

USE OF THERAPEUTIC PHYSICAL TRAINING IN SPEECH AND MOVEMENT CORRECTION IN CHILDREN WITH MUSCULOSKELETAL INJURIES

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ANNOTATION:

The article discusses the use of therapeutic physical training in the correction of speech and movements of children with musculoskeletal disorders, and the role of therapeutic gymnastics in the development of movement.

Keywords. Cerebral palsy, voice, speech stimuli, exercise, reflex, articulatory motor skills.

INTRODUCTION:

A child with musculoskeletal disorders will have impaired motor function at birth. Underlying this is the development of normal reflexes, among which posotonic reflexes are of great importance.

At 3 months, these reflexes are unknown and normal reflexes develop. Therefore, the following side effects should be avoided during treatment:

- Do not force the muscles of the neck, arms and legs to lie on your back. The movements should be light;
- In this case it is necessary to protect the body from asymmetrical position;
- The head and eyes should not be turned unless the limbs are bent.

Each child is assigned individual treatment physical education, taking into account his age.

Gradually, all motor activities develop: turns, sitting on your knees, then on your feet,

lying on your stomach, then slowly crawling. In the beginning, the child is taught to hold the head, bend the upper body, and then lean on the wrists and hands. It's a four-legged walk. Vertical standing and walking are developed.

These exercises are described in the literature. Special exercises for the development of the hands are very important in the physical education of children. The development of manual activity depends on the formation of general and articulatory motor skills. It is known that the early stage of communication is sign language. Hand exercises develop mental and verbal skills. The child should be taught to hold and lower the object. the thumb, forefinger, and middle fingers must be involved. Practicing eating on a spoon is also very helpful. Children with musculoskeletal injuries should not only have difficulty grasping the object, but should also be taught to lower it and open their fingers.

It is also important to learn to walk independently. It is necessary to train the head and body to hold in a vertical position, to turn the weight in the desired direction and to teach the correct distribution of weight on both legs. First, the child is taught to stand up and walk with an aid. Put a chair in front of the child and use it as a support.

In children with cerebral palsy, standing and walking depend on the extent of the damage to the foot. If the child is not able to use the hand as a support, the development of these functions will be more difficult. Different

massages also help the child to move independently. Classical therapeutic massage relaxes muscles and strengthens weak tissues. Different methods of massage are used: stroking, shaking, acupressure and vibration.

In addition, orthopedic treatments are required (special plaster casts, special devices for holding the head, etc.).

Articles on the achievements and practical work of many developed countries in the field of inclusive education are currently being published. Given the types of physical and mental disabilities in young children and the extent of their vulnerabilities, the practical measures taken in different countries are an important factor in their integration and physical rehabilitation.

In our country, this problem is given great attention from the state point of view, and the practical program of inclusive education, which is gradually being implemented in cooperation with UNESCO, is being implemented. This recommendation emphasizes the importance of therapeutic physical education in the social rehabilitation and integration of children with cerebral palsy. It is known that the treatment of movement disorders in a moderate and systematic way is carried out in conjunction with a set of pedagogical measures. It also helps children identify compensatory capacity for brain activity and eliminate and prevent many complex defects.

Physical education plays a special role in this process. The main task of physical education with children with major musculoskeletal injuries is to develop and normalize movements. Therefore, in order to develop the child's motor functions, it is necessary to monitor the condition of all parts of the body.

A child with cerebral palsy with musculoskeletal injuries should not remain in the same position for more than 20 minutes

during exercise. The child cannot sit for long periods of time with his head hanging down, his legs bent, his arms folded, and his shoulders bent. It is recommended to exercise the child on the abdomen, arms, legs, shoulders and head several times during the day. In order to develop the first skills of voluntary movement in these children, it is necessary to use special devices such as large beach balls, various handles, pillows.

Therapeutic gymnastics plays a leading role in the development of movement in children with musculoskeletal injuries. Given the specificity of movement disorders in cerebral palsy, therapeutic gymnastics solves the following main tasks:

- Ensuring proper control of the position of the head in space and in relation to the body, the development of postural mechanisms, balance, and body alignment;
- Development of manual and subject-manipulative activities;
- Development of visual motor coordination;
- Elimination of asymmetry and malformation of body parts;
- Elimination of the formation of stereotypes of secondary action.

Therapeutic exercise stimulates the senses in children with major musculoskeletal injuries.

In addition, during exercise, limb conditions are normalized, muscle tone is reduced, and violent movements are reduced or eliminated.

As a result, the child begins to correctly position and position. In the performance of therapeutic exercises, vision (exercises are performed in front of a mirror), tactile (stroking the hands and feet, stretching the arms and legs in a plane wrapped in various fabrics, and other (open, closed eye exercises) sensations formed.

Sound and speech stimuli are widely used during exercise. Many exercises,

especially those related to tension movements, are best performed under the sounds of music. Clear speech instruction normalizes children's mental activity, develops goal-directedness, improves speech comprehension, and enriches vocabulary. In this way, the child forms various connections with the motion analyzer, which is an important factor in mental development. Nowadays, in the perfect development of the younger generation, special attention is paid to swimming exercises, especially in the correct formation of the spine, pelvis and limbs. Swimming is also recommended for children with injuries of the main musculoskeletal system, in which process the pressure of the body weight on the musculoskeletal system and the child's unstable spine is reduced, creating optimal conditions for the formation and strengthening of the legs. The dynamic use of the foot in a supportless position helps the heel to develop properly and prevents flat feet. Children with epilepsy are not allowed to swim. Hydrokinesiotherapy-water exercise plays a special role in the regulation and development of movements in children with injuries of the main musculoskeletal system.

Especially in the early stages of the formation of active movements, therapeutic physical exercises performed in the water give good results. With the help of water treatments, the processes of excitation and braking are normalized, and muscle tone is reduced. Improves blood circulation to organs and tissues. Therapeutic massage is widely used to develop the movements of children with injuries to the main limbs. Under the influence of massage, a set of impulses travels from the skin through the nerve pathways to the central nervous system. The younger the child, the greater the role of tactile stimuli in the development of his neurological activity.

Massage has a profound effect on the child's body. As a result of massage, the activity of the nervous system is normalized, lymph

flow is accelerated, thus helping to quickly and efficiently cleanse the tissues of metabolic products, relax muscles, improve blood circulation, slow down atrophy. Massage techniques are selected according to the type of cerebral palsy and the condition of a particular muscle group.

Children with cerebral palsy are more prone to colds and infections, especially upper respiratory tract infections. These conditions are associated with a general decrease in the body's reactivity associated with damage to the central nervous system and frequent inflammation of the upper respiratory tract.

To improve the health of paralyzed children, they need to be trained from an early age. Methods of training are selected depending on the severity of the disease, the age of the child, the specifics. In the first year of life of a child born with a major musculoskeletal injury, exercise is performed on a separate day, followed by daily care. Physical education of children with cerebral palsy is based on the theoretical concept of the gradual formation of motor functions, just like healthy children. In the process of physical education, along with the qualitative characteristics of the child's age movement deficits, the level of development of motor skills of the child's mental characteristics is also taken into account.

CONCLUSION:

We would like to emphasize that the social rehabilitation and integration of children with developmental disabilities requires a high level of professionalism and dedication from doctors, physical education teachers and parents.

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