Barral Institute Case Study Visceral Manipulation - Coccyx Pain Sarah Labrecque PT

Patient Age / Gender 40 yr. old female

Patient Symptoms

History: 3 yr. Hx of coccyx pain, following an MVA x 2, 1st in 8/08 then another 3/10. Pt is c/o pain in coccyx area 10/10 when sits, standing 3/10 to 9/10, can't walk at all due to coccyx and B foot pain also gets HA's and L sided neck and shoulder pain and some upper back pain near L scapula. Pt unable to do any housework or cook etc. She has tried internal coccyx manipulation, this did not help, has had epidural and steroid shots to spine and locally to coccyx, has tried PT, but nothing has helped and since 2nd accident has got a lot worse. Pt has 10 yr. old son. PMH Graves' Disease DH pain meds. O/E: posture scoliosis long standing, bony convex to L and some R trunk rotation. AROM L/sp flex fingers to mid shin pulls coccyx, ext. 10 deg. Sitting root test L knee -60deg ext. // pain. R full ext. Very sore to touch sacrum and coccyx, hypomobility of spine esp. lumbar and thoracic. In sitting coccyx does not move away from L and is hard for her to weight bear through L ishial tuberosity. GL: L fwd. bend and L side bend. LL L Ki stuck in expiration and lateral.

Evaluation / Treatment

Treatment treated coccyx in sitting used L leg to aide in releases. After able to get -15 knee ext with sitting root test. L Ki mobility worked on with pt sitting, positional release of coccyx. All diaphragm releases. Ki motility balancing. Tx 2. GL still L Ki area, LL: L ureter. Checked coccyx moving better, still tethered a little to L released again, coccyx, dural tube release pt sitting. Ki L ureter release and also ureter at bladder released. Sigmoid colon released. Anterior neck starting with coracoclavicular ligaments, coracoacromial ligaments and AC then subclavius and MCF releases. TX 3 obturator internus releases, sacral compressions, more coccyx work linking to rectum and creating a listening then release. Venous decongestion of lumbar area via Ki in side lying. Dural tube 3 position release from VM3 in prone. Tx4: Descending colon from Fascia of Toldt, L ovarian vein, L ki in sitting this has pull into coccyx and neck and after decreased coccyx pain and full knee ext. on L when sitting. Ischial tuberosity spread pt sitting. Vertebral artery stretches and some more anterior neck releases. TX 5: symptoms have eased able to sit 20 mins can walk 30 mins, not having the intense pain nearly as often. Listening still L Ki area. Motility balancing of Ki. Liver releases, working associated structures of kidneys, CST, Tx 6, plexi releases hypogastric, inferior hypogastric, sacral splanchnic and pelvic splanchnic linked to sacrum and organs also linked to frontal lobe. CST, motility of bladder, Ki's rectum. TX 7 can sit for 20 mins consistently now, standing to prepare food and able to resume some light housework, walking every day 30 mins has sometimes done more than this without pain above 4/10. Neck pain is about resolved. Checked some of exercises for core stabs and spinal ROM progressed them. Added in warrior poses from yoga. GE junction releases and Lv triangular ligaments released. Ovary balancing and releases and uterine sacral releases. Checked all uterine ligaments B. Tx 8 Coccyx pain has been a little more sore had to sit on hard chair at dr office. Positional release of coccyx, L ki release in sitting, MFR linking foot to sacrum then Ki area, listening to root of mesentery this released. All diaphragm releases.

Outcome

OUTCOME did a total of 10 treatments pt got to 20 mins sitting, walking up to an hour return of being able to do light housework, neck and shoulder pain resolved, coccyx pain still could be 10/10 on occasions if sits too long. Less bad days more better days pain less intense but not progressing patient further so referred back to physician, gave pt Dee's number and suggested she call and make an appointment as I felt I was missing something as often got listening to L Ki area. In addition to the mainly visceral work also did MET of pelvis and sacrum and spine.