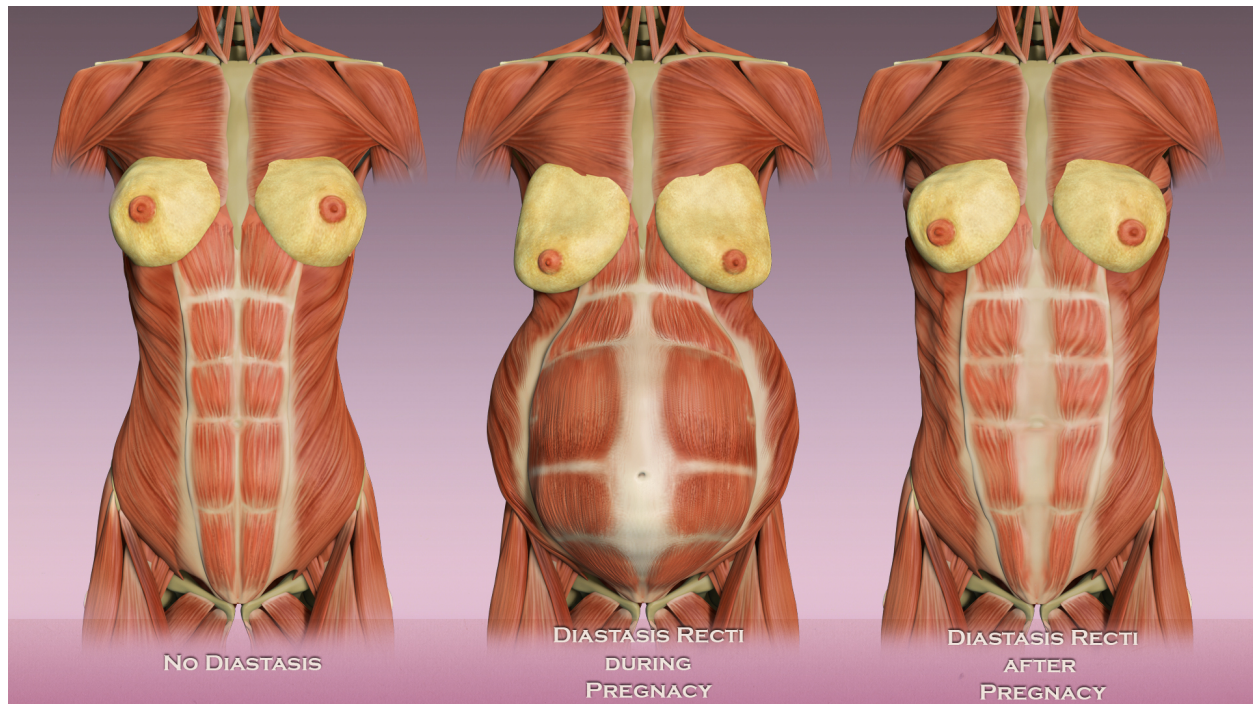


Diastasis Recti

Diastasis recti is also known as rectus diastasis or an abdominal separation. It is most common during pregnancy and usually goes away after the baby is born and the intra-abdominal pressure is gone. But some women may still have the diastasis after birth. See the image below.



Diastasis recti usually occurs later in pregnancy for women who are carrying a single child and early in pregnancy during twin and triplet gestations. Sixty-six percent of women report this condition in their third trimester, and it persists in 30-60% of women after birth.ⁱ In most cases, the separation heals after birth, or at least rarely worsens, when the pressure of the baby or babies on the abdominal muscles releases. All women will experience a degree of muscle separation, but those who find that the gap between muscles is the width of two fingers or wider must seek a medical diagnosis. Because the abdominal wall must be intact to properly support posture and trunk stability and movement, the separation can heighten a woman's chances of injuring her spine and pelvis.

A study was conducted back in 2002 to examine the effect of an abdominal strengthening fitness regimen on the presence and width of diastasis recti in pregnant women. The subject groups consisted of 8 exercising pregnant women and 10 non-exercising pregnant women. Ninety percent of the non-exercising pregnant women exhibited DRA, while only 12.5% of the exercising women had the condition.ⁱⁱ

A more recent study of 63 women found that postnatal exercise—specifically isometric contractions of the transverse abdominis, resistance training, and cardiovascular exercise over the course of 11 weeks—can reverse diastasis recti, both in women who began an exercise program during pregnancy and women who began an exercise program after pregnancy.ⁱⁱⁱ Not only does reversing diastasis recti maximize function of

the abdominal wall muscles, but it might also improve a woman's musculoskeletal health.^{iv} In the spirit of this study, the core stabilization moves, isometric transverse abdominal exercises, and pelvic tilts that I emphasize in the Postnatal Slimdown program can ameliorate the problem of diastasis recti, but they are not designed to treat this condition.

Depending on the severity of a mom's diastasis (separation), she may not be able to participate in traditional abdominal and/or core exercises until the separation has resolved. Clients with diastasis recti should refrain from twisting and spinal flexion, e.g. oblique crunches.^v

Know that postural habits can also contribute to diastasis recti by creating pressure on the linea alba. And doing traditional core exercises such as crunches can make it worse and keep it from healing. Because the abs are no longer contracting effectively, clients should stay away from contracting the rectus abdominis (the six-pack).

What if a mom has a Diastasi Recti Medical Diagnosis from her OB and she asks you for some corrective exercises, with her OB's permission? While there is no industry standard and a fitness professional cannot diagnose or treat injuries and/or medical conditions, we have found (based on research and field study) specific strengthening of the TA, not contracting the Rectus Abdominis and including comprehensive strength training/cardiovascular training without loading the abs can help. It is equally important that you know what a woman with diastasis recti should not do. Do not load the abdominal wall by putting mom in a plank, quadruped, spinal flexion or twisting motion.

As I mentioned, there currently is no industry standard for diastasis recti. This condition can affect anybody, not just moms. And there are different opinions and therapies in the fitness and medical field. In most, if not all, cases, a medical professional should treat and diagnose diastasis recti.

Depending on the severity of your client's diastasis (separation), she may not be able to participate in traditional abdominal and/or core exercises until the separation has resolved.

Prenatal

During pregnancy it is important to do back exercises, for maintaining posture and strength as the belly grows. In doing so it usually means the client will usually be in a hinged or quadruped position, which is not the best positioning for a woman with diastasis recti. Supporting the upper body with the arms helps to unload the abs. For example, place your client(s) in a standing position for a Reverse Row – hinge 90 degrees at the hips – place one hand on the knee below to support the trunk – this helps take some load off of the abs as the Single Arm Reverse Row is performed.

Postnatal

Attached are five specific TA isolation exercises. And once we get into the Postnatal Program Design, we will cover some more TA exercises and progressive core moves that can be safe for diastasis recti, as they do not use the rectus abdominis.

ⁱ Sharma, Geeta, Leah Keller, and Tricia Lobo. *Post-natal exercise can reverse diastasis recti*, April 2014. Poster session presented at the meeting of ACOG, Chicago, IL. Retrieved from: <http://www.postersessiononline.com/173580348_eu/congresos/62acog/aula/-Tu_138_62acog.pdf>.

ⁱⁱ Chiarello, Cynthia, Laura A. Falzone, Kristin E. McCaslin, Mita N. Patel, and Kristen R. Ulery. *The Effects of an Exercise Program on Diastasis Recti Abdominis in Pregnant Women*. 12/2004; 29(1):11-16. Retrieved from: <http://www.researchgate.net/publication/232172914_The_Effects_of_an_Exercise_Program_on_Diastasis_Recti_Abdominis_in_Pregnant_Women>.

ⁱⁱⁱ Sharma et. al.

^{iv} Ibid.

^v Vogel, Amanda. What to Expect When Training Postpartum Clients. *ACE Certified News*. December 2009/January 2010. p. 7.

Sitting Cat “Hut”

*By sitting further back the goal is to not load the abdominal wall. Similar to the Quadruped “Hut” in the Transverse Abdominis Activation Video.



Please watch the Transverse Abdominis Activation Video - you will learn helpful cues to activate the TA while performing the following movements.

Arm Switch

*Keep the Core, specifically the TA engaged isometrically while moving the arms.



One Leg Isolation

*Isolate the TA while dropping one leg, do not drop below a 45 degree angle. Start by dropping a few inches, ensuring the TA is isolated.



Clam Shell

*Strengthen the hips and the glutes (key for a healthy core).
TA should be engaged and isolated as legs move.



Heel Slide

*Keep the TA contracted as one heel slides out, careful not to arch the back. The full slide should be modified until TA can stay stable.

