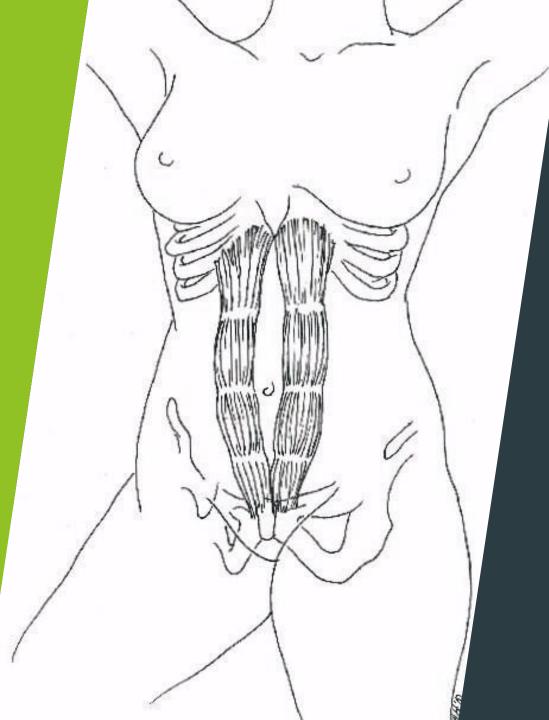


International
Diastasis Recti
Awareness
Month



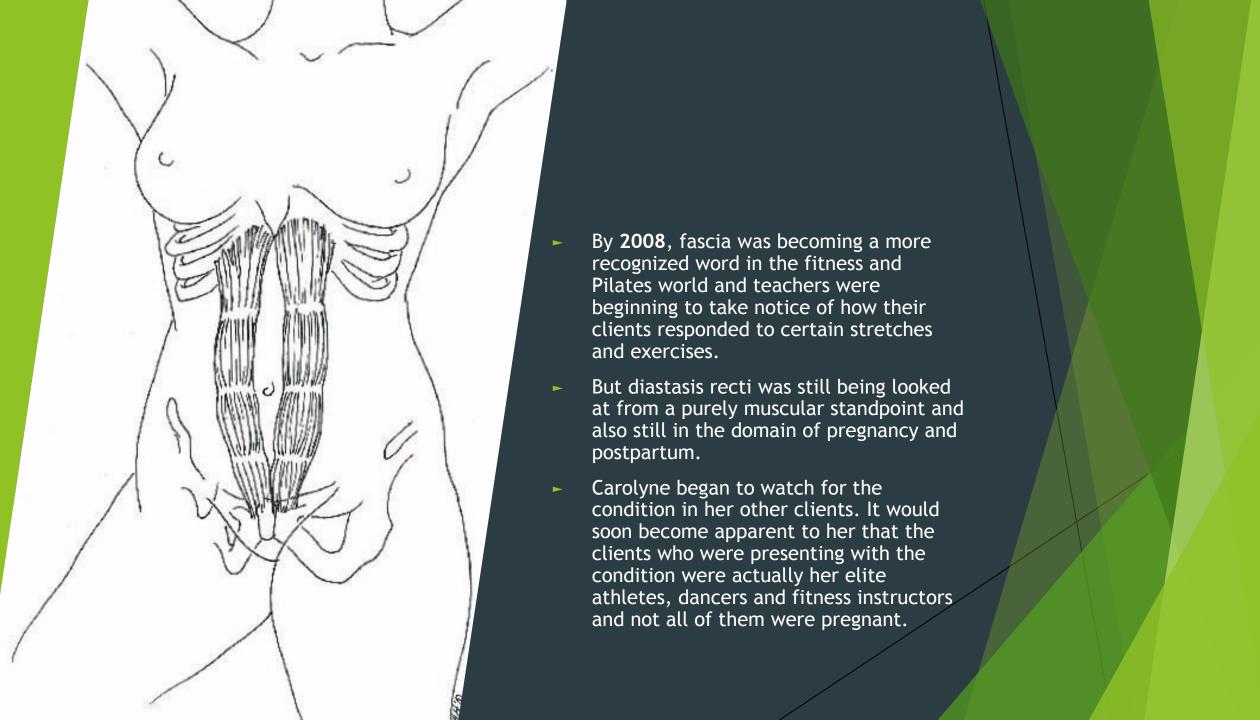
Introduction

- To help you gain an understanding of how this program has developed, we have put together (very loosely) in some chronological order, what Carolyne experienced in her journey to designing this program.
- ▶ 1996- the first client with diastasis recti shows up in the studio. A marathon runner who was 8 months postpartum. She had resumed her training and had regained most of her strength and lost the pregnancy weight. However, her abdominals were a mess. She was also leaking urine when she ran.
- 2000-While trying to decipher the phenomena that was DR, Carolyne herself was going through a personal journey of trying to find help for her recent diagnosis of fibromyalgia. Her search took her into different fields of bodywork and one of these was Yamuna Body Rolling®. She enrolled in the courses and during one particular session realized how much Yamuna's work would benefit the DR client.

2002-Thomas Myers (Anatomy Trains) fascial lines had not invaded the fitness and Pilates worlds yet. This information would prove to be invaluable in aiding in the recovery of diastasis recti. Around 2004, Carolyne was presenting at Body, Mind, Spirit conference in San Jose, where for the first time Thomas Myers was offering a workshop on Anatomy Trains. The information gathered at his workshop led her to study his work further and find the connections to diastasis recti

2003- after working with clients with this condition for a while, the program then was based on what Carolyne was assuming would be good for DR. This information included the thought process that, in order to support the rectus abdominus muscles, perhaps a good thing to do would be internal and external oblique work. She added low resistance bands to the work and was seeing some results. This worked for a while, but the results were not sustainable.







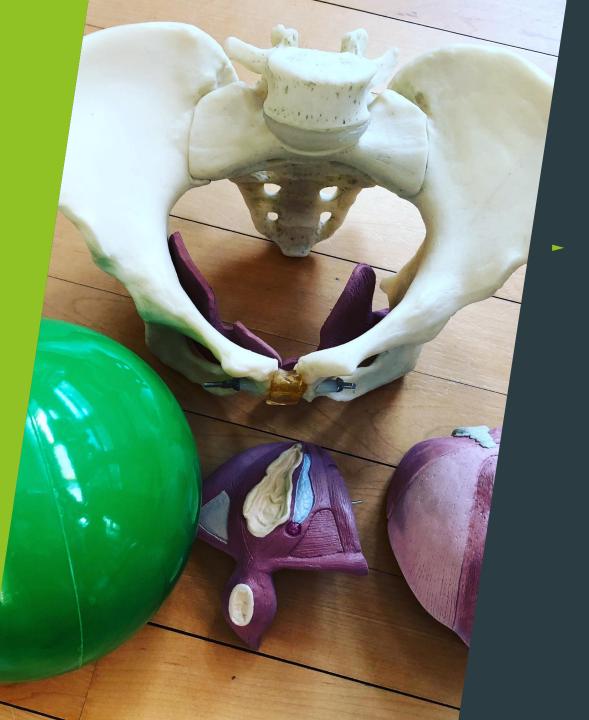
Fascia makes an appearance

By now, fascia was being talked about in terms of releasing. Techniques were appearing using balls and foam rollers and hands on techniques that would release fascial restrictions. This led Carolyne to research other fascial release techniques and trained to become a Myofascial Release Practitioner with John F. Barnes, More pieces of the puzzle were beginning to fall into place. Rather than talking about fascial lines as Thomas Myers did, John Barnes talked about the fascial web. With this new understanding of how everything connected, Carolyne realized that her instinctive release of the pelvic floor by sitting on a soft ball was indeed valid



Between 2010 and 2015, Carolyne carried on with her research and application of it to her program. By now, the results of doing her techniques were consistent and longer lasting.

Another piece of the puzzle fit together after watching a client breathing in an exaggerated way. This client had come to Carolyne specifically for DR recovery. Part of the technique is watching the breath pattern of the client.

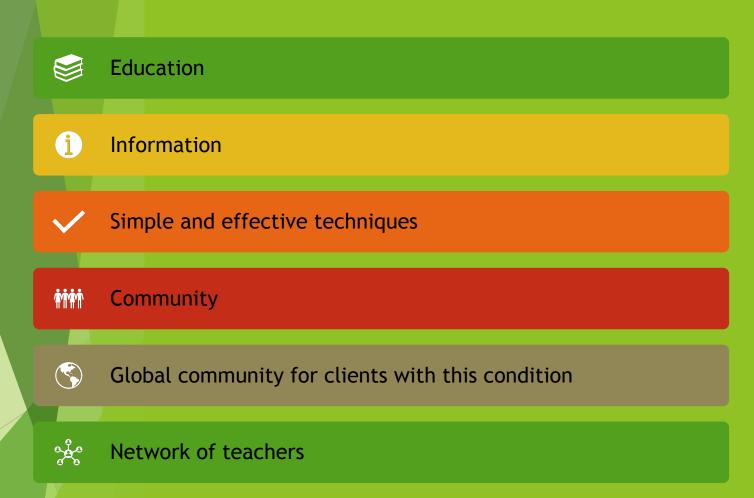


While helping women heal their DR, it was becoming apparent that a number of women were also finding that their pelvic floor issues were fading. Since Carolyne had already done a lot of research and training in pelvic floor anatomy, and with the newer knowledge of the fascial connections, it wasn't hard to put it all together.

Why we decided to create this awareness month

Since DR is becoming so widespread and the information so confusing, our teachers and faculty suggested creating a day for DR awareness and running workshops for the general public to help them gain insight and information on this condition. We have been running these days for several years and have been very successful. We decided to open this up to everyone this year and create an awareness month with a ribbon to help even more people world wide.

What we hope to achieve with this awareness month



Open discussion groups



Getting the best information out there

- We have qualified teachers all over the world
- You may email us at info@thecenterforwomensfitness.com to find a teacher near you
- Your teacher can also refer you to someone
- All teachers have been through this program

What is Diastasis Recti?

A stretching of the Linea Alba- the fascia situated between the rectus abdominus muscles. We work with this line through the PF and into both the rectus abdominus and erector spinae muscles to make changes in the tensioning of the linea alba.



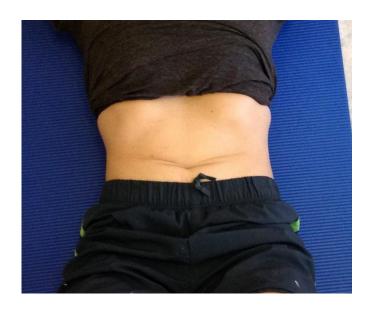


What does it look like on different bodies

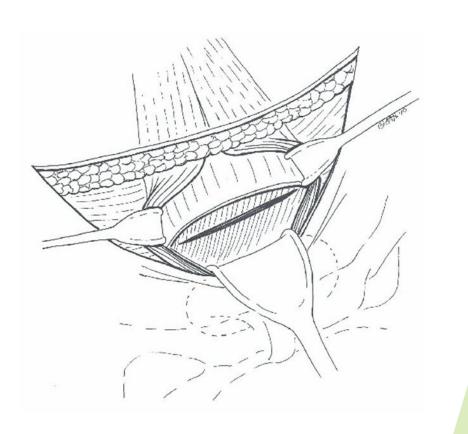
- One reason why a program for rehabilitation of a DR has to be individualized.
- It is also not always about exercise

What may cause diastasis recti?

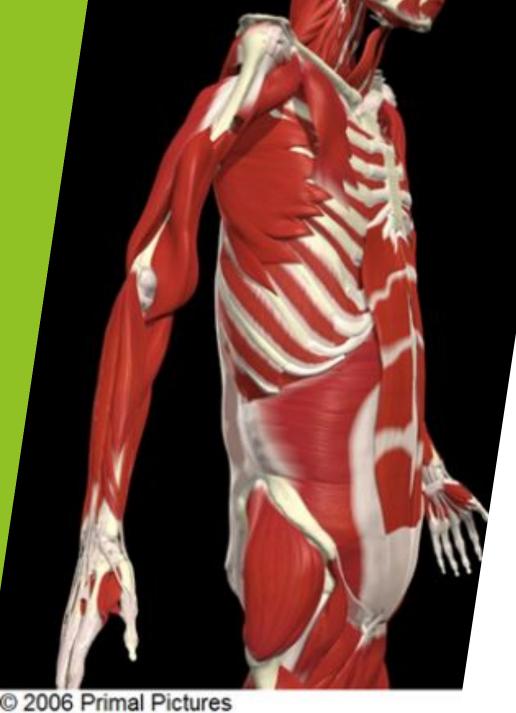
Incorrect body mechanics. Here we see incorrect activation of the external obliques during flexion of the torso. Note the flared ribcage in the photo on top. We feel this particular execution of flexion of the torso has an effect in developing the environment for DR to occur. The photo below is correct activation of the abdominals during flexion of the torso.







- C-sections
- Laparoscopy
- Appendectomy
- Belly button piercings!
- Injuries such as falls
- All these will cause fascial restrictions

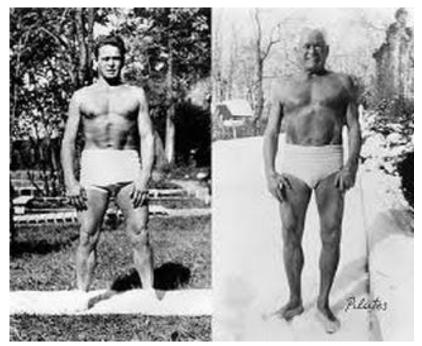


Over activation and over recruitment of the TA muscle

- Training like an elite athlete may hinder you rather than help
- Overload, intensity and frequency of exercise must be addressed in co ordination with your lifestyle
- Too much, too quickly
- Bracing rather than connecting

Not every gap is a diastasis recti

- It is becoming a trend to diagnose DR in many who do not present with the condition at all.
- Checking for a gap is the least of our worries.
- Checking for fascial tensioning is more appropriate
- Other factors to look for include breathing and fascial restrictions.





How do we help our clients recover?

Our program has four protocols

RELAX.RELEASE.REALIGN.RESTORE™

RELAX

This program uses the client's own breath to facilitate relaxation.

Focusing on their own breath pattern

Gentle breathing with no forced inhalation or exhalation

Switches the sympathetic to parasympathetic nervous system

Relaxation alignment cuing for postural alignment

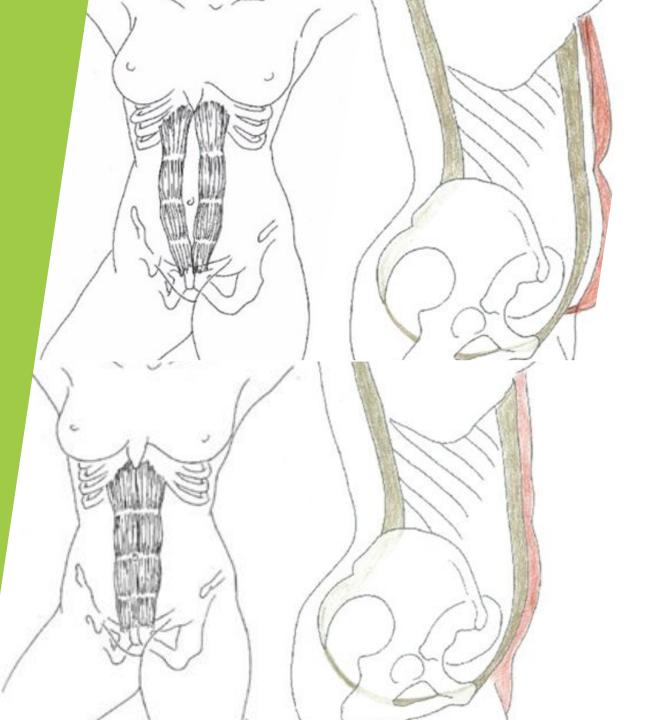
We use several different methods of myofascial release

With a ball

With rocking movements

With hands on assists

RELEASE



What can releasing the Pelvic Floor achieve?

- Release the fascial line from posterior to anterior body
- Fascia regains the ability to support the rectus abdominus







Before and after PF release

- The belly button informs us of the fascial changes
- Client sat on the "magic green ball" for two minutes

Before and after PF release





Other release beneficial for DR



Realign and Restore with movement and breath

- Supine
- Breath work
- Pelvic tilts
- Bridging

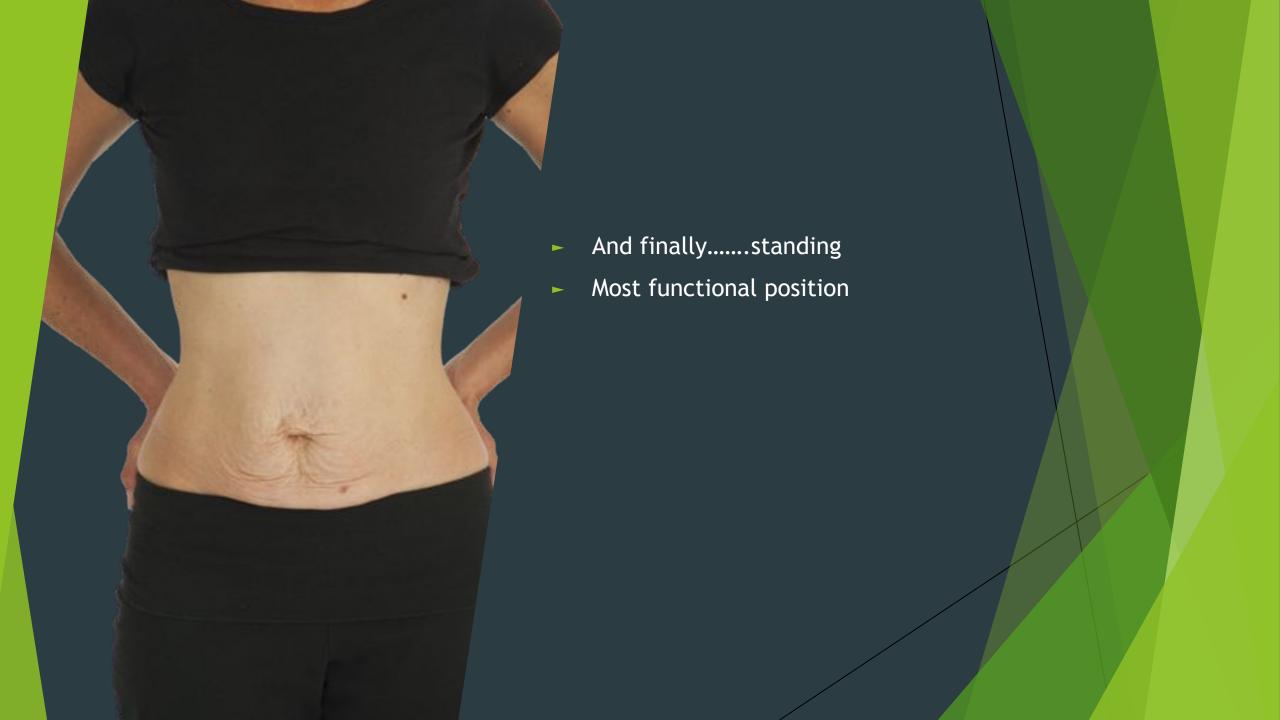


- Quadruped position
- Breathwork
- Pelvic tilts
- Arch and curl



- Sitting position
- Moving towards functionality
- More body awareness and reorganization required







Client after doing the program

Our hope is to spread awareness of this condition with some guidelines

Share	Share the facts not the hysteria
Offer	Offer education from good sources
Build	Build a community that communicates and shares
Discuss	Discuss new research and protocols

How to learn more about working with DR clients



www.thecenterforwomensfitness.com



The Center Method for Diastasis Recti Recovery Online Course

https://thecenterforwomensfitness.com/online-courses/



Check out our calendar for live courses https://thecenterforwomensfitness.com/events/



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