Braz J Phys Ther 31 (2027) 101667

Contents lists available at ScienceDirect

Brazilian Journal of Physical Therapy

journal homepage: www.elsevier.com/locate/bjpt

Letter to the Editor

# Letter to the editor about the article: "Hypopressive exercises for diastasis recti and pelvic floor symptoms in postpartum women: A randomized trial"

**Dear Editor,**

We read with interest the article by Moreira et al., "Hypopressive exercises for diastasis recti and pelvic floor symptoms in postpartum women: A randomized trial," recently published in the Brazilian Journal of Physical Therapy.[1] We would like to highlight several methodological and interpretative issues that may affect the validity and clinical relevance of the findings.

First, regarding pelvic floor symptoms, although a statistically significant reduction was observed in the Pelvic Floor Bother Questionnaire, the magnitude of change appears small and of uncertain clinical relevance. The hypopressive group decreased from 8 (SD 6) to 3 (SD 4), corresponding to a mean difference of −4 points (95% CI −6 to −2) compared to the control group, which started at 6 (SD 5). Considering that the questionnaire ranges from 0 to 45, these baseline values indicate a low symptom burden at study entry. This raises concerns about a potential floor effect, limiting the possibility of clinically meaningful improvement. Furthermore, in the absence of an established minimal clinically important difference for this instrument, the clinical significance of these findings remains unclear. Improvements in such a low symptom population are unlikely to represent meaningful benefits for patients.

Second, the interpretation of abdominal muscle function should be approached with caution. The study assessed abdominal function using plank-based tests, including ventral and lateral bridge positions, which primarily reflect global trunk endurance, postural control, motivation, and task familiarity rather than specific or validated measures of abdominal muscle function. The hypopressive group showed substantial increases in performance, for example, ventral bridge from 25 (SD 20) to 65 (SD 45) seconds, while the control group showed only modest changes. Such improvements may reflect adaptation to the test, motor learning, or increased tolerance to effort rather than true improvements in abdominal muscle function. Therefore, interpreting these findings as evidence of improved abdominal function appears to be an overextension of the data.

Third, the assessment of body perception presents important limitations. This outcome was measured using a single non validated question, which raises concerns about its reliability and validity. In addition, the study design, with an active intervention group and a control group instructed not to perform exercise, introduces a substantial risk of expectation and placebo effects. Given that participants were not effectively blinded and that hypopressive exercises are widely promoted as beneficial, it is plausible that positive expectations influenced self-reported outcomes. The observed improvement in body perception, from 33 (SD 8) to 38 (SD 6) in the intervention group, compared to minimal change in the control group, may therefore reflect contextual and psychological factors rather than true physiological changes.

Importantly, the primary outcome, inter rectus distance, did not show a significant group by time interaction. In randomized controlled trials, causal inference should be based on between group differences over time rather than within group changes. Emphasizing intragroup improvements may lead to misleading interpretations of effectiveness, particularly in postpartum populations where spontaneous recovery is expected. Therefore, the findings do not support the superiority of hypopressive exercises over the control condition for reducing inter rectus distance.

A particularly concerning aspect is the interpretation presented in the discussion, where subjective improvements such as body perception are used to support the clinical relevance of the intervention despite the absence of significant effects on the primary outcome. Relying on subjective and non validated measures to justify effectiveness, especially when objective outcomes are negative, may lead to overinterpretation and inflate the perceived clinical value of the intervention. This concern is further reinforced by the use of non specific functional tests to support claims of improved muscle function.

Finally, we would like to draw attention to the article highlights, which may overstate the effectiveness of the intervention. While it is correctly stated that hypopressive exercises did not reduce inter rectus distance, the subsequent claims regarding improvements in muscle function and pelvic floor symptoms may not be fully supported by the data. We respectfully suggest revising the highlights to better reflect the methodological limitations and the magnitude of the observed effects. Hypopressive exercises did not reduce inter rectus distance in postpartum women. Improvements in trunk performance were observed, although assessed by non specific functional tests. Changes in pelvic floor symptoms were small, observed in a low symptom population, and of uncertain clinical relevance.

In conclusion, while the study contributes to the growing body of literature on postpartum rehabilitation, several methodological and interpretative limitations warrant cautious interpretation of the findings. A more balanced presentation of the results, particularly regarding clinical relevance, would strengthen the contribution of this work to the field.

## Declaration of competing interest

The authors declare that they have no conflicts of interest related to this manuscript.

## Reference

1. Moreira SE, Debs AL, de Oliveira EH, da Silva MCN, Pinto RMC, Pereira-Baldon VS. Hypopressive exercises for diastasis recti and pelvic floor symptoms in postpartum

https://doi.org/10.1016/j.bjpt.2026.101667
Received 29 April 2026; Received in revised form 15 June 2026; Accepted 10 September 2026
Available online 21 October 2026
1413-3555/© 2026 Associação Brasileira de Pesquisa e Pós-Graduação em Fisioterapia. Published by Elsevier España, S.L.U. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

women: a randomized trial. *Braz J Phys Ther*. 2026;30(3), 101584. https://doi.org/10.1016/j.bjpt.2026.101584.

Alexandre Delgado[a,*], Alberto Ferreira Bona[b]
[a] *Instituto de Medicina Integral Prof. Fernando Figueira (IMIP), Recife, PE, Brazil*
[b] *Clinical Research Department, Brazilian National Cancer Institute (INCA), Rio de Janeiro, Brazil*

[*] Corresponding author at: Instituto de Medicina Integral Prof. Fernando Figueira (IMIP), Rua dos Coelhos, 300, Boa Vista, Recife, PE, CEP 50070-902, Brazil.
*E-mail address:* alexmagno_d@hotmail.com (A. Delgado).