

# INPLASY PROTOCOL

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**Conflicts of interest:**  
The authors declare no  
conflicts of interest.

## Acupuncture and moxibustion therapy for scapulohumeral periarthritis: protocol for an overview of systematic reviews and meta-analysis

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**Review question / Objective:** This protocol outlines a broad overview of reviews (OoR) relating to acupuncture and moxibustion therapy for scapulohumeral periarthritis.

**Condition being studied:** Scapulohumeral periarthritis (periarthritis of shoulder; frozen shoulder; adhesive periarthritis of shoulder) displays shoulder ache and shoulder dyskinesia as characteristic caused by intraarticular and extraarticular adhesion gradually, which is a chronic inflammation and degenerative disease located in soft tissue, such as shoulder muscles, tendons, ligaments and capsule. Statistically, at around 2% of adults have had scapulohumeral periarthritis, between 40 to 60 years old predominantly especially female more than male. Acupuncture and Moxibustion therapy has been the mainstream therapy of Chinese medicine since ancient times. A large number of clinical studies show that acupuncture and moxibustion can effectively eliminate inflammation, relieve pain, and promote the recovery of shoulder motion. This systematic review is aimed to establish whether acupuncture and moxibustion are good choices for scapulohumeral periarthritis patients, and whether they are as effective to be supplement therapies to other therapies.

**INPLASY registration number:** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 05 June 2020 and was last updated on 05 June 2020 (registration number INPLASY202060020).

### INTRODUCTION

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adhesion gradually, which is a chronic inflammation and degenerative disease located in soft tissue, such as shoulder muscles, tendons, ligaments and capsule. Statistically, at around 2% of adults have had scapulohumeral periarthritis, between 40 to 60 years old predominantly especially female more than male. Acupuncture and Moxibustion therapy has been the mainstream therapy of Chinese medicine since ancient times. A large number of clinical studies show that acupuncture and moxibustion can effectively eliminate inflammation, relieve pain, and promote the recovery of shoulder motion. This systematic review is aimed to establish whether acupuncture and moxibustion are good choices for scapulohumeral periarthritis patients, and whether they are as effective to be supplement therapies to other therapies.

## METHODS

**Search strategy:** We will electronically search the following databases for literature, regardless of publication status and language: the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; China National Knowledge Infrastructure (CNKI); Chinese Biomedical Literature Database (CBM); Chinese Scientific Journal Database (VIP database); and Wan-Fang Database. In order to ensure the comprehensiveness and accuracy of the literature retrieval, we will combine the Suggestions of evidence-based medicine experts with the actual situation in the literature retrieval process to formulate the retrieval strategy, and make corresponding records to find the most appropriate retrieval strategy. The reference lists and the citation lists of studies meeting the inclusion criteria and relevant systematic reviews will also be searched to identify further studies for inclusion. Before this review completed, the two reviewers will conduct the searching once again to ensure the latest studies could be included.

**Participant or population:** We will define acupuncture as the stimulation of acupuncture points by needles, including

manual acupuncture, dermal needle, plum blossom needle, ear acupuncture, electroacupuncture, fire needle. Other stimulation methods including acupressure, laser acupuncture, pharmaco-acupuncture and dry needling, transcutaneous electrical nerve stimulation (TENS) will be excluded. Moxibustion are external therapy using burning moxa stick or cone to produce a warm sensation and moxa smoke on the acupoints, including moxa stick moxibustion, moxibustion with moxa cone, and moxibustion with moxibustioner (a device for moxibustion).

**Intervention:** Acupuncture and Moxibustion stimulating acupoints or pain points.

**Comparator:** The control measures are unrestricted such as placebo (sham acupuncture), western medicine, joint cavity closure therapy, and no treatment.

**Study designs to be included:** The systematic overview will included both Cochrane and non-Cochrane reviews of randomized controlled trials (RCTs), controlled clinical trials (CCTs).

**Eligibility criteria:** Systematic reviews which have searched at least two sources and have conducted quality assessment of their included primary studies will be included.

**Information sources:** We're going to use systematic electronic search, including the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; China National Knowledge Infrastructure (CNKI); Chinese Biomedical Literature Database (CBM); Chinese Scientific Journal Database (VIP database); and Wan-Fang Database.

**Main outcome(s):** Main outcome indicators: pain relief (VAS score), range of motion (ROM), Melle Score of shoulder joint functional activity or other validated scales, at least after one week of treatment.

**Additional outcome(s):** 1. Secondary outcome indicators: total effective rate; 2. Safety outcome: adverse reactions.

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**Quality assessment / Risk of bias analysis:**

Two of our researchers will use the bias risk tool provided by the Cochrane Collaboration to evaluate the quality of the literature using RevMan 5.3 software. This recommended tool includes 7 important items: sequence generation, allocation concealment, blinding of participants and personnel, blinding of results evaluation, incomplete result data, selective result reporting, and other biases. Make “Low risk,” “High risk,” and “unclear risk” judgments for each research literature. Finally, a “risk of deviation” summary and a chart are generated to show the results. As with the previous process, it will be independently assessed by 2 researchers. If there is disagreement, it will be discussed with the 3rd researcher.

**Strategy of data synthesis:** This study will use RevMan5.3 software for data integration and analysis. The measurement data will use the mean difference (MD) as the effect indicator, and the count data will use the odds ratio (OR) as the effect index. Each effect indicator will be given as a point estimate with 95% confidence interval. The heterogeneity and size of each study result will be judged using statistical methods. For studies with no statistical heterogeneity, the analysis will be performed using a fixed-effect model, whereas a randomized effects model will be applied if for studies with significant statistical heterogeneity.

**Subgroup analysis:** A subgroup analysis will be conducted for the efficacy of acupuncture and moxibustion in patients with scapulohumeral periarthritis at different ages and treatment time.

**Sensibility analysis:** To assess the influence of each individual study, leave-one-out sensitivity analysis was performed iteratively by removing one study at a time to confirm that the findings were not influenced by any single study.

**Language:** English.

**Country(ies) involved:** China.

**Keywords:** acupuncture, moxibustion, scapulohumeral periarthritis, systematic reviews, meta-analysis.

**Contributions of each author:**

Author 1 - Guoxin Wu - Conceive and design this protocol; revise this protocol.

Author 2 - Zenan Wu - Data collection; analysis of results; search strategy.

Author 3 - Jun Xiong - Analysis of results.