

example, the Swedish consensus recommends caliper- or ruler-based measurements and the use of imaging for suspected hernias or complex cases, but such guidelines have not yet been widely adopted internationally.

Furthermore, current assessment frameworks rely heavily on structural indicators while insufficiently integrating functional status, symptom burden, and patient-reported outcomes. IRD alone cannot fully reflect abdominal wall tension, core stability, pain, functional limitations, or quality of life, and may either underestimate or overestimate the true clinical impact. Therefore, future research should prioritize the development of internationally standardized and validated diagnostic thresholds, measurement protocols, and reporting frameworks, while promoting a transition from purely structural assessment to a multidimensional “structure-function-symptom” evaluation model.

6.2 High variability in rehabilitation protocols and lack of standardized training pathways

Rehabilitation research on DRA is similarly characterized by substantial heterogeneity, with wide variations in exercise content, dosage, supervision, and adjunctive therapies, and a lack of standardized, reproducible training protocols. Existing interventions include transversus abdominis training, pelvic floor muscle training, combined deep and superficial abdominal strengthening, breathing exercises, Pilates, yoga, suspension training, as well as neuromuscular electrical stimulation, electroacupuncture, Kinesio taping, abdominal support, and biofeedback (Zhu et al., 2025). Intervention duration ranges from 4 to 12 weeks, training frequency typically varies from two to five sessions per week, and timing may differ between antenatal, early postpartum, or later postpartum stages (Gluppe et al., 2023). This high level of heterogeneity makes it difficult to compare results across studies and to identify the most effective core components of rehabilitation.

Even within a single intervention type, substantial variability exists. For example, “core stability training” may involve entirely different exercise selections, intensity progressions, and load management strategies across studies. Similarly, curl-up training, transversus abdominis activation, and rectus-dominant exercises are often implemented with differing dosages, limiting direct comparison (Gluppe et al., 2023). The timing of intervention initiation is also inconsistent: some studies advocate early low-load activation training to promote linea alba recovery, whereas others recommend delaying structured training until tissue healing stabilizes. Currently, there is no clear consensus on how to balance safety, effectiveness, and optimal progression pathways.

This lack of standardization is also evident in clinical practice. Survey data indicate that although many physiotherapists routinely assess and treat DRA, their intervention strategies are largely based on personal experience rather than standardized guidelines, particularly regarding the choice between transversus abdominis-focused versus rectus-dominant training, timing of adjunct therapies, and progression strategies (Deka, 2025). Retrospective studies suggest that structured and standardized rehabilitation programs may achieve better outcomes in IRD reduction and quality of life than non-standardized care; however, these protocols are often derived from single-center experiences and have not been widely implemented. Therefore, future research should focus on developing evidence-based, consensus-driven rehabilitation frameworks with clearly defined exercise types, intensity, frequency, progression criteria, and adjunctive interventions to enhance reproducibility and clinical consistency.

6.3 Insufficient high-quality randomized controlled trials and limited long-term evidence

Although the number of studies on DRA rehabilitation and prevention has increased, the overall level of evidence remains limited, with a predominance of small-sample, single-center studies and a relative lack of high-quality randomized controlled trials (RCTs). Multiple scoping and systematic reviews have noted that many existing trials suffer from methodological limitations, including small sample sizes, inadequate randomization, lack of allocation concealment, insufficient blinding, and incomplete outcome reporting, leading to a high risk of bias (Gluppe et al., 2023). Some studies report that general postpartum exercise has no significant effect on DRA prevalence, possibly due to non-specific intervention content, mild baseline severity, or limited sensitivity of palpation-based measurements. In contrast, more targeted interventions, such as core stabilization, curl-up training, suspension training, or antenatal exercise programs, have shown promising results, but their external validity remains limited (Bigdeli et al., 2025).