

What is Diastasis Recti? And How Pilates Can Help!

Diastasis Recti (DR) is the unnatural distancing of the right and left halves of the abdominals from each other. As Pilates instructors, it's best to think of DR as a whole-body issue. To get a sense of what it is, lift your arms above your head and feel how your neck, torso, and even your feet adjust to the position of your arms. That is what DR does to the body when certain forces act on the core to create the separation. Our job as Pilates instructors is to help equalize all forces in the body to help return the abdominals to a more stable position.

Medical professionals have no consensus on a normal width of linea alba – the fibrous structure that runs along the midline of the abdomen. However, a DR diagnosis is based upon the absolute measure of 2.7 mm or more between the rectus abdominis halves. This is mostly for insurance purposes so that a diagnosis can be agreed upon for treatment. (Note that your rectus abdominis has actually always been separated; it is a pair of muscles with its own fascial sheet that is referred to with a single name. It is NOT a torn muscle).

To understand DR, it's important to understand our human abdominal anatomy. There are muscles down the front of your belly – the rectus abdominis – and the obliques on each side. There are also abdominals that wrap around from the back, the linea alba down the middle of the abdomen, the guts inside your abdomen, and the fascia and skin that wrap around it. But there are also parts you can't see, and the forces or pressure that acts on the abdominals are not represented when you approach anatomy this way.

With DR, the forces are just as important, if not more...

Due to attachments on the rectus sheaths, when the obliques and the upper part of the transverse abdominis contract, these muscles pull the halves of the rectus abdominis away from each other, deforming the linea alba between them. This is one of the reasons that very fit and lean people can have DR. You can actually have too much tension in your obliques.

You do not have to have a baby or have fat pulling your abdominal muscles apart from the insides – you can do that all on your own depending on how you tense your muscles. Your guts are always under pressure, but not at a consistent level. The amount of intra-abdominal pressure varies depending on what you are doing with your entire body. Coughing, laughing, pooping, breathing, birthing, posture, and exercise habits are all things that can change the amount of pressure in your abdomen.

DR can be brought on by a one-time too great load but also by a lifetime of habits. Men, children, and nulliparous women can all develop DR.

So how can Pilates help people with DR? Here are some general rules for working with DR:

- Make sure arm movement does not pull on the ribcage. This displaces the abdominal muscles and pulls on the linea alba.
- Help with lifestyle adjustments. Teach your clients how to sit in a chair, lift objects from the floor, and stack the spine while standing.
- Teach clients how to engage the TA (Transverse Abdominis) scoop! Tell them to cue themselves to engage it when changing positions, lifting, and doing their exercises.
- Be cautious of full belly breaths than can pull on already tight fascia. Focus on breathing into the sides and back (the TA runs to the sides of the body and needs this eccentric loading).

Working with DR can be intimidating, but once you know what it is and how to properly work and load the body safely, Pilates can be a big help to returning your client to health with better posture and core strength.

Please join Peak Pilates Master Instructor Jessica Schultz for this informative and practical virtual workshop on September 18, 2022!

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