



Review article

Korean medicine clinical practice guideline on acupuncture for acute ankle sprains in adults: Evidence-based approach



Jiae Choi^a, Ji Hee Jun^a, Jong Uk Kim^b, Tae-Young Choi^a, Ju Ah Lee^c, Tae Han Yook^b,
Tae Hun Kim^d, Myeong Soo Lee^{a,*}

^a Clinical Research Division, Korea Institute of Oriental Medicine, Daejeon 34054, South Korea

^b Department of Acupuncture and Moxibustion Medicine, Korean Medicine Hospital of Woosuk University, Jeonju, South Korea

^c KM Fundamental Research Division, Korea Institute of Oriental Medicine, Daejeon, South Korea

^d Korean Medicine Clinical Trial Center, Korean Medicine Hospital, Kyung Hee University, Seoul 02447, South Korea

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ABSTRACT

Introduction: Based on a structured, rigorous methodology developed for creating evidence-based clinical practice guidelines (CPGs), the Korean Institute of Oriental Medicine and Korean Acupuncture and Moxibustion Medicine Society developed a guideline for treating acute ankle sprain using acupuncture which is part of Korean medicine (KM).

Methods: Using a revised Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach, the committee based these recommendations on a systematic review of randomized controlled trials on any form of acupuncture used for ankle sprains published up to July 2015. Accessible sources relating to ankle sprain were collected, and a systematic review and meta-analysis were applied to the collected data. The quality of evidence was graded, and the recommendations were drafted and then finalized after official approval.

Results: For this CPG, six clinical questions and recommendations that were primarily related to manual acupuncture methods were addressed. Four were related to manual acupuncture alone, of which one focused on electroacupuncture and another on pharmacopuncture. Clinical outcomes evaluated were pain reduction using a visual analogue scale (VAS) or the numeric rating scale and improved cure rates, joint position sense, kinesthesia, and range of motion. Manual acupuncture was thus recommended as grade A treatment for alleviating VAS-graded pain.

Conclusions: The guideline for treating ankle sprain establishes a standard procedure to ensure high-quality medical care for ankle sprain that could be applied globally to patients seeking KM. It also supports international traditional medicine research methodology. When further clinical research is conducted, this CPG can be updated, adding value to its content.

1. Introduction

Ankle sprain is one of the most commonly encountered musculoskeletal injuries in South Korea. In 2010, approximately 2.8 million Korean people were diagnosed with an ankle injury, making it the fifth most common reason for visits to Korean medicine (KM) clinics. Among these patients, 1.2 million sought acupuncture treatment [1]. Acute soft tissue injuries of the ankle—manifesting as a simple stretching injury, partial rupture, or complete rupture of at least one ligament—is a sudden-onset injury of the ankle ligaments. These injuries result in high costs to society as a result of work absence and the use of health care resources [2]. Treatment for acute ankle sprains includes rest, applying

cold, applying pressure, or elevating the affected area. Medications, including anti-inflammatory drugs, are prescribed when the pain is severe [3]. To reduce pain and encourage recovery, KM uses therapies such as acupuncture and meridian treatment, herbal medicines, pharmacopuncture, Chuna manual therapy, and cupping [4].

Acupuncture is the KM treatment most frequently sought for musculoskeletal disorders, and the preference for this treatment over others by patients with various sprains is quite high. In the case of ankle sprain, most patients attending KM clinics consider acupuncture the basic treatment method [5]. Therefore, acupuncture should not be overlooked as an option when discussing application of Eastern medicine for ankle sprain. Because large populations consider acupuncture

* Corresponding author.

E-mail addresses: choijiae0723@gmail.com (J. Choi), zhixi04@kiom.re.kr (J.H. Jun), ju1110@hanmail.net (J.U. Kim), superoung@kiom.re.kr (T.-Y. Choi), motoong@kiom.re.kr (J.A. Lee), nasiss@naver.com (T.H. Yook), rockandmineral@gmail.com (T.H. Kim), drmslee@gmail.com (M.S. Lee).

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an important treatment method for ankle sprain, the clinical research basis for its effectiveness of acupuncture was analyzed for inclusion in this clinical practice guideline (CPG).

CPGs are important for clinicians and health authorities, particularly to help select the appropriate therapy for individual patients and their problems [6,7]. Although numerous CPGs for ankle sprains have been developed in various countries [8–13], CPGs that include KM perspectives are lacking in both Korea and abroad. This bias makes it more difficult for fair evaluation by CPG groups. The CPG represents an important mechanism by which certain therapies are included in health care. Thus, it is essential for KM (e.g., acupuncture) to pursue inclusion in CPG development more actively.

To date, little is known of CPGs within the acupuncture community [14]. In the present CPG, the Korea Institute of Oriental Medicine (KIOM) and CPG Development Committee acknowledged the need to create a CPG in use in KM for ankle sprains. It resulted the present guideline, which takes into account local political and socioeconomic factors in an attempt to improve the CPG's relevance for the target audience. Patients want to be assured that ankle sprain treatment will reduce their disease burden, and clinicians want a CPG on ankle sprain management based on the best scientific evidence. There has thus been increased interest in, and emphasis on, the development of CPGs in Korea.

Considering these needs, this guideline is based on a rigorous, evidence-based approach to recommending KM treatment of ankle sprain in adults. This South Korean CPG provides evidence-based recommendations to address key clinical questions surrounding the acupuncture treatment of acute ankle sprain. Based on evidence as well as expert opinion, its focus is on aiding traditional medicine doctors who treat ankle sprain. Thus, the aim of this CPG's recommendations was to assist in delivering optimal, efficacious treatment for, and functional recovery from, ankle sprain.

2. Methods

2.1. Target group

The guideline is meant for use by all KM doctors who are involved in treating ankle sprain using the KM approach and for guidance of patients with ankle sprain.

2.2. Development process

The development of the present CPG unfolded in several steps. First, specialist groups were formed to plan how the study would be conducted based on an analysis of the conventional creation of CPGs. Interviews with clinicians and a literature search were used to select the clinical questions for developing the guidelines. We then collected and analyzed CPGs for ankle sprains, selected clinical questions using the Populations/People/Patients/Problem–Intervention (s)–Comparison–Outcome (PICO) method, collected and analyzed domestic and foreign literature, and created a draft of a CPG for ankle sprains. To reach an official consensus and create a final recommendation, the Delphi method was applied to the initial draft. Finally, the Korean Acupuncture and Moxibustion Medicine Society examined and approved the present guideline (Fig. 1).

2.3. Group composition

The guideline panel included eight clinicians experienced in treating ankle sprains in adults and four methodologists who were primarily responsible for collecting the evidence, developing evidence summaries, and drafting the guideline.

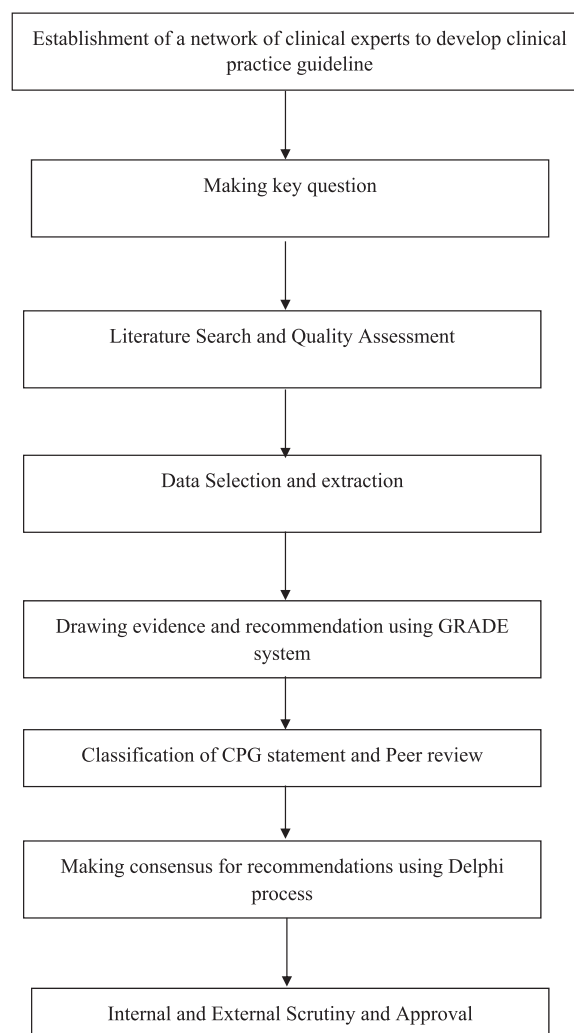


Fig. 1. Process for developing the clinical practice guideline for ankle sprain.

2.4. Evidence summaries

As much accessible scientific research relating to ankle sprain as possible was collected. We then combined data when possible using a systematic review and meta-analysis to assess the risk of bias based on Cochrane methods. All searches were performed by two independent reviewers. MEDLINE, EMBASE, CINHL, AMED, and the Cochrane Central Register of Controlled Trials (CENTRAL) were searched, including records from the inception of each database to July 2015. The following domestic databases were also searched: Oriental Medicine Advanced Searching Integrated System (OASIS), National Discovery for Science Leaders (NDSL), along with the *Journal of Oriental Rehabilitation Medicine* and the *Journal of Korea Chuna Manual Medicine for Spine and Nerves*. Independent authors reviewed all titles and abstracts of the retrieved studies and selected relevant articles based on this information.

- Patient: ('ankle injury' OR 'ankle injuries' OR 'lateral ligament' OR 'deltoid ligament' OR 'tibiotalar ligament' OR 'tibioalcalneal ligament' OR 'tibionabicular ligament' OR 'tibiofibular ligament' OR 'ankle sprain' OR 'ankle pain')
- Intervention: ('manual acupuncture' OR 'acupuncture therapy' OR acupoints OR 'acupuncture points' OR acupressure OR electroacupuncture OR pharmacopuncture)

We analyzed and reported the results according to the Preferred

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