世 界 针 灸 学 会 联 合 会 标 准

WFAS 007.7—2023

针灸临床实践指南
非特异性腰痛

Clinical guideline on acupuncture and moxibustion—
Non-specific low back pain

2023-10-09 发布　　2023-12-31 实施

世界针灸学会联合会　　发 布

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Foreword

This guideline aims to provide a set of standardized recommendations and protocols for acupuncture and moxibustion interventions for non-specific lower back pain.

This guideline is developed in accordance with the technical procedures and rules established by the Standardization Working Committee of the World Federation of Acupuncture-Moxibustion Societies.

This guideline is endorsed and published by the World Federation of Acupuncture-Moxibustion Societies.

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The development of this guideline is funded by the National Key Research and Development Program of the Ministry of Science and Technology of the People's Republic of China, under the project Development of International Clinical Guidelines, Technical Operation Specifications and Service Standards for Acupuncture & Moxibustion(No. 2019YFC1712200) and its sub-project Development of International Acupuncture Clinical Guidelines(No. 2019YFC1712203).

We thank Director Wang Xiaorong for providing professional opinions on the clinical question "how effective and safe is the treatment of non-specific low back pain in pregnant women with filiform needle therapy?" during the discussion. Our thanks also go to experts Liu Baoyan, Li Tie, Fang Fang, Zhang Yuqing, and Liu Weihong for their meticulous and professional suggestions during the review of the manuscript.

We also would like to appreciate Ms. Jiang (China) as patient representative for her assistance and

support for the development of this guideline.

Please note that some of the contents of this guideline may involve patents. The issuing organization of this guideline does not assume the responsibility for identifying patents.

Clinical guideline on acupuncture and moxibustion—Non-specific low back pain

1 Introduction

1.1 Terminology

1.1.1
treatment of filiform needle acupuncture

The filiform needle acupuncture treatment in this guideline refers to the acupuncture and moxibustion therapy that takes the filiform needle as the acupuncture tool and the meridian theory as the guidance, selects the fourteen regular meridians points, the extraordinary point, and the Ah Shi points, and implements the filiform needle acupuncture manipulation to treat diseases. This guideline has the following three limitations for the treatment of non-specific low back pain: ① acupoint selection: fourteen regular meridians points, extraordinary points, Ah Shi points, focal points of the diseases of meridian-muscle regions; ② acupuncture techniques: with filiform needle as intervention measure, electroacupuncture can be added; ③ manipulation: the treatment is based on *qi* and the implementation of reinforcing and reducing movement.

1.1.2
treatment of moxa-moxibustion

Moxa-moxibustion treatment in this guideline refers to treating diseases by taking moxa wool as the primary moxibustion material, burning and warming at certain parts, or acupoints on the body surface after burning moxa wool, and using the warm stimulation of moxibustion fire and the effect of drugs. This guide has the following two limitations on the moxibustion treatment of non-specific low back pain: ① moxibustion materials: moxa wool are mainly moxibustion materials; ② operation methods: moxibustion with moxa sticks, warm moxibustion, warm moxibustion device moxibustion as the primary operating methods.

1.1.3
treatment of cupping

This guideline the cupping therapy points to: a kind of tool for the cup by using the methods of combustion, suction cup caused by negative pressure, causing the adsorption and surface aperture or cup, making local skin reddening, blood stasis to produce benign stimulation, to regulate functions of viscera, the balance of *ying* and *yang*, dredge the meridian, prevent and treat diseases.

1.1.4
treatment of comprehensive acupuncture

The treatment of comprehensive acupuncture in this guideline refers to the above-mentioned comprehensive treatment of filiform acupuncture，moxa-moxibustion，and cupping combined with one or two other techniques.

1.1.5
pharmacological treatment

Pharmacotherapy in this guideline refers to conventional medicine oral drugs for NSLBP，including non-steroidal anti-inflammatory drugs and muscle relaxants.

1.1.6
non-pharmacological treatment

Non-pharmacological treatment in this guideline refers to standard non-invasive treatment for NSLBP，including *Tuina*，physical therapy，bed rest，exercise and core stability training.

1.1.7
motion-style acupuncture

In this guideline，motion-style acupuncture therapy refers to the acupuncture method in which，based on *qi* extraction by acupuncture，the acupuncture practitioners make the patient move the affected or related parts while performing the acupuncture technique，and the doctor and patient cooperate to improve the clinical efficacy.

NOTE This guideline recommends that the patient move the waist in the exercise needle.

1.2 Aims and objectives

WFAS *Clinical guideline on acupuncture and moxibustion—Non-specific low back pain*（hereinafter referred to as the guideline）is designed basis on available clinical evidence，the essential characteristics of acupuncture and the current international demand for acupuncture treatment of NSLBP and clinical questions of interest，using GRADE（Grading of Recommendations Assessment，Development，and Evaluation）as an evidence evaluation tool and following the WFAS guide production process. With consideration of international applicability，this guideline is developed to provide the best solutions for clinicians，medical researchers，and medical policymakers in different countries and regions.

1.3 Scope

This guideline applies to patients over 18 years of age with acute，subacute，or CNSLBP.

1.4 Target population

The target population of this guideline is professionals worldwide who are involved in the clinical, teaching, and research of NSLBP, including ① acupuncturists ; ② traditional Chinese medicine acupuncture practitioners; ③ western doctors; ④ teachers and students in medical universities or traditional Chinese medicine education and training institutions; ⑤ relevant personnel of traditional Chinese medicine research institutions; ⑥ medical policymakers.

1.5 Settings

This guideline applies to hospitals specializing in acupuncture and moxibustion, primary hospitals and clinics engaged in clinical work of acupuncture and moxibustion, medical colleges specializing in acupuncture and moxibustion, scientific research, and evaluation institutions related to acupuncture and moxibustion in the world.

1.6 Summary of recommendations

Number	Recommendation	Levels of recommendation	Quality of evidence
1	For patients with acute/subacute non-specific low back pain, compared with oral western medicine (non-steroidal anti-inflammatory drugs, muscle relaxants), the panel recommends prioritizing filiform needle therapy .	Conditional recommendation	Very low quality of evidence
2	For patients with acute/subacute non-specific low back pain, compared with other non-pharmacological treatments (physical therapy, bed rest, *Tuina*), the panel recommends prioritizing filiform needle therapy.	Conditional recommendation	Very low quality of evidence
3	For patients with acute/subacute non-specific low back pain, compared with oral western medicine (non-steroidal anti-inflammatory drugs, muscle relaxants), the panel recommends prioritizing acupuncture combination therapy .	Conditional recommendation	Very low quality of evidence

(*continued*)

Number	Recommendation	Levels of recommendation	Quality of evidence
4	For patients with acute/subacute non-specific low back pain, compared with other non-pharmacological treatments (*Tuina*), the panel recommends prioritizing acupuncture combination therapy.	Conditional recommendation	Very low certainty of evidence
5	For patients with acute/subacute non-specific low back pain, the panel recommends acupuncture combination therapy and filiform needle therapy.	Conditional recommendation	Very low quality of evidence
6	For patients with chronic non-specific low back pain, compared with other non-pharmacological treatments (*Tuina*, physical therapy plus exercise, and core stability training), the panel recommends prioritizing filiform needle therapy.	Conditional recommendation	Very low quality of evidence
7	For patients with chronic non-specific low back pain, compared with filiform needle therapy, the panel recommends prioritizing acupuncture combination therapy.	Conditional recommendation	Very low quality of evidence

1.7 Contacts

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2 Overview of the disease

2.1 Definition

2.1.1 Western medicine

Non-Specific Low Back Pain (NSLBP) refers to a condition that cannot be attributed to an identifiable or known specific pathology resulting in pain as the primary manifestation in the lower back region (below the costal margin, above the buttocks crease, and between the midaxillary line of both sides)[1,2].

Disorders that should be excluded from this guideline were the following: low back pain with a clear source of spinal fractures, dislocation of the vertebral joint, muscle tearing, fracture of spinal or spinal joint ligaments, neuralgia from a herniated disc, skin laceration, sacroiliac arthritis, ankylosing spondylitis, radiculopathy, cauda equina syndrome, lumps or the pain from the lower back.

NSLBP is staged according to the length of time it lasts. Chronic NSLBP lasts longer than 12 weeks, subacute NSLBP lasts 4 to 12 weeks, and ANSLBP lasts less than 4 weeks[3].

2.1.2 Traditional Chinese medicine

NSLBP belongs to the category of "low back pain" in Chinese medicine and is a condition characterized by pain in the lumbar spine or paraspinal area. There is a distinction between acute and chronic pain. ANSLBP is a short course of disease, waist more acute pain, stabbing pain, both sides of the spine often have obvious pressing pain; CNSLBP is a long course of the disease, time-out, dull or sore waist[4].

In ancient literature, there are various names for low back pain, such as "lumbar pain" "lumbar back pain" "kidney pain" and "lumbar *Bi*", etc. In the *Yellow Emperor's Inner Classic: Basic Questions*, it was mentioned that lumbar pain is caused by cold; when cold is felt, the patient's joints are fixed and cannot move smoothly, and the lumbar pain is caused by cold and dampness pushing on the *qi* intersection. In the 69th Chapter of the *Yellow Emperor's Inner Classic*: The Spiritual Pivot, it is believed that insufficient fluids to nourish the bone marrow will cause "lumbar back pain". In Essentials from the *Yellow Emperor*, it is recorded that kidney pain ...... for a long time to get it, cold pain below the waist. We called cold and damp lumbar pain as "kidney pain". In the *Precious Mirror for the Advancement of Medicine*, it was first proposed the name "lumbar *Bi*", it said: "name of *Bi* syndrome was named according to the distribution, so there is chest *Bi*, lumbar *Bi*". In *Treatment Experiences of Bi Syndrome*, it refers to *Bi* syndrome in the lumbar region as lumbar *Bi* syndrome.

The cause of NSLBP can be divided into the invasion of external evils, fall injury, and kidney deficiency. The basic pathogenesis is the obstruction of meridians and the malnutrition of the waist. Invasion of external evils is exogenous wind, cold, dampness, heat, etc., which invade the meridians, which leads to stagnation of *qi* and blood, then lumbago results. Such causes of low back pain are more rapid in onset, with significant low back pain, often accompanied by wind, cold, dampness, heat, etc., external evil symptoms. Fall injury affects the waist *qi*, and blood manipulation results in stagnation of *qi* and blood, stagnation of meridians, and astringent blood vessels, which leads to pain. Kidney deficiency and malnutrition in the waist can lead to low back pain.

2.2 Epidemiology

According to epidemiological investigation, NSLBP accounts for about 90% of low back pain and has become a common cause of activity limitation in middle-aged and older adults, seriously threatening patients' physical and mental health and quality of life[5]. Epidemiological investigation shows that about 80% of people have experienced low back pain in their lifetime, and 7 to 11% of them will turn into chronic low back pain, a disease with an incidence rate second only to the common cold[6].

It is reported that the average prevalence of low back pain among ordinary adults is about 12%, and the prevalence of low back pain among people aged 40 and over and women is higher; the lifetime prevalence rate is about 40%[7].Significant differences exist in the incidence of low back pain in different occupations. The prevalence of low back pain among manual workers is as high as 58.33%[8]; low back pain among nursing staff is as high as 72%[9]. Other groups at risk for low back pain include drivers, military personnel, and office workers[10].

Low back pain is the primary cause of human disability (loss of labor capacity) worldwide, which brings great pain and economic burden to patients, families, and society. According to statistics, low back and neck pain have the highest healthcare expenditure for any 154 diseases in the United States, with an estimated $134.5 billion[11]. The economic burden of low back pain is estimated to be around £2.8 billion in the UK[12] and more than AU$4.8 billion in Australia per year[13].

2.3 Clinical manifestations, diagnosis and evaluation

2.3.1 Western medicine

2.3.1.1 The diagnosis and prognosis of chronic NSLBP

Chronic NSLBP is mainly pain in the lumbosacral and lumbar back and may be accompanied by weakness in the waist, stiffness, limited mobility or decreased coordination, and sleep disorders for the severe ones. The pain will become relieved when the patients stay in bed and severe when the patients' stoop, sit and stand for a long time. After conservative treatments such as hot compress and *Tuina*, the pain symptoms can be alleviated temporarily. Muscle pressure pain around the lumbar spine, which is more widespread, may appear as increased muscle tension or significantly localized pressure points (trigger points) at the pain site; there may also be no obvious pressure pain in chronic pain with muscle atrophy[14].

2.3.1.2 The diagnosis and prognosis of acute/subacute non-specific low back pain

Acute and subacute NSLBP is more acute in onset and accompanied by mechanical external force damage. e.g., to lift heavy things, twist the waist, etc. The degree of pain is severe and may be accompanied by localized or diffused tenderness. The motion of the lumbar vertebra can cause low back pain, with or without lower extremity radioactive pain. Muscle pressure pain around the lumbar spine, which is more widespread, may appear as increased muscle tension or significantly localized pressure points (trigger points) at the pain site[14].

2.3.2 Syndrome differentiation in Traditional Chinese medicine

2.3.2.1 Differentiation based on the stage

2.3.2.1.1 Acute low back pain

Shorter course of the disease, mild activity can cause one side or both sides of the waist pain to aggravate, and both sides of the spine often have obvious pressing pain.

2.3.2.1.2 Chronic low back pain

A longer course of the disease, lingering and challenging to heal, and aggravated by exertion, relieved when pressed. It can be induced or aggravated by improper posture, overwork, weather changes, and other factors.

2.3.2.2 Differentiation based on meridians and collaterals

2.3.2.2.1 Low back pain on *Taiyang* meridian

Pain characteristics include pain in the spine, low back pain like a fracture, and discomfort in the back and lumbar coccyx.

2.3.2.2.2 Low back pain on *Shaoyang* meridian

Pain characteristics: flank low back pain, thigh knee and tibia lateral and lateral ankle pain discomfort.

2.3.2.2.3 Low back pain on *Yangming* meridian

Pain characteristics: waist and thigh leading edge, dorsum of the feet pain.

2.3.2.2.4 Low back pain on *Shaoyin* meridian

Pain characteristics: pain in the lower back and the back edge of the inner thigh, or weakness and coldness in the limbs.

2.3.2.3 Differentiation based on pathogenesis

2.3.2.3.1 Cold-damp low back pain

Waist cold pain, turn side adverse, still lying pain does not reduce, cold or rainy days aggravate, pale tongue, moss white greasy, deep and slow pulse.

2.3.2.3.2 Heat-damp low back pain

Waist pain, heavy and hot, summer wet and rainy weather aggravated, after activity may be reduced, heavy body, short red, red tongue, moss yellow greasy, moist pulse or stringiness.

2.3.2.3.3 Blood stasis low back pain

Low back pain like stabbing, pain with a fixed location, refusal to press on the painful area, lighter every day and heavier every night, difficulty in moving up and down in mild cases, in severe cases unable to turn to the side; dark purple tongue or petechiae, astringent pulse. Some patients have a history of falling and stumbling.

2.3.2.3.4 Kidney deficiency low back pain

2.3.2.3.4.1 Kidney *yang* deficiency

Waist vague pain, weak, persistent, local cold, like warm and press, aggravated by exertion and relieved by rest, often repeated attacks, pale face, cold limbs, pale tongue, moss-thin white, weak pulse.

2.3.2.3.4.2 Kidney *yin* deficiency

Waist vague pain, weak, persistent, not cured for a long time, upset less sleep, dry mouth and throat, red face, hand and foot heart heat, red tongue less moss, pulse string count.

2.4 Treatment of non-specific low back pain

At present, the main methods of treating non-specific low back pain include both non-pharmacologic and pharmacologic treatments. Non-pharmacologic treatments include exercise therapy, physical therapy, exercise, bed rest, *Tuina*, etc. Pharmacologic treatments include Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants, etc.

2.4.1 Treatment of acute/subacute non-specific low back pain

In view of the fact that most patients with acute/subacute conditions improve over time regardless of the treatment they receive, non-pharmacologic treatments, including superficial hyperthermia, massage, acupuncture, or spinal *Tuina*, are recommended. If pharmacologic treatment is needed, non-steroidal anti-inflammatory drugs or muscle relaxants are recommended.[15] Rest in bed was recommended for patients in the acute phase based on traditional understanding, however,new guidelines encourage continuation of regular activities.

2.4.2 Treatment of chronic non-specific low back pain

For chronic patients, non-pharmacologic treatments are recommended first of all, including patient education, self-directed training programs, physical therapy (hot compresses, ultrasound treatment, transcutaneous electrical nerve stimulation treatment, laser therapy, and traction), acupuncture therapy, Tai Chi, yoga, aerobic exercise, or spinal *Tuina*.[16]

For patients who do not respond well to non-pharmacologic therapy, NSAIDs are recommended as first-line therapy, and tramadol or duloxetine as second-line therapy. Clinicians should only consider opioids as an option for patients who have failed the above treatments, and only when the potential benefits outweigh the risks to the individual patient, and after discussing the known risks and realistic benefits with the patient.[15]

3 Guideline development process

The development of this guideline refers to the GRADE methodology[17] and the *WHO guideline development handbook*[18]. The development process mainly includes three key links: forming clinical questions and outcomes, the construction of evidence bodies, and formulating recommendations and treatment protocols.

3.1 Development of clinical questions

Firstly, the PICO structured survey questionnaire of clinical concern[19] was used to investigate the target population internationally, and a total of 51 questionnaires were collected from doctors, nurses, Medical Security Bureau staff, and patients. The survey results suggest that due to the significant difference in PICO content in the answers to open questions, the similarity between clinical questions is very low, and it is impossible to vote on clinical questions directly. Therefore, the analysis and summary of "applicable patient population characteristics, intervention measures, control measures, and outcome indicators" are as follows: ① Analysis of functional patient population characteristics: through the analysis of questionnaire data, it is found that the four factors of pain degree, etiology, pain location and age of NSLBP patients receive great attention; occupation, gender, special groups (such as the elderly, pregnant women, etc.) and the course of disease also have a certain degree of concern.② Analysis of intervention measures: according to the number of votes, the top four acupuncture treatment methods that the respondents hope to present in this guide are hand acupuncture, electroacupuncture, moxibustion, and cupping. ③ Analysis of control measures: the top three control therapies of acupuncture and moxibustion for ANSLBP in order of attention from high to low are: non-steroidal anti-inflammatory drugs, bed rest, and physical therapy. As for the control therapies of acupuncture and moxibustion treatment for CNSLBP, the top three in the order of attention from high to low are non-steroidal anti-inflammatory drugs, physical therapy, and exercise. ④ Analysis of outcome indicators: according to the attention of the outcome indicators from high to low, they are: pain, safety, health economics, functional recovery, and changes in quality of life. According to the above survey questionnaire results, the working group of this guideline has cross combined the three aspects of "patients, intervention measures, and control measures". After discussion by experts within the research group, 45 clinical questions have been preliminarily formulated. The working group has interviewed 6 experts (majoring in acupuncture, spinal surgery, and orthopedics). Based on the summary of the questionnaire results, combined with the opinions of experts interviewed, and according to the PICO principle, the working group drafted 15 clinical questions for adult NSLBP.

Through two rounds of modified Delphi panel consensus, this guideline includes 11 clinical questions and covers the most concerned PICO elements. In the later literature search, it was found that there were no acute/subacute or chronic stages of pregnant women with NSLBP and only reports of gestational weeks. Therefore, the working group of this guideline proposed to combine 10 and 11 clinical questions into "what is the efficacy and safety of acupuncture for pregnant women with NSLBP?" and sent this proposal to all panel experts and all experts agreed. Therefore, this guideline finally identified 10 clinical questions. Through two rounds of modified Delphi method panel consensus, 7 outcome indicators were included in this guideline, which was ranked by importance as follows: pain, safety, functional impairment, composite indicators, physical examination, quality of life, and health economics evaluation.

The rules of the modified Delphi panel consensus[20] are as follows:

For clinical questions, the importance rating adopts the five points Likert scale ("very important" = 5 points, "important" = 4 points, "generally important" = 3 points, "not very important" = 2 points, "not important" = 1 point). For the outcome indicators, GRADE importance rating rules were adopted. Based on this, calculate the subject's mean value (X) and coefficient of variation ($CV = SD/X$).

After completing the first phase of Delphi research, a consensus meeting was held on this guideline's clinical questions and outcomes. After panels in the Guideline Development Group (GDG) had fully expressed their opinions, the second round of Delphi voting was conducted. For clinical questions and results, the conditions for inclusion in this guideline were: mean value of importance >3 points and $CV \leqslant 25\%$. When the mean value of importance was <3 and $CV \leqslant 25\%$, the corresponding clinical questions or outcomes were excluded; when $CV > 25\%$, the second round of meeting discussion will be conducted around this item, and the third round of Delphi survey will be conducted after complete discussion. If the coefficient of variation of relevant items is still higher than 25% in the third round of the Delphi survey, the clinical question or outcome will be excluded.

3.2 Construction of evidence body

Based on the acupuncture and moxibustion treatment for NSLBP, a systematic search was carried out for the literature published between the establishment of the database and March 2021 in six English databases (PubMed, Web of Science, Embase, Cochrane, Scopus, Epistemonikos) and four Chinese databases [CNKI, Wanfang, VIP and CBM(SinoMed)]. A search form was constructed around the keywords "non-specific low back pain" "acupuncture" "Moxibustion" and "cupping". At the same time, relevant trials in the WHO International Clinical Trial Registration Platform (WHO ICTRP), the European clinical trials register (EU clinical trials register), the US clinical trials registration platform (ClinicalTrials. Gov), and the Chinese clinical trials registry were searched.

The inclusion and exclusion criteria were formulated according to the PICO element characteristics of 10 clinical questions, and the literature feature extraction and analysis of the risk of bias were carried out. Meta-analysis was conducted around the different outcomes of each clinical question, and GRADE evidence quality evaluation (risk of bias, inconsistency, imprecision, indirectness, and publication bias) was performed on the evidence body. Generate the evidence summary table (SoF) and Evidence to Decision (EtD) table using the guideline developing tools GRADEpro[21].

3.3 Development of recommendations

After the panels in the GDG had fully mastered the evidence-based basis, the recommendations were generated through the consensus of the modified Delphi method. First, after panels thoroughly read the evidence body of each clinical question (including the literature information table, risk of bias assessment table, SoF table, and EtD framework) and the consensus rules, they made judgments around the twelve dimensions of the EtD framework. They gave the recommended direction and strength of each clinical question. The working group made statistics on the results of the first round of the modified Delphi survey on the EtD framework and recommendations. Second, the panel consensus meeting was held. The evidence body, consensus rules, and the statistical results of the first round of modified Delphi voting were introduced during the meeting, and panels discussed the EtD framework of each clinical question. After a complete discussion, panels voted again on the EtD framework and recommendations. Finally, the working group forms recommendations based on the results of the second round of the modified Delphi survey and the GRADE grid consensus rules.

The GRADE grid consensus rule[22] is as follows:

① Recommending or opposing an intervention (compared with a specific control measure) requires at least 50% of the participants to approve, and less than 20% choose the control measure. A "conditionally recommended intervention or control" will be generated if this criterion is not met.

② If a recommendation is listed as strong rather than weak, it must be strongly recommended by at least 70% of the participants.

4 Recommendations

Question 1：For patients with acute/subacute non-specific low back pain，is filiform needle therapy more effective than oral western medicine?（Filiform needle therapy includes：acupuncture or electroacupuncture；oral western medicine includes：non-steroidal anti-inflammatory drugs，muscle relaxants）
（1）Recommendation
For patients with acute/subacute non-specific low back pain，compared with oral western medicine（non-steroidal anti-inflammatory drugs，muscle relaxants），the panel recommends prioritizing filiform needle therapy.（Conditional recommendation，very low certainty of evidence）
（2）Summary of findings
A total of 14 studies involving 5 outcomes were included in this question. Among them，for pain（VAS or NRS as outcome ），filiform needle therapy is slightly better than oral single western medicine（moderate effect，very low quality of evidence）. It also suggests that the effect of acupuncture combined with waist movement（acupuncture three to six sessions）is better than other acupuncture methods（very low quality of evidence）. For the effective rate，filiform needle therapy can improve the effective rate by 11% compared with oral single western medicine（trivial effect，very low quality of evidence）. For dysfunction（ODI or RMDQ as outcome ），filiform needle therapy is better than oral single western medicine（large effect，very low quality of evidence）. For lumbar range of motion（degree of LROM as outcome ），there is no difference between filiform needle therapy and oral single western medicine（very low quality of evidence）. For lumbar range of motion-Schober（Schober test as outcome ），there is no difference between filiform needle therapy and oral single western medicine（very low quality of evidence）. Among the 14 studies included，9 studies selected distal acupoints combined with lumbar movement（defined as motion style acupuncture treatment）. The results suggest that the effect of multiple sessions（three to six sessions）motion style acupuncture treatments could be better. Among them，the distal points are EX-UE7（5 studies），GV26 plus SI3（2 studies），SI6（1 study），and distal points of the meridian（SI6，BL2，GV26）（1 study）. The other 5 studies selected proximal points（1 study），distal points（2 studies），or proximal combined with distal points（2 studies）. The commonly used oral western medicines for acute/subacute non-specific low back pain include non-steroidal anti-inflammatory drugs，muscle relaxants and opioids. However，no single opioid controlled study was found in the literature selection of this clinical problem. In the 14 included studies，the western medicines were diclofenac sodium（4 studies），ibuprofen（2 studies），loxoprofen（1 study），meloxicam（5 studies），nimesulide（1 study），and eperisone（1 study）.

(*continued*)

(3) Explanation
This opinion only applies to the comparison of filiform needle therapy versus oral single western medicine, not to the comparison of acupuncture versus multiple western medicines. Shared decision-making between patients and clinicians is needed when implementing this recommendation, especially considering the low certainty of evidence on benefit and differences in short-term and long-term cost-effectiveness. The patients with acute/ subacute non-specific low back pain combined with the following conditions suggest seeking specialized consultation firstly: thoracolumbar fractures, local infection of the thoracolumbar spine, such as lumbar tuberculosis, low back pain combined with acute aggravating neurological symptoms, such as decreased muscle strength of lower limbs, weakened or disappeared tendon reflex, decreased sensation in the perineum, abnormal urination or/and defecation function, etc. Motion style acupuncture treatment is not recommended for the following patients: patients with severe lumbar disc prolapse, severe lumbar spondylolisthesis, lumbar space occupying, lumbar fracture, and severe osteoporosis. Motion style acupuncture treatment is recommended for non-specific low back pain patients with a course of disease≤7 days, whether for those with a course >7 days is determined according to experts.
(4) Recommended treatment protocols
● Protocol 1: Electroacupuncture on three special acupoints at the waist with distal point selection ① Acupoints Shenshu (BL23) (both sides), Dachangshu (BL25) (both sides), Weizhong (BL40) (both sides), Ashi point(lumbosacral tenderness point). ② Manipulation According to the conventional acupuncture direction and depth of the manipulation. Connect the positive and negative poles of the electroacupuncture therapeutic instrument after *deqi*, connect the positive and negative poles of the electroacupuncture therapeutic instrument to the acupoints on the pain side of the body, connecting Shenshu (BL23) with Dachangshu (BL25), Weizhong (BL40) with Ashi Point. Select continuous wave type with a frequency of 20 Hz or less, and adjust the intensity to the patient's tolerance and local muscle micro fibrillation.

(*continued*)

Reinforcing and reducing manipulation:Even Reinforcing and Reducing movement.

Needle retention time: Twenty to thirty minutes.

③ Treatment of frequency

It is suggested that about 3 times a week, the specific situation according to the condition and implementation conditions by the doctor-patient joint decision.

④ Treatment course

It is suggested that 1 to 2 weeks, the specific situation according to the remission of the disease and implementation conditions by the doctor-patient joint decision.

● Protocol 2:Motion style acupuncture at Yao Tong points(EX-UE7)

① Acupoint

Yao Tong points(EX-UE7). Location of acupoint:On the dorsum of the hand, between the 2nd and 3rd and between the 4th and 5th metacarpal bones, at the midpoint of the line joining the transverse crease of the wrist and the metacarpophalangeal joint,2 acupoints.

Distal dorsal carpal transverse crease: The transverse crease on the dorsal surface of the wrist that connects the upper edge of the pisiform bone to the tip of the radial styloid process during wrist extension.

Middle point of the line connecting metacarpophalangeal joints: When making a fist, the middle point of the line connecting the highest points of the adjacent two metacarpophalangeal joints.

② Manipulation

Directly stab it into the acupoint 0.2 to 0.5 cun. The needle should be lifted and inserted in a small range after acupuncture. The needle sensation requires soreness or distension of local skin and spreads to the whole hand.

Needle retention time: Twenty to thirty minutes.

(*continued*)

Waist movement manipulation of motion style acupuncture:

During the acupuncture of the distal acupoint and the process of needle retention, the patient was in a standing position, and the waist was gently extended, left flexion, forward flexion, right flexion, and 360° waist rotation, turning from the non-motion restricted part to the motion restricted part. If the patient's left flexion is limited, the waist should be rotated from dorsiflexion, right flexion, forward flexion, and left flexion. Right flexion is limited from the back extension, left flexion, forward flexion, and right flexion rotation. The amplitude increases gradually from small as the case may be.

③ Treatment of frequency

It is suggested that about 3 times a week, the specific situation according to the condition and implementation conditions by the doctor-patient joint decision.

④ Treatment course

It is suggested that 1 week, the specific situation according to the remission of the disease and implementation conditions by the doctor-patient joint decision.

⑤ Notice

The acupuncture stimulation intensity should be increased from small to large, and the patient's tolerance should be taken as the degree to prevent needle sickness.

Question 2: For patients with acute/subacute non-specific low back pain, is filiform needle therapy more effective than other non-pharmacological treatments? (Filiform needle therapy includes: acupuncture or electroacupuncture; non-pharmacological treatment includes physical therapy, bed rest, or *Tuina*)
(1) Recommendation
For patients with acute/subacute non-specific low back pain, compared with other non-pharmacological treatments (physical therapy, bed rest, *Tuina*), the panel recommends prioritizing filiform needle therapy. (Conditional recommendation, very low certainty of evidence)
(2) Summary of findings

(*continued*)

A total of 9 studies involving 3 outcomes were included in this question. Among them, for pain (VAS as outcome), filiform needle therapy and other non-pharmacological treatment in relieving the pain of patients with acute / subacute non-specific low back pain (very low certainty of evidence). For dysfunction (ODI or RMDQ as outcome), filiform needle therapy is to some extent more effective than other non-pharmacological treatment in improving the function of patients with acute / subacute non-specific low back pain (moderate reduction, low certainty of evidence). For the effective rate, filiform needle therapy compared with *Tuina*, there is no difference in the effective rate at the end of treatment (moderate certainty of evidence); no significant difference in one month of follow-up (low certainty of evidence); and no significant difference in twelve-month follow-up (low certainty of evidence). Out of 9 included studies, for the selection of non-pharmacological therapy, *Tuina*(5 selected), physical therapy(2 selected), and bed rest(2 selected). Based on the available evidence, filiform needle therapy is better than *Tuina* in improving the dysfunction of patients with acute/subacute non-specific low back pain; there is no difference between filiform needle therapy and *Tuina* in relieving the pain and in improving the effective rate of patients with acute/subacute non-specific low back pain. A total of five studies of filiform needle therapy versus *Tuina* were included, two of which were acupuncture at Houxi point, one at yaotong acupoint, and two at local acupoint plus distal acupoint.
(3) Explanation
Shared decision-making between patients and clinicians is needed when implementing this recommendation, especially considering the various cost and the very low certainty of evidence on benefit. The patients with acute/ subacute non-specific low back pain combined with the following conditions suggest seeking specialized consultation firstly: thoracolumbar fracture; low back pain combined with acute aggravation of neurological symptoms, such as decreased muscle strength of lower limbs, weakened or disappeared tendon reflex, decreased sensation in the perineum, abnormal urination or/and defecation function etc.
(4) Recommended treatment protocol
① Acupoints Shenshu (BL23) (both sides), Mingmen (GV4), Yaoyangguan (GV3), Dachangshu (BL25) (both sides), Weizhong (BL40) (both sides), Ah Shi (lumbosacral tenderness point).

(*continued*)

② Manipulation
According to the conventional acupuncture direction and depth to operate.
Reinforcing and reducing manipulation: Carry out slow and uniform lifting, inserting, and twisting techniques, and take getting *qi* as the degree.
Needle retention time: Twenty to thirty minutes.
③ Treatment of frequency
It is suggested that about 3 times a week, the specific situation according to the condition and implementation conditions by the doctor-patient joint decision.
④ Treatment course
It is suggested that 1 to 2 weeks, the specific situation according to the remission of the disease and implementation conditions by the doctor-patient joint decision.

Question 3: For patients with acute/subacute non-specific low back pain, is acupuncture combination therapy more effective than oral western medicine? (Acupuncture combination therapy includes: acupuncture plus moxibustion, acupuncture plus cupping, acupuncture plus moxibustion and cupping; oral western medicine includes: non-steroidal anti-inflammatory drugs, muscle relaxants)
(1) Recommendation
For patients with acute/subacute non-specific low back pain, compared with oral western medicine (non-steroidal anti-inflammatory drugs, muscle relaxants), the panel recommends prioritizing acupuncture combination therapy . (Conditional recommendation, very low certainty of evidence)
(2) Summary of findings
Through systematic search, no direct evidence completely consistent with this clinical problem was found, so the RCT literature of the patients with acute lumbar sprain was analyzed to provide indirect evidence.

(*continued*)

A total of 1 study involving 2 outcomes were included in this question. Among them, for pain (VAS as outcome), acupuncture combination therapy is better than oral western medicine, the former can decrease the VAS by 1.2 (moderate effect, very low quality of evidence). For the effective rate,compared with oral western medicine, acupuncture combination therapy can improve the effective rate by 26% (trivial effect, very low quality of evidence). The included study was indirect evidence, in which the acupuncture combination therapy contained acupuncture plus cupping and plum blossom needle, the control was the combination of two western medicines (diclofenac sodium sustained-release capsule and eperisone), and the included patients were patients with the acute lumbar sprain.
(**3**) **Explanation**
Shared decision-making between patients and clinicians is needed when implementing this recommendation, especially considering that this recommendation is based on very low-quality indirect evidence and expert experience, the low certainty of indirect evidence on benefit, and differences in short-term and long-term cost-effectiveness. The patients with acute/subacute non-specific low back pain combined with the following conditions suggest seeking specialized consultation firstly: thoracolumbar fractures, low back pain combined with acute aggravating neurological symptoms, such as decreased muscle strength of lower limbs, weakened or disappeared tendon reflex, decreased sensation in the perineum, abnormal urination or/and defecation function, etc. The accessibility of moxibustion and patients' acceptability of moxibustion should be considered. Smoke exhaust facilities are recommended for the place where moxibustion is implemented.
(**4**) **Recommended treatment protocol** (This treatment protocol applies to Cold-dampness type)
① **Acupoints** Compulsory acupoints: Shenshu (BL23) (both sides), Yaoyangguan (GV3), Weizhong(BL40) (both sides), Dachangshu (BL25) (both sides), Guanyuanshu (BL26) (both sides), Ah Shi (lumbosacral tenderness point). Cupping acupoints: Shenshu(BL23), Dachangshu(BL25),Ah Shi (lumbosacral tenderness point). Moxibustion acupoints: Shenshu (BL23), Yaoyangguan (GV3), Dachangshu (BL25), Guanyuanshu (BL26).

(*continued*)

② Acupuncture and moxibustion manipulation

For Weizhong(BL40), *Cheng's Sancai method* directly stabbed the Dicai 1.2 to 1.5 cun, shaking the needle to produce *qi*, and performed a reinforcing method of whirling. The other points were operated according to the conventional acupuncture direction and depth, even reinforcing and reducing movement. Moxibustion, take a clear moxa stick, ignite it and hang it on the acupoints. The moxa fire is 2 to 3 cm away from the skin, moxibustion for 10 to 20 minutes, moxibustion until the skin is warm and flushed without burning the skin. Acupuncture can be retained during moxibustion. After removing the needle, cupping is performed routinely on the waist acupoint.

Sancai is an ancient philosophical term that refers to "*Heaven Cai*, *Man Cai*, and *Earth Cai*". *Sancai acupuncture method* involves three levels of needling: shallow, medium, and deep. First, the needle is inserted 1 to 2 fen deep, passing through the superficial part of the skin as *Heaven Cai*. Then, the needle is inserted 5 to 6 fen deep, reaching the muscles as *Man Cai*. The needle is inserted 2 to 4 fen deep as the third step, entering between the muscles as *Earth Cai*.

The content of *Cheng's Sancai method* includes: hands-on acupoint exploration method, finger solid wrist deficiency holding needle method, *Sancai* inserting needle method, tremor reinforcing and reducing method, flying and rotating *qi*. Please refer to the article and book for other specific operations[23,24].

Needle retention time: Twenty to thirty minutes. Recommended to leave the cupping for about 5 minutes.

③ Treatment of frequency

It is suggested that about 3 times a week, the specific situation according to the condition and implementation conditions by the doctor-patient joint decision.

④ Treatment course

It is suggested that 1 to 2 weeks, the specific situation according to the remission of the disease and implementation conditions by the doctor-patient joint decision.

Question 4: For patients with acute/subacute non-specific low back pain, is acupuncture combination therapy more effective than other non-pharmacological treatments? (Acupuncture combination therapy includes acupuncture plus moxibustion, acupuncture plus cupping, acupuncture plus moxibustion and cupping; other non-pharmacological treatments include: *Tuina*)

(*continued*)

(1) Recommendation
For patients with acute/subacute non-specific low back pain, compared with other non-pharmacological treatments (*Tuina*), the panel recommends prioritizing acupuncture combination therapy. (Conditional recommendation, very low certainty of evidence)
(2) Summary of findings
Through systematic search, no direct evidence completely consistent with this clinical problem was found, so the RCT literature of the course of low back pain including acute subacute and chronic course was analyzed to provide indirect evidence. A total of 1 study involving 1 outcome was included in this question. For the effective rate, compared with other non-pharmacological treatments, acupuncture combination therapy can improve the effective rate by 19% (trivial effect, very low quality of evidence). An indirect study was included. The included acupuncture combination therapy was acupuncture plus moxibustion. Patients with low back pain included acute, subacute, and chronic stages; the control was *Tuina*.
(3) Explanation
When implementing this recommendation, it is necessary to consider that it is based on very low-quality indirect study evidence and expert experience, as well as the impact of the low certainty of evidence on benefit and differences in short-term and long-term cost-effectiveness. So doctors and patients must make joint decisions. The patients with acute/ subacute non-specific low back pain combined with the following conditions suggest seeking specialized consultation firstly: thoracolumbar fracture; low back pain combined with acute aggravation of neurological symptoms, such as decreased muscle strength of lower limbs, weakened or disappeared tendon reflex, decreased sensation in the perineum, abnormal urination or/and defecation function, etc. It is necessary to consider the accessibility of moxibustion therapy and patients' acceptability of moxibustion therapy. Smoke exhaust facilities are recommended for the place where moxibustion is implemented.
(4) Recommended treatment protocol

(*continued*)

① Acupoints

Compulsory acupoints: Shenshu (BL23) (both sides), Guanyuanshu (BL26) (both sides), Mingmen (GV4), Yaoyangguan (GV43), Zhishi (BL52) (both sides), Yaojiaji (EX-B2) (both sides), Zhibian (BL54) (both sides) and Weizhong (BL40) (both sides).

Selective acupoints: Cold-dampness type, kidney deficiency type: Baihui (GV20), Dazhui (GV14), Shenzhu (GV12), Zhiyang (GV9), Sanyinjiao (SP6) (both sides), Taixi (KI3) (both sides).

Blood stasis type: Geshu (BL17) (both sides), Xuehai (SP10) (both sides), Fengshi (GB31), Yanglingquan (GB34), Fenglong (ST40), Zusanli (ST36).

Comprehensive method: warm moxibustion of warm moxibustion box around the waist. Acute low back pain can be seen as sudden low back pain after fatigue, making it difficult to move. Take both sides of Cuanzhu (BL2), oblique stab upward along the meridians, and then take other compulsory acupoints after acupuncture plus exercise therapy.

② Manipulation

Oblique needling is often used in Lumbar Acupoints; oblique needling downward along the meridian,the needle tip slightly towards the spine and stabs into the skin of 1 to 1.2 cun. The other points were operated according to the conventional acupuncture direction and depth. Moxibustion uses two pieces of moxa with a length of about 1 cun, ignite them simultaneously, and place them in a warm moxibustion box. Warm moxibustion is performed on the waist or around the navel for about 15 to 20 minutes.

Reinforcing and reducing manipulation: Deficiency syndrome is treated with a reinforcing or uniform reinforcing-reducing method, and the excess syndrome is treated with a reducing or uniform reinforcing-reducing method.

Needle retention time: Twenty to thirty minutes.

③ Treatment frequency

It is suggested that about 2 to 3 times a week, the specific situation according to the condition and implementation conditions by the doctor-patient joint decision.

(*continued*)

④ **Treatment course**
It is suggested that 1 to 2 weeks, the specific situation according to the remission of the disease and implementation conditions by the doctor-patient joint decision.
⑤ **Notice**
Moxibustion until the skin is warm and flushed, but does not burn the skin for degrees.

Question 5: For patients with acute/subacute non-specific low back pain, is acupuncture combination therapy more effective than filiform needle therapy? (Acupuncture combination therapy includes: acupuncture plus moxibustion, acupuncture plus cupping, acupuncture plus moxibustion and cupping; filiform needle therapy includes: acupuncture or electroacupuncture)
(1) **Recommendation**
For patients with acute/subacute non-specific low backpain, the panel recommends acupuncture combination therapy and filiform needle therapy.(Conditional recommendation, very low certainty of evidence)
(2) **Summary of findings**
Through systematic search, no direct evidence completely consistent with this clinical problem was found, so the RCT literature of the course of low back pain including acute subacute and chronic course was analyzed to provide indirect evidence. A total of 1 study involving 1 outcome was included in this question. For the effective rate, compared with filiform needle therapy, acupuncture combination therapy can improve the effective rate by 3% (no significant difference). The included study was indirect evidence, in which the acupuncture combination therapy contained acupuncture plus cupping, the control was filiform needle therapy, and the included patients were patients with acute,subacute or chronic lumbago.
(3) **Explanation**
Shared decision-making between patients and clinicians is needed when implementing this recommendation,especially considering that this recommendation is based on very low-quality indirect evidence and expert experience, the low certainty of indirect evidence on benefit, and differences in short-term and long-term cost-effectiveness.

(*continued*)

The patients with acute/subacute non-specific low back pain combined with the following conditions suggest seeking specialized consultation firstly: thoracolumbar fractures, low back pain combined with acute aggravating neurological symptoms, such as decreased muscle strength of lower limbs, weakened or disappeared tendon reflex, decreased sensation in the perineum, abnormal urination or/and defecation function, etc. The accessibility of moxibustion and patients' acceptability of moxibustion should be considered. Smoke exhaust facilities are recommended for the place where moxibustion is implemented.

Question 6: For patients with chronic non-specific low back pain, is filiform needle therapy more effective than other non-pharmacological treatments? (Filiform needle therapy includes acupuncture or electroacupuncture; non-pharmacological treatments include *Tuina*, core stability training, or physical therapy plus exercise)
(1) Recommendation
For patients with chronic non-specific low back pain, compared with other non-pharmacological treatments (*Tuina*, physical therapy plus exercise, and core stability training), the panel recommends prioritizing filiform needle therapy. (Conditional recommendation, very low certainty of evidence)
(2) Summary of findings
A total of 3 studies involving 3 outcomes were included in this question. Among them, for pain (VAS as outcome), at the end of treatment, the efficacy of filiform needle therapy is better than other non-pharmacological treatment (small effect, very low quality of evidence). For the effective rate, compared with other non-pharmacological treatment, filiform needle therapy can improve the effective rate by 20% (trivial effect, very low quality of evidence). For dysfunction (ODI or RMDQ as outcome), filiform needle therapy is better than other non-pharmacological treatment (including *Tuina* and core stability training) (large effect, very low quality of evidence). Out of three included studies, for the selection of non-pharmacological therapy, one selected *Tuina*, one selected core stability training, and one selected conventional therapy (physical therapy plus exercise).
(3) Explanation
Shared decision-making between patients and clinicians is needed when implementing this recommendation, especially considering the various cost and the very low certainty of evidence on benefit.

(*continued*)

The patients with chronic non-specific low back pain combined with the following conditions suggest seeking specialized consultation firstly：thoracolumbar fracture；low back pain combined with acute aggravation of neurological symptoms，such as decreased muscle strength of lower limbs，weakened or disappeared tendon reflex，decreased sensation in the perineum，abnormal urination or/and defecation function，etc.
（4）Recommended treatment protocol
① **Acupoints** Compulsory acupoints：Shenshu（BL23）(both sides)，Weizhong（BL40）（both sides)，Kunlun（BL60）(both sides)，Taixi（KI3）(both sides). Matching acupoints： ● Distal matching acupoints：Ah Shi（lumbosacral tenderness point). ● Matching acupoints according to the location of pain：back waist pain：Bladder Meridian of Foot-Taiyang[Dachangshu（BL25）,Guanyuanshu（BL26）]；Lateral low back pain：Gallbladder Meridian of Foot-Shaoyang [Fengshi（GB31），Yanglingquan（GB34）]；The pain radiates to the front of the lower limbs：Stomach Meridian of Foot-Yangming [Biguan（ST31），Futu（ST32）]. ● Syndrome differentiation matching acupoints：Kidney yang deficiency with Mingmen（GV4）；Kidney yin deficiency with Fuliu（KI7）；Cold-dampness type with Yanglingquan（GB34）(both sides)，Pishu（BL20）(both sides)；Blood stasis type with Geshu（BL17）(both sides). ② **Manipulation** According to the conventional direction and depth to operate，to obtain *qi* as the degree. Needle retention time：Twenty to thirty minutes. ③ **Treatment frequency** It is suggested that about 2 times a week，the specific situation according to the condition and implementation conditions by the doctor-patient joint decision. ④ **Treatment course** It is suggested that 2 to 4 weeks，the specific situation according to the remission of the disease and implementation conditions by the doctor-patient joint decision.

Question 7：For patients with chronic non-specific low back pain，is acupuncture combination therapy more effective than filiform needle therapy？（ Acupuncture combination therapy includes acupuncture plus moxibustion，acupuncture plus cupping，or acupuncture plus moxibustion and cupping；filiform needle therapy includes acupuncture or electroacupuncture）
（1）Recommendation
For patients with chronic non-specific low back pain，compared with filiform needle therapy，the panel recommends prioritizing acupuncture combination therapy.（Conditional recommendation，very low certainty of evidence）
（2）Summary of findings
A total of 1 study involving 2 outcomes were included in this question. Among them，for pain（VAS as outcome），acupuncture comprehensive therapy can reduce VAS 0.88 more compared with filiform needle therapy（trivial effect，very low quality of evidence）. For the effective rate，acupuncture comprehensive therapy can improve 21% of effective rate compared with filiform needle therapy（trivial effect，very low quality of evidence）. In the included study，acupuncture，moxibustion，and cupping were combined in the treatment group，and filiform needle therapy was used in the control group.
（3）Explanation
Shared decision-making between patients and clinicians is needed when implementing this recommendation，especially considering the very-low certainty of evidence on benefit and differences in short-term and long-term cost-effectiveness. The acceptability of moxibustion therapy in different countries and patients should be considered. Smoke exhaust facilities are recommended for the place where moxibustion is implemented. For patients with temperature sensory disturbance，moxibustion should be carried out cautiously.
（4）Recommended treatment protocol
① Acupoints Acupoints of Cold-dampness type：Shenshu（BL23）（both sides），Yaoyangguan（GV3），Dachangshu（BL25）（both sides），Guanyuanshu（BL26）（both sides），Weizhong（BL40）（both sides）. Acupoints of kidney deficiency type：Shenshu（BL23）（both sides），Yaoyangguan（GV3），Mingmen（GV4），Weizhong（BL40）（both sides），Zhishi（BL52）（both sides），Taixi（KI3）（both sides）.

(*continued*)

② Manipulation

Cold-dampness type: For Weizhong (BL40), directly stabbed into Dicai 1.2 to1.5 cun according to Cheng's Sancai method, shaking the needle for producing , and performing the reinforcing method of whirling. The other points were operated according to the conventional acupuncture direction and depth. Moxibustion, take one moxa stick, ignite it, and hang it on the acupoints [Shenshu (BL23), Yaoyangguan (GV3), Dachangshu (BL25), Guanyuanshu (BL26)]. Moxa fire is 2 to 3 cm away from the skin; moxibustion for 10 to 20 minutes.

Kidney deficiency type: For Weizhong (BL40), directly stabbed into Dicai 1.2 to 1.5 cun according to Cheng's Sancai method, shaking the needle for producing *qi*, and performed reinforcing method of whirling; For Zhishi (BL52), Cheng's Sancai method, direct stabbing to the Dicai 1 to 1.2 cun, and performed reinforcing method of whirling; For Taixi (KI3), direct stabbing into Tiancai for 0.3 to 0.6 cun according to Cheng's Sancai method, shaking the needle for producing *qi*, and performed reinforcing method of whirling. The other points were operated according to the conventional acupuncture direction and depth. Moxibustion, take one moxa stick, ignite it, and hang it on the acupoints [Shenshu (BL23), Yaoyangguan (GV3), Mingmen (GV4)]. Moxa fire is 2 to 3cm away from the skin; moxibustion for 10 to 20 minutes.

Reinforcing and reducing manipulation: Please refer to the article and book for specific operations[23,24].

Needle retention time: Twenty to thirty minutes.

③ Treatment frequency

It is suggested that about 2 times a week, the specific situation according to the condition and implementation conditions by the doctor-patient joint decision.

④ Treatment course

It is suggested that 2 to 4 weeks, the specific situation according to the remission of the disease and implementation conditions by the doctor-patient joint decision.

⑤ Notice

Moxibustion until the skin is warm and flushed, but does not burn the skin for degrees.

Question 8：What is the efficacy and safety of acupuncture for pregnant women with non-specific low back pain?
（1）**Recommendation**
The panel of experts has not formed a consensus；this guide does not make a recommendation.
（2）**Explanation**
The working group investigated the reasons for the lack of consensus in the panel，taking into account the following factors. Acupuncture treatment for pregnant women with non-specific low back pain must be cautious. The safety risks may arise if the selection of points or improper manipulation. The treatment of acupuncture varies greatly. If the doctor and patient consider choosing acupuncture treatment，the panel group recommends that the abdominal acupoints should not be used in the process of acupuncture（12/13，92.31%）；the panel has not reached a consensus on whether lumbosacral or distal special acupoints（such as Sanyinjiao and Hegu）can be used. If lumbosacral and distal acupoints are necessary，the panel recommend shallow acupuncture（12/13，92.31%）. The clinical experience of acupuncture operators varies greatly. If the doctor and patient consider choosing acupuncture treatment，the panel group recommends that the operator should meet the following conditions：①have intermediate medical license（12/13，92.31%）；②more than 5 years of clinical experience（10/13，76.92%）；③clinical experience in obstetrics and pregnancy（12/13，92.31%）. The basic situations of pregnant women are complex. Suppose the doctor and patient consider choosing acupuncture treatment. In that case，the panel group recommends that pregnant women should meet the following conditions：① pregnant women should not have symptoms of threatened abortion（10/13，76.92%）；② pregnant women should not have severe complications（9/13，69.23%）；③ there was no consensus on the course of pregnancy in the panel group.

Question 9：For patients with acute/subacute non-specific low back pain，if acupuncture is used，what treatment frequency should be recommended first？（1 time per week，2 times per week，3 times per week，or more times per week） **NOTE** There are three treatment frequencies in the literature：treatment once，3 times per week，and 1 time per day. There was no significant difference in pain improvement among the three treatment frequencies. There was no significant difference among the three treatment frequencies in improving lumbar function. EtD vote question：If acupuncture is selected for patients with acute/subacute non-specific low back pain，will acupuncture therapy more than 3 times per week benefit patients more than 3 times per week?（More than 3 times per week for intervention and 3 times per week for control）
（1）**Recommendation**
The panel of experts has not formed a consensus；this guide does not make a recommendation.

Question 10:For patients with chronic non-specific low back pain, if acupuncture is used, what treatment frequency should be recommended first? (1 time per week, 2 times per week, or more times per week) **NOTE** The treatment frequency in the literature was 1 time per week, 2 times per week, and more than 2 times per week, respectively. There was no significant difference in pain improvement among the three treatment frequencies. There was no significant difference among the three treatment frequencies in improving lumbar function. EtD vote question: If acupuncture is selected for patients with chronic low back pain, will acupuncture therapy more than 2 times a week benefit patients more than 2 times per week? (More than 2 times per week for intervention and 2 times per week for control)
(1) **Recommendation**
The panel of experts has not formed a consensus; this guide does not make a recommendation.

5 Access to the guideline

The guideline is published on the website of the World Federation of Acupuncture-Moxibustion Societies and the paper version is published by Standards Press of China. In addition, the core content of the guide will be published in English journals. Users can access this guide through the above mentioned channels.

6 Implication for future research

To conduct research on the effectiveness and safety of filiform needle therapy compared with oral single western medicine, filiform needle therapy compared with non-pharmacologic treatments, for special populations, such as pregnant women and elderly patients with acute/subacute non-specific low back pain.

To conduct research on the effectiveness and safety of acupuncture combination therapy compared with western medicine, acupuncture combination therapy compared with other non-pharmacologic therapies, and acupuncture combination therapy compared with filiform needle therapy for patients with acute/subacute non-specific low back pain.

To conduct research on the effectiveness and safety of filiform needle therapy compared with non-pharmacologic therapy for pregnant women and elderly patients with chronic non-specific low back pain.

In addition, subsequent clinical studies are recommended to improve the study design and quality.

7 Limitations

Based on the clinical needs of target users, this guideline developed clinical problems and recommendations around the most concerned interventions (filiform needle therapy and acupuncture combination therapy). Other effective acupuncture methods for the treatment of non-specific low back pain (moxibustion, cupping, auricular point sticking, etc.) did not form clinical problems and recommendations.

Annex A
Members of guideline working group

A.1 Guideline development group members

Name	Country	Role/expertise	Organization
Dong Hongguang	Switzerland	Acupuncturist	University of Geneva
Wang Xiaoming	Japan	Acupuncturist	Teikyo Heisei University
Nam Dongwoo	Korea	Acupuncturist	Medical School of Kyung Hee University, South Korea
Lin Wu	Canada	Acupuncturist	Athlete Health Sports Medical Center
Zhao Shihui	New Zealand	Acupuncturist	Good Health Acupuncture & Physiotherapy
Liu Zhishun	China	Acupuncturist	Guang 'anmen Hospital, China Academy of Chinese Medical Sciences
Duan Jinxiu	China	Acupuncturist	Fangzhuang Community Health Service Center, Fengtai District, Beijing
Fei Yutong	China	Methodologist	Beijing University of Chinese Medicine
Xie Limin	China	Orthopedist	Guang 'anmen Hospital, China Academy of Chinese Medical Sciences
Chen Xu	China	Orthopedist	Chinese PLA General Hospital
Gao Yinqiu	China	Pain specialist	Guang 'anmen Hospital, China Academy of Chinese Medical Sciences
Ma Cui	China	Medical price staff	Guang 'anmen Hospital, China Academy of Chinese Medical Sciences
Ms.Jiang	China	Patient with low back pain	Beijing,China

A.2 Guideline drafting group members

Name	Country	Role/expertise	Organization
Yang Tao	China	Acupuncturist	Guang 'anmen Hospital, China Academy of Chinese Medical Sciences
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(*continued*)

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Zhao Hong	China	Acupuncturist	Luohu District Hospital of Traditional Chinese Medicine，Shenzhen，China
Feng Yixuan	China	Postgraduate	Acupuncture and moxibustion Research，China Academy of Chinese Medical Sciences
Guo Shengnan	China	Editor	World acupuncture and moxibustion Journal
Liu Lanping	China	Postgraduate	Guang ’anmen Hospital，China Academy of Chinese Medical Sciences
Yan Wenxi	China	Postgraduate	Guang ’anmen Hospital，China Academy of Chinese Medical Sciences
Lin Huize	China	Postgraduate	Guang ’anmen Hospital，China Academy of Chinese Medical Sciences
Zhu Kexin	China	Postgraduate	Guang ’anmen Hospital，China Academy of Chinese Medical Sciences
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Annex B
Abbreviations

Full name	Abbreviation
Non-specific Low Back Pain	NSLBP
Acute Non-specific Low Back Pain	ANSLBP
Chronic Non-specific Low Back Pain	CNSLBP
Clinical Practice Guideline	CPG
Population，Intervention，Comparison，Outcome	PICO
Randomized Controlled Trial	RCT
World Health Organization	WHO
World Federation of Acupuncture-Moxibustion Societies	WFAS
Guideline Development Group	GDG
Summary of Findings	SoF
Evidence to Decision	EtD

Annex C
Summary of clinical questions

Number	Clinical Question
1	For patients with acute/subacute non-specific low back pain, is filiform needle therapy more effective than oral western medicine? (Filiform needle therapy includes: acupuncture or electroacupuncture; oral western medicine includes: non-steroidal anti-inflammatory drugs, muscle relaxants)
2	For patients with acute/subacute non-specific low back pain, is filiform needle therapy more effective than other non-pharmacological treatments? (Filiform needle therapy includes: acupuncture or electroacupuncture; non-pharmacological treatment includes physical therapy, bed rest, or *Tuina*)
3	For patients with acute/subacute non-specific low back pain, is acupuncture combination therapy more effective than oral western medicine? (Acupuncture combination therapy includes: acupuncture plus moxibustion, acupuncture plus cupping, acupuncture plus moxibustion and cupping; oral western medicine includes: non-steroidal anti-inflammatory drugs, muscle relaxants)
4	For patients with acute/subacute non-specific low back pain, is acupuncture combination therapy more effective than other non-pharmacological treatments? (Acupuncture combination therapy includes acupuncture plus moxibustion, acupuncture plus cupping, acupuncture plus moxibustion and cupping; other non-pharmacological treatments include: *Tuina*)
5	For patients with acute/subacute non-specific low back pain, is acupuncture combination therapy more effective than filiform needle therapy? (Acupuncture combination therapy includes: acupuncture plus moxibustion, acupuncture plus cupping, acupuncture plus moxibustion and cupping; filiform needle therapy includes: acupuncture or electroacupuncture)
6	For patients with chronic non-specific low back pain, is filiform needle therapy more effective than other non-pharmacological treatments? (Filiform needle therapy includes acupuncture or electroacupuncture; non-pharmacological treatments include *Tuina* , core stability training, or physical therapy plus exercise)
7	For patients with chronic non-specific low back pain, is acupuncture combination therapy more effective than filiform needle therapy? (Acupuncture combination therapy includes acupuncture plus moxibustion, acupuncture plus cupping, acupuncture plus moxibustion and cupping; filiform needle therapy includes acupuncture or electroacupuncture)
8	What is the efficacy and safety of acupuncture for pregnant women with non-specific low back pain?

(*continued*)

Number	Clinical Question
9	For patients with acute/subacute non-specific low back pain, if acupuncture is used, what treatment frequency should be recommended first? (1 time per week, 2 times per week, 3 times per week, or more times per week) EtD vote question: If acupuncture is selected for patients with acute/subacute non-specific low back pain, will acupuncture therapy more than 3 times per week benefit patients more than 3 times per week? (More than 3 times per week for intervention and 3 times per week for control)
10	For patients with chronic non-specific low back pain, if acupuncture is used, what treatment frequency should be recommended first? (1 time per week, 2 times per week, or more times per week) EtD vote question: If acupuncture is selected for patients with chronic low back pain, will acupuncture therapy more than 2 times a week benefit patients more than 2 times per week? (More than 2 times per week for intervention and 2 times per week for control)

前　言

本指南的制定旨在为非特异性腰痛的针灸干预提供标准化的推荐意见和推荐方案。

本指南依据世界针灸学会联合会标准工作委员会制定的技术流程和规则研制。

本指南由世界针灸学会联合会(World Federation of Acupuncture-Moxibustion Societies,WFAS)归口并发布。

本指南起草单位:中国中医科学院广安门医院、中国中医科学院针灸研究所。

本指南起草人:杨涛、于金娜、刘晓旭、李珊珊、赵宏、丰逸轩、郭盛楠、柳兰萍、闫文茜、林蕙泽、朱可欣、王翔、张萍萍、申江红、费静雯。

本指南研制专家组成员:董红光(瑞士)、王晓明(日本)、Nam Dongwoo(韩国)、林鹉(加拿大)、赵士辉(新西兰)、刘志顺(中国)、段锦绣(中国)、费宇彤(中国)、谢利民(中国)、陈旭(中国)、高寅秋(中国)、马翠(中国)。

本指南的制定得到了中华人民共和国科技部-国家重点研发计划中医药现代化研究重点专项项目国际针灸临床实践指南、技术操作规范和服务标准的研制(项目编号:2019YFC1712200)中国际针灸临床实践指南研制(课题编号:2019YFC1712203)的基金支持。

感谢王小榕主任对于"孕妇非特异性腰痛,毫针治疗的疗效和安全性如何"的临床问题推荐意见的讨论中给予的专业性意见。感谢刘保延、李铁、方芳、张誉清、刘炜宏专家在审核稿件中给予的细致专业的建议。

感谢姜女士(中国)作为患者代表,为本指南的研制提供的重要帮助和支持。

请注意本指南的某些内容可能涉及专利。本指南的发布机构不承担识别专利的责任。

针灸临床实践指南
非特异性腰痛

1 指南概要

1.1 名词术语

1.1.1

毫针治疗

本指南中的毫针治疗是指：以毫针为针刺工具，以经络理论为指导，选取十四经穴、经外奇穴、阿是穴，实施毫针刺法操作以治疗疾病的针灸疗法。本指南对非特异性腰痛的毫针治疗具有以下3点限定：①取穴：十四经穴、经外奇穴、阿是穴、经筋病灶点；②针刺法：以毫针为针具，以毫针刺法为干预措施，可以加电针；③操作要点：治疗以“得气”为基础，实施补泻手法。

1.1.2

艾灸治疗

本指南中的艾灸治疗是指：以艾绒为主要灸材，点燃艾绒后，在体表的一定部位或穴位进行烧灼、温熨，借灸火的温热刺激以及药物的作用以治疗疾病的一种方法。本指南对非特异性腰痛的艾灸治疗有以下2点限定：①灸材：以艾绒为主要灸材；②操作方法：以艾条灸、温针灸、温灸器灸为主要操作方法。

1.1.3

拔罐治疗

本指南中的拔罐治疗是指：一种以罐为工具，利用燃烧、抽吸等方法造成罐内负压，使罐吸附于体表腧穴或患处，使局部皮肤充血、瘀血产生的良性刺激，达到调节脏腑、平衡阴阳、疏通经络、防治疾病的目的的方法。

1.1.4

针灸综合疗法

本指南中的针灸综合疗法是指：上述的毫针、艾灸、拔罐治疗中毫针联合其他1种或者2种治疗的综合疗法。

1.1.5

药物治疗

本指南中的药物治疗是指：用于非特异性腰痛的常规的现代医学口服治疗药物，包括非甾体抗炎药、肌松剂。

1.1.6

非药物治疗

本指南中的非药物疗法是指：用于非特异性腰痛的常用的非侵入性的治疗方法，包括推拿、物理治疗、卧床、锻炼、核心稳定训练。

1.1.7

运动针法

本指南中的运动针法是指：在针刺得气的基础上，医师实施行针手法的同时，令患者活动患处或相关部位，医患配合以提高临床疗效的针刺方法。

注：本指南推荐意见和方案的运动针法中让患者活动的部位为腰部。

1.2 目的

WFAS《针灸临床实践指南 非特异性腰痛》(以下简称本指南)的编写目的是根据现有临床证据，以GRADE(Grading of Recommendations Assessment，Development and Evaluation)作为证据等级评价工具，以针灸学的学科特点为重要基础，针对国际上目前对针灸治疗非特异性腰痛的需求及关注的临床问题，遵循WFAS指南制作流程，在充分考虑国际适用性的基础上，研制本指南提供最优解决方案，以期为不同国家和地区的临床医生、医学科研人员及医疗政策制定者提供依据。

1.3 范围

本指南的适用疾病范围是18岁以上的急性、亚急性、慢性非特异性腰痛患者。

1.4 适用人群

本指南的适用人群是全球范围内与非特异性腰痛临床、教学和科研相关的专业人员，包括：①针灸医师或针灸师；②中医医师；③西医医师；④医学院或中医教育培训机构的教师和学生；⑤中医药科研机构相关人员；⑥医疗政策的决策者。

1.5 适用场所

本指南的适用环境为世界范围内包含针灸学专科的医院、从事针灸学临床工作的基层医院诊所、包含针灸学专业的医学院校、针灸学相关的科研及评价机构。

1.6 推荐意见汇总

编号	推荐意见	推荐级别	证据质量
1	对于急性/亚急性非特异性腰痛患者，与口服单一西药(非甾体抗炎药、肌松剂)比较，专家组优先推荐毫针治疗。	条件推荐	极低质量证据
2	对于急性/亚急性非特异性腰痛患者，与其他非药物疗法(物理治疗、卧床、推拿)相比，专家组优先推荐毫针治疗。	条件推荐	极低质量证据
3	对于急性/亚急性非特异性腰痛患者，与口服西药(非甾体抗炎药、肌松剂)相比，专家组优先推荐针灸综合疗法(毫针治疗＋灸、毫针治疗＋罐、毫针治疗＋灸＋罐)。	条件推荐	极低质量证据
4	对于急性/亚急性非特异性腰痛患者，与其他非药物疗法(推拿)相比，专家组优先推荐针灸综合疗法。	条件推荐	极低质量证据
5	对于急性/亚急性非特异性腰痛患者，专家组建议有条件的推荐针灸综合疗法(毫针治疗＋灸、毫针治疗＋罐、毫针治疗＋灸＋罐)或毫针治疗(针刺/电针)。	条件推荐	极低质量证据
6	对于慢性非特异性腰痛患者，与其他非药物疗法(推拿、核心稳定训练、物理治疗加锻炼)相比，专家组建议优先推荐毫针治疗。	条件推荐	极低质量证据
7	对于慢性非特异性腰痛患者，与毫针治疗比较，专家组建议优先推荐针灸综合疗法。	条件推荐	极低质量证据

1.7 联系人

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2 疾病概述

2.1 定义

2.1.1 西医

非特异性腰痛(Non-Specific Low Back Pain，NSLBP)指不能归因于可识别的或已知的特异病理因素导致的下背部区域(肋缘以下、臀横纹以上及两侧腋中线之间)以疼痛为主要表现的病症[1,2]。

本指南应排除的患者包括：下腰痛有明确的以下来源的情况：脊椎骨折、椎关节脱位、肌肉撕裂、脊柱或脊椎关节韧带断裂、椎间盘突出导致的神经痛、皮肤撕裂伤、骶髂关节炎、强直性脊柱炎、神经根综合征、马尾综合征、肿块在或从背部下部引起疼痛的患者。

非特异性腰痛根据其腰痛持续时间的长短进行分期。慢性非特异性腰痛持续时间超过 12 周，亚急性非特异性腰痛的病程为 4 周～12 周，急性非特异性腰痛则少于 4 周[3]。

2.1.2 中医

NSLBP 属于中医学“腰痛”范畴，是以腰脊或腰部脊旁疼痛为主症的疾病。有急性和慢性之分。急性腰痛，病程较短，腰部多拘急疼痛、刺痛，脊柱两旁常有明显的按压痛；慢性腰痛，病程较长，时作时止，腰部多隐痛或酸痛[4]。

腰痛在古代文献病名多样，有“腰脽痛”“腰背痛”“肾着”“腰痹”等。《素问・六元正纪大论》提及感寒所致“腰脽痛”：“感于寒，则病人关节禁固，腰脽痛，寒湿推于气交而为疾也。”《灵枢・五癃津液别》认为滋养骨髓的津液不足就会出现“腰背痛”。《金匮要略・五脏风寒积聚病脉证并治》记载：“肾着之病，……久久得之，腰以下冷痛。”称寒湿腰痛为“肾着”。清・董西园《医级宝鉴》最早提出“腰痹”之名，其曰：“痹之为病随所着而命名，故有胸痹、腰痹之论。”《痹证治验》把痹病着于腰部者称之为“腰部痹证”。

本病病因多为外邪侵袭、跌仆闪挫和肾气亏虚，基本病机是经脉痹阻或腰府失养。外邪侵袭为外感风寒湿热之邪，痹阻腰部，经脉不利，气血运行不畅，出现腰痛。这类病因导致的腰痛多起病急，腰痛明显，常伴有感受风、寒、湿、热等外邪症状。跌仆闪挫，影响腰部气血运行，以致气滞血瘀，壅滞经脉，凝涩血脉，不通则通。肾气亏虚，腰府失养，出现疼痛。

2.2 流行病学特征

据统计，NSLBP 约占腰痛的 90%，已成为导致中老年人活动受限的常见病因，严重威胁患者的身心健康和生活质量[5]。流行病学调查结果显示约有 80% 的人在其一生中有过腰痛的症状，且其中7%～11%的患者会转化为慢性腰痛，是发病率仅次于感冒的疾病[6]。

据报道，普通成年人中腰痛的平均患病率约为 12%，40 岁及以上人群和女性的腰痛患病率较高；终生患病率约为 40%[7]。不同职业的腰痛发生率存在较大差异。腰痛在手工操作工人中的患病率高达 58.33%[8]，护理人员腰痛患病率高达 72%[9]。其他的腰痛发病高危人群还包括司机、军人、办公族等[10]。

腰痛是全世界范围人类致残(丧失劳动能力)的首要原因，给患者、家庭、社会带来了巨大的痛苦和经济负担。据统计，在美国 154 种疾病中，颈腰痛的医疗保健支出最高，估计有 1 345 亿美元[11]。在英国，腰痛造成的经济负担为 280 亿英镑/年[12]。而澳大利亚治疗腰痛每年要花费 480 亿澳元[13]。

2.3 临床表现、诊断和评估

2.3.1 西医

2.3.1.1 慢性非特异性腰痛的诊断与预后评估

慢性非特异性腰痛以腰背部、腰骶部疼痛为主，可伴有腰部无力、僵硬感、酸痛感、活动受限或协调性下降，严重者可发生睡眠障碍；卧床休息后可能减轻；弯腰、久坐、久站后可能加重；经热敷、按摩等保守治疗后疼痛症状多可暂时缓解；腰椎周围肌肉压痛，疼痛范围较广泛，可出现局部肌张力增高或局限性压痛点（扳机点）；在慢性疼痛出现肌肉萎缩时亦可无明显压痛[14]。

2.3.1.2 急性/亚急性非特异性腰痛的诊断及评估

急性/亚急性非特异性腰痛发病较急，多伴有机械性外力损害，如搬提重物、扭转腰部等；疼痛程度多较为剧烈，可伴局限性或弥漫性压痛；腰椎活动多可引发腰痛，伴或不伴下肢放射性疼痛；腰椎周围肌肉压痛，疼痛范围较广泛，可出现局部肌张力增高或局限性压痛点（扳机点）[14]。

2.3.2 中医证候分型

2.3.2.1 分期辨证

2.3.2.1.1 急性腰痛

病程较短，轻微活动即可引起一侧或两侧腰部疼痛加重，脊柱两旁常有明显的按压痛。

2.3.2.1.2 慢性腰痛

病程较长，缠绵难愈，遇劳则剧，按之则舒。可因体位不当、劳累过度、天气变化等因素诱发或加重。

2.3.2.2 经络辨证

2.3.2.2.1 太阳经腰痛

疼痛特点：脊柱疼痛，腰痛似折伤，项背腰尻不适。

2.3.2.2.2 少阳经腰痛

疼痛特点：胁肋腰背疼痛，大腿膝胫外侧及外踝等处胀痛不适。

2.3.2.2.3 阳明经腰痛

疼痛特点：腰部及大腿前缘、足背等处作痛。

2.3.2.2.4 少阴经腰痛

疼痛特点：腰背及大腿内侧后缘作痛，或痿废厥冷。

2.3.2.3 病因辨证

2.3.2.3.1 寒湿腰痛

腰部冷痛重着，转侧不利，静卧病痛不减，寒冷或阴雨天加重，舌质淡，苔白腻，脉沉而迟缓。

2.3.2.3.2 湿热腰痛

腰部疼痛，重着而热，暑湿阴雨天气加重，活动后或可减轻，身体困重，便短赤，舌质红，苔黄腻，脉濡数

或弦数。

2.3.2.3.3 瘀血腰痛

腰痛如刺，痛有定处，痛处拒按，日轻夜重，轻者俯仰不便，重者不能转侧；舌质暗紫，或有瘀斑，脉涩。部分患者有跌仆闪挫病史。

2.3.2.3.4 肾虚腰痛

2.3.2.3.4.1 肾阳虚

腰部隐隐作痛，酸软无力，缠绵不愈，局部发凉，喜温喜按，遇劳更甚，卧则减轻，常反复发作，面色㿠白，肢冷畏寒，舌质淡，苔薄白，脉沉细无力。

2.3.2.3.4.2 肾阴虚

腰部隐隐作痛，酸软无力，缠绵不愈，心烦少寐，口燥咽干，面色潮红，手足心热，舌红少苔，脉弦细数。

2.4 治疗

目前，治疗非特异性腰痛的主要方法包括非药物治疗和药物治疗两类。非药物治疗包括运动疗法、物理治疗、锻炼、卧床、推拿等。药物治疗包括非甾体抗炎药（NSAIDs）和肌松剂等。

2.4.1 急性/亚急性非特异性腰痛的治疗

鉴于大多数急性/亚急性患者无论接受何种治疗都会随着时间的推移而改善，建议选择非药物治疗，包括浅表热疗、按摩、针灸或脊柱推拿。如果需要药物治疗，建议选择非甾体抗炎药或肌松剂。[15]传统认识中急性期患者建议卧床休息，新的指南鼓励患者继续进行常规活动。

2.4.2 慢性非特异性腰痛的治疗

对于慢性患者，建议首先选择非药物治疗，包括患者教育和自我指导训练计划、物理治疗（热敷、超声治疗、经皮神经电刺激治疗、激光治疗和牵引治疗）、针灸治疗、太极、瑜伽、有氧运动或脊柱推拿等。[16]

对于非药物治疗反应不佳的患者，建议将非甾体抗炎药作为一线治疗，将曲马多或度洛西汀作为二线治疗。临床医生仅应将阿片类药物作为上述治疗失败的患者的一种选择，并且只有在潜在益处大于个体患者的风险，以及在与患者讨论已知风险和现实益处后，才应考虑使用阿片类药物。[15]

3 指南制定过程

本指南的研制参考了 GRADE 方法学[17]与 WHO 指南研制手册[18]，研制过程主要包括形成临床问题和结局、构建证据体、制定推荐意见与方案 3 个关键环节。

3.1 临床问题的确定

首先利用 PICO（Participant，Intervention，Comparision，Outcome）结构化临床关注调研问卷[19]，在国际范围内进行目标人群调研，共回收了来自医生、护士、医疗保障局工作人员及患者的 51 份问卷。调研结果提示：因开放性问题的答案中 PICO 内容差异大，临床问题间相似度极低，无法对临床问题直接进行投票，故对“适用患者人群特征、干预措施、对照措施、结局指标”4 方面进行分析总结：①适用患者人群特征分析：通过问卷数据分析发现，NSLBP 患者的疼痛程度、病因、疼痛部位、年龄 4 个因素受到的关注度较高；职业、性别、特殊人群（如老人、孕产妇等）、病程也有一定的关注度。②干预措施分析：被调查者希望在本指南中呈现的针灸治疗方法按照票数从高到低依次排前四位的是：手针、电针、艾灸、拔罐。③对照措施分析：针灸治疗 ANSLBP 的对照疗法，按照受关注度从高到低依次排前三位的是：非甾体抗炎药、卧床和物理治疗。

针灸治疗 CNSLBP 的对照疗法，按照受关注度从高到低依次排前三位的是：非甾体抗炎药、物理治疗和锻炼。④结局指标分析：按照结局指标受关注度从高到低依次排序为：疼痛、安全性、卫生经济学、功能恢复情况、生活质量变化。本指南课题组按照以上问卷调查的结果，对“患者、干预措施、对照措施”3 个方面进行交叉组合，经课题组内部专家讨论，初步拟定了 45 个临床问题。课题组先后访谈了 6 位专家（针灸、脊柱外科、骨科领域）。依据对问卷结果的汇总，结合各位专家的访谈意见，根据 PICO 原则，针对成人非特异性腰痛，本课题组草拟了 15 项临床问题。

通过两轮改良德尔菲法专家共识，本指南纳入了 11 个临床问题，覆盖了最受关注的 PICO 要素。后期的文献检索过程中发现妊娠期非特异性腰痛没有急性/亚急性和慢性的分期，只有孕周的报道，故本指南工作组提议将 10 和 11 两个临床问题合并为“对于妊娠期非特异性腰痛，毫针治疗的疗效和安全性如何”，并将此提议发送给所有 Panel 组专家表决，所有专家均表示同意。故最终本指南确定了 10 个临床问题。通过两轮改良德尔菲法专家共识，本指南纳入了 7 个结局指标，按重要性排序依次为疼痛、安全性、功能障碍、复合指标、体格检查、生活质量、卫生经济学评价。

改良德尔菲法专家共识[20]规则如下：

对于临床问题，重要性评级采用五分制李克特量表（“非常重要”＝5 分，“重要”＝4 分，“一般重要”＝3 分，“不太重要”＝2 分，“不重要”＝1 分）。对于结局指标，采用 GRADE 重要性评级规则。据此，计算该题目的均值（X）、变异系数（CV＝SD/X）。

在完成第一轮德尔菲调研之后，召开本指南临床问题与结局的共识会议。指南研制组（Guideline Development Group，GDG）专家充分发表意见后，进行第二轮德尔菲投票。对于临床问题和结局，纳入本指南的条件为：重要性均值＞3 分且 CV≤25％。当重要性均值＜3 且 CV≤25％时，对应的临床问题或结局被排除；当 CV＞25％时，围绕该条目进行第二轮的会议讨论，在充分讨论后进行第三轮德尔菲调研。如果在第三轮德尔菲调研中，相关条目的变异系数仍高于 25％，则排除该临床问题或结局被排除。

3.2 证据体的检索、评价与综合

基于针灸治疗 NSLBP 开展系统检索，在 6 大英文数据库（PubMed、Web of Science、Embase、Cochrane、Scopus、Epistemonikos）和 4 大中文数据库（中国知网、万方、维普、中国生物医学文献数据库）中，系统检索自建库起至 2021 年 5 月之间发表的文献。围绕关键词“非特异性腰痛”“针刺”“艾灸”“拔罐”构建检索式。同时检索世界卫生组织国际临床试验注册平台（WHO ICTRP）、欧洲临床试验中心（EU Clinical Trials Register）、美国临床试验注册平台（ClinicalTrials.gov）和中国临床试验注册中心中相关的试验。

分别依据 10 个临床问题的 PICO 要素特征制定纳入排除标准，进行文献特征提取、偏倚风险分析。围绕每个临床问题的不同结局进行 Meta 分析，并对证据体进行 GRADE 证据质量评价（偏倚风险、不一致性、不精确性、间接性和发表偏倚）。利用指南研发工具 GRADEpro[21]生成证据概要表（SoF）和证据决策表（EtD）。

3.3 推荐意见的形成

推荐意见由指南研制组专家充分掌握循证依据后，通过改良德尔菲法共识产生。首先，专家充分阅读每个临床问题证据体（纳入文献特征表、偏倚风险评价表、SoF 表和 EtD 框架）和共识规则后，围绕 EtD 框架的 12 个维度做出判断，并据此给出每个临床问题的推荐方向和强度。工作组对 EtD 框架和推荐意见的第一轮改良德尔菲调研结果进行统计。然后再召开专家共识会议，会上介绍证据体、共识规则及第一轮改良德尔菲投票的统计结果，并围绕每个问题的 EtD 框架，进行专家讨论。经过充分讨论后，专家再次对 EtD 框架和推荐意见进行投票。最后工作组依据第二轮改良德尔菲调研结果和 GRADE 网格共识规则，形成推荐意见。

GRADE 网格共识规则[22]如下：

① 推荐或反对某一干预措施(和特定的对照措施相比较)至少需要 50% 的参与者认可,且少于20%选择对照措施。未满足此标准,则产生“有条件地推荐干预或对照”。

② 一个推荐意见被列为强推荐而非弱推荐,则需要得到至少 70%的参与者强推荐。

4 推荐意见

临床问题 1:对于急性/亚急性非特异性腰痛患者,毫针治疗是否比口服西药有效?(毫针治疗包括:针刺、电针;西药包括:非甾体抗炎药、肌松剂)
(1) 推荐意见
对于急性/亚急性非特异性腰痛患者,与口服单一西药(非甾体抗炎药、肌松剂)比较,专家组优先推荐毫针治疗。(条件推荐,极低质量证据)
(2) 证据概述
本临床问题共纳入 14 项研究,涉及 5 项结局。其中,对于疼痛(VAS 或 NRS),毫针治疗比口服单一西药效果略好(中等效应,极低质量证据)。并且提示,针刺配合腰部活动(针刺 3 次～6 次)的效果较其他针刺方法更好(极低质量证据)。对于有效率,毫针治疗和口服单一西药比,可将其提高 11%(微小效应,极低质量证据)。对于功能障碍(ODI 或 RMDQ),毫针治疗比口服单一西药效果好,但证据级别非常低(大效应,极低质量证据)。对于腰椎活动度(LROM 度数),毫针治疗和口服单一西药效果无差异(极低质量证据)。对于腰椎活动度(Schober),毫针治疗和口服单一西药效果无差异(极低质量证据)。 纳入的 14 个研究中,9 个采用了远端取穴配合腰部活动(运动针法)的针刺方法,结果提示运动针法针刺多次(3 次～6 次),效果更好。其中远端取穴分别为:腰痛穴(5 个研究)、水沟和后溪穴(2 个研究)、养老穴(1 个研究)、循经远取养老、攒竹或人中穴(1 个研究)。其他 5 个研究为近端取穴(1 个研究)、远端取穴(2 个研究)或近远端配合取穴(2 个研究)。 急性/亚急性非特异性腰痛常用的口服止痛药物包括非甾体抗炎药、肌松剂和阿片类药物,但本临床问题文献筛选中未发现单用阿片类药物作对照的研究。纳入的 14 个研究中,西药分别为双氯芬酸钠(4 个研究)、布洛芬(2 个研究)、洛索洛芬(1 个研究)、美洛昔康(5 个研究)、尼美舒利(1 个研究)、乙哌立松(1 个研究)。
(3) 推荐说明
本意见仅适用于针刺和口服单一西药比较,不适用于和多种西药联合使用比较。 在实施本建议时,考虑到获取证据的低确定性对收益的影响、近远期成本效益的不同,患者和医生应该共同决策。 急性/亚急性非特异性腰痛患者合并以下情况建议优先相关专科就诊:腰椎影像检查显示骨质破坏或占位性病变,合并胸腰椎骨折、胸腰椎局部感染,如腰椎结核;腰痛合并急性加重的神经症状,如下肢肌力减退、腱反射减弱或消失、会阴区感觉减弱、二便功能异常等。 运动针法不建议用于以下患者:合并重度腰椎间盘脱出、重度腰椎滑脱、腰椎占位性病变、腰椎骨折、重度骨质疏松。 运动针法优先建议用于病程≤7 天的患者,病程>7 天的患者根据专家经验决定。
(4) 治疗方案

（续）

- **方案一：电针腰三针配合远端取穴**

① 取穴

肾俞（双侧）、大肠俞（双侧）、委中（双侧）、阿是穴。

② 针刺方法

按照常规针刺方向及深度进行操作。待针刺得气后接电针仪正负极通电，患侧同侧相接（肾俞与大肠俞，委中与阿是穴），选用连续波型，频率 20Hz 或以下，强度调节至患者能耐受、局部肌肉微颤为宜。

补泻手法：平补平泻。

留针时间：20 min～30 min。

③ 治疗频率

建议每周 3 次左右，具体情况根据病情及实施条件由医患共同决策。

④ 疗程

建议 1 周～2 周，具体情况根据病情缓解情况及实施条件由医患共同决策。

- **方案二：腰痛穴运动针法。**

① 取穴

腰痛穴，为经外奇穴。定位：手背，在第 2、3 掌骨及第 4、5 掌骨之间，当腕背侧远端横纹与掌指关节连线中点处，一手两穴点。

腕背侧远端横纹：伸腕时，腕背面连接豌豆骨上缘与桡骨茎突尖的横纹。

掌指关节连线中点：握拳时，相邻两个掌指关节的最高点的连线中点处。

② 针刺方法

直刺进针 0.2 寸～0.5 寸。针刺后运针施以小幅度的提插泻法，针感可以局部酸胀并扩散至整个手部。

留针时间：20 min～30 min。

运动针法的腰部活动操作：

针刺远端穴位时及留针过程中，患者站立位，腰部小幅度缓慢做背伸、左侧屈、前屈、右侧屈、360°旋转腰部动作，从非运动受限部位转向运动受限部位。如患者左侧屈受限，则腰部活动从背伸、右侧屈、前屈、左侧屈做旋转运动。右侧屈受限从背伸、左侧屈、前屈、右侧屈做旋转运动。幅度可视情况逐渐由小增大。

③ 治疗频率

建议每周 3 次左右，具体情况根据病情及实施条件由医患共同决策。

④ 疗程

建议 1 周左右，具体情况根据病情缓解情况及实施条件由医患共同决策。

⑤ 注意事项

针刺的刺激量由小到大，以患者耐受为度，防止晕针。

临床问题2:对于急性/亚急性非特异性腰痛患者,毫针治疗是否比其他非药物疗法有效?(毫针治疗包括:针刺、电针;其他非药物疗法包括:物理治疗、卧床、推拿)
(1)推荐意见
对于急性/亚急性非特异性腰痛患者,与其他非药物疗法(物理治疗、卧床、推拿)相比,专家组优先推荐毫针治疗。(条件推荐,极低质量证据)
(2)证据概述
本临床问题共纳入9项研究,涉及3项结局。其中,对于疼痛(VAS),毫针治疗与其他非药物疗法比,疗效无差异(极低质量证据)。对于功能障碍(RMDQ+ODI),毫针治疗与非药物疗法比,在一定程度上,毫针治疗疗效更好(中等效应,低质量证据)。对于有效率,毫针治疗与推拿比,在治疗结束时,有效率无明显差异(中等质量证据);在随访1个月时,有效率无明显差异(低质量证据);在随访12个月时,有效率无明显差异(低质量证据)。 纳入的9个研究中的非药物疗法为:推拿(5篇),物理治疗(2篇),卧床(2篇)。 根据现有证据,毫针治疗在改善急性/亚急性非特异性腰痛患者的功能障碍上优于推拿;在改善疼痛程度上及改善治疗有效率上,毫针与推拿疗效没有差异。没有关于推拿不良事件的报告。目前共纳入毫针治疗VS推拿的研究5篇,其中针刺方案包括后溪穴针刺2篇,腰痛穴针刺1篇,局部取穴+远端取穴针刺2篇。
(3)推荐说明
在实施本建议时,需考虑获取证据的低确定性对收益的影响、近远期成本效益的不同,患者和医生应该共同决策。 急性/亚急性非特异性腰痛患者合并以下情况建议优先相关专科就诊:腰椎影像检查显示骨质破坏或占位性病变,胸腰椎骨折;腰痛合并急性加重的神经症状,如下肢肌力减退、腱反射减弱或消失、会阴区感觉减弱、二便功能异常等。
(4)治疗方案
① **取穴** 肾俞(双侧)、命门、腰阳关、大肠俞(双侧)、委中(双侧)、阿是穴。 ② **针刺方法** 按照常规针刺方向及深度进行操作。 补泻手法:行缓慢均匀的提插捻转手法,以得气为度。 留针时间:20 min～30 min。 ③ **治疗频率** 建议每周3次左右,具体情况根据病情及实施条件由医患共同决策。 ④ **疗程** 建议1周～2周,具体情况根据病情缓解情况及实施条件由医患共同决策。

临床问题 3:对于急性/亚急性非特异性腰痛患者,针灸综合疗法是否比口服西药有效?(针灸综合疗法包括:毫针治疗+灸、毫针治疗+罐、毫针治疗+灸+罐;西药包括:非甾体抗炎药、肌松剂)
(1) **推荐意见**
对于急性/亚急性非特异性腰痛患者,与口服西药(非甾体抗炎药、肌松剂)相比,专家组优先推荐针灸综合疗法(毫针治疗+灸、毫针治疗+罐、毫针治疗+灸+罐)。(条件推荐,极低质量证据)
(2) **证据概述**
经系统检索,未找到完全符合本临床问题的直接证据,故将治疗急性腰扭伤患者的 RCT 文献进行分析提供间接证据。 本临床问题共纳入 1 项研究,涉及 2 项结局。其中,对于疼痛(VAS),针灸综合疗法优于口服西药治疗,可将疼痛 VAS 评分减低 1.2(中等效应,极低质量证据)。对于有效率,针灸综合疗法优于口服西药治疗,可将有效率提高 26%(微小效应,极低质量证据)。 纳入的 1 个间接文献证据,针灸综合疗法为针刺+拔罐+梅花针,对照为两种西药联合(双氯芬酸钠缓释胶囊+乙哌立松),纳入的患者为急性腰扭伤患者。
(3) **推荐说明**
在实施本建议时,考虑到本推荐是基于极低质量的间接文献证据和专家经验形成的,以及间接证据的低确定性对收益的影响、近远期成本效益的不同,需要医患共同决策。 急性/亚急性非特异性腰痛患者合并以下情况建议优先相关专科就诊:腰椎影像检查显示骨质破坏或占位性病变,胸腰椎骨折;腰痛合并急性加重的神经症状,如下肢肌力减退、腱反射减弱或消失、会阴区感觉减弱、二便功能异常等。 需考虑艾灸疗法的可及度以及患者对艾灸疗法的可接受程度。 灸法实施场所建议配备排烟设施。
(4) **治疗方案**(本方案适用于寒湿证者)
① **取穴** 主穴:肾俞(双侧)、腰阳关、大肠俞(双侧)、关元俞(双侧)、阿是穴、委中(双侧)。 拔罐穴位:肾俞、大肠俞、阿是穴。 艾灸穴位:肾俞、腰阳关、大肠俞、关元俞。 ② **刺灸方法** 委中穴采用程氏三才法直刺地才 1.2 寸~1.5 寸,振颤催气,飞旋补法。余穴按照常规针刺方向及深度进行操作,平补平泻法。灸法取清艾条一根,点燃后悬于穴位之上,艾火距皮肤 2 cm~3 cm,灸 10 min~20 min,灸至皮肤温热红晕,而又不致烧伤皮肤为度。可以留针期间艾灸。取针后在腰部腧穴上常规拔罐。 “三才”,是古代的一种哲学术语,指“天才、人才、地才”。三才法针刺,即进针分浅、中、深三个层次操作,先针 1 分~2 分深,通过皮肤的浅部,为天才,再刺 5 分~6 分深,到达肌肉为人才,三刺 2 分~4 分深,进入筋肉之间为地才。 程式“三才针法”的内容包括:动手探穴法、指实腕虚持针法、三才进针法、震颤补泻法和飞旋行气法,具体其他操作见相关文献[23,24]。 留针时间:20 min~30 min。建议留罐时间 5 min 左右。

（续）

③ **治疗频率** 建议每周3次左右，具体情况根据病情及实施条件由医患共同决策。 ④ **疗程** 建议1周～2周，具体情况根据病情缓解情况及实施条件由医患共同决策。

临床问题4：对于急性/亚急性非特异性腰痛患者，针灸综合疗法是否比其他非药物疗法有效？（针灸综合疗法包括：毫针治疗＋灸、毫针治疗＋罐、毫针治疗＋灸＋罐；其他非药物疗法包括：推拿）
（1）推荐意见
对于急性/亚急性非特异性腰痛患者，与其他非药物疗法（推拿）相比，专家组优先推荐针灸综合疗法。（条件推荐，极低质量证据）
（2）证据概述
经系统检索，未找到完全符合本临床问题的直接证据，故将腰痛病程包含急性、亚急性和慢性病程的RCT文献进行分析提供间接证据。 本临床问题共纳入1项研究，涉及1项结局。对于有效率，针灸综合疗法与其他非药物疗法相比可将有效率提高19％（微小效应，极低质量证据）。 纳入的1个间接的文献证据，针灸综合疗法为毫针治疗＋悬灸，纳入的腰痛患者包括急性、亚急性以及慢性期，对照为推拿。
（3）推荐说明
在实施本建议时，考虑到本推荐是基于极低质量的间接文献证据和专家经验形成的，以及间接证据的低确定性对收益的影响、近远期成本效益的不同，需要医患共同决策。 急性/亚急性非特异性腰痛患者合并以下情况建议优先相关专科就诊：腰椎影像检查显示骨质破坏或占位性病变，合并胸腰椎骨折、胸腰椎局部感染，如腰椎结核；腰痛合并急性加重的神经症状，如下肢肌力减退、腱反射减弱或消失、会阴区感觉减弱、二便功能异常等。 灸法需考虑艾灸疗法的可及度以及患者对艾灸疗法的可接受程度。 灸法实施场所建议配备排烟设施。
（4）治疗方案
① **取穴** 主穴：肾俞（双侧）、关元俞（双侧）、命门、腰阳关、志室（双侧）、腰部夹脊穴（双侧）、秩边（双侧）、委中（双侧）。 配穴：寒湿证、肾虚证：百会、大椎、身柱、至阳、三阴交（双侧）、太溪（双侧）。 血瘀证：膈俞（双侧）、血海（双侧）、风市、阳陵泉、丰隆、足三里。 综合方式：温灸盒温灸腰部。急性腰痛症见突然劳顿后腰痛，难以活动，取双侧攒竹，顺经向上斜刺，使用运动针法后再取其他主穴。

（续）

② **刺灸方法** 腰部诸穴多以斜刺法，顺经向下斜刺，针尖略朝向脊柱方向，进针 1 寸～1.2 寸，余穴按照常规针刺方向及深度进行操作。灸法采用两粒长约 1 寸的艾段，同时点燃后置于温灸盒中，温灸腰骶部，时间约为 15 min～20 min。 补泻手法：虚证用补法或平补平泻针法，实证用泻法或平补平泻针法。 留针时间：20min～30 min。 ③ **治疗频率** 建议每周 2 次～3 次左右，具体情况根据病情及实施条件由医患共同决策。 ④ **疗程** 建议 1 周～2 周，具体情况根据病情缓解情况及实施条件由医患共同决策。 ⑤ **注意事项** 灸法灸至皮肤温热红晕，而又不致烧伤皮肤为度。

临床问题 5：对于急性/亚急性非特异性腰痛患者，针灸综合疗法是否比毫针治疗更有效？（针灸综合疗法包括：毫针治疗＋灸，毫针治疗＋罐，毫针治疗＋灸＋罐；毫针治疗包括：针刺、电针）
（1）推荐意见
对于急性/亚急性非特异性腰痛患者，专家组建议有条件的推荐针灸综合疗法（毫针治疗＋灸、毫针治疗＋罐、毫针治疗＋灸＋罐）或毫针治疗（针刺、电针）。（条件推荐，极低质量证据）
（2）证据概述
经系统检索，未找到完全符合本临床问题的直接证据，故将腰痛病程包含急性、亚急性和慢性病程的 RCT 文献进行分析提供间接证据。 本临床问题共纳入 1 项研究，涉及 1 项结局。对于有效率，针灸综合疗法比毫针治疗可将有效率提高 3%（极低质量证据）。 纳入的 1 个间接文献证据，针灸综合疗法为：针刺＋拔罐，对照为毫针治疗，纳入的腰痛患者为急性、亚急性及慢性期腰痛患者。
（3）推荐说明
在实施本建议时，考虑到本推荐是基于极低质量的间接文献证据和专家经验形成的，以及间接证据的低确定性对收益的影响、近远期成本效益的不同，需要医患共同决策。 以下急性/亚急性非特异性腰痛患者合并以下情况建议优先相关专科就诊：腰椎影像检查显示骨质破坏或占位性病变，胸腰椎骨折；腰痛合并急性加重的神经症状，如下肢肌力减退、腱反射减弱或消失、会阴区感觉减弱、二便功能异常等。 需考虑艾灸疗法的可及度以及患者对艾灸疗法的可接受程度。 灸法实施场所建议配备排烟设施。

临床问题 6:对于慢性非特异性腰痛患者,毫针治疗是否比其他非药物疗法有效?(毫针治疗包括:针刺、电针;其他非药物疗法包括:推拿、核心稳定训练、物理治疗加锻炼)
(1) 推荐意见
对于慢性非特异性腰痛患者,与其他非药物疗法(推拿、核心稳定训练、物理治疗加锻炼)相比,专家组建议优先选择毫针治疗。(条件推荐,极低质量证据)
(2) 证据概述
本临床问题共纳入 3 项研究,涉及 3 项结局。其中,对于疼痛(VAS),疗程结束时毫针治疗疗效优于其他非药物疗法(小效应,极低质量证据)。对于有效率,毫针治疗比其他非药物疗法可将有效率提高 20%(微小效应,低质量证据)。对于功能障碍(ODI 或 RMDQ),毫针治疗比其他非药物疗法(包括推拿和核心稳定训练)效果好(大效应,极低质量证据)。 纳入的 3 个研究中的非药物疗法为:推拿(1 篇)、核心训练(1 篇)、常规治疗(物理治疗+锻炼)(1 篇)。
(3) 推荐说明
在实施本建议时,需考虑获取证据的低确定性对收益的影响、近远期成本效益的不同,患者和医生应该共同决策。 慢性非特异性腰痛患者合并以下情况建议优先相关专科就诊:腰椎影像检查显示骨质破坏或占位性病变,胸腰椎骨折;腰痛合并急性加重的神经症状,如下肢肌力减退、腱反射减弱或消失、会阴区感觉减弱、二便功能异常等。
(4) 治疗方案
① **取穴** 主穴:肾俞(双侧)、委中(双侧)、昆仑(双侧)、太溪(双侧)。 配穴: • 近端配穴:阿是穴。 • 根据疼痛部位配穴:后腰痛,配足太阳膀胱经穴(大肠俞、关元俞);侧腰痛,配足少阳胆经穴(风市、阳陵泉);疼痛向下肢前侧放射,配足阳明胃经穴(髀关、伏兔)。 • 辨证配穴:肾阳虚配命门,肾阴虚配复溜(双侧),寒湿证配阴陵泉(双侧)、脾俞(双侧),血瘀证配膈俞(双侧)。 ② **刺灸方法** 按照常规针刺方向及深度进行操作,以得气为度。 留针时间:20 min~30 min。 ③ **治疗频率** 建议每周 2 次左右,具体情况根据病情及实施条件由医患共同决策。 ④ **疗程** 建议 2 周~4 周,具体情况根据病情缓解情况及实施条件由医患共同决策。

临床问题 7:对于慢性非特异性腰痛患者,针灸综合疗法是否比毫针治疗更有效?(针灸综合疗法包括:毫针治疗+灸、毫针治疗+罐、毫针治疗+灸+罐;毫针治疗包括:针刺、电针)
(1) 推荐意见
对于慢性非特异性腰痛患者,与毫针治疗比较,专家组建议优先推荐针灸综合疗法。(条件推荐,极低质量证据)
(2) 证据概述
本临床问题共纳入 1 项研究,涉及 2 项结局。其中,对于疼痛(VAS),针灸综合疗法和毫针治疗比较,可将 VAS 评分多降低 0.88 分(小效应,极低质量证据)。对于有效率,针灸综合疗法和毫针治疗比,可将有效率提高 21%(微小效应,极低质量证据)。 在纳入的 1 个研究中,治疗组选用的是针刺、艾灸、拔罐 3 种疗法综合,对照组选用的是毫针治疗。
(3) 推荐说明
在实施本建议时,考虑到本推荐是基于极低质量的文献证据和专家经验形成的,以及该证据的低确定性对收益的影响、近远期成本效益的不同,需要医患共同决策。 灸法需考虑艾灸疗法的可及度以及患者对艾灸疗法的可接受程度。 灸法实施场所建议配备排烟设施。 对于具有温度感觉障碍的慢性非特异性腰痛患者实施艾灸时应慎重。
(4) 治疗方案
① 取穴 寒湿证:肾俞(双侧)、腰阳关、大肠俞(双侧)、关元俞(双侧)、委中(双侧)。 肾虚证穴位:肾俞(双侧)、腰阳关、命门、委中(双侧)、志室(双侧)、太溪(双侧)。 **② 刺灸方法** 寒湿证:委中,程氏三才法直刺地才 1.2 寸~1.5 寸,振颤催气,飞旋补法。余穴按照常规针刺方向及深度进行操作。灸法取清艾条 1 根,点燃后悬于穴位(肾俞、腰阳关、大肠俞、关元俞)之上,艾火距皮肤 2 cm~3 cm,灸 10 min~20 min。 肾虚证:委中,程氏三才法直刺地才 1.2 寸~1.5 寸,振颤催气,飞旋补法;志室,程氏三才法直刺地才 1 寸~1.2 寸,飞旋补法;太溪,程氏三才法直刺人才 0.3 寸~0.6 寸,振颤催气,飞旋补法。余穴按照常规针刺方向及深度进行操作。灸法取清艾条 1 根,点燃后悬于穴位(肾俞、腰阳关、命门)之上,艾火距皮肤 2 cm~3 cm,灸 10 min~20 min。 补泻手法:具体操作见相关文献[23,24]。 留针时间:20 min~30 min。 **③ 治疗频率** 建议每周 2 次左右,具体情况根据病情及实施条件由医患共同决策。 **④ 疗程** 建议 2 周~4 周,具体情况根据病情缓解情况及实施条件由医患共同决策。 **⑤ 注意事项** 灸法灸至皮肤温热红晕,而又不致烧伤皮肤为度。

临床问题8:对于妊娠期非特异性腰痛,毫针治疗的疗效和安全性如何?

(1)推荐意见

专家未形成共识性意见,此次指南不作推荐。

(2)推荐说明

工作组对专家组未形成共识性意见的原因进行了调查,考虑如下因素。

给予妊娠期非特异性腰痛的患者进行针灸治疗,需要谨慎,如果选穴或操作不当可能出现安全性隐患。

针灸治疗方案差异较大。若医患沟通后考虑选择针灸治疗,在针刺过程中,专家组建议腹部穴位禁刺(12/13,92.31%);对于腰骶部穴位及远端特殊穴位(如三阴交、合谷)是否可以针刺,专家未形成一致意见;如确实需要针刺腰骶部及远端特殊穴位进行治疗,专家建议浅刺上述穴位(12/13,92.31%)。

针灸操作者的临床经验存在差异。若医患沟通后考虑选择针灸治疗,专家组建议操作者应具备以下条件:①具有中级或以上医师资质(12/13,92.31%);②具有5年以上临床经验(10/13,76.92%);③具有孕产学临床经验(12/13,92.31%)。

孕妇的孕产情况(基础情况)复杂。若医患沟通后考虑选择针灸治疗,专家组建议妊娠期患者应满足以下条件:①妊娠期患者不应具有先兆流产症状(10/13,76.92%);②妊娠期患者不应具有严重合并症(9/13,69.23%);③对于妊娠期患者孕程专家组未形成一致意见。

临床问题9:对于急性/亚急性非特异性腰痛患者,如果选用针刺治疗,应该先推荐怎样的治疗频率?(1次/周,2次/周,3次/周或者更多)

(**注**:文献中有3种治疗频率,分别为治疗1次、3次/周、1次/天。3种治疗频次在改善疼痛方面差异没有统计学意义。3种治疗频次在改善腰椎功能的疗效方面差异没有统计学意义。)

问题转化:ETD表中的投票问题:对于急性/亚急性非特异性腰痛患者,如果选用针刺治疗,每周大于3次的针刺治疗,比3次/周的针刺治疗使患者获益更多吗?(干预为每周大于3次,对照为每周3次)

(1)推荐意见

专家未形成共识性意见,此次指南不作推荐。

临床问题10:对于慢性非特异性腰痛患者,如果选用针刺治疗,应该先推荐怎样的治疗频率?(1次/周,2次/周,或者更多)

(**注**:文献中治疗频率分别为治疗频次1次/周、2次/周、2次以上/周。3种治疗频次在改善疼痛方面差异没有统计学意义。3种治疗频次在改善腰椎功能的疗效方面差异没有统计学意义。)

问题转化:ETD表中的投票问题:对于慢性腰痛患者,如果选用针刺治疗,每周大于2次的针刺治疗,比2次/周的针刺治疗使患者获益更多吗?(干预为每周大于2次,对照为每周2次)

(1)推荐意见

专家未形成共识性意见,此次指南不作推荐。

5 获取途径

本指南在世界针灸学会联合会网站发布，纸质版由中国标准出版社出版。此外，指南的核心内容将于英文期刊发布。用户可通过上述途径获取本指南。

6 未来可开展的研究

开展针对特殊人群如孕妇、老年急性/亚急性非特异性腰痛患者，毫针治疗与口服单一西药、毫针治疗与非药物疗法比较的有效性和安全性的研究。

开展针对急性/亚急性非特异性腰痛患者，针灸综合疗法与西药治疗比较、针灸综合疗法与其他非药物疗法比较、针灸综合疗法与单用毫针治疗比较的有效性和安全性的研究。

开展针对特殊人群孕妇及老年慢性非特异性腰痛患者，毫针治疗与非药物疗法比较的有效性和安全性的研究。

另外后续的临床研究建议完善研究设计，提高研究质量。

7 局限和不足

本指南基于目标用户的临床需求调研，围绕最受关注的干预措施（毫针、针灸综合疗法）进行了临床问题和推荐意见的研制。对于其他治疗非特异性腰痛的有效针灸方法（艾灸、拔罐、耳穴贴压等）并未形成临床问题和推荐意见。

附 录 A
指南工作组成员

A.1 指南专家组成员

姓名	国家	角色/身份	机构
董红光	瑞士	针灸学专家	日内瓦大学
王晓明	日本	针灸学专家	京东平城大学
Nam Dongwoo	韩国	针灸学专家	韩国庆熙大学医学院
林鹉	加拿大	针灸学专家	运动员保健运动医学中心
赵士辉	新西兰	针灸学专家	Good Health Acupuncture & Physiotherapy
刘志顺	中国	针灸学专家	中国中医科学院广安门医院
段锦绣	中国	针灸学专家	北京丰台区,方庄社区卫生服务中心
费宇彤	中国	方法学专家	北京中医药大学
谢利民	中国	骨科专家	中国中医科学院广安门医院
陈旭	中国	骨科专家	中国人民解放军总医院
高寅秋	中国	疼痛科专家	中国中医科学院广安门医院
马萃	中国	医保物价护理人员	中国中医科学院广安门医院
姜女士	中国	腰痛患者	北京

A.2 指南起草组成员

姓名	角色/身份	机构
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刘晓旭	针灸学专家	中国中医科学院广安门医院
李珊珊	针灸学专家	中国中医科学院广安门医院
赵宏	针灸学专家	中国深圳市罗湖区中医院
丰逸轩	研究生	中国中医科学院针灸研究所
郭盛楠	编辑	《世界针灸杂志》社
柳兰萍	研究生	中国中医科学院广安门医院
闫文茜	研究生	中国中医科学院广安门医院
林蕙泽	研究生	中国中医科学院广安门医院

（续）

姓名	角色/身份	机构
朱可欣	研究生	中国中医科学院广安门医院
王翔	研究生	中国中医科学院广安门医院
张萍萍	研究生	中国中医科学院广安门医院
申江红	研究生	中国中医科学院广安门医院
费静雯	研究生	中国中医科学院广安门医院

附　录　B
缩略语表

全称	缩写
非特异性腰痛	NSLBP
急性非特异性腰痛	ANSLBP
慢性非特异性腰痛	CNSLBP
临床实践指南	CPG
患者，干预措施，对照措施，结局	PICO
随机对照试验	RCT
世界卫生组织	WHO
世界针灸学会联合会	WFAS
指南研制组	GDG
证据概要表	SoF
证据决策表	EtD

附　录　C
临床问题汇总

编号	临床问题
1	对于急性/亚急性非特异性腰痛患者，毫针治疗是否比口服西药有效？（毫针治疗包括：针刺、电针；西药包括：非甾体抗炎药、肌松剂）
2	对于急性/亚急性非特异性腰痛患者，毫针治疗是否比其他非药物疗法有效？（毫针治疗包括：针刺、电针；其他非药物疗法包括：物理治疗、卧床、推拿）
3	对于急性/亚急性非特异性腰痛患者，针灸综合疗法是否比口服西药有效？（针灸综合疗法包括：毫针治疗＋灸、毫针治疗＋罐、毫针治疗＋灸＋罐；西药包括：非甾体抗炎药、肌松剂）
4	对于急性/亚急性非特异性腰痛患者，针灸综合疗法是否比其他非药物疗法有效？（针灸综合疗法包括：毫针治疗＋灸、毫针治疗＋罐、毫针治疗＋灸＋罐；其他非药物疗法包括：推拿）
5	对于急性/亚急性非特异性腰痛患者，针灸综合疗法是否比毫针治疗更有效？（针灸综合疗法包括：毫针治疗＋灸、毫针治疗＋罐、毫针治疗＋灸＋罐；毫针治疗包括：针刺、电针）
6	对于慢性非特异性腰痛患者，毫针治疗是否比其他非药物疗法有效？（毫针治疗包括：针刺、电针；其他非药物疗法包括：推拿、核心稳定训练、物理治疗加锻炼）
7	对于慢性非特异性腰痛患者，针灸综合疗法是否比毫针治疗更有效？（针灸综合疗法包括：毫针治疗＋灸、毫针治疗＋罐、毫针治疗＋灸＋罐；毫针治疗包括：针刺、电针）
8	对于妊娠期非特异性腰痛，毫针治疗的疗效和安全性如何？
9	对于急性/亚急性非特异性腰痛患者，如果选用针刺治疗，应该先推荐怎样的治疗频率？（1次/周，2次/周，3次/周或者更多） EtD表投票的问题：对于急性/亚急性非特异性腰痛患者，如果选用针刺治疗，每周大于3次的针刺治疗，比3次/周的针刺治疗使患者获益更多吗？（干预为每周大于3次，对照为每周3次）
10	对于慢性非特异性腰痛患者，如果选用针刺治疗，应该先推荐怎样的治疗频率？（1次/周，2次/周，或者更多） EtD表投票的问题：对于慢性腰痛患者，如果选用针刺治疗，每周大于2次的针刺治疗，比2次/周的针刺治疗使患者获益更多吗？（干预为每周大于2次，对照为每周2次）

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