

Physiotherapy Department, Women's Centre

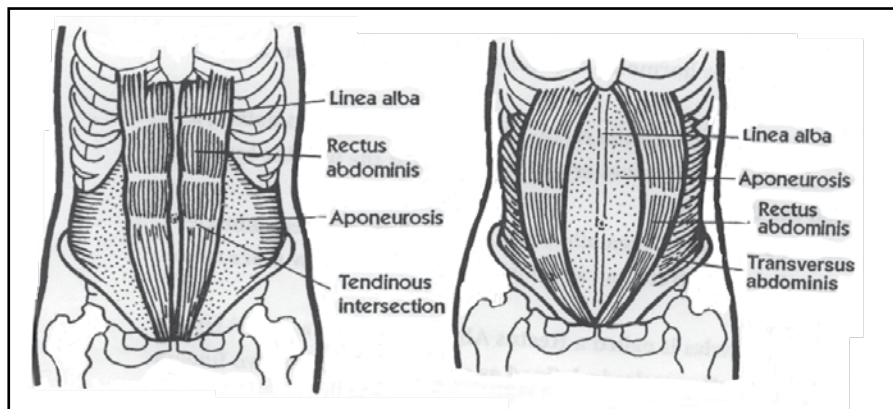
Recti divarication

Information for patients



Recti divarication

Recti divarication occurs when the two sides of your recti (or rectus abdominus) muscle separate in pregnancy. This separation is a normal occurrence of pregnancy which is only a 'problem' if the muscles do not go back to their correct position.



How does it happen?

Pregnancy hormones soften your connective tissue, making it more easily stretched by your growing uterus. The above picture shows how this causes your recti divarication.

How does it recover?

Often a small divarication resolves within 4 - 8 weeks of delivery. To help recovery it is important to strengthen the muscular corset around your trunk. However, it is important to avoid overworking the affected recti muscles at first.

Why is it important to treat?

If you have had a recti divarication your abdominal (tummy/ stomach) muscles will be weaker.

Weak abdominal muscles are linked to problems with back and pelvic pain, poor bowel function and reduced control when moving your joints.

Basic exercises

Initially you should try to do these exercises in sets three times a day. Once you can do these exercises correctly, do them little and often during normal activity.

Deep tummy muscle exercises

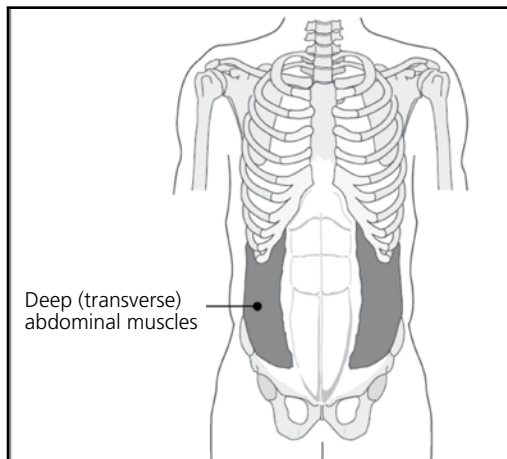
Your deep abdominal muscles span from side to side and form the front part of your muscular corset.

How to train your deep abdominal muscles

1. Lie down on your back or side, with your knees bent. Keep your breathing relaxed.
2. Gently draw your lower abdomen (just below your belly button) in towards your spine.

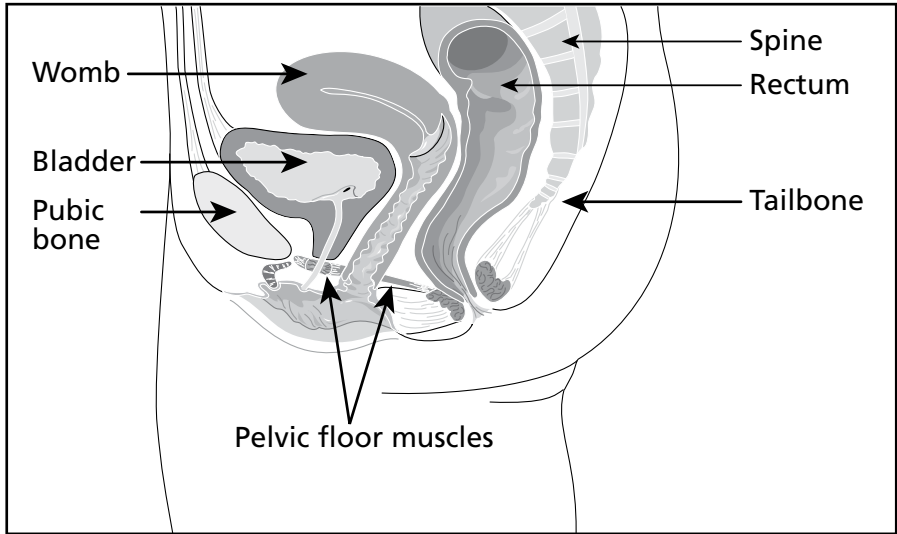
You should not be holding your breath or sucking your tummy in. Your rib cage and shoulders should stay still. The correct movement is very small and should only involve your lower tummy.

3. Try to hold this contraction for between 10 - 30 seconds. Repeat up to ten times.
4. Once you can do this lying down, try sitting and then standing.



Pelvic floor exercises

The pelvic floor sits like a hammock of muscle supporting the pelvic contents from underneath.



How to train your pelvic floor muscles

Find a comfortable position. Lying down is easiest at first.

1. Imagine you are trying to stop yourself passing wind by tightening around your back passage. Imagine trying to stop yourself passing urine by tightening the muscles around your front passage. At the same time gently draw your pelvic floor muscle up into your pelvis. Keep breathing normally.
2. Aim to hold the contraction for ten seconds. Repeat up to ten times. If you feel the contraction dropping off, stop, rest and start again.
3. Next, repeat the contraction quickly. Hold for one second then relax completely. Repeat this aiming for 10 - 15 repetitions.
4. Once you can do this lying down, try sitting and then standing.

Further exercises

Only attempt exercises ticked by your physiotherapist.

Deep abdominals with knee bend



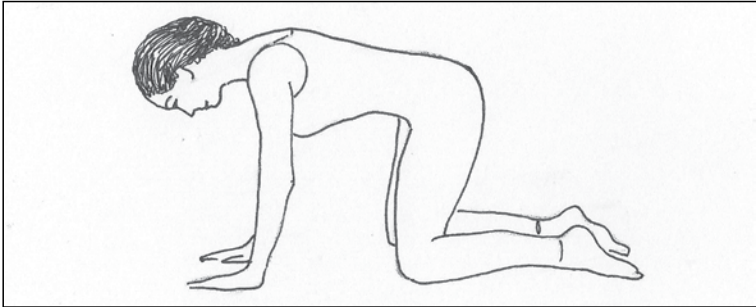
1. Lying on your back with your knees bent, contract your deep abdominals as overleaf.
2. Slowly lower your knee up to 5cm to the side. You are aiming for a small, controlled movement without your opposite hip rolling or lifting.
3. Repeat with each leg five times.



Deep abdominals in kneeling



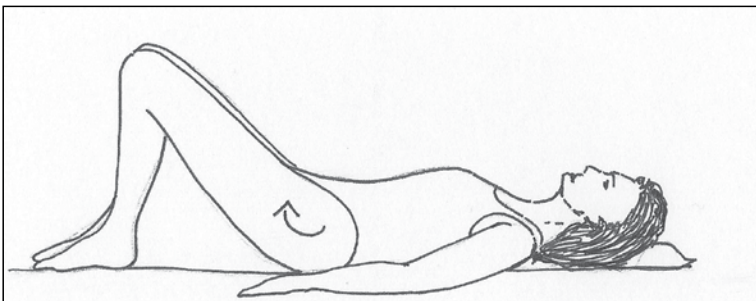
1. Whilst kneeling on all fours, contract your deep abdominals to keep your back still.
2. Don't allow your back to arch or drop, or your muscles to relax.
3. Try to hold for up to 30 seconds, then relax.



Deep abdominal with pelvic tilt



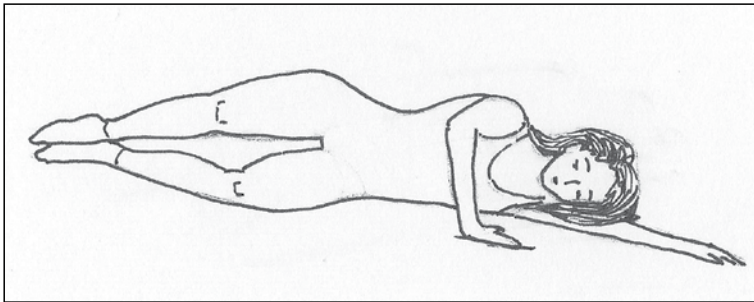
1. Lying on your back with your knees bent, contract your deep abdominals as overleaf.
2. Keep your breathing relaxed and gently curl your pelvis up. This will flatten your back against the floor and bring your pubic bone up towards you. Make sure your shoulders stay relaxed.
3. Hold this position for up to ten seconds. Then slowly relax your pelvis back down. Repeat five times.



Deep abdominals with leg lift



1. Lie on your side with your knees bent. Activate your deep abdominals as overleaf.
2. Keeping your breathing relaxed, gently lift your top knee about 10cm. Your pelvis should not roll back and your feet should stay together.
3. Keeping your pelvis still, slowly lower your leg down.
4. Repeat with each leg five times.



Key points

- At this stage it is important to have stopped using any abdominal supports unless your physiotherapist tells you otherwise.
- With all these exercises it is much more important to achieve good control than to do lots of them.
- If they cause you pain, stop and check you are performing them correctly. If pain persists tell your physiotherapist.
- Once you can confidently control these exercises you may like to consider a postnatal exercise class that focuses on stability. Postnatal Pilates is generally a good example of this.

Further information

If you are continuing to have difficulties, contact the Physiotherapy Department at the Women's Centre, John Radcliffe Hospital where an appointment can be made for you to be seen in Oxford or Banbury.

Tel: **01865 235 383** (8.30am - 4.00pm)

You may be able to be seen by the Physiotherapy Musculoskeletal service at your local community hospital, which might be more convenient for you too. Your GP or midwife will be able to advise you on this.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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