

reduced quality of life, suggesting that the clinical consequences of DRA are multifactorial (Bixo et al., 2021). Therefore, combining structural measurements, objective functional testing, pain assessment, and quality-of-life evaluation is essential for constructing a comprehensive multidimensional assessment framework and guiding individualized rehabilitation strategies.

4 Rehabilitation Interventions for Diastasis Recti Abdominis

4.1 Exercise therapy

Exercise therapy is the cornerstone of conservative management for diastasis recti abdominis (DRA). Its primary goals are to restore abdominal wall tension, reconstruct the core stabilization system, and promote the functional integration of the linea alba. Existing scoping reviews, systematic reviews, and meta-analyses consistently indicate that training centered on activation of the transversus abdominis (TrA) is one of the most commonly used and theoretically grounded interventions. As a key muscle in regulating intra-abdominal pressure and maintaining abdominal wall tension, contraction of the TrA may enhance linea alba tension through a “corset effect,” thereby reducing inter-recti distance (IRD) to some extent and improving trunk stability (Deka, 2025). Common training modalities include diaphragmatic breathing, the draw-in maneuver, deep core stabilization exercises, functional training, and Pilates. Previous meta-analyses have shown that isolated TrA training may reduce IRD compared with minimal intervention, with a mean difference of approximately -0.6 cm, although the overall quality of evidence remains low, suggesting that while potential benefits exist, higher-quality studies are still needed to confirm its efficacy (Skoura et al., 2024).

On the basis of TrA training, pelvic floor muscle training (PFMT) is often incorporated into comprehensive rehabilitation programs for DRA. The theoretical rationale lies in the fact that the transversus abdominis, pelvic floor muscles, and diaphragm together form the “core pressure system,” and their coordinated contraction helps maintain dynamic balance of intra-abdominal pressure, improve lumbopelvic stability, and optimize load transfer. Clinical studies and reviews suggest that combining abdominal exercises with PFMT, particularly when integrated with breathing control, postural regulation, and functional daily activities, is more beneficial for improving IRD and quality of life (Figure 3) (Khan and Bulbuli, 2024; Skoura et al., 2024). However, high-quality evidence supporting the effectiveness of PFMT alone for DRA remains limited. Current systematic reviews indicate that the quality of evidence is low, suggesting that PFMT is more appropriately incorporated within an overall core stabilization framework rather than applied in isolation.

Building on this, core stability training further integrates the coordinated control of deep and superficial muscle groups. Typical exercises include bridging, quadruped support, modified planks, and progressive curl-up or trunk flexion exercises. Recent network meta-analyses and narrative reviews suggest that isotonic training engaging both deep and superficial abdominal muscles, combined with breathing and postural control, may be more effective in reducing IRD than isolated exercise or purely passive treatments (Weber et al., 2024; Bigdeli et al., 2025; Wu et al., 2025). However, exercise prescription should follow individualized and progressive principles, and high intra-abdominal pressure or high-load exercises in the early postpartum period, such as traditional sit-ups or poorly controlled forceful curl-ups, should be avoided, as they may induce abdominal doming, pain, or pelvic floor discomfort (Chen et al., 2023). Therefore, the currently favored approach is a comprehensive exercise model characterized by “TrA-PFM co-activation+progressive core training+integration of functional movements,” rather than reliance on a single exercise or isolated muscle training.

4.2 Physical therapy modalities

Physical therapy serves as an important adjunct to exercise therapy and offers unique advantages in promoting neuromuscular activation, improving local tissue condition, and enhancing adherence to training. In recent years, multiple systematic reviews, meta-analyses, and network meta-analyses comparing different non-surgical interventions have consistently indicated that neuromuscular electrical stimulation (NMES) combined with abdominal exercise is more effective in reducing IRD than exercise alone, passive treatment, or no intervention, and ranks highly among conservative treatment strategies (Bigdeli et al., 2025; De Oliveira et al., 2025). Further subgroup analyses suggest that isotonic abdominal exercise combined with electrical stimulation may achieve