

Diastasis Rectus Abdominis

Diastasis rectus abdominis (DRA) is a separation of the two muscle bellies of the rectus abdominis muscle. Commonly referred to as the "six-pack" muscles, it is the main and largest abdominal muscle. DRA most often occurs in women during pregnancy: the expanding uterus stretches the abdominals, which can cause a separation in the linea alba (the connective tissue between the two sides of the muscle). While it can also occur in men and non-pregnant women due to inappropriate loading and pressure within the abdominal and pelvic regions, it is rare.

DRA is characterized by a visible and palpable separation of the rectus abdominis (can look like a flabby belly or pooch). This gap, assessed by contracting the muscle while the physical therapist palpates the separation, is measured in finger widths. While the separation of the rectus abdominis itself is not always painful, it can lead to other painful dysfunctions. Patients can experience a feeling of weakness in the abdominal muscles, pelvic floor dysfunction (urinary and bowel problems), low back pain, pelvic pain, hip pain, poor posture and sexual pain as a result of DRA, and the risk for separation increases with each delivery or being pregnant with multiples.

To treat DRA, a physical therapist can help develop an appropriate exercise program to strengthen the abdominals and decrease the separation. This program usually consists of a combination of transverse abdominal training, pelvic stabilization and postural training. Physical therapists can also tell you what exercises - such as crunches, sit-ups and weighted rotation - should be avoided, as they may exacerbate the separation. New mothers, or those who have older children that still like to be picked up and held, may also benefit from reviewing proper lifting mechanics: it is important to stabilize the abdominal and pelvic region, as well as lift properly, to avoid additional stress on the diastasis. Taping has also been shown to be effective for DRA.

DRA can be treated before, during and after pregnancy. Although it is rare for a diastasis to close during pregnancy, treatment can help to minimize the gap and potential symptoms that occur after delivery. If you have recently given birth, talk to your doctor about when it may be appropriate for you to start treatment after delivery. Even if it has been a while since you've given birth, it's never too late to get treatment - separation can be decreased and improvements can be made no matter how old your kids are.