

# Acupuncture at local and distal points for chronic shoulder pain

<b>Submission date</b> 19/11/2013	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 23/12/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 22/04/2014	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Chronic shoulder pain (CSP) is the third most common type of musculoskeletal pain, and can have a major impact on health-related quality of life. Disorders of the shoulder muscles and tendons (strong bands or cords of tissue that attach muscle to bone) are thought to be the most common cause of the pain. The true prevalence is unknown, varying in different reports from 4-34%. The common treatments for shoulder pain are nonsteroidal anti-inflammatory drugs (NSAIDs), physiotherapy, cortisone injections and wait and see. Unfortunately, none of these treatments is clearly proven to be effective for CSP in the long run. In Chinese Medicine, chronic shoulder pain is considered one of the indications that respond well to treatment with acupuncture. The purpose of this study is to evaluate whether local acupoints (acupoints are any of the supposed energy points on the body where acupuncture needles are inserted) in combination with distal acupoints are more effective than local acupoints or distal acupoints alone in reducing pain and improving shoulder function in people with CSP.

### Who can participate?

Participants diagnosed with chronic shoulder pain.

### What does the study involve?

Participants are randomly allocated to one of four groups:

Group A (receive acupuncture at local acupoints in combination with distal acupoints)

Group B (receive acupuncture at local acupoints in combination with distal non-acupoints)

Group C (receive acupuncture at local non-acupoints in combination with distal acupoints)

Group D (receive acupuncture at local non-acupoints in combination with distal non-acupoints).

Participants are asked to come twice a week for 40 minutes acupuncture treatment. Treatment is expected to have been completed by 6 weeks but further questionnaires will be asked at 6, 10 and 18 weeks later after first acupuncture session. Each acupuncture session lasts about 30 minutes.

### What are the possible benefits and risks of participating?

It is expected that participants will experience decrease in pain and improved function and strength. Furthermore, the information that is gained from this study will help inform future research.

The risks of taking part are minimal. Acupuncture is a very safe treatment when given by properly trained clinicians. Occasionally acupuncture can make people feel nauseous or faint or experience a temporary increase in pain either during or after treatment. Participants are warned of these potential side-effects before consenting to have acupuncture.

Where is the study run from?

The study is run from Huairou District Hospital of Traditional Chinese Medicine, Beijing, China, Beijing Hospital of Traditional Chinese Medicine affiliated to Capital Medical University, China and Dongzhimen Hospital of Traditional Chinese Medicine of Beijing University, China.

When is the study starting and how long is it expected to run for?

The study is expected to start in January 2014 and will run until December 2015.

Who is funding the study?

Beijing Bureau of Medical Science and Technology project funding (China)

Who is the main contact?

Dr Cun-Zhi Liu

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## Contact information

**Type(s)**

Scientific

**Contact name**

Dr Cun-Zhi Liu

**Contact details**

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100010

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

2011-3-055

## Study information

**Scientific Title**

Acupuncture at local and distal points for chronic shoulder pain: multi-center, factorial randomized controlled clinical trial

### **Study objectives**

To evaluate the efficacy of acupuncture at local points in combination with distal points in chronic shoulder pain patients.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Research Ethical Committee of Beijing Hospital of Traditional Chinese Medicine affiliated to Capital Medical University, 22/03/2013, ref: 201315

### **Study design**

Block randomized single blind 2×2 factorial design

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Hospital

### **Study type(s)**

Treatment

### **Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

### **Health condition(s) or problem(s) studied**

Chronic shoulder pain

### **Interventions**

Participants will receive acupuncture at local points in combination with distal points for 6 weeks. Time points are as follows:

Visit 1: screening

Visit 2: treatment initiation, participants will receive acupuncture for 6 weeks

Visit 3: 6 weeks after first acupuncture, treatment finish and follow-up

Visit 4: 10 weeks after first acupuncture, follow-up

Visit 5: 18 weeks after first acupuncture, follow-up

Patients who meet the inclusion criteria are randomized to one of four treatment groups:

Group A will receive acupuncture at local acupoints in combination with distal acupoints.

Group B will receive acupuncture at local acupoints in combination with distal non-acupoints.

Group C will receive acupuncture at local non-acupoints in combination with distal acupoints. Group D will receive acupuncture at local non-acupoints in combination with distal non-acupoints.

**Local acupoints:**

Jianyu (large Intestine meridian [LI] 15)  
Jianliao (triple energizer meridian [TE] 14)  
Jianzhen (small intestine meridian [SI] 9)  
Tiaokou (stomach meridian 38)

**Local non-acupoints:**

Local non-acupoint 1: anterior axillary fold  
Local non-acupoint 2: posterior axillary fold  
Local non-acupoint 3: In the shoulder department, 2cm below Tianzong (scapula) (SI 11)  
Local non-acupoint 4: Inside of the upper arm side, Tianfu (lung meridian 3) inward 1 cm, midpoint between pericardium meridian and lung meridian

**Distal non-acupoint:**

Distal point 1: lateral to the shank, 3cm below Yanglingquan (gallbladder meridian 34), the midway between gallbladder meridian and bladder meridian

Treatment will be conducted over a period of 6 weeks, at a frequency of 2 sessions/week.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome measure**

Shoulder pain intensity is graded using Visual Analogue Scale (VAS). The assessment is at baseline (before treatment initiation), 6 weeks later of the first acupuncture, 10 weeks after first acupuncture and 18 weeks after first acupuncture.

**Secondary outcome measures**

1. Functions of the shoulder joint are evaluated by Constant-Murley score (CMS). The assessment is at baseline (before treatment initiation), 6 weeks after first acupuncture, 10 weeks after first acupuncture, and 18 weeks after first acupuncture.
2. Quality of life is assessed by Short form-36 (SF-36). The assessment is at baseline (before treatment initiation), 6 weeks after first acupuncture, 10 weeks after first acupuncture, and 18 weeks after first acupuncture.
3. Perceived Credibility of acupuncture is evaluated by The Treatment Credibility Scale (TCS) after a 6-week acupuncture session. It is a 5-item questionnaire ranging from 1 (not at all) to 5 (very confident); items are averaged to provide a single treatment credibility score, with high scores reflecting high treatment credibility.
4. Participants also report adverse events they experience, including discomfort or bruising at the sites of needle insertion, nausea, or feeling faint after a 6-week acupuncture session.

**Overall study start date**

01/01/2014

**Completion date**

31/12/2015

## Eligibility

**Key inclusion criteria**

1. Age between 25 and 65 years, either sex
2. Primary complaint of shoulder pain with one-sided shoulder pain for at least 6 weeks and up to 2 years
3. A pain score of 50 mm or more on a 100-mm visual analogue scale (VAS)
4. Plain radiography is normal, but may have osteoporosis or calcification shadow
5. Individuals who have not received acupuncture in the preceding 1 month
6. Signed informed consent form

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

164

**Key exclusion criteria**

1. Referred pain from the cervical spine, history of shoulder trauma, shoulder surgery, stroke, ipsilateral breast surgery, heart diseases and severe hypertension
2. Osteoarthritis of the gleno-humeral joint or systemic bone and joint disorder (e.g. rheumatoid arthritis)
3. Endocrine diseases such as hyperthyroidism
4. Severe infection
5. Current therapy involving analgesics

**Date of first enrolment**

01/01/2014

**Date of final enrolment**

31/12/2015

## Locations

**Countries of recruitment**

China

**Study participating centre**

**23 Meishuguanhou Street**  
Beijing  
China  
100010

## **Sponsor information**

### **Organisation**

Beijing Municipal Health Bureau (China)

### **Sponsor details**

70 Zaolinqian Sreet, Xuanwu District  
Beijing  
China  
100053

### **Sponsor type**

Government

### **ROR**

<https://ror.org/0374a5s68>

## **Funder(s)**

### **Funder type**

Government

### **Funder Name**

Beijing Health System (China) - High Level Health Technology Talent Cultivation Plan ref: 2011-3-055

## **Results and Publications**

### **Publication and dissemination plan**

Not provided at time of registration

### **Intention to publish date**

### **Individual participant data (IPD) sharing plan**

### **IPD sharing plan summary**

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	17/04/2014		Yes	No