

## POSTPARTALNA DIJASTAZA RECTUS ABDOMINISA - PRIKAZ SLUČAJA

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Razdvajanje prednjeg trbušnog mišića ili dijastaza m. rectus abdominis predstavlja razdvajanje mekih struktura središnje linije prednjeg trbušnog mišića. Obično se javlja u kasnoj trudnoći i kao definitivna dijagnoza ostaje u oko 30% slučajeva, 3 mjeseca nakon poroda. Više se pojavljuje kod višerotkinja, višeplodnih trudnoća i fizički neaktivnijih žena. Nastajanje dijastaze je posljedica uticaja mehaničkih sila koje srazmerno povećuju maternice i ploda pritišće prednji trbušni zid. Cilj rada je prikazati individualno provođenje tehniku kineziterapije u rehabilitaciji postpartalne dijastaze rectus abdominis koje dovodi do funkcionalnog oporavka neoperativnim liječenjem, te ukazati na značaj prevencije i rano otkrivanje i rehabilitaciju mišića prednjeg trbušnog zida. U radu je prikazana pacijentica sa postpartalnom dijastazom rectus abdominis, godinu dana nakon porođaja. Praćeni su parametri u periodu od 3 mjeseca, koji su obuhvatili test rectus abdominis, ultrazvuk (UZV) mekih tkiva (uzv rectus abdominis), te fotografije na početku, tokom i na kraju tretmana. Tokom rehabilitacije korištene su metode fiziopilatesa, tehnike Proprioceptivne neuromuskularne facilitacije (PNF) i terapije elastičnim trakama (EasyTape®), te edukacija aktivnosti svakodnevnog života. Kineziterapijski program je usmjeren u cilju pravilnog i doziranog jačanja ciljanih mišića zbog mogućnosti povećanja dijastaze prilikom nepravilnog vježbanja i aktivacije rectus abdominis. Naglasak je na indirektnom jačanju m. rectus abdominis koristeći potencijale m. transversus abdominis i muskulature karličnog dna. Korištene su tehnike terapije elastičnim trakama po EasyTape® pristupu, kroz facilitatorne aplikacije za m. rectus abdominis i korektivne tehnike u cilju prevencije progresije dijastaze. Nakon završene rehabilitacije praćeni parametri su pokazali poboljšanje koje je evidentirano kroz test rectus abdominis, uzv rectus abdominis i fotografije, čime je potvrđeno da je konzervativno liječenje dalo izuzetno uspješne rezultate. Adekvatnim kineziterapijskim pristupom, te aplikovanjem elastičnih traka EasyTape® metodom, omogućava se pozitivan krajni ishod konzervativnog liječenja postpartalne dijastaze m. rectus abdominis.

**Ključne riječi:** dijastaza, rectus abdominis, trudnoća, kineziterapija

## POSTPARTAL DIASTASIS OF RECTUS ABDOMINIS MUSCLE- CASE STUDY

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Separation of the anterior abdominal muscle or diastasis m. rectus abdominis represents the separation of the soft structures of the midline of the anterior abdominal muscle. It usually occurs in late pregnancy and remains the definitive diagnosis in about 30% of cases, 3 months after delivery. It is more common in women with multiple births, multiple pregnancies and physically inactive women. The onset of diastasis is due to the influence of mechanical forces that, in proportion to the increase in the uterus and fetus, press on the anterior abdominal wall. The aim of this paper is to show the individual implementation of kinesitherapy techniques in the rehabilitation of postpartal diastasis of rectus abdominis that leads to functional recovery by non-surgical treatment, and to point out the importance of prevention and early detection and rehabilitation of anterior abdominal muscles. The paper presents a patient with postpartum diastasis of the rectus abdominis, one year after delivery. Parameters were monitored over a period of 3 months, which included the rectus abdominis test, soft tissue test (rectus abdominis test), and photographs at the beginning, during and at the end of treatment. During the rehabilitation, physiopilates methods, PNF techniques and elastic tape therapy were used, as well as daily life activities education. The kinesitherapy program is aimed at the proper and dosed strengthening of the targeted muscles due to the possibility of increasing diastasis during improper exercise and activation of the rectus abdominis muscle. The emphasis is on the indirect strengthening of m. rectus abdominis using potentials of m. transversus abdominis and pelvic floor musculature. Elastic tape therapy techniques were used according to the EasyTape® approach, through facilitative applications for m. rectus abdominis and corrective techniques to prevent the progression of diastasis. After completion of rehabilitation, the monitored parameters showed improvement, which was recorded through the rectus abdominis test, rectus abdominis ultrasound and photographs, which confirmed that conservative treatment gave extremely successful results. Adequate kinesitherapy approach, and application of elastic tape by EasyTape method, enables a positive end result of conservative treatment of postpartum diastase m. rectus abdominis.

**Keywords:** diastasis, rectus abdominis, pregnancy, kinesitherapy