

Response to the letter to the editor: Lumbar spine stenosis: current concept of management

Ji-Won Kwon, Kyung-Soo Suk, Seong-Hwan Moon, Si-Young Park, Namhoo Kim, Sub-Ri Park, Jae-Won Shin, Hak-Sun Kim, Byung Ho Lee

Department of Orthopaedic Surgery, Yonsei University College of Medicine, Seoul, Korea

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Corresponding author: Byung Ho Lee

Department of Orthopaedic Surgery, Yonsei University College of Medicine, 50 Yonsei-ro, Seodaemun-gu, Seoul, 03722, Korea

Tel: +82-2-2019-3410, **Fax:** +82-2-2019-3410, **E-mail:** bhlee96@yuhs.ac

Dear Editor,

We would like to express our sincere appreciation to the author of the letter for their thoughtful and well-referenced commentary on our recent article, “Lumbar spinal stenosis: current concept of management” [1]. The additional points raised, including the role of therapeutic exercise, manual therapy, and dry needling in the management of lumbar spinal stenosis (LSS), are not only valid but also reflect the evolving understanding of multimodal, patient-centered care for LSS.

As the letter rightly noted, exercise-based rehabilitation forms the cornerstone of conservative treatment for LSS and is also essential in postoperative recovery. Recent studies have demonstrated that supervised exercise programs—such as lumbar flexion, trunk strengthening, and aerobic conditioning—can improve pain and function in both mild and severe cases of LSS [2]. Furthermore, the incorporation of early postoperative rehabilitation appears to expedite functional recovery and reduce disability [3].

In regard to manual therapy, we concur that spinal manipulation and flexion-distraction techniques have shown efficacy in selected patients. Clinical reports support combining these interventions with structured exercise for superior outcomes in pain and functional improvement [4-6]. Nonetheless, the variability in

provider expertise and patient response necessitates cautious selection and individualized application.

The mention of dry needling is particularly appreciated, as it represents a promising adjunctive modality in the realm of integrative spine care. While evidence is still emerging, recent randomized controlled trials suggest that electrical dry needling, when added to conventional physiotherapy, may provide additive benefit in reducing chronic LSS-related pain [7]. However, further research is required to standardize protocols, assess long-term benefits, and determine ideal patient subgroups.

We acknowledge that our original review article primarily focused on the broader clinical algorithm and evidence-based surgical indications, particularly in light of evolving guidelines and technological advancements. As such, some adjunctive therapies were not discussed in depth. The valuable additions provided in the letter will certainly encourage readers to adopt a more comprehensive and multidisciplinary approach to LSS.

Once again, we thank the author for their contribution, which meaningfully complements our original work and contributes to the scholarly discussion on optimizing care for LSS patients.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

ORCID

Ji-Won Kwon: <https://orcid.org/0000-0003-4880-5310>;
 Kyung-Soo Suk: <https://orcid.org/0000-0003-0633-2658>;
 Seong-Hwan Moon: <https://orcid.org/0000-0003-1121-2730>;
 Si-Young Park: <https://orcid.org/0000-0002-1216-901X>;
 Namhoo Kim: <https://orcid.org/0000-0002-0849-4450>;
 Sub-Ri Park: <https://orcid.org/0000-0001-8869-9810>;
 Jae-Won Shin: <https://orcid.org/0000-0002-6656-6336>;
 Hak-Sun Kim: <https://orcid.org/0000-0002-8330-4688>;
 Byung Ho Lee: <https://orcid.org/0000-0001-7235-4981>

Author Contributions

All the work for the preparation of this letter was done by all authors.

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