

# How to confidently work with clients with diastasis

**Part 2: How to apply the Whole  
Person Framework for women  
with diastasis**



## In Part 1...

1. Diastasis is a widening of the linea alba
2. We don't know the normal width of the linea alba
3. All the abdominal muscles insert into the linea alba
4. Rectus abdominis narrows the linea alba, TrA & pelvic floor widen the linea alba
5. Diastasis may be a result of a combination of variation in the internal oblique insertion, less collagen in connective tissue, plus factors that increase intra-abdominal pressure

## Part 2 learning goals

1. Women with diastasis need help with body image, functional ability and abdominal discomfort
2. Abdominal strengthening during & after pregnancy probably helps, including TrA work & curl ups
3. Build therapeutic alliance with open questions & set functional goals
4. Build physical capacity with graded exercise for abs & functional goal
5. Build psychological resilience by fostering social support & becoming fearless yourself



Women with  
diastasis need help  
with body image,  
functional ability  
and abdominal  
discomfort





# Women with diastasis **don't** have more

- Pelvic floor dysfunction
- Urinary or fecal incontinence
- Pelvic organ prolapse

Bø, K., Hilde, G., Tennfjord, M. K., Sperstad, J. B., & Engh, M. E. (2017). Pelvic floor muscle function, pelvic floor dysfunction and diastasis recti abdominis: Prospective cohort study. *Neurourology and urodynamics*, 36(3), 716–721. <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%2041%20Pre%20and%20postnatal/B%C3%B8-2017-Pelvic%20floor%20muscle%20function%2C%20pelvic%20.pdf>

Aparicio, L. F., Rejano-Campo, M., Donnelly, G. M., & Vicente-Campos, V. (2020). Self-reported symptoms in women with diastasis rectus abdominis: A systematic review. *Journal of Gynecology Obstetrics and Human Reproduction*, 101995–101995. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Aparicio-2020-Self-reported%20symptoms%20in%20women.pdf>



# Women with diastasis **don't** have more pelvic pain

Aparicio, L. F., Rejano-Campo, M., Donnelly, G. M., & Vicente-Campos, V. (2020). Self-reported symptoms in women with diastasis rectus abdominis: A systematic review. *Journal of Gynecology Obstetrics and Human Reproduction*, 101995-101995. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Aparicio-2020-Self-reported%20symptoms%20in%20women.pdf>

da Mota, P. G. F., Pascoal, A. G. B. A., Carita, A. I. A. D., & Bø, K. (2015). Prevalence and risk factors of diastasis recti abdominis from late pregnancy to 6 months postpartum, and relationship with lumbo-pelvic pain. *Manual Therapy*, 1(20), 200-205. <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%2041%20Pre%20and%20postnatal/da%20Mota-2015-Prevalence%20and%20risk%20factors%20of%20di.pdf>



# Women with diastasis **don't** have more back pain

Gluppe, S., Engh, M. E., & Kari, B. (2021). Women with diastasis recti abdominis might have weaker abdominal muscles and more abdominal pain, but no higher prevalence of pelvic floor disorders, low back and pelvic girdle pain than women without diastasis recti abdominis. Physiotherapy. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Gluppe-2021-Women%20with%20diastasis%20recti%20abdomin.pdf>

Gluppe, S., Engh, M. E., & Kari, B. (2021). Women with diastasis recti abdominis might have weaker abdominal muscles and more abdominal pain, but no higher prevalence of pelvic floor disorders, low back and pelvic girdle pain than women without diastasis recti abdominis. Physiotherapy. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Gluppe-2021-Women%20with%20diastasis%20recti%20abdomin.pdf>





# But they **do** have more abdominal discomfort & bloating

Gluppe, S., Engh, M. E., & Kari, B. (2021). Women with diastasis recti abdominis might have weaker abdominal muscles and more abdominal pain, but no higher prevalence of pelvic floor disorders, low back and pelvic girdle pain than women without diastasis recti abdominis. Physiotherapy. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Gluppe-2021-Women%20with%20diastasis%20recti%20abdomin.pdf>

Aparicio, L. F., Rejano-Campo, M., Donnelly, G. M., & Vicente-Campos, V. (2020). Self-reported symptoms in women with diastasis rectus abdominis: A systematic review. Journal of Gynecology Obstetrics and Human Reproduction, 101995-101995. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Aparicio-2020-Self-reported%20symptoms%20in%20women.pdf>





And they **do**  
have weaker  
abdominal  
muscles

Gluppe, S., Engh, M. E., & Kari, B. (2021). Women with diastasis recti abdominis might have weaker abdominal muscles and more abdominal pain, but no higher prevalence of pelvic floor disorders, low back and pelvic girdle pain than women without diastasis recti abdominis. Physiotherapy. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Gluppe-2021-Women%20with%20diastasis%20recti%20abdomin.pdf>



Women with  
diastasis want  
help with

- 1. Appearance & body image**
- 2. Physical function**
- 3. Abdominal discomfort**

Aparicio, L. F., Rejano-Campo, M., Donnelly, G. M., & Vicente-Campos, V. (2020). Self-reported symptoms in women with diastasis rectus abdominis: A systematic review. *Journal of Gynecology Obstetrics and Human Reproduction*, 101995-101995. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Aparicio-2020-Self-reported%20symptoms%20in%20women.pdf>



Physical  
function means  
the ability to do  
the activities  
you want to do



## Clinical relevance

Clinicians should be aware of the importance of identifying variables such as body image, abdominal discomfort and QoL when treating patients with DRA.

Functional aspects of DRA should be taken in account when planning physical therapy evaluation and treatment. Focusing only on reducing the IRD could be misguided if it is not accompanied by an improvement in functional aspects. Adequate management of DRA should improve not only functionality, but also its impact on QoL and body image.

For this reason, achieving functionality with DRA should be one of the main goals of rehabilitation.



# Self-test

- True/False: Diastasis is associated with pelvic floor dysfunction, urinary & fecal incontinence & pelvic organ prolapse
- True/False: Women with diastasis have more pelvic pain
- True/False: Women with diastasis have more back pain
- True/False: Women with diastasis have weaker abdominals
- What do women with diastasis need help with?





# Women with more social support have better body image

Izydorczyk, B., Walenista, W., Kamionka, A., Lizińczyk, S., & Ptak, M. (2021). Connections Between Perceived Social Support and the Body Image in the Group of Women With Diastasis Recti Abdominis. *Frontiers in psychology*, 3182. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Izydorczyk-2021-Connections%20Between%20Perceived.pdf>





# Diastasis width correlates with body image

**Reduce the diastasis, improve body image**

Keshwani, N., Mathur, S., & McLean, L. (2018). Relationship between interrectus distance and symptom severity in women with diastasis recti abdominis in the early postpartum period. *Physical therapy*, 98(3), 182-190. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Keshwani-2018-Relationship%20between%20interrectus.pdf>



We can help  
with body  
image and  
appearance by:

- Improving abdominal strength
- Improving whole body strength
- Fostering social support





# Exercise reduces bloating & abdominal discomfort

Saglam, H. Y., & Orsal, O. (2020). Effect of exercise on premenstrual symptoms: A systematic review. *Complementary Therapies in Medicine*, 48, 102272. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Saglam-2020-Effect%20of%20exercise%20on%20premenstrual.pdf>





Abdominal  
strengthening  
including curl ups  
& TrA activation  
probably reduce  
diastasis





There is weak evidence that prenatal ab strengthening reduces diastasis postpartum by 35%

Benjamin, D., Van de Water, A., & Peiris, C. (2014). Effects of exercise on diastasis of the rectus abdominis muscle in the antenatal and postnatal periods: a systematic review. *Physiotherapy*, 100(1), 1-8. <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%2041%20Pre%20and%20postnatal/Benjamin-2014-Effects%20of%20exercise%20on%20diastasis.pdf>





# Low quality evidence TrA strengthening postpartum **reduces** diastasis

Gluppe, S., Engh, M. E., & Bø, K. (2021). What is the evidence for abdominal and pelvic floor muscle training to treat diastasis recti abdominis postpartum? A systematic review with meta-analysis. Brazilian Journal of Physical Therapy. <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%204%20Pre%20and%20postnatal/Gluppe-2021-What%20is%20the%20evidence%20for%20abdominal.pdf>





# Low quality evidence curl-ups postpartum **reduce** diastasis

Gluppe, S., Engh, M. E., & Bø, K. (2021). What is the evidence for abdominal and pelvic floor muscle training to treat diastasis recti abdominis postpartum? A systematic review with meta-analysis. Brazilian Journal of Physical Therapy. <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%2041%20Pre%20and%20postnatal/Gluppe-2021-What%20is%20the%20evidence%20for%20abdominal.pdf>



Complete list of  
studies finding  
ab curls increase  
risk of diastasis



# Exercise has not been shown to eliminate diastasis

Mommers, E. H. H., Ponten, J. E. H., Al Omar, A. K., de Vries Reilingh, T. S., Bouvy, N. D., & Nienhuijs, S. W. (2017). The general surgeon's perspective of rectus diastasis. A systematic review of treatment options. *Surgical Endoscopy*, 31(12), 4934-4949. doi:10.1007/s00464-017-5607-9 <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%2041%20Pre%20and%20postnatal/Mommers-2017-The%20general%20surgeon%E2%80%99s%20perspective.pdf>





# Postpartum pelvic floor training probably does not reduce diastasis

Gluppe, S. L., Hilde, G., Tennfjord, M. K., Engh, M. E., & Bø, K. (2018). Effect of a Postpartum Training Program on Prevalence of Diastasis Recti Abdominis in Postpartum Primiparous Women: A Randomized Controlled Trial. Physical therapy. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Gluppe-2018-Effect%20of%20a%20Postpartum%20Training%20Pr.pdf>

Gluppe, S., Engh, M. E., & Bø, K. (2021). What is the evidence for abdominal and pelvic floor muscle training to treat diastasis recti abdominis postpartum? A systematic review with meta-analysis. Brazilian Journal of Physical Therapy. <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%2041%20Pre%20and%20postnatal/Gluppe-2021-What%20is%20the%20evidence%20for%20abdominal.pdf>

# US surgeon general's perspective on diastasis 2017

“We must conclude that the currently available evidence does not describe the successful treatment of rectus diastasis after a physiotherapy training programme”

Mommers, E. H. H., Ponten, J. E. H., Al Omar, A. K., de Vries Reilingh, T. S., Bouvy, N. D., & Nienhuijs, S. W. (2017). The general surgeon's perspective of rectus diastasis. A systematic review of treatment options. *Surgical Endoscopy*, 31(12), 4934–4949. doi:10.1007/s00464-017-5607-9. <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%2041%20Pre%20and%20postnatal/Mommers-2017-The%20general%20surgeon%E2%80%99s%20perspective.pdf>

# Systematic review of prenatal exercise for diastasis 2018

“There is not currently a gold standard method of treating diastasis recti abdominis. However, abdominal exercises during pregnancy reduce the risk of this condition postpartum.”

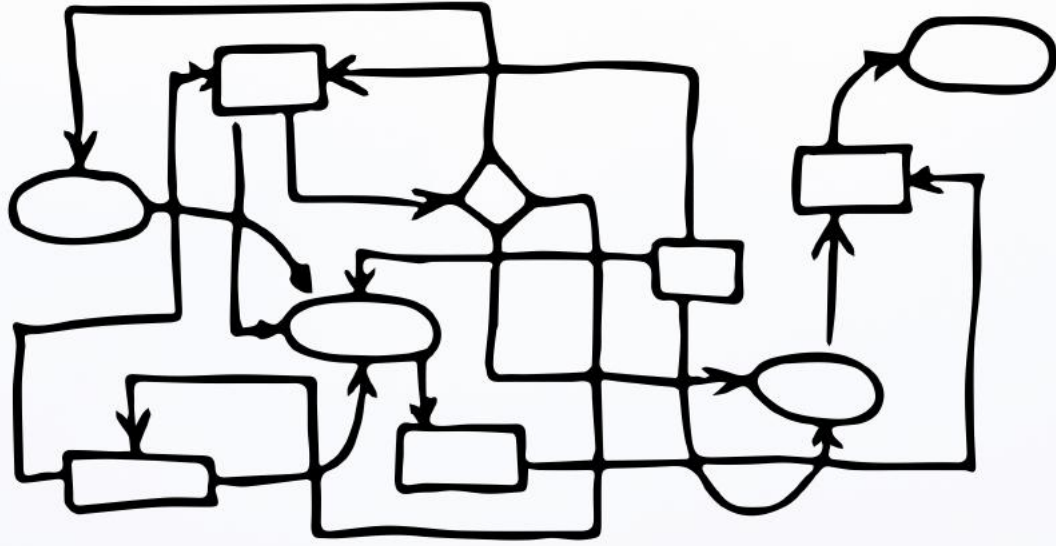
Gruszczyńska, D., & Truszczyńska-Baszak, A. (2018). Exercises for pregnant and postpartum women with diastasis recti abdominis—literature review. *Advances in Rehabilitation*, 32(3), 27-35. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Gruszczy%C5%84ska-2018-Exercises%20for%20pregnant%20and%20p.pdf>



# Systematic review of postnatal exercise for diastasis 2021

“There is currently very low-quality scientific evidence to recommend specific exercise programs in the treatment of DRA postpartum.”

Gluppe, S., Engh, M. E., & Bø, K. (2021). What is the evidence for abdominal and pelvic floor muscle training to treat diastasis recti abdominis postpartum? A systematic review with meta-analysis. Brazilian Journal of Physical Therapy. <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%2041%20Pre%20and%20postnatal/Gluppe-2021-What%20is%20the%20evidence%20for%20abdominal.pdf>



But that doesn't  
stop people  
advocating  
highly complex &  
specific exercise  
programs

Dufour, S., Bernard, S., Murray-Davis, B., & Graham, N. (2019). Establishing expert-based recommendations for the conservative management of pregnancy-related diastasis rectus abdominis: a Delphi consensus study. *Journal of Women's Health Physical Therapy*, 43(2), 73-81. <https://be-research-papers.s3.amazonaws.com/Diploma%20lecture%20research%20papers/Lecture%204%20Pre%20and%20postnatal/Dufour-2019-Establishing%20expert-based%20recommen.pdf>

**A program for  
a client with  
diastasis  
should include**

aka strengthen the  
whole person

- TrA strengthening
- Curl ups
- General abdominal strengthening
- Social support
- Functional rehabilitation

NOT just the diastasis!





# Self-test

- Has exercise been shown to resolve diastasis?
- Does prenatal ab strengthening reduce diastasis postpartum?
- True/False: There is a gold standard method of treating diastasis
- What is the level of evidence to recommend specific exercise programs for treatment of diastasis?
- True/False: There is low quality evidence that TrA training helps
- True/False: There is low quality evidence that curl-ups help diastasis



## Self-test

- What should a program for a client with diastasis include?
- Strengthen the \_\_\_\_\_  
not just the \_\_\_\_\_



Strengthen the  
whole person  
not just the  
diastasis

Aka the Whole Person Framework





Researchers  
reviewed rehab  
guidelines from  
around the world

And found **consistent  
recommendations regardless of  
body part**

Lin, I., Wiles, L., Waller, R., Goucke, R., Nagree, Y., Gibberd, M., . . . O'Sullivan, P. P. B. (2019). What does best practice care for musculoskeletal pain look like? Eleven consistent recommendations from high-quality clinical practice guidelines: systematic review. British Journal of Sports Medicine, bjsports-2018-099878. doi:10.1136/bjsports-2018-099878 <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+6+Guideline-based+care/Lin-2019-What+does+best+practice+care+for+musc.pdf>



1. Give patient-centred care
2. Screen for red flags
3. Assess psychosocial factors
4. Imaging only if red flags / it will change treatment
5. Give a physical examination
6. Agree on outcome measures
7. Explain condition & management
8. Address physical activity
9. Use manual therapy only as an adjunct to active treatments
10. Offer non-surgical care first
11. Facilitate early return to work



1. Give patient-centred care
2. Screen for red flags

3. Give a physical examination
4. Address physical activity

5. Assess psychosocial factors
6. Imaging only if red flags / it will change treatment
7. Evaluate progress
8. Give education
9. Use manual therapy only as an adjunct to active treatments
10. Offer non-surgical care first
11. Facilitate early return to work

## Whole Person Framework

- 1. Build a therapeutic alliance**
- 2. Build physical capacity**
- 3. Build psychological resilience**

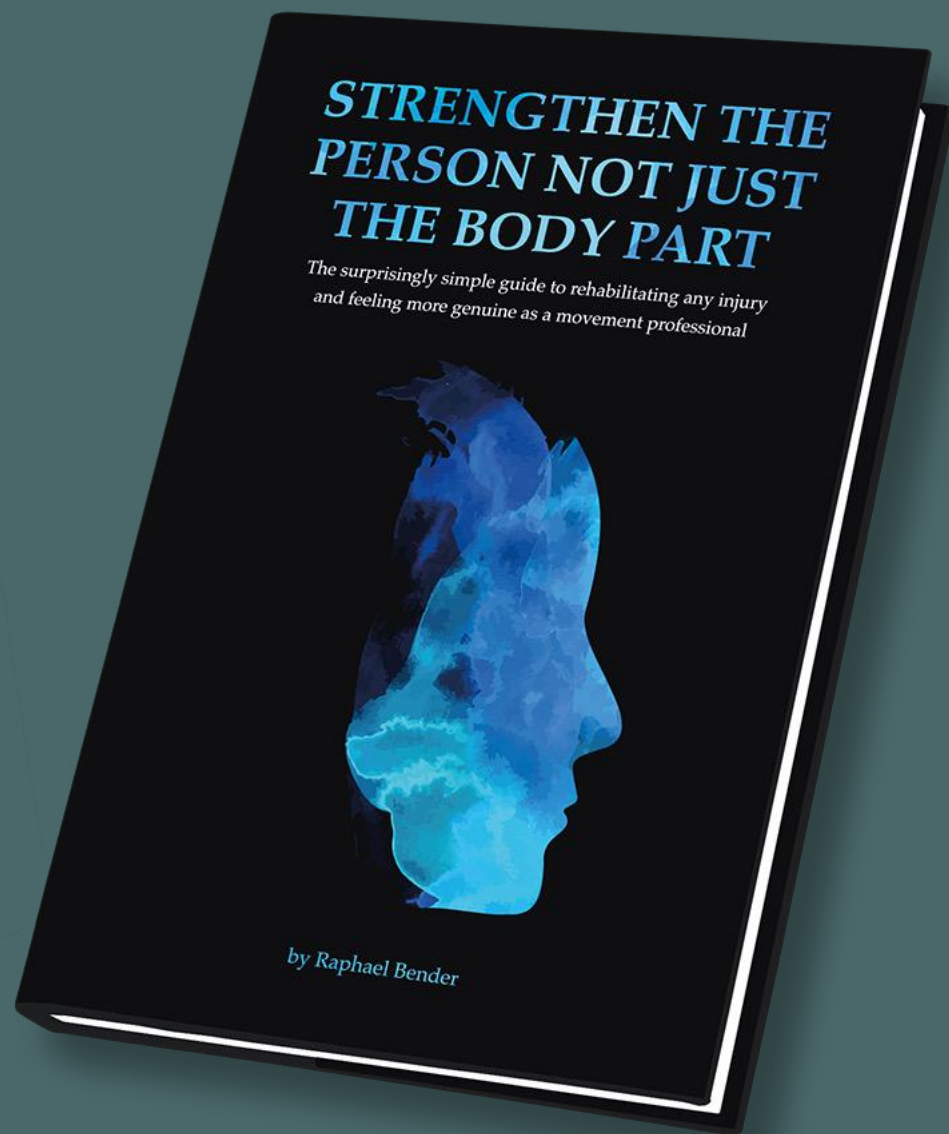


**Literally thousands** of research papers  
condensed into 3 simple points

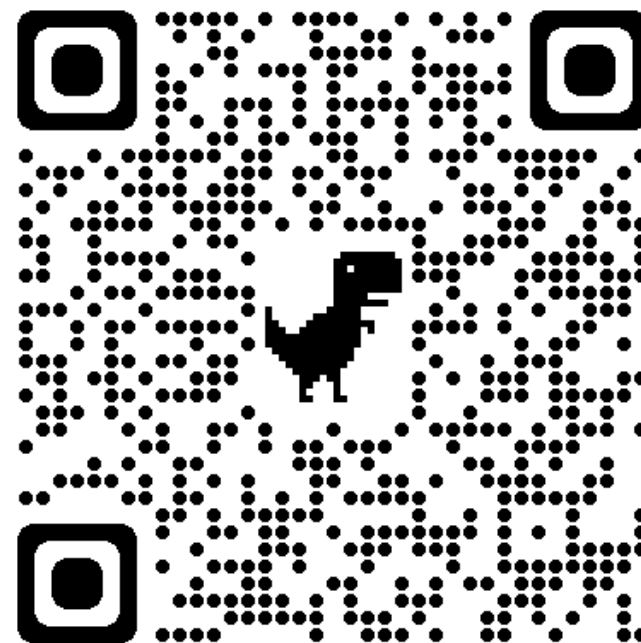


# Whole Person Framework

- 1. Build a therapeutic alliance**
- 2. Build physical capacity**
- 3. Build psychological resilience**



**Learn the Whole Person  
Framework for just USD \$4.99 by  
reading my book**



Or click the link 📌

<https://strengthentheperson.com/>



# Therapeutic alliance is where you & the client

- Trust & like each other
- Agree on **goals** & strategies

Kinney, M., Seider, J., Beaty, A. F., Coughlin, K., Dyal, M., & Clewley, D. (2018). The impact of therapeutic alliance in physical therapy for chronic musculoskeletal pain: a systematic review of the literature. *Physiotherapy theory and practice*, 36(8), 886-898. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+11+Behaviour+change/Kinney-2020-The+impact+of+therapeutic+alliance.pdf>





Stronger  
therapeutic  
alliance  
= better  
outcomes

Kinney, M., Seider, J., Beaty, A. F., Coughlin, K., Dyal, M., & Clewley, D. (2018). The impact of therapeutic alliance in physical therapy for chronic musculoskeletal pain: a systematic review of the literature. *Physiotherapy theory and practice*, 36(8), 886-898. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+II+Behaviour+change/Kinney-2020-The+impact+of+therapeutic+alliance.pdf>



# How to build therapeutic alliance

1. Ask open questions
2. Listen with genuine interest
3. Show sensitivity to their emotional concerns

Pinto, R. Z., Ferreira, M. L., Oliveira, V. C., Franco, M. R., Adams, R., Maher, C. G., & Ferreira, P. H. (2012). Patient-centred communication is associated with positive therapeutic alliance: a systematic review. *Journal of physiotherapy*, 58(2), 77-87. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+11+Behaviour+change/Pinto-2012-Patient-centred+communication+is+as.pdf>



Agree on goals





A functional goal  
is a goal to get  
back to doing the  
activity **that is  
most meaningful  
to the client**



## How to find the functional goal:

- “What’s the one thing that, if you didn’t have this diastasis you’d like to get back to?”
- “What prompted you to come to see me?”
- “What would make our time together successful?”
- “If we could get you back to doing one thing, what would that be?”





# Goals **work**

Samdal, G. B., Eide, G. E., Barth, T., Williams, G., & Meland, E. (2017). Effective behaviour change techniques for physical activity and healthy eating in overweight and obese adults; systematic review and meta-regression analyses. *International Journal of Behavioral Nutrition and Physical Activity*, 14(1), 42. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+11+Behaviour+change/Samdal-2017-Effective+behaviour+change+techniq.pdf>

Werbrouck, A., Swinnen, E., Kerckhofs, E., Buyl, R., Beckwée, D., & De Wit, L. (2018). How to empower patients? A systematic review and meta-analysis. *Translational behavioral medicine*, 8(5), 660-674. [https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+11+Behaviour+change/Werbrouck-2018-How+to+empower+patients.\\_+A+syst.pdf](https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+11+Behaviour+change/Werbrouck-2018-How+to+empower+patients._+A+syst.pdf)

Dineen-Griffin, S., Garcia-Cardenas, V., Williams, K., & Benrimoj, S. I. (2019). Helping patients help themselves: A systematic review of self-management support strategies in primary health care practice. *PloS one*, 14(8), e0220116. Dineen-Griffin, S., Garcia-Cardenas, V., Williams, K., & Benrimoj, S. I. (2019). Helping patients help themselves: A systematic review of self-management support strategies in primary health care practice. *PloS one*, 14(8), e0220116. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+11+Behaviour+change/Dineen-Griffin-2019-Helping+patients+help+them.pdf>

Meade, L. B., Bearne, L. M., Sweeney, L. H., Alageel, S. H., & Godfrey, E. L. (2019). Behaviour change techniques associated with adherence to prescribed exercise in patients with persistent musculoskeletal pain: Systematic review. *British Journal of Health Psychology*, 24(1), 10-30. doi:doi:10.1111/bjhp.12324 <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+11+Behaviour+change/Meade-2019-Behaviour+change+techniques+associa.pdf>



# How to set effective goals

- Make it SMART
- Use rewards
- Build in social support
- Plan together & give feedback on performance
- Modify weekly if needed

O'Brien, N., McDonald, S., Araújo-Soares, V., Lara, J., Errington, L., Godfrey, A., . . . White, M. (2015). The features of interventions associated with long-term effectiveness of physical activity interventions in adults aged 55–70 years: a systematic review and meta-analysis. *Health psychology review*, 9(4), 417–433. <https://dip2022.s3.amazonaws.com/Lecture%2010/O%E2%80%99Brien-2015-The%20features%20of%20interventions%20ass.pdf>



# Self-test

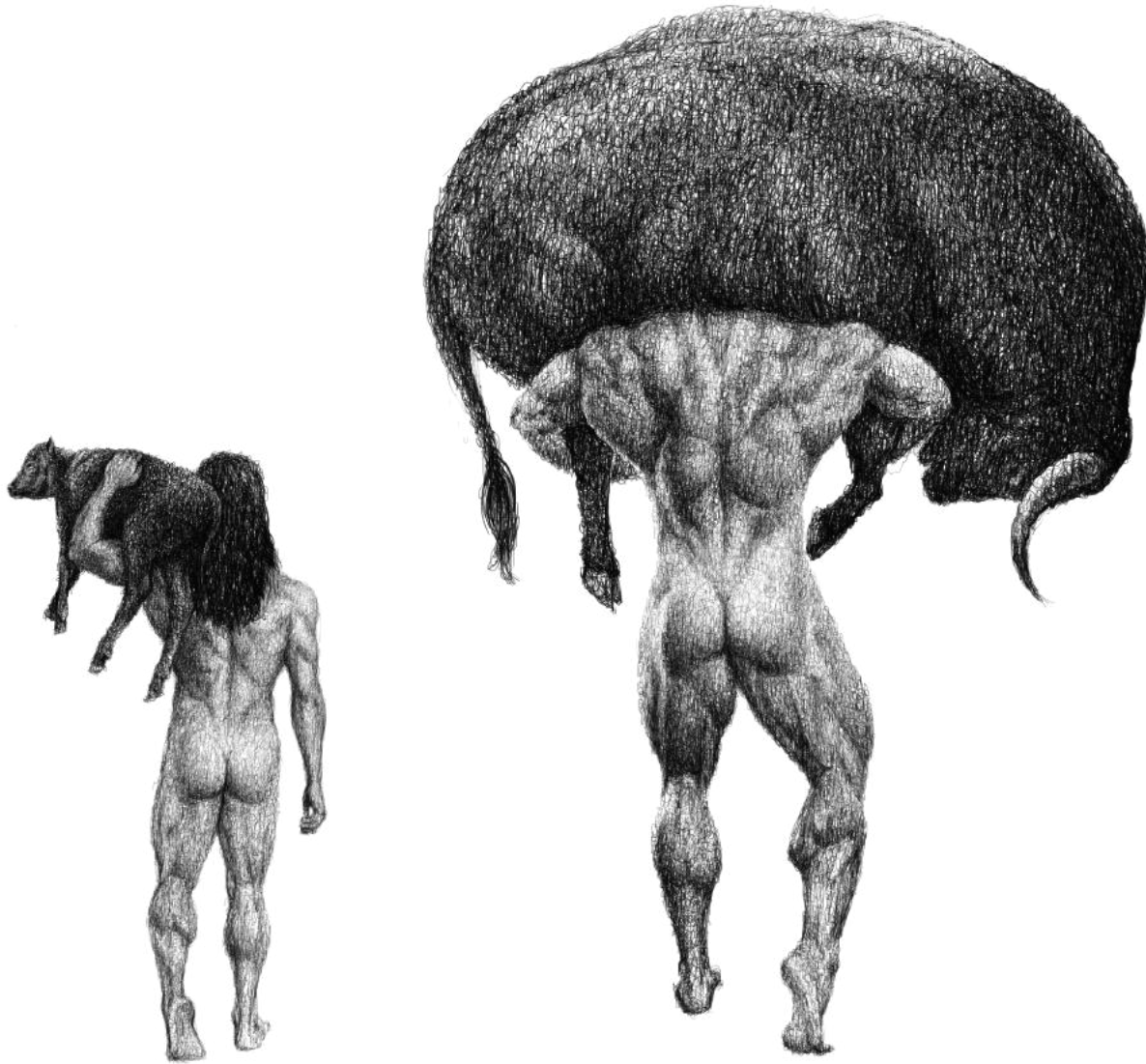
- What is a therapeutic alliance?
- Why build a therapeutic alliance?
- How do you build a therapeutic alliance?
- What can you ask to discover a client's functional goal?
- True/False: Goals work
- How do you make your goals effective?



# Build physical capacity with graded exercise

- Abdominal strengthening including TrA & curl ups
- Whole body strengthening
- Graded exercise towards the functional goal





# Graded exercise towards the functional goal

1. Agree on the definition of success
2. Start with where you're at right now
3. To get better at the thing, do the thing



# Principle of specificity

Exactly what you train is exactly  
what you get good at



“To get good at a middle split you’ve got to spend time in a middle split” ~ Christopher Sommer

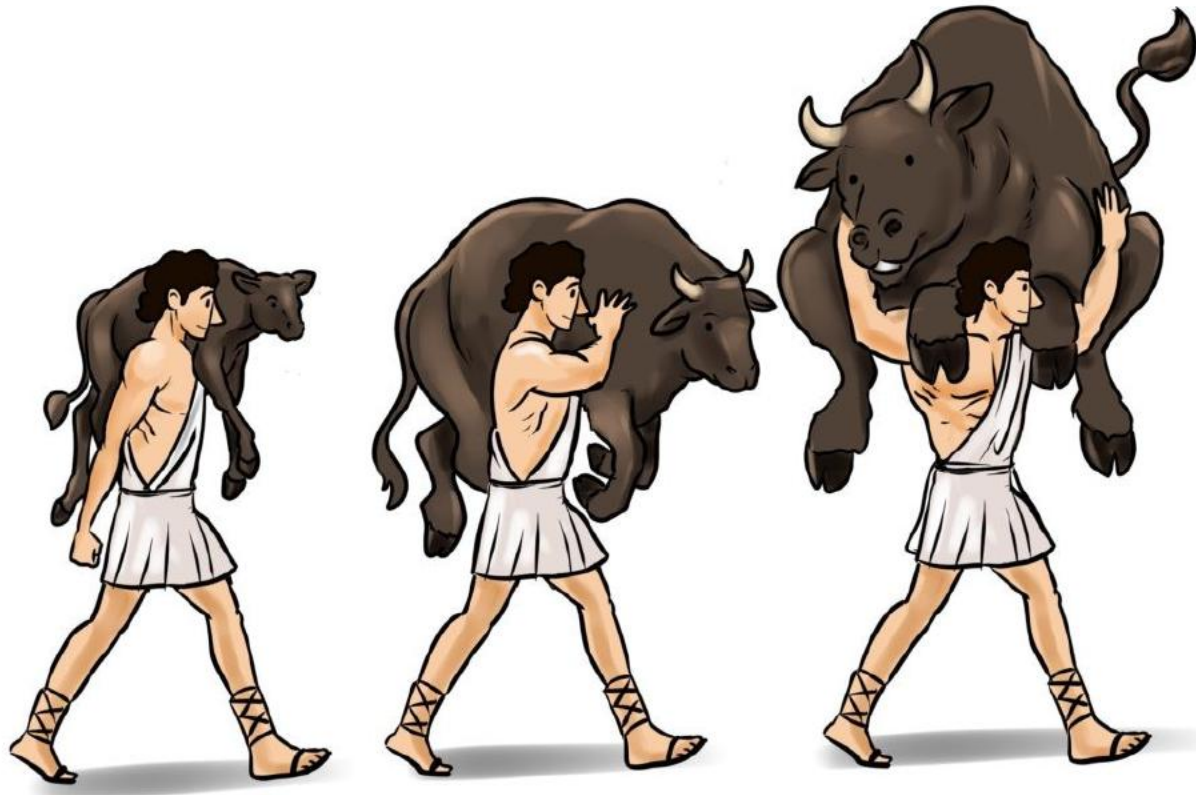




To get good at  
warrior pose  
you've got to...



To get good at  
forward bending  
you've got to...



# Functional tests

1. Ask what level of performance they need = this is their goal
2. Test current level of performance by doing the thing they want to get better at = this is their starting point
3. Start there and gradually build to goal level of performance by doing the thing they want to get better at
4. This is called graded exercise





## Self-test

- Which abdominal exercises should you do for your clients with diastasis?
- How do you strengthen the whole body?
- What is the principle of specificity?
- To get better at running\_\_\_\_\_
- To get better at lifting a sack\_\_\_\_\_



Build psychological  
resilience by  
fostering social  
support &  
becoming fearless





# Women with more social support have better body image

Izydorczyk, B., Walenista, W., Kamionka, A., Lizińczyk, S., & Ptak, M. (2021). Connections Between Perceived Social Support and the Body Image in the Group of Women With Diastasis Recti Abdominis. *Frontiers in psychology*, 3182. <https://be-lecture-notes.s3.amazonaws.com/Diastasis/Izydorczyk-2021-Connections%20Between%20Perceived.pdf>





# Ways to foster social support

- Affirm & encourage your client
- Workout in a group or semiprivate – cup of tea and cookie after
- Ask if there are supportive friends or family they could engage with more
- Ask what activities they like to do with those people
- Make a SMART goal to do that





There is strong  
evidence  
practitioner  
beliefs influence  
client beliefs

Darlow, B., Fullen, B. M., Dean, S., Hurley, D. A., Baxter, G. D., & Dowell, A. (2012). The association between health care professional attitudes and beliefs and the attitudes and beliefs, clinical management, and outcomes of patients with low back pain: a systematic review. *European Journal of Pain*, 16(1), 3-17. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+13+Self-efficacy/Darlow-2012-The+association+between+health+car.pdf>



Negative beliefs  
about the  
consequences of  
pain are  
associated with  
**more pain &  
disability**

Morton, L., de Bruin, M., Krajewska, M., Whibley, D., & Macfarlane, G. (2019). Beliefs about back pain and pain management behaviours, and their associations in the general population: a systematic review. *European Journal of Pain*, 23(1), 15–30. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+13+Self-efficacy/Morton-2019-Beliefs+about+back+pain+and+pain+m.pdf>





Negative beliefs  
reduce treatment  
adherence and  
lead to worse  
outcomes

Thompson, E. L., Broadbent, J., Bertino, M. D., & Staiger, P. K. (2016). Do pain-related beliefs influence adherence to multidisciplinary rehabilitation? The Clinical Journal of Pain, 32(2), 164-178. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+13+Self-efficacy/Thompson-2016-Do+pain-related+beliefs+influenc.pdf>





# People with negative pain beliefs have more pain

Elfering, A., Müller, U., Rolli Salathé, C., Tamcan, Ö., & Mannion, A. F. (2015). Pessimistic back beliefs and lack of exercise: a longitudinal risk study in relation to shoulder, neck, and back pain. *Psychology, health & medicine*, 20(7), 767-780. <https://dip2022.s3.amazonaws.com/Lecture%209/Elfering-2015-Pessimistic%20back%20beliefs%20and%20lac.pdf>





Because  
practitioner  
beliefs strongly  
influence client  
beliefs...

Darlow, B., Fullen, B. M., Dean, S., Hurley, D. A., Baxter, G. D., & Dowell, A. (2012). The association between health care professional attitudes and beliefs and the attitudes and beliefs, clinical management, and outcomes of patients with low back pain: a systematic review. *European Journal of Pain*, 16(1), 3-17. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+13+Self-efficacy/Darlow-2012-The+association+between+health+car.pdf>





When you are  
fearless your  
clients will  
become more  
fearless

Darlow, B., Fullen, B. M., Dean, S., Hurley, D. A., Baxter, G. D., & Dowell, A. (2012). The association between health care professional attitudes and beliefs and the attitudes and beliefs, clinical management, and outcomes of patients with low back pain: a systematic review. *European Journal of Pain*, 16(1), 3-17. <https://be-research-papers.s3.amazonaws.com/Diploma+lecture+research+papers/Lecture+13+Self-efficacy/Darlow-2012-The+association+between+health+car.pdf>



# Self-test

- List 3 ways you can foster social support for your clients
- True/False: Practitioner beliefs strongly predict client beliefs
- True/False: Negative pain beliefs are associated with more pain and disability
- True/False: People with positive pain beliefs have less pain and better function
- True/False: To help your clients build psychological resilience, become fearless yourself and it will rub off on them

## In Part 1...

1. Diastasis is a widening of the linea alba
2. We don't know the normal width of the linea alba
3. All the abdominal muscles insert into the linea alba
4. Rectus abdominis narrows the linea alba, TrA & pelvic floor widen the linea alba
5. Diastasis may be a result of a combination of variation in the internal oblique insertion, less collagen in connective tissue, plus factors that increase intra-abdominal pressure



## Part 2 learning goals

1. Women with diastasis need help with body image, functional ability and abdominal discomfort
2. Abdominal strengthening during & after pregnancy probably helps, including TrA work & curl ups
3. Build therapeutic alliance with open questions & set functional goals
4. Build physical capacity with graded exercise for abs & functional goal
5. Build psychological resilience by fostering social support & becoming fearless yourself

If you've found  
this valuable  
please give a  
**5-star** Google  
review



Or click the link 📌

<https://g.page/r/CQlJe3d-JxdKEAg/review>

## Applying the Whole Person Framework for clients with diastasis

Phase	What to do	How to do it
<b>1 Build a therapeutic alliance</b>	Ask open questions and genuinely listen. Show sensitivity to their concerns.	<ul style="list-style-type: none"> <li>• Tell me your story</li> <li>• What's the one thing you'd like to get back to doing?</li> <li>• What prompted you to see me?</li> <li>• What would make our time together successful?</li> </ul>
	Set a functional goal that is meaningful for the client	<ul style="list-style-type: none"> <li>• An outcome goal (getting back to doing their meaningful activity) and ALSO</li> <li>• a process goal (behaviors they will do each week to get there)</li> </ul>
	Test their current level of performance in their functional goal activity	<ul style="list-style-type: none"> <li>• How long CAN you hold that yoga pose for?</li> <li>• How many steps CAN you climb?</li> <li>• What weight CAN you lift?</li> <li>• How far CAN you bend down?</li> </ul>
<b>2 Build physical</b>	Abdominal strengthening	<ul style="list-style-type: none"> <li>• TrA activation</li> <li>• Curl ups</li> <li>• General ab strengthening</li> </ul>
	Whole body strengthening	<ul style="list-style-type: none"> <li>• Regular Pilates exercises for the arms, legs, back and all the parts</li> </ul>

# Bonus...

## Download the cheat sheet

<https://docs.google.com/document/d/1f5NEmsNvUkdiTQOk5XFCturO8WHQIR-aqh7poJVpol4/copy>

👉 Click on the blue text in your PDF notes to download it



Questions?

