INPLASY

Needling therapy for cervical radiculopathy: an overview of systematic reviews

Corresponding author:
jinchao ZHU

zjc5627@163.com

Author Affiliation:
School of Clinical Medicine, Jiangxi University of Chinese Medicine.

Zhu, JC[1]; Tu, XM[2]; Fang, T[3]; Qi, JN[4]; Yang, YQ[5]; Deng, B[6]; Wang, XL[7]; Liu, FS[8].

ADMINISTRATIVE INFORMATION

Review Stage at time of this submission - Completed but not published.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 27 November 2023 and was last updated on 27 November 2023.

INTRODUCTION

*R*eview question / Objective This overview aims to provide a critical assessment of the current evidence on the use of needling in treating cervical radiculopathy. P: The demographics of the patients with a clear diagnosis of cervical radiculopathy were not restricted to race, gender, age, or course of disease. I: using simple needling therapy (such as body needling, ear needling, abdominal needling, electric needling, etc.) or needling combined with other therapies. C: placebo therapy, blank control, other conventional treatment (non-needling therapy). O: Including but not limited to the following indicators: Effective rate; Visual Analogue Scale (VAS); Adverse reaction; Recurrence rate; McGill Pain Questionnaire (MPQ); Pain Rating Index (PRI); Present Pain Intensity (PPI); Muscle State Measurement Test System (MSMTS).

Condition being studied Cervical radiculopathy from degenerative disorders can be defined as pain in a radicular pattern in one or both upper extremities related to compression and/or irritation of one or more cervical nerve roots. Frequent signs and symptoms include varying degrees of sensory, motor, and reflex changes as well as dysesthesias and paresthesias related to nerve roots without evidence of spinal cord dysfunction (myelopathy).

METHODS

Participant or population The demographics of the patients with a clear diagnosis of cervical radiculopathy were not restricted to race, gender, age, or course of disease.

Intervention Using simple needling therapy (such as body needling, ear needling, abdominal

needling, electric needling, etc.) or needling combined with other therapies.

Comparator Placebo therapy, blank control, other conventional treatment (non-needling therapy).

Study designs to be included SRs/MAs based on randomized controlled trials (RCTs) of needling therapy for cervical radiculopathy.

Eligibility criteria Internationally recognized diagnostic criteria.

Information sources PubMed, EMBASE, Cochrane Library, Web of Science, China National Knowledge Infrastructure Database, Wanfang Database, Chinese BioMedical Literature Database, and China Science and Technology Journal Database.

Main outcome(s) Including but not limited to the following indicators: Effective rate; Visual Analogue Scale (VAS); Adverse reaction; Recurrence rate; McGill Pain Questionnaire (MPQ); Pain Rating Index (PRI); Present Pain Intensity (PPI); Muscle State Measurement Test System (MSMTS).

Quality assessment / Risk of bias analysis The methodological quality, risk of bias, quality of reporting, and quality of evidence were assessed using the Assessment of Multiple Systematic Reviews (AMSTAR-2), the Risk of Bias in Systematic Reviews (ROBIS) scale, the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA 2020) checklist, and the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) system.

Strategy of data synthesis Two researchers independently screened the literature, extracted the data, and cross-checked the information. The methodological quality, risk of bias, quality of reporting, and quality of evidence were assessed using the Assessment of Multiple Systematic Reviews (AMSTAR-2), the Risk of Bias in Systematic Reviews (ROBIS) scale, the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA 2020) checklist, and the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) system. The results were then analyzed in a descriptive manner.

Subgroup analysis None.

Sensitivity analysis None.

Country(ies) involved China.

Contributions of each author
Author 1 - jinchao ZHU.
Email: zjc5627@163.com
Author 2 - Xiaomin TU.
Author 3 - ting Fang.
Author 4 - Junnan Qi.
Author 5 - yuqian Yang.
Author 6 - biao Deng.
Author 7 - Xiaole WANG.
Author 8 - fushui Liu.