Tailbone Pain (coccydynia)

Overview

Coccydynia is tailbone pain at the bottom of the spine, an area called the coccyx. The pain can be caused by a fall, childbirth, excessive sitting, or, in rare cases, a tumor. Diagnosis often involves ruling out other conditions that cause pain near the coccyx. A coccyx injury may take weeks to months to heal. Most patients recover by sitting on a shaped cushion, physical therapy, and steroid joint injections.

What is coccydynia (tailbone pain)?

The coccyx, located at the base of the spine, is made up of 3 to 5 bony vertebrae. It attaches to the sacrum with strong ligaments and muscles (Fig. 1).

Pain in the coccyx ranges from mild to severe, depending on the extent and cause of injury. Acute pain occurs suddenly, and usually heals within several days to weeks. Chronic pain can feel dull and achy. It is caused by inflammation and persists for more than three months.

Other terms for coccydynia are coccygodynia, coccygeal pain, coccyx pain, and coccalgia.

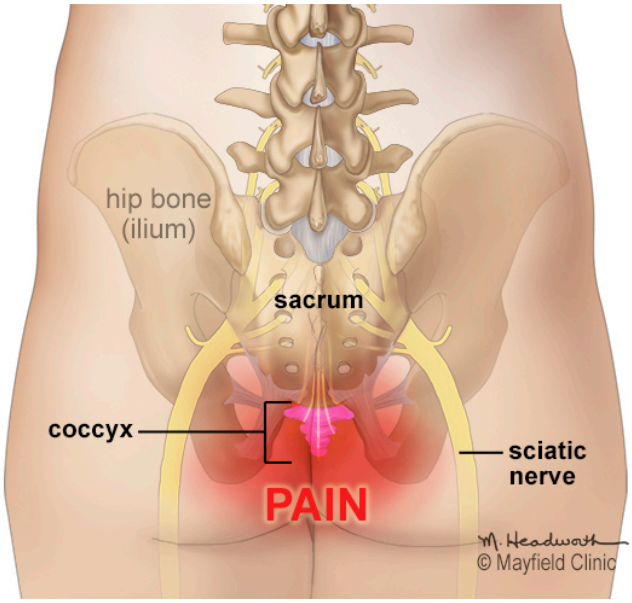

Figure 1. The coccyx bones are located below the sacrum and are connected by ligaments to the two sit bones (ischial tuberosities). Muscles of the pelvic floor attach to the coccyx. Pain is worse with sitting.

What are the symptoms?

The symptoms of coccydynia are persistent pain in the area of the tailbone between the buttocks. It can be especially painful when sitting. Some people have difficulty riding in a car. Pain may be felt all the time or worsen with activities that put pressure on the coccyx, such as bicycling or horseback riding. Pain also can be worse when moving from a sitting to standing position or vice versa.

What are the causes?

The coccyx can become injured by a sudden fall, childbirth, excessive flexing when sitting, a partial dislocation, or a bony spur. Obesity increases the risk of pain because it places more stress on the tailbone. Pain also can develop for no known reason. It occurs more frequently in women than men and can happen at any age.

How is a diagnosis made?

Evaluation includes a medical history and physical exam. Your physician will consider all the information you provide, including any history of injury, location of your pain, and problems standing or sitting. You may be asked to stand or move in different positions and point to where you feel pain.

Specific tests help determine whether the coccyx is the source of your pain. A rectal exam can help rule out the possibility of a cyst. Imaging studies, such as X-ray, CT, or MRI, may be ordered to help in the diagnosis and to check for problems higher up the spine. Other conditions that can mimic coccydynia include sciatica, shingles of the buttocks, sacroiliitis, or a fracture.

What treatments are available?

Nonsurgical: A shaped "comfort cushion" with a cutout under the coccyx is often a first line of treatment. If bowel movements increase pain, dietary changes (increased fiber) and stool softeners can be helpful. Some patients may require oral anti-inflammatory medications or topical patches, creams, or salves.

Physical therapy: A physical therapist can develop a stretching regimen to reduce muscle tightness around the coccyx. They can also perform mobilization techniques around the tailbone and pelvis to help reduce pain due to scarring or stiffness. Practice exercises at home to strengthen the coccyx and pelvic floor area (Fig. 2).

Joint injections: Steroids can reduce swelling and inflammation of the nerves. A joint injection is a minimally invasive procedure in which your doctor injects a corticosteroid and an analgesic-numbing agent into the painful joint (Fig. 3). Results tend to be temporary, but if injections are helpful, they can be repeated up to 3 times a year.

Nerve ablations: Injections into nerves are called blocks or, more specifically, ganglion impar blocks. Successful injections may indicate that you could benefit from radiofrequency ablation – a procedure that uses an electrical current to destroy the nerve fibers carrying pain signals in the joint.

Surgery: In rare cases, if nonsurgical treatments and injections do not provide pain relief, surgical removal of the coccyx may be recommended.

Recovery & prevention

You can protect the tailbone area by adopting good posture, by avoiding long periods of sitting, and by avoiding or minimizing activities that cause pain. A positive attitude, regular activity, and a prompt return to work are important elements of recovery. If regular job duties cannot be performed initially, modified (light or restricted) duty may be prescribed for a limited time.

Prevention is key to avoiding recurrence:

- Good posture during sitting, standing, moving
- Regular exercise with stretching / strengthening
- Proper equipment and procedures if engaging in contact sports
- Seatbelt usage when traveling
- An ergonomic work area
- Good nutrition, healthy weight, lean body mass
- Stress management and relaxation techniques
- No smoking

Sources & links

If you have questions, contact the Mayfield Brain & Spine at 800-325-7787 or 513-221-1100.

Links

www.spine-health.com
www.spineuniverse.com

Figure 2. Coccyx and pelvic floor exercises:

TA Contraction
15 repetitions, 5-10 second hold, 3x per day
Lie on your back with both knees bent. "Zip" your abdominal muscles while bringing your belly button down towards your spine. Do not hold your breath.

Kegel Exercises
15 repetitions, 2-4 second hold, 3x per day
Squeeze your pelvic floor muscles as though you are trying to stop the flow of urine. Squeeze and lift the pelvic floor muscles.

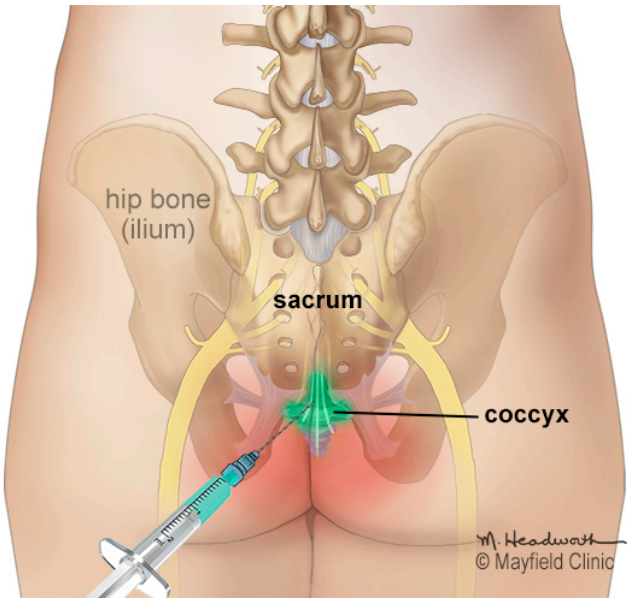

Figure 3. Using X-ray fluoroscopy, a needle is gently guided into the joint between the sacrum and coccyx. An anesthetic and corticosteroid mixture (green) is injected into the inflamed joint.

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