

Feature Review

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Assessment and Rehabilitation Interventions for Diastasis Recti Abdominis

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Abstract This study explores the assessment methods and rehabilitation interventions for postpartum diastasis recti abdominis (DRA). As a common structural and functional disorder following pregnancy and childbirth, DRA has a high prevalence and may persist long-term, adversely affecting core stability, lumbopelvic function, and quality of life in postpartum women. This review systematically summarizes the anatomical basis, pathophysiological mechanisms, and major risk factors of DRA, with a particular focus on assessment methods, including clinical palpation, imaging techniques (primarily ultrasound), and functional evaluations, while highlighting inconsistencies in current measurement standards and procedures. In terms of intervention, this study reviews exercise-based rehabilitation as the core approach, along with adjunctive therapies such as neuromuscular electrical stimulation, biofeedback, manual therapy, and abdominal support. It further compares the effectiveness of single interventions versus comprehensive rehabilitation programs in improving inter-recti distance, muscle strength, and functional recovery. The findings indicate that multimodal rehabilitation approaches demonstrate superior overall effectiveness compared to single exercise interventions; however, existing evidence is limited by methodological heterogeneity, lack of standardized protocols, and insufficient long-term follow-up. Future research should focus on establishing standardized assessment systems, promoting individualized and precision-based rehabilitation, and integrating multidisciplinary collaboration with digital technologies to optimize clinical management and long-term outcomes of DRA.

Keywords Diastasis recti abdominis; Postpartum rehabilitation; Inter-recti distance; Core stability; Rehabilitation intervention

1 Introduction

Postpartum diastasis recti abdominis (DRA) refers to the widening of the linea alba accompanied by separation of the rectus abdominis muscles on both sides, and is one of the most common musculoskeletal adaptations during pregnancy and childbirth. Epidemiological evidence indicates that DRA has a high prevalence during late pregnancy and the postpartum period, reaching approximately 70% in the third trimester, about 60% at 6 weeks postpartum, and persisting in 30%-33% of women at 12 months postpartum. In addition, several cross-sectional and cohort studies suggest that approximately 60%-80% of women exhibit measurable DRA in the early postpartum period, with a substantial proportion remaining affected months later (Selvam et al., 2025). Across different populations and measurement methods, the overall prevalence of postpartum DRA is estimated to be around 30%-60%, indicating that it is a common postpartum health condition with potential long-term consequences rather than merely a cosmetic concern (Chen et al., 2023). With the advancement of perinatal medicine and women's health research, DRA has increasingly become a key topic in multidisciplinary fields including obstetrics, rehabilitation medicine, and exercise science (Skoura et al., 2024).

DRA is not only a structural alteration of the abdominal wall but is also closely associated with reduced core stability and impaired trunk function. Decreased tension of the linea alba may weaken the regulation of intra-abdominal pressure, thereby affecting the overall function of the lumbopelvic stability system (Chen et al., 2023). Previous studies have suggested associations between DRA and low back pain, pelvic girdle pain, and impaired postural control, although the strength of these relationships remains debated. In addition, DRA may be accompanied by reduced abdominal muscle strength, postural abnormalities, and pelvic floor dysfunction (Butt et al., 2023; Fitriani et al., 2025). More broadly, changes in abdominal appearance and functional limitations may negatively impact the psychological well-being and quality of life of postpartum women, including body image