

Short Question:

Specific Question:

In adults with coccydynia is physiotherapy more effective in reducing pain than usual care?

Clinical bottom line

There is a lack of high quality evidence to answer whether physiotherapy is more effective in reducing coccyx pain in adults with coccydynia than in usual care. Low quality RCTs with small numbers of patients have shown that intrarectal coccygeal manipulation is more effective than electrotherapy modalities of TENS, ultrasound and shortwave diathermy.

Why is this important?

Coccydynia is a disabling condition for patients. It can be difficult to treat effectively. Patients tend to have on going pain and difficulty or the inability to sit. It can affect their ability to work if in a sitting job.

Inclusion Criteria

	Description	Search terms
Population and Setting	Adults, community or physiotherapy setting	Community or secondary care settings Primary care Adults with coccydynia Coccygeal pain Coccyx pain Sacrococcygeal pain Tailbone pain
Intervention or Exposure (i.e. what is being tested)	Physiotherapy	Physiotherapy, manual therapy, physical therapy, acupuncture, massage, exercises, stretches, posture, electrotherapy, ultrasound, short wave therapy, megapulse, pulsed electromagnetic energy, core strengthening, spinal stretching, soft tissue release, soft tissue mobilisation, Ice, heat

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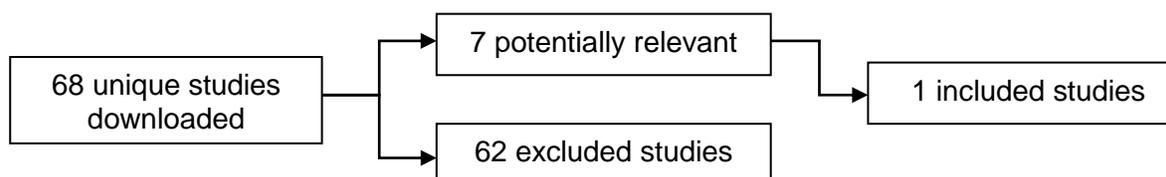
Date CAT completed: February 2015
Date CAT to be reviewed:

Comparison, if any	Usual care	Usual care GP care No treatment non-steroidal anti-inflammatory drugs, analgesia, advice, coccyx seat cushion, coccyx cushion, therapeutic sitting cushion
Outcomes of interest	Pain, function, sitting duration, Quality of life, time off work	Pain, function, sitting duration, Quality of life, time off work
Types of studies	SR & RCTs only	

Search time frame 2012- 2002

Databases Searched	Date of last search	No. downloaded
Clinical Evidence	June 2013	
The Cochrane Library		
Medline		
Cinahl		
Embase		
PsycInfo		
AMED		
PEDro		
Web of Science		
Sports Discuss		
Web of Knowledge		
Total		69

Results



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First Author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments
Howard, 2013 Systematic Review	<p>Adults with a primary diagnosis of coccydynia in any setting</p> <p>3 RCTs</p> <p>1) 2 groups of 51 patients</p> <p>2) 53 patients randomised into two groups.</p> <p>3) 36 patients 2 groups</p>	<p>Comparing intrarectal coccygeal manipulation (3 sessions of 5 minutes over a 10 day period) with low dose shortwave therapy</p> <p>2) Maignes manipulative technique (3 times a week for eight weeks) compared with shortwave diathermy</p> <p>3) Compared addition of intrarectal manipulation (carried out over 10 consecutive days) with therapeutic ultrasound and high frequency TENS alone.</p>	<p>1) Intrarectal manipulation was not statistically significant at 1 month or at 6 months for reducing pain for chronic coccydynia (>2months duration) and more successful for post-traumatic aetiology, a stable coccyx, and shorter duration of symptoms.</p> <p>2) Intrarectal manipulation was more effective for reducing pain at 12 weeks than shortwave diathermy</p> <p>3) Statistically significant reduction in coccyx pain with the addition of manipulation</p>	<p>Strengths: Covered all conservative managements of coccydynia</p> <p>Weaknesses: limited to articles in English</p> <p>small sample sizes</p> <p>heterogeneity of the outcome measures used- difficult for comparison</p> <p>In general, there was a lack of functional outcomes utilized</p> <p>lack of a standardized method for making the diagnosis of coccydynia.</p>

Summary

This systematic review revealed only a small number of low quality studies supporting manual therapy interventions for coccydynia. The generalisability of the limited evidence is limited due to small sample sizes and use of internal manual therapy and intrarectal massage techniques that are not usually performed in primary care physiotherapy in the UK.

Conclusions

There is limited, low quality evidence supporting the use of manual therapy in treatment of coccydynia. There is a lack of evidence for exercises for coccydynia. Further high quality RCTs are needed in this area.

References for included studies

Howard PD, Dolan AN, Falco AN, Holland BM, Wilkinson CF, Zink AM, 2013 A comparison of conservative interventions and their effectiveness for coccydynia: a systematic review. J Man Manip Therapy 2013 Nov;21(4):213-9