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Diastasis recti abdominis

Diastasis des grands droits

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhu 2026

Zhu J, Dong B, Liu S. Comparative effectiveness of rehabilitation therapies for diastasis recti abdominis: A systematic review and Bayesian network meta-analysis. Int J Gynaecol Obstet. 2026 Feb;172(2):697-709. https://doi.org/10.1002/ijgo.70413

Backgound	There are currently many rehabilitation therapies for diastasis recti abdominis (DRA) and no unified treatment recommendations in clinical practice.
Objective	A network meta-analysis (NMA) was conducted to explore which rehabilitation therapy has the best treatment effect.
Methods	PubMed, WOS, EMBASE, and Cochrane Library were searched separately, involving relevant randomized controlled trials published from database establishment to April 24, 2024. This NMA compared 11 rehabilitation therapies, including Pilates, suspension training, electro-acupuncture, core stability exercises, abdominal supports, abdominal and pelvic floor muscle exercise, isometric-isotonic exercises, and neuromuscular electrical stimulation. Following the predefined inclusion and exclusion criteria, literature screening and data extraction were performed. Quality assessment was conducted using Risk of Bias 2 (RoB 2), and data analysis was performed using R (V4.4.1) and STATA (v16) software.
Results	A total of 17 articles involving 783 patients were included. The probability rankings for each outcome measure were calculated using the Surface Under the Cumulative Ranking Curve (SUCRA). A higher SUCRA value indicates better overall performance across all studies and a greater likelihood of the treatment being the optimal therapeutic option. Measurement of the inter-rectus distance (IRD) above the umbilicus showed that the suspension training system (STS) had the most significant therapeutic effect (SUCRA = 84.7%), while measurement at umbilicus showed that Pilates had a significant therapeutic effect (SUCRA = 93.5%). Measurement below the umbilicus revealed that the abdominal support plus core stability exercise (ABD_support_cse) had a significant therapeutic effect (SUCRA = 82.9%). In terms of reducing the IRD below the umbilicus, ABD_support_cse was more effective than abdominal support (ABD_support) (standard mean difference [SMD]: 1.45; 95% credible intervals (95% CrI): [0.16, 2.74]). According to Cohen's guidelines for effect size, the SMD can be used to measure the effect size between interventions or variables. An SMD of 1.45 implies that abdominal support plus core stability exercise (ABD_support_cse) has a more profound effect on the rehabilitation of patients with DRA, warranting further research and promotion.

Conclusion	Our findings have shown that STS, Pilates, and ABD_support_cse might have the best effect on reducing IRD above, at, and below the umbilicus, respectively. These methods potentially hold the most promise or are the optimal interventions for improving IRD above, at, and below the umbilicus. However, considering the limitations of the research, future research should employ standardized and objective measurement techniques, utilize blinded assessments, incorporate longer follow-up periods, design standardized intervention protocols, and include diverse populations. Further analysis and exploration based on high-quality evidence are warranted to refine the understanding and exploration of this area.

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