**Hadianfard M, Ashraf A, Fakheri M, and et al. Efficacy of Acupuncture versus Local Methylprednisolone Acetate Injection in De Quervain’s Tenosynovitis: A Randomized Controlled Trial. J Acupunct Meridian Stud 2014; 7(3):115-121.**

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**Reviewer:** Linda Metzger 3-4-16

**Design:** Randomized controlled trial

**Objective:** To investigate the effectiveness of acupuncture on disability and pain in treating individuals with De Quervain’s tenosynovitis.

**Summary of Results:**

* A total of 30 patients were divided into 2 treatment groups: 1) acupuncture + thumb spica splint, and 2) steroid injection + thumb spica splint.
* The results of this study demonstrated statistically significant short-term improvement of pain and function in both groups, but no significant difference in improvements between groups at 6 weeks post-treatment.

**Reasons not to cite as evidence:**

* Sample size was small. The 2 groups included only 30 total participants with 15 patients in each group. The study was more than likely underpowered to find an effect.
* This study did not include a sham acupuncture group. It has been established that the benefits of acupuncture are determined by the patients’ expectations of benefits, and without a sham acupuncture group for comparison, it is difficult to assess the real effects of acupuncture.
* Treatment for all patients in both groups was performed by one unblinded physician. This physician tried to have the least possible communication with patients to minimize bias, especially in the acupuncture group. Minimizing communication with one group and not the other group is in itself introducing bias.
* Neither the outcomes assessor nor the participants were blinded to treatment. This certainly introduces both performance and detection bias.
* One limitation of this study was the short-term follow-up time. Only short-term outcomes were assessed at 2 and 6 weeks post-treatment. The effectiveness of the interventions was not assessed beyond 6 weeks after treatment. The long-term effects of acupuncture were not assessed.
* In this study, the acupuncture treatment was delivered in a different setting and country that is culturally different than the United States. This study’s intervention may not be generalizable to this country.
* This journal favors positive acupuncture studies and therefore negative studies are unlikely to be published.
* Based on only this one study, there is lack of supporting evidence from any other studies to make a definitive statement that acupuncture is effective in improving function and decreasing pain in patients with De Quervain’s tenosynovitis.

**Assessment:**

* Inadequate for evidence of the effectiveness of acupuncture on pain and function in treating patients with De Quervain’s tenosynovitis.