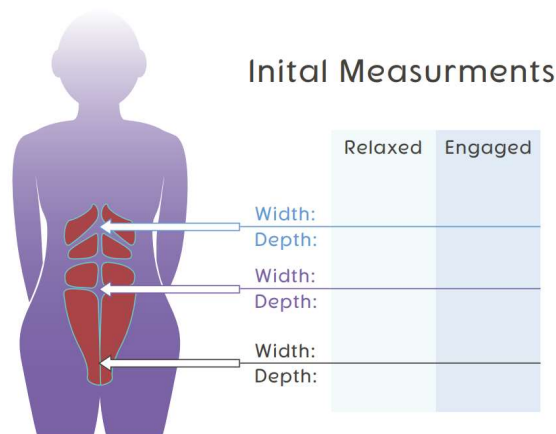


# What is Diastasis Recti, or DR?

LET'S START WITH A LOOK INSIDE. IN THE IMAGE BELOW, WE ARE LOOKING AT THE INSIDE OF A BELLY, FROM THE TOP, LOOKING DOWN. THE SWIRLY STUFF AT THE BOTTOM IS THE INTESTINES. THE SURROUNDING OVALS, (THICKER IN THE IMAGE ON THE LEFT, AND THINNER IN THE IMAGE ON THE RIGHT), ARE OUR ABDOMINAL MUSCLES.



- **Diastasis Recti (DR)** is the name for a thinning of the connective tissue in the middle of our six-pack.
- That thinning of the central tendon, allows for abnormal patterns of doming (intestines pushing out through the thinned space), or gapping (a valley appearing between the six-pack muscles). The presence of either of those two conditions is a warning sign that you are not using all of your abdominal muscles in the best possible way, with your new body.
- **DR happens to 100% of pregnant people who reach 36 weeks gestation. The presence of it, or absence of it, neither dooms you to failure, or guarantees your success.**
- Like most things, it's about what work you do to coordinate your tissues, and work with what you DO have, which will determine how functional and strong your amazing abs are post-partum.
- **So let's start with a reality check and measure your DR: (watch video if this image doesn't make sense)**



- **Date the measurements for your records.** You are feeling from just under your ribcage, around belly button, and down by pubic bone, for if you feel a 'gap' between the six-pack. How wide is it? How deep? Use a measurement that is meaningful to you, so it's reproduceable (# of fingers, # of cards, # of crayons)



# What is Diastasis Recti, or DR?

- **Now**, if you haven't already, watch the full DR video for the technique we use to transfer load effectively to 'reduce the gap. All the other Series (General & Pelvic) will also assist in this, but watching this video first is important, as it has unique explanations as to goals of someone with a DR when exercising.

## IT IS NOT ALL ABOUT REDUCING THE GAP

- It really is about so much more than that. But reducing the gap is a great place to start, and something that is easy for people to tune into, which I find very clinically useful with my in-person clients.

## IT IS ABOUT NO DOMING, AND ALSO ABOUT TENSION IN THE GAP

- No doming. If your abs are doming or coning, your organs are also pushing down on your pelvic floor. Watch Pelvic Pressure Basics if you haven't already, and realize that as you tune into your deep abs in our General and Pelvic Floor Series, we will be able to reduce, then eliminate this doming.
- Tension in the gap shows you how well you are using your 'deep abs', your Transverse Abdominus and Oblique groups. As you uptrain these groups, you will begin to use them more so than the superficial 'six-pack' and the gap & doming will reduce, then disappear!

## DO I HAVE TO BE PERFECT?

- No, but you do need to understand the goals of what we are trying to accomplish. If you 'get it' that you're trying to draw abs up and in, while keeping your pelvic floor relaxed; and if you 'get it' that in a mini-curl, your belly button should move down toward the floor while your shoulders raise up an inch....but you can't quite do it yet? As long as you 'get it' and are doing your best at the effort, after each of these 'failed' attempts, your brain will reorganize as you sleep, to 'test a new movement pattern' and the next time you try, it will be better!
- So as long as you 'get the purpose of the exercise' and are seeing improvements in your ability to perform it week to week, you are doing enough!

**EXPECT GAINS TO BE RELATIVELY QUICK AS FAR AS REDUCTION IN GAP, IN THE FIRST TWO WEEKS**

**THEN REMEASURE EVERY MONTH OR SO, TO TRACK YOUR PROGRESS**

**EMAIL OR DM ON INSTAGRAM WITH QUESTIONS!**