



Internal coccyx adjustment information sheet

This document is presented to regulated members of the CCOA in order to remain compliant with CCOA Standards of Practice 4.7, 6.9 and provincial legislation (HPA). This document supports the CCPA provided *coccygeal informed consent* and directs the clinical guidelines to be used and documented. The informed consent document must be signed upon the initial internal coccyx adjustment and all subsequent internal coccyx adjustments. Internal Coccygeal adjustments are an invasive treatment for coccydynia and should not be pursued as a first course of conservative management.

Required pathway to provision of internal coccygeal adjustments

Clinical history and assessment:

1. A complete patient history and examination must be performed and recorded.
2. Coccyx specific imaging is recommended. Dynamic coccyx views should strongly be considered for any patient where internal coccyx manipulation is being considered.
3. Ensure that an internal coccygeal adjustment is within your clinical competency and clinical experience. If you are not trained or doubt your competency it is expected that you will refer your patient to a practitioner, trained and competent in this procedure.
4. Contraindications to internal or external coccygeal adjustments include, but are not limited to; pelvic tumors, tailbone fractures, history of cancer, history of pelvic inflammatory disease.

Patient informed consent: discussion and execution:

5. The clinical rationale for proposing the internal coccyx manipulation will be explained to the patient.
6. The exact procedure of an internal coccygeal adjustment will be detailed to the patient. This explanation will include details relating to:
 - a. Patient position for the procedure – side lying with hips and knees flexed.
 - b. Gowning and draping practices. Patients will be required to lower their undergarments or possibly disrobe below the waist. They can expect to be covered while disrobed.
 - c. Latex allergies are common, and the use of latex gloves should be discussed, and alternatives considered if any allergies are noted.
 - d. The use of lubrication and any allergies to any common lubricants should be discussed.

- e. The exact manual procedure should be demonstrated on a model. Patients are often fearful of instruments or multiple digits which may or may not be required for the procedure.
 - f. The clean up procedure should be discussed, and patients reassured fecal matter is rarely present.
7. Practitioners should provide a description about the likely subjective experience the patient will experience during an internal coccyx procedure. Often patients feel like they are going to have a bowel movement, but this rarely occurs.
 8. The HPA allows for patients the opportunity to have someone of the same gender identity in attendance. This discussion will be best framed by informing the patient that you will have your assistant with you, mentioning their gender, and then asking if they would like anyone else to be in attendance. The presence of your assistant is not negotiable. It is advised to not ask your patient their gender identity, but to allow them to disclose their gender identity if they choose to. They may just ask if they can bring someone while receiving treatment.
 9. Inform the patient how they may verbally withdraw consent at any time. Always chart withdrawn consent.
 10. Only at this point, the required informed consent for the confirmation of permission to assess and treat the coccyx/tailbone must be reviewed and signed. This must occur at the original treatment and any follow-up when an internal coccyx adjustment is proposed and performed.

Performing the procedure:

11. Utilize appropriate gowning procedures, ensuring that the patient is draped and gowned according to Standard of Practice 4.7, and document in the patient chart the exact gowning and draping process of the patient.
12. Make sure that the procedure is done with the proper technique, utilizing a gloved hand (with respect to any allergies they may have) and appropriate lubricant.
13. It is best practice to have a trained assistant in attendance and to note their attendance in the patient chart when performing an internal coccygeal adjustment. If the patient has requested to bring their own advocate, it is best practice to note the name of all persons in attendance.



Confirmation of permission to assess and treat the coccyx/tailbone

This form MUST be completed by the chiropractor BEFORE being signed and initialed by the patient.

The chiropractor has recommended assessment and, if indicated, treatment of my coccyx/tailbone involving:

- ☐ touching in the area of the buttocks, including in the gluteal cleft and at or near the anus
- ☐ putting a gloved finger into the rectum

for the purpose of (chiropractor to identify reason for assessment and treatment):

Patient initials

Signature of Chiropractor _____ Date: _____ 20 ____

I acknowledge that I have had a discussion with the chiropractor and have had the opportunity to ask questions about:

- assessment and treatment of my coccyx/tailbone as described above
- alternatives to the assessment and treatment as described above

I hereby confirm my permission for the chiropractor to assess and, if indicated, treat my coccyx/tailbone.

In giving my permission, I understand that if, at any time, I am uncomfortable with the assessment or treatment, **I can withdraw my consent and ask the chiropractor to stop.**

Signature of patient (or legal guardian) _____ Date: _____ 20 ____

THE PERMISSION CONFIRMED BY THIS FORM IS ONLY VALID ON THE DATE THE FORM IS SIGNED BY THE PATIENT.

CONTINUING CARE: If treatment of the coccyx/tailbone for the **SAME** purpose is recommended by the chiropractor, the patient may indicate continuing consent at a subsequent office visit by signing below.

Date Patient signature
