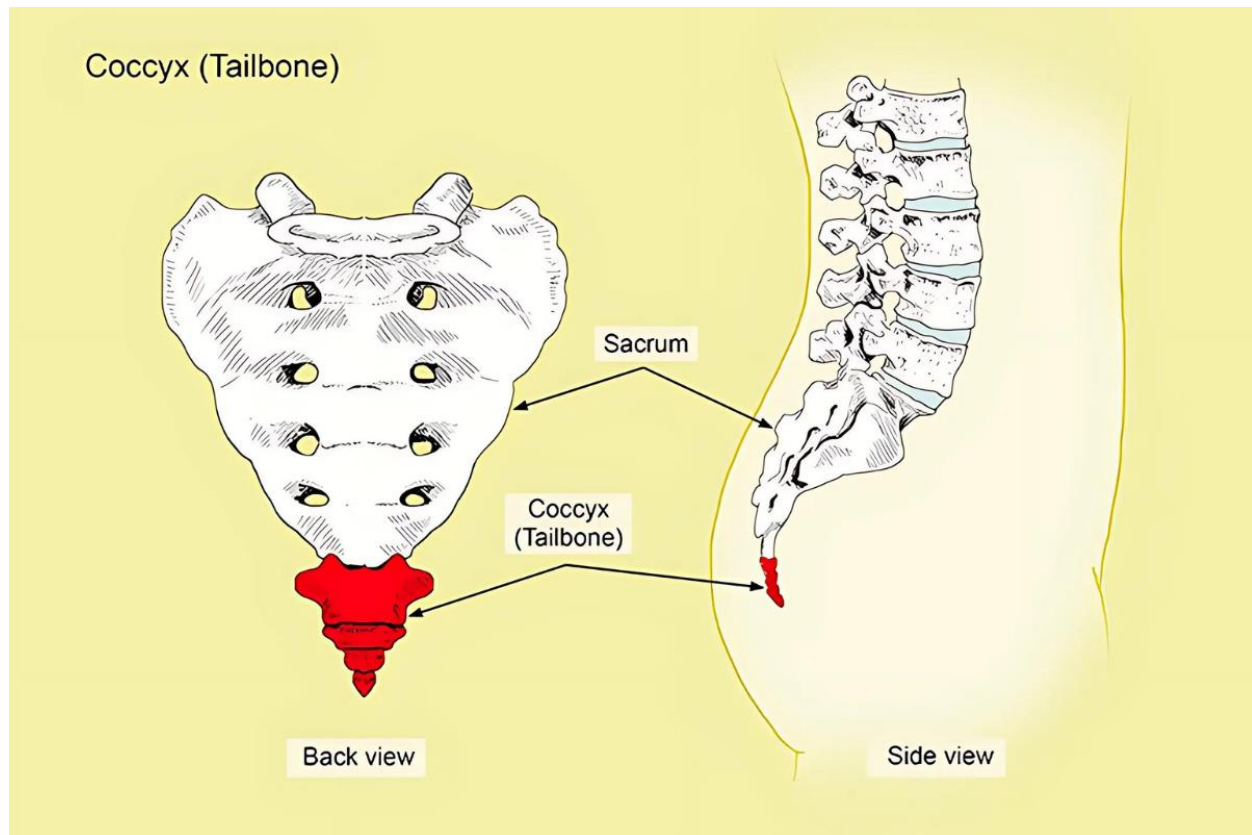


Coccyx Pain: Top Causes, Symptoms, and Best Treatment Solutions



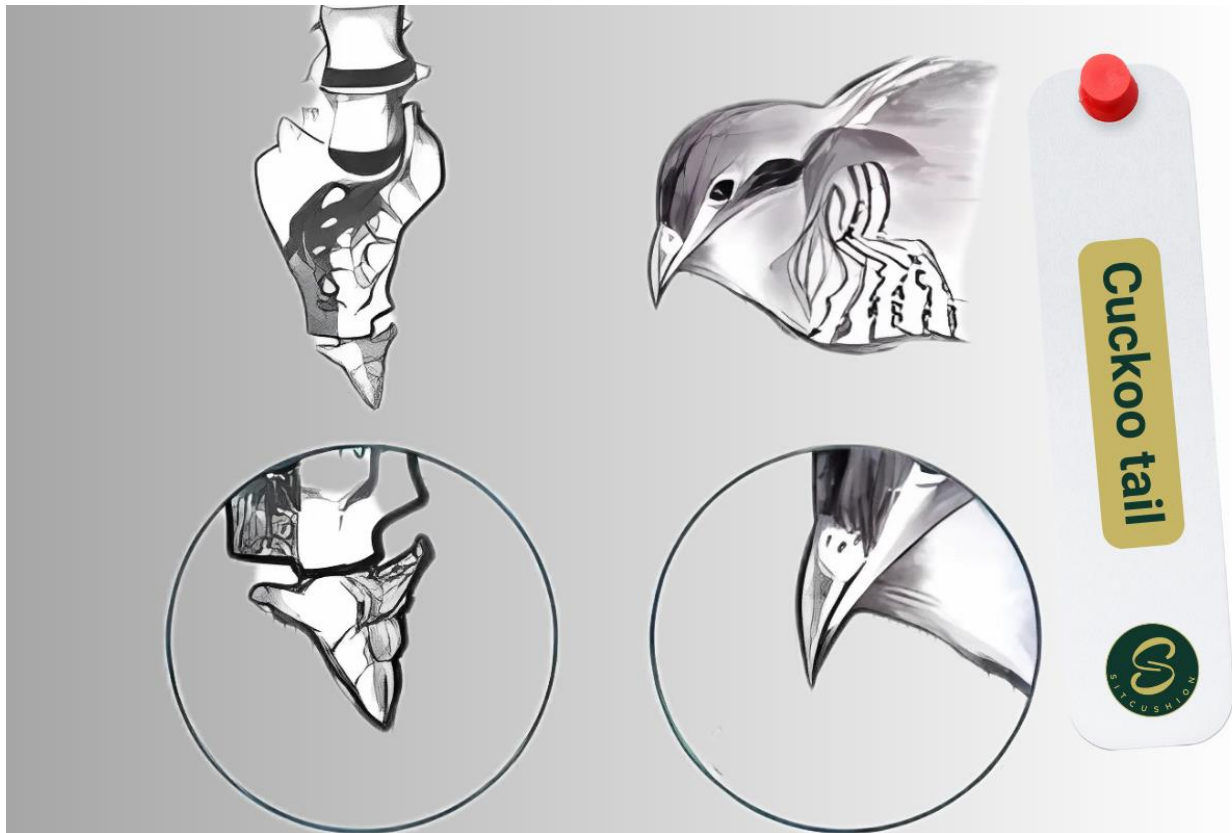
Coccyx Anatomy

Contrary to popular belief, the coccyx plays a role in maintaining spinal balance, and the muscles of the pelvic floor and surrounding areas require this bone for optimal function. The name of this bone is derived from the Greek word “kokkyx,” meaning “Cuckoo tail,” due to its resemblance to a cuckoo bird’s beak.

The coccyx is the lowest part of the spine. It is a vestigial tail or genetic remnant (which is why it’s called the “tailbone”) and consists of three to five very small vertebrae that can be fused together or remain separate.

It was once believed that the bones of the coccyx were always fused, with no movement between them. However, we now know that the coccyx is not a single piece of bone; it often consists of several separate vertebrae that can move slightly thanks to the ligaments and fibrous joints that connect them.

The coccyx is attached to the sacrum via a joint containing a vestigial disc and several ligaments. Movement at the joint between the coccyx and the sacrum is very limited.



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Signs and Symptoms

Sometimes coccyx irritation is the main cause of sciatica or lower back pain, and due to a lack of attention, the patient may be treated for back pain for a long time, even though the actual cause is the coccyx.

Symptoms of coccyx pain may include one or more of the following:

- Pain that worsens significantly when sitting.
- Coccyx pain that intensifies when touched or when pressure is applied to it.
- Pain that worsens when transitioning from a sitting to a standing position.
- Pain that is aggravated by constipation and improves after a bowel movement.

Usually, a combination of treatments that reduce pain and modify activities to avoid pressure on the coccyx is sufficient for managing or relieving the pain. In very rare cases, surgery to remove the coccyx is recommended. However, this surgery (coccygectomy) is only performed when the pain is severe and after at least a few months of non-surgical treatments and activity modifications have failed to relieve the pain.

In this article, the causes, diagnosis, and both non-surgical and surgical treatment options will be thoroughly discussed.

Causes

The exact source of coccyx pain is not always clear. In many cases, the cause is unknown (referred to as idiopathic coccydynia), and the symptoms are managed in such cases.

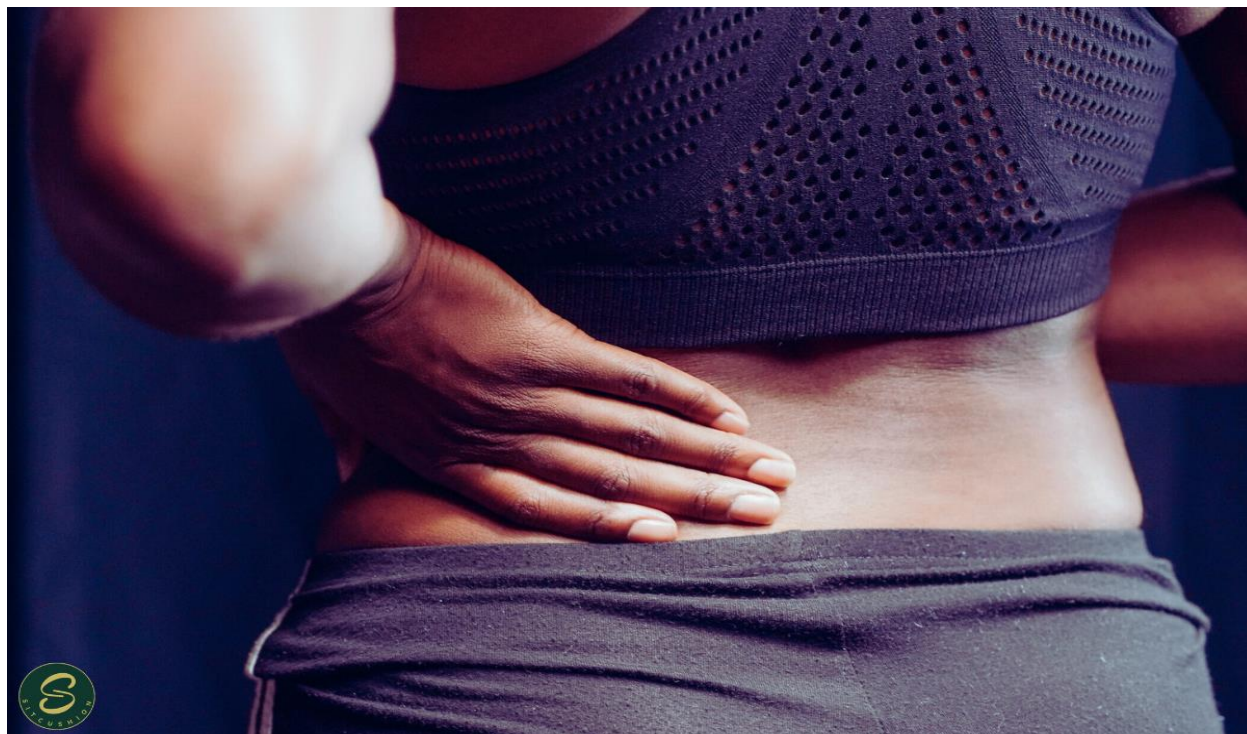
Generally, if the coccyx is injured or excessive pressure causes its bones to move beyond their natural, very limited range of motion, localized pain and inflammation will occur. Damage to the ligaments or vestigial disc can also be a cause of pain. Additionally, in rare cases, fractures of the coccyx bones, infections, or tumors in the coccyx can lead to pain.

Underlying Causes

In general, diagnosing coccyx pain typically points to one of the following underlying causes:

- **Local trauma:** Falling on the coccyx can inflame ligaments or damage the coccyx or its connection to the sacrum. This is the most common cause of coccyx pain.
- **Childbirth:** During labor, the baby's head passes over the coccyx, and the pressure applied can sometimes cause damage to the coccyx's components (disc, ligaments, and bones).
- **Pressure:** Some activities that put prolonged pressure on the coccyx, such as horseback riding or sitting for long periods on a hard surface, can trigger coccyx pain. While these factors don't usually cause chronic pain, if inflammation and symptoms are not controlled, the pain may become chronic.
- **Tumor or infection:** In rare cases, coccyx pain results from a tumor or infection in the coccyx, which puts pressure on it.

For more insights on lower back pain and its causes, read our article: [Comprehensive Guide to Lower Back Pain: Causes on Left and Right Side & Treatment Options](#).





Diagnosis

The doctor will diagnose coccyx pain by taking a complete medical history and conducting a physical exam. Diagnostic tests such as X-rays and MRIs are often used to rule out other causes of pain.

Physical Exam

A comprehensive physical exam for coccyx pain includes:

- Examining the pelvis and rectum to check for masses or tumors that could be causing pain.
- Palpating the coccyx to assess tenderness.

The most significant finding is usually localized tenderness when the coccyx is touched. If the coccyx is not sensitive to touch, the pain may be due to another structural issue, such as a lumbar-sacral disc herniation or degenerative disc disease.

Diagnostic Tests

- **X-rays** of the sacrum and coccyx to rule out a visible fracture or a large tumor as the cause of discomfort.
- **MRI scans** to rule out infection or spinal tumors as the source of pain.

Since bone scans and CT scans provide limited information, they are generally not used. Most imaging test results will be negative.

Learn more about diagnosing spine-related conditions in our Knowledge Center.





Treatment Options

The best methods for treating coccyx pain and relieving discomfort include:

Typically, treatments for coccyx pain are local and non-invasive. Initial treatments include:

- Prescription of nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, naproxen, and COX-2 inhibitors, to reduce inflammation around the coccyx, which is usually the source of pain.
- Applying ice or a cold pack to the painful area several times a day during the first few days of pain onset.
- Using heat or a warm pack on the painful area after the first few days.
- Avoiding prolonged sitting or applying pressure to the painful area as much as possible. Consider using a supportive cushion like our **Seat Cushion** to alleviate pain while sitting.
- Using a cushion to prevent pressure on the coccyx while sitting. Some people find ring-shaped cushions helpful, while others prefer V- or U-shaped foam cushions that leave the coccyx free from contact. Any cushion or seating arrangement that prevents pressure on the coccyx is ideal.

If constipation or bowel movements worsen the pain, the patient may be advised to use stool softeners and increase fiber and water intake.

For more detailed articles and expert insights, visit our Knowledge Center.





Other Non-Surgical Treatments

If the pain is chronic or severe, additional non-surgical options include:

- **Injections:** Injecting a local anesthetic (lidocaine) and steroid (to reduce inflammation) can alleviate symptoms. This should be done under fluoroscopy or ultrasound guidance. The relief can last from a week to several years, but no more than three injections should be given in a year.
- **Manual manipulation:** Some patients experience relief through manual manipulation techniques (such as MEIN manual therapies performed by physical medicine specialists and chiropractic methods).
- **Stretching:** Gentle stretching of the ligaments attached to the coccyx can be beneficial. A physiotherapist, chiropractor, physical medicine and rehabilitation specialist, or other trained healthcare professionals can guide patients in proper stretching exercises.
- **Ultrasound:** Ultrasound therapy can also help relieve pain.

If, after examination, X-rays, and an MRI, the doctor determines that an infection or tumor is not the cause of coccyx pain, long-term non-surgical treatment for pain relief and activity modification is a reasonable option.

Once the pain subsides enough that movement is not overly painful, engaging in daily light aerobic activities can be helpful. Aerobic exercise increases blood flow, bringing healing nutrients to the painful area and activating the body's natural healing capabilities. Another benefit of aerobic exercise is the release of endorphins, which are the body's natural pain relievers.

Discover more about effective pain relief techniques in our article: [8 Expert-Approved Techniques to Ease Tailbone Pain](#).

Also use our specially designed **Seat Cushion** can help reduce pressure on the coccyx, making sitting more comfortable.

Surgery

For patients with persistent pain that is not relieved or well-controlled through non-surgical treatments and activity modification, one treatment option is the surgical removal of part or all of the coccyx. Surgery is only recommended when initial treatments fail, and over 90% of cases are resolved without surgery.

This surgery is rarely performed, and its technique is not even included in many spine surgery textbooks. Although the surgery itself is relatively simple, recovery can be a long and uncomfortable process for the patient.