



WOMEN'S HEALTH - DIASTASIS RECTUS ABDOMINUS (DRA)

Disruption of the Linea Alba, a three dimensional complex meshwork of connective tissue that connects the right and left abdominal muscles, can commonly occur during pregnancy. Boissonnault and Blaschak (1988) found that 66% of women in their third trimester have a DRA.

DRA can be difficult to treat in the post-natal period and there are no research guidelines or RCT's to guide clinicians towards the best treatment protocol. Early treatment is important post-natally, but mothers have a big enough task in

settling a new family member in to the home.

Prevention of DRA during pregnancy is more tangible and is also relatively easy. Prevention should be "Gold Standard" practice for all pregnant women.

PREVENTION: Clinical experience shows us that women who have high tone through their abdominal wall prior to pregnancy seem to be more at risk of developing a DRA. Inappropriate exercise technique during pregnancy or excessive loading to the abdominal wall can put women at an increased risk of DRA.

Teaching women to consciously relax their abdominal wall allows them to better accommodate the growing uterus. A number of people hold the false perception that they should activate their "core muscles" consciously and continuously in all upright postures. This leads to a myriad of health consequences.

Teaching women the reasons why relaxation is important and raising awareness about unsafe exercises during pregnancy is fundamental to management success. With the use of Real Time Ultrasound, we can ensure the Transversus Abdominus, pelvic floor and diaphragmatic muscles are working effectively.

When to assess for DRA?

Ideally women are assessed for DRA throughout their pregnancy. This is standard practice for any pregnant women presenting to The Physiotherapy Clinic.

Women who attend our Pregnancy Pilates classes are routinely checked and offered a free screening of their core muscles using Real Time Ultrasound. In addition to an examination of the width and depth of a DRA, a thorough assessment of breathing patterns, lumbo-pelvic stability and pelvic floor function is required to establish the full functional impact of the condition.

The Importance of Treatment:

For some women there is a natural resolution of their DRA, however for many, dysfunction can persist compromising breathing, lumbo-pelvic and hip stability, normal daily function, continence, and aesthetics.

How We Treat DRA:

During pregnancy:

Downtraining (conscious relaxation) of the superficial abdominal wall with specific exercises.

Upraining (conscious activation) of the deep core muscles (Transversus Abdominus and the pelvic floor muscles) in co-ordination with a normal breathing pattern.

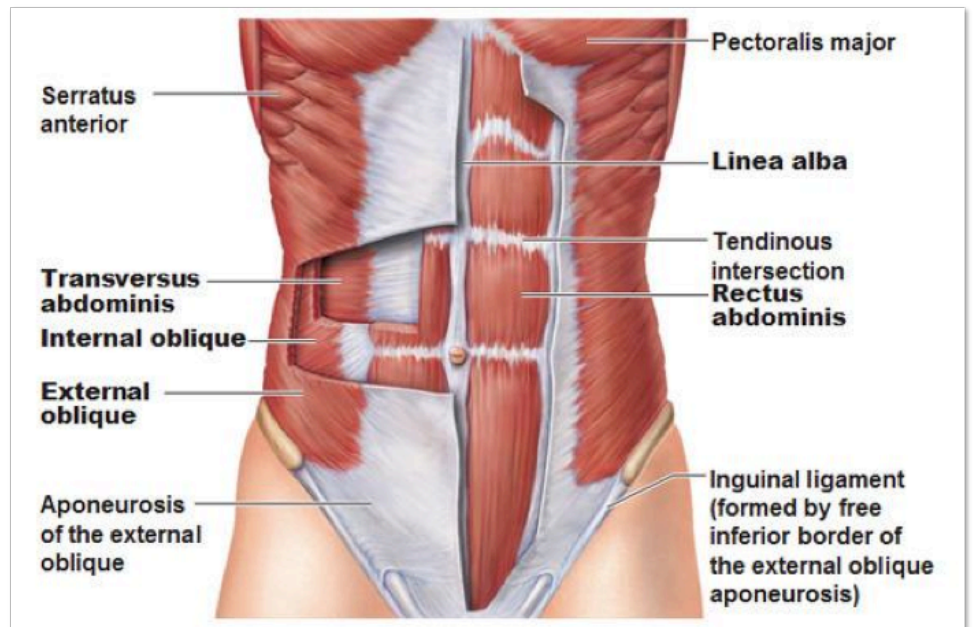
Prescription of a Tubi-grip (elastic compressive support) stocking for the abdominal canister in severe cases.

After Birth:

Where possible, the early use of a Tubi-grip stocking provides support to the stretched abdominal wall and assists in initial recovery.

Early exercise: commencement of Transversus Abdominus and pelvic floor muscle re-training exercises with Ultrasound biofeedback.

Progressive exercises for the core stabilizers, and global muscles of the pelvis, hip and trunk.



THE ABDOMINAL WALL: the layers of muscles on either side of the abdomen connecting to the central fascia of the Linea Alba

CAUTION DURING

EXERCISE: All women should be pre-screened before returning to exercise. We regularly observe that when a DRA is missed, women who return to high intensity exercise make the condition worse. As the diastasis affects the normal function around the thorax and lumbo-pelvic regions there is an increased risk of developing back pain, pelvic pain and pelvic floor dysfunction.

Spitznagle et al (2005) found that 66% of women with DRA had at least one type of pelvic floor dysfunction. This is not surprising considering the strong fascial links between the abdominal fascia and the endopelvic fascia. In normal function, there is a synergy between all of the core muscles.

A significant portion of women we return to a high level of exercise too quickly. Following an

assessment, we can provide advice on the right level to start at, and give guidelines on when to return to higher intensity exercise.

POST NATAL PILATES:

Our post natal classes focus on the restoration of normal motor control as the tissues recover from pregnancy and birth. We rebuild the deep core muscles and then regain functional strength to reach optimal, pain free function. For more information on our classes, please see: www.physiotherpayclinic.com.au

SURGERY: Canadian physiotherapists Diane Lee and colleagues suggest that there is a subgroup of patients who cannot generate enough tension through their abdominal wall to provide optimal stability during functional tasks. In this case a surgical review may be warranted. We can help guide you on this. For further information see: http://dianelee.ca/education/article_diastasis.php .



TESTING OF DIASTASIS RECTUS ABDOMINUS