DOI: 10.7860/JCDR/2026/88435.22884 Abstract No.: 38

Effects of Training Transversus vs Rectus Abdominis in Diastasis Recti: A Scoping Review

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ABSTRACT

Diastasis Recti Abdominis (DRA) is a common postpartum condition marked by the separation of the rectus abdominis muscles, leading to reduced core stability and altered biomechanics. The prevalence of DRA decreases to approximately 52% by 4-6 weeks after delivery and about 39% by six months. Clinically, DRA is identified when the Inter-Recti Distance (IRD) exceeds 1.5 cm at the xiphoid, 2.2 cm above, or 1.6 cm below the umbilicus. Rehabilitation programmes focussing on transversus abdominis activation, Pelvic Floor Muscle (PFM) training, and hypopressive exercises have shown positive outcomes.

To review available evidence on the effectiveness of Rectus Abdominis (ReA) and Transversus Abdominis (TrA) training in reducing Inter-Recti Distance (IRD).

A literature search was conducted using PubMed, Scopus, Google Scholar, Research Direct, and Elsevier with keywords including diastasis recti, exercise, IRD and postpartum. Case reports and studies without exercise interventions were excluded, while full-text English reviews, eligible RCTs, and CCTs were included.

A significant reduction in IRD (0.8-1.5 cm) was reported after 6-12 weeks of training. All rehabilitation programmes improved IRD, core stability, and functional performance. TrA-focussed exercises consistently showed better outcomes than traditional abdominal training, while TrA combined with PFM activation produced the most comprehensive results.

TrA-focused exercise protocols were more effective in reducing IRD and improving core function than ReA-based training. Deep core stabilisation exercises are effective for postpartum DRA. Standardised protocols and more high-quality studies are needed to establish best practices and enhance maternal health outcomes.

Keywords: Postpartum, Rehabilitation, Transverse abdominis

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