CASE STUDY

Abdominal Muscle Separation and Back Pain

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Background

- 53% of women suffer DRA immediately postpartum and 36% of those remain abnormally wide at 5-7 weeks postpartum.[1]
- 66% of patients with DRA had support-related pelvic floor dysfunction (SPFD) diagnoses of stress urinary incontinence, faecal incontinence, and pelvic organ prolapse.[1]
- Untreated DRA can affect a woman's physical, psychological and social wellbeing in the immediate postnatal period as well as in the long term.[2]

Mary had a problem free pregnancy with no back or pelvic girdle pain and an uncomplicated delivery with the birth of her 3.8kg son Oscar. She was then referred to physiotherapy by her doctor 4 months after delivery with abdominal and back pain.

She explained that she thought she "had healed up" and had "strong muscles and was fit". She commenced running, push-ups and plank exercises to flatten her tummy and get in shape prior to her wedding which was 5 weeks away. After performing these exercises for 1 week she started to develop abdominal and back pain.

She presented to Physio at that time where on assessment she had a 5cm abdominal muscle separation and weak deep abdominal and pelvic floor muscles. It was no surprise the intense exercise program she embarked on had pushed her over the limit. Her back pain led to severe discomfort holding and picking up her baby.

She was then given specific physiotherapy exercises to do at home on a daily basis and attended clinical pilates twice a week.

The program targeted her deep abdominal muscles and pelvic floor. She performed these exercises for 3 weeks in conjunction with wearing SRC Recovery Shorts. She had relief immediately after wearing the Recovery Shorts.

Her program increased in difficulty each week and after 3 weeks her abdominal muscle separation had reduced to 1cm and she was free of back and abdominal pain. Most importantly she could lift and cuddle her baby Oscar comfortably not to mention looking fabulous in her wedding dress.

Outcome

After 3 weeks her abdominal muscle separation closed to 1 cm and she was free of back and abdominal pain.

References : 1. Spitznagle T.M. Leong F.C. and Van Dillen L.R. Prevalence of diastasis recti abdominis in a urogynecological patient population. International Urogynecology Journal 2007: 18(3), p 321-328, DOI: 10.1007/s00192-006-0143-5. **2.** Sleep J., et al, West Berkshire perineal management trial BMJ, 1984; 289: 587-690.

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