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extracorporeal shockwave therapy, and kinesio tapping, have been suggested to reduce the symptoms of shoulder pain syndrome. However, unless a thorough review of success has already been done, the diversity of di erent treatments does not always make the selection easier for doctors. Due to its clinical e cacy, cost-e ectiveness, and other related health advantages, exercise therapy has been suggested in a recent summary of systematic reviews as the rst-line treatment to reduce shoulder pain and functional impairment.

Currently, there is an increasing trend toward using invasive methods, such as dry needling treatment, either by itself or in conjunction with exercise therapy, to treat symptoms associated with subacromial pain syndrome. A tiny needle is pushed throughout the skin during the minimally invasive procedure known as dry needling. is approach aims to alleviate pain and functional impairment by stimulating MTrPs, connective tissue, and muscles. It is yet unclear how all of these activities are produced via their various processes. Dry needling, however, has been found in multiple meta-analyses to be e ective in lowering pain and may inactivate or eradicate MTrPs in the cases of shoulder pain, neck pain, spinal pain, and several musculoskeletal illnesses [8]. Numerous elements, including patient expectations, prior patient experiences, the placebo e ect, declining nociceptive a erences, and biochemical changes, have been suggested as potential neurophysiological underpinnings of this syndrome.

e e cacy of dry needling combined with physiotherapy for the rehabilitation of patients with subacromial pain syndrome was assessed in a systematic review by Blanco-Daz [9]. However, a meta-analysis was not conducted for this publication. is publication adds a thorough review of the e ciency of dry needling alone or in combination with exercise treatment for decreasing pain and functional handicap in patients with subacromial pain syndrome, thereby providing an evidence-based strategy. e impact of dry needling on MTrPs in non-speci c shoulder pain was reported in many investigations, including the meta-analysis carried out, which resulted in a temporary reduction in pain. Sánchez-Infante et al [8] further meta-analysis revealed that dry needling reduced the discomfort of many conditions. e purpose of this systematic review and meta-analysis was to examine the e ects of dry needling treatment on pain and impairment in persons with subacromial pain syndrome, whether used alone or in conjunction with exercise therapy. We believe that both dry needling alone and in conjunction with therapeutic exercise may help to lessen subacromial syndrome-related pain and impairment.

Discussion

e best course of treatment might be challenging to determine since chronic shoulder pain is ad fong ormenimeta-a1ellness with no clear clinical description and high recurrence and duration of symptoms. Additionally, it has been demonstrated that there is ad correlation between the existence of pain and the high prevalence of myofascial trigger points in the shoulder muscles, therefore these patients may bene t from a strategy that focuses on treating the muscles. Additionally, prior research has demonstrated the e ectiveness of combining manual treatment methods with therapeutic exercise to treat shoulder discomfort, however the ideal frequency and dosage are yet unknown. Patients with Myofascial Pain Syndrome of the Upper Quadrant are advised to undergo dry needling, and cases of post-surgical shoulder pain have shown promise with a single session of dry needling in a multimodal programme.

Conclusion

Dry needling alone or in conjunction with exercise therapy may produce a small decrease in pain in the short- and mid-term. Evidence for the short- or medium-term e ects of dry needling alone or in conjunction with exercise treatment is insu cient.

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Not apng oble.

Con ict of Interest

Author declares no con ict of interest.