

Kemper Tailbone injury foundation[©]

Presents:

Diagnosis and Treatment of SacroCoccygeal Syndrome

***The
Need***

A Condition

- Coccyx patients are highly responsive
- Coccyx-induced dural tension may affect 1 in 3 Pain Patients
- Coccyx Syndrome cases have clear clinical presentations
- Great need for Physicians evidenced by Nat'l & Int'l demand for care

***The
Solution***

A Procedure

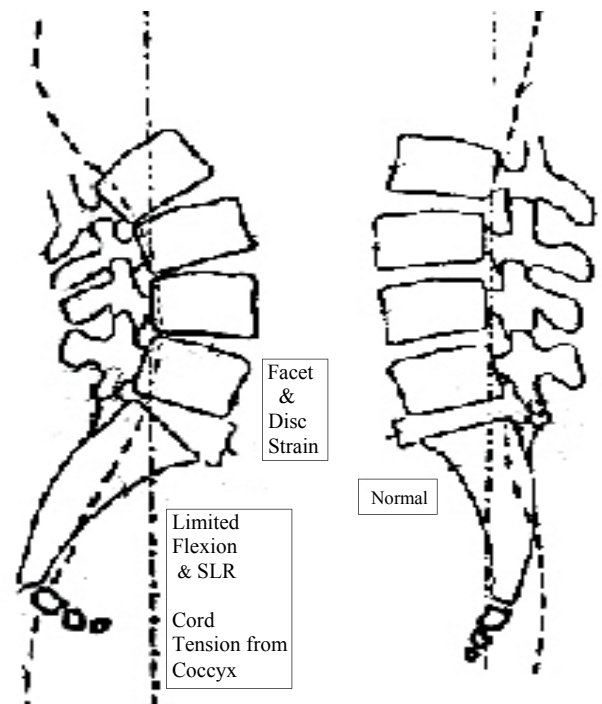
- Effective, Fast-acting, Safe
- Compliments pain practice
- Can be performed in any office
- Requires no extra staffing
- Is Billable & Reimbursable
- Excellent Patient Satisfaction
- 25-year Perfect Safety Record

***The
Program***

A Skilled Team to Help

- M.D., D.C. & R.N. Team
- Clear, Concise & Thorough Assistance
- All forms, reports & procedures provided
- All codes and billing provided
- Patient education templates provided
- Increases clinic revenues
- No equipment to purchase

Coccydynia & SacroCoccygeal Syndrome - induced Postural Compensation



***Diagnosis and Treatment
of Coccydynia since 1985***

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Dr. Chris Kemper, Founder and Director of Physician Services for the Kemper Tailbone Injury Foundation in Newport Beach, CA, completed 30-years of clinical practice and now assists physicians implement the diagnosis and treatment protocol he co-founded with Jim Wooley, D.C.

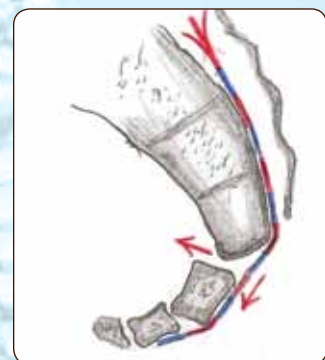
The doctors were first published in the Journal of Orthopaedic Medicine in 1998 for their hypothesis regarding sacrococcygeal hypomobility-induced cord tension. Then, in 2000 they presented their early work to the World Congress on Low Back and Pelvic Pain in Vienna. Most recently, a prospective cohort was conducted under the direction of Scott Haldemann, M.D., then Director of Clinical Neurology at UC Irvine. The doctors explain that, while more research is needed to test the reliability of their findings, they stand by their original hypothesis regarding the consistent and serious loss of strength and lumbopelvic motion caused when coccyx dysfunction occurs. Today, along with John Kremer, M.D. they cite continued clinical evidence supporting the responsiveness of patients to their procedure as well as tertiary benefits related to improved lumbopelvic mechanics, long term relief and a perfect safety record.

When asked how they linked the coccyx to chronic pain in the back and hips, and why a foundation, Dr. Kemper states “There is large underserved population of affected patients out there. We came to this conclusion once we took a closer look at patients with histories of fractured tailbones or coccydynia; they were everywhere and there was definitely a pattern. They were not only recalcitrant to our usual interventions but their symptoms tended to be bilateral, involved both sensory and motor nerves and were often referred, suggesting spinal cord irritation. Once we knew what clinical profile to look for we consistently found leg weakness and restricted lumbopelvic motion. Having seen the same condition now in thousands of cases over nearly 25 years we are purposed to spread the word that the coccyx is a functional vertebra requiring assessment..”

The foundation offers physicians a fascinating and practical “FastTrack” to management of the SacroCoccygeal Syndrome” at their Newport Beach, California conference center. www.KemperTailboneInjuryFoundation.Org.



Dr. Chris Kemper, on a mission to help people with a small, but important problem...the dislocated, fractured or otherwise restricted coccyx. His group claims the coccyx plays an important role in protecting the spinal cord and meninges from excessive tension and a specific group of symptoms.



Above: Typical injured coccyx with little or no range of motion.

Below: Artists conception of normal coccygeal flexion and extension



Dedicated to building a global network of physicians for diagnosis and treatment of Coccydynia and related “SacroCoccygeal Syndrome”

Quotes from Medical Text & Experts on the Coccyx

- **Spinal Cord Relation to Coccyx** - “The (spinal cord’s) filum terminale externum is closely united with the dural sheath descending to an attachment of the dorsum of the first coccygeal segment.” **Gray’s Anatomy**. Williams and Warwick, 36th Ed. 1980.
- **Coccygeal Disc Significant** - “No previous study has assessed the coccygeal discs as a source of pain in approximately 70% of cases.” Maigne JY, Guedj S, Straus C. Idiopathic Coccygodynia. **Spine 1994**; 19: 930-34.
- **Orthopaedic Text emphasizes Coccygeal motion** - “Because of its muscular attachments the coccyx is in constant motion...acting as a shock absorber...” **Turek SL. Orthopaedic Principles and their Applications**. 4th ed. Philadelphia: Lippincott. 1984, pp. 1659.
- **Author of Text** states...“Dr. Chris Kemper has yielded excellent results in many patients and has brought this important (coccyx) problem into focus for many of us practicing manual and injection techniques of the spine”. **Tom Dorman, M.D. Dorman T, Ravin T. Diagnosis and Injection Techniques in Orthopedic Medicine**. Baltimore: Williams and Wilkins, 1991.
- **Coccyx injuries can causes symptoms called “SacroCoccygeal” Syndrome**. “We have successfully treated many patients with **Coccydynia**, extreme stiffness, weakness, pain and other complications.” **John Kremer, M.D.**”