In Response to Comments on "Comparison of Different Treatment Regimens of Extracorporeal Shockwave Therapy in Chronic Low-back Pain: A Randomized Controlled Trial"

TO THE EDITOR:

In our 2022 article published in *Pain Physician* (1), we investigated the effectiveness and safety of low-intensity versus medium-intensity extracorporeal shockwave therapy (ESWT) on chronic low-back pain (CLBP) under the same total energy dose. Our results demonstrated that, under the same total energy dose, low-intensity ESWT treatment with more sessions is more effective in relieving pain and improving disability in the short-term than medium-intensity treatment with fewer sessions. The re-examination of our study by Zhu et al. offered some constructive comments touched on several important issues, and we here answer their questions one by one.

First, effective as it is, trigger point injection therapy was not performed in the studied population, because it may have interfered the assessment of the efficacy and safety of ESWT. Second, the treatment of all patients was performed by the same therapist (CH) with 5 years of ESWT treatment experience, and we acknowledge it would be better if we had provided

this detail in the article. Third, in our study, we used MedizinSysteme enPuls (ZimmerGroup) device and radial ESWT was used. As we mentioned in the paper, the pain site, i.e., the trigger point, was recognized by palpation. Fourth, regarding the shockwave dose issue, we chose 0.03-0.09 mJ/mm² due to 2 considerations, that in our center's clinical practice low doses were found to be sufficient to produce good therapeutic effects, and that higher doses might lead to adverse events (2). Lastly, not all patients had only one trigger point. The number of trigger points for each patient was not collected, and we admit providing this data would further add depth to the research. Besides, no patient required oral analgesics throughout the study period.

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