Review Article Top 100 most-cited articles in low back pain: a 22-year survey of publication activity

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Received September 18, 2015; Accepted December 4, 2015; Epub February 15, 2016; Published February 29, 2016

Abstract: The field of low back pain research has gained more attentions over these years due to the prevalence of low back pain. The main objective of this article is to report the top 100 cited articles in the field of low back pain research and provide a practical guide and references in evaluating the low back pain literature. The 100 most cited articles were selected and analyzed base on the number of citations in the Science Citation Index Expanded (SCI-E) without any time or study-type restriction. The citation ranged from 300 to 1469 in the top 100 cited articles in the field of low back pain research with an average citation number of 527.95. Notably, 2003 is the most productive year with 12 of top 100 cited articles published. The leading country is United States that published the largest number of articles (n=51). University of Washington is the most productive institution with 17 articles. The journal published the highest number of top 100 cited articles and 35 were reviews. Fifty-four articles concerning the subspecialty of Neurosciences Neurology, followed by Orthopedics (n=37). The study provided an insight on the citation rank of low back pain research and identified the top 100 cited articles in this particular field, which may be utilized to guide low back pain-related research and healthcare.

Keywords: Citation analysis, low back pain, publications

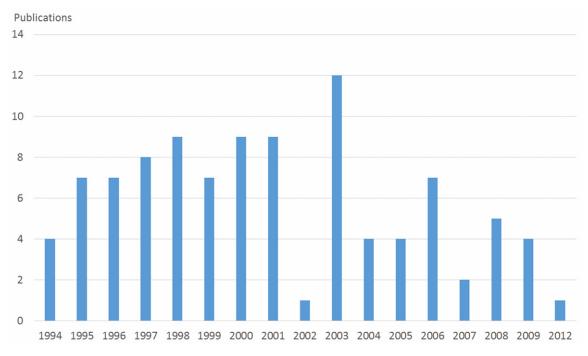
Introduction

Low back pain has a negative impact on the well-being of an individual and also escalating health-care cost [1]. A review concerning the prevalence of low back pain has shown that the point prevalence was about 12% in the adult general population, and a lifetime of prevalence was about 40% [2]. The prosperous of the low back pain research have led to the evolvement of surgical technique and management to patients, and thus dramatically improved the care of low back pain [1]. In order to identify studies that have the significant influence, a citation rank list has been established.

Nowadays, the quality of scholarly work is a becoming a parameter for academic achievement to prioritize resources and funds support in academic institutions and funding sectors [3, 4]. The use of particular article by other researchers indicated the contributing effect of a previous work on ongoing study [5-7]. Citation

rate did provide a kind of recognition in the scientific field, although it is not a direct indicator of the impact of scholar articles [8]. To some extent, articles with high citation numbers are of particular impact thus analysis of top-cited articles may demonstrate useful message in a specific research filed [9, 10]. Multiple medical fields had used a rank list to evaluating a paper's impact in particular field [11, 12].

Citation analyses have been performed in orthopaedic surgery [11, 13] and its subspecialties, including pediatric orthopaedics [14], fracture surgery [15], shoulder surgery [16], foot and ankle surgery [17], spine surgery [18], hand surgery [19], joint arthroplasty [20], and arthroscopy [21]. Several articles focused on the bibliometric characteristics of pain-related research were also published recently. Some focused on a specific syndrome, such as neonatal pain [22], headaches [23], and orofacial pain [24]. Some focused on a specific journal including Pain [25, 26] and Clinical Journal of Pain [27]. However, to date, no analysis has



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Figure 1. Number of articles per year of publication.

been made for those in the field of low back pain. In light of this, we sought to identify 100 most cited articles and to provide an analysis of their important characteristics in terms of article ranking, publication year, publication journal, authorship, country, and subspecialty in the field of low back pain research.

Methods and materials

In August 19, 2015, we performed a citation search using the Science Citation Index Expanded (SCI-E) of the ISI Web of Science (WOS) (Thomson Reuters, Philadelphia, PA, USA) without any limitation in publication time or restriction on study types, availability of an abstract and human versus nonhuman research subjects. The results were arranged by a using the option "Times cited", which automatically provided us a rank of al articles in term of citation numbers. The top 100 cited articles were retrieved and reviewed using the methods by Lim et al, [28]. Basic information including publication title, publication year, journal, citation time, author, country and institution of origin, study type and subspecialty were compiled and further analysed by analysis tool in the WOS. The statistical association was evaluated between the impact factor (IF) and the number of articles included in the top 100 cited list. SPSS 16.0 (IBM Corporation, USA) was used for data analysis. Data are presented as medians and interquartile ranges. A statistical level of P<0.05 was considered to be significant.

Results

Citation count and publication year

The Top 100 cited article in the field of low back pain research were published from 1994 to 2009 (**Figure 1**), with number of citations ranging from 300 to 1469 (mean=527.95) (**Table 1**). The year responsible for the most number of articles was 2003 (n=12; 12%), followed by 2001 (n=9; 9%), 2000 (n=9; 9%) and 1998 (n=9; 9%). The first article cited more than 1000 times was published in 1994 in New England Journal of Medicine, and the most cited articles were published in 2001 in Pain.

Top-cited articles in low back pain-related journals

In total, there were 14 journals with no less than 2 top cited articles (**Table 2**). There were no significant correlation between publication numbers and impact factors (P>0.05). The most articles were published in Spine (n=26; IF=2.297) with the mean citation of 439.2

2	Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM (2001). Clinical importance of changes in chronic pain intensity	1469
	measured on an 11-point numerical pain rating scale. Pain 94: 149-158.	2100
	Lawrence RC, Helmick CG, Arnett FC, Deyo RA, Felson DT, et al. (1998). Estimates of the prevalence of arthritis and se- lected musculoskeletal disorders in the United States. Arthritis And Rheumatism 41: 778-799.	1447
	Vlaeyen JWS, Linton SJ (2000). Fear-avoidance and its consequences in chronic musculoskeletal pain: a state of the art. Pain 85: 317-332.	1343
	Lawrence RC, Felson DT, Helmick CG, Arnold LM, Choi H, et al. (2008). Estimates of the prevalence of arthritis and other rheumatic conditions in the United States. Arthritis And Rheumatism 58: 26-35.	1167
	Bressler NM, Treatment Age Related Macular D (1999). Photodynamic therapy of subfoveal choroidal neovascularization in age-related macular degeneration with verteporfin-One-year results of 2 randomized clinical trials-TAP report 1. Archives Of Ophthalmology 117: 1329-1345.	1063
	Jensen MC, Brantzawadzki MN, Obuchowski N, Modic MT, Malkasian D, et al. (1994). Magnetic-resonance-imaging of the lumbar spine in people without back pain. New England Journal Of Medicine 331: 69-73.	1017
	Fairbank JCT, Pynsent PB (2000). The Oswestry Disability Index. Spine 25: 2940-2952.	979
	Breivik H, Collett B, Ventafridda V, Cohen R, Gallacher D (2006). Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment. European Journal Of Pain 10: 287-333.	965
	Tunis SR, Stryer DB, Clancy CM (2003). Practical clinical trials-Increasing the value of clinical research for decision making in clinical and health policy. Jama-Journal Of the American Medical Association 290: 1624-1632.	882
)	Bair MJ, Robinson RL, Katon W, Kroenke K (2003). Depression and pain comorbidity-A literature review. Archives Of Inter- nal Medicine 163: 2433-2445.	876
1	Andersson GBJ (1999). Epidemiological features of chronic low-back pain. Lancet 354: 581-585.	874
2	Dworkin RH, Turk DC, Farrar JT, Haythornthwaite JA, Jensen MP, et al. (2005). Core outcome measures for chronic pain clinical trials: IMMPACT recommendations. Pain 113: 9-19.	834
3	Woolf AD, Pfleger B (2003). Burden of major musculoskeletal conditions. Bulletin Of the World Health Organization 81: 646-656.	826
1	Sim J, Wright CC (2005). The kappa statistic in reliability studies: Use, interpretation, and sample size requirements. Physical Therapy 85: 257-268.	823
5	Vlaeyen JWS, Kolesnijders AMJ, Boeren RGB, Vaneek H (1995). Fear of movement (re)injury in chronic low-back-pain and its relation to behavioral performance. Pain 62: 363-372.	809
6	Heim C, Ehlert U, Hellhammer DH (2000). The potential role of hypocortisolism in the pathophysiology of stress-related bodily disorders. Psychoneuroendocrinology 25: 1-35.	799
7	Kiecolt-Glaser JK, Newton TL (2001). Marriage and health: His and hers. Psychological Bulletin 127: 472-503.	792
3	Sullivan MJL, Thorn B, Haythornthwaite JA, Keefe F, Martin M, et al. (2001). Theoretical perspectives on the relation be- tween catastrophizing and pain. Clinical Journal Of Pain 17: 52-64.	761
)	Hrobjartsson A, Gotzsche PC (2001). Is the placebo powerless? An analysis of clinical trials comparing placebo with no treatment. New England Journal Of Medicine 344: 1594-1602.	750
)	Unruh AM (1996). Gender variations in clinical pain experience. Pain 65: 123-167.	727
1	Vos T, Flaxman AD, Naghavi M, Lozano R, Michaud C, et al. (2012). 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 380: 2163-2196.	725
2	Linton SJ (2000). A review of psychological risk factors in back and neck pain. Spine 25: 1148-1156.	711
3	Maher CG, Sherrington C, Herbert RD, Moseley AM, Elkins M (2003). Reliability of the PEDro scale for rating quality of randomized controlled trials. Physical Therapy 83: 713-721.	690
1	Crombez G, Vlaeyen JWS, Heuts P, Lysens R (1999). Pain-related fear is more disabling than pain itself: evidence on the role of pain-related fear in chronic back pain disability. Pain 80: 329-339.	684
ō	Morley S, Eccleston C, Williams A (1999). Systematic review and meta-analysis of randomized controlled trials of cognitive behaviour therapy and behaviour therapy for chronic pain in adults, excluding headache. Pain 80: 1-13.	676
5	Chou R, Qaseem A, Snow V, Casey D, Cross JT, et al. (2007). Diagnosis and treatment of low back pain: A joint clinical practice guideline from the American college of physicians and the American pain society. Annals Of Internal Medicine 147: 478-491.	648
7	Dworkin RH, Turk DC, Wyrwich KW, Beaton D, Cleeland CS, et al. (2008). Interpreting the clinical importance of treatment outcomes in chronic pain clinical trials: IMMPACT recommendations. Journal Of Pain 9: 105-121.	647
3	Chou R, Fanciullo GJ, Fine PG, Adler JA, Ballantyne JC, et al. (2009). Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain. Journal Of Pain 10: 113-130.	637
9	Deyo RA, Battie M, Beurskens A, Bombardier C, Croft P, et al. (1998). Outcome measures for low back pain research-A proposal for standardized use. Spine 23: 2003-2013.	630
0	Deyo RA, Weinstein JN (2001). Primary care-Low back pain. New England Journal Of Medicine 344: 363-370.	625
1	Hodges PW, Richardson CA (1996). Inefficient muscular stabilization of the lumbar spine associated with low back pain-A motor control evaluation of transversus abdominis. Spine 21: 2640-2650.	617
	DePaulo BM, Lindsay JJ, Malone BE, Muhlenbruck L, Charlton K, et al. (2003). Cues to deception. Psychological Bulletin	573

Table 1. Top 100 cited articles in the field of low back pain

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33	Roland M, Fairbank J (2000). The Roland-Morris Disability Questionnaire and the Oswestry Disability Questionnaire. Spine 25: 3115-3124.	572
34	Gureje O, Von Korff M, Simon GE, Gater R (1998). Persistent pain and well-being-A World Health Organization study in primary care. Jama-Journal Of the American Medical Association 280: 147-151.	563
35	Eccleston C, Crombez G (1999). Pain demands attention: A cognitive-affective model of the interruptive function of pain. Psychological Bulletin 125: 356-366.	534
36	Araksinen O, Brox JI, Cedraschi C, Hildebrandt J, Klaber-Moffett J, et al. (2006). Chapter 4-European guidelines for the management of chronic nonspecific low back pain. European Spine Journal 15: S192-S300.	524
37	Turner JA, Deyo RA, Loeser JD, Vonkorff M, Fordyce WE (1994). The importance of placebo-effects in pain treatment and research. Jama-Journal Of the American Medical Association 271: 1609-1614.	505
38	Wilke HJ, Neef P, Caimi M, Hoogland T, Claes LE (1999). New in vivo measurements of pressures in the intervertebral disc in daily life. Spine 24: 755-762.	493
39	Bouhassira D, Attal N, Alchaar H, Boureau F, Brochet B, et al. (2005). Comparison of pain syndromes associated with ner- vous or somatic lesions and development of a new neuropathic pain diagnostic questionnaire (DN4). Pain 114: 29-36.	481
40	Kallmes DF, Comstock BA, Heagerty PJ, Turner JA, Wilson DJ, et al. (2009). A Randomized Trial of Vertebroplasty for Osteo- porotic Spinal Fractures. New England Journal Of Medicine 361: 569-579.	466
41	Cholewicki J, McGill SM (1996). Mechanical stability of the in vivo lumbar spine: Implications for injury and chronic low back pain. Clinical Biomechanics 11: 1-15.	462
42	Ramsay DJ, Bowman MA, Greenman PE, Jiang SP, Kushi LH, et al. (1998). Acupuncture. Jama-Journal Of the American Medical Association 280: 1518-1524.	460
43	Fillingim RB, King CD, Ribeiro-Dasilva MC, Rahim-Williams B, Riley JL (2009). Sex, Gender, and Pain: A Review of Recent Clinical and Experimental Findings. Journal Of Pain 10: 447-485.	459
44	vanTulder MW, Koes BW, Bouter LM (1997). Conservative treatment of acute and chronic nonspecific low back pain-A systematic review of randomized controlled trials of the most common interventions. Spine 22: 2128-2156.	458
45	Patrick DL, Deyo RA, Atlas SJ, Singer DE, Chapin A, et al. (1995). Assessing health-related quality-of-life in patients with sciatica. Spine 20: 1899-1908.	451
46	Perquin CW, Hazebroek-Kampschreur A, Hunfeld JAM, Bohnen AM, van Suijlekom-Smit LWA, et al. (2000). Pain in children and adolescents: a common experience. Pain 87: 51-58.	445
47	Fritzell P, Hagg O, Wessberg P, Nordwall A, Swedish Lumbar Spine Study G (2001). 2001 Volvo Award winner in clinical stud- ies: Lumbar fusion versus nonsurgical treatment for chronic low back pain-A multicenter randomized controlled trial from the Swedish Lumbar Spine Study Group. Spine 26: 2521-2532.	436
48	Gatchel RJ, Peng YB, Peters ML, Fuchs PN, Turk DC (2007). The biopsychosocial approach to chronic pain: Scientific ad- vances and future directions. Psychological Bulletin 133: 581-624.	428
49	O'Sullivan PB, Twomey LT, Allison GT (1997). Evaluation of specific stabilizing exercise in the treatment of chronic low back pain with radiologic diagnosis of spondylolysis or spondylolisthesis. Spine 22: 2959-2967.	428
50	Fishbain DA, Cutler R, Rosomoff HL, Rosomoff RS (1997). Chronic pain-associated depression: Antecedent or consequence of chronic pain? A review. Clinical Journal Of Pain 13: 116-137.	428
51	Picavet HSJ, Schouten J (2003). Musculoskeletal pain in the Netherlands: prevalences, consequences and risk groups, the DMC3-study. Pain 102: 167-178.	418
52	Ostelo R, Deyo RA, Stratford P, Waddell G, Croft P, et al. (2008). Interpreting change scores for pain and functional status in low back pain-Towards international consensus regarding minimal important change. Spine 33: 90-94.	413
53	Dagenais S, Caro J, Haldeman S (2008). A systematic review of low back pain cost of illness studies in the United States and internationally. Spine Journal 8: 8-20.	396
54	Fischgrund JS, Mackay M, Herkowitz HN, Brower R, Montgomery DM, et al. (1997). 1997 Volvo Award winner in clinical studies - Degenerative lumbar spondylolisthesis with spinal stenosis: A prospective, randomized study comparing decompressive laminectomy and arthrodesis with and without spinal instrumentation. Spine 22: 2807-2812.	396
55	Guzman J, Esmail R, Karjalainen K, Malmivaara A, Irvin E, et al. (2001). Multidisciplinary rehabilitation for chronic low back pain: systematic review. British Medical Journal 322: 1511-1516.	395
56	Hoogendoorn WE, van Poppel MNM, Bongers PM, Koes BW, Bouter LM (2000). Systematic review of psychosocial factors at work and private life as risk factors for back pain. Spine 25: 2114-2125.	393
57	Cote P, Cassidy JD, Carroll L (1998). The Saskatchewan Health and Back Pain Survey-The prevalence of neck pain and related disability in Saskatchewan adults. Spine 23: 1689-1698.	392
58	Wampold BE, Mondin GW, Moody M, Stich F, Benson K, et al. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "all must have prizes". Psychological Bulletin 122: 203-215.	388
59	Hides JA, Richardson CA, Jull GA (1996). Multifidus muscle recovery is not automatic after resolution of acute, first-episode low back pain. Spine 21: 2763-2769.	382
60	Weinstein JN, Tosteson TD, Lurie JD, Tosteson ANA, Hanscom B, et al. (2006). Surgical vs nonoperative treatment for lum- bar disk herniation-The Spine Patient Outcomes Research Trial (SPORT): A randomized trial. Jama-Journal Of the American Medical Association 296: 2441-2450.	380
61	Turk DC, Dworkin RH, Allen RR, Bellamy N, Brandenburg N, et al. (2003). Core outcome domains for chronic pain clinical trials: IMMPACT recommendations. Pain 106: 337-345.	374
62	Malmivaara A, Hakkinen U, Aro T, Heinrichs ML, Koskenniemi L, et al. (1995). The treatment of acute low-back-pain-bed rest, exercises, or ordinary activity. New England Journal Of Medicine 332: 351-355.	374

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63	Hides JA, Stokes MJ, Saide M, Jull GA, Cooper DH (1994). Evidence of lumbar multifidus muscle wasting ipsilateral to symp- toms in patients with acute subacute low-back-pain. Spine 19: 165-172.	367
64	Burton AK, Tillotson KM, Main CJ, Hollis S (1995). Psychosocial predictors of outcome in acute and subchronic low-back trouble. Spine 20: 722-728.	366
65	Kingery WS (1997). A critical review of controlled clinical trials for peripheral neuropathic pain and complex regional pain syndromes. Pain 73: 123-139.	364
66	Boden SD, Kang J, Sandhu H, Heller JG (2002). Use of recombinant human bone morphogenetic protein-2 to achieve pos- terolateral lumbar spine fusion in humans-A prospective, randomized clinical pilot trial-2002 Volvo Award in clinical studies. Spine 27: 2662-2673.	356
67	Croft PR, Macfarlane GJ, Papageorgiou AC, Thomas E, Silman AJ (1998). Outcome of low back pain in general practice: a prospective study. British Medical Journal 316: 1356-1359.	354
68	Carey TS, Garrett J, Jackman A, McLaughlin C, Fryer J, et al. (1995). The outcomes and costs of care for acute low-back- pain among patients seen by primary-care practitioners, chiropractors, and orthopedic surgeons. New England Journal Of Medicine 333: 913-917.	354
69	Alfredson H, Pietila T, Jonsson P, Lorentzon P (1998). Heavy-load eccentric calf muscle training for the treatment of chronic Achilles tendinosis. American Journal Of Sports Medicine 26: 360-366.	351
70	Banks SM, Kerns RD (1996). Explaining high rates of depression in chronic pain: A diathesis-stress framework. Psychologi- cal Bulletin 119: 95-110.	348
71	Han JS (2003). Acupuncture: neuropeptide release produced by electrical stimulation of different frequencies. Trends In Neurosciences 26: 17-22.	342
72	Keefe FJ, Rumble ME, Scipio CD, Giordano LA, Perri LM (2004). Psychological aspects of persistent pain: Current state of the science. Journal Of Pain 5: 195-211.	340
73	Green CR, Anderson KO, Baker TA, Campbell LC, Decker S, et al. (2003). The unequal burden of pain: Confronting racial and ethnic disparities in pain. Pain Medicine 4: 277-294.	338
74	Koes BW, van Tulder MW, Ostelo R, Burton AK, Waddell G (2001). Clinical guidelines for the management of low back pain in primary care - An international comparison. Spine 26: 2504-2513.	338
75	Freemont AJ, Peacock TE, Goupille P, Hoyland JA, Obrien J, et al. (1997). Nerve ingrowth into diseased intervertebral disc in chronic back pain. Lancet 350: 178-181.	338
76	Klenerman L, Slade PD, Stanley IM, Pennie B, Reilly JP, et al. (1995). The prediction of chronicity in patients with an acute attack of low-back-pain in a general-practice setting. Spine 20: 478-484.	338
77	Childs JD, Fritz JM, Flynn TW, Irrgang JJ, Johnson KK, et al. (2004). A clinical prediction rule to identify patients with low back pain most likely to benefit from spinal manipulation: A validation study. Annals Of Internal Medicine 141: 920-928.	337
78	Kang JD, Georgescu HI, McIntyreLarkin L, StefanovicRacic M, Donaldson WF, et al. (1996). Herniated lumbar intervertebral discs spontaneously produce matrix metalloproteinases, nitric oxide, interleukin-6, and prostaglandin E(2). Spine 21: 271-277.	337
79	Urwin M, Symmons D, Allison T, Brammah T, Busby H, et al. (1998). Estimating the burden of musculoskeletal disorders in the community: the comparative prevalence of symptoms at different anatomical sites, and the relation to social depriva- tion. Annals Of the Rheumatic Diseases 57: 649-655.	335
80	Burdorf A, Sorock G (1997). Positive and negative evidence of risk factors for back disorders. Scandinavian Journal Of Work Environment & Health 23: 243-256.	325
81	Hart LG, Deyo RA, Cherkin DC (1995). Physician office visits for low-back-pain-frequency, clinical-evaluation, and treatment patterns from an us national survey. Spine 20: 11-19.	325
82	Beurskens A, deVet HCW, Koke AJA (1996). Responsiveness of functional status in low back pain: A comparison of different instruments. Pain 65: 71-76.	324
83	Freynhagen R, Baron R, Gockel U, Tolle TR (2006). Pain DETECT: a new screening questionnaire to identify neuropathic components in patients with back pain. Current Medical Research And Opinion 22: 1911-1920.	318
84	Cherkin DC, Deyo RA, Battie M, Street J, Barlow W (1998). A comparison of physical therapy, chiropractic manipulation, and provision of an educational booklet for the treatment of patients with low back pain. New England Journal Of Medicine 339: 1021-1029.	318
85	Gracely RH, Geisser ME, Giesecke T, Grant MAB, Petzke F, et al. (2004). Pain catastrophizing and neural responses to pain among persons with fibromyalgia. Brain 127: 835-843.	315
86	Hagg 0, Fritzell P, Nordwall A (2003). The clinical importance of changes in outcome scores after treatment for chronic low back pain. European Spine Journal 12: 12-20.	314
87	Fritz JM, Irrgang JJ (2001). A comparison of a modified Oswestry Low Back Pain Disability Questionnaire and the Quebec Back Pain Disability Scale. Physical Therapy 81: 776-788.	314
88	Freburger JK, Holmes GM, Agans RP, Jackman AM, Darter JD, et al. (2009). The Rising Prevalence of Chronic Low Back Pain. Archives Of Internal Medicine 169: 251-258.	313
89	Luoma K, Riihimaki H, Luukkonen R, Raininko R, Viikari-Juntura E, et al. (2000). Low back pain in relation to lumbar disc degeneration. Spine 25: 487-492.	311
90	Walker BF (2000). The prevalence of low back pain: A systematic review of the literature from 1966 to 1998. Journal Of Spinal Disorders 13: 205-217.	308
91	Binkley JM, Stratford PW, Lott SA, Riddle DL (1999). The lower extremity functional scale (LEFS): Scale development, mea- surement properties, and clinical application. Physical Therapy 79: 371-383.	308

92	Bouhassira D, Lanteri-Minet M, Attal N, Laurent B, Touboul C (2008). Prevalence of chronic pain with neuropathic charac- teristics in the general population. Pain 136: 380-387.	307
93	Katz JN (2006). Lumbar disc disorders and low-back pain: Socioeconomic factors and consequences. Journal Of Bone And Joint Surgery-American Volume 88A: 21-24.	307
94	Gomes B, Higginson IJ (2006). Factors influencing death at home in terminally ill patients with cancer: systematic review. British Medical Journal 332: 515-518A.	306
95	Urban JPG, Smith S, Fairbank JCT (2004). Nutrition of the intervertebral disc. Spine 29: 2700-2709.	306
96	Jackson RP, McManus AC (1994). Radiographic analysis of sagittal plane alignment and balance in standing volunteers and patients with low-back-pain matched for age, sex, and size-a prospective controlled clinical-study. Spine 19: 1611- 1618.	306
97	Goetzel RZ, Hawkins K, Ozminkowski RJ, Wang SH (2003). The health and productivity cost burden of the "top 10" physi- cal and mental health conditions affecting six large US employers in 1999. Journal Of Occupational And Environmental Medicine 45: 5-14.	304
98	Furlan AD, Sandoval JA, Mailis-Gagnon A, Tunks E (2006). Opioids for chronic noncancer pain: a meta-analysis of effective- ness and side effects. Canadian Medical Association Journal 174: 1589-1594.	302
99	Pengel LHM, Herbert RD, Maher CG, Refshauge KM (2003). Acute low back pain: systematic review of its prognosis. British Medical Journal 327: 323-325.	301
100	Deyo RA, Gray DT, Kreuter W, Mirza S, Martin BI (2005). United States trends in lumbar fusion surgery for degenerative conditions. Spine 30: 1441-1445.	300

Table 2. Journals with no less than 2 Top-cited articles in the field of low back pain

Journals	Articles	IF (2014)	5-year IF	Total citation	Median No. of Citations (Range)
Spine	26	2.297	3.003	11418	439.2 (330, 982)
Pain	14	5.213	6.341	9271	662.2 (308, 1472)
New England Journal of Medicine	7	55.873	52.426	3908	558.3 (318, 1017)
Psychological Bulletin	6	14.756	21.197	3069	511.5 (348, 793)
Jama Journal of The American Medical Association	5	35.289	29.914	2794	558.8 (381, 882)
British Medical Journal	4	17.445	16.122	1356	339 (301, 395)
Journal of Pain	4	4.01	5.007	2087	521.8 (340, 648)
Physical Therapy	4	2.526	3.896	2142	535.5 (308, 826)
Lancet	3	45.217	39.315	1913	637.7 (338, 875)
Annals of Internal Medicine	2	17.81	16.482	987	493.5 (338, 648)
Archives of Internal Medicine	2	13.116	N/A	1191	595.5 (313, 878)
Arthritis and Rheumatism	2	7.764	7.987	1309	654.5 (1171, 1447)
Clinical Journal of Pain	2	2.527	3.148	1191	595.5 (430, 761)
European Spine Journal	2	2.066	2.658	841	420.5 (316, 525)

Table 3. Top 3 authors with 4	or more articles ir	the top 100 articles
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A	Articles	Tatal sitesiana	Auth	orship Po	sition	Author officience
Author	Articles	Total citations	First	Second	Other	- Author affliations
Deyo RA	11	6575	3	4	4	Univ Washington, Div Gen Internal Med, Ctr Cost & Outcomes Res, Box 356429, Seattle, WA 98195 USA.
Farrar JT	4	3334	1	0	3	Univ Penn, Sch Med, Dept Biostat & Epidemiol, Blockley Hall, Room 816,423 Guardian Dr, Philadelphia, PA 19104 USA.
Turk DC	4	2292	1	1	2	Univ Washington, Dept Anesthesiol, Seattle, WA 98195 USA.

(330, 982), followed by Pain (n=14; IF=5.213) with the mean citation of 662.2 (308, 1472) and New England Journal of Medicine (n=7; IF=55.873) with the mean citation of 558.3 (318, 1017). Another general medical journals with extremely high impact was Lancet (n=3; IF=45.271) with mean citation of 637.7 (338,875). Three authors accounted for 19 of the 100 papers (19%), the top author was DEYO

RA in University of Washington with 11 publication one the list (**Table 3**), followed by FARRAR JT (n=4) and TURK DC (n=4).

Origin countries and institutions

United States (Table 4) published the largest number of articles on the list (n=51), followed by England (n=22) and Canada (n=16). Re-

Rank	Country or Origin	No. of Articles
1	USA	51
2	England	22
3	Canada	16
4	Netherlands	14
5	Australia	11
6	Germany	8
7	Sweden	8
8	Finland	5
9	France	5
10	Scotland	5
11	Switzerland	4
12	Denmark	3
13	Italy	3
14	Norway	3
15	Spain	3
16	Belgium	2
17	Israel	2
18	Nigeria	2
19	Peoples R China	2
20	Wales	2

Table 4. Country of Origin of the 100 Top-Cited Articles in low back pain

Table 5. Institution of Origin of the 100 Top-Cited Articles in low back pain

Rank	Institution	Articles			
1	Univ Washington	17			
2	Univ Toronto	6			
3	Duke Univ	5			
4	Johns Hopkins Univ	5			
5	Maastricht Univ	5			
6	Univ Manchester	5			
7	Univ Penn	5			
8	Univ Queensland	5			
9	Yale Univ	5			
10	Boston Univ	4			

 Table 6. Type of manuscripts for 100 top-cited articles in low back pain

Rank	Article type	Articles		
1	Article	63		
2	Review	35		
3	Proceedings Paper	5		
4	Editorial Material	2		

searchers from University of Washington (Tableauthored 17 of the top 100 articles while

University of Toronto published 6 of articles on the list.

Areas of study and publication type

Of the 100 most cited articles, 63 were original articles, 35 were review, 5 were proceedings paper and 2 were editorial materials (**Table 6**). The leading subspecialty (**Table 7**) were Neuroscience Neurology (n=54), Orthopedics (n=37) and General Internal Medicine (26). The top WOS categories were Clinical Neurology (n=52), Orthopedics (n=37) and Medicine General Internal (n=26).

Discussion

Low back pain care was evolved due to the ideas and researches from multiple subspecialties. Landmark contributions helped to shape modern treatment protocols thus the recognition of these work was helpful for investigators to understand and design future research. For example, in 1987, a new treatment for low back pain indicated that the patients benefits from the controlled activity, not the prolonged bed rest [29]. Both types of articles, that is, clinical research and basic science study, have contributed to the field of low back pain research. Original clinical studies reported the procedures and outcomes of an intervention and basic studies provide necessary ideas and tools needed in other investigations. Article of high quality naturally received more attention and thus received more citations and advanced the field of low back pain research. To our knowledge, this is the first report of the top cited articles in the field of low back pain research.

The present study demonstrated that Spine (n=26; IF=2.297) is the most productive journal on the list. Journals like New England Journal of Medicine (n=7; IF=55.837) and The Lancet (n=3; IF=45.217) with extremely high IF only publish 10 articles in total. Furthermore, the 3 most cited articles were published in a relative-ly low IF journal (Pain, Arthritis and Rheumatism). This indicated that there was a growing trend in publishing highly cited articles in specialty journals compared journals with high IF. This revealed that authors may not be motivated only by the IF when submitting their manuscripts, they may considered other factors such as topical interest, the journal's interest [11,

Table	Table 7. Ranking articles of subspecially					
Rank	Subspecialty	Articles				
1	Neurosciences Neurology	54	0.54			
2	Orthopedics	37	0.37			
3	General Internal Medicine	26	0.26			
4	Anesthesiology	17	0.17			
5	Psychology	6	0.06			
6	Rehabilitation	4	0.04			
7	Public Environmental Occupational Health	3	0.03			
8	Rheumatology	3	0.03			
9	Sport Sciences	2	0.02			

 Table 7. Ranking articles of subspecialty

13, 16, 18]. There were 14 journals on the list in all and 40% articles on the list were published in Spine and Pain, which were of a particular subspecialty. Our research supported the application of a biblimetric concept called Bradford's law [30, 31]. The law revealed that the most researchers obtained their citations from some main journals in their field of expertise respectively and their citation frequency weakened when they deviated from these main journals. This tendency leaded to a large amount of citations from a few core journals. What's more, like many other citation analyses, most of the researches on the top 100 list were from the United States [12, 13, 32]. However, it is important to take multiple factors into consideration when evaluating the contribution of different journals. One of the factors is the frequency of publication since journals published more frequently will publish a greater number of articles and therefore received more citations. Another factor is the time that each journal takes in circulation. Articles have been in circulation for a longer time will have more opportunity to be cited.

Overall, it demonstrated that more than a half of the most cited articles in the field of low back pain focused on the Neurosciences Neurology. This can be an important indicator for the journal editors in selecting and evaluating scientific studies in the field of low back pain research. Thus, understanding the features of highly cited work may help young research to publish more effectively.

Limitations should be noted in this study. Firstly, we only searched a single electronic medical database, this might resulted in omission of articles published before 1994 since the SCI-E did not track citations prior to 1994. Regard of the prominent differences between different databases, our top cited list might be different if Google scholar or Pubmed were used. Moreover, although we tried to search all the relevant articles in the field of low back pain, it was impossible that all the relevant articles ever published were traced. General medical journals such asTheNewEnglandJournalofMedicine and The Lancet were included to avoid missing highly

cited articles. Finally, the intrinsic controversies of citation analysis were also involved. Some researchers opined that citation counts an article received were not necessarily a reflection of the quality of research, [5, 33] thus, the highly cited articles did not always mean they were of high quality. What's more, self-citation bias was not taken into account in our study. Similarly, author trended to cite articles from journals they hoped to submit their manuscript to thus journal bias was not to be neglected [34]. Finally, "the obliteration by incorporation" effect [35]was involved in older publications, which means the phenomenon that older articles were not cited with the same frequency as their researches became incorporated into the current body of knowledge [18]. In light of this effect, our analysis ranked the articles on the basis of total citation counts, not the citations received in the current year alone. Despite these limitations, citation analysis did provided a quantitative measure of the importance of article on its field. The top 100 cited articles recognized the landmark advanced and put an insight into the low back pain field.

Acknowledgements

No funding were declared. However, we would like to thank academic club SHEPHERD for polishing the language.

Disclosure of conflict of interest

None.

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