

PAIN REDUCTION IN PATIENT WITH MULTIPLE SCLEROSIS AND COCCYDINIA USING NON-INVASIVE MOBILIZATION OF THE COCCYX AND WITH TRIGGER POINT THERAPY

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Background: Patients seen in the practice with coccydinia often have lateral flexion and rotation of the coccyx in relation to the sacrum which research shows trigger points in the pelvic musculature contribute to significantly. The patient is a 30 years old woman with primary progressive multiple sclerosis (MS) with diplegia, diagnosed after a period of back pain in 2003, by MRI, MS adjusted. After the birth of her second child in 2009 the coccydinia started and she became completely wheelchair-dependent.

Method: Techniques used were non-invasive mobilization of the coccyx followed after three weeks of rest followed by six weekly trigger point treatments of specific pelvic muscles and the belch button.

Outcome was measured by assessment of: intensity of pain experienced, Activities of Daily Living (ADL), and quality of life (QoL). Assessment tools used were: Numeric Pain Rating Scale (NPRS), Patient Specific Complaints (PSK), Berg Balance Scale (BBS), Impact on Participation and Autonomy Questionnaire (IPA), and Multiple Sclerosis Impact Profile (MSIP). Three measurement intervals were used: at the first, third trigger point and sixth trigger points treatments.

Results: Clinically relevant improvements were noted as follows: the average NPRS went from 7 to 0, highest NPRS 10 to 2, the different PSKs went from 10 tot 5, 8 tot 3, and 7 tot 0, the BBS went from 26 to 44. The IPA and MSIP showed improvement of QoL in all areas.

Conclusion: Coccyx mobilization and trigger point treatments have possibly contributed significantly to the positive results of the chosen assessment tools.