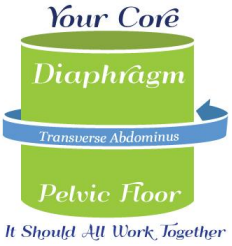
What Is Diastasis Recti and Why Is It An Issue?

Diastasis recti is more than a cosmetic issue. It is characterized by a change in the tensegrity of the linea alba which is the connective tissue that weaves the rectus abdominus muscles (six pack), obliques, and the transverse abdominus together down a person's midline. This change usually involves involves a thinning and widening of the fascia which impacts the entire core. It is normally written off as a typical pregnancy side effect, but it's also common in men and children. A separated or strained linea alba allows the two separate halves of the frontal abdominal wall to shift apart, creating a "trench" in what should be a protective, supportive wall of muscle and fascia. Other correlating symptoms of a compromised core include: Low back pain, pelvic floor weakness, prostate dysfunction, prolapsed uterus, hip pain, sacral instability, chronic constipation, respiratory dysfunction, irritable bowel symptoms, and menstrual cycle issues are all directly related to a diastasis. A bulging stomach correlated to diastasis displaces vital organs thus affecting bowel health, pelvic floor health, prostate health, bladder health, and lower back health. Frequency and severity of chronic lower back pain, acute lumbar injuries, hernia, incontinence, and other side effects have been noted to increase as the width and depth of a diastasis increases.



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What causes the ab gap: Pressure & Poor Strategy

Pregnancy is not the primary cause of diastasis; a woman's abs are designed to make room for a growing child and then return to normal. It is a person's movement strategies - both in fitness and daily life - that determine the amount of strain and separation to the linea alba. The wider the separation, the longer it can take to heal, but it's never too late. Working a job where slouching or leaning over is the normal body position; abdominal surgery, including c-sections, hernia repair, abdominioplasty; more than one pregnancy; multiples in pregnancy; long pushing phase in labor; chronic coughing or asthma; chronic constipation requiring bearing down; over-exercising the abdominals with traditional fitness "ab work" without proper mechanics. *While many turn to crunches, situps, full prone planks, or similar forceful forward flexed movements to tone and flatten their bellies, those exercises have the potential to worsen diastasis in the person whose belly domes with pressure.* Avoid putting excessive pressure on the linea alba until proper breath, alignment and movement strategies are in place. Many resistance training programs strive to create micro tears in the muscle fibers, but trying to "shred" the abs of someone with a DR that hasn't regained tension could literally shred that thin connective tissue into herniating. The amount of stress that repetitive forward-flexion or crunch-like positions puts on a damaged linea alba often results in greater *separation in the middle portion* at the umbilicus.

How can we check for diastasis recti?

A non-resistant "dip" felt between the rectus abdominus during the initial moment of spinal flexion and a "gap" wider than 2 cm are basic indicators. Visually, a "football bulge" that's firm to the touch emerges during high pressure motions as the linea alba "domes." **To check:** Lay on your back, knees bent, feet flat on the floor, hands relaxed at your sides **F**eel the bare tummy. Place your hands vertically over the umbilicus. Feeling a surface pulse is an instant sign of thinned linea alba connective tissue. After feeling for a pulse, lift ONLY your head off the floor SLOWLY. Close your eyes and concentrate on feeling for the two side ridges of the rectus abdominus, noting when they FIRST flex and stick out BEFORE they pull together. A healthy linea alba will feel the same as putting a finger between two of your knuckles. The question is, how many finger-widths can you fit between the gap when you FIRST lift your head? That is the field-standard number of their diastasis separation. Ultrasound imaging is the most precise way to check for DR. Please visit the resources tab on fit2b.com for several free videos.

What can be done about diastasis recti?

Diastasis is often due to core weakness which can also manifest other symptoms like hernia, back pain, pelvic floor pain, and incontinence. It is essential for those who suspect they have DR to seek core rehab with a specialised therapist and then utilize workouts that provide diastasis-aware movement strategies that will not undo their therapy. Proper prenatal core training and postnatal rehabilitation of the abdominal wall can often effectively and non-surgically correct this condition. Resources include but aren't limited to diastasis aware fitness at **fit2b.com** - abdominal rehab at **thetummyteam.com** - pelvic rehab at **thepelvicfloorplace.com**

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