Journal of Pain Research

Dovepress
Taylor & Francis Group

Open Access Full Text Article

LETTER

The Effectiveness of Acupuncture on Myofascial Trigger Points versus Traditional Chinese Medicine Acupoints for Treating Plantar Fasciitis with Low Back Pain: A Study Protocol for a Randomised Clinical Trial [Letter]

Swarup Ghosh*, Sanam Maurya*, Sandeep Pattnaik*

Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India

*These authors contributed equally to this work

Correspondence: Sandeep Pattnaik, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, 133207, India, Email sandeep.pattnaik@mmumullana.org

Dear editor

We found the article by Ziling Huang et al, titled, "The Effectiveness of Acupuncture on Myofascial Trigger Points versus Traditional Chinese Medicine Acupoints for Treating Plantar Fasciitis with Low Back Pain: A Study Protocol for a Randomised Clinical Trial", to be highly engaging and informative.[1] The authors deserve recognition for their innovative approach in designing a study protocol for investigating the effectiveness of acupuncture on myofascial trigger points compared to traditional Chinese medicine acupoints for treating plantar fasciitis with low back pain. However, several aspects need clarification to strengthen the study's impact.

Title Clarity

The title does not clearly reflect the study's outcomes, which are essential for evaluating the treatment's effectiveness. A more descriptive title, such as "The Effectiveness of Acupuncture on Myofascial Trigger Points versus Traditional Chinese Medicine Acupoints for Pain, Function, and Disability in Patients with Plantar Fasciitis and Low Back Pain: A Study Protocol for a Randomised Clinical Trial", could enhance clarity and improve readability at first glance.

Study Objectives and Hypothesis

While the introduction provides a detailed background on this common condition and the rationale for conducting the study, it lacks a clear presentation of the study's objectives and hypothesis, which are fundamental for interpreting the results.

Control Group Concerns

The absence of a clear control group like sham acupuncture group raises concerns about internal validity and the ability to attribute any observed effects solely to the acupuncture treatment rather than other confounding factors such as the placebo effect, natural healing, or the effects of other treatments participants may be receiving.

Received: 18 February 2025
Accepted: 4 March 2025
Published: 7 March 2025

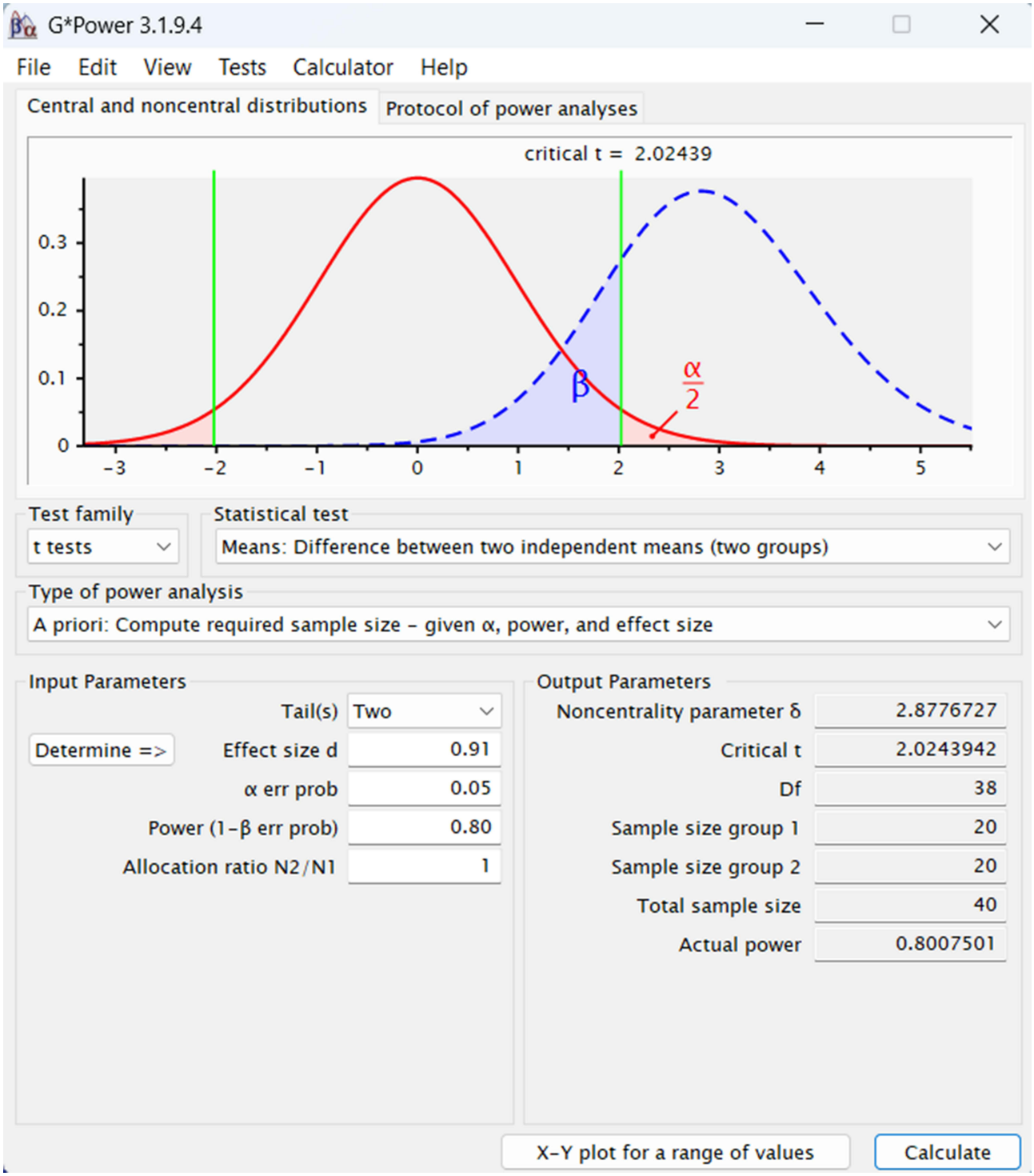

Figure 1 Sample Size Estimation using G*Power Software.

Onset of Plantar Fasciitis

In Methods section, it is not clearly specified whether the participants with plantar fasciitis have an acute or chronic onset. This distinction is important, as chronic plantar fasciitis tends to be more debilitating, has a higher recurrence rate, and often requires a multimodal treatment approach, including pain education and coping strategies, in addition to symptomatic pain relief.[2]

Baseline Scores for Outcome Measures

Additionally, including baseline scores for primary and secondary outcomes based on the condition's severity (acute or chronic) would ensure appropriate participant classification, leading to more accurate treatment assessments and tailored interventions, thereby enhancing the study's validity.[3]

Age Range Considerations

Also, the broad age range of 18–60 years could introduce data variability, potentially skewing results. It would also be challenging to differentiate associated low back pain conditions and manage the psychosocial aspects in older adults. Therefore, the age range should be narrowed.

Sample Size Calculation

Lastly, the mentioned sample size appears to be incorrect based on the given alpha, power, and mean values from previous studies. Using G*Power software, the estimated sample size with the provided values should be 40, shown in Figure 1. Accounting for a 15% dropout, the required sample size would be 48, with 24 participants in each group.

We urge the authors to take these points into consideration, as addressing these concerns will strengthen the study protocol and facilitate more effective implementation in the main study.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Huang Z, Liang X, Luo Y, et al. The effectiveness of acupuncture on myofascial trigger points versus traditional Chinese medicine acupoints for treating plantar fasciitis with low back pain: a study protocol for a randomised clinical trial. *J Pain Res*. 2025;18:497–506. doi:10.2147/JPR.S492541
2. Lee TL, Marx BL. Noninvasive, multimodality approach to treating plantar fasciitis: a case study. *JAMS*. 2018;11(4):162–164. doi:10.1016/j.jams.2018.04.002
3. White IR, Thompson SG. Adjusting for partially missing baseline measurements in randomized trials. *Stat Med*. 2005;24(7):993–1007. doi:10.1002/sim.1981