ocean view physiotherapy

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Rectus Diastasis

women's health update

Rectus Diastasis is the widening of the Linea Alba and the separation of the rectus abdominus muscle bellies. This occurs in all pregnancies with a variance between women in the size of the separation.[1]

Physiotherapy for Rectus Diastasis during Pregnancy

The degree of diastasis increases significantly from the 2nd to 3rd trimester.[1] During pregnancy there is little research specifically on managing rectus diastasis. Anecdotally, if patients experience musculoskeletal pain during this time due to the change in anterior wall support, manual therapy and bracing where appropriate can be used for symptomatic relief for the remainder of the pregnancy.

Physiotherapy for Rectus Diastasis Postpartum

Postpartum the size of the diastasis decreases markedly from day one to two months post pregnancy. Research demonstrates that without exercise intervention no further significant improvement is seen from two months to twelve month follow up.[2]
The role of physiotherapy in treating Rectus Diastasis postpartum is in assessing the degree of separation and prescribing the most appropriate exercise that, produces the largest reduction in the size of separation for the individual patient. This exercise will be different from patient to patient.

It is important to get the correct exercise for the individual

Recent research has demonstrated that the traditional exercise prescribed to women to address Rectus Diastasis often widens the diastasis. The targeted muscle of Transversus Abdominis with a 'drawing in cue' increased separation due to its origin and insertion points on the spine and Linea Alba.

A crunch (supine head and shoulder lift – rather than a full sit up) was a more effective exercise demonstrating a significant narrowing of the distance of the Rectus Diastasis.[3]

Physiotherapist Rebecca McRae treats women's health conditions at Ocean View Physiotherapy.

Case Study:

A 37 year old patient presented 24 weeks into her second pregnancy with an onset of bilateral sacroiliac joint pain at 13 weeks. Symptoms developed into a constant burning sensation and feeling of instability that required the use of crutches to walk. She had been using a pregnancy belt which had improved symptoms but not significantly enough to mobilise without crutches.

During her first pregnancy she had pubic symphysis dysfunction from 22 weeks and significant diastasis during pregnancy. After child birth she performed exercises to address the diastasis, but had an ongoing separation prior to the second pregnancy.

On assessment there was a significant rectus diastasis and the pelvis was restricted by hypertonicity of the deep hip external rotators and tensor fasciae latae. Notably on assessment of transversus abdominis contraction her diastasis became worse.

Treatment consisted of deep tissue massage of the deep external rotators, tensor fasciae latae and adjustment of her pregnancy belt. Tubigrip compression over her abdomen was also provided to augment the transverse abdominis and rectus abdominis support. She was prescribed pelvic floor exercises and spikey ball massage of gluteal muscles at home.

Following the initial consultation the patient could walk without assistance from crutches and she adjusts her pregnancy belt daily for her changing body's individual pelvic stability strategy. A plan has been made to re-assess post-pregnancy for the best exercise to assist rectus diastasic closure.

Newsletter produced by Rebecca McRae - Physiotherapist
at ocean view physiotherapy
86 ocean view drive wamberal 2260

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References:

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2. *Coldron, Stokes, Newham and Cook (2008) Postpartum Characteristics of Rectus Abdominus on Ultrasound Imaging. Manual Therapy, vol 13 (2): 112-121.*

3. *Mota, Pascoal, Carita & Bo (2015) The Immediate Effects on Inter-Rectus Distance of of Abdominal Crunch and Drawing-In Exercise During Pregnancy and the Postpartum Period. Journal of Orthopeadic and Sports Physical Therapy, vol 45(10): 781-8.*