Journal of Pain Research

Dovepress
open access to scientific and medical research

Open Access Full Text Article

RESPONSE TO LETTER

Evaluating Effectiveness of Fu's Subcutaneous Needling for the Pain Nature and Quality of Life in Patients with Knee Osteoarthritis: A Study Protocol of Randomized Clinical Trial [Response to Letter]

Po-En Chiu[1,2,*]
Zhonghua Fu[3,*]
Guan-Wei Jian[4]
Ching-Hsuan Huang[2,5]
Te-Mao Li[2]
Li-Wei Chou[6–8]

[1]Chang Bing Show Chwan Memorial Hospital, Changhua, Taiwan; [2]School of Chinese Medicine, College of Chinese Medicine, China Medical University, Taichung, Taiwan; [3]Institute of Fu's Subcutaneous Needling, Beijing University of Chinese Medicine, Beijing, People's Republic of China; [4]Graduate Institute of Acupuncture Science, China Medical University, Taichung, Taiwan; [5]Department of Chinese Traumatology Medicine, China Medical University Hospital, Taichung, Taiwan; [6]Department of Physical Medicine and Rehabilitation, China Medical University Hospital, Taichung, Taiwan; [7]Department of Physical Therapy and Graduate Institute of Rehabilitation Science, China Medical University, Taichung, Taiwan; [8]Department of Physical Medicine and Rehabilitation, Asia University Hospital, Asia University, Taichung, Taiwan

*These authors contributed equally to this work

Correspondence: Li-Wei Chou
Department of Physical Medicine and Rehabilitation, China Medical University Hospital, No. 2 Yuh-Der Road, Taichung, 40447, Taiwan
Tel +886-4-22052121-2381
Fax +886-4-2202604l
Email chouliwe@gmail.com

Dear editor

We appreciate the Editor-in-Chief for giving us the opportunity to respond to comments from Xu et al. We also express our appreciation to Xu et al for the attention on our study entitled "Evaluating Effectiveness of Fu's Subcutaneous Needling (FSN) for the Pain Nature and Quality of Life in Patients with Knee Osteoarthritis: A Study Protocol of Randomized Clinical Trial".[1] Hereby, we provide a point-by-point response to the comments raised by Xu et al from the following aspects.

As Xu's comment, FSN has been used for more 20 years, but does not have a high-quality randomized controlled trial till now, so we design and conduct a rigorously clinical trial to observe and prove the clinical efficacy of FSN. The mechanism of FSN is still insufficient as Xu's comment. We had conducted and published an animal study[2] to figure out the mechanism of FSN, but there was still a big area of unknown, so simultaneously mechanism studies are very important issues for our research team in the future work.

For the first suggestion of Xu et al, there is actually a meaningful distinction between "efficacy" and "effectiveness" approaches to research, and the understanding of the distinction between "efficacy" and "effectiveness" research is not only crucial when conducting research but also interpreting results from the studies.[3] As the definition of Porzsolt et al,[4] "efficacy" can be demonstrated in an explanatory, i.e., a randomized controlled trial completed under ideal study conditions; "effectiveness" can be demonstrated in an observational, i.e., a pragmatic controlled trial completed under real-world conditions. But "effectiveness" studies may also use a randomized trial design while a new treatment being studied is typically compared to treatment using the standard of practice for the patient population being studied.[5] That is the reason we chosen the term "effectiveness" as the title of our study protocol.

About the second recommendation, we did not indicate visual analog scales (VAS) in the abstract. We will put this key information and presented in the abstract in the future article. As we know, an optimal primary outcome is the one for which there is the most existing or plausible evidence of being associated with the exposure of interest or intervention. According to previous randomized clinical trial studies of degenerative knee osteoarthritis (OA),[6] acupuncture has been shown to be effective in pain relief,

Received: 22 November 2021
Accepted: 22 November 2021
Published: 14 December 2021

© 2021 Chiu et al. This work is published and licensed by Dove Medical Press Limited. The full terms of this license are available at https://www.dovepress.com/terms.php and incorporate the Creative Commons Attribution – Non Commercial (unported, v3.0) License (http://creativecommons.org/licenses/by-nc/3.0/). By accessing the work you hereby accept the Terms. Non-commercial uses of the work are permitted without any further permission from Dove Medical Press Limited, provided the work is properly attributed. For permission for commercial use of this work, please see paragraphs 4.2 and 5 of our Terms (https://www.dovepress.com/terms.php).

and suggested for treating various kinds of functional disabilities to knee OA. FSN is originated from Chinese traditional acupuncture, so we choose the VAS as the primary outcome, and the dysfunction-related indicators as the secondary outcomes according to previous research of acupuncture treatment for knee OA.[6] We will point out the primary and secondary outcomes and make more detail descriptions in our final result article.

In summary, our study provides potential collaborators and institutions, and hot topics, thereby providing a perspective to the developing trend of FSN therapy, which may help researchers explore new directions for future research in this field.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Chiu PE, Fu Z, Jian GW, Huang CH, Li TM, Chou LW. Evaluating effectiveness of Fu's subcutaneous needling for the pain nature and quality of life in patients with knee osteoarthritis: a study protocol of randomized clinical trial. *J Pain Res*. 2021;9(14):3163–3172. doi:10.2147/JPR.S333299
2. Fu Z, Hsieh YL, Hong CZ, Kao MJ, Lin JG, Chou LW. Remote subcutaneous needling to suppress the irritability of myofascial trigger spots: an experimental study in rabbits. *Evid Based Complement Alternat Med*. 2012;2012:353916. doi:10.1155/2012/353916
3. Singal AG, Higgins PD, Waljee AK. A primer on effectiveness and efficacy trials. *Clin Transl Gastroenterol*. 2014;5(1):e45. doi:10.1038/ctg.2013.13
4. Porzsolt F, Rocha NG, Toledo-Arruda AC, et al. Efficacy and effectiveness trials have different goals, use different tools, and generate different messages. *Pragmat Obs Res*. 2015;6:47–54. doi:10.2147/POR.S89946
5. Fritz JM, Cleland J. Effectiveness versus efficacy: more than a debate over language. *J Orthop Sports Phys Ther*. 2003;33(4):163–165. doi:10.2519/jospt.2003.33.4.163
6. Lu TW, Wei IP, Liu YH, et al. Immediate effects of acupuncture on gait patterns in patients with knee osteoarthritis. *Chin Med J*. 2010;123(2):165–172.

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Journal of Pain Research 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Journal of Pain Research editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Journal of Pain Research Dovepress

Publish your work in this journal

The Journal of Pain Research is an international, peer reviewed, open access, online journal that welcomes laboratory and clinical findings in the fields of pain research and the prevention and management of pain. Original research, reviews, symposium reports, hypothesis formation and commentaries are all considered for publication. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit http://www.dovepress.com/testimonials.php to read real quotes from published authors.

Submit your manuscript here: https://www.dovepress.com/journal-of-pain-research-journal

https://doi.org/10.2147/JPR.S350688