



INTERNAL MANUAL COCCYGEAL MANIPULATION FOLLOWED BY TARGETED PELVIC REHABILITATION IN PATIENTS WITH CHRONIC COCCYDYNIA: A CASE SERIES

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Introduction / Aim:

Coccydynia is a disabling condition characterized by pain in the coccygeal region, often affecting **sitting tolerance**, mobility, and daily activities. Chronic cases may remain resistant to conventional conservative management. This case series aimed to evaluate the clinical outcomes of **internal manual coccygeal manipulation** followed by **targeted pelvic rehabilitation** in patients with chronic coccydynia across different coccygeal mobility patterns and Postacchini classifications.

Methods:

A case series involving **10 patients** aged 23–65 years with chronic coccydynia was conducted in an independent physiotherapy clinical setting. **Clinical assessment** and **dynamic radiographic** evaluation were used to identify coccygeal dysfunction and **classify patients according to Postacchini classification**. Patients underwent internal manual coccygeal manipulation over **5–6 sessions** aimed at improving coccygeal alignment, mobility, and pain reduction. This was followed by individualized pelvic rehabilitation for four weeks including pelvic floor activation, gluteal strengthening, pelvic tilts, clamshell exercises, hip stabilization exercises, stretching, ergonomic correction, coccyx cushion education, and structured home exercise programs. Follow-up dynamic radiographic reassessment was performed after one month, and additional manipulation sessions (2–3 sessions) were provided when clinically indicated based on persistent dysfunction or residual mobility restriction. Outcome measures included pain intensity using Visual Analogue Scale (VAS), sitting tolerance, and functional improvement.

Results:

Most patients demonstrated meaningful reduction in pain and improvement in sitting tolerance following the combined intervention protocol. Functional improvement was observed in prolonged sitting, transitional movements, and daily activities. Patients presenting with pelvic asymmetry and muscular imbalance additionally showed improvement in postural stability and functional control during rehabilitation.

Conclusion:

Internal manual coccygeal manipulation combined with targeted pelvic rehabilitation may provide effective symptomatic and functional improvement in patients with chronic coccydynia. Follow-up radiographic reassessment and staged intervention may further support long-term functional recovery in selected patients. This physiotherapy-based conservative approach may serve as a valuable management option for coccygeal pain and dysfunction.

Keywords:

Coccydynia, Internal Manipulation, Pelvic Rehabilitation, Postacchini Classification, Manual Therapy

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