CONDITION

Tailbone trauma

Tailbone trauma is an injury to the small bones and surrounding tissues at the base of the spine.

WHAT IT IS
Injury to the tailbone and surrounding tissues

BODY SYSTEM
Bones, joints, and muscles

MAIN SYMPTOMS
Tailbone pain, tenderness, bruising, painful sitting

WHAT CAUSES IT
Falls, direct blows, childbirth, or repeated pressure

HOW IT IS DIAGNOSED
History and examination; imaging for suspected fracture or displacement

MAIN TREATMENT
Pressure relief, pain management, and gradual activity

CAN IT BE CURED?
Yes - most injuries heal with time

IS IT AN EMERGENCY?
Sometimes - nerve symptoms after major trauma

LONG-TERM OUTLOOK
Most improve, but persistent pain can occur

Overview

The tailbone, called the coccyx, is the small group of bones at the bottom of your spine. It helps support your weight when you sit, especially when you lean backward. Several muscles and ligaments also attach around it.

Tailbone trauma means the coccyx or nearby tissues have been injured. The injury may be a bruise, ligament strain, fracture, or movement of the coccyx out of its usual position. Pain in this area is called coccydynia.

A backward fall is a common cause. Tailbone trauma can also happen during childbirth, in a vehicle collision, during contact sports, or from repeated pressure on a hard or narrow seat.

Most injuries improve without surgery. However, the coccyx is exposed to pressure whenever

you sit, so recovery can be slow and uncomfortable. Persistent pain may affect work, travel, sleep, exercise, bowel movements, and sexual activity.

Symptoms

Pain is usually centred at the very bottom of the spine, just above the crease between the buttocks. It may begin immediately after an injury or become more noticeable over the next several hours.

Common symptoms include:

The pain may feel dull and aching while you are still, then sharp during movement. Sitting on a hard surface, cycling, rowing, or spending a long time in a car can make it worse.

Pain that travels far into a leg, leg weakness, or numbness around the genitals or anus is not typical of an isolated tailbone injury. These symptoms may point to injury elsewhere in the spine or pelvis and need prompt assessment.

- Local pain or tenderness over the tailbone
- Pain that becomes worse while sitting or leaning backward
- Pain when moving from sitting to standing
- Bruising or swelling after a direct injury
- Discomfort during bowel movements or sexual activity

Causes and risk factors

Falling backward onto a hard surface can drive the coccyx forward or place sudden pressure on its joints and ligaments. The result may be bruising, a small fracture, or abnormal movement between the coccyx bones.

Other causes include:

Some people have a coccyx that is more curved or mobile than usual. This can make pain more likely after an injury. Previous tailbone pain may also return after another fall or a long period of pressure.

Weak bones, including those affected by osteoporosis, can fracture more easily. A major impact may also injure the sacrum, pelvis, lower spine, or nearby organs rather than only the coccyx.

Not all pain near the tailbone comes from trauma. Possible alternatives include a skin infection,

pilonidal cyst, pelvic floor muscle problem, arthritis, or pain referred from the lower back. Rarely, a tumour or bone infection can cause pain in this area.

- A direct blow during sports or an assault
- A road traffic collision or other high-force accident
- Pressure on the coccyx during vaginal childbirth
- Repeated pressure from cycling, rowing, or prolonged sitting
- Sitting for long periods with the pelvis tilted backward

Diagnosis

A healthcare professional will ask how the injury happened, where the pain is located, and which movements make it worse. They may also ask about bowel or bladder symptoms, numbness, fever, unexplained weight loss, and previous cancer or bone disease.

During an examination, they may look for bruising, swelling, broken skin, or infection. Gentle pressure over the coccyx can help identify the source of the pain. The lower back, pelvis, legs, strength, and sensation may also be checked if the injury was significant or symptoms are not limited to the tailbone.

Imaging is not always needed after a minor injury. Bruises, strains, and many uncomplicated fractures are managed in similar ways, and a coccyx fracture may be difficult to see on a standard X-ray.

An X-ray, CT scan, or MRI may be considered when there was a high-force injury, a pelvic fracture is possible, or symptoms suggest another cause. CT gives detailed pictures of bone. MRI shows bone marrow, nerves, discs, muscles, and other soft tissues.

For long-lasting pain, some specialists use X-rays taken while standing and sitting. These can show whether the coccyx moves too much or shifts out of position under pressure.

Treatment and management

Treatment usually focuses on reducing pressure, controlling pain, and allowing the injury to heal.

Changing how you sit is important. A wedge-shaped cushion with a cut-out at the back can keep pressure off the coccyx. Leaning slightly forward may also help. Ring-shaped cushions are comfortable for some people, but they may place pressure around the painful area.

Cold packs wrapped in a towel can help with pain and swelling soon after an injury. Later, some people find gentle heat more soothing. Avoid placing ice or a heating device directly against your skin.

Over-the-counter pain medicines may help, including acetaminophen or non-steroidal anti-inflammatory drugs like ibuprofen or naproxen , often called NSAIDs. These medicines are not suitable for everyone and can interact with other treatments. Follow the label and ask a pharmacist or healthcare professional if you are unsure whether one is safe for you.

Complete bed rest is usually unnecessary for an isolated tailbone injury. Gentle walking and ordinary movement can help prevent stiffness. Activities that repeatedly press on the coccyx, such as cycling or rowing, may need to be reduced until they are comfortable again.

Pain during bowel movements can lead some people to delay going to the toilet. Fluids, fibre, and gentle activity may help keep stools soft. A healthcare professional may suggest a stool-softening treatment if constipation becomes a problem.

If pain continues despite these measures, physiotherapy may help. Treatment can address posture, hip movement, pelvic floor muscle tension, and ways of sitting or moving that reduce strain.

For persistent coccydynia, a specialist may consider an injection of local anaesthetic, sometimes combined with a corticosteroid like prednisone or hydrocortisone , around the painful joint or nearby nerves. Some people are offered a nerve procedure called a ganglion impar block. These treatments do not help everyone, and their benefits may wear off.

Surgery to remove part or all of the coccyx is called coccygectomy. It is rarely used and is generally considered only for severe, well-localised pain that has not improved with extended non-surgical treatment.

Complications

The main possible complication is pain that continues after the original tissues have healed. Ongoing pressure, abnormal coccyx movement, joint irritation, or tight pelvic floor muscles may contribute.

Persistent pain can make sitting, driving, office work, and exercise difficult. Changing posture to avoid the tailbone may then cause discomfort in the lower back, hips, or buttocks.

Some people become constipated because bowel movements hurt. Reduced activity and poor sleep may also affect recovery and well-being.

Serious complications are uncommon after a minor isolated injury. A high-force accident is

different because it may involve fractures elsewhere in the pelvis or spine, internal injury, or nerve damage.

Prevention

Not every tailbone injury can be prevented. Unexpected falls, collisions, and childbirth-related injuries may occur despite reasonable precautions.

You may be able to lower your risk by:

If you have osteoporosis or a high risk of falling, appropriate bone-health and fall-prevention care may reduce the chance of fractures generally.

- Using handrails and removing trip hazards at home
- Wearing suitable footwear on slippery or uneven surfaces
- Using recommended protective equipment during sports
- Adjusting bicycle or rowing equipment to reduce direct pressure
- Taking regular standing breaks during prolonged sitting
- Using a coccyx cushion if repeated pressure triggers pain

Living with it and what to expect

A bruise or ligament injury often improves over several weeks. A fracture or displaced coccyx may take longer. Recovery is not always steady: sitting for a long time or returning to sport too quickly can cause a temporary flare without necessarily meaning that further damage has occurred.

You can usually continue activities that do not sharply increase pain. Increase sitting time and exercise gradually rather than trying to return to your previous routine all at once. Cushion use, posture changes, and regular movement breaks may remain useful during recovery.

Most people recover with non-surgical care. A smaller group develops ongoing coccydynia lasting for months or longer. Persistent pain does not automatically mean that the bone has failed to heal. Joint movement, nerve sensitivity, muscle tension, or another condition may be contributing.

If pain is not improving, reassessment can check the diagnosis and identify options such as physiotherapy, specialist injections, or further imaging. Even when symptoms last, many people find ways to remain active by adjusting seating and avoiding repeated direct pressure.

When to get medical help

Seek emergency care after an injury if you develop:

These symptoms are not typical of a simple coccyx injury and may indicate damage to nerves, the spine, pelvis, or internal organs.

Arrange urgent medical assessment if there is an open wound, spreading redness, drainage, fever, rapidly worsening pain, or severe swelling. You should also be assessed promptly after a high-force accident or if you have weak bones and significant pain after a fall.

Routine medical follow-up is appropriate if the pain prevents usual activities, is not beginning to improve after a few weeks, repeatedly returns, or has no clear injury behind it. Night pain, unexplained weight loss, or a history of cancer also warrants medical review.

- New loss of bladder or bowel control
- Inability to pass urine with numbness around the groin or anus
- New leg weakness, severe numbness, or difficulty walking
- Heavy bleeding, fainting, or signs of a major pelvic injury

Common questions

Is my tailbone bruised or broken?

The symptoms can be very similar. Both may cause tenderness, bruising, and pain while sitting or standing up. An examination can assess the injury, but an X-ray does not always show a coccyx fracture clearly. In many uncomplicated cases, the early treatment is the same.

How long does tailbone trauma take to heal?

A mild bruise may settle within several weeks, while a fracture or significant ligament injury may take longer. Healing time is influenced by the force of the injury, whether the coccyx has shifted, and how much pressure is repeatedly placed on it.

What is the best way to sit with an injured tailbone?

Try a firm, wedge-shaped cushion with a cut-out behind the coccyx. Keep your feet supported and lean slightly forward rather than reclining onto the painful area. Change position and stand up regularly.

Can I exercise with a tailbone injury?

Gentle walking is often possible if it does not sharply increase pain. Avoid activities that place direct or repeated pressure on the coccyx, such as cycling, rowing, or some floor exercises,

until they are comfortable. Return gradually rather than exercising through significant pain.

Can a tailbone fracture heal without treatment?

Many coccyx fractures heal without an operation. Treatment usually manages pain and protects the area from pressure while healing occurs. Continued or severe symptoms may need reassessment to check for displacement or another source of pain.

Why does my tailbone still hurt months later?

The coccyx may remain irritated because it moves too much, has healed in a changed position, or is repeatedly compressed while sitting. Tight pelvic floor muscles or increased nerve sensitivity can also contribute. Persistent pain should be assessed rather than assumed to be an unhealed fracture.

Sources

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