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Lumbar Spinal Stenosis

Canal lombaire étroit : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Chen 2026

Chen H, Chen X, Fang J, Wang W, Fan J, Xie Y, Lun H, Liu Z. Nonsurgical interventions for lumbar spinal stenosis with neurogenic claudication: A systematic review and network meta-analysis. Integr Med Res. 2026;15(3 Pt A):101321. https://doi.org/10.1016/j.imr.2026.101321

Background	Lumbar spinal stenosis (LSS) with neurogenic claudication is a common cause of chronic pain and disability, but the comparative efficacy of nonsurgical interventions remains uncertain. This network meta-analysis evaluated and compared these interventions.
Methods	PubMed, Web of Science, Embase, and the Cochrane Central Register of Controlled Trials were searched for randomized controlled trials (RCTs) evaluating nonsurgical interventions for LSS with neurogenic claudication. The primary outcome was short-term pain, defined as change in pain intensity from baseline to immediately after treatment. Secondary outcomes included long-term pain (≥6 months after randomization), short- and long-term function, short- and long-term walking distance assessed by walking tests, and short-term response rate. Bayesian random-effects network meta-analyses were performed, and results were reported as mean differences (MDs) with 95% credible intervals (CrIs).
Results	Thirty-five RCTs involving 3147 participants were included. Low-certainty evidence indicated that, compared with placebo, **acupuncture** was associated with clinically important short-term improvements in pain (MD -10.02, 95% CrI -18.49 to -0.23) and function (MD -14.39, 95% CrI -25.26 to -3.69). Pairwise meta-analysis also suggested that **acupuncture** was associated with clinically important long-term pain reduction and statistically significant improvement in long-term function versus placebo. No other interventions showed clear benefits over placebo for pain or function. No intervention showed clear improvement in walking distance versus placebo or other interventions in the short or long term. All estimates were associated with substantial uncertainty.
Conclusion	The evidence was characterized by substantial uncertainty, with certainty ranging from low to very low. Although acupuncture showed potential benefit, the findings remain inconclusive and highlight the need for rigorously designed, high-quality RCTs.

1.1.2. Patrekar 2026

Patrekar S, Shinde S, Shinde A, Jagdale D, Shetty N. Comparative Clinical Outcomes of Non-surgical and Surgical Treatment Methods for Lumbar Canal Stenosis: A Systematic Review. Cureus.

2026;18(7):e111963. https://doi.org/10.7759/cureus.111963

Background	Lumbar canal stenosis (LCS) is a common degenerative spinal disorder that causes narrowing of the spinal canal, leading to low back pain, radicular symptoms, neurogenic claudication, impaired walking ability, and reduced quality of life. This systematic review aimed to compare the clinical outcomes of non-surgical and surgical treatment methods for patients with LCS.
Methods	A comprehensive literature search was conducted across PubMed, Scopus, Web of Science, Cochrane Library, and Google Scholar for studies published between 2005 and 2026.
Results	Following PRISMA 2020 guidelines, 22 studies met the inclusion criteria, comprising randomized controlled trials, cohort studies, retrospective studies, and secondary analyses. Eleven studies evaluated non-surgical interventions, including physiotherapy, exercise therapy, manual therapy, multimodal rehabilitation, and **acupuncture**, while 11 studies assessed surgical interventions, including decompression surgery, endoscopic decompression, fusion procedures, and interspinous devices. Among the 22 included studies, 19 reported clinical outcomes, of which 16 demonstrated significant improvements in pain, disability, walking capacity, and functional status. Seven non-surgical studies reported reductions in pain and disability with improved walking performance following physiotherapy, exercise, manual therapy, multimodal rehabilitation, or **acupuncture**. Eight surgical studies demonstrated clinically meaningful improvements in pain relief, functional status, and walking ability, with comparative studies consistently favoring surgical treatment over conservative management for short- and long-term outcomes. Non-surgical interventions were effective in reducing symptoms and enhancing quality of life, particularly in patients with mild-to-moderate disease severity. However, surgical decompression generally produced greater and more durable improvements in pain relief, functional recovery, and walking ability, especially among patients with persistent neurogenic claudication or inadequate response to conservative management. Endoscopic decompression offered additional advantages of reduced blood loss and faster postoperative recovery, whereas fusion surgery showed no significant benefit over decompression alone.
Conclusions	Overall, the evidence suggests that both treatment modalities have important roles in the management of LCS, with treatment selection depending on symptom severity, functional impairment, patient preferences, and clinical presentation. Several studies reported greater and more sustained improvements following surgical intervention; however, substantial heterogeneity among the included studies limits definitive conclusions regarding comparative effectiveness. Conservative management remains an important first-line treatment option, while surgical intervention may be beneficial for appropriately selected patients.

1.1.3. Sun 2023

Sun YN, An Y, Zhou YJ, Wang XY, Yu CH. Non-pharmaceutical Chinese medical therapies for degenerative lumbar spinal stenosis: A systematic review and meta-analysis of randomized controlled trials. Complement Ther Med. 2023 Jun;74:102949. https://doi.org/10.1016/j.ctim.2023.102949

Objective	The objective of the study was to assess the effectiveness of utilizing Non-Pharmaceutical Chinese Medical (NPCM) therapy singularly or in combination for the treatment of Degenerative Lumbar Spinal Stenosis (DLSS).

Methods	The comprehensive search for all randomized controlled trials regarding NPCM therapies for the treatment of DLSS was performed through online databases searches, commencing from their inception to January 1st, 2023. The relevant literature underwent a thorough screening process, and the data was meticulously extracted and subjected to analysis through the implementation of RevMan 5.3 software. The Cochrane Risk of Bias tool was employed to assess the potential risk of bias. The synthesis of evidence was performed Grading of Recommendations Assessment, Development, and Evaluation.
Results	The extensive search procedure produced 5674 records, including data from **37 studies** of 38 comparisons (2965 participants). Moderate evidence was obtained demonstrating that the application of acupuncture for a duration of 6-8 weeks was significantly superior to sham acupuncture in terms of intermediate-term (6 months) alleviation of back pain (2 trials, n = 128; MD, -1.08; 95% CI, -1.81~-0.34) and improvement in lumbar function (2 trials, n = 128; MD, -1.40; 95% CI, -2.93~-0.13). The available low evidence suggested that, as compared to sham acupuncture, acupuncture was effective in reducing short-term (3 months) back pain and enhancing lumbar function but had no impact on leg pain. A trial with low risk of bias found that acupuncture was more effective than sham acupuncture in enhancing disability and walking capabilities. The other studies presented inconsistent evidence with regards to the efficacy of the various interventions employed.
Conclusions	Evidence of low-to-moderate quality suggests that for DLSS patients, the implementation of acupuncture in comparison to sham acupuncture presents favorable outcomes in terms of short- and intermediate-term alleviation of back pain, improvement in lumbar function, enhancement of disability and walking capacity. The conclusion regarding the efficacy of other NPCM therapies was not obtained due to the insufficient quality of the available evidence.

1.1.4. Tang H 2014 ★

Tang Hanwu, Sun Li, Lin Yifeng. [Special acupuncture therapy in lumbar spinal stenosis: a meta-analysis]. Chinese Journal of Traditional Medical Traumatology & Orthopedics. 2014;12:13-16. [186962].

Objective	To evaluate the effect of special acupuncture therapy in lumbar spinal stenosis.
Methods	Data sources were came from retrieving CNKI, VIP and Wangfang data between 2009 and 2013. Two independent investigators reviewed studies including randomized and semi-randomized control trials according to Cochrane Handbook. Using RevMan 5. 0, we calculated the relative risk (RR)and 95%confidence interval (CI).
Results	**Seven studies involved 799 patients** were identified. The recovery rate of special acupuncture therapy in lumbar spinal stenosis was higher than that of conservative therapy (RR = 1. 86, 95% CI [1. 44, 2. 39], P< 0. 00001)or routine acupuncture therapy (RR = 1. 75, 95% CI [1. 32, 2. 32], P= 0. 0001)The total effective rate of special acupuncture therapy was also higher than the other groups (RR = 1. 08, 95% CI [1. 04, 1. 13], P= 0. 0002;RR = 1. 07, 95% CI [1. 02, 1. 12], P= 0. 007).
Conclusion	**Special acupuncture therapy in lumbar spinal stenosis is better than the other therapies.**

1.1.5. Kim KH 2013 Ø

Kim KH, Kim TH, Lee BR, Kim JK, Son DW, Lee SW, Yanga GY. Acupuncture for lumbar spinal stenosis:A systematic review and meta-analysis. Complementary Therapies in Medicine (2013) 21, 535-556. [172670]

Purpose	Lumbar spinal stenosis (LSS) negatively affects patients' quality of life. No systematic review evaluating the effects and safety of acupuncture for this population is available. We aimed to evaluate evidence indicating the effectiveness and safety of acupuncture for LSS.
Methods	We searched five English-language databases (EMBASE, MEDLINE, CENTRAL, CINAHL, and AMED) and one Chinese database (CAJ) for randomised controlled trials (RCTs) and nonrandomised controlled clinical trials (CCTs) of needle acupuncture for LSS. CCTs were analyzed only in terms of safety and intervention-related information.
Results	**Six RCTs (n = 582)** and six CCTs, which were all from China and reported in Chinese, were included. High or uncertain risk of bias and clinical heterogeneity due to different acupuncture techniques were observed. All RCTs compared different combinations or techniques of acupuncture. None of the included studies mentioned safety issues. Acupuncture combined with other interventions and/or with additional stimulation increased the number of improved patients compared with acupuncture alone or relatively simpler stimulation (n = 582; relative risk, 1.16; 95% confidence interval 1.08-1.25). Pain intensity, overall symptoms, and functional outcomes related to LSS and quality of life showed significantly favourable improvement in the treatment group compared with the control group, which lasted for up to 6 months post-treatment.
Conclusion	**We found no conclusive evidence of the effectiveness and safety of acupuncture for LSS because of high or uncertain risk of bias and the limited generalisability of the included studies**. Future trials using rigorous methodology, appropriate comparisons and clinically relevant outcomes should be conducted.

1.2. Special Acupuncture Techniques

1.2.1. Acupotomy

1.2.1.1. Kwon 2019

Kwon CY, Yoon SH, Lee B, Leem J. Acupotomy for the treatment of lumbar spinal stenosis: A systematic review and meta-analysis. Medicine (Baltimore). 2019;98(32). [200288].

Background	Lumbar spinal stenosis (LSS) is caused by neural compression due to narrowing of the lumbar spinal canal or neural foramen. Surgical intervention is a standard treatment for LSS; however, the steep increase in the surgical rate, post-operative complications, and comparatively low long-term satisfaction are considered to be limitations of this surgical approach. Conversely, acupotomy is a minimally invasive technique that combines the effects of conventional acupuncture with micro-incision, which may offer an alternative to surgery for the treatment of LSS. This review was conducted to investigate and critically review the current evidence on the efficacy and safety of acupotomy for LSS.
Methods	Eleven databases were searched from their respective inception dates to December 28, 2018. Randomized controlled trials (RCTs) comparing acupotomy and wait-list, sham treatment, or active controls were included. The quality of the included studies was assessed using risk-of-bias tool.

Results	Seven RCTs were included in this review and meta-analysis. The methodological quality of the included studies was generally poor. The acupotomy treatment group was associated with significantly lower visual analogue scale scores (range 0~10) (5 RCTs; mean difference [MD] -1.55, 95% confidence interval [Cis] -2.60 to -0.50; I = 94%) and higher Japanese Orthopedic Association Score (3 RCTs; MD 4.70, 95% CI 3.73 to 5.68; I = 0%) compared to the active control group. In subgroup analysis based on the type of active controls, acupotomy retained significant benefits over lumbar traction and acupuncture, as well as over lumbar traction, spinal decompression, and acupuncture. Safety data were reported in only 1 study, and no adverse events occurred in either the acupotomy or the acupuncture control group.
Conclusion	According to current evidence, acupotomy might be beneficial for treating LSS. Acupotomy showed consistent superiority over lumbar traction, but the results were mixed in comparisons with other interventions, such as spinal decompression and acupuncture. However, the findings should be interpreted cautiously, given the poor methodological quality of the included studies, and potential small-study effects. Further larger, high-quality, rigorous RCTs should be conducted on this topic and rigorous reporting of acupotomy procedures and safety data should be encouraged.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. Canadian Chiropractic Guideline Initiative / Bone and Joint Canada (Canada) 2021 ⊕

Bussières A, Cancelliere C, Ammendolia C, Comer CM, Zoubi FA, Châtillon CE, Chernish G, Cox JM, Gliedt JA, Haskett D, Jensen RK, Marchand AA, Tomkins-Lane C, O'Shaughnessy J, Passmore S, Schneider MJ, Shipka P, Stewart G, Stuber K, Yee A, Ornelas J. Canadian Chiropractic Guideline Initiative in collaboration and Bone and Joint Canada. Non-Surgical Interventions for Lumbar Spinal Stenosis Leading To Neurogenic Claudication: A Clinical practice guideline. J Pain. 2021:S1526-5900(21)00188-7. [208728]. doi

PICO 2. For patients with lumbar spinal stenosis, should acupuncture versus another treatment be used to decrease pain, and improve function, quality of life, and return to function. Acupuncture For patients with LSS and neurogenic claudication with or without LBP, we suggest considering traditional acupuncture on a trial basis to improve pain and physical function in the short-term. Strength of recommendation: Conditional/Weak. Quality of evidence: Very low (⊕OOO).

Supporting evidence:

- 94- Oka H, Matsudaira K, Takano Y, Kasuya D, Niiya M, Tonosu J, Fukushima M, Oshima Y, Fujii T, Tanaka S, Inanami H. A comparative study of three conservative treatments in patients with lumbar spinal stenosis: lumbar spinal stenosis with acupuncture and physical therapy study (LAP study). BMC Complement Altern Med. 2018 Jan 19;18(1):19. https://doi.org/10.1186/s12906-018-2087-y
- 103- Qin Z, Ding Y, Xu C, Kwong JSW, Ji Y, Wu A, Wu J, Liu Z. Acupuncture vs Noninsertive Sham Acupuncture in Aging Patients with Degenerative Lumbar Spinal Stenosis: A Randomized Controlled Trial. Am J Med. 2020 Apr;133(4):500-507.e20. https://doi.org/10.1016/j.amjmed.2019.08.038

2.2. North American Spine Society (NASS) 2011 Ø

- North American Spine Society (NASS). Lumbar spinal stenosis. Burr Ridge (IL): North American Spine Society (NASS). 2011; :104P. [165979].
- Kreiner DS, Shaffer WO, Baisden JL, Gilbert TJ, Summers JT, Toton JF, Hwang SW, Mendel RC, Reitman CA; North American Spine Society. An evidence-based clinical guideline for the diagnosis and treatment of degenerative lumbar spinal stenosis (update). Spine J. 2013;13(7):734-43. [219408]. doi

There is insufficient evidence to make a recommendation for or against acupuncture in for the treatment of patients with lumbar spinal stenosis.

Supporting evidence:

- 4- Inoue M, Kitakoji H, Yano T, Ishizaki N, Itoi M, Katsumi Y. Acupuncture Treatment for Low Back Pain and Lower Limb Symptoms-The Relation between Acupuncture or Electroacupuncture Stimulation and Sciatic Nerve Blood Flow. Evid Based Complement Alternat Med. 2008 Jun;5(2):133-43. https://doi.org/10.1093/ecam/nem050

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