**Examination and Treatment of Diastasis Recti**

One of the biggest questions or concerns I get from patients postpartum is concerning diastasis recti. Their tone tends to be concerned and sometimes almost fearful. They are often unsure if they have it and if they do, are afraid of making it worse and therefore avoid strenuous exercise. It is important to be able to educate patients about this diagnosis.

Diastasis recti abdominis (DRA) is a separation of the linea alba and commonly occurs during second or third trimester of pregnancy, though can also occur in men and women who have not given birth. While ultrasound is a very reliable method for measuring DRA (>.90), palpation is much more practical for the clinic and has been shown to have good reliability ( >.70).3 To do this, the head lift test is performed. The patient is hooklying while the therapist palpates with 2 fingers at midline and asked to perform a head and shoulder curl. Width, depth, and length of DRA, as well as tissue tension, should be noted. DRA of 2 cm or less are considered to be normal and do not require intervention. Active Straight Leg Raise and SLS test can also be used in the evaluation to assess load transfer between the trunk and lower extremities.2 Poor load transfer indicates the need for stabilization of the core and pelvis.

DRA has been described as a symptom of excessive and unsupported intra-abdominal pressure1. Treatment should therefore aim to restore and strengthen the entire core, which includes the pelvic floor, multifidi, and diaphragm. Research has shown that two-third of women have pelvic floor dysfunctions when they are diagnosed with DRA.4 Anecdotally, this rings true, whether it be pelvic pain, evidence of prolapse, or various levels of incontinence. I have also seen tightness in the diaphragm that can cause gas and constipation.

Education is very important when treating this population. Since the linea alba is connective tissue and we are not just strengthening a muscle, healing can take 6 months to 2 years. Breastfeeding also keeps the level of the hormone relaxin higher, which can affect healing. Patients should be educated that the goal is “not to close the diastasis but rather to generate tension through it” 2. Patients should be instructed in exercises that progressively load the linea alba, including TA exercises. Breathing and postural exercises are also usually involved. Typical progressions start in supine position and progress to standing followed by incorporating core strengthening and coordination into functional tasks. Patients can progress exercises as long as they do not demonstrate compensation mechanisms such as doming. Patients can return to regular exercise but should avoid crunch or sit up type exercises and excessive twisting or bending backwards.1

Since treating more postpartum patients, this population has been very rewarding to work with. While there is still much to learn and more research to be done, it is a great feeling for both patient and therapist to get a patient’s strength and confidence back postpartum.

References:

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