



CASE PRESENTATION

History of present illness:

A 32-year-old multiparous female who was 8 weeks postpartum, presented with complaints of burning and cramping abdominal pain and sensation of giving way in her anterior abdomen and R lower back pain, mild and intermittent, worse while sitting up.

Obstetric History:

- Gravida 7 Para 5
- No miscarriages or abortions

Physical exam:

- Diastasis was noted in the recti muscles at least 3cm width at the level of umbilicus.
- Tenderness of right lumbar paraspinals and bilateral glutei muscles.

Plan:

- She was prescribed a lumbosacral corset.
- Physical therapy sessions for stretching of back muscles and strengthening of abdominal muscles- rectus abdominis (main muscle), transversus abdominis, internal and external oblique muscles.
- Pt is currently continuing home exercise program after initiation of physical therapy.
- She is scheduled for Rehab clinic follow up in 2 months.

IMAGING

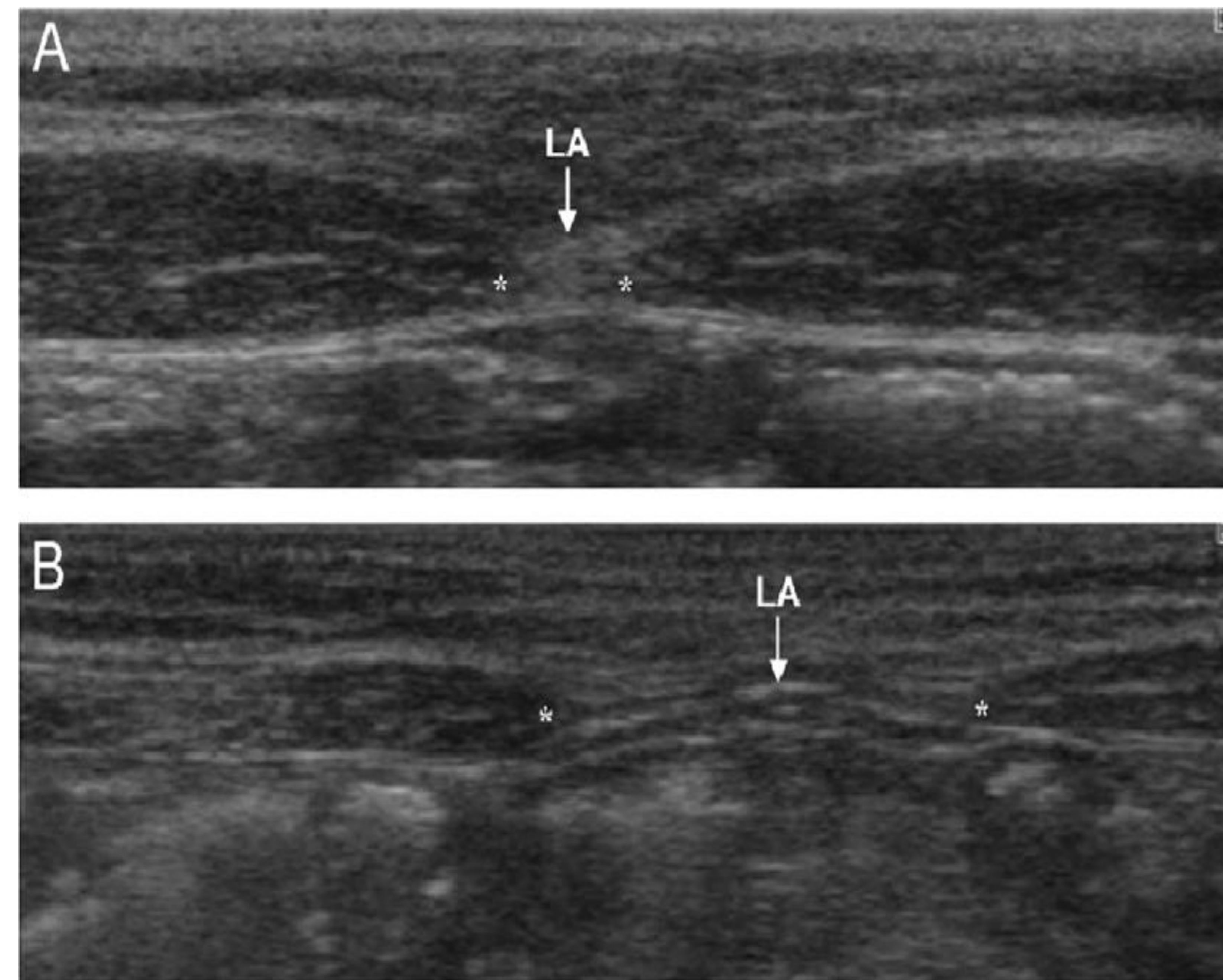


Figure 1

A- Ultrasound image of normal rectus abdominis muscles separated by Linea Alba (LA).

B- Ultrasound image showing diastasis between the two recti. (Source: Research Gate).

DISCUSSION

Diastasis of the rectus abdominis muscles (DRA) is caused by thinning and widening of the linea alba and weak abdominal musculature and lower trunk muscle rotation torque¹. Ultrasound is a reliable tool to measure inter-recti distance^{2,3}. A 4-month weekly supervised pelvic floor muscle exercise class started 6 weeks postpartum on 175 primiparous women in addition to daily home training of the pelvic floor muscles, did not reduce the prevalence of diastasis⁴.

DISCUSSION

Trials of postpartum primiparous women showed deep core stability-strengthening program plus traditional abdominal exercises program especially abdominal crunch exercises reduced DRA^{5,6}. At 6 months, positive effects on trunk flexion strength were noted in the exercise therapy and abdominal binding intervention group⁷. Abdominal muscles stabilize the spine; hence, increased BMI and DRA may cause chronic low back pain (LBP)⁸. Patients not responding to conservative management were treated with surgery, but recurrence rate may be as high as 40%⁹.

CONCLUSIONS

Abdominal binder combined with abdominal core muscle strengthening can improve diastasis recti in postpartum females.

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