



Dealing with tailbone pain

By: Terri Gustafson, PT, MPT, CFMT, AthletiCare™

Your coccyx, or tailbone, is the three to five vertebrae at the bottom of your sacrum (the large, triangular-shaped bone at the base of your spine). Except for the first segment, the vertebrae of the tailbone are typically fused. The tailbone is an attachment site for pelvic floor muscles (the muscles attach to the pelvic bones like a hammock that support the pelvic organs), the gluteus maximus and ligaments.

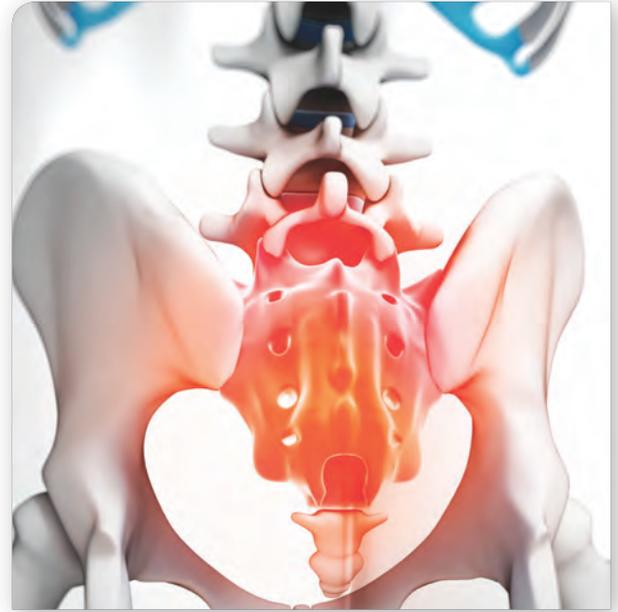
Pain in the tailbone or coccydynia, can develop after a fall, childbirth, activities such as cycling, rowing or horseback riding or muscle imbalance. Pain also can be tailbone misalignment, a bone spur or cyst on the tailbone, calcium deposits in the joints, a neuropathy of the nerve that innervates the pelvic floor and, rarely, cancer.

Coccydynia presents as pain in the tailbone area during or after sitting for length of time, acute pain with going from sit to stand, a deep ache around the tailbone, sensitivity to touch, shooting pain down the leg, a sensation of sitting on a marble, knife or rod, and pain with intercourse, bowel movements and women's menstruation.

X-rays can help to diagnose the cause. MRIs and bone scans may show inflammation in the tailbone area. An injection of a local anesthetic can help determine if the tailbone is the source of the pain. A physical examination can reveal if your tailbone pain is because of misalignment or muscle imbalance.

Physical therapists trained in the treatment of orthopedic dysfunction, especially those familiar with pelvic floor and pelvic girdle dysfunction, can identify tailbone dysfunctions that could be the source of coccydynia with a physical exam. The exam can show a flexion or extension of the tailbone, a deviation to the right or left, a rotation to the right or left, a shearing of the tailbone forward or back or a combination of dysfunctions.

Physical therapists also can evaluate the alignment of the tailbone, the tone of the attached muscles, the tenderness through palpation externally and palpation internally through the anal canal.



Treatment of coccydynia includes using a well-padded seat cushion with a cut out for the tailbone, sitting with proper posture to avoid pressure on the tailbone and avoiding long periods of sitting. Anti-inflammatories, pain medications and cortisone injections can offer relief. Applying heat or ice also can help relieve symptoms. If bowel movements or constipation aggravate the symptoms, use stool softeners and increase water and fiber intake. Mechanical dysfunctions of the tailbone and tightness of the attached muscles and ligaments can be treated by a physical therapist. Your physical therapist also can instruct you in relaxation techniques and exercises to help you stretch your hip, back and pelvic floor muscles to help correct the dysfunctions. In rare cases, all or a portion of the tailbone may be removed surgically.

Coccydynia can be debilitating. If you are suffering from pain in the tailbone area, talk to your doctor.



Terri Gustafson, PT, MPT, CFMT

Terri Gustafson has worked at St. John's since September 2003. She has nearly 26 years of experience as a physical therapist in a variety of clinical settings. She earned her bachelor's degree in biology from Washington University in St. Louis and a master's degree in physical therapy from Emory University. She has extensive education in manual therapy treatment of mechanical, neuromuscular and motor control dysfunctions including pelvic floor issues such as incontinence, pelvic pain and pre- and post-natal musculoskeletal dysfunctions. Her training has included biofeedback for pelvic muscle dysfunction. She is a Certified Functional Manual Therapist through the Institute of Physical Art.



Mary Perlman, PT, CLT

As a physical therapist at St. John’s Rehab South, Mary Perlman treats a variety of musculoskeletal and neurological conditions, but her focus is on lymphedema and women’s urinary incontinence. She also works with patients who have balance/vestibular disorders and multiple medical co-morbidities.

Mary has been a physical therapist for more than 25 years. After graduating from the physical therapy program at St. Louis University, she began her career at St. John’s in 1988. She became certified as a lymphedema therapist from Klose Training in 2011. Recently, Mary was trained in women’s urinary incontinence by the Herman & Wallace Pelvic Rehabilitation Institute.

Keep up with your home exercise program after therapy

By: Mary Perlman, PT, CLT, AthletiCare™

Home exercise is an essential component of successful rehabilitation. Often, patients who receive physical or occupational therapy are taught exercises to do at home. A common problem is keeping up with the exercises after therapy is complete.

Identify the obstacles

Ask yourself, “What is stopping me from doing the exercises?” Usually patients say they do not have time. It’s easy for a therapist to say, “Make the time!” Instead, therapists should say, “Make it a priority.” Look at your daily routine and determine what you **need** to do and what you **want** to do. We all have things we have to do. Once home exercise is a priority, you will find the time.

Some exercises can be incorporated into daily life. For instance, workers and students can do hamstring stretches or chin tucks at their desks.

Another obstacle is pain. Talk to your therapist if you’re experiencing pain from the home exercise program. It may need to be adjusted.

Do not use pain as a motivator

Keep wellness in mind. Some patients keep up with the home exercise program only when they have pain and stiffness. The exercises are designed to help you function better with improved alignment, stability and movement. These habits can take months to “re-wire” long after pain is gone and the therapy is complete. Some exercises may need to be maintained for a lifetime to keep good musculoskeletal health.

Communicate your needs with your therapist

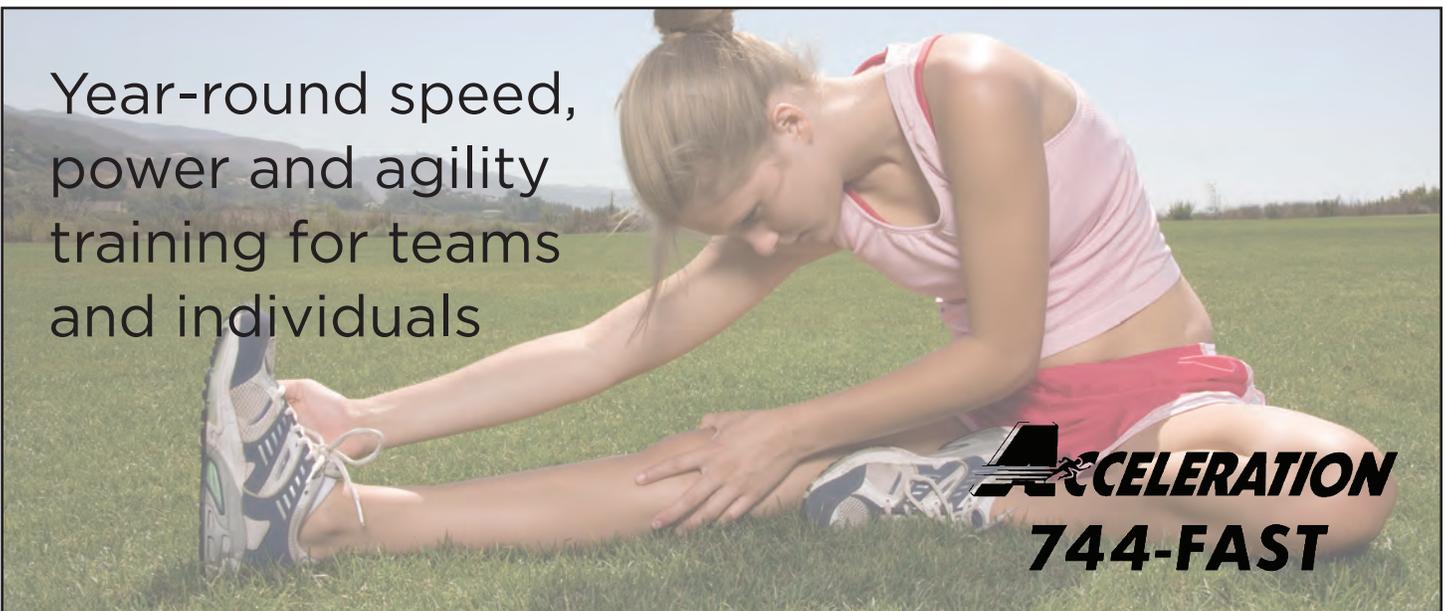
If you are bored with the exercises or they have become too easy, you are probably ready to progress to more challenging ones. Speak up and ask if some exercises can be dropped, combined or modified. The original exercises may be helpful as warm-up exercises or to fall back on if your symptoms flare-up. Discuss your greatest difficulties in movement throughout the day. If you experience pain, talk with your therapist.

Be honest

Tell your therapist if you haven’t been doing your exercises as instructed. If you haven’t been consistent with your home exercise program, you could put yourself at risk. Not doing your home program increases the chance of more serious problems.

Helpful hints

- Keep track of your exercise handouts in a folder. If you need an update on your written instructions, ask your therapist.
- Write exercise reminders on sticky notes.
- If your exercises start feeling stiff and painful, perform them after a shower or use a heating pad to warm up the area.
- If you experience some post-exercise soreness, try cold packs.
- Pain medications may be needed.



Congrats!

Kurt Tuner, ATC, is now a Level 3 trainer for the Acceleration program. Level 3 is the highest certification available.

Keri Snyder, MS, ATC, PES, CES, obtained the Corrective Exercise Specialist (CES) certification through the National Academy of Sports Medicine.

Diane Hillard-Sembell, MD, was recently recertified by the American Board of Orthopaedic Surgery in orthopedic surgery and orthopedic sports medicine.

AthletiCare mourns loss of athletic trainer

Sue Lynn, MS, ATC, lost her fight with ovarian cancer on November 17, 2013. Sue has been with AthletiCare since its inception in 1998. Most recently she worked as an athletic trainer, serving Riverton, North Mac and Benedictine University-Springfield. She resigned in March 2013 when her cancer returned.

Before joining AthletiCare, Sue was an athletic trainer for Chatham Glenwood High School for nearly 20 years. She was a full-time math teacher at Glenwood through the 2013 school year. She participated in two triathlons and raised significant funds for ovarian cancer research. She was also an avid cyclist, gardener and enjoyed traveling and exploring nature.

Sue was an inspiration to all she met and a true asset to the athletic training profession. She will be greatly missed by all her friends, students, athletes and colleagues.

Let 2014 be your best fitness year

By: *Diane Hillard-Sembell, MD*
AthletiCare™ Medical Director and Orthopedic Sports Medicine Surgeon

In 2014, make fitness a priority. Challenge yourself! Whatever your stage in life, you can make positive changes.

The definition of fitness can be different depending on the source. However, a well-rounded program should include elements of:

- Cardio: Sustained activity to get the heart rate elevated for cardiovascular conditioning.
- Strength: Use of muscle force.
- Endurance: Performing continuous effort without fatiguing.
- Flexibility: Allowing the joints to express full range of motion.
- Balance.
- Agility.
- Coordination.
- Body composition: Achieving a healthy ratio of body fat to lean tissue.

Together, all of these components allow a person to use his/her strength to perform quality, functional movements and remain injury free.

Cross training has been popular since the '80s, particularly with the growth of multi-sport events such as biathlons and triathlons. Cross training combines two or more physical activities into your fitness program. It enhances total body conditioning, improves overall agility and balance, decreases boredom from repetition and reduces injury rate.

CrossFit is one of the fastest-growing strength and conditioning

fitness programs. It combines strength training, explosive plyometrics, speed training, specific lifts, body weight exercises, gymnastic elements and endurance exercises. The main CrossFit exercises involve the whole body and include pulling, pushing, squatting and workouts done in a rapid circuit. CrossFit workouts are designed to be scalable to the level of the individual, and are designed to be variable so no two workouts are exactly the same.

"Our specialty is not specializing," CrossFit founder and former gymnast Greg Glassman said.

It is important when doing CrossFit to have proper instruction, correct form and to avoid too rapid progression.

Kettlebell workouts are also worth trying. It is a cardio and strength workout that can burn up to 20 calories a minute. Kettlebell exercises don't isolate muscle groups like traditional weightlifting, allowing an almost full-body workout and increasing the cardiovascular benefit. Tips and exercise routines are available online or in the book "Kettlebells for Dummies" by Sarah Lurie.

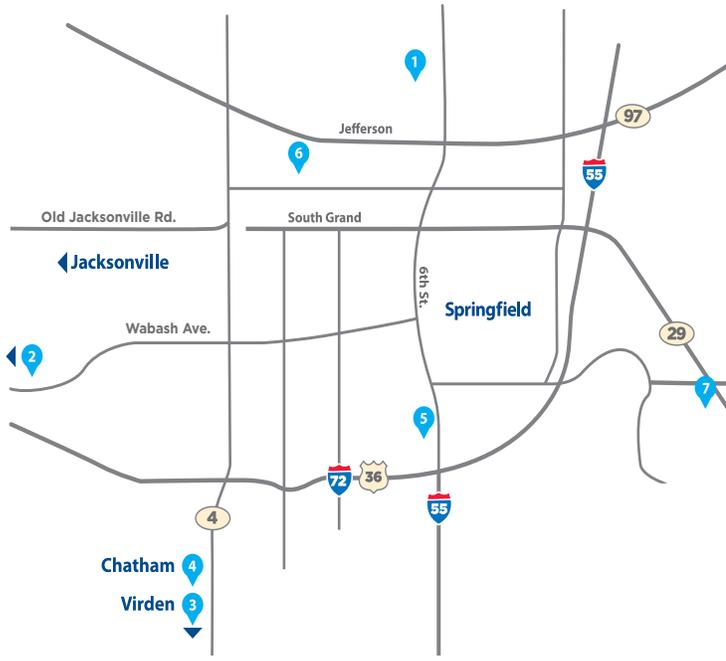
For flexibility, balance and core strength, nothing compares to yoga and Pilates. Developing core stability helps prevent injury and develop an agile, stable body.

Proper nutrition is essential, too. A diet low in processed sugars that supplies adequate complex carbohydrates, proteins and healthy fats is necessary to train our metabolic pathways.

Fitness and wellness not only provide enjoyment in our lives, but provide protection against illness and disease. No matter the age, incorporating a balanced fitness approach is essential to achieve total wellness and to prevent injury.



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