

# “Fractured” or “Dislocated” Tailbone

By Dr. Chris Kemper, Author Tailbone Pain 911  
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**Has your doctor told you that your tailbone was fractured?** If so, you can be sure that there is something abnormal with it. Yet, you will be surprised to learn that a broken tailbone does not usually prevent you from finding relief. In fact, the “fractured” or “dislocated” tailbone diagnosis is very misleading and is usually incorrect.

**How can this be?** After all, you know that the time you landed on your buttock was when your problems began, right? You saw the x-ray that clearly showed that the tailbone was bent, buckled, broken, hooked or fractured. **So if your tailbone is not “broken” why has it given you so much pain?**

Your coccyx, in all likelihood, was not “broken or fractured” at all. It was probably dislocated and only appears broken. You ask, “Ok, **what is the difference between a tailbone fracture and a tailbone dislocation?**”

The answer is that there really isn’t any difference. Whether the tailbone is broken, dislocated or fractured what is important is that its natural motion is restored. Let me explain:

The tailbone, or coccyx, is comprised of 3 highly flexible segments connecting by cartilage, discs and flexible ligaments. This built in flexibility is why the tailbone serves as an excellent flexible anchor for the spinal cord and the outer layer of the meninges (known as the “dura”). Once people learn that the tailbone serves this vital function they are relieved to know that there really is an explanation for the terrible pain that they have endured. This fact is so little known that even physicians have to dig back deep into their medical school archives (Neuroanatomy 101) to recall that the spinal cord and the dura indeed anchor to the tailbone...Wow! It is no wonder tailbone injuries usually go undiagnosed, and as a result, rank among the major contributors to chronic back and leg pain as well as disc and nerve problems for so many people.



The bottom line is that the coccyx is an extremely important part of both the spine and the pelvis. It stabilizes your posture and enables your spinal column, discs and nerves to remain flexible your entire life. The coccyx also helps connect the pelvis right to left and front to back. Lastly, a healthy flexible tailbone is directly responsible for a women’s ability to deliver her baby vaginally.

Regardless of how your coccyx was injured, it is irrelevant to debate whether it was fractured, dislocated or broken. What matters is that it be brought back into full, pain-free motion so that each of its important functions can return to normal. The good news is that there is treatment that can and usually does correct coccygeal function.

You have probably been diagnosed with a “fractured or broken tailbone”. Or possibly, you have been told you have arthritis in your coccyx. Okay, so what? If you broke or dislocated your **finger**, what would your doctor do? Would he or she just ignore it and not provide treatment? Would you accept a permanent diagnosis like “nothing can be done”? Or, how about, “you are just going to have to learn to live with that finger”? Or, “we can surgically remove it if it bothers you that much”.

In short, diagnosing a dislocated tailbone as “permanent” makes about as much sense as diagnosing a dislocated finger as “permanent”. Remember, if you dislocated your finger it would be corrected, not ignored and given a permanent name like “dislocated finger” syndrome. The doctor would recommend that you ice it, support it, and gradually begin to massage it. Then you or your physical therapist would have to start flexing each of the joints of the finger back and forth until it regained as much of its natural motion as possible. Every effort would be made to restore the finger so that the fewest problems would result later on. Surgical removal and “just living with it” would be a very last resort. Are you beginning to see why there is hope for you and your tailbone? The Kemper-Wooley procedure rehabilitates the coccyx back to normal as much as possible.

**So why is there so much confusion about how to treat a broken tailbone? Why does a coccygeal “fracture” carry such a hopeless prognosis? Why isn’t there a standard and effective treatment to restore the fractured, broken or dislocated tailbone back into normal pain-free function?** There is! Drs. Kemper and Wooley have developed a treatment protocol that reliably and safely restores function to the fractured, broken or dislocated tailbone. Such injuries are called the “SacroCoccygeal Syndrome”. This term was coined to describe the set of joint, muscle and nerve symptoms that can accompany tailbone injuries. In most cases, 1-6 treatments of the tailbone, along with pelvic alignment and exercise, is all that is needed to provide a cure or significant improvement for the many symptoms that inevitably result from loss of normal coccygeal function. Results vary with the length of time the coccyx has been unable to move normally.



**Why aren’t more doctors familiar with SacroCoccygeal Syndrome and how to treat it?** The answer is that physicians, chiropractors and therapists are not required to diagnose or treat coccyx injuries as a requirement for graduation into practice. As a result doctors are not familiar with coccygeal function or dysfunction nor have they gone through the learning curve to develop necessary diagnostic and treatment skills. As a result, untreated tailbone injuries are epidemic. Imagine going to some town that has never had a dentist. How many cavities and other dental problems do you suppose you would find?

In addition to a lack of diagnostic and treatment skills among physicians, their over reliance on X-ray studies has led to the presumptions by physicians that injured tailbones are “normal”. Again, if you went to that town where its residents never got to see a dentist, I suppose it would be “normal” to have a lot of toothless people. Lastly, an odd paradox is also responsible for the oversight and outright habit of ignoring fractured and dislocated tailbones. **Most physicians don’t read their own x-rays.** They rely heavily on the radiologist report. Of course, radiologists never perform physical examinations of patients for whom they read X-rays. The radiologist, and rightly so, expects the examining physician to provide proper treatment based on physical findings, keeping the



X-ray findings in mind. The irony is, when it comes to fractured or dislocated tailbones, the physician usually depends on the radiologist to diagnose the injury. When the physician get the radiologist’s report back, which says “fractured coccyx with degenerative arthritis” the family doctor says, “Well, there you have it. You have a dislocated tailbone”. Sound familiar?

## X-Ray

Herein lies the problem. Since most physicians usually do not physically

test the motion of the coccyx, they are not familiar with normal verses abnormal tailbone function.

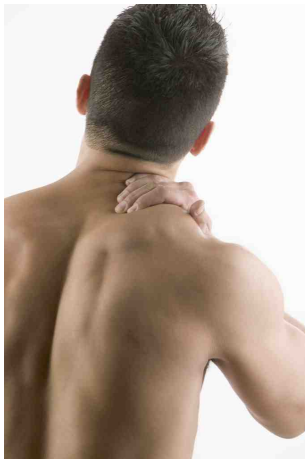
The truth is that the tailbone is a lot like a finger. It has 3 joints (rarely a coccyx will have 2 or 4 joints) and normally has 50 to 120 degrees of natural motion. Any obstetrician will tell you that the normal tailbone must extend out of the way of the baby during the second stage of labor. He or she will also tell you that if the tailbone was broken, fractured, dislocated or otherwise restricted from its full natural range of motion, the baby is much less likely to pass successfully through the birth canal. This will make delivery long, painful or impossible. **Do you think that the 28% C-section rate may have something to do with the fact that approximately 30% of all patients I have examined have histories of broken or dislocated tailbones?**

## **Dr. Kemper- uniquely qualified to diagnose and treat the SacroCoccygeal Syndrome**

By  
Kristi Kemper, R.N.

For nearly 22 of his 29 years of practice Dr. Kemper has routinely evaluated his patient's tailbones. He has evaluated thousands of people, of all ages, with the SacroCoccygeal Syndrome. Over the years he amassed experience and knowledge about how the normal and the "broken or fractured" tailbone functions. Back in the 80s, after Dr. Kemper evaluated his first several hundred patients with tailbone injuries, it became clear that the coccyx was one of the most flexible vertebrae of the spine. After thousands of evaluations, it became a fact that tailbones are naturally supple and spring-like until injured. Drs. Kemper and Wooley discovered that pain-free flexibility of the lower back, pelvis, hips and hamstrings could be regained, in most cases, **if** the tailbone could be freed back into motion. Over the years the two doctors developed a proprietary treatment protocol that is uniquely effective, long lasting and safe. They documented that with proper pelvic alignment and exercise, tailbones were usually resilient and did not need to be removed surgically. Dr. Kemper's group rarely saw a case where surgery was needed. This fact was true even when the tailbone had been fractured or dislocated. Across the professions, a wide variety of other types of treatment were available, but none were more effective. Also, none of the other treatments took into consideration how the tailbone functioned within the pelvis or the important role the coccyx plays both orthopedically and neurologically.

The term SacroCoccygeal Syndrome or "S/C" Syndrome was coined to describe the many nerve, muscle and joint symptoms created in the pelvis and spine when the tailbone didn't function properly. The fact that the true function of the tailbone was not fully appreciated until now explains why, to this day, the coccyx is considered to be an unnecessary "orthopedic appendix" by most physicians unfamiliar with its function. However, Drs Wooley and Kemper have proven clinically that, unlike the appendix of the bowel, the tailbone is a vital component of the spine. Their clinical trials have provided evidence of how an injured tailbone causes an abnormal "pull" or "tension" on the spinal cord. This abnormal tension (dural tension) also weakens the pelvic floor muscles. This can cause direct problems such as chronic back, hip, pelvis and leg pain. It can also cause secondary problems in the bowel such as hemorrhoids, IBS or constipation. Other secondary symptoms have been reported such as the following: inability to deliver vaginally; painful or unfulfilling sexual function; reduced circulation to the prostate; piriformis syndrome; and inability to respond to other therapies.



Regardless of whether the tailbone is fractured, dislocated or just restricted from moving normally, weakness of the pelvic and thigh muscles nearly always occurs. To be brief, injured tailbones typically irritate nerve roots (aseptic or mechanical

meningitis), weaken pelvic muscles and reduce spine flexibility. Each of these factors is taken into consideration in the Kemper-Wooley diagnosis and treatment protocol. Clinical evidence of how the coccyx can be restored to normal function, and how the complications it causes can be reversed, is also well documented. Although the doctors have conducted research aimed at raising awareness of their successful treatment for the tailbone, it is only now in 2007 that more tailbone research is being designed and training courses are being offered at chiropractic universities (Palmer College of Chiropractic, October 2007). This explains why few doctors are yet familiar with the SacroCoccygeal “S/C” Syndrome or the Wooley-Kemper protocol.

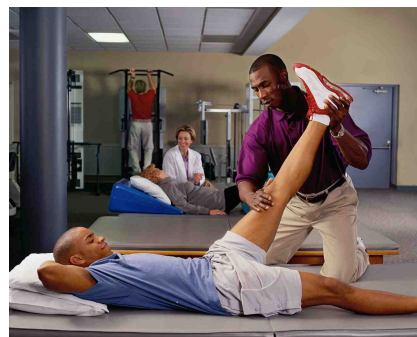
The bottom line is that presently doctors are not formally trained in diagnosis and treatment of the syndrome. They are only trained to provide therapy or surgery. Chiropractors have the best education inasmuch as they are taught to manipulate the spine but not the coccyx. If the coccyx is manipulated it is usually treated with an external contact, rather than the necessary internal one. External manipulation is sometimes, but not usually, effective because it cannot unbuckle the tailbone when it is dislocated or broken forwards or upwards. The Kemper-Wooley protocol specifically restores coccygeal motion necessary for proper and healthy spinal cord and meningeal dampening (shock absorber with spinal cord and nerve root centering function). When this function is restored spinal flexibility and thigh strength is usually rapidly regained.

For these reasons, the reader is cautioned to not try surgery until you have tried the statistically safer, less expensive and more successful treatment that is available. Call the clinic at 530-895-9355 or log on to [www.KemperSpineCenter.com](http://www.KemperSpineCenter.com) for more information.

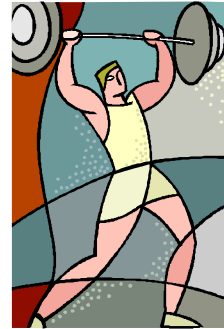
**How do you find out if your painful broken or dislocated tailbone can be treated successfully?** For simplicity I have listed 9 factors that you need to know. There are 3 key physical examination findings, 3 key X-ray findings and 3 main symptoms that are most indicative of the need for treatment:

**Physical findings:**

1. **Range of motion:** An experienced physician must physically and firmly attempt to move the coccyx back and forth to assess how much motion is present. The tailbone functions like a heavy spring. For this reason, it takes a good deal of pressure to determine if and to what degree the coccyx can move. Caution: only an experienced physician can insure a proper examination, while not irritating or otherwise harming the rectal lining.



2. **Weakness:** In approximately 90% of dislocated, broken, restricted or fractured tailbones a severe weakness will be present in the thigh(s). Most people will be unaware that the weakness is so severe. The internal or external thigh rotator muscles are most often affected. The hamstring is occasionally affected. The weakness ranges from 20-80%.
3. **Reduced spine and/or thigh flexibility:** Many patients with fractured or broken tailbones will not be able to freely touch the floor when they stand with their feet together and with their knees locked. While bending over, look at the distance between your chest and your knees. If it is greater than 6-8 inches the probability is that your lower back is chronically tight due to tension created on the spinal cord and meninges by the restricted coccyx.



#### **X-ray findings:**

1. A bent, hooked, displaced, misaligned, irregular, fractured, broken or otherwise injured appearance suggests that the tailbone may have lost its natural motion.
2. Deterioration, degeneration, arthritis or fusion of one or more of the coccygeal joints.
3. **Absence of** dislocation, fracture or arthritis does NOT mean that the coccygeal range of motion is normal. Only physical examination by a qualified physician can determine if the coccyx is functioning abnormally. In other words, you can have the symptoms of the SacroCoccygeal Syndrome even if your tailbone X-ray looks normal. You need not have broken, fractured or dislocated your coccyx to have lost the spring-like function that keeps you pain free. This fact is most responsible for tailbone injuries going undiagnosed.



Above right: **Normal looking Tailbone with severely limited motion.**

Once motion was restored by 3 treatments the patient reported improved spinal flexibility and recovery from back and leg pain.

#### **Symptoms caused by restricted tailbone motion:**

1. Pain anywhere around the tailbone, hips, pelvis or lower back. Many coccygeal fractures or dislocations that impair the natural motion of the tailbone don't cause pain directly at the tailbone, at least at first. Instead, the mechanical and neurologic problems caused by the dysfunctional tailbone, usually refer up, down or away from the tip of the spine.

Symptoms continued...

2. Inability to stand still or sit for long.
3. A feeling of tension in the legs or back (usually misdiagnosed as sciatica, piriformis syndrome, chronic tension, chronic pelvic pain, restless leg syndrome, inadequate pelvimetry and many other conditions) resultant from the mechanical and neurologic irritation and dysfunction unique to coccygeal injuries.

## Summary

The point is that the tailbone must be fully evaluated for impaired range of motion if it is to be diagnosed and treated successfully. Normal coccyx range of motion is 50-70 degrees in men and 50-120 degrees in women. It is not important whether the tailbone was fractured or dislocated. What matters is that the coccyx is restored to full and optimal range of motion. Absent full natural range of motion, many problems usually develop immediately or over time. Of course, tailbone injuries can cause pain at or around the tailbone. However most tailbone injuries have other affects including but not limited to leg pain, back pain and stiffness, disc bulging and herniation, chronic pelvic pain, inability to deliver a baby vaginally, loss of the ability to freely touch your toes as well as other muscle, joint and nerve pain for which no other cause can be found.

The tailbone is an important part of your spine. If it is injured it may have lost its full flexibility. It makes sense to have it evaluated by an experienced physician.



All joints have a range of motion. When injured, all physicians agree that the joint(s) should be brought back into full and normal function. The fact that you have had one or more injuries to your tailbone, yet have never been tested, should make it no surprise that you are having unexplained problems now for which there is “no explanation”. There usually is an explanation and it is not that you are imagining it.

A safe and effective course of treatment is available. Most doctors are not yet aware of the SacroCoccygeal Syndrome or how best to treat it. This, with great probability, explains why you continue to suffer.

If you have pain that cannot be explained and you have not had your tailbone range of motion fully tested, fill out the screening tool on [www.KemperSpineCenter.com](http://www.KemperSpineCenter.com) and Dr. Kemper and his clinical team will review your history and symptoms to determine if you may be a good candidate for his evaluation and treatment.

Log on to [www.TailbonePain911.com](http://www.TailbonePain911.com) or [www.KemperSpineCenter.com](http://www.KemperSpineCenter.com) for more information.