

Osteopathic manipulative treatment in chronic coccydynia: a miofascial prospective

Daniele Origo DO, PT

Istituto Osteopatia Milano (SOMA) Viale Sarca 336, 20126 Milan

Phone: +39 3484044784 email: danieleorigo@soma-osteopatia.it

Background. Coccydynia is a pain–discomfort all around the bottom end of the spine.

Coccygectomy represents an option for treating coccydynia if conservative therapy was ineffective.

Purpose. To analyse the effect of osteopathic manipulative treatment (OMT) on coccydynia. To assess, in secondary outcome, the radicular pain associated with coccydynia. To compare OMT and/or physical therapy/ pharmacological treatment.

Methods. Fifty subject (age 39,94±15,34 BMI 21,22±3,15) complained of chronic coccydynia, twenty-seven of which had radicular pain. Patients were assessed three times: before and after physical therapy or pharmacological treatment, after OMT. Patients were treated with drugs or physical therapy during the first three months and then referred by physicians for receiving three session of OMT over a period of five weeks. Each OMT session consisted mainly of spine mobilization, myofascial technique on the pelvic floor, hypogastric and suboccipital region; finally the treatment included intra-rectal manipulation. Before starting OMT every subject was asked to report the level of pain and their disability before commencing treatment by using medications and exercises. That involved the use of a visual analogue scale (VAS 0-10 cm) and the Oswestry Low Back Pain Disability Questionnaire (OLBPDQ). Moreover, at the beginning and at the end of OMT every subject was asked to rate their pain and to answer the OLBPDQ for the assessment of disability.

Results. Wilcoxon tests were used to compare data. Before starting OMT treatment subjects showed a stable condition of pain related to coccydynia (median VAS values from 7.1 to 6.5 p=0.06) and a slight but significant reduction of disability (median OLBPDQ values from 17.7 to 14.5 p=0.17) after pharmacological and exercise therapy. After the three sessions of OMT, all subjects gained a successful and significant reduction of pain (median VAS values from 6.5 to 1.2, p=0,00) and demonstrated a higher tangible reduction of disability ((median OLBPDQ values from 14.5 to 2.5 , p=0.00).

Discussion. These multiple case series show that OMT elicits greater benefit in pain relief and disability reduction in subjects complaining of coccydynia associated with or without radicular pain, even several months since the onset of symptoms.