

## A CLOSER LOOK AT DR. TAILBONE



How **Patrick Foye** became a world's leading expert in coccydynia and why his patients, who come from near and far, love him so much both online and in person. **BY MARY ANN LITTELL**

**W**HEN asked to identify his niche area of expertise, Patrick Foye, MD, doesn't hesitate: "The tailbone," he says. Holding an anatomic model, he points to the bone at the spine's base. "Even though the tailbone is tiny—smaller than a pinky finger—pain in this area can severely compromise quality of life."

Foye, as director of the Coccyx Pain Service at NJMS, is committed to relieving pain and improving function and quality of life for patients with coccydynia (pain in the coccyx), which has a variety of causes, including trauma, arthritis and childbirth. "We treat sprains, strains, fractures, dislocations, sports injuries and more," he says.

"It's an area that most people, including doctors, don't know about. It's not covered in depth in medical school."

An NJMS alum (class of 1992), Foye became interested in coccydynia more than a decade ago when a few patients came to him for help. "I didn't know much about it, so I started doing research and found a real lack of information," he says. "There hadn't been much published, particularly on non-surgical therapies. And surgical treatment—removal of the coccyx—has a fairly high rate of complications."

A consummate learner, he researched the topic intensively, reading hundreds of articles on the subject. Over time, he became an

authority. "I began lecturing at conferences, publishing articles and educating our own students," says Foye, who is also an associate professor of physical medicine and rehabilitation (PM&R). "More and more patients with tailbone pain were coming here, so three years ago, our chair, Dr. Joel DeLisa, officially classified this as a formal service at NJMS. We're probably the only academic institution in the country with a dedicated coccyx pain service." Foye treats other disorders as well, including low back pain, herniated discs, arthritis, joint pain and nerve injuries.

Foye's patients come from throughout the U.S. and as far away as Canada, Greece and India for treatment they can't find elsewhere. "Sometimes it takes them awhile to locate us," he says. "One patient was actually annoyed about it. He said, 'I suffered with this for years before finding you. Why the heck don't you get yourself a website?'" Foye took his advice, and now has two websites: TailboneDoctor.com and DoctorFoye.com. "Google tailbone doctor and you'll find me," he says.

Initially Foye's websites were fairly basic, linking to journal articles and including some of his own writing. "Patients needed an authoritative site about tailbone pain, but doctors were interested too," he says. "Physicians email me from other parts of the country and from other countries with questions. What types of MRIs should they order for patients? How do they read X-rays of the coccyx? Why is the coccyx at risk during childbirth? I've tried to answer all these questions and more in a language that everyone can understand."

Over time, he's added "bells and whistles" to the sites, inspired in part by his 8-year-old son. "He has his own website, creates video games and posts them so his cousins in Chicago can play them," says Foye. "Frankly, looking at his website, I was a little envious. My site didn't have any of that cool stuff. So I made a few videos and posted them. They cover diagnosis, treatment, X-rays and MRIs, and other topics, all in lay language. The videos are also available on YouTube."

Foye describes his efforts as "a 'mom and

pop' operation—just me in my basement with a video camera and some anatomic models. If I had the time, I'd make a dozen more videos. It's a great way to get a message across."

Coccydynia can be difficult to diagnose and it's often missed on X-rays of the area, which are traditionally taken while patients are standing. "Years ago I came across a French study comparing the effectiveness of sitting vs. standing X-rays," says Foye. "Sitting X-rays are a much more effective diagnostic tool, but sitting is not a standard view. When patients ask for sitting X-rays, many technicians say there's no such thing. That's not true. So part of my educational mission is educating radiology technicians to take sitting X-rays for this condition."

According to Foye, patients with coccydynia are often advised by their physicians to live with the pain because there are no treatments other than surgical removal. "There are many effective non-surgical treatments, including certain types of injections," he explains. "Under fluoroscopic guidance we can place an anti-inflammatory agent directly at the site that is causing the pain. Or we can administer a local anesthetic nerve block using lidocaine to numb the nerves carrying the pain signals. In some cases, we do what's called ablation, where we essentially kill the nerves that are carrying those pain signals."

Other therapies include certain types of wedge cushions to sit on to alleviate pressure to the coccyx. "Sometimes it takes the right combination of treatments to relieve the pain," says Foye.

This year Foye became a member of UMDNJ's Stuart D. Cook, MD, Master Educators' Guild, "probably the biggest thrill of my professional life," he says.

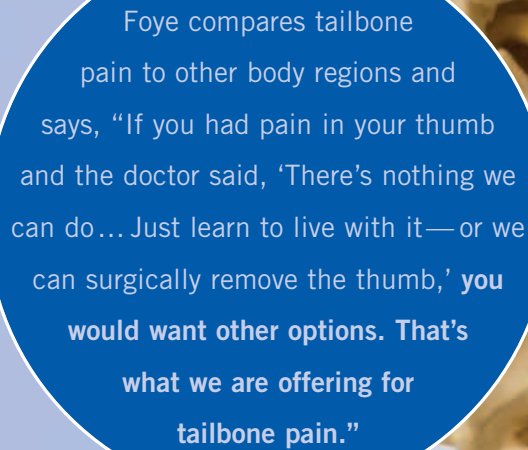
In addition to teaching medical students and residents, he is director of the PM&R clerkship (mandatory for fourth-year students) and co-directs the PM&R Pain/Spine fellowship program, which has three fellows.

He estimates he's given more than 700 lectures to thousands of students and physicians over the years. His commitment to education goes way beyond the classroom,

with his latest, most dynamic teaching tool being the Internet. "In addition to my websites, I use email as an educational medium. I maintain email groups, and when I learn something new that I think may interest others, I'll fire it off in an email."

Foye has received other honors, including the UMDNJ Foundation's Excellence in Teaching Award in 2002. This year the American Academy of Physical Medicine and Rehabilitation gave him its "Distinguished Clinician Award," one of only three PM&R physicians across the country to be honored. In addition to his clinical and teaching activities, he's principal investigator of an Institutional Review Board-approved study of hundreds of patients with tailbone pain. The study, a retrospective chart review of patients, analyzes demographics, cause of injury, diagnostic tests and effectiveness of treatments. "It's exciting, because most of the prior studies are reports from doctors who have treated only 10 or 12 patients."

He compares tailbone pain to other body regions and says, "If you had pain in your thumb and the doctor said, 'There's nothing we can do. I won't order any tests, prescribe anything or refer you. Just learn to live with it—or we can surgically remove the thumb,' you would want other options. That's what we're offering for tailbone pain. Most people who come here find significant relief from their symptoms. It's incredibly gratifying to be able to help improve quality of life. I absolutely love my job." ●



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