TOOMARI SURGERY
ADVANCED MINIMALLY INVASIVE SURGERY

DIASTASIS RECTI — SAFE CORE EXERCISE GUIDE

WHAT IS DIASTASIS RECTI?

Diastasis recti is a widening and thinning of the connective tissue (linea alba) between the two rectus abdominis, or "six-pack," muscles. It can occur after pregnancy or with changes in abdominal wall tension. Appropriate exercises can improve abdominal strength, coordination, core control and everyday function, and may reduce abdominal bulging. However, exercise does not reliably eliminate the separation in every patient.

CAN EXERCISE REPAIR THE SEPARATION?

Exercise can improve core strength, coordination and function, but it cannot reliably close every significant separation or repair an associated hernia. A surgical evaluation may be appropriate when symptoms, functional limitations, or persistent deformity remain despite appropriate rehabilitation. A pelvic floor or abdominal rehabilitation physical therapist can help individualize your program.

BEFORE YOU START

1	2	3	4	5
Breathe continuously. Do not hold your breath or strain.	Move slowly and maintain control.	Stop or modify if it causes pain, pelvic pressure, or bulging along the middle of your abdomen.	Start with the easiest movements and progress gradually.	After recent abdominal surgery, get your surgeon's clearance first.

PROGRESSION

As strength and control improve:

- Increase repetitions and hold times.
- Gradually increase difficulty (longer leg slides, higher bridges, full bird dog).
- Focus on quality over quantity.

EXERCISES TO MODIFY OR AVOID INITIALLY

Until you can maintain good abdominal control, modify:

- Traditional sit-ups and repeated crunches.
- Double-leg raises and other demanding abdominal exercises.
- Heavy lifting with breath-holding or forceful straining.
- Any movement causing pain, pelvic pressure, or abdominal doming.

These are not universally prohibited; appropriateness depends on your symptoms, strength and ability to control abdominal pressure.

HOW OFTEN SHOULD I EXERCISE?

Begin with about 10–15 minutes per session, 4–5 days per week.

- Start with the first two or three exercises if you're new to core rehabilitation; add more as control improves.
- Progress gradually over several weeks.
- Quality of movement matters more than repetitions.

WHEN SHOULD I SEEK AN EVALUATION?

Contact your healthcare provider or surgeon if you notice:

- A new or enlarging bulge, or one near the belly button or a surgical incision.
- Persistent or worsening abdominal pain.
- Significant weakness or difficulty with daily activities.
- Pelvic pressure, urinary leakage, or other pelvic floor symptoms.
- Persistent symptoms despite consistent rehabilitation.

URGENT: Sudden severe pain, vomiting with a painful bulge, or a bulge that is firm, tender, or won't go back in needs urgent medical evaluation.

Patient education only. This guide does not replace an individualized medical evaluation or your surgeon's instructions.

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1 DIAPHRAGMATIC BREATHING & CORE ACTIVATION



1. Lie on your back, knees bent, feet flat. One hand on chest, one on lower abdomen.
2. Inhale through your nose, letting lower ribs and abdomen expand.
3. Exhale slowly through your mouth, gently tightening lower abdominals (don't forcefully suck in).
4. Relax and repeat.

Do: 10 slow breaths, 2–3 times daily.

2 PELVIC TILTS



1. Lie on your back, knees bent, feet flat.
2. Gently engage lower abdominals.
3. Exhale and flatten your lower back toward the floor by tilting your pelvis backward.
4. Hold 3–5 seconds, breathing normally. Relax.

Do: 10–15 repetitions.

Tip: Use a small, controlled movement; don't force your back down.

3 HEEL SLIDES



1. Lie on your back, knees bent, feet flat.
2. Engage your core as you exhale.
3. Slowly slide one heel away, straightening the leg only as far as you can without abdominal bulging.
4. Slide back and alternate legs.

Do: 8–10 repetitions per side.

Modification: Shorten the slide if you notice doming.

4 GLUTE BRIDGES



1. Lie on your back, knees bent, feet hip-width apart.
2. Engage your core and squeeze your buttocks.
3. Lift hips slowly to a comfortable height; keep ribs relaxed, avoid arching.
4. Hold 3–5 seconds, breathing normally, then lower slowly.

Do: 8–12 repetitions.

Tip: Lift only as high as you can with control and no pain.

5 MODIFIED DEAD BUG



1. Lie on your back, knees bent. If comfortable, lift knees above hips.
2. Engage your core while exhaling.
3. Slowly lower one foot toward the floor, or slide one heel away.
4. Return without abdominal bulging. Alternate sides, breathing steadily.

Do: 6–10 repetitions per side.

Modification: Keep one foot on the floor and do heel slides if this is too hard.

6 BIRD DOG



1. Start on hands and knees, hands under shoulders, knees under hips.
2. Engage your core, back neutral and comfortable.
3. Extend one leg behind you without rotating the pelvis; add the opposite arm if you can stay controlled.
4. Hold 2–3 seconds, return, alternate sides.

Do: 6–8 repetitions per side.

Modification: Extend only one arm or one leg at a time.

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