

Case Report on Chronic LBP (Pt. 2)

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Editor's Note: [Part 1](#) of this article included history / exam, diagnosis and treatment principles.

Therapeutic Focus

The patient was seen two times per week for two weeks, followed by once-a-week treatment for two weeks. At that point, the patient decided to postpone his radiofrequency ablation (RFA) appointment and continue maintenance acupuncture treatments. Over 16 weeks, he received 11 total treatments and cancelled his appointment.

Acupuncture points included GV 20, 9, 4, 3; BL 22, 23, 24, 25, 27, 28; GB 29, 30; and *huatuo jiaji* points along the spine and *ashi* points around the sacrum, hips and scalp based on palpation. The final point locations and depth of needling were based on palpation of the texture of skin, fascia, ligaments and muscles along the meridians. The muscles focused on during treatments included, but were not limited to, paraspinal muscles, gluteus and piriformis.

Needling on *jiaji* and *ashi* acupoints targeted where the evil *qi*, or tightness, tenderness or node was. *Deqi* was defined as tension release felt by the acupuncturist. One- and two-inch, 36-gauge acupuncture filiform needles were used. Electroacupuncture was applied on the acupoints of BL and GB channels.

Moving cupping and *tuina* were also applied in more than one region, where painful spasm or restricted motion of soft tissues are found, for myofascial release, stretching of muscular or connective tissue to improve motor ability and function. In addition, specific hip rotation and lumbar rotation exercises were performed, with instructions and assistance provided.

Treatments were tolerated, with mild pain within tolerance. The patient said he felt relaxed and had less pain afterward.

Follow-Up and Outcomes

The patient was compliant with all forms of therapy. After the initial visit, he reported reduced pain from 7/10 to 4/10 with an overall 20-30 percent improvement. He was able to shop with less pain. After six treatments over four weeks, he felt 60-70 percent better, reporting the treatment benefit lasted 1.5 weeks. Daily pain medications use reduced to need based.

MYMOP pain and walking difficulty scores went down to three from six, interrupted sleep score down to two from four, and work difficulty score down to two from five. Well-being score went down to two from five. After 11 treatments over 16 weeks, he was satisfied with the progress and kept maintenance treatment every 3-5 weeks.

Discussion

Skeletal muscle is one of the largest organs in the human body.⁴⁻⁵ However, diagnosis and treatment of skeletal muscles are limited,⁶⁻⁷ which contributes to 50 percent of acute injuries transforming into chronic cases.⁸⁻¹⁰

This patient had a history of lumbar fracture and laminectomy, which are the structural injury factors to the paraspinal muscles. The limitation of his movements was evidence of musculoskeletal structure change, instability and immobility.

The core muscles of the lumbar spine, including the lumbar multifidus and erector spinae, stabilize the spinal formation. Structural alterations in these muscles contribute to functional limitations and persistent, chronic LBP. Pain signals from the spine can inhibit the neuromuscular control system, reducing muscular nerve drive, spinal stability and movement.¹

Following the acupuncture treatment principles (move *qi* and blood, tonify *qi* and kidney, and soothe tendons), treated focused heavily on skeletal muscles associated with LBP. Moving cupping, *tuina* and guided exercises were integrated in every treatment to improve muscular flexibility, strength and endurance; and develop range of motion, improve posture, coordination, and performance of activities - promoting delivery of nutrients to the tissues, keeping muscles, ligaments and joints healthier, and preventing further injury.

In this case, the success of acupuncture treatment in managing CLBP to a satisfied level and avoiding RFA validates that acupuncture is effective in improving muscle damage, muscle spasm and muscle pain. The scientific research world still has more work to do to reveal the how and why underlying its effectiveness.¹¹⁻¹³

Treatment Timeline and Patient Response

Date	Intervention	Result
02-03-2022 (Week 1)	<i>Visit #1</i> : original MYMOP + acupuncture treatment, cupping, instructed exercise	<i>Pain</i> : pretreatment 7/10, MYMOP pain and walking difficulty score 6, interrupted sleep score 4, work difficulty score 5, well-being score 5 <i>Medication use</i> : meloxicam 15 mg, QD; tramadol 50 mg, BID. <i>Other</i> : RFA still scheduled in four weeks
02-08-2022	<i>Visit #2</i> : acupuncture treatment, cupping, instructed exercise	<i>Pain</i> : pretreatment 4/10, felt 20-30% improvement; two times with severe pain; able to shop with less pain <i>Medication use</i> : Same medications, but with fewer dosages and lower frequency
02-11-2022 (Week 2)	<i>Visit #3</i> : acupuncture treatment, cupping, instructed exercise	<i>Pain</i> : pretreatment 4/10, felt 20-30% improvement; one time with severe pain; able to shop with less pain <i>Medication use</i> : Same medications, but with fewer dosages and lower frequency

02-15-2022	Visit #4: acupuncture treatment, cupping, instructed exercise	<i>Pain:</i> pretreatment 4/10, felt 30-50% improvement; one time with severe pain; able to shop with less pain <i>Medication use:</i> Same medications, but with fewer dosages and lower frequency
02-18-2022 (Week 3)	Visit #5: acupuncture treatment, cupping, instructed exercise	<i>Pain:</i> pretreatment 4/10, felt 30-50% improvement; two times with severe pain; able to shop with less pain and stand for longer period of time <i>Medication use:</i> Same medications, but with fewer dosages and lower frequency
03-01-2022 (Week 4)	Visit #6: acupuncture treatment, cupping, instructed exercise	<i>Pain:</i> pretreatment 3-4/10, MYMOP pain and walking difficulty score 3, interrupted sleep score 2, work difficulty score 2, well-being score 2 <i>Medication use:</i> Same medications, but significantly fewer doses and less frequency: meloxicam 15 mg, 4-6 times a week; tramadol 50 mg, QD. <i>Other:</i> Decided to postpone RFA

Treatment Follow-Up

03-08-2022 (Week 5)	Visit #7: Treatment follow-up	<i>Pain:</i> feeling 60-70% better; posttreatment benefit lasted 1.5 weeks <i>Medication use:</i> meloxicam 15 mg as needed; tramadol 50 mg as needed
03-24-2022 (Week 7)	Visit #8	Same findings as above; cancelled radiofrequency ablation appointment
04-07-22 (Week 9)	Visit #9	<i>Pain:</i> intermittent; posttreatment benefit lasted two weeks
04-28-22 (Week 12)	Visit #10	Same findings as previous visit
05-27-22 (Week 16)	Visit #11	<i>Medication use:</i> meloxicam 15 mg as needed; used tramadol only once over past two months

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