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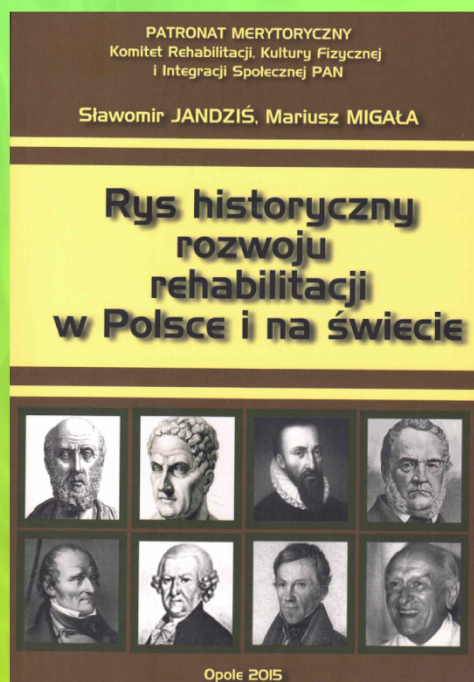


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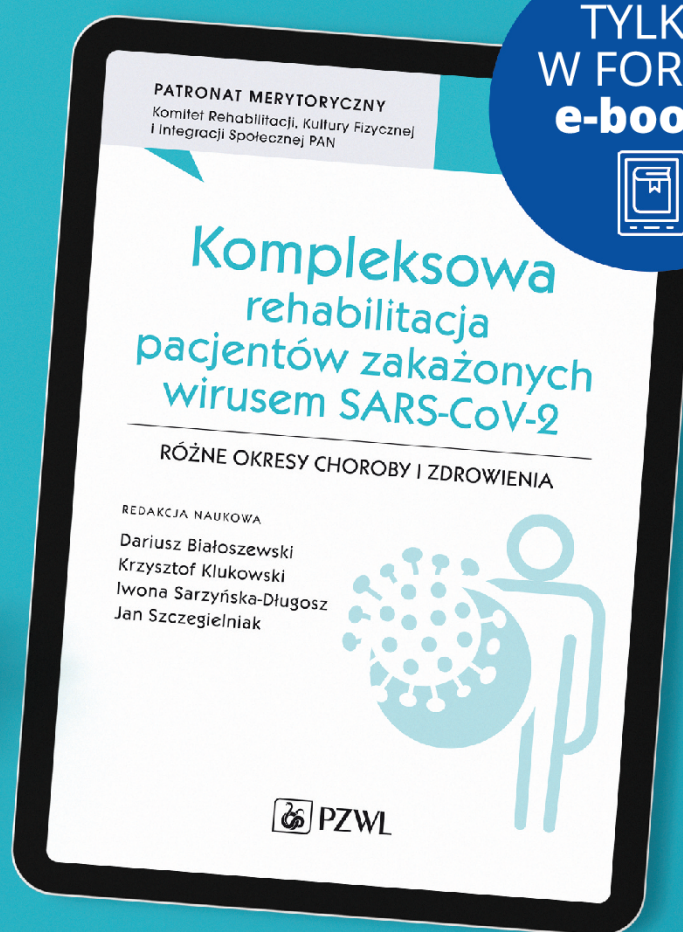
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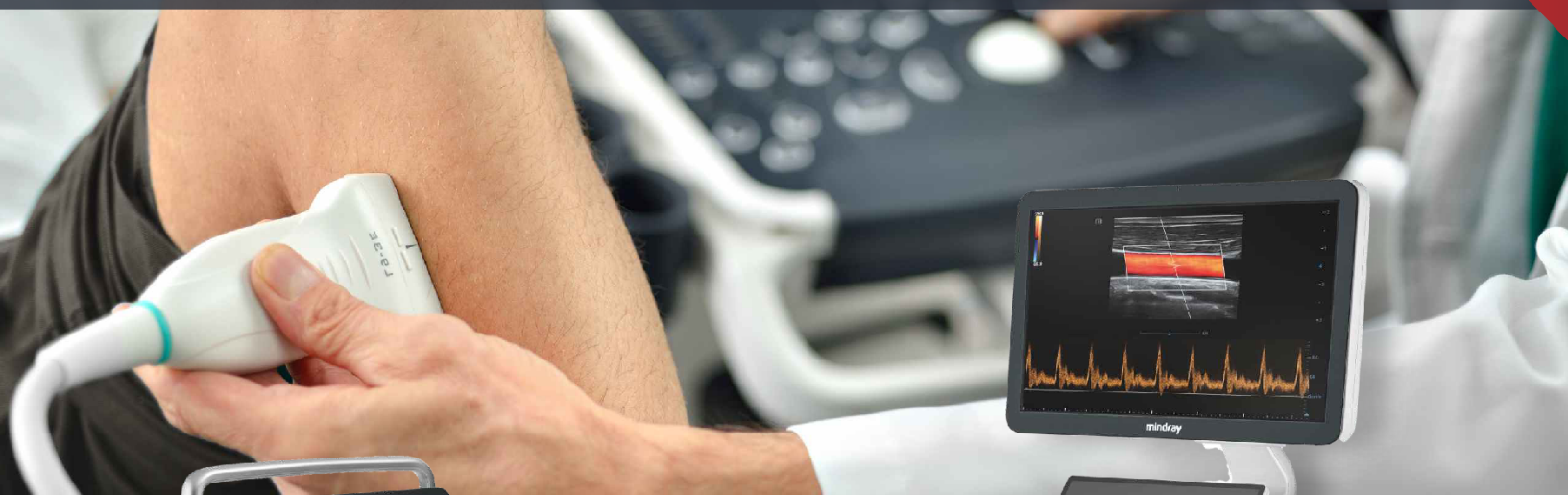


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18 March 2023 - 30 May 2023	1 June 2023 - 20 July 2023	1 - 20 July 2023	20 July 2023 - 2 August 2023	27 July 2023 - 2 August 2023	5 August 2023	September - December 2023
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26. Sympozjum Sekcji Rehabilitacji Kardiologicznej i Fizjologii Wysiłku Polskiego Towarzystwa Kardiologicznego

11-13 maja 2023, Wisła, Hotel STOK

www.rehabilitacja2023ptk.pl



Rehabilitacja kardiologiczna i fizjologia wysiłku – zapraszamy do rejestracji na wyjątkową konferencję w Wiśle

W dniach 11–13 maja w Hotelu Stok Wiśle odbędzie się wyjątkowe i interdyscyplinarne spotkanie specjalistów z całej Polski – 26. Sympozjum Sekcji Rehabilitacji Kardiologicznej i Fizjologii Wysiłku Polskiego Towarzystwa Kardiologicznego. Serdecznie zapraszamy do rejestracji.

26. Sympozjum Sekcji Rehabilitacji Kardiologicznej i Fizjologii Wysiłku Polskiego Towarzystwa Kardiologicznego to coroczne spotkanie specjalistów, zajmujących się rehabilitacją kardiologiczną, prewencją chorób układu krążenia i innymi formami aktywności fizycznej, która ma prowadzić do poprawy stanu naszego zdrowia.

Ta trzydniowa konferencja przeznaczona jest dla lekarzy kardiologów, specjalistów rehabilitacji medycznej oraz innych specjalności, którzy w swojej codziennej praktyce zajmują się rehabilitacją i fizjologią wysiłku, ale także dla fizjoterapeutów, pielęgniarek, techników i przedstawicieli innych zawodów medycznych, zainteresowanych tematyką spotkania, oraz studentów.

Jakie tematy zostaną poruszone podczas konferencji?

26. Sympozjum Sekcji Rehabilitacji Kardiologicznej i Fizjologii Wysiłku to konferencja, na którą zaproszeni zostali wybitni specjaliści z dziedziny kardiologii i nie tylko. Podczas wydarzenia wygłoszonych zostanie prawie 100 wykładów merytorycznych w ciągu aż 20 sesji. Uczestnicy będą mieli również szansę na udział w sesjach przypadków klinicznych, intensywnych warsztatach, a także panelach dyskusyjnych. To wydarzenie cechujące się dużą interdyscyplinarnością, dlatego z pewnością każdy znajdzie coś dla siebie.

Podczas wydarzenia kompleksowo pochylimy się nad dziedziną rehabilitacji kardiologicznej i fizjologii wysiłku. Wśród tematów wiodących znajdują się:

- rehabilitacja w dobie pandemii i po pandemii COVID-19;
- telerehabilitacja i rehabilitacja hybrydowa;
- rehabilitacja kardiologiczna w specyficznych grupach pacjentów;
- programy KOS-zawał i KONS;
- nowe standardy ESC, PTK i SRKiFW;
- Testy wysiłkowe i testy spiroergometryczne
- monitorowanie wysiłku fizycznego;
- prewencja pierwotna i wtórna chorób sercowo-naczyniowych;
- farmakoterapia pacjentów rehabilitowanych kardiologicznie i nie tylko;
- sport i aktywność sportowa w kardiologii;
- czynniki ryzyka chorób układu krążenia.

Program merytoryczny wydarzenia jest niezwykle bogaty i angażujący. Warto podkreślić także, iż na konferencji pojawią się specjalne sesje wykładów prowadzone przez zaproszone sekcje i ассоjacje Polskiego Towarzystwa Kardiologicznego, m.in. Sekcję Kardiologii Sportowej, Asocjację Niewydolności Serca, Asocjację Elektrokardiologii Nieinwazyjnej i Telemedycyny, Sekcję Pielęgniarstwa Kardiologicznego i Pokrewnych Zawodów Medycznych, „Klub 30”, Sekcję Farmakoterapii Sercowo-Naczyniowej, Sekcję Prewencji i Epidemiologii, a także Polskie Towarzystwo Medycyny Sportowej.

„Pandemia wymusiła na nas zmianę paradygmatu rehabilitacji kardiologicznej”

Organizatorami wydarzenia są wydawnictwo naukowe Evereth Publishing oraz Sekcja Rehabilitacji Kardiologicznej i Fizjologii Wysiłku Polskiego Towarzystwa Kardiologicznego (SRKiFW). Przewodniczącą Komitetu Naukowego jest prof. dr hab. n. med. Małgorzata Kurpesa, Wiceprzewodniczącymi – prof. dr hab. n. med. Anna Jagier, dr hab. n. med. Dominika Szałewska, a Komitetu Organizacyjnego – dr n. med. Bartosz Szafran.

Dr n. med. Agnieszka Mawlichanów, Przewodnicząca SRKiFW, podkreśla, iż ostatnie Sympozjum miało miejsce w 2019 r. w Wiśle. W tym czasie udało się zorganizować wydarzenie w formule online, jednak zdaniem Przewodniczącej obecnie „wszyscy spragnieni jesteśmy spotkania osobistego, wymiany doświadczeń i bezpośrednich rozmów, nie tylko na sali wykładowej, ale i w kulisach”.

– Cztery lata w sporcie to pełna olimpiada, a w naszej dziedzinie kardiologii można powiedzieć – cała wieczność. Pandemia wymusiła na nas zmianę paradygmatu rehabilitacji kardiologicznej, między innymi stworzyła pole dla rozwoju modelu hybrydowego i monitorowanego telemedycznie. W tym czasie ukazało się wiele ważnych dokumentów, stworzonych przez polskie i europejskie towarzystwa kardiologiczne, dotyczące rehabilitacji, prewencji i aktywności fizycznej. Dynamicznie w naszym kraju rozwija się też program KOS-zawał, przynoszący liczne korzyści, ale też budzący kontrowersje. O tym wszystkim i jeszcze wielu innych sprawach pragniemy podyskutować w czasie naszego majowego spotkania – zapowiedziała dr Mawlichanów.

Rejestracja na 26. Sympozjum Sekcji Rehabilitacji Kardiologicznej i Fizjologii Wysiłku możliwa jest na stronie internetowej konferencji rehabilitacja2023ptk.pl/rejestracja/. Informacje na temat opłatyjazdowej i wydarzeń towarzyszących znajdują się tutaj: rehabilitacja2023ptk.pl/oplata-konferencyjna/.

Informujemy jednocześnie, iż liczba miejsc na konferencji jest ograniczona, dlatego warto zarejestrować się już dzisiaj.

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Impact of TECAR therapy on post-natal rectus diastasis: A randomized trial

Wpływ terapii TECAR na poporodowy rozstęp mięśnia prostego: badanie z randomizacją

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Abstract

Background. Rectus diastasis is a common problem affecting postpartum mothers. It decreases the integrity as well as functional strength of the abdominal wall, and causes low back pain and pelvic instability.

Objective. To examine how TECAR therapy (monopolar capacitive resistance radiofrequency of 448 KHz) affects rectus diastasis in postpartum women.

Design. A prospective randomized controlled trial.

Setting. Outpatient physical therapy clinic, Kafr El Sheikh University.

Methods. Forty postnatal women having diastasis recti abdominis (DRA) > 2.5 cm were recruited and randomized into two equal groups; the control group received a program of selected abdominal exercises and low caloric diet of 1200 kcal/ day for 4 weeks, and the study group received the same control group interventions in addition to TECAR application. DRA degree was the primary outcome, while weight and body mass index measures were the secondary outcomes. All variables were measured at the baseline and after 4 weeks of the intervention by rectus diastasis test, abdominal ultrasonography, and calibrated weight scale.

Results. Analysis showed a significant reduction ($P < .05$) in weight, body mass index, rectus diastasis test, and ultrasound measures in both groups in favor of the study group.

Conclusion. Using TECAR with a standard program of abdominal exercises and low caloric diet has more beneficial effects on postnatal DRA than practicing the exercise program alone with the low-calorie diet.

Keywords

diastasis recti, radiofrequency therapy, physical exercises, postpartum

Streszczenie

Informacje wprowadzające. Rozstęp mięśnia prostego jest częstym problemem dotyczącym kobiety po porodzie. Zmniejsza integralność, jak również wytrzymałość funkcjonalną ściany brzucha i powoduje ból krzyża i niestabilność miednicy.

Cel. Zbadanie, w jaki sposób terapia TECAR (monopolarna częstotliwość radiowa 448 KHz) wpływa na rozstęp mięśnia prostego brzucha u kobiet po porodzie.

Projekt. Prospektywna, randomizowana próba kontrolowana.

Miejsce. Ambulatoryjna klinika fizjoterapeutyczna Uniwersytetu Kafr El Sheikh.

Metody. Czterdzieści kobiet po porodzie z rozstępem mięśnia prostego brzucha (DRA) > 2,5 cm zrekrutowano i przydzielono losowo do dwóch równych grup. Grupa kontrolna realizowała program wybranych ćwiczeń brzucha i spożywała dietę niskokaloryczną 1200 kcal/dzień przez 4 tygodnie, a grupa badawcza oprócz terapii TECAR realizowała te same interwencje co grupa kontrolna. Stopień DRA stanowił główny wynik, podczas gdy pomiary masy ciała i wskaźnika masy ciała były wynikami drugorzędnymi. Wszystkie zmienne mierzono na początku badania i po 4 tygodniach interwencji za pomocą testu rozstępu mięśnia prostego, ultrasonografii jamy brzusznej i skalibrowanej wagi.

Wyniki. Analiza wykazała istotne zmniejszenie ($P < 0,05$) masy ciała, wskaźnika masy ciała, rozstępu mięśni prostych i pomiarów ultrasonograficznych w obu grupach na korzyść grupy badawczej.

Wniosek. Stosowanie terapii TECAR w połączeniu ze standardowym programem ćwiczeń brzucha i dietą niskokaloryczną ma korzystniejszy wpływ na DRA po porodzie niż wykonywanie samego programu ćwiczeń i spożywanie diety niskokalorycznej.

Słowa kluczowe

rozstęp mięśnia prostego, radiofrekwencja, ćwiczenia fizyczne, poporodowe

Introduction

The two rectus abdominis muscles separated along the linea alba is referred to as a diastasis recti abdominis (DRA) [1]. It highly occurs at the end of pregnancy months [2] and in the postpartum period [3]. Multiparity, overweight during pregnancy, and high birth weight may be predisposing factors for the developing of such condition [2, 4, 5, 6, 7] and aggressive abdominal training, previous or repeated abdominal surgery or massive weight loss after bariatric surgery may be causing DRA [8].

The trunk control depends on abdominal musculature, any abnormality in these muscles can affect trunk control and function, which interfere with the cosmetic and psychological condition in females. In addition to physical discomfort, it may lead to back pain, abdominal muscle weakness or bulging, and limitation of trunk movement. It may also affect pelvic stability [9, 10, 11, 12] and be linked with pelvic floor disorders including pelvic organ prolapse, anal incontinence, as well as urinary incontinence [13, 6].

Exercises, Tupler technique, Faradic Stimulation, back care/lifting, braces, as well as functional daily activities are all beneficial in the treatment of diastasis recti [8]. Rehabilitation has used physiotherapy, including electrical or electromagnetic stimulation, effectively. In physiotherapy as well as sports medicine, resistive capacitive electrical transfer treatment (TECAR) has been utilized to treat injuries to the muscles, bones, ligaments, and tendons [14].

Radio frequency energy is now used to generate therapeutic heat levels [15]. TECAR therapy is a deep thermotherapy approach that is relied on the application of electric currents in the radiofrequency spectrum, with a monopolar capacitive resistance radiofrequency of 448 kHz. [16, 17, 18, 14].

Capacitive (CAP) as well as resistive (RES) modes are available on the TECAR device. Two probes are used to deliver these modes, and TECAR is applied based on the resistance of the cured tissue. The energy transmission only causes heat to be produced in the superficial tissue layers, which comprise soft tissue high in water, such as muscle, cartilage, and the lymphatic system. Once the active electrode is equipped with an insulating ceramic layer functioning as a dielectric medium (CAP). As the energy flows directly throughout the body along the path of the inactive electrode in (RES) mode, heat is produced in the deeper, higher resistive (lower water content) tissue layers, including bone, muscle fascia, capsules, and tendons [19].

Up to now, no study has examined the effect of TECAR treatment on rectus diastasis in postnatal women, so the goal of our study was to assess the impact of TECAR therapy on rectus diastasis in postnatal women.

Materials and methods

Participants

This study was under taken on 40 of postnatal vaginally delivered women having diastasis recti greater than or 2 finger widths on palpation with a bulging abdomen. They referred by physician to the outpatient physical therapy clinic at Kafr El Sheikh University, Egypt. They were between the ages of 25 and 35. They had a body mass index (BMI) of 25 to 32 kg/m².

Any participant was excluded if she had any disease which interferes with exercises (asthma), any skin condition or sensitivity which interferes with the TECAR application, or cardiac disease. Women who were pregnant or had had abdominal/ pelvic surgery were also excluded.

Study design and randomization

A randomized, double-blind, pre-posttest trial was used in this research. A simple drawing of lots (A or B) determined whether participants would get TECAR therapy, abdominal exercises in addition to low caloric diet (group A) or abdominal exercises in addition to low caloric diet only (group B) during the randomization phase. The randomization technique was conducted using computer software (Microsoft Excel 2010) that generated a randomized table of numbers, each of which matched to one of the two groups (A or B). Following that, participants were assigned to groups based on the number of their allocation codes. To select which will be in group A or group B, a researcher performed the drawing procedures without telling participants or evaluators. As a result, blinding of the treatment allocation was used for both patients and the evaluators.

Ethical considerations

Before the study began, Ethical approval was obtained from the institutional review board at Faculty of physical therapy, kafr el-sheikh University, Egypt, with number (P.T/WH16/8/2021). The study was registered in ClinicalTrials.gov (ID: NCT05287282). Before beginning the examination, all women were asked to read an explanation of the experimental procedures and signed an informed permission form.

Procedures

The control group (B) involved 20 postnatal women who followed a weight reduction diet (1200 kcal/day) and selected abdominal exercises program that consisted of static abdominal exercises and head lifting accompanied with posterior pelvic tilting, the duration of exercises lasted 20 minutes 3 times a week for 4 weeks and as a home routine. The study group (A) included 20 postnatal women who followed the same diet of 1200 kcal/day, and performed the abdominal exercises, as the control group, in addition to TECAR application using two frequencies (300 & 500 kHz) by two modes (capacitive & resistive). Application of TECAR was 20 minutes/ session, 3 sessions per week for 4 weeks).

All the women in both groups followed the same caloric diet, energy – decreased to 1200 kcal/day. This diet is rich in carbohydrates (55–60% of overall daily energy intake), fat is little (< 30% of energy intake) [20]. Also, they performed an exercise program. The first component of the program was static abdominal contraction held for 10 seconds, followed by pressing the lumbar region down while drawing the area below the umbilicus inward to activate lower abdominal muscles. The abdominal activation was held while regularly breathing throughout the treatment [21]. The second component was head lifting with posterior pelvic tilt exercises. The patients were in crook lying position with their arms crossed over the diastasis to support them. they were told to exhale while lifting her head and scapula off the ground or to the point just prior to the bul-

ge became visible, contracting her glutei, or abdominal muscles, and pressing their lower back down on the bed. She then relaxed by gradually lowering her head [22, 23].

For the study group, TECAR is an INDIBA® 448 kHz RF device (made in Barcelona, Spain) was applied using two specific frequencies (300 and 500 KHz). Static electrodes measuring 13.5 cm² were applied to the lumbar region. The CAP electrode was moved in a circular motion on the middle of the abdomen toward the Linea alba for 10 minutes, followed by the RES electrode using the same technique as the CAP application for another 10 minutes, with the patient contracting the abdominal muscles throughout the application.

Outcome measures

Each subject in both groups was evaluated before treatment and after 4 weeks of intervention.

Rectus diastasis test

Each participant's recti were measured before they were enrolled into the study to determine how far apart they were. The patient was told to assume a supine crock-lying position on the examination table, lift her head and shoulders off the surface with her arms extended, reach toward her knees until the examiner's hand could feel the scapula's spine leave the surface, and place her fingers horizontally across the linea alba to count the number of fingers that fit in the space between the borders of two rectus abdominis muscles. It has been established how many fingers can fit between muscle bellies. Measure the umbilicus and 2 cm below it using the middle of the umbilicus as a point of reference. Patients with a finger width of 2 or less were classified as not having diastasis, those with a finger width of 2–3 as having mild diastasis, those with

a finger width of 3 to 4 as having moderate diastasis, and those with a finger width of > 4 as having severe diastasis[24]. Participants were urged to let their heads fall after the test and take their regular positions [20]. In postpartum women, the rectus diastasis test was reported to have a high intrarater reliability of 0.70 and a moderate interrater reliability of 0.53 [24].

Ultrasound image

Diagnostic ultrasound is an ultrasound-based diagnostic imaging approach for determining rectus abdominis changes and measuring intra-recti distance.

Weight and BMI

Weight was measured by valid and reliable device and BMI was calculated

Statistical analysis

Due to the paucity of relevant literature and the difficulties inherent in gauging the magnitude of the effect, a pilot research with ten patients was carried out. The effect size was determined using the G*power software (G*power 3.0.10) and the Pillai result of 0.33 from the statistical analysis test (2×2 Mixed Design MANOVA). The power analysis suggested that 30 patients would be enough to detect an effect size of 0.49 at the 95% confidence level.

We ran all of our numbers through SPSS for Windows, version 23 of the Statistical Package for the Social Sciences. Box's test and Shapiro-Wilk test were used to look for signs of covariance homogeneity and test for normality in the data, respectively. All of the analysed variables of interest were compared between groups and time points using a 2×2 mixed design repeated-measures MANOVA. The alpha threshold was set at 0.05.

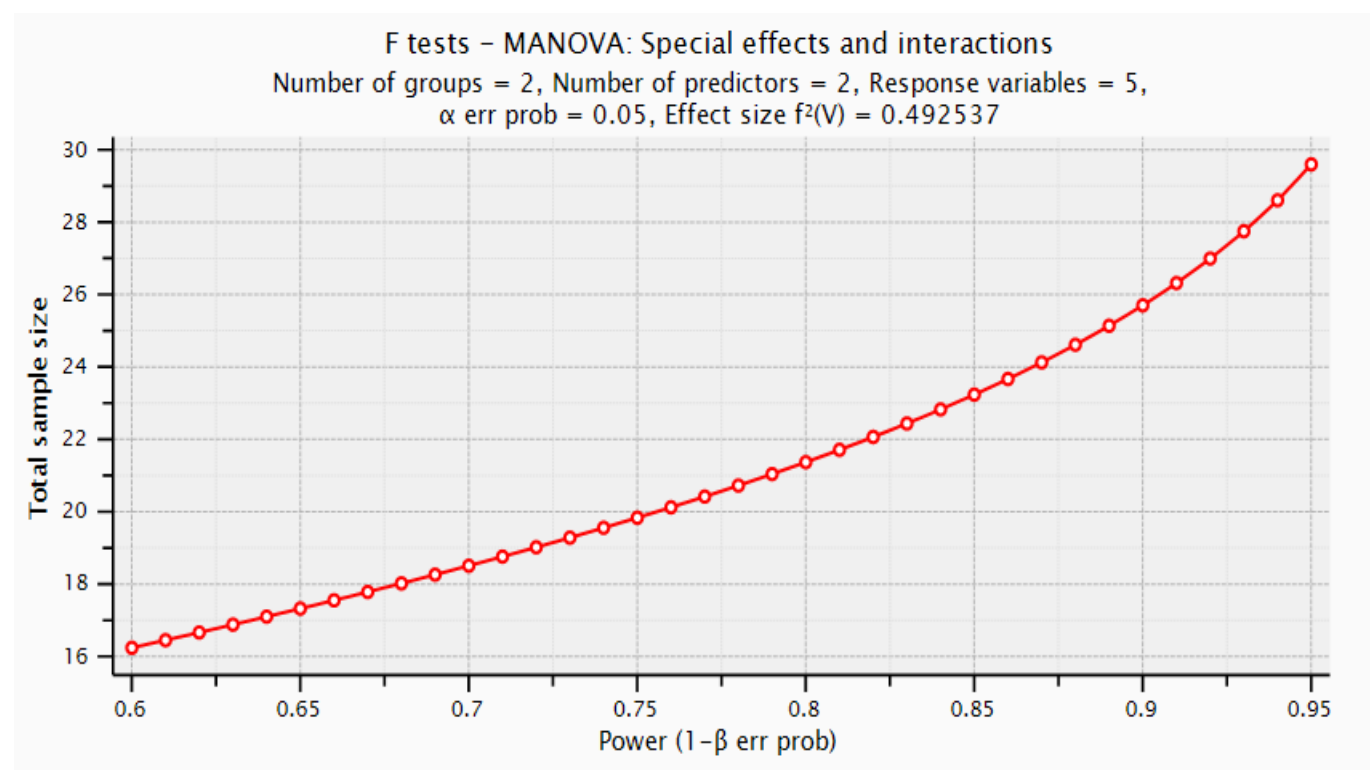


Figure 1. The predicted sample size

Results

Demographic characteristics

Table 1 showed the demographic characteristics of both groups. There was no significant difference between both groups in the mean age, height ($p > 0.05$).

Results from a mixed-design MANOVA showed that there was a significant within-subject effect ($F = 276.472$, $p = 0.0001$, Partial Eta Squared = 0.983) and a significant treatment time effect ($F = 15.025$, $p = 0.0001$, Partial Eta Squared = 0.758). The results also showed a significant between-subject effect ($F = 2.939$,

Table 1. Mean and standard deviation of age, height, for both groups

	Group I (n = 20)		Group II (n = 20)		P value (I vs II)
	Range	Mean $\pm$ SD	Range	Mean $\pm$ SD	
Age [years]	(25–35)	30.4 $\pm$ 3.4	(25–35)	30.1 $\pm$ 2.9	0.774
Height [cm]	(155–168)	160.1 $\pm$ 2.9	(156–166)	161.3 $\pm$ 3	0.277

$p = 0.033^*$, Partial Eta Squared = 0.38). The descriptive data for the impact of treatments on all dependent variables are shown in Table 2, along with 95 percent confidence intervals. Weight, ultrasound measurement above and below the umbilicus, body mass index, and the rectus diastasis test were all shown to decrease significantly ($p < 0.05$) in both groups after treatment, as determined by multiple pairwise comparison te-

sts comparing pre- and post-treatment data. Multiple pairwise comparisons between the two groups before and after treatment showed no significant difference in weight and BMI, but there was a significant decrease ($p < 0.05$) in ultrasound measurement above and below the umbilicus and rectus diastasis test results in favour of group A compared to group B.

Table 2. Descriptive and inferential statistics of the dependent variables in the experimental and control groups pre and post the four-week study period

		Group (A) (n = 20)	Group (B) (n = 20)	P value*
Weight	Pre training	80.13 $\pm$ 5.26	80.53 $\pm$ 5.91	0.846 ^{NS}
	Post training	74.8 $\pm$ 5.12	75.2 $\pm$ 5.7	0.842 ^{NS}
	% of change	6.65	6.61	
	P value**	0.0001 ^S	0.0001 ^S	
Above umbilicus	Pre training	29 $\pm$ 2.9	28.93 $\pm$ 1.75	0.94 ^{NS}
	Post training	23.6 $\pm$ 2.99	25.93 $\pm$ 2.68	0.033 ^S
	% of change	18.62	10.36	
	P value**	0.0001 ^S	0.0001 ^S	
Below umbilicus	Pre training	12.2 $\pm$ 3.09	12.73 $\pm$ 3.15	0.644 ^{NS}
	Post training	8.36 $\pm$ 1.94	10.46 $\pm$ 2.53	0.017 ^S
	% of change	31.47	17.83	
	P value**	0.0001 ^S	0.0001 ^S	
BMI	Pre training	30.44 $\pm$ 1.78	30.56 $\pm$ 1.94	0.869 ^{NS}
	Post training	24.61 $\pm$ 2.41	26.3 $\pm$ 2.43	0.067 ^S
	% of change	19.15	13.93	
	P value**	0.0001 ^S	0.0001 ^S	
Rectus diastasis test	Pre training	4 $\pm$ 0.62	4.16 $\pm$ 0.69	0.497 ^{NS}
	Post training	2.23 $\pm$ 0.41	3.36 $\pm$ 0.51	0.0001 ^S
	% of change	44.25	19.23	
	P value**	0.0001 ^S	0.0001 ^S	

* Inter-group comparison; ** intra-group comparison of the results pre and post training.

^{NS} $P > 0.05$ = non-significant, ^S $P < 0.05$ = significant, P = Probability.

Discussion

Our study's major goal was to see how TECAR therapy affected rectus diastasis in postpartum women. The results showed that the study group had a significant reduction in weight, ultrasound measurements above and below the umbilicus, BMI, and rectus diastasis test within and between groups.

As a result of its thermo therapeutic action, TECAR therapy has the ability to influence blood flow, which is usually considered one method in which TECAR therapy helps the healing processes of injured or malfunctioning tissues [25]. The TECAR therapy is provided in a mixed mode (also known as a "capacitive/resistive") that increases blood flow volume in muscular tissue while also inducing a reaction in deep tissue without overheating the skin [26]. Due to its ability to induce a thermo therapeutic effect in deep target tissue (deep muscle layers, joints, and tendons) without causing an excessive increase in the superficial (skin) temperature, TECAR therapy is highly tolerable for patients and suitable for the treatment of a variety of musculoskeletal disorders [19]. According to Sorrentino et al., 2022 [27], increased microcirculation, vasodilation (oxygenation), and internal temperature are all results of Capacitive and Resistive Diathermy (TECAR treatment). The second important finding is that TECAR therapy has the ability to speed up the healing process, or in other words, reduce recovery time. Studies showed that recovery time decreased in both acute and chronic cases, but patients in the chronic stage required more treatment time than those in the acute stage. They assessed the outcomes by utilizing muscle ultrasonography before and after therapy to measure the diameter of the lesions, but others relied on patients returning to their normal activities without stress or pain [28, 29]. The observed improvement could be attributed to the time of collagen denaturation and neo-synthesis, which lasts around 28 days after therapy [30]. The findings of this study are consistent with Guimaraes et al. [31], who concluded that individuals treated with Tecar therapy had better recovery of muscle strength and function. According to the findings of our study, the control group receiving abdominal exercises had a significant decrease in weight, ultrasound measurement above and below the umbilicus, BMI, and rectus diastasis test. Abdominal muscle strengthening exercises are still recommended during the postpartum period, especially to reduce inter recti distance. Khandale & Hande [8], found a link between their findings and those of Pascoal

et al. [32], who revealed that the inter recti distance decreases during abdominal isometric contraction, implying that abdominal strengthening exercises contribute to the narrowing of the inter rectum distance in postpartum women.

The majority of abdominal exercises are done while exhaling and inhaling, because exhaling while contracting the abdominal muscles helps to lower intra-abdominal pressure while exercising [33]. Improved muscle strength and decreased rectus separation could be explained by increased intra-abdominal pressure, which contributes to mechanical spine stability through the co-activation of trunk flexors and extensors muscles. The spine becomes more stable, abdominal strength improves, and abdominal separation reduces as the abdominal muscles contract, increasing pressure and turning the abdomen into a rigid cylinder [34].

Exercises are proven to have a variety of physical and psychological advantages on the body, including improved mental well-being, enhanced self-esteem, and a greater sense of control over one's body image. It aids in the maintenance of a healthy body weight and the prevention of fat formation in the body [22, 31, 35].

The findings of Ribeiro et al., 2018 [36] systematic review show that TECAR therapy may be an effective adjunct therapy in physiotherapy treatment, and that incorporating it into a traditional rehabilitation programme or using it alone may have immediate and long term benefits. In brief, one of the most important benefits of this therapy, and one that contributes to the recipient's success in rehabilitation, is the ability to utilize it in acute phases, which allows treatment to begin sooner and reduces the risk of consequences associated with motor or immobility.

Conclusion

TECAR therapy is a novel intervention for treatment of rectus diastasis in postnatal women. Future studies are needed with a larger sample, longer study duration and study combined effects of TECAR therapy with other therapeutic modalities.

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