06, 1.16). For pain, there exists inconsistent evidence that acupuncture is more effective than medication. Compared with sham acupuncture, acupuncture may more effectively relieve pain (2 studies; mean difference, -9.38; 95% confidence interval: -17.00, -1.76) but not function/disability. Acupuncture appears to be associated with few side effects but the evidence is limited.
Conclusion	**The current evidence is encouraging in that acupuncture may be more effective than medication for symptom improvement or relieve pain better than sham acupuncture in acute LBP.**

AMSTAR **6** [Liu 2015]

1.1.7. Mcintosh 2011 ∅

Mcintosh G, Hall H. Low back pain (acute). Clin Evid (Online). 2011. pii: 11029. [156366]

Introduction	Low back pain affects about 70% of people in resource-rich countries at some point in their lives. Acute low back pain can be self-limiting; however, 1 year after an initial episode, as many as 33% of people still have moderate-intensity pain and 15% have severe pain. Acute low back pain has a high recurrence rate; 75% of those with a first episode have a recurrence. Although acute episodes may resolve completely, they may increase in severity and duration over time.
Methods And Outcomes	We conducted a systematic review and aimed to answer the following clinical questions: What are the effects of oral drug treatments for acute low back pain? What are the effects of local injections for acute low back pain? What are the effects of non-drug treatments for acute low back pain? We searched: Medline, Embase, The Cochrane Library, and other important databases up to December 2009 (Clinical Evidence reviews are updated periodically, please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA).
Results	We found 49 systematic reviews, RCTs, or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions.
Conclusions	In this systematic review we present information relating to the effectiveness and safety of the following interventions: **acupuncture**, advice to stay active, analgesics (paracetamol, opioids), back exercises, back schools, bed rest, behavioural therapy, electromyographic biofeedback, epidural corticosteroid injections, lumbar supports, massage, multidisciplinary treatment programmes, muscle relaxants, non-steroidal anti-inflammatory drugs (NSAIDs), spinal manipulation, temperature treatments (short-wave diathermy, ultrasound, ice, heat), traction, and transcutaneous electrical nerve stimulation (TENS).
Acupuncture	Unknown effectiveness

1.1.8. Hall 2008 Ø

Hall H, McIntosh G. Low back pain (acute). BMJ Clin Evid. 2008. pii: 1102. [165370]

Introduction	Low back pain (LBP) affects about 70% of people in resource-rich countries at some point. Acute low back pain is usually perceived as self-limiting; however, one year later, as many as 33% of people still have moderate-intensity pain and 15% have severe pain. It has a high recurrence rate; 75% of those with a first episode have a recurrence. Although acute episodes may resolve completely, they may also increase in severity and duration over time.
Methods And Outcomes	We conducted a systematic review and aimed to answer the following clinical questions: What are the effects of oral drug treatments for low back pain? What are the effects of local injections for low back pain? What are the effects of non-drug treatments for low back pain? We searched: Medline, Embase, The Cochrane Library, and other important databases up to May 2007 (Clinical Evidence reviews are updated periodically, please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency MHRA).
Results	We found 34 systematic reviews, RCTs, or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions.

Conclusions	In this systematic review we present information relating to the effectiveness and safety of the following interventions: **acupuncture,** advice to stay active, analgesics (paracetamol, opioids), back exercises, back schools, bed rest, behavioural therapy, electromyographic biofeedback, epidural corticosteroid injections, lumbar supports, massage, multidisciplinary treatment programmes, muscle relaxants, non-steroidal anti-inflammatory drugs (NSAIDs), spinal manipulation (in the short term), temperature treatments (short wave diathermy, ultrasound, ice, heat), traction, and transcutaneous electrical nerve stimulation (TENS).
Acupuncture	**We don't know whether acupuncture is more effective at reducing pain and improving functional status as we found insufficient evidence.**

1.2. Specific Acupuncture Techniques

1.2.1. Governor Vessel-Based Acupuncture

1.2.1.1. Yang 2026

Yang S, Guo Q, Zhang M, Zhang W, Ren S. Efficacy of Governor Vessel-Based Acupuncture, Alone or in Combination with Other Therapies, for Acute Lumbar Disc Herniation: A Systematic Review and Meta-Analysis. J Pain Res. 2026;19:586965. https://doi.org/10.2147/JPR.S586965

Background	This study systematically evaluated the efficacy of Governor Vessel-based acupuncture for lumbar disc herniation (LDH) and examined whether different acupuncture paradigms or combined interventions offered additional benefits.
Methods	A comprehensive search of nine major databases identified 689 records, and **15 randomized controlled trials involving 670 patients** met the inclusion criteria.
Results	Meta-analysis demonstrated that Governor Vessel-based acupuncture significantly improved overall clinical effectiveness compared with control treatments (RR = 1.21, 95% CI: 1.15-1.27), with a stable predictive interval. Pain intensity was also markedly reduced, as evidenced by a substantial decrease in visual analogue scale scores (SMD = -1.77, 95% CI: -2.18 to -1.36). Subgroup analyses revealed no meaningful differences among Wenyang Tongdu, spine-regulating Governor Vessel, and Bushen-Huoxue techniques, nor between acupuncture alone and combined modalities.
Conclusion	These findings indicate that Governor Vessel-based acupuncture provides consistent and clinically relevant benefits for patients with LDH. However, methodological heterogeneity and the limited number of single-modality Governor Vessel trials should be considered when interpreting these findings. Nevertheless, higher-quality multicenter randomized trials are needed to validate long-term outcomes and clarify mechanistic pathways.

1.2.2. Houxi Acupoint (SI 3)

1.2.2.1. Wang 2015

Wang Ying, Sun Yi-jun, Wu Yao-chi, et al. Electroacupuncture at Houxi (SI 3) for acute lumbar sprain: a meta-analysis of randomized controlled trials. Journal of Acupuncture and Tuina Science. 2015;13(5):332. [187140].

Objective	To assess the efficacy and safety of electroacupuncture (EA) at Houxi (SI 3) in treating acute lumbar sprain.
Methods	Randomized controlled trials (RCTs) involving EA at Houxi (SI 3) for acute lumbar sprain were retrieved from PubMed (1966-2014), EMBASE (1980-2014), Cochrane Library (Issue 1, 2014), CQVIP Database (1989-2014), Wanfang Digital Journal (1998-2014), the Chinese Biological Medical Literature Database (CBM, 1978-2014), and China National Knowledge Internet (CNKI, 1979-2014). The collection of data also adopted hand-search of the relevant journals from the Library of Shanghai Jiao Tong University. All of the data were first evaluated and extracted by two reviewers independently with a specially designed form. Then, the available data were analyzed by the Cochrane Collaboration's RevMan 5.2.0 software.
Results	A total of **6 trials involving 1 288 patients** were eligible. Meta-analysis showed that the total effectiveness rate in the EA group was significantly different when compared with Nimesulide [RR=1.33; 95% CI (1.19 to 1.49)] and Mobic [RR=1.08; 95% CI (1.03 to 1.14)], but similar to that of acupuncture at Yaotongdian (Ex-UE 7) [RR=71.09; 95% CI (1.00 to 1.19)] and Diclofenac Sodium [RR=1.08; (95% CI 0.96 to 1.21)]. The recovery rate in the EA group was significantly different when compared with Mobic [RR=1.67; (95% CI 1.45 to 1.92)] and Nimesulid [RR=1.37; (95% CI 1.15 to 1.62)], but similar to that of acupuncture at Yaotongdian (RR=1.35; 95% CI 0.99 to 1.84) and Diclofenac Sodium (RR=1.19; 95% CI 0.88 to 1.61).
Conclusion	Up to the search date, there are few high quality RCTs to evaluate the clinical efficacy of EA at Houxi (SI 3) for acute lumbar sprain, especially studies in English. Yet EA at Houxi (SI 3) still appeared to be an efficacious method for acute lumbar sprain, despite several inherent defects of the included studies. Further large scale trials are required to define the role of EA at Houxi (SI 3) in the treatment of this disease.

2. Overviews of Systematic Reviews

2.1. Liu 2015

Liu LZ, Skinner M, Mcdonough S, Mabire L, Baxter GD. Acupuncture for low back pain: an overview of systematic reviews. evidence-based complementary and alternative medicine,. 2015. [177632].

Purpose	As evidence of the effectiveness of acupuncture for low back pain (LBP) is inconsistent, we aimed to critically appraise the evidence from relevant systematic reviews.
Methods	Systematic reviews of randomized controlled trials (RCTs) concerning acupuncture and LBP were searched in seven databases. Internal validity and external validity of systematic reviews were assessed. Systematic reviews were categorized and high quality reviews assigned greater weightings. Conclusions were generated from a narrative synthesis of the outcomes of subgroup comparisons.
Results	Sixteen systematic reviews were appraised. Overall, the methodological quality was low and external validity weak. For acute LBP, evidence that acupuncture has a more favorable effect than sham acupuncture in relieving pain was inconsistent; it had a similar effect on improving function. For chronic LBP, evidence consistently demonstrated that acupuncture provides short-term clinically relevant benefits for pain relief and functional improvement compared with no treatment or acupuncture plus another conventional intervention.
Conclusion	Systematic reviews of variable quality showed that acupuncture, either used in isolation or as an adjunct to conventional therapy, provides short-term improvements in pain and function for chronic LBP. More efforts are needed to improve both internal and external validity of systematic reviews and RCTs in this area.

3. Clinical Practice Guidelines

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

3.1. Michigan Quality Improvement Consortium (MQIC, USA) 2024 ⊕

Management of Acute Low Back Pain in Adults. Michigan Quality Improvement Consortium [MQIC]Guideline.2024.
https://www.mahp.org/wp-content/uploads/2024/04/mqicmanagementofacutelowbackpaininadultsFINAL2024.pdf

Non-pharmacological Therapy: Heat for painful areas may reduce pain due to muscle spasm [B]; stretching exercises [D] and spinal manual therapy [B] may be considered, as well as massage and **acupuncture** for interested patients. Additional modalities such as yoga, traction, and paraspinal injections are not supported by current evidence.

3.2. World Federation of Neurosurgical Societies (WFNS) 2024 ⊕

Sharif S, Jazaib Ali MY, Kirazlı Y, Vlok I, Zygourakis C, Zileli M. Acute back pain: The role of medication, physical medicine and rehabilitation: WFNS spine committee recommendations. World Neurosurg X. 2024 Mar 6;23:100273. https://doi.org/10.1016/j.wnsx.2024.100273

Consensus statements (12). There is moderate evidence for the benefit of acupuncture in reducing acute low back pain intensity.

3.3. Department of Veterans Affairs Department of Defense (VA/DoD, USA) 2022 Ø

VA/DoD Clinical Practice Guideline for the Diagnosis and Treatment of Low Back Pain. Department of Veterans Affairs Department of Defense. 2022:141P.
https://www.healthquality.va.gov/guidelines/Pain/lbp/VADoDLBPCPGFinal508.pdf

For patients with acute low back pain, there is insufficient evidence to recommend for or against acupuncture.

3.4. American College of Occupational and Environmental Medicine (ACOEM, USA) 2020 Ø

Hegmann KT, Travis R, Andersson GBJ, Belcourt RM, Carragee EJ, Donelson R, Eskay-Auerbach M, Galper J, Goertz M, Haldeman S, Hooper PD, Lessenger JE, Mayer T, Mueller KL, Murphy DR, Tellin WG, Thiese MS, Weiss MS, Harris JS. Non-Invasive and Minimally Invasive Management of Low Back Disorders. J Occup Environ Med. 2020 Mar;62(3):e111-e138.
https://doi.org/10.1097/JOM.0000000000001812

For treatment of acute, subacute, radicular, or postoperative LBP, there are no quality studies, there are other effective treatments for those patients, and thus, acupuncture is Not Recommended (I), Moderate Confidence.

3.5. Australian and New Zealand College of Anaesthetists (ANZA) 2020 ⊕

Acute Pain Management: Scientific Evidence Australian and New Zealand College of Anaesthetists (ANZA). 2020:1317P. [205268] . URL.

Acupuncture may be effective in a variety of acute pain conditions in the emergency department setting (S) (Level I [PRISMA]) including back pain (N) (Level I [PRISMA])

3.6. Danish Health and Medicines Authority (DHMA, Danemark 2018) Ø

Stochkendahl MJ, Kjaer P, Hartvigsen J, Kongsted A, Aaboe J, Andersen M et al. National Clinical Guidelines for non-surgical treatment of patients with recent onset low back pain or lumbar radiculopathy. Eur Spine J. 2018;27(1):60-75. [195990].

Guidelines recommend against acupuncture.

3.7. Institute for Clinical Systems Improvement (ICSI, USA) 2018 ⊕

Adult Acute and Subacute Low Back Pain. ICSI Institute for Clinical Systems Improvement. 2018. [211204]. URL

Acupuncture should be considered as treatment for subacute low back pain. Quality of Evidence: Low. Strength of Recommendation: Weak. Benefit; Acupuncture was found to have a small beneficial effect on subacute low back pain. Harm; The most commonly reported harms of acupuncture include gastrointestinal problems, changes in energy, mild bleeding at the needling site and temporarily increased pain. Benefits/Harms Assessment. Given the low risk of harm and possible benefit, it reasonable for acupuncture to be considered among the treatment options for subacute low back pain.

3.8. Alberta Health Services 2017 (AHS, Canada) ⊕

Low Back Pain, Adult – Emergency. Clinical Practice Guideline. Alberta Health Services. 2017. 16P. [178726].

Acupuncture: Role in acute low back pain is unclear. May be a useful adjunct to other therapies in chronic low back pain (low quality evidence).

3.9. American College of Physicians 2017 (ACP, USA) ⊕

Qaseem A, Wilt TJ, McLean RM, Forciea MA. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. Ann Intern Med. 2017. [191863].

Recommendation 1: Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with [...] acupuncture ((low-quality evidence). [Grade: strong recommendation].

3.10. Bundesärztekammer [German Medical Association] et al (BÄK, Germany) 2017 ⊕

Nationale VersorgungsLeitlinie Nicht-spezifischer Kreuzschmerz – Langfassung, 2. Auflage. Version 1 Bundesärztekammer (BÄK), Kassenärztliche Bundesvereinigung (KBV), & Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF). 2017. [213521]. URL

5-1. Acupuncture can be used to treat acute, non-specific low back pain when symptomatic and drug therapies are inadequate, combined with activating measures, in as few sessions as possible.

3.11. Department of Veterans Affairs, Department of Defense (VA/DOD, USA) 2017 Ø

Diagnosis and Treatment of Low Back Pain Work Group. VA/DoD clinical practice guideline for diagnosis and management of low back pain. Version 2.0. Washington (DC): Department of Veterans Affairs, Department of Defense. 2017:110P. [198140].

For patients with *acute low back pain*, there is insufficient evidence to support the use of acupuncture. (Strength: Not Applicable; Category: Reviewed, New-replaced),
For patients with *chronic low back pain* we suggest offering acupuncture. (Strength:Weak For; Category: Reviewed, New-replaced)

3.12. Kaiser Foundation Health 2017 Ø

Non-specific Back Pain Guideline. Kaiser Permanente Clinical Guidelines. 2017:17p. [198162].

Acute low back pain There is insufficient evidence to determine whether acupuncture is effective for acute low back pain.

3.13. Philippine Academy of Rehabilitation Medicine (PARM) 2017 ⊕

Low back pain management guideline. Philippine Academy of Rehabilitation Medicine (PARM). 2017:294P. [198246].

Acute non-specific low back pain.: There is some evidence that acupuncture is useful in patients with acute non-specific low back pain. PARM recommends use of acupuncture acute non-specific low back pain.
Acute low back pain with radiculopathy: There is some evidence to use acupuncture in acute low back pain with radiculopathy. PARM Endorses use of acupuncture as treatment for low back pain with radiculopathy.

3.14. Danish Health Authority (DHA, Denmark) 2016 ∅

National clinical guideline for the treatment of recent onset low back pain. Danish Health Authority. 2016. [217087]. URL

A weak/conditional recommendation against. Acupuncture as an add-on to the usual treatment should only be offered to patients with recent onset low back pain upon due consideration, since the beneficial effect is uncertain.

3.15. NSW Agency for Clinical Inovation (ACI, Australia) 2016 Ø

Management of people with acute low back pain model of care. NSW Agency for Clinical Inovation (ACI). 2016:38p. [198274].

Acupuncture, electrotherapy modalities, massage, traction and lumbar supports should be avoided, as evidence suggests they offer no benefit for the person with ALBP and their passive nature conflicts with the contemporary active approach.

3.16. Pan African Medical Journal (Africa) 2015 Ø

Elleuch M, El Maghraoui A, Griene B, Nejmi M, Ndongo S, Serrie A. Consensus formalisé: recommandations de pratiques cliniques pour la prise en charge de la lombalgie aiguë du patient africain [Formalized consensus: clinical practice recommendations for the management of acute low back pain of the African patient]. Pan Afr Med J. 2015;22:240. [212017]. doi

Recommandation # 8 - Accord professionnel relatif L'acupuncture est peu pratiquée en Afrique. Elle n'est pas indiquée dans le traitement du lumbago,même si elle pourrait avoir une certaine efficacité du fait d'un effet placebo.

3.17. Australian and New Zealand College of Anaesthetists (ANZCA, Autralia-New Zealand) 2015 ⊕

Acute Pain Management: Scientific Evidence. Australian and New Zealand College of Anaesthetists. 2015:714P. [196721].

4. Acupuncture may be effective in other acute pain settings (S) (Level I [PRISMA]), including *acute burns* and *back pain* (N) (Level I [PRISMA]), *tension-type headaches* and *migraine* (N) (Level I [Cochrane Review]).

3.18. Toward Optimized Practice 2015 (TOP, Canada) Ø

Toward Optimized Practice. Evidence-informed primary care management of low back pain Edmonton (AB): Toward Optimized Practice. 2015. 49p. [169847].

Acupuncture : There is inconclusive evidence to recommend for or against the following interventions for acute or subacute low back pain.

3.19. State of Colorado Department of Labor and Employment (USA) 2014 ⊕

Low Back Pain Medical Treatment Guidelines. State of Colorado Department of Labor and Employment. 2014. 117p. [180921].

Acupuncture is recommended for subacute or chronic pain patients who are trying to increase function and/or decrease medication usage and have an expressed interest in this modality. It is also recommended for subacute or acute low back pain for patients who cannot tolerate nonsteroidal anti-inflammatory drugs (NSAIDs) or other medications.

3.20. Institute for Clinical Systems Improvement (ICSI, USA) 2012 ⊕

Goertz M, Thorson D, Bonsell J, Bonte B, Campbell R, Haake B, Johnson K, Kramer C, Mueller B, Peterson S, Setterlund L, Timming R. Adult acute and subacute low back pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI). 2012; :91P. [166687].

Recommendation: Acupuncture may be used as an adjunct treatment for subacute low back pain. Quality of Evidence: Low. Strength of recommendation: Weak

3.21. American College of Occupational and Environmental Medicine (ACOEM, USA) 2011 Ø

American College of Occupational and Environmental Medicine (ACOEM). Low back disorders. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM). 2011; 333-796. [166563].

Acute Low Back Pain. Not Recommended: Routine use of acupuncture (I)
Subacute Low Back Pain. Not Recommended: Routine use of acupuncture (I)

3.22. Accident Compensation Corporation 2011 (ACC, New-Zealand) 2011 Ø

Hardaker N, Ayson M. Pragmatic Evidence Based Review. The efficacy of acupuncture in the management of musculoskeletal pain. Accident Compensation Corporation (ACC, New-Zealand). 2011. [182414].

- The evidence for the use of acupuncture in (sub)acute LBP is inconclusive

3.23. Michigan medicine University of Michigan 2011 Ø

Acute Low Back Pain. Guidelines for Clinical Care Ambulatory. Michigan medicine University of Michigan. 2010:16P. [198174].

Ineffectiveness was noted for prolotherapy (injecting neutral substance, e.g. dextrose, into connective tissue structures to decrease pain and increase stability), magnet therapy, and **acupuncture** [IIIA*].

3.24. Philippine Academy of Rehabilitation Medicine (PARM, Philippine) 2011 ⊕

Clinical Practice Guidelines on the Diagnosis and Management of Low Back Pain. Philippine Academy of Rehabilitation Medicine (PARM). 2011. [199237]. Voir rappel des recommandations 2011 dans : Low back pain management guideline. Philippine Academy of Rehabilitation Medicine (PARM). 2017:294P. [198246].

There is conflicting evidence that acupuncture is useful in patients with **acute non-specific low back pain** (Inconsistent level of evidence – Moderate volume – Non-current – Variable thought).
There is some evidence to use acupuncture in **acute low back pain with radiculopathy** (Low Volume – Current)
There is conflicting evidence that acupuncture is useful in patients with **subacute non-specific low back pain**(Inconsistent level of evidence – High volume – Non-current – Variable thought).
There is evidence that therapeutic acupuncture is beneficial in managing chronic non-specific low back pain (Inconsistent level of evidence – High volume – Non-current – Uniform thought (PARM recommends).

3.25. Toward Optimized Practice 2011 (TOP, Canada) 2011 Ø

Toward Optimized Practice. Evidence-informed primary care management of low back pain Edmonton (AB): Toward Optimized Practice. 2011:37p. [197355].

There is insufficient evidence to recommend for or against the following interventions for *acute or subacute low back pain*: [Acupuncture]

3.26. The Clinic on Low-back pain in Interdisciplinary Practice (CLIP, Canada) 2008 ⊕

Poitras S, Rossignol M, Dionne C, Tousignant M, Truchon M, Arsenault B, Allard P, Coté M, Neveu A. An interdisciplinary clinical practice model for the management of low-back pain in primary care: the CLIP project. BMC Musculoskelet Disord. 2008;9:54. [199150].

Acute low-back pain (0–4 weeks). Can be recommended: Acupuncture (Grade of scientific evidence : poor).
Subacute subacute low-back pain (4–12 weeks). Can be recommended : Acupuncture (Grade of scientific evidence : poor).
Persistent low-back pain (12 weeks +). Can be recommended : Acupuncture (Grade of scientific evidence : poor).

3.27. European evidence-based Guidelines (Europe, COST ACTION B13) 2006 Ø

Van Tulder M, Becker A, Bekkering T, et al. Chapter 3. European guidelines for the management of acute nonspecific low back pain in primary care. Eur Spine J. 2006;15(Suppl 2):S169- 5191. [200329].

Recommendations for treatment are only included if there is evidence from systematic reviews or high quality RCTs on acute nonspecific low back pain. No RCTs have been identified on various commonly used interventions for acute low back pain, for example acupuncture, heat/ cold, electrotherapy, ultrasound, trigger point and facet joint injections, and physiotherapy (defined by a combination of information, exercise therapy and physical modalities (e.g, massage, ultrasound, electrotherapy).
Several RCTs were identified on treatments for acute low back pain that were not included in the guidelines: four trials on acupuncture [61-64], six trials on herbal medicine [65-70], one trial on interferential therapy [71], and three trials on low-level heatwrap therapy [72-74]. These interventions were not included in the guidelines, because they were not summarized in a systematic review, involve alternative therapy, or are not commonly used throughout Europe for the treatment of acute low back pain.

3.28. New Zealand Guidelines Group (New Zealand) 2004 Ø

New Zealand Acute Low Back Pain Guide. Incorporating the guide to assessing psychosocial yellow flags in acute low back pain. Wellington: New Zealand Guidelines Group. 2004:70p. [197779].

Acupuncture. Evidence of no improvement in clinical outcomes (grade of recommendation: A)

3.29. National Health and Medical Research Council (Australie) 2003 Ø

Australian Acute Musculoskeletal Pain Guidelines Group. Evidence-based management of acute musculoskeletal pain. Brisbane: Australian Academic Press Pty Ltd. 2003. 259P. [166495].

Acute Low Back Pain. There is insufficient evidence that acupuncture (dry-needling) is effective compared to injection therapy in acute low back pain. (Level I). Adverse effects of acupuncture are rare but potentially serious. (Level I)

4. Randomized Controlled Trials

4.1. Sources

1. **Acudoc2**: RCTs identified in the Acudoc2 database but not included in the cited SRs.
2. **Wang 2015**: Wang Ying, Sun Yi-jun, Wu Yao-chi, et al. Electroacupuncture at Houxi (SI 3) for acute lumbar sprain: a meta-analysis of randomized controlled trials. Journal of Acupuncture and Tuina Science. 2015;13(5):332. [187140]. (n=6)
3. **Lee 2013**: Lee JH, Choi TY, Lee MS, Lee H, Shin BC, Lee H. Acupuncture for acute low back pain: a systematic review. Clin J Pain. 2013;29(2):172-85. [170691]. (n=11).

4.2. List

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2018	Fox LM, Murakami M, Danesh H, Manini AF. Battlefield acupuncture to treat low back pain in the emergency department. Am J Emerg Med. 2018;36(6):1045-1048. [197712].	Acudoc2
	Wang Gang, Cai Wei, He Wei, et al. [Immediate Analgesic Effect of Superficial Needling Treating Acute Lumbar Sprain: Study of Time - Effect Law]. Journal of Clinical Acupuncture and Moxibustion. 2018;34(10):35. [193182].	Acudoc2
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	Miao Jing, Liu Hong-yan, Zhou Wei, Fu Guo-bing. [Effect of Needle-warming Moxibustion Combined with Acupoint Massage on Inflammatory Factors and Lumbar Mobility of Patients with Acute Lumbar Sprain]. Journal of Clinical Acupuncture and Moxibustion. 2017;33(6):11-14. [52091].	Acudoc2
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