

# 3<sup>rd</sup> International conference on WOMEN ONCOLOGY AND WOMEN'S HEALTH

January 24-25, 2022 | Webinar

## Physical Therapy in Postpartum Diastatic Recti Abdominis: A Review

Kanika<sup>1</sup>, Aksh Chahal<sup>2</sup>

<sup>1</sup>Ph.D. Scholar, Maharishi Markandeshwar (Deemed to be University), India

<sup>2</sup>Principal cum Professor MMIPR, Maharishi Markandeshwar, (Deemed to be University), India

**Keywords:** Diastasis Recti Abdominis, Exercise Therapy, Abdominal Binders, Physiotherapy, Physical Therapy, Rehabilitation

### Abstract

**Background:** A woman has to face anatomical and physiological changes after experiencing the most beautiful phase of life; childbirth. These changes lead to numerous postpartum complications, of which Diastasis Recti Abdominis (DRA) is the most common. Post childbirth complication of DRA is the separation of the two rectus abdominis muscles along the linea alba more than 2 cm wide resulting in increased inter rectus distance. DRA is estimated to be present in at least two-thirds of postpartum women which can persist for decades after pregnancy. Untreated diastasis lead to weak abdominal muscle strength and endurance, lumbopelvic pain and dysfunction, abdominal hernia, lower back pain, disorders in pelvis's area and incontinence.

**Purpose:** As Physical Therapy plays a vital role in the conservative management strategies in obstetrics and gynaecological conditions, till date various physical therapy treatment strategies have been practiced to manage postpartum diastasis recti. Therefore, this review aims to gather and present the most effective available treatment of postpartum diastasis recti abdominis from a Physical Therapist point of view.

**Methods:** Two electronic databases; PubMed and Google Scholar were searched to screen the articles from 2010 to 2021 to be included for this study.

**Results:** A total of 13 studies were included for the review. The results of the review shows physical therapy treatment strategies involving posture position (prone laying), abdominal binder, exercise therapy including abdominal exercises (abdominal-crunch and abdominal drawing-in), pelvic clock exercises, head lift and pelvic tilt with or without abdominal bracing, deep core stability exercises, isometric contraction of the pelvic floor muscles (PFM) and transversus abdominis muscle (TAM), isolated activation of transversus abdominis muscle, diaphragmatic breathing, postural correction and movement mechanics, kinesiotaping (from sternum to the pubic symphysis), and ergonomic care including education of getting out of bed, sitting, breastfeeding and lifting the baby, are effective in treating postpartum diastasis recti abdominis by reducing the inter rectal distance (IRD), increased strength and endurance of abdominals muscles, decreased abdominal and lumbopelvic pain and incontinence.

**Conclusion:** To the author best knowledge, this is a first of its kind of a review considering studies with varied treatment strategies and clubbing them to study the different protocols available across the world to be presented in one study so that students, researchers and clinicians can pick up and implement the treatment in their settings.

### Biography

Kanika is working as Assistant Professor at Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University) Mullana, Harayana. She is also pursuing Ph.D. from the same University. In the past she has worked with Parkinson's Disease and Movement Disorder Society (PDMDS). She has done her masters from Amar Jyoti Institute of Physiotherapy, Delhi University in neurological conditions. She has one year experience of treating patients with neurological conditions with advanced techniques.

drkanikaphysio96@mmumullana.org