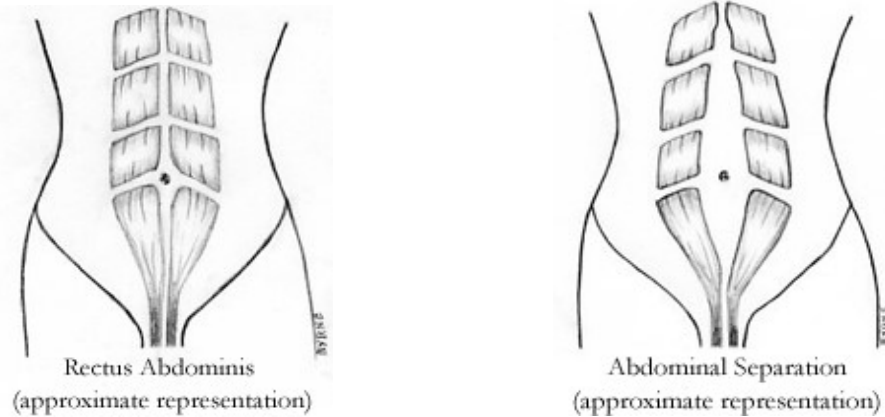


One of the conditions a pelvic floor physical therapist evaluates for is a Diastasis Recti, or separation of the rectus abdominus muscle (six pack muscles).



Diastasis Recti can occur during pregnancy (most often in the last 3-4 months of pregnancy) due to the pressure against the abdominal wall as the uterus expands.

Diastasis Recti also can occur in postpartum women if the patient overly stresses the lax abdominal wall during improper return to exercise, or if they aren't able to properly use their core muscles (transverse abdominus and pelvic floor) during basic daily activities such as getting in and out of bed, lifting, and the many requirements of caring for a new baby.

Diastasis Recti can cause the following problems, so prevention and proper attention are important.

1. Abdominal discomfort with certain movements, such as rolling over in bed, getting in/out of bed, and lifting heavy objects
2. Umbilical hernia
3. Pubic symphysis pain
4. Sacroiliac joint pain
5. Low back pain
6. Pelvic floor dysfunctions such as urinary or fecal incontinence and pelvic organ prolapse

As a pelvic floor PT, I assess for presence of diastasis recti and then provide:

1. Education on proper posture.
2. Instruct proper techniques for lifting and daily activities.
3. Instruct basic core stabilization principles including location and proper activation of transverse abdominus muscle (kind of like an internal corset)
4. Following these guidelines can potentially prevent diastasis recti from occurring and can help prevent worsening/further separation of the muscles.

To assess your abdomen for Diastasis Recti:

1. Lie on your back with your knees bent, and your feet on the floor.
2. Place your fingertips of one hand at your belly button and while your abdomen is relaxed, gently press your fingertips into your abdomen.
3. Lift the top of your shoulders off the floor into a “crunch” position.
4. Feel for the right and left sides of your rectus abdominis and take note the number of fingers that fit into the gap.
5. You will want to test this again approximately 1-2 inches above and below your belly button to determine the length of the gap.
6. A separation of more than 2 fingers is considered “significant” and needs to be “corrected” prior to progressing to more advanced exercises.

If you identify a diastasis recti during pregnancy; it is important to follow optimal guidelines for posture, mobility, and lifting to prevent worsening of the separation. Exercises to correct the Diastasis Recti can be performed after delivery.

If you identify diastasis recti after delivery, in addition to following guidelines for proper transverse abdominus activation with lifting and transitional movements such as getting in and out of bed, you can begin exercises to correct the separation.

Correction exercise of the diastasis recti after delivery involves supporting the rectus abdominus muscle with a towel or sheet and then using proper activation of the transverse abdominus muscle while performing mini head-lift (mini sit-up) exercises.

1. Lie on the back with knees bent.
2. Place a towel or bed sheet under your back and around the waist, crossing it at the largest gap in the Diastasis Recti. For most people the largest gap is at the belly button. The patient must hold the sheet fairly tight; pay attention to place the sheet between the ribs and hip bones for best effect.
3. Inhale 1<sup>st</sup>, (make sure you are breathing into the low abdomen vs shallow chest breathing; (if you have trouble with this technique, check out “Breathe to Relax”, an smart phone APP that instructs proper diaphragmatic breathing technique) then exhale as you activate the transverse abdominus muscle (I recommend using a slightly audible shhh.. sound or haaa... sound to engage the muscle) and lift the head and top of the shoulders only.
4. Lower the head and shoulders back down. Repeat.
5. I recommend performing 30 -60 mini sit-ups/day.

