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Effectiveness of Adding Dry Needling of The Upper Trapezius Muscle to The Usual Physiotherapy for Managing Chronic Neck Pain: A Randomized Controlled Trial with a 7-Week Follow Up

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LETTER TO EDITOR

We read with great interest the article by Slwa Sami Alattar and Hosam Alzahrani, titled “Effectiveness of adding dry needling of the upper trapezius muscle to the usual physiotherapy for managing chronic neck pain: A randomized controlled trial with a 7-week follow up”,[1] published in your esteemed journal “Musculoskeletal Science and Practice”. The author's innovative approach of augmenting conventional physiotherapy with dry needling for the treatment of chronic neck pain is commendable. The long-term assessment of pain, disability, range of motion, and depression—a frequently associated psychological condition—is a significant contribution to the field. However, we would like to make a few observations in light of this article.

Firstly, the title could be more appropriate if it mentioned the specific outcomes that the dry needling intervention aims to address, as this would provide researchers with a clearer understanding at first glance.

Secondly, the abstract exceeds the specified word limit, and the trial registration number is not included at the end of the abstract, as required by the journal's guidelines. Furthermore, details such as the participants' gender and population could have been included in the methods section of the abstract for clarity.

Thirdly, we commend the authors for clearly summarizing the literature in the introduction. However, the hypothesis was not mentioned. It should state: 'Adding dry needling of the upper trapezius muscle to usual physiotherapy is more effective in reducing chronic neck pain compared to usual physiotherapy alone over a 7-week follow-up period,' as per a one-tailed hypothesis.

In the methods section 2.2, it would be helpful if the authors specified the upper age limit. Mentioning only that participants aged ≥ 18 years were recruited encompasses a broad age group, including both young and older adults, which could lead to variations in the results. Additionally, the inclusion criteria did not specify baseline

scores for the Neck Disability Index (NDI) or Beck's Depression Inventory (BDI), as was done for the Visual Analog Scale (VAS). Including these scores would have been important for reflecting the chronicity of the condition and could significantly influence the results.[2]

Lastly, in the conventional physiotherapy section, the authors could have provided more detail about which muscle groups were targeted for isometric exercises and which specific muscles were included for self-stretching. I kindly request the authors to consider these concerns, as addressing them will further improve the clarity and quality of the findings presented.

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Declaration of Competing Interest

None

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