



OPEN ACCESS

EDITED BY

Wanli Zang,
Harbin Sport University, China

REVIEWED BY

Ningkun Xiao,
Ural Federal University, Russia
Jenevivi John,
University of Nigeria, Nsukka, Nigeria
Saranya Sivasubramanian,
SSN College of Engineering, India

*CORRESPONDENCE

Lin Jiao
✉ jl0809@126.com
Zhenhai Chi
✉ 348916661@qq.com

[†]These authors have contributed equally to this work

RECEIVED 13 July 2024
ACCEPTED 21 October 2024
PUBLISHED 30 October 2024

CITATION

Mao Q, Wang Y, Xu S, Wu D, Huang G, Li Z, Jiao L and Chi Z (2024) Research hotspots and frontiers in non-specific low back pain: a bibliometric analysis.
Front. Neurol. 15:1464048.
doi: 10.3389/fneur.2024.1464048

COPYRIGHT

© 2024 Mao, Wang, Xu, Wu, Huang, Li, Jiao and Chi. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](https://creativecommons.org/licenses/by/4.0/). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Research hotspots and frontiers in non-specific low back pain: a bibliometric analysis

Qiangjian Mao^{1,2†}, Yuqing Wang^{2†}, Shiqi Xu², Desheng Wu^{1,2}, Guomin Huang^{1,2}, Ziru Li^{1,2}, Lin Jiao^{1,2*} and Zhenhai Chi^{1,2*}

¹Acupuncture and Moxibustion Department, Affiliated Hospital of Jiangxi University of Chinese Medicine, Nanchang, Jiangxi, China, ²Acupuncture and Moxibustion Massage College, Jiangxi University of Chinese Medicine, Nanchang, Jiangxi, China

Background: Extensive research has been conducted worldwide on non-specific low back pain (NSLBP), some researchers published a bibliometric analysis of NSLBP in 2020, but there have been no supplements or updates since then. Therefore, this study aimed to analyze the research hotspots and frontiers in NSLBP over the last decade.

Methods: Primary sources on NSLBP were obtained from the Web of Science Core Collection database from 2014 to 2023. CiteSpace V6.2. R7 (64-bit) and VOSviewer 1.6.19 software were used to analyze the number and centrality of journals, countries, institutions, authors, references, and keywords, and the functions of co-occurrence and clustering were applied to draw a visual knowledge map.

Results: In the past decade, the annual publication volume of studies on NSLBP has shown an overall upward trend year by year, with obvious temporal stages and great development potential. In total, 2,103 articles contained six types of literature, with the highest proportion being original research articles (1,633 articles, 77.65%), published in 200 journals. *BMC Musculoskeletal Discourses* (90 articles, 4.28%) had the highest number of publications, and the *British Medical Journal* had the highest impact factor (105.7). Furthermore, the United States of America (329 articles, 15.64%) had the highest publication volume, the University of Sydney (139 articles, 6.61%) was the research institution with the highest production, Maher, Chris G (36 articles, 1.71%) was the author with the most published articles, and Hoy, D (571 articles, 27.15%) was the most frequently cited author. The most cited of articles is "Non-specific low back pain" published in the LANCET, with 1,256 citations.

Conclusion: This article summarizes the current research status of NSLBP and predicts future research hotspots and frontiers. In recent years, adolescents have become a high-risk group for NSLBP. Pain neuroscience education, motor control, spinal manipulative therapy, and acupuncture are effective means to treat NSLBP. Biomechanics and trunk muscles as entry points are effective ideas for the treatment of NSLBP pain. Furthermore, anxiety, neck pain, non-specific musculoskeletal pain, fibromyalgia, and musculoskeletal disorders are diseases that are closely related to NSLBP. In the future, attention should be paid to the design of research plans, increasing the research intensity of randomized controlled trials, strengthening follow-up, and the timely updating of guidelines, which will result in higher quality and high-level scientific evidence for research on NSLBP.

KEYWORDS

non-specific low back pain, bibliometrics, CiteSpace, hotspots, frontiers

1 Introduction

According to authoritative statistics, low back pain (LBP) affected approximately 568 million people worldwide in 2019 (1). A systematic review of 56 countries shows that the lifetime prevalence of LBP is as high as 40%; as a result, LBP is one of the most common musculoskeletal disorders (2). In the United States of America (USA), LBP has the highest overall healthcare expenditure, estimated at \$134.5 billion in 2016 (£95 billion; €110.5 billion), with a 95% confidence interval (CI) of \$122.4 billion to \$146.9 billion (3). LBP can be divided into specific and non-specific types. Non-specific low back pain (NSLBP), where the specific pathological and anatomical reasons cannot be determined, accounts for 80–90% of cases (4, 5). In addition, more than 60% of patients may experience pain and disease recurrence after 1 year of onset, progressing to chronic NSLBP. Thus, NSLBP is a major global public health problem that imposes a huge burden on individuals, healthcare, and society, and has been a major cause of disability worldwide for the past 30 years (6–8).

The pathogenesis of NSLBP has not been elucidated. Currently, there are many methods for treating NSLBP in clinical practice, which can be roughly divided into drug treatments and non-drug treatments. Drug therapy is a first-line treatment method for NSLBP and is widely used in clinical practice. Drug therapy usually requires clinical doctors to develop specific medication plans and make necessary adjustments, and commonly includes nonsteroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and analytical medicine (9–12). However, drug therapy can have certain side effects and uncertain therapeutic effects. For example, NSAIDs can have adverse effects on the cardiovascular and gastrointestinal systems, while analgesic drugs have uncertain long-term efficacy and can become addictive (13). Given the high cost, side effects, and limited efficacy of drug therapy for NSLBP, various NSLBP treatment guidelines and consensus published in recent years recommend the use of non-drug means, including various sports treatments (14–16), physical factor treatments (17), and acupuncture replacement therapy (18, 19).

Bibliometrics is an interdisciplinary science that quantitatively analyzes all knowledge carriers. It uses mathematical and statistical methods to manage literature, analyze the academic level, research direction, and academic trends of different disciplines (20–22).

At present, no bibliometric analysis of NSLBP exists; therefore, this study aimed to explore the hotspots and frontiers of research on NSLBP in the past decade to provide some assistance for future research directions.

2 Materials and methods

2.1 Source of literature

We performed a bibliometric analysis of research articles on NSLBP published from January 1, 2014, to December 31, 2023, obtained from the Web of Science Core Collection (WOSCC) database, with a search date of March 3, 2024. Our search terms included ST = (Non-specific low back pain) or (Nonspecific low back

pain). Searches were not limited to the category or language of literature. Searches were conducted independently by Shiqi Xu and Desheng Wu; when discrepancies arose, they were resolved by Yuqing Wang. A total of 2,198 articles were retrieved, and 34 articles unrelated to the topic were excluded, leaving 2,164 articles. Following a CiteSpace software check, no duplicate articles were detected. To ensure the effectiveness of the research conclusions, short passages or incomplete articles were not included in the analysis. Therefore, we excluded 47 meeting abstracts, 11 corrections, two meetings, and one reprint, resulting in 2,103 articles for the final bibliometric analysis (Figure 1). Data deletion was done as a combination of manual validation and the CiteSpace software. The Web of Science search was sourced from the Jiangxi University of Chinese Medicine Library's database.

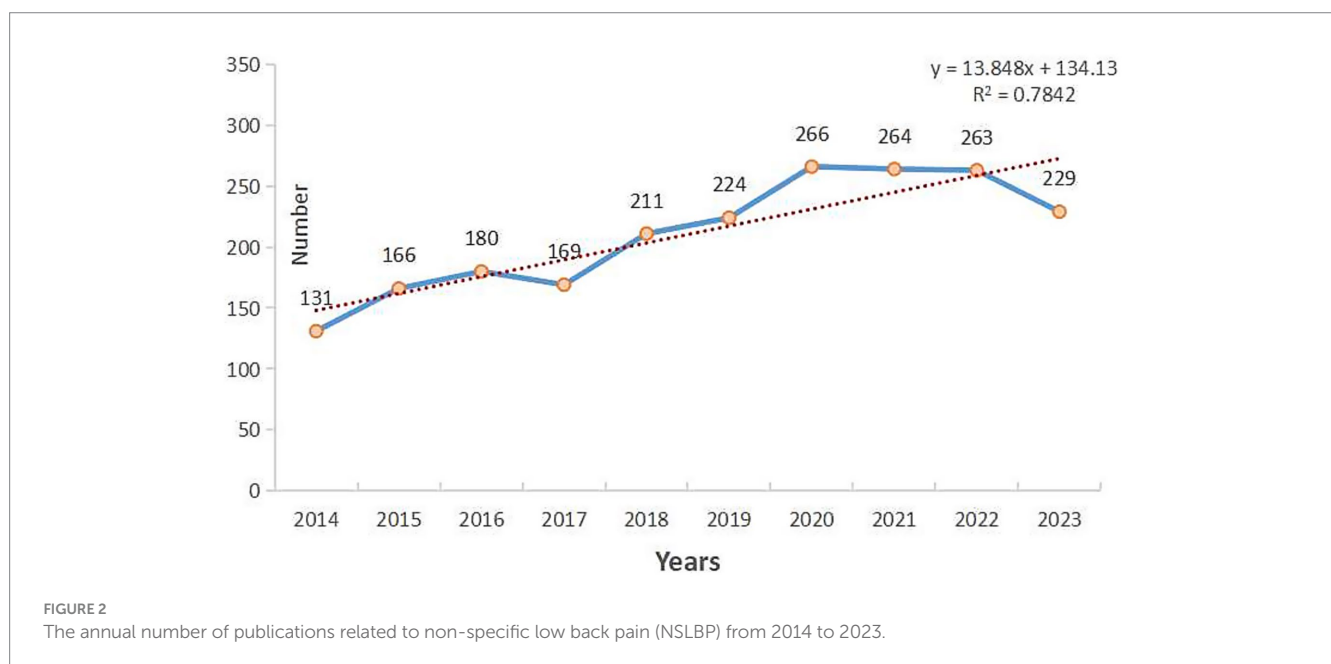
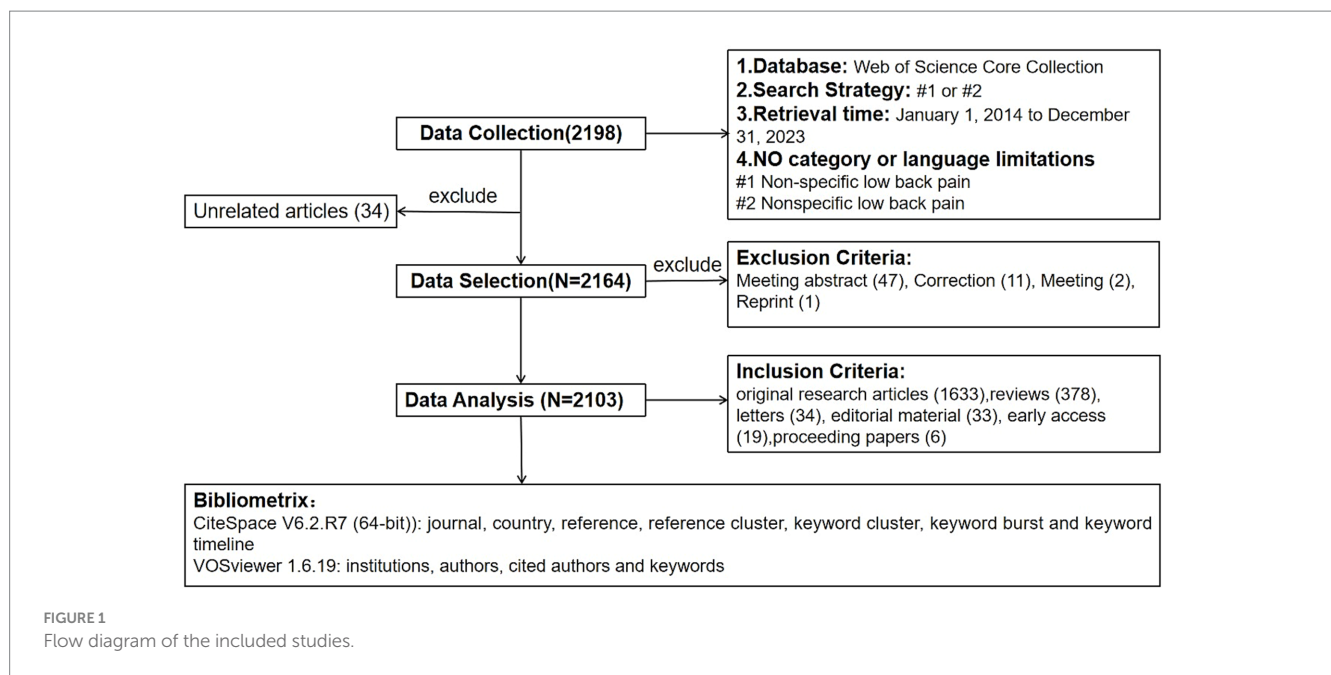
2.2 Analysis tools

CiteSpace is a tool used to analyze the scientific literature developed by Dr. ChaoMei Chen in conjunction with the WISE Laboratory. The software is based on co-citation analysis and pathfinding network algorithms to visualize data samples and present the evolution of a specific knowledge domain (23, 24). VOSviewer is a JAVA-based software tool developed by Van Eck and Waltman from the Leiden University Science and Technology Research Center in the Netherlands in 2009. It showcases the knowledge structure and relationships in the research field through co-citation and co-citation principles. Both software tools can visualize the relationships between the literature in the form of a scientific knowledge map. This not only helps us clarify the past research trajectory, research status, and hot topics of a certain field but also reveals the future development direction of the field (25–27). This study used CiteSpace V6.2.R7 (64-bit), VOSviewer 1.6.19, and Excel to determine trends in authors, journals, institutions, countries, and keywords.

3 Results and discussion

3.1 Analysis of the annual volume of publications

The annual number of publications can reflect the time-series change of a scientific issue and is an important indicator in bibliometrics. Excel software was used to produce an annual chart of the distribution of article publications (Figure 2). The number of articles published on NSLBP in the past 10 years has fluctuated slightly; however, overall a steady upward trend was observed, which could be divided into three growth phases. The first phase (2014–2016) was the exploratory period, with the literature increasing from 131 to 180; the second phase (2017–2020) was the accelerated period, with the literature increasing from 169 to 266; and the third phase (2021–2023) was the stabilization period. The factors that lead to these different phases may be the reason for the fluctuation of publication rates in different phases. It is noteworthy that in the second phase, it



enters a new height, with an accelerated increase in literature publication, reaching an all-time high in 2020, with 266 annual publications (12.65%). We have demonstrated high reliability of the trend line by calculating the slope ($y = 13.848x + 134.13$; $R^2 = 0.7842$). The research results indicate that NSLBP has received sustained attention from researchers, and the research momentum is strong, with enormous potential.

3.2 Analysis of journals and cited journals

The 2,103 articles were categorized into six types of publication. The most common type was original research articles (1,633

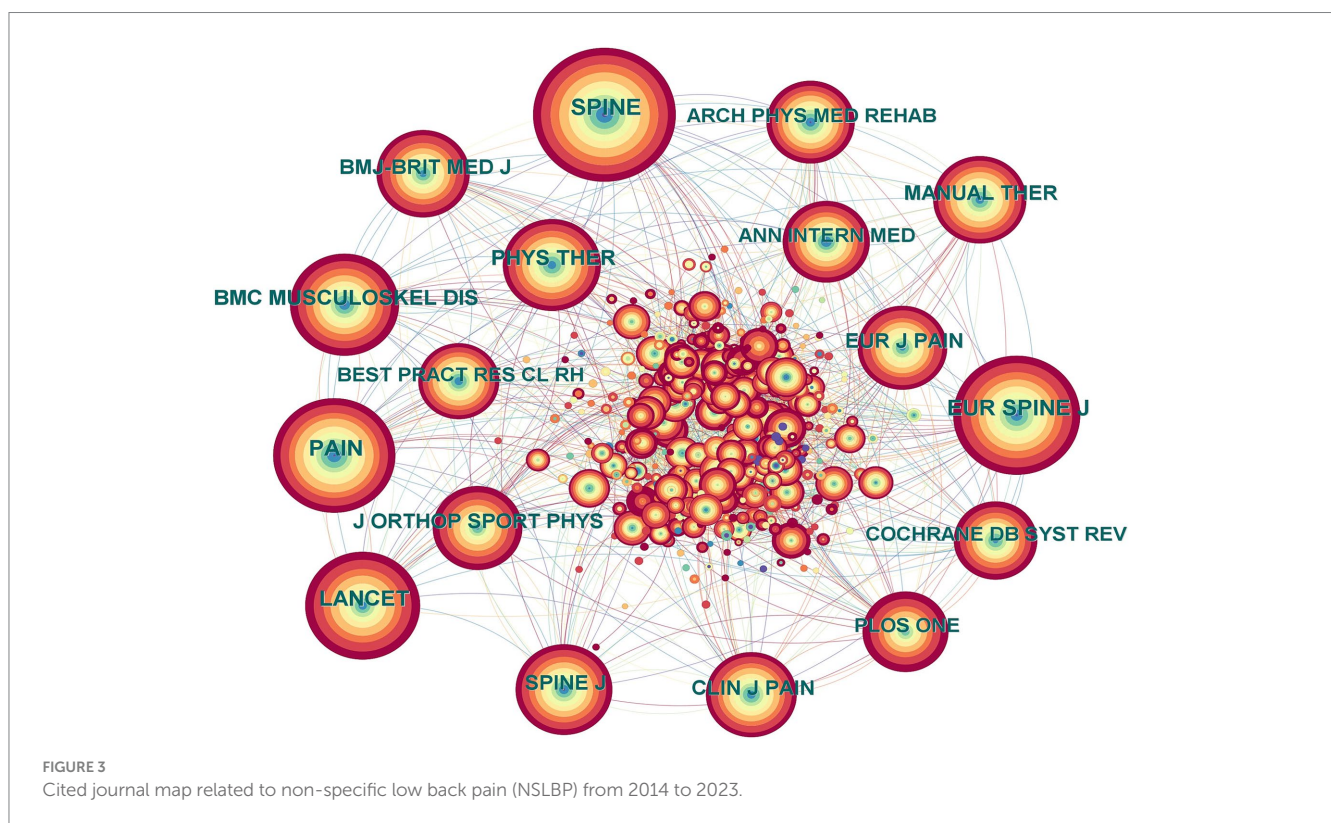
articles, 77.65%), followed by reviews (378 articles, 17.97%), letters (34 articles, 1.62%), editorial material (33 articles, 1.57%), early access (19 articles, 0.90%), and proceeding papers (6 articles, 0.29%) (Table 1). The 2,103 articles were published in 200 journals, with the highest number of articles published in BMC Musculoskeletal Disorders (90 articles), followed by the European Spine Journal (68 articles), the Journal of Back and Musculoskeletal Rehabilitation (67 articles), PLoS One (61 articles), and Spine (56 articles); the 6th to 10th positions are shown in Table 2. Referring to the Journal Citation Report 2023 of the American Institute for Scientific Information, we found that among these journals, the journal with the highest impact factor (IF) was the British Medical Journal (IF=105.7). The most cited of the 2,103 articles is

TABLE 1 Literature types related to non-specific low back pain (NSLBP).

Rank	Type	Counts (%)	Rank	Type	Counts (%)
1	Original Research Articles	1,633 (77.65)	4	Editorial Material	33 (1.57)
2	Review	378 (17.97)	5	Early Access	19 (0.90)
3	Letter	34 (1.62)	6	Proceedings Paper	6 (0.29)

TABLE 2 Top 10 journals and publications related to non-specific low back pain (NSLBP).

Rank	Publications	Journal	IF (2023)	Rank	Publications	Journal	IF (2023)
1	90	BMC Musculoskeletal Disorders	2.3	6	54	BMJ Open	2.9
2	68	European Spine Journal	2.8	7	48	Musculoskeletal Science and Practice	2.3
3	67	Journal of Back and Musculoskeletal Rehabilitation	1.6	8	39	Medicine	1.6
4	61	PLoS One	3.7	9	39	Physical therapy	3.2
5	56	Spine	3.0	10	38	Trials	2.5



“Non-specific low back pain” published in the LANCET, with 1,256 citations.

Combining co-citation and centrality, CiteSpace was used to generate a network map of the cited journals (Figure 3 and Table 3). Centrality is a concept that refers to the degree to which nodes (such as authors) are close to the center in the entire literature network, usually the higher the centrality suggests that the nodes are more important. The nodes in the figure represent the cited journals, and the connections between nodes represent co-cited relationships. The larger the node range, the higher the number of co-citations. The purple ring represents centrality, with nodes with high centrality being important key points. The top journals in terms of frequency and

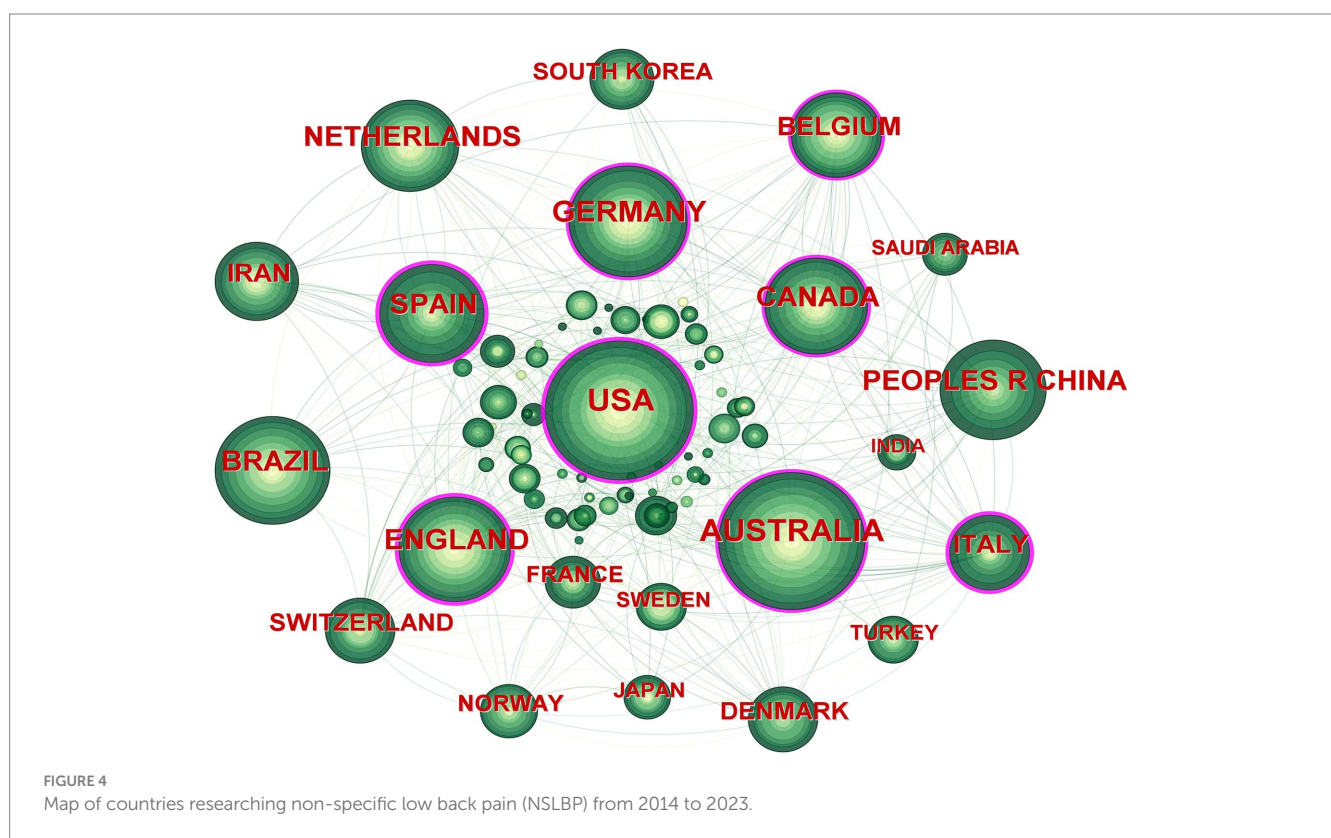
centrality were Spine and the Journal of General Internal Medicine. To summarize, these two journals had a high citation rate and strong representativeness and authority in this research field, which can provide professional, practical, and evidence-based support for the researchers and practitioners in NSLBP.

3.3 Analysis of countries and institutions

A distribution map of the country partnership network was generated through CiteSpace, consisting of 80 nodes and 496 connectors (Figure 4), representing 2,103 articles from 80 countries.

TABLE 3 Top 10 cited journals and centrality related to non-specific low back pain (NSLBP).

Rank	Cited Journal	Frequency	Rank	Cited Journal	Centrality
1	Spine	1,692	1	Journal of General Internal Medicine	0.04
2	European Spine Journal	1,362	2	Journal of Neuroscience	0.04
3	Pain	1,275	3	Journal of Alternative and Complementary Medicine	0.03
4	Lancet	1,134	4	Brain	0.03
5	BMC Musculoskeletal Disorders	974	5	Journal of Advanced Nursing	0.03
6	Physical Therapy	860	6	Journal of Epidemiology and Community Health	0.03
7	Spine Journal	791	7	American Journal of Preventive Medicine	0.03
8	BMJ-British Medical Journal	756	8	Clinical Biomechanics	0.02
9	Manual Therapy	738	9	Medicine & Science In Sports & Exercise	0.02
10	Clinical Journal of Pain	735	10	Journal of Physical Therapy Science	0.02



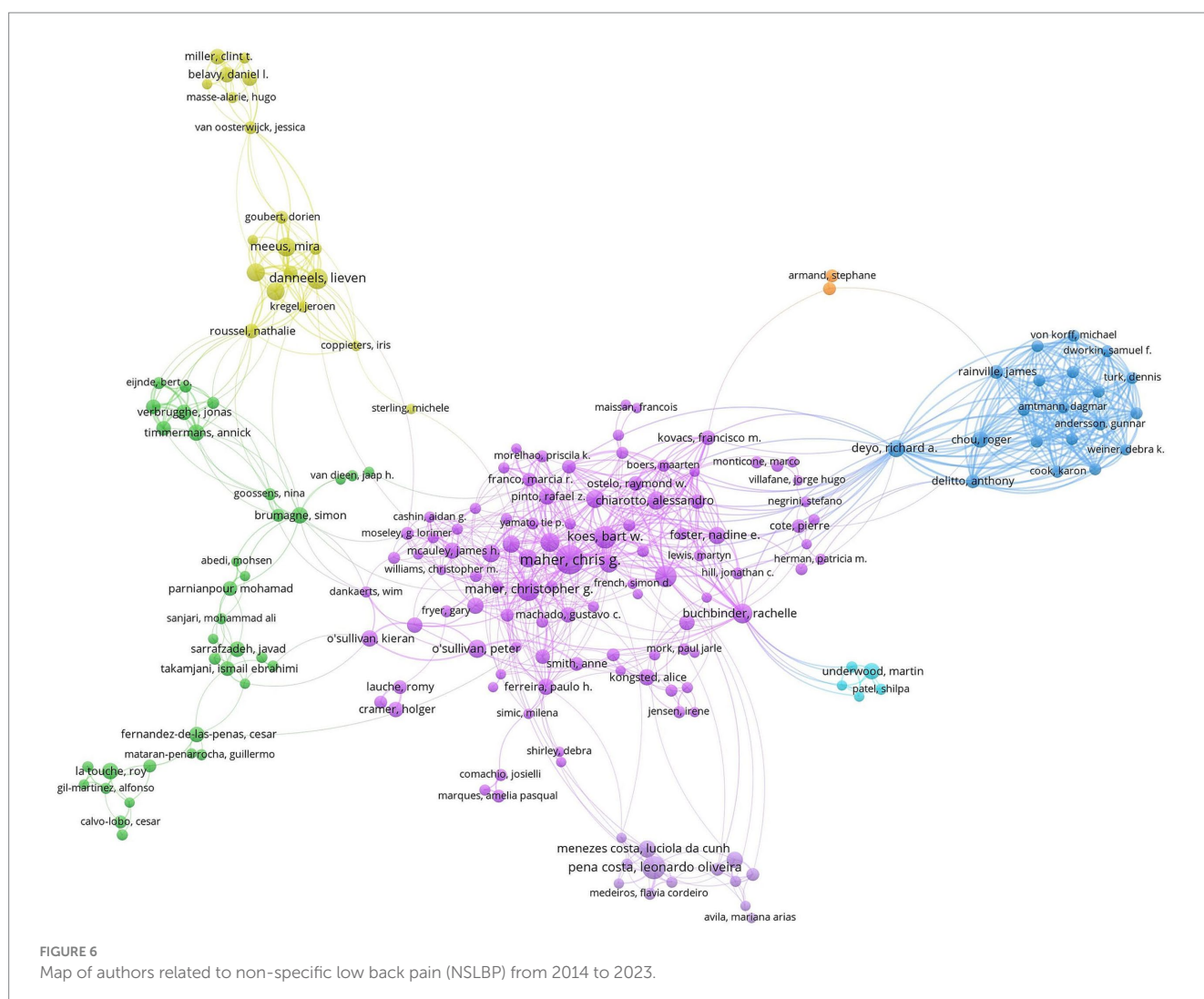
The country with the highest number of published articles was the USA (329 articles, 15.64%), followed by Australia (318 articles, 15.12%), Germany (211 articles, 10.03%) England (193 articles, 9.18%), and Brazil (192 articles, 9.13%). The highest centrality was in the USA (0.29), followed by England (0.24), Spain (0.22), Italy (0.21), and Australia (0.15). The top 10 countries to which the journal publication and centrality belonged are shown in Table 4. In conclusion, the USA has published the most high-quality articles related to NSLBP and has conducted in-depth research on NSLBP, with a good research foundation.

Research institutions are important places for the production of scientific knowledge, and the distribution of power in the field of research can be understood by analyzing the collaborative relationships among different research institutions. In total, 2,103

articles were published by 367 research institutions dedicated to the study of NSLBP (Figure 5). The institution with the highest number of published articles was the University of Sydney (139 articles, 6.61%), followed by Vrije University Amsterdam (85 articles, 4.04%), Universidade Cidade de São Paulo (72 articles, 3.42%), the University of Southern Denmark (52 articles, 2.48%), and the George Institute for Global Health (45 articles, 2.14%). The highest centrality was found in Vrije Universiteit Amsterdam (0.20), followed by Harvard University (0.16), the University of Sydney (0.11), the University of London (0.11), and Keele University (0.10). The top 10 institutions in terms of article publication and centrality are shown in Table 5. The analysis shows that institutions in countries such as Australia, the USA, the United Kingdom, the Netherlands, and Brazil dominate the field of NSLBP research. Research institutions are mainly concentrated

TABLE 5 Top 10 publications and centrality of institutions related to non-specific low back pain (NSLBP).

Rank	Publications	Institutions	Rank	Centrality	Institutions
1	139	University of Sydney	1	0.20	Vrije Universiteit Amsterdam
2	85	Vrije University Amsterdam	2	0.16	Harvard University
3	72	Universidade Cidade de São Paulo	3	0.11	University of Sydney
4	52	University of Southern Denmark	4	0.11	University of London
5	45	George Institute for Global Health	5	0.10	Keele University
6	43	Curtin University	6	0.09	Monash University
7	38	Keele University	7	0.08	Vrije Universiteit Brussel
8	36	Monash University	8	0.08	University of Queensland
9	35	Vrije Universiteit Brussel	9	0.07	Curtin University
10	35	Ghent University	10	0.06	University of Southern Denmark



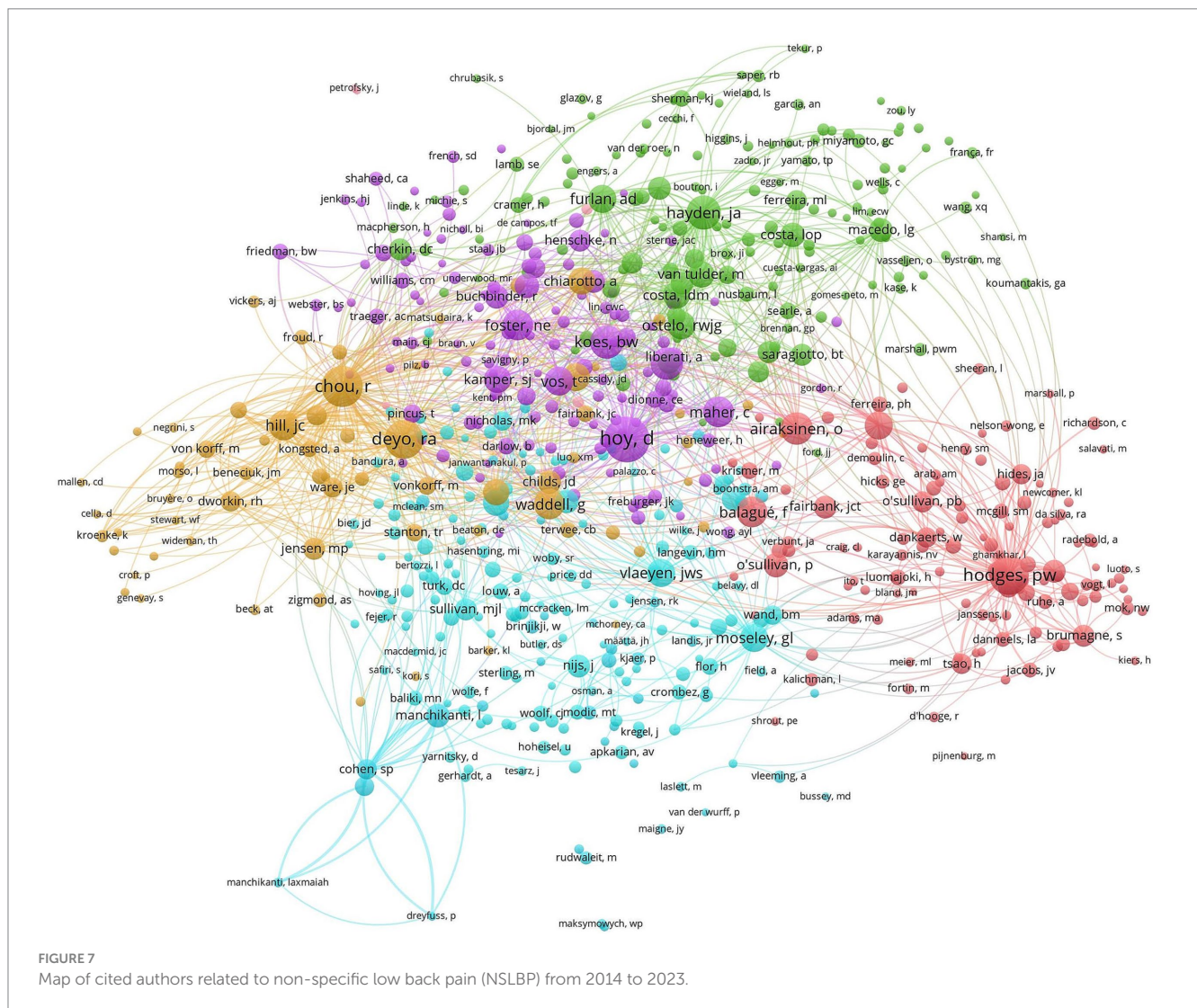
3.4 Analysis of authors and cited authors

A network map of author collaborations can be used to understand the number of articles published by the author in a certain field and to grasp the degree of cooperation between the research team to which the author belongs (Figure 6). The most prolific author in the

study on NSLBP was Maher, Chris G (36 articles), followed by Pena Costa Leonardo Oliveira (23 articles), Danneels, Lieven (19 articles), Maher, Christopher G (17 articles), and Koes, Bart W (17 articles). The top 10 are shown in Table 6. Maher, Chris G is a staff member at the Institute of Musculoskeletal Health in Sydney, dedicated to researching clinical practice guidelines, Healthcare costs in emergency

TABLE 6 Top 10 prolific authors related to non-specific low back pain (NSLBP).

Rank	Publications	Author	Rank	Publications	Author
1	36	Maher, Chris G	6	14	Cagnie, Barbara
2	23	Pena costa, Leonardo Oliveira	7	14	Oliveira, Crystian B
3	19	Danneels, Lieven	8	13	Buchbinder, Rachelle
4	17	Maher, Christopher G	9	12	Meeus, Mira
5	17	Koes, Bart W	10	12	Chiarotto, Alessandro



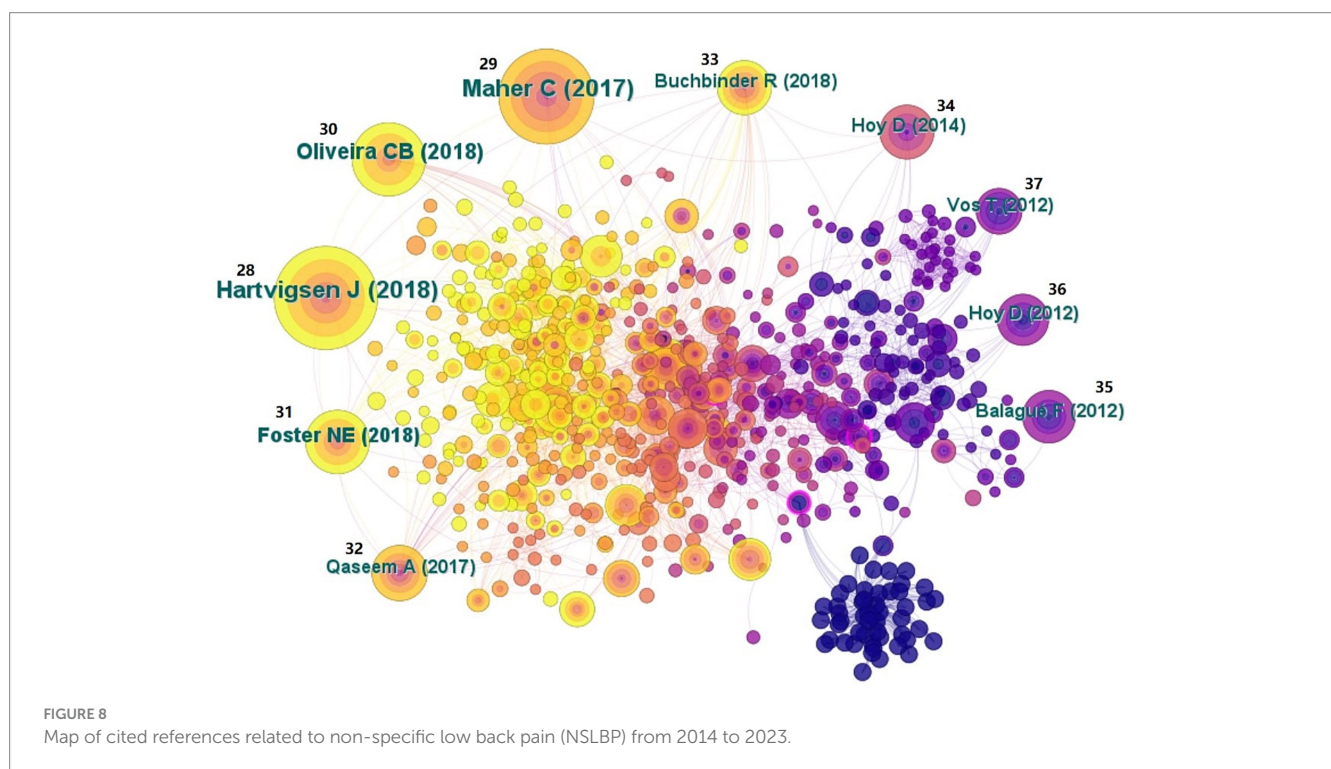
department, opioid use, and systematic reviews of NSLBP. He has provided reliable evidence and made the most prominent contribution to the field of NSLBP research. A comprehensive analysis showed that most of the research teams conducted the research independently, with close internal cooperation and less inter-team cooperation, which may be related to the different specialities and research directions of each team. If the research teams can strengthen cross-team, inter-disciplinary, and inter-specialty cooperation, there will be greater breakthroughs in the research related to NSLBP.

The co-citation network map of authors can identify the core authors in a certain research field and show the cross-citation

relationship between literature related to NSLBP (Figure 7). The most frequently cited author was Hoyer, D (571 articles, 27.15%), followed by Chou, R (468 articles, 22.25%), Hodges, PW (427 articles, 20.30%), Deyo, RA (409 articles, 19.45%), and Hayden, JA (327 articles, 15.55%). The authors with the highest centrality were Baliki, MN (0.07), followed by Hodges, PW, Moseley, GL, George, SZ, and Sullivan, MJL (0.04). Data on the frequency and centrality of the top 10 cited authors are shown in Table 7. In summary, Hoyer, D and Baliki, MN have high activity and have conducted extensive research on NSLBP, making positive contributions to the development of this field.

TABLE 7 Top 10 frequency and centrality of cited authors related to non-specific low back pain (NSLBP).

Rank	Frequency	Author	Rank	Centrality	Author
1	571	Hoy, D	1	0.07	Baliki, MN
2	468	Chou, R	2	0.04	Hodges, PW
3	427	Hodges, PW	3	0.04	Moseley, GL
4	409	Deyo, RA	4	0.04	George, SZ
5	327	Hayden, JA	5	0.04	Sullivan, MJL
6	310	Koes, BW	6	0.04	Macedo, LG
7	288	Airaksinen, O	7	0.04	Ferreira, ML
8	287	Hartvigsen, J	8	0.04	Kongsted, A
9	263	Waddell, G	9	0.04	Barked, KL
10	254	Foster, NE	10	0.03	Roland, M



3.5 Analysis of cited references

Analyzing reference co-occurrences is not only beneficial for searching out high-quality literature but also for understanding hot topics related to NSLBP [Figure 8, references (28–37)]. By counting the frequency of references, it is possible to determine the quality of the literature and the degree of repercussions in the professional field. The top 10 frequency rankings of references are shown in Table 8, which shows that these studies are the most highly influential in the field of NSLBP. Centrality measures the likelihood of any shortest path passing through a node in a network, which can guide us in finding the most valuable node in the network. The top 10 references with high centrality are listed in Table 9, references (38–44), indicating that these references play a crucial role in the field of NSLBP.

To obtain knowledge on the structure and dynamic change process of a certain research field, we used CiteSpace to

automatically extract literature based on the co-occurrence of references. Cluster labels were generated based on the common relationships of the cited literature, and the likelihood ratio algorithm was used for label clustering. In this study, a total of 11 clusters were formed, among which “biomechanics,” “anxiety,” and “pain neuroscience education” were three important clustering results. The clustering module value was $Q = 0.7588$ and the average contour value was $S = 0.8154$ [Figure 9, references (45–65)]. Cluster module value refers to a method of demonstrating the importance and development level of a topic or cluster through specific measurement indicators such as density and centrality. Average contour value is a statistical indicator used to evaluate the quality of clustering algorithm results. It is mainly used to measure the tightness of members within a cluster and the degree of separation between clusters. Generally speaking, $Q > 0.3$ indicates a significantly better clustering structure, while $S > 0.7$ indicates a higher clustering

TABLE 8 Top 10 frequency of cited references related to non-specific low back pain (NSLBP).

Rank	Frequency	References	Author and publication year
1	243	LANCET, V391, P2356. DOI 10.1016/S0140-6736(18)30480-X (28)	Hartvigsen J, 2018
2	209	LANCET, V389, P736. DOI 10.1016/S0140-6736(16)30970-9 (29)	Maher C, 2017
3	133	EUR SPINE J, V27, P2791. DOI 10.1007/s00586-018-5673-2 (30)	Oliveira CB, 2018
4	102	LANCET, V391, P2368. DOI 10.1016/S0140-6736(18)30489-6 (31)	Foster NE, 2018
5	80	ANN INTERN MED, V166, P514. DOI 10.7326/M16-2367 (32)	Qaseem A, 2017
6	74	LANCET, V391, P2384. DOI 10.1016/S0140-6736(18)30488-4 (33)	Buchbinder R, 2018
7	71	ANN RHEUM DIS, V73, P968. DOI 10.1136/annrheumdis-2013-204428 (34)	Hoy D, 2014
8	67	LANCET, V379, P482. DOI 10.1016/S0140-6736(11)60610-7 (35)	Balagué F, 2012
9	63	ARTHRITIS RHEUM-US, V64, P2028. DOI 10.1002/art.34347 (36)	Hoy D, 2012
10	50	LANCET, V380, P2163. DOI 10.1016/S0140-6736(12)61729-2 (37)	Vos T, 2012

TABLE 9 Top 10 centrality of cited references related to non-specific low back pain (NSLBP).

Rank	Centrality	References	Author and publication year
1	0.18	CLIN J PAIN, V29, P907. DOI 10.1097/AJP.0b013e31827a6dd8 (38)	Bunzli S, 2013
2	0.17	MED J AUSTRALIA, V208, P272. DOI 10.5694/mja17.01152 (39)	Almeida M, 2018
3	0.11	EUR SPINE J, V27, P2791. DOI 10.1007/s00586-018-5673-2 (30)	Oliveira CB, 2018
4	0.08	PAIN, V159, P481. DOI 10.1097/j.pain.0000000000001117 (40)	Chiarotto A, 2018
5	0.07	EUR J PAIN, V17, P916. DOI 10.1002/j.1532-2149.2012.00252.x (41)	Fersum KV, 2013
6	0.07	JAMA INTERN MED, V176, P958. DOI 10.1001/jamainternmed.2016.1251 (42)	Shaheed CA, 2016
7	0.07	CLIN REHABIL, V29, P1155. DOI 10.1177/0269215515570379 (43)	Searle A, 2015
8	0.06	EUR J PAIN, V21, P201. DOI 10.1002/ejp.931 (44)	Wong JJ, 2017
9	0.06	LANCET, V389, P736. DOI 10.1016/S0140-6736(16)30970-9 (29)	Maher C, 2017
10	0.06	ANN INTERN MED, V166, P514. DOI 10.7326/M16-2367 (32)	Qaseem A, 2017

feasibility. Based on the above analysis, research related to NSLBP has high credibility.

The lumbar spine is an important structure for maintaining spinal stability and range of motion, with complex biomechanical

characteristics. Biomechanical changes are closely related to the occurrence of NSLBP (66).

There is a bidirectional relationship between NSLBP and anxiety, which often influence each other. The discomfort symptoms caused

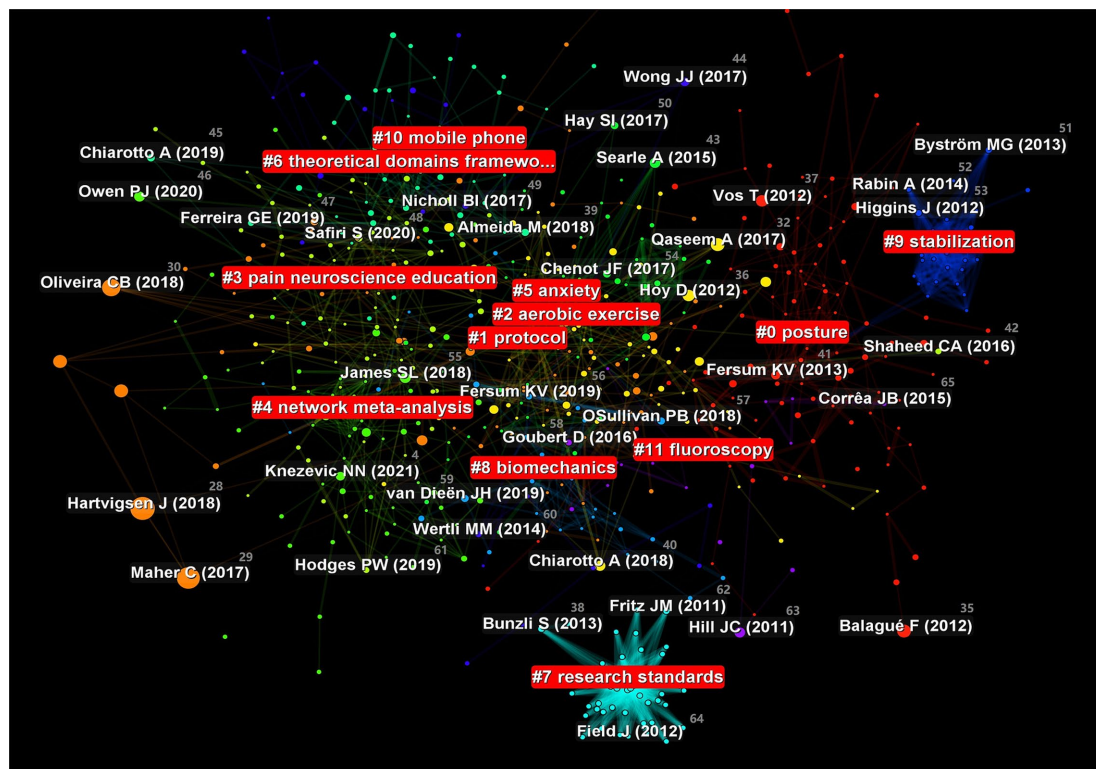


FIGURE 9 Cluster analysis map of co-citation references related to non-specific low back pain (NSLBP) from 2014 to 2023.

by NSLBP can lead to negative emotions, such as anxiety, in patients, which in turn accelerates the progression of NSLBP. The clinical application of anti-anxiety drugs to treat NSLBP not only effectively reduces anxiety, but also improves the factors of disability induced by NSLBP (67).

Pain neuroscience education (PNE) is an effective method for treating NSLBP. A single-blind randomized clinical trial showed that PNE achieved better results in reducing motor phobia and altering the perception of LBP intensity compared to purely therapeutic exercise (68).

3.6 Analysis of keywords

Keywords are highly summarized and condensed to the topic of the article. Through the analysis of keyword co-occurrence, we could obtain the central ideas and research hotspots in the field of NSLBP (Figure 10). We found that “low back pain,” “management,” “disability,” “reliability,” and “prevalence” were the most popular keywords (Table 10). Keyword clustering can summarize the main research clusters that have been developed in a field. In this study, a total of seven clusters were formed, among which “motor control” and “neck pain” were two important clustering results. The obtained keywords were clustered and analyzed by the clustering algorithm: $Q=0.3401 > 0.3$, which indicates that the mapping clusters are well structured, and $S=0.7647 > 0.7$, which indicates that the clusters have credibility (Figure 11). In general, the clusters are crisscrossed and closely

linked. Research trends and hotspots in this field are focused on the therapeutic methods and associated diseases.

Keyword burst is a category of words that appear frequently and grow rapidly in a short period of time. It can roughly determine the research outbreaks and development trends that appear in each period of time and can be used to make a general prediction of the research trend. The top 20 keywords with the strongest citation bursts in 2014–2023 are shown in Figure 12. From 2014 to 2016 experts and scholars focused their research on treatment protocols including the design of randomized controlled trials follow-ups and updating method guidelines. The research direction of 2017–2023 is richer; we should pay special attention to high incidence population (adolescents) treatment methods (spinal manipulative therapy) treatment ideas (trunk muscle) and associated diseases (non-specific musculoskeletal pain fibromyalgia and musculoskeletal disorders) with NSLBP. The keyword timeline chart can reflect the development of the relevant hotspots in the field in each time period and through the analysis of the research vein the main development and evolution trend of the field can be grasped to a certain extent. The figure shows that acupuncture has a long time span (Figure 13) which indicates that in recent years researchers have used acupuncture as an alternative therapy to treat NSLBP. Furthermore it shows that research in this field is deepening and treatment methods are rich and diverse in recent years the proportion of adolescent cases of NSLBP has been continuously increasing. Backpack weight psychological issues lack of physical exercise obesity and abnormal posture are considered important factors causing NSLBP in adolescents (69, 70).

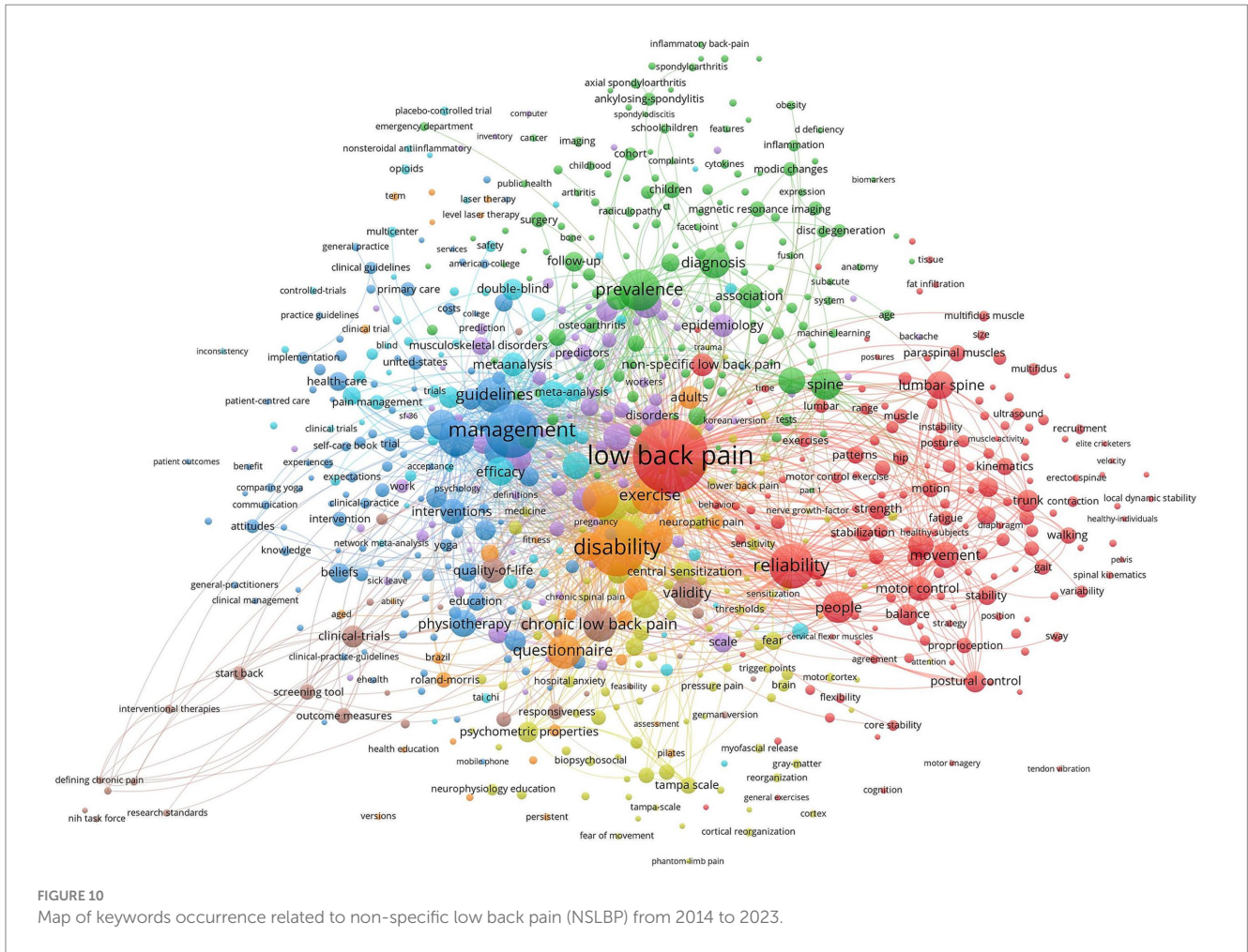


FIGURE 10 Map of keywords occurrence related to non-specific low back pain (NSLBP) from 2014 to 2023.

TABLE 10 Top 10 frequency and centrality of keywords related to non-specific low back pain (NSLBP).

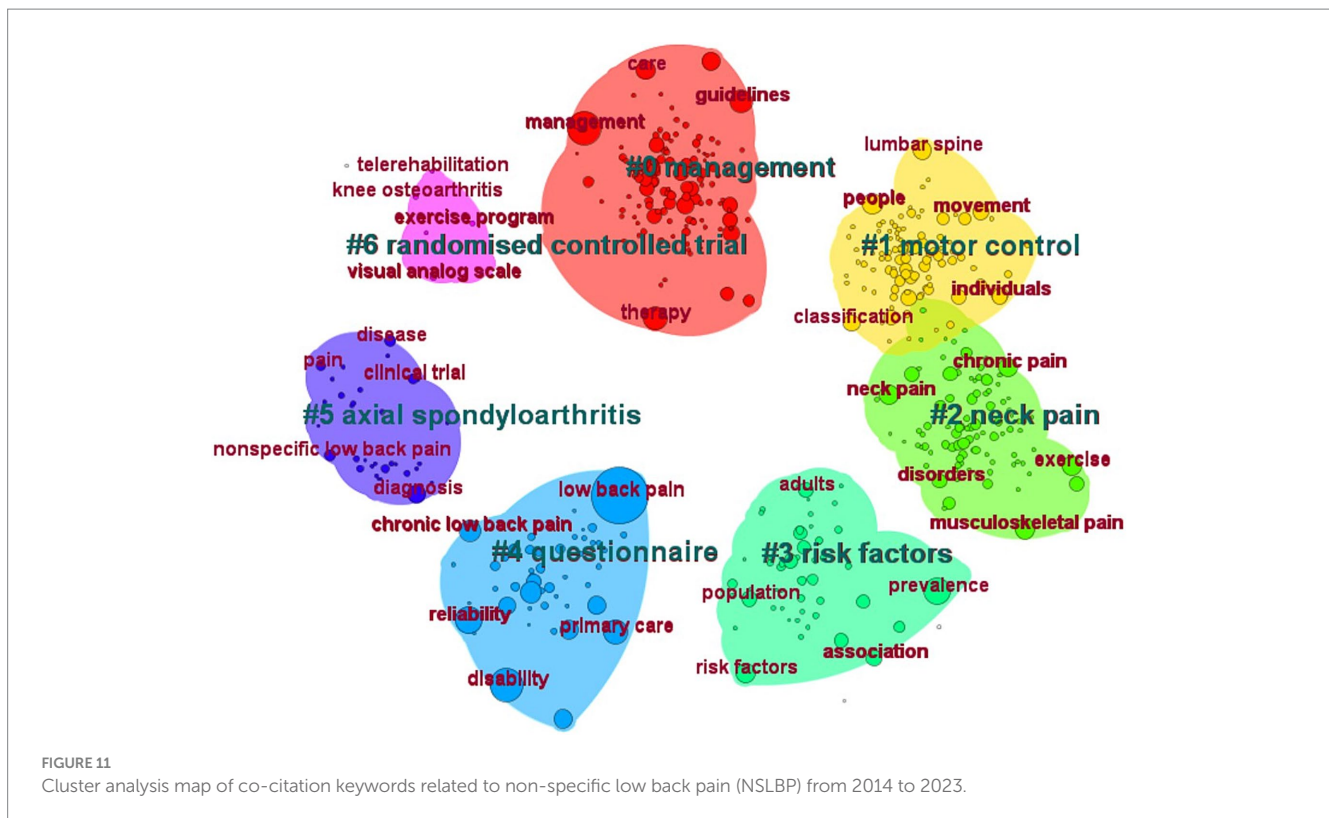
Rank	Keyword	Frequency	Rank	Keyword	Centrality
1	Low back pain	1,019	1	Performance	0.05
2	Management	357	2	Activation	0.04
3	Disability	348	3	Central sensitization	0.04
4	Reliability	228	4	Health care	0.04
5	Prevalence	211	5	Outcm	0.04
6	Primary care	185	6	Rehabilitation	0.04
7	Therapy	162	7	Spine	0.04
8	Guidelines	156	8	Association	0.03
9	Randomized controlled trial	145	9	Burden	0.03
10	Chronic low back pain	141	10	Clinical trials	0.03

Motor control (MC) is one of the most popular and widely used treatment options for NSLBP, with multiple short-term and long-term advantages in reducing pain and disability (71). It has been suggested that this may be related through modulation of rsFC between the cerebellum and areas involved in sensory-discriminative processing of noxious and somato-sensory stimuli, affection, and cognition (72).

A study observed changes in the levels of inflammatory mediators, including tumor necrosis factor-alpha (TNF α), interleukin (IL)-6, and

TNF soluble receptor type 2 (sTNFR2), which ultimately confirmed that spinal manipulative therapy (SMT) has good effects on both acute and chronic NSLBP (73). It could be inferred that SMT may provide sufficient afferent stimulus to autonomic nervous system and provoke an anti-inflammatory reflex modulating the response of inflammatory cells (73).

As an alternative therapy, acupuncture has attracted the attention of researchers. A systematic review and meta-analysis showed that



acupuncture treatment of acute/subacute NSLBP has significant advantages over oral drug treatment, with high safety and significant efficacy ($p < 0.00001$, $I^2 = 90\%$, $SMD = -1.42$, $95\% \text{ CI} = -2.22, -0.62$) (74).

The trunk muscles are an important muscle group involved in lower back activity, playing a crucial role in maintaining lumbar stability. Trunk muscle dysfunction is often considered a key factor in inducing NSLBP (75, 76).

4 Conclusion

This study used 2,103 articles on NSLBP obtained from the WOSCC database from 2014 to 2023 as raw materials and used CiteSpace and VOSviewer as information visualization software to draw a series of knowledge graphs. Bibliometrics were used for statistical analysis to visually display the research status of NSLBP in the past decade, and objectively predict future hotspots and frontiers. In the past decade, the annual publication volume of NSLBP has shown an overall upward trend year by year, with obvious temporal stages and great development potential. In total, the 2,103 articles contain six types of literature, with the highest proportion being original research articles (1,633 articles, 77.65%). The literature has been published in 200 journals, with *BMC Musculoskeletal Discourses* (90 articles, 4.28%) having the highest number of publications, and the *British Medical Journal* having the highest IF (105.7). The USA (329 articles, 15.64%) had the highest publication volume, and the University of Sydney (139 articles, 6.61%) was the research institution with the highest production. Furthermore, Maher, Chris G (36 articles, 1.71%) was the author with the most published articles, and Hoy, D (571 articles, 27.15%) was the most frequently cited author. The most cited of articles is

“Non-specific low back pain” published in the LANCET, with 1,256 citations.

The hotspots and frontiers of NSLBP can be summarized as follows: In recent years, adolescents have become a high-risk group for NSLBP. PNE, MC, SMT, and acupuncture are effective means to treat NSLBP. Biomechanics and trunk muscles as entry points are effective ideas for the treatment of NSLBP. Furthermore, anxiety, neck pain, non-specific musculoskeletal pain, fibromyalgia, and musculoskeletal disorders are diseases that are closely related to NSLBP. In the future, attention should be paid to the design of research plans, increasing the research intensity of randomized controlled trials, strengthening follow-ups, and providing timely updating of guidelines, thus resulting in higher quality and high-level scientific evidence for NSLBP research.

We found that the distribution of research institutions on NSLBP in the past decade has been uneven, with the vast majority concentrated in comprehensive universities and only a small portion in non-university or specialized research institutions. The research institutions were relatively scattered, with little academic cooperation and communication between them. Most research teams were in the independent research stage, resulting in close cooperation within the team and reduced cooperation between teams. Authoritative research institutions and core teams had not yet been formed. Therefore, in-depth cooperation and academic exchanges among different countries, institutions, teams, and authors from multiple disciplines, perspectives, and methods are strongly recommended to achieve complementary advantages, strengthen research capabilities, broaden research perspectives, and tap into academic resources, thus striving to release higher-level research results (77–80).

Although bibliometric methods provide a quantitative analytical tool, there are still some limitations in practical applications. It mainly

Top 20 Keywords with the Strongest Citation Bursts

Keywords	Year	Strength	Begin	End	2014 - 2023
randomized controlled trials	2014	4.64	2014	2016	
surgery	2014	4.2	2014	2016	
updated method guidelines	2015	4.76	2015	2016	
general population	2015	4.67	2015	2016	
trial	2015	3.88	2015	2017	
general practice	2015	3.81	2015	2016	
randomized controlled trial	2014	7.45	2016	2017	
nonspecific musculoskeletal pain	2016	5.15	2016	2018	
spinal manipulative therapy	2016	4.36	2016	2018	
implementation	2016	4.23	2016	2017	
follow up	2014	3.91	2016	2017	
fibromyalgia	2016	3.87	2016	2019	
adolescents	2016	3.86	2016	2018	
intervention	2015	4.58	2017	2018	
trunk muscles	2018	5.46	2018	2019	
self efficacy	2018	3.88	2018	2020	
surface electromyography	2018	3.88	2018	2019	
musculoskeletal disorders	2015	3.95	2020	2021	
kinesiophobia	2021	5.19	2021	2023	
emergency department	2021	3.89	2021	2023	

FIGURE 12

Top 20 keywords with the strongest citation bursts. The bolded **Begin** column demonstrates the start year of the keyword.

focuses on the external characteristics of the literature, such as author, country and institution, without involving in-depth analysis of the content of the literature. This method is suitable for analyzing the macro structure and trends of literature, but it is insufficient for exploring the potential information and deep meanings in literature. In the future, other research methods such as content analysis should be combined to obtain more comprehensive and in-depth research results (21, 81, 82).

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding authors.

Author contributions

QM: Conceptualization, Methodology, Supervision, Writing – review & editing. YW: Project administration, Writing – original draft.

SX: Data curation, Investigation, Writing – review & editing. DW: Data curation, Investigation, Writing – review & editing. GH: Formal analysis, Resources, Software, Visualization, Writing – review & editing. ZL: Formal analysis, Software, Visualization, Writing – review & editing. LJ: Funding acquisition, Validation, Writing – review & editing. ZC: Funding acquisition, Validation, Writing – review & editing.

Funding

The author(s) declare that financial support was received for the research, authorship, and/or publication of this article. This study was funded by the 2022 National Famous Old Chinese Medicine Experts Inheritance Studio Construction Project (NO: National Chinese Medicine Human Education Letter [2022] No. 75), the 2022 National Famous Chinese Medicine Inheritance Studio Construction Project (NO: Professor Rixin Chen), the Jiangxi Provincial Administration of Traditional Chinese Medicine on the Establishment of the Second Batch of Jiangxi Medical Thermal Moxibustion Quality Control Centre (NO: Gan Chinese Medicine Medical Administration Letter [2023] No. 1), Jiangxi Provincial

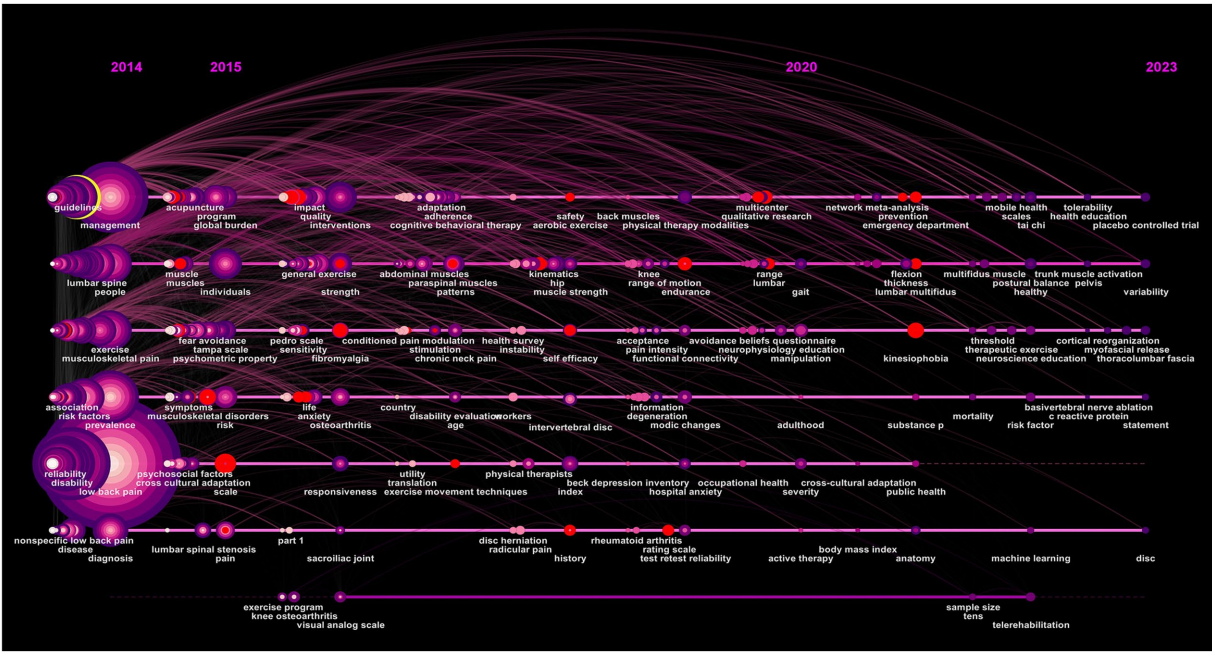


FIGURE 13
Timeline view of keywords on non-specific low back pain (NSLBP).

Administration of Traditional Chinese Medicine Pediatric Tuina Key Research Laboratory Construction Project (NO: Gan Chinese Medicine Science and Education Letter [2022] No. 8), Major Project of Testing and Statistics Center of the State Administration of Traditional Chinese Medicine—Research on Statistical Data Standards for Traditional Chinese Medicine Services (No: 20230210), and Jiangxi Provincial Health Commission Science and Technology Plan Project (No: 202410044).

Acknowledgments

The authors would like to express their appreciation to Xiaoming Zhang, who provided writing guidance.

References

- 1. GBD 2019 Diseases and Injuries Collaborators. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the global burden of disease study 2019. *Lancet.* (2020) 396:1204–22. doi: 10.1016/S0140-6736(20)30925-9
- 2. Furlong B, Etchegary H, Aubrey-Bassler K, Swab M, Pike A, Hall A. Patient education materials for non-specific low back pain and sciatica: a systematic review and meta-analysis. *PLoS One.* (2022) 17:e0274527. doi: 10.1371/journal.pone.0274527
- 3. Dieleman JL, Cao J, Chapin A, Chen C, Li Z, Liu A, et al. US health care spending by payer and health condition, 1996–2016. *JAMA.* (2020) 323:863–84. doi: 10.1001/jama.2020.0734
- 4. Knezevic NN, Candido KD, Vlaeyen JWS, van Zundert J, Cohen SP. Low back pain. *Lancet.* (2021) 398:78–92. doi: 10.1016/S0140-6736(21)00733-9
- 5. Hemmer CR. Evaluation and treatment of low back pain in adult patients. *Orthop Nurs.* (2021) 40:336–42. doi: 10.1097/NOR.0000000000000804
- 6. Felício DC, Filho JE, de Oliveira TMD, Pereira DS, Rocha VTM, Barbosa JMM, et al. Risk factors for non-specific low back pain in older people: a systematic review with meta-analysis. *Arch Orthop Trauma Surg.* (2022) 142:3633–42. doi: 10.1007/s00402-021-03959-0

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

- specific low back pain: systematic review and network meta-analysis. *BMJ*. (2023) 380:e072962. doi: 10.1136/bmj-2022-072962
13. Goldstein JL, Cryer B. Gastrointestinal injury associated with NSAID use: a case study and review of risk factors and preventative strategies. *Drug Healthc Patient Saf*. (2015) 7:31–41. doi: 10.2147/DHPS.S71976
 14. Hayden JA, Ellis J, Ogilvie R, Stewart SA, Bagg MK, Stanojevic S, et al. Some types of exercise are more effective than others in people with chronic low back pain: a network meta-analysis. *J Physiother*. (2021) 67:252–62. doi: 10.1016/j.jphys.2021.09.004
 15. George SZ, Fritz JM, Silfies SP, Schneider MJ, Beneciuk JM, Lentz TA, et al. Interventions for the management of acute and chronic low back pain: revision 2021. *J Orthop Sports Phys Ther*. (2021) 51:CPG1–CPG60. doi: 10.2519/jospt.2021.0304
 16. Tjøsvoll SO, Mork PJ, Iversen VM, Rise MB, Fimland MS. Periodized resistance training for persistent non-specific low back pain: a mixed methods feasibility study. *BMC Sports Sci Med Rehabil*. (2020) 12:30. doi: 10.1186/s13102-020-00181-0
 17. Haile G, Hailemariam TT, Haile TG. Effectiveness of ultrasound therapy on the management of chronic non-specific low back pain: a systematic review. *J Pain Res*. (2021) 14:1251–7. doi: 10.2147/JPR.S277574
 18. Giovanardi CM, Gonzalez-Lorenzo M, Poini A, Marchi E, Culcasi A, Ursini F, et al. Acupuncture as an alternative or in addition to conventional treatment for chronic non-specific low back pain: a systematic review and meta-analysis. *Integr Med Res*. (2023) 12:100972. doi: 10.1016/j.imr.2023.100972
 19. Comachio J, Oliveira CC, Silva IFR, Magalhães MO, Marques AP. Effectiveness of manual and electrical acupuncture for chronic non-specific low back pain: a randomized controlled trial. *J Acupunct Meridian Stud*. (2020) 13:87–93. doi: 10.1016/j.jams.2020.03.064
 20. Hani U, Mulvaney GG, O'Brien MD, Jernigan S, Kim P, Holland C, et al. Review: patent bibliometrics in cranial neurosurgery: the first bibliometric analysis of neurosurgery's technological literature. *World Neurosurg*. (2023) 171:115–23. doi: 10.1016/j.wneu.2022.12.103
 21. Ninkov A, Frank JR, Maggio LA. Bibliometrics: methods for studying academic publishing. *Perspect Med Educ*. (2022) 11:173–6. doi: 10.1007/s40037-021-00695-4
 22. Ling F, Qi W, Li X, Zhou J, Xiong J, Zhao Y, et al. Bibliometric analysis of acupuncture therapy for cancer pain over the past 10 years. *J Pain Res*. (2023) 16:985–1003. doi: 10.2147/JPR.S395421
 23. Zhou X, Kang C, Hu Y, Wang XC. Study on insulin resistance and ischemic cerebrovascular disease: a bibliometric analysis via CiteSpace. *Front Public Health*. (2023) 11:1021378. doi: 10.3389/fpubh.2023.1021378
 24. Ye Z, Mai T, Cheng Y, Zhang X, Liu Z, Zhang Z, et al. Neurotoxicity of microplastics: a CiteSpace-based review and emerging trends study. *Environ Monit Assess*. (2023) 195:960. doi: 10.1007/s10661-023-11559-1
 25. Miao L, Shi J, Yu H, Song L, Zhu C, Shi D, et al. Studies on atrial fibrillation and venous thromboembolism in the past 20 years: a bibliometric analysis via CiteSpace and VOSviewer. *J Am Heart Assoc*. (2023) 12:e029810. doi: 10.1161/JAHA.123.029810
 26. du Y, Cai X, Xu B, Wu Y, Chen M, Wang J, et al. Global status and future trends of fascia and pain research in 2013–2022: bibliometric analysis based on CiteSpace and VOSviewer. *J Pain Res*. (2023) 16:2633–53. doi: 10.2147/JPR.S412161
 27. Lu F, Ren P, Zhang Q, Shao X. Research trends of acupuncture therapy on myofascial pain syndrome from 2000 to 2022: a bibliometric analysis. *J Pain Res*. (2023) 16:1025–38. doi: 10.2147/JPR.S401875
 28. Hartvigsen J, Hancock MJ, Kongsted A, Louw Q, Ferreira ML, Genevay S, et al. What low back pain is and why we need to pay attention. *Lancet*. (2018) 391:2356–67. doi: 10.1016/S0140-6736(18)30480-X
 29. Maher C, Underwood M, Buchbinder R. Non-specific low back pain. *Lancet*. (2017) 389:736–47. doi: 10.1016/S0140-6736(16)30970-9
 30. Oliveira CB, Maher CG, Pinto RZ, Traeger AC, Lin CWC, Chenot JF, et al. Clinical practice guidelines for the management of non-specific low back pain in primary care: an updated overview. *Eur Spine J*. (2018) 27:2791–803. doi: 10.1007/s00586-018-5673-2
 31. Foster NE, Anema JR, Cherkin D, Chou R, Cohen SP, Gross DP, et al. Prevention and treatment of low back pain: evidence, challenges, and promising directions. *Lancet*. (2018) 391:2368–83. doi: 10.1016/S0140-6736(18)30489-6
 32. Qaseem A, Wilt TJ, McLean RM, Forcica MA, Clinical Guidelines Committee of the American College of Physicians, Denberg TD, et al. Noninvasive treatments for acute, subacute, and chronic low back pain: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. (2017) 166:514–30. doi: 10.7326/M16-2367
 33. Buchbinder R, van Tulder M, Öberg B, Costa LM, Woolf A, Schoene M, et al. Low back pain: a call for action. *Lancet*. (2018) 391:2384–8. doi: 10.1016/S0140-6736(18)30488-4
 34. Hoy D, March L, Brooks P, Blyth F, Woolf A, Bain C, et al. The global burden of low back pain: estimates from the global burden of disease 2010 study. *Ann Rheum Dis*. (2014) 73:968–74. doi: 10.1136/annrheumdis-2013-204428
 35. Balagué F, Mannion AF, Pellisé F, Cedraschi C. Non-specific low back pain. *Lancet*. (2012) 379:482–91. doi: 10.1016/S0140-6736(11)60610-7
 36. Hoy D, Bain C, Williams G, March L, Brooks P, Blyth F, et al. A systematic review of the global prevalence of low back pain. *Arthritis Rheum*. (2012) 64:2028–37. doi: 10.1002/art.34347
 37. Vos T, Flaxman AD, Naghavi M, Lozano R, Michaud C, Ezzati M, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the global burden of disease study 2010. *Lancet*. (2012) 380:2163–96. doi: 10.1016/S0140-6736(12)61729-2
 38. Bunzli S, Watkins R, Smith A, Schütze R, O'Sullivan P. Lives on hold: a qualitative synthesis exploring the experience of chronic low-back pain. *Clin J Pain*. (2013) 29:907–16. doi: 10.1097/AJP.0b013e31827a6dd8
 39. Almeida M, Saragiotto B, Richards B, Maher CG. Primary care management of non-specific low back pain: key messages from recent clinical guidelines. *Med J Aust*. (2018) 208:272–5. doi: 10.5694/mja17.01152
 40. Chiarotto A, Boers M, Deyo RA, Buchbinder R, Corbin TP, Costa LOP, et al. Core outcome measurement instruments for clinical trials in nonspecific low back pain. *Pain*. (2018) 159:481–95. doi: 10.1097/j.pain.0000000000001117
 41. Vibe Fersum K, O'Sullivan P, Skouen JS, Smith A, Kvåle A. Efficacy of classification-based cognitive functional therapy in patients with non-specific chronic low back pain: a randomized controlled trial. *Eur J Pain*. (2013) 17:916–28. doi: 10.1002/j.1532-2149.2012.00252.x
 42. Abdel Shaheed C, Maher CG, Williams KA, Day R, McLachlan AJ. Efficacy, tolerability, and dose-dependent effects of opioid analgesics for low back pain: a systematic review and meta-analysis. *JAMA Intern Med*. (2016) 176:958–68. doi: 10.1001/jamainternmed.2016.1251
 43. Searle A, Spink M, Ho A, Chuter V. Exercise interventions for the treatment of chronic low back pain: a systematic review and meta-analysis of randomised controlled trials. *Clin Rehabil*. (2015) 29:1155–67. doi: 10.1177/0269215515570379
 44. Wong JJ, Côté P, Sutton DA, Randhawa K, Yu H, Varatharajan S, et al. Clinical practice guidelines for the noninvasive management of low back pain: a systematic review by the Ontario protocol for traffic injury management (OPTIMA) collaboration. *Eur J Pain*. (2017) 21:201–16. doi: 10.1002/ejp.931
 45. Chiarotto A, Maxwell LJ, Ostelo RW, Boers M, Tugwell P, Terwee CB. Measurement properties of visual analogue scale, numeric rating scale, and pain severity subscale of the brief pain inventory in patients with low back pain: a systematic review. *J Pain*. (2019) 20:245–63. doi: 10.1016/j.jpain.2018.07.009
 46. Owen PJ, Miller CT, Mundell NL, Verswijveren SJJM, Tagliaferri SD, Brisby H, et al. Which specific modes of exercise training are most effective for treating low back pain? Network meta-analysis. *Br J Sports Med*. (2020) 54:1279–87. doi: 10.1136/bjsports-2019-100886
 47. Ferreira GE, Machado GC, Abdel Shaheed C, Lin CWC, Needs C, Edwards J, et al. Management of low back pain in Australian emergency departments. *BMJ Qual Saf*. (2019) 28:826–34. doi: 10.1136/bmjqs-2019-009383
 48. Safiri S, Kolahi AA, Hoy D, Buchbinder R, Mansournia MA, Bettampadi D, et al. Global, regional, and national burden of neck pain in the general population, 1990–2017: systematic analysis of the global burden of disease study 2017. *BMJ*. (2020) 368:m791. doi: 10.1136/bmj.m791
 49. Nicholl BI, Sandal LF, Stochkendahl MJ, McCallum M, Suresh N, Vasseljen O, et al. Digital support interventions for the self-management of low back pain: a systematic review. *J Med Internet Res*. (2017) 19:e179. doi: 10.2196/jmir.7290
 50. Hay SI. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the global burden of disease study 2016. *Lancet*. (2017) 390:1211–59. doi: 10.1016/S0140-6736(17)32154-2
 51. Byström MG, Rasmussen-Barr E, Grooten WJ. Motor control exercises reduces pain and disability in chronic and recurrent low back pain: a meta-analysis. *Spine (Phila Pa 1976)*. (2013) 38:E350–8. doi: 10.1097/BRS.0b013e31828435fb
 52. Rabin A, Shashua A, Pizem K, Dickstein R, Dar G. A clinical prediction rule to identify patients with low back pain who are likely to experience short-term success following lumbar stabilization exercises: a randomized controlled validation study. *J Orthop Sports Phys Ther*. (2014) 44:6–B13. doi: 10.2519/jospt.2014.4888
 53. Higgins J. Convincing evidence from controlled and uncontrolled studies on the lipid-lowering effect of a statin. *Cochrane Database Syst Rev*. (2012) 12:ED000049. doi: 10.1002/14651858.ED000049
 54. Chenot JF, Greitemann B, Kladny B, Petzke F, Pflingsten M, Schorr SG. Non-specific low back pain. *Dtsch Arztebl Int*. (2017) 114:883–90. doi: 10.3238/arztebl.2017.0883
 55. James SL. Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the global burden of disease study 2017. *Lancet*. (2018) 392:1789–858. doi: 10.1016/S0140-6736(18)32279-7
 56. Vibe Fersum K, Smith A, Kvåle A, Skouen JS, O'Sullivan P. Cognitive functional therapy in patients with non-specific chronic low back pain—a randomized controlled trial 3-year follow-up. *Eur J Pain*. (2019) 23:1416–24. doi: 10.1002/ejp.1399
 57. O'Sullivan PB, Caneiro JP, O'Keefe M, Smith A, Dankaerts W, Fersum K, et al. Cognitive functional therapy: an integrated behavioral approach for the targeted management of disabling low back pain. *Phys Ther*. (2018) 98:408–23. doi: 10.1093/ptj/pzy022
 58. Goubert D, Oosterwijk JV, Meeus M, Danneels L. Structural changes of lumbar muscles in non-specific low back pain: a systematic review. *Pain Physician*. (2016) 19:E985–E1000. doi: 10.36076/ppj/2016.19.E985

59. van Dieën JH, Reeves NP, Kawchuk G, van Dillen LR, Hodges PW. Motor control changes in low back pain: divergence in presentations and mechanisms. *J Orthop Sports Phys Ther.* (2019) 49:370–9. doi: 10.2519/jospt.2019.7917
60. Wertli MM, Rasmussen-Barr E, Weiser S, Bachmann LM, Brunner F. The role of fear avoidance beliefs as a prognostic factor for outcome in patients with nonspecific low back pain: a systematic review. *Spine J.* (2014) 14:816–836.e4. doi: 10.1016/j.spinee.2013.09.036
61. Hodges PW, Danneels L. Changes in structure and function of the back muscles in low back pain: different time points, observations, and mechanisms. *J Orthop Sports Phys Ther.* (2019) 49:464–76. doi: 10.2519/jospt.2019.8827
62. Fritz JM, Beneciuk JM, George SZ. Relationship between categorization with the STarT back screening tool and prognosis for people receiving physical therapy for low back pain. *Phys Ther.* (2011) 91:722–32. doi: 10.2522/ptj.20100109
63. Hill JC, Whitehurst DG, Lewis M, Bryan S, Dunn KM, Foster NE, et al. Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial. *Lancet.* (2011) 378:1560–71. doi: 10.1016/S0140-6736(11)60937-9
64. Field J, Newell D. Relationship between STarT back screening tool and prognosis for low back pain patients receiving spinal manipulative therapy. *Chiropr Man Therap.* (2012) 20:17. doi: 10.1186/2045-709X-20-17
65. Corrêa JB, Costa LO, de Oliveira NT, Sluka KA, Liebano RE. Central sensitization and changes in conditioned pain modulation in people with chronic nonspecific low back pain: a case-control study. *Exp Brain Res.* (2015) 233:2391–9. doi: 10.1007/s00221-015-4309-6
66. Abd Rahman NA, Li S, Schmid S, Shaharudin S. Biomechanical factors associated with non-specific low back pain in adults: a systematic review. *Phys Ther Sport.* (2023) 59:60–72. doi: 10.1016/j.ptsp.2022.11.011
67. Onda A, Kimura M. Reduction in anxiety during treatment with exercise and duloxetine is related to improvement of low back pain-related disability in patients with non-specific chronic low back pain. *Fukushima J Med Sci.* (2020) 66:148–55. doi: 10.5387/fms.2020-22
68. Yamada AS, Antunes FTT, Vaz SMR, Saraiva BV, de Souza AH, Simon D. Physiotherapeutic treatment associated with the pain neuroscience education for patients with chronic non-specific low back pain-single-blind randomized pilot clinical trial. *Agri.* (2023) 35:153–66. doi: 10.14744/agri.2022.33349
69. García-Moreno JM, Calvo-Muñoz I, Gómez-Conesa A, López-López JA. Assessment of the effects of physiotherapy on back care and prevention of non-specific low back pain in children and adolescents: a systematic review and meta-analysis. *Healthcare (Basel).* (2024) 12:1036. doi: 10.3390/healthcare12101036
70. Calvo-Muñoz I, Kovacs FM, Roqué M, Gago Fernández I, Seco Calvo J. Risk factors for low back pain in childhood and adolescence: a systematic review. *Clin J Pain.* (2018) 34:468–84. doi: 10.1097/AJP.0000000000000558
71. Zhang C, Li Y, Zhong Y, Feng C, Zhang Z, Wang C. Effectiveness of motor control exercise on non-specific chronic low back pain, disability and core muscle morphological characteristics: a meta-analysis of randomized controlled trials. *Eur J Phys Rehabil Med.* (2021) 57:793–806. doi: 10.23736/S1973-9087.21.06555-2
72. Zhang C, Zhang Z, Li Y, Yin Y, Feng C, Zhan W, et al. Alterations in functional connectivity in patients with non-specific chronic low back pain after motor control exercise: a randomized trial. *Eur J Phys Rehabil Med.* (2024) 60:319–30. doi: 10.23736/S1973-9087.24.08087-0
73. Teodorczyk-Injeyan JA, Triano JJ, Gringmuth R, DeGrauw C, Chow A, Injeyan HS. Effects of spinal manipulative therapy on inflammatory mediators in patients with non-specific low back pain: a non-randomized controlled clinical trial. *Chiropr Man Therap.* (2021) 29:3. doi: 10.1186/s12998-020-00357-y
74. Lin H, Wang X, Feng Y, Liu X, Liu L, Zhu K, et al. Acupuncture versus oral medications for acute/subacute non-specific low back pain: a systematic review and meta-analysis. *Curr Pain Headache Rep.* (2024) 28:489–500. doi: 10.1007/s11916-023-01201-7
75. Hemming R, Sheeran L, van Deursen R, Sparkes V. Investigating differences in trunk muscle activity in non-specific chronic low back pain subgroups and no-low back pain controls during functional tasks: a case-control study. *BMC Musculoskelet Disord.* (2019) 20:459. doi: 10.1186/s12891-019-2843-2
76. Kato S, Demura S, Kurokawa Y, Takahashi N, Shinmura K, Yokogawa N, et al. Efficacy and safety of abdominal trunk muscle strengthening using an innovative device in elderly patients with chronic low back pain: a pilot study. *Ann Rehabil Med.* (2020) 44:246–55. doi: 10.5535/arm.19100
77. Luo D, Wang J, Wang Z, Fang F, Kang Y, Chen O. The development trend of medical animals in the last ten years: a review. *Iran J Public Health.* (2023) 52:1334–45. doi: 10.18502/ijph.v52i7.13235
78. Wei N, Hu Y, Liu G, Li S, Yuan G, Shou X, et al. A bibliometric analysis of familial hypercholesterolemia from 2011 to 2021. *Curr Probl Cardiol.* (2023) 48:101151. doi: 10.1016/j.cpcardiol.2022.101151
79. Ceska R, Latkovskis G, Ezhov MV, Freiberger T, Lalic K, Mitchenko O, et al. The impact of the international cooperation on familial hypercholesterolemia screening and treatment: results from the ScreenPro FH project. *Curr Atheroscler Rep.* (2019) 21:36. doi: 10.1007/s11883-019-0797-3
80. Tang Y, He G, He Y, He T. Plant resistance to fungal pathogens: bibliometric analysis and visualization. *Toxics.* (2022) 10:624. doi: 10.3390/toxics10100624
81. Liu Z, Li Z, Zhang Y, Mutukumira AN, Feng Y, Cui Y, et al. Comparing business, innovation, and platform ecosystems: a systematic review of the literature. *Biomimetics (Basel).* (2024) 9:216. doi: 10.3390/biomimetics9040216
82. Hassan W, Duarte AE. Bibliometric analysis: a few suggestions. *Curr Probl Cardiol.* (2024) 49:102640. doi: 10.1016/j.cpcardiol.2024.102640