

ADAPTIVE PHYSICAL TRAINING FOR CHILDREN WITH DIAGNOSIS OF CEREBRAL PALSY.

Aripova Vasila Baxtiyarovna

University of Education of the Renaissance, Acting Associate Professor of the Department of Sports Activity, Doctor of Pedagogical Sciences (PhD), Tashkent, Uzbekistan

To contact the author: vasila.aripova888@mail.ru

<https://doi.org/10.5281/zenodo.14835583>

Abstract: The article examines the concept of adaptive physical education used for children diagnosed with cerebral palsy, draws attention to the fact that adaptive physical education is an effective means of motor rehabilitation for children. The methodology for conducting adaptive physical education classes with children with cerebral palsy is described in detail. A set of exercises for children with cerebral palsy is presented.

Keywords: adaptive physical education, health, disabilities, cerebral palsy, child, physical exercises

АДАПТИВНАЯ ФИЗИЧЕСКАЯ КУЛЬТУРА ДЛЯ ДЕТЕЙ С ДИАГНОЗОМ ДЕТСКИЙ ЦЕРЕБРАЛЬНЫЙ ПАРАЛИЧ.

Аннотация: В статье рассматривается понятие адаптивной физической культуры, применяемой для детей с диагнозом детский церебральный паралич, обращается внимание на то, что адаптивная физическая культура является эффективным средством двигательной реабилитации детей. Подробно описана методика проведения занятий адаптивной физкультурой с детьми с детским церебральным параличом. Представлен комплекс упражнений для детей с детским церебральным параличом.

Ключевые слова: адаптивная физическая культура, здоровье, инвалидность, детский церебральный паралич, ребенок, физические упражнения

RELEVANCE

Currently, the problem of disability is very common among children around the world. One of the most common forms of childhood disability is cerebral palsy. To address this problem, many countries around the world, including Uzbekistan, are working to create optimal living conditions for children with cerebral palsy. Uzbekistan has also adopted regulatory legal acts aimed at addressing these issues.

Adaptive physical education is one form of general physical education, which includes sports and health-improving activities and exercises aimed at rehabilitating children with cerebral palsy in modern society and the general order of their independent life. The primary goal of adaptive physical education is to strengthen the health of children with cerebral palsy, correct and further develop motor and communicative activity, as well as their self-awareness and to help them socialize.

The purpose of the study. Therefore, the goal of the research is to analyze the methodology of adaptive physical education and, based on it, to create a set of exercises for children with cerebral palsy. To understand the essence of the diagnosis of cerebral palsy, it is necessary to consider its important features. Cerebral palsy is a nervous system disorder that affects the structure of the brain. Cerebral palsy can take different forms, but the common feature of each form is that all of them are accompanied by motor impairments of a reflex nature, in other words,

children with this diagnosis exhibit coordination, increased tone, and muscle movement. [Pages 3, 17]

To date, numerous studies have been conducted on the problem of adaptive physical education for children with cerebral palsy. There are different positions that consider the definition of "Adaptive Physical Education" in terms of working with children diagnosed with cerebral palsy. According to the methodological manual "Organization of Adaptive Physical Education Classes with Children with Disabilities" by T.V. Nasibullina and I.D. Novikova, adaptive physical education is a field of general physical education. According to them, the main goal of adaptive physical education is to maximize the permissible development of a child's vitality with stable natural deviations in their state of health, which is a topic of social and individual significance, the organization of an optimal mode of information processing by nature and its existing (remaining in the process of life) physical motor properties and spiritual forces, their maximum harmonization [Pages 2, 4].

THE RESEARCH FINDINGS AND THEIR DISCUSSION

Researchers I.N. Andreeva and I.A. Pokrovskaya understand the concept of "Adaptive Physical Education" as a targeted pedagogical process for children with severe developmental disorders, including cerebral palsy, as well as a method of active therapy. Based on this, they believe that physical support should be organically integrated with other corrective measures and taken into account when determining the mode of activity. This is primarily due to the fact that in recent years there has been a significant increase in interest in the education of children with a specific form of disability, particularly motor system disorders.

Children with multiple disabilities, including those diagnosed with cerebral palsy, will be eligible to attend general education and specialized schools. Nevertheless, working with such children and organizing adaptive physical education (AFP) classes comes with a number of specific difficulties. In turn, a number of researchers, such as L.N. Kravtsova, E.A. Muskaeva, and S.V. Chechetina. The "Methodological Recommendations for Working with Children at Home" emphasizes that ACT is the most effective means of motor rehabilitation for children suffering from cerebral palsy. The main goals of ACS in children with cerebral palsy, from their point of view: expanding and developing the ability to move independently, reducing muscle hypertonia, improving coordination of movements, increasing the amplitude of joint movements. To achieve these goals, it is necessary to address specific tasks for ASD in children with cerebral palsy. These tasks ensure the training of children with cerebral palsy in everyday skills, components of labor processes, and independent service delivery without the involvement of external assistance. To achieve these goals, it is necessary to solve specific tasks of the JSC, thanks to physical education classes, the child will have the opportunity to acquire new skills, abilities, and correct actions, balance [1, p. 3].

According to the analysis, the concept of "Adaptive Physical Education," on the one hand, is a subsystem of physical education, and on the other hand, is the most important area of social activity, primarily aimed at meeting the needs of children with disabilities for physical activity, rehabilitation, strengthening and preserving health, internal personal development and growth, self-awareness of physical and moral forces, and improving the quality of life.

It should be noted that the methodology of adaptive physical education is significantly different from the main physical education classes, which are related to the abnormal development of the child's physical and mental sphere. Due to these key factors, which are directly related to the physiological and psychological aspects of children in different nosological groups, typical and

specific motor disorders, specific methodological criteria for interaction with this category of children, and the corrective direction of the pedagogical process, it is possible to develop specific methods and establish concepts for the composition of ASD [Pages 3, 13].

The methodology for conducting classes with children diagnosed with cerebral palsy is based on the principles of regularity, systematicity, and continuity of classes, individual physical exercises, including taking into account the child's health and disease level, age, general mental development, and motor abilities. It is also an important criterion for children with cerebral palsy to gradually increase physical activity when conducting classes. Care for children with cerebral palsy is carried out in several directions:

- social adaptation;
- elimination of neurological diseases;
- removal or reduction of the intensity of motor impairments;
- correction of visual and auditory impairments;
- correction of speech apparatus disorders;
- Developing skills in the stereotype of the right muscles;
- Correction of psychological and intellectual development.

The main means of adaptive physical education are physical exercises, natural and hygiene factors, the components of which are articulation, breathing exercises, speech therapy massage, etc.

Today, we can rightfully say that physical exercises are the main means of ACS, as a result of which it is possible to carry out targeted impact on children diagnosed with cerebral palsy. It is precisely through physical exercises that therapeutic, corrective-developmental, therapeutic, compensatory-prophylactic, educational, health-improving, and educational tasks can be solved. Due to the regular repetition of physical exercises, it is possible to improve the main indicators of movement, conveniently develop motor skills, and achieve overall development of physical qualities. However, it should be noted that motor activity is accompanied by large-scale changes in biological structures and functional functions

Physical exercises, regardless of age, are positively reflected in the body of a disabled person, primarily in the growing body of a child with any developmental disabilities. Physical exercises for children with cerebral palsy contribute to: 1) strengthening and developing the musculoskeletal system, stimulating bone tissue growth, strengthening joints and ligaments, as well as strengthening and strengthening muscle elasticity; 2) contributes to improving blood and lymph circulation, metabolism; 3) It has a beneficial effect on the central nervous system (CNS), contributes to increased cerebral cortex function and develops resistance to strong stimuli; 4) It contributes to improving the analytical and synthetic work of the MAT and the interdependence of the two signal systems; 5) It helps to improve the performance of sensor systems. As a training method, we present a set of general developmental exercises for children with cerebral palsy.

First, the set of physical exercises for cerebral palsy consists of general developmental exercises, breathing exercises, as well as exercises in the form of balance, stretching, and play. It is necessary to reduce repetition of exercises and increase rest time. It is recommended to massage between exercises 3-4 times a week, 2 times a day. Also, at the end of training, go to the bathroom twice a week and lie down for 3-5 minutes [1, p. 8]. Therefore, the set of general developmental exercises for cerebral palsy consists of three stages:

Stage 1. The preparatory part. Relaxation exercises (rhythmically passive shaking of the limbs), breathing exercises.

Stage 2. The main part. D.h. (initial position) - lying on the back. Rotational movements are performed with the child's right hand to the right and left. Similarly, it is done with the left hand. The right hand is extended to the wrist area and bent. A similar movement is performed with the left hand. The child's hands are bent and bent simultaneously to the elbow joints. At the same time, the arms are alternately moved up and down. The arms are stretched to the sides. The elbows of the arms are simultaneously bent and stretched to the shoulder joints. In the shoulder joints, hands are moved clockwise and counterclockwise simultaneously and alternately. The hands are joined to the sides in a straight position and extended. The right hand is bent along the body to the elbow joints. The arms are raised and straightened. The same action is performed with the left hand. The child's right and left leg are circled counterclockwise in the clockwise direction. The wrist joints are bent and stretched to the right and left. (in turn). The same is done with the left foot. In the knee and hip joints, the child's legs are flexed and extended simultaneously and alternately. Exercise: "Boat." The legs are bent in the knee joints, the legs are tied together and stand on the floor. The physical instructor places the hand horizontally between the child's knees. The legs are directed to the right and left. Exercise: "Frog." The joints of the legs are simultaneously rotated in turn. The left leg is upright, the right leg is bent in the knee joint, the heel rests on the heel. The physical instructor, holding the knee, performs semi-circular movements with the child's foot (performed alternately with the right and left foot). The legs are bent in the knee joints, and the knees are pressed together. The knees are lowered to the floor. Straighten the child's legs by spreading and leveling them. The legs are bent in the knee joints. The thumb of the physical education instructor holds the lower leg and surrounds the child's pelvis with four lateral fingers. The pelvis is turned to the sides. Simultaneously, the right elbow is drawn to the left knee. The same is done with the left elbow and the right knee.

The initial position is lying on the stomach. In the knee joints, the legs are flexed and extended simultaneously and alternately. When the leg is bent, the leg is pressed against the heel (performed alternately with the right and left leg). The right leg is bent in the knee joint. The physical trainer holds the child's leg by the thigh and performs counterclockwise circular movements in the knee joint. Similarly, it is done with the left foot. Both legs are bent in the knee joints. The physical education instructor (parent) holds both legs of the child by the thighs and tries to place one on the child's shoulder, turning the legs to the right, left, down, and back.

The initial position is sitting. The legs are flat and extended to the sides. The physical education teacher (parents) sit behind the child and hold their knees with their feet. He holds the child's hands and bends them forward, then to the right and left.

The initial position is standing. The physical education instructor (parents) holds the child by the knee joints and sits behind them. The child bends forward and touches the ground with his hands. Then it returns to its original position. Each exercise should be repeated 7-10 times.

Stage 3. Final part. Relaxation and relaxation exercises. When applying relaxation methods, it is necessary to adhere to the technique of transitioning to a state of gradual relaxation. It is recommended to perform the exercises with pleasant and relaxing music.

Lying comfortably and relaxing. 2. By looking at oneself mentally, it evokes a feeling of light warmth, gradually looking at each part of the body: the head, arms, legs, and body. It is recommended to keep your eyes closed while practicing this exercise. 3. Feel pleasantness, warmth, pleasure, calmness, comfort from your body in a relaxed state. Good results can be achieved by performing regular physical exercises with children with cerebral palsy.

Regular physical exercises help children with cerebral palsy to master certain types of motor activity, strengthen their musculoskeletal system, correct speech disorders, as well as spiritual development (with the help of additional didactic materials, music, etc.) [1, pp. 23-24].

CONCLUSION

In conclusion, it should be noted that children diagnosed with cerebral palsy are in great need of adaptive physical education, and significant progress is being made in their treatment through the correct and regular use of complex measures. It is important to consider that working with children suffering from cerebral palsy, organizing adaptive physical activity, is associated with a number of specific difficulties. Today, adaptive physical education plays a crucial role in the treatment of children with cerebral palsy, as it is recognized in the modern world as the most effective tool aimed at improving their health.

References

1. Nasibulina T. V., Novikova I. D. Organization of Adaptive Physical Culture Classes with Children with Disabilities: A Methodological Guide. СЫКТЫВКАР: Komi Republican Institute of Education Development, 2016. - 61 p.
2. Federal clinical guidelines for providing medical care to children with cerebral palsy [Electronic resource]. URL: <https://www.vodkb.ru/wp-content/uploads/2017/03/dcp.pdf> (accessed: 6.12.2019).
3. Shapkova L.V., Private Methods of Adaptive Physical Culture: Textbook. Moscow: Soviet Sports, 2003. 464 p.