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#### Authors' Contributions

M.K.: Study design, data collection, analysis, and  
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# Differential Effects of Kinesio Taping versus Visceral Mobilization versus Exercise on Pain and Urinary Symptoms in Postpartum Diastasis Recti Abdominis

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**Background:** Diastasis recti abdominis (DRA) in postpartum women is frequently associated with abdominal/lumbopelvic pain and urinary dysfunction, contributing to impaired functional capacity and reduced quality of life. Although several conservative interventions are used clinically, comparative evidence regarding their differential effects on pain and urinary symptoms remains limited. **Objective:** To compare the effectiveness of Kinesio Taping (KT), Visceral Mobilization (VM), combined KT+VM, and exercise therapy on pain intensity and urinary symptoms in postpartum women with DRA. **Methods:** A four-arm randomized controlled trial was conducted on 72 postpartum women with clinically confirmed DRA. Participants were randomly allocated to KT (n=18), VM (n=18), KT+VM (n=18), or exercise therapy (n=18) for 6 weeks. Primary outcomes were pain intensity measured using the Visual Analogue Scale (VAS) and urinary symptoms measured using the Urinary Distress Inventory-6 (UDI-6). Between-group comparisons were performed using one-way ANOVA with post-hoc analysis. Ethical approval was obtained from the institutional review board, and written informed consent was obtained from all participants.

**Results:** All interventions resulted in significant reductions in pain scores over 6 weeks ( $p < 0.001$ ). The KT+VM group demonstrated the greatest pain reduction (VAS  $6.83 \pm 1.29$  to  $1.28 \pm 1.02$ ), followed by KT (VAS  $7.56 \pm 0.78$  to  $1.83 \pm 1.20$ ), with VM and exercise therapy also showing clinically meaningful improvement. For urinary outcomes, KT demonstrated the most favorable improvements across UDI-6 symptom domains, with significantly greater reductions particularly in urinary frequency ( $p < 0.001$ ) and stress urinary incontinence ( $p < 0.001$ ) compared with the other groups. The combined KT+VM approach improved urinary symptoms but showed less improvement than KT alone. **Conclusion:** Pain and urinary symptoms in postpartum DRA exhibit differential responsiveness to conservative interventions. Combined KT+VM appears most effective for optimizing pain outcomes, whereas KT alone provides superior urinary symptom improvement. These findings support symptom-directed intervention selection in postpartum DRA rehabilitation.

#### Keywords

Diastasis Recti Abdominis, Postpartum, Kinesio Taping, Visceral Mobilization, Pain, Urinary Symptoms, Urinary Incontinence

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