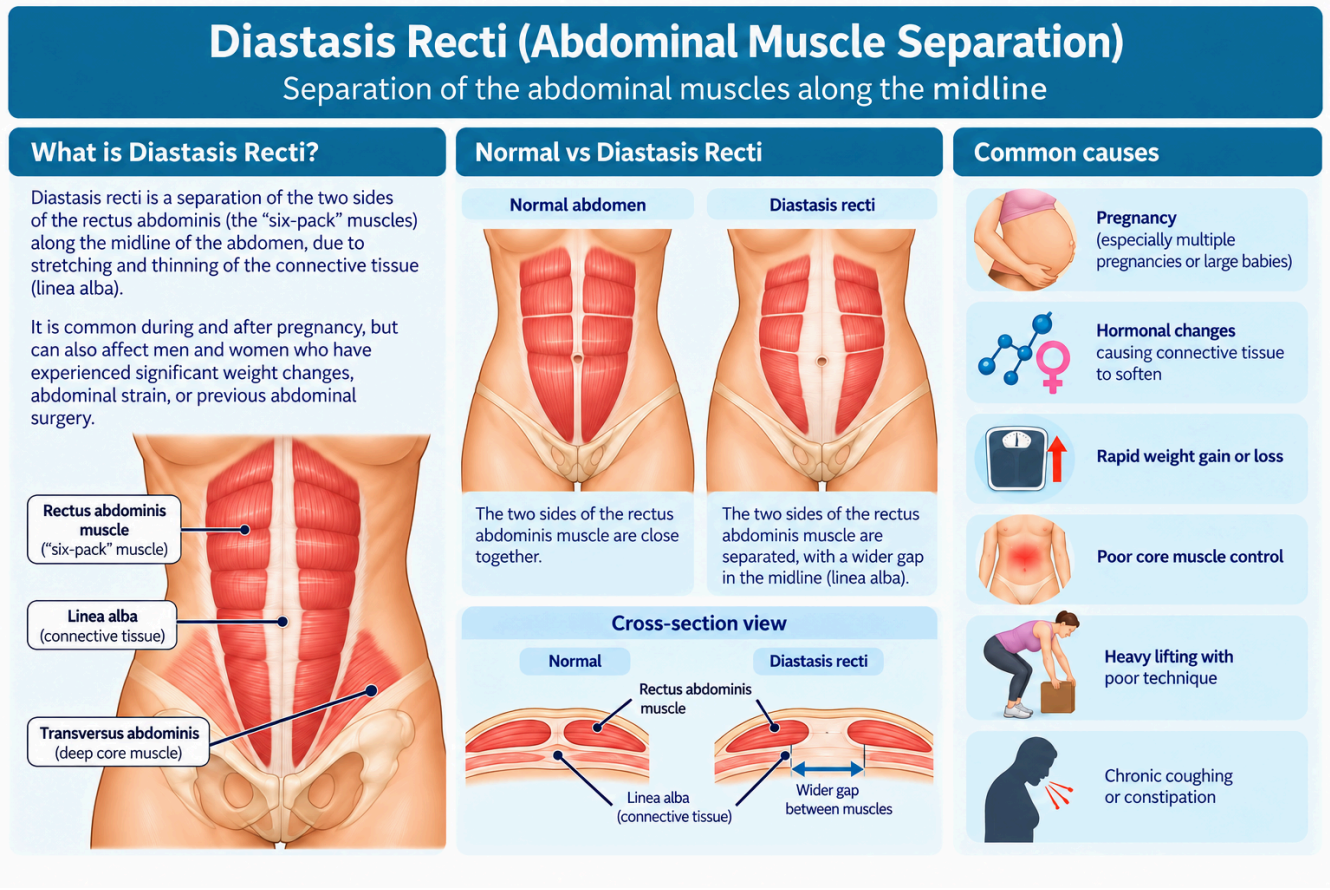
Diastasis Recti

Understanding abdominal muscle separation, symptoms and recovery

Diastasis Recti (Abdominal Muscle Separation)

A guide to causes, symptoms and management



What is diastasis recti?

The two sides of the rectus abdominis muscles separate along the middle of the abdomen as the connective tissue (linea alba) stretches and thins.

Who can be affected?

It is common during and after pregnancy. It may also occur following significant weight changes, abdominal strain or previous abdominal surgery.

Causes and symptoms

Recognising abdominal muscle separation and how it is assessed

What can cause diastasis recti?

Pregnancy, hormonal changes, rapid weight change, reduced core muscle control, heavy lifting with poor technique, and chronic coughing or constipation.

Common symptoms

A bulge or doming along the midline (especially when sitting up or straining), reduced core stability, back or pelvic discomfort, postural changes, and difficulty lifting or doing everyday tasks.

Can there be no pain?

Yes. Some people notice a change in abdominal appearance without experiencing pain.

How is it diagnosed?

A healthcare professional or physiotherapist usually examines the abdomen and assesses the gap between the muscles. Scans are rarely needed unless another condition is suspected.

Is it serious?

Diastasis recti is not itself a hernia. It can be associated with reduced abdominal strength and ongoing back or pelvic discomfort. Seek advice about a painful or worsening lump.

Exercise guide

Gentle, targeted abdominal and pelvic floor exercise

Deep abdominal activation

Gently engage your lower abdominal muscles while breathing normally.
Avoid holding your breath or pushing your abdomen outwards.

Pelvic floor exercises

Practise gentle pelvic floor contractions and full relaxation.
Ask your physiotherapist for guidance on technique and progression.

Controlled functional movements

Practise comfortable sit-to-stand, walking and everyday movements.
Gradually increase activity as your strength and control improve.

Exercises to approach carefully

Initially modify sit-ups, crunches, planks or heavy lifting if they cause discomfort or visible abdominal doming. Progress gradually with professional guidance as needed.

Exercise safely

Choose gentle, targeted exercises and progress at your own pace.
Stop or modify movements that cause pain or pronounced doming.
A physiotherapist can help tailor exercises to your needs.

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Treatment, recovery and advice

Practical management, expected progress and when to seek help

Physiotherapy and treatment

A physiotherapist can guide core and pelvic floor strengthening, posture, safe lifting and a gradual return to exercise.

Helpful everyday strategies

Use comfortable lifting techniques and improve posture.
Consider abdominal support if advised by your clinician.

Will it get better?

Many people improve in strength, function and appearance with suitable exercises and advice. Recovery can take several months.

When to seek further advice

Speak to your GP or physiotherapist if pain persists, a bulge worsens, you are unsure which exercises are safe, or you suspect a hernia.

Key points to remember

Diastasis recti is common and can improve. Begin with gentle, targeted exercises, avoid excessive straining early on and seek physiotherapy support when needed.

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