

Working with Diastasis Recti Clients

- What is Diastasis Recti and What Generally Causes it?
- Bodyreading & Assessment for Diastasis Recti - The Finger Test
- Making a Treatment Plan for Clients
- Treatment Demonstration
- Giving Homework: Examples of At Home Self Care for Diastasis Recti

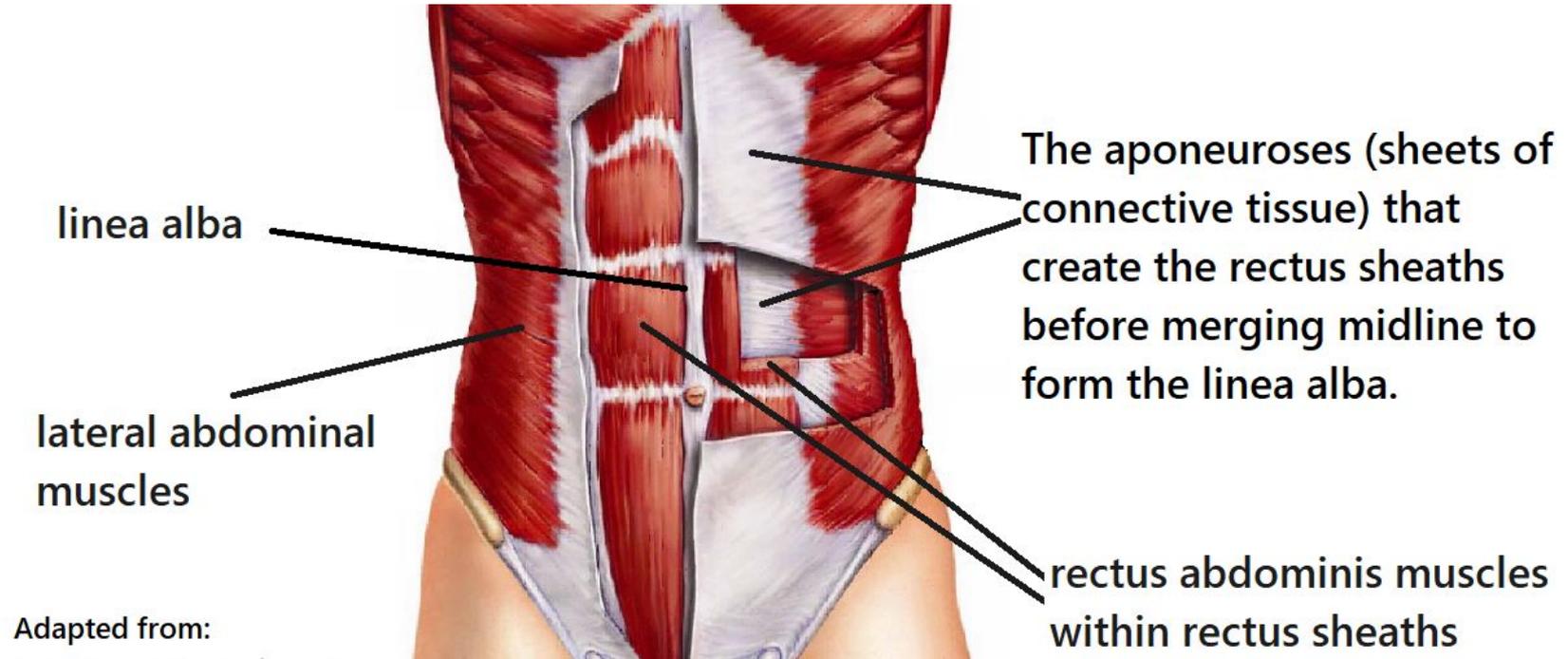
Note: these reference slides will be available in the course after the webinar

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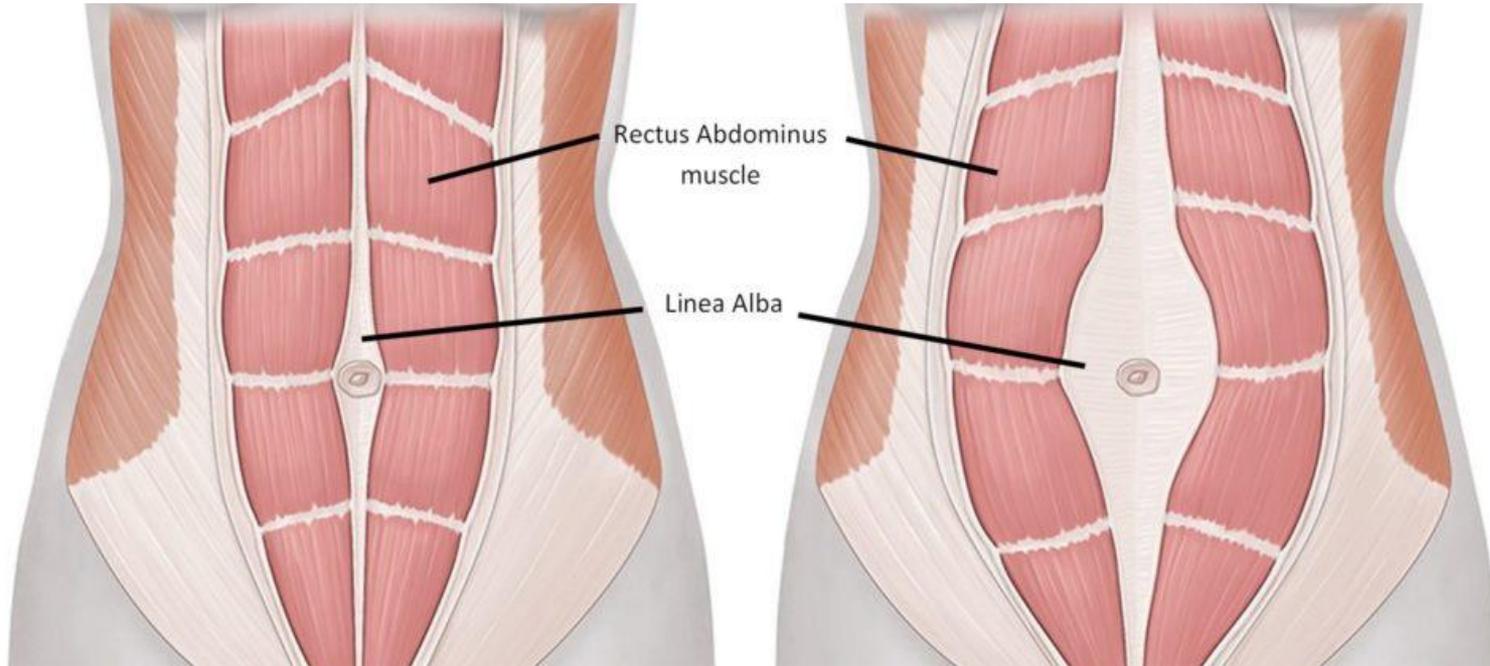
- What is Diastasis Recti and What Generally Causes it?

So, what is Diastasis Recti specifically?

- **Diastasis Recti is a split of the Linea Alba, which is a large connective tissue structure that fuses the 3 layers of abdominal muscles together**

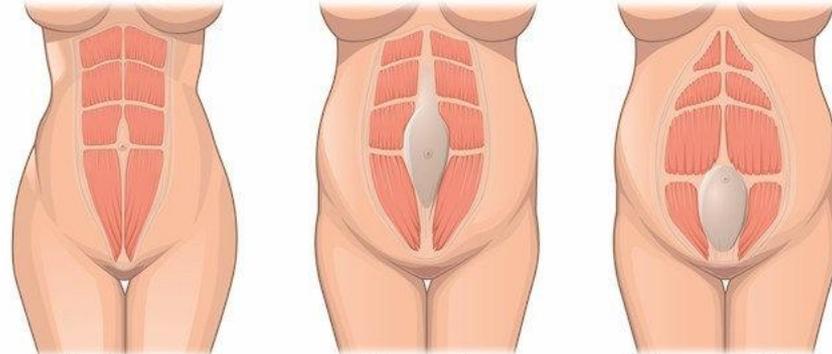


- In a healthy linea alba (on left), the layers of abdominals come together with no separation - when a Diastasis Recti occurs the linea alba splits like the image on the right



- The split itself can be smaller or larger, around the umbilicus, above or below it, or along the entire linea alba

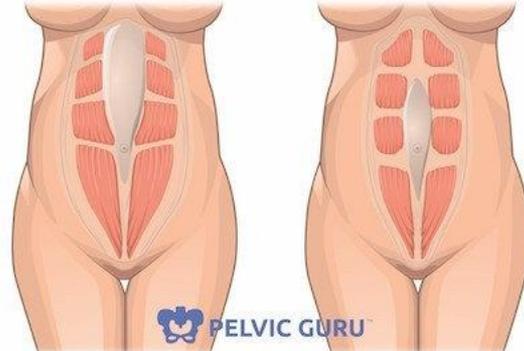
Variations of Diastasis Recti



Abdomen without diastasis

Diastasis around umbilicus

Below umbilicus diastasis



Above umbilicus diastasis

Diastasis along full length of linea alba

Without the structural support of the linea alba, the brain stops the abdominals from properly firing in an effort to keep the split from growing resulting in flaccidity in the musculature - ie a lack of “core strength”

The size of the split is generally referred to by the “number of fingers” that an evaluator can fit into the split easily when applying the “finger test” evaluation to test for the issue (we’ll be demonstrating that test later...)

Some Basic Concepts That You & Clients Need to know

- **Due to the linea alba being a “white” tissue structure (mostly connective tissue, little to no blood vessels) it takes a long time to heal as compared to muscles, skin, and other tissues that have plenty of bloodflow into and out of them**
- **Like other types of injuries to “white” tissue, bracing the area and avoiding activities that put pressure on it are required to allow the body enough time to fuse the tissue back together**
- **The flaccidity of the abdominal muscles will cause other muscle groups to over-engage for postural support such as back extensors, hip flexors, pecs, etc. These compensations tend to cause pain symptoms elsewhere and are often the thing that the client is actually coming to you for treatment for.**
- **However, undoing these compensatory patterns to treat other issues such as back pain, shoulder pain, neck pain, etc, without creating the necessary support of a healthy linea alba worsens the diastasis and will cause cyclic presentations of the secondary symptoms.**

Some Basic Concepts That You & Clients Need to know

- **Common “core” exercises such as crutches, situps, planks, and others are not advised with a diastasis recti as these exercises put more pressure on the split**
- **At best these exercises will prevent the split from fusing, at worst these types of exercises will make it larger**
- **Physical therapy exercises for diastasis recti begin with purely isometric engagement of core muscles (preferably with bracing) and slowly graduate to more traditional “core” exercises as the split fuses together with scar tissue**
- **True treatment of a large diastasis recti generally takes 12-16 weeks of combined bracing and physical therapy - massage can support this, accelerate the timeline, and work on the secondary pain symptoms, while rebalancing the musculature to include a re-engaged core**

Some Basic Concepts That You & Clients Need to know

- **There are several types of bracing readily available online that are easy to order and cost effective**
- **For larger splits (3+ fingers) 24/7 “full” bracing for at least 6 weeks is recommended so that regular daily activities can be engaged in without worsening the split (such as climbing stairs, lifting children or groceries, etc)**
- **For smaller splits (1-2 fingers), many clients do fine with an “X” brace of kinesio tape which is less intrusive feeling and more easy to wear constantly (there are many taping configurations and stylings that are more complex than a simple X and might benefit clients that can be found online)**

Example of a “Full” Brace



Example of an “X” Brace Using Tape



What causes a Diastasis Recti?

- **While there are a variety of factors that may put pressure on the linea alba enough to cause the tissue to split including genetically softer connective tissue, extreme exertion activities, and others, the vast majority of clients get this issue during the 3rd trimester of a pregnancy when the combination of pressure from the growing fetus and relaxin hormone makes the linea alba especially vulnerable to splitting**
- **Often women get a diastasis during their 2nd or 3rd pregnancies (vs their 1st) when they have to regularly lift their toddler and carry them while pregnant**

What causes a Diastasis Recti?

- Diastasis recti is extremely common in those who are pregnant and during the postpartum period. It affects about 60% of people. It *usually* resolves itself within eight weeks of delivery. About 40% of those who have diastasis recti still have it by six months postpartum. (Source: [Cleveland Clinic](#))
- In addition to pregnancy, weightlifters, bodybuilders, and people who regularly lift heavy things for work of all genders can get this condition
- Anyone engaged in heavy lifting activities can also get a diastasis (or a hernia in other areas of the abdominal wall)

The most important thing that you & clients need to know:
It's not likely to heal on its own...

- **Once formed, it is very unlikely that a large diastasis recti will heal on its own, especially splits larger than 2 fingers, due to our need to engage in daily activities such as sitting up in bed, lifting a newborn, getting in and out of chairs, etc.**
- **These seemingly simple daily activities all require basic core engagement and will cause any progress that the body makes fusing the split to become undone if performed without bracing and proper body mechanics**

The most important thing that you & clients need to know:
It's not likely to heal on its own...

- I've worked with over 100 clients with a diastasis recti and many didn't know they had one and had their children decades before working with me. While it's not possible to know exactly when the split occurred, clients will often report having a lack of a "core" for years to decades. These clients always come in for secondary issues such as back pain, neck pain, shoulder pain, and even seemingly unrelated issues such as plantar fasciitis.
- For most clients with decades long splits, bracing, working with a good PT specialist, and working on the secondary symptoms with massage therapy approaches has allowed them to shrink or even fully fuse the split and regain core muscle function.

The most important thing that you & clients need to know:
It's not likely to heal on its own...

- For larger splits that are years to decades old, clients may need to start with a full brace for 12-16 weeks, then use an X tape brace for an additional 3-12 months while working to regain proper core muscles and rebalance them with the rest of the musculature. They can slowly graduate from 24/7 bracing to only bracing when doing strenuous activity that involves lifting heavier things to eventually no brace at all.
- There are surgical interventions that can be performed to close the split and for some clients this might be a good option, especially on very large splits or with clients who have tried bracing, PT, and massage without success

Working with Diastasis Recti Clients

- Assessment & Testing for a Diastasis Recti

Signs that a Diastasis Might be Present

- **Awareness of diastasis recti has increased a lot in the last decade with more and more pregnant women becoming aware of the possibility of the condition**
- **That being said, I've run into dozens of clients who had no idea they had one so it's worth knowing the signs and how to assess for one**

Signs that a Diastasis Might be Present

- **A noticeable lack of abdominal tone when simply resting your open palm on the middle of the client's abdominals**
- **A protruding bulge in the abdomen that doesn't seem weight related**
- **Coning or doming when they contract their ab muscles**
- **An inability to pull the belly button inwards towards the spine (ie fire transverse abdominis and obliques)**

Other Indications that a Diastasis Might be Present

- Pelvic, hip, or low back pain
- Double “upper crossed syndrome” of the shoulders
- A lack of ability to balance easily on one leg
- Hypertonic back extensors and/or pectorals, especially with a lack of corresponding ab tone
- Hypertonic ball and socket joints in the shoulders and hips that are overcompensating for a lack of oblique support

Use the Finger Test if You Suspect a Diastasis is Present

1. First let the client know that you suspect a diastasis and ask permission to assess
2. Once you've obtained permission, place a flat palm on the middle of the abdomen first in order to feel for overall tone (or lack thereof) and to get the client accustomed to having you work in this area
3. Gently palpate for the belly button
4. Once you have the belly button as a landmark, gently palpate the linea alba and feel for a possible split above, at, and below the belly button
5. If you find a split it is often easy to sink your fingertips into it towards the spine and even palpate the lumbar vertebrae
6. Try to gently assess how many fingers you can fit into the split without effort which is used to indicate the size of the split
7. We'll show this assessment in the treatment portion of the webinar coming up

Be Clear on the Difference Between an Assessment and a Medical Diagnosis

- **In NYC, a licensed massage therapist is not ethically allowed to call anything they find a “diagnosis” and this is likely true in most localities (check your local licensure regulations). We *are* allowed to make a professional assessment of client conditions.**
- **We want to be very clear with our clients that we are giving them a professional assessment but that they will need to seek a diagnosis from a doctor or physical therapist to confirm the assessment in order to qualify for possible insurance coverage for physical therapy (and in rarer cases surgery)**

Working with Diastasis Recti Clients

- Making a Treatment Plan for Clients & Treatment Demonstration

Common Goals for Diastasis Recti Sessions

- Explain the condition and educate the client as to the likely possibilities and impacts it will have including what to expect in order to improve it - this is one of those conditions where client education is equally if not more important than table work
- Identify joints and muscle groups that are overcompensating for a lack of core tone
- Work on slowly relieving tension on these areas
- Use myofascial release strokes that create slack in all the surrounding tissue and lengthen all fascial lines *towards* the split - *do not use strokes that pull away from the split*

Common Goals for Diastasis Recti Sessions

- **Create better ROM in ball and socket joints that are currently being used for postural support instead of being free for movement**
- **Assist clients to transfer how they breathe from their belly to their ribcage by opening up muscles that attach to ribs and using verbal guidance to ask the client to inflate and deflate their rib cage during breath instead of letting the belly rise and fall - by creating more room for air to inflate the ribcage, the abs can start to fire and hold tone without limiting breath (*this is one of the most important ways that a massage therapist can assist and accelerate a client's recovery alongside PT*)**
- **Once you've created slack in the fascial lines around the split, help the clients to learn to fire their abdominals isometrically to hold belly slightly in while breathing - this might be impossible for them at first and until they wear bracing and practice proper isometric PT exercises**
- **You can assist with this by holding the sides of the split together with both hands with light compression of the abdomen while they try to breathe into their ribs**

Special Goals for Diastasis Recti Sessions

- It's a good idea to only devote 15-20 minutes or so on the above in a first session with a client, especially if they didn't come to you specifically for diastasis recti recovery work
- Spend the remaining time working on providing short term relief on the secondary pain issues while letting them know that the diastasis recti that you've assessed is a structural issue that needs to be addressed if they want these pain issues to have long term relief - without working to regain core stability, massage for their back pain, neck pain, etc will only provide short term relief and likely be a cyclic chronic issue
- Let the client know that an average treatment plan is to brace for 6 weeks minimum up to 16 weeks, and to preferably work with a PT who specializes in diastasis recti recovery as well
- Massage every 2-3 weeks can help accelerate the process, as well as relieve the secondary pain symptoms and help to integrate a new stronger core together with the rest of the body

Special Goals for Diastasis Recti Sessions

- **Working on releasing compensating muscles and joints should be done gradually over several sessions that are weeks apart so as to not completely destabilize the client's balance and movement until they are able to stabilize better with the core**
- **As the compensatory joints gain ROM they stop being used as much for postural support, which will force the brain to recruit the core muscles for support**
- ***We want this to happen* but there needs to be bracing and strengthening of the core muscles for the body to switch to using them comfortably - too much too soon simply destabilizes everything all at once making the client more vulnerable to tearing the split back open or injuring themselves in other ways**

Consider working entirely in Supine at first if you suspect a diastasis during intake

- **Normal strokes on the back in prone tend to pull tissue away from the split instead of towards it (if you haven't assessed the possible split until later in the session and started the session prone don't worry....most of their life activities have been putting pressure on the split for a long time)**
- **The linea alba exists fascially on the “front line” (as termed by Tom Myers in Anatomy Trains) and creating slack on the fascia and muscles in this line will decrease tension pulling on the split**
- **Additionally, turning over mid session has the potential of putting pressure on the split and should be avoided if possible**
- **In supine, you can still work on the back of the body, and more easily pull the tissue from the back towards the front to create more slack on the split**

Consider Swapping some “Table Time” for more time to explain the condition and give homework practices

- While the hands-on treatments *are* important, the client’s understanding of the condition and the need to make significant short and medium term lifestyle changes is *equally, if not more important*
- Be willing to spend less time on the table and more time explaining the anatomy involved, talking through their daily habits to look for contributing factors, and spend time to make sure they have a solid grasp of self care practices to do on their own at home
- For a normal 60 minute session, I’d give at least 10 minutes of this over to the above

Proposed Treatment Sequence: 50 minutes in supine

- Fascial release of spiral line in the leg from hip down to ankle
- Fascial release of front line of the leg from knee up to hip
- Fascial release of hamstrings with leg resting on shoulder and hip flexed to provide slack on abs
- With chest drape and abdomen undraped, ask to perform and assess for a split using the finger test
- Fascial release of obliques from “corners to center” and pulling tissue from back to front
- Fascial release of pecs from shoulder to sternum while trying to help shoulder girdle ease backwards (upper spiral lines pull on obliques and wrap through the shoulder girdle)
- Anterior neck sequence, while explaining how the rectus abdominis fascially continues up through the sternal fascia into the SCM muscles to wrap around the back of the skull (meaning that the anterior neck is usually being recruited for postural support in place of core muscles)

Table Test: Finger Test for Diastasis Recti

1. First let the client know that you suspect a diastasis and ask permission to assess
2. Once you've obtained permission, place a flat palm on the middle of the abdomen first in order to feel for overall tone (or lack thereof) and to get the client accustomed to having you work in this area
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Working with Diastasis Recti Clients

- Giving Homework: Examples of At Home Self Care for Diastasis Recti

Client Homework Practices (demonstrate each)

- **Sitting isometric “100s”**
- **Reteach how to get up and down from a chair without using as much back and abs and relying more on leg hinges**
- **Reteach how to get up from lying down by rolling to one side and using arms to come to sitting vs abs (sitting up from bed in the morning first thing is an activity that can pull any healing on the split that happened during sleep to tear back open) (show Alexander Technique method for getting off of the table)**
- **Show how to lift things (small children for instance) using a lunge vs a squat - done properly a lunge requires less abdominal & back extensor engagement and transfers more of the effort to the legs**
- **Helping clients find and purchase braces/tape**
- **Assisting clients in finding a specialist to work with**

Client Homework Practices (explain each)

- Kinesio taping as bracing to support abs while healing: <https://amzn.to/4biRkNi>
- Full bracing for larger splits: <https://amzn.to/3JMyr9C>

Working with Diastasis Recti Clients

- Q & A
- How to download slides, get your certificates, when video will be available
- Our upcoming 2 day live workshops on pelvic & ribcage realignment