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POSTOPERATIVE REHABILITATION MEASURES IN THE TREATMENT OF PARALYSIS IN CHILDREN,

Paralysis, unlike other diseases, requires constant qualified rehabilitation. Now, when it comes to rehabilitation of children, rehabilitation is considered to be at the highest level. If the problem is amenable to surgical treatment, then it can be said that the surgical procedure and subsequent rehabilitation are the best. It is considered appropriate for a child psychologist to participate in the preparation of the patient for surgery, unless the patient has a severe mental disorder. In addition, massage and physical exercise also have a positive effect on the body.

Keywords: therapeutic exercise. Regular training. physical exercise. rehabilitation specialist psychologist's recommendation

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ПОСЛЕОПЕРАЦИОННЫЕ РЕАБИЛИТАЦИОННЫЕ МЕРОПРИЯТИЯ ПРИ ЛЕЧЕНИИ ПАРАЛИЧЕ У ДЕТЕЙ,

Паралич, в отличие от других заболеваний, требует постоянной квалифицированной реабилитации. Сейчас, когда речь идет о реабилитации детей, реабилитация считается на самом высоком уровне. Если проблема поддается хирургическому лечению, то можно сказать, что хирургическая процедура и последующая реабилитация являются наилучшими. Считается целесообразным, чтобы детский психолог участвовал в подготовке пациента к операции, если только у пациента нет тяжелой степени психического расстройства. Кроме того, массаж и физические упражнения также оказывают положительное воздействие на организм.

Ключевые слова: лечебная физкультура. Регулярные тренировки. физические упражнения. специалист по реабилитации. рекомендация психолога

Currently, in the rehabilitation of children with various consequences of cerebral palsy and the nature of the disorders of the musculoskeletal functions of the lower extremities, as a rule, complex rehabilitation methods are used.

Disability of children with cerebral pathology ranks first in the structure of childhood disability in the neurological profile and its severity is due to both motor and mental and speech disorders. The success of rehabilitation depends not only on the severity of the damage to the central nervous system (CNS) of the child, but

also on timely diagnosis, proper organization of the treatment process, starting from the first years of the child's life. Recently, increased attention has been paid to new organizational forms in the complex rehabilitation system. Among them, the game method is of considerable interest.

The aim of the study is to develop and scientifically substantiate a new organizational form and system of classes in active and sports games in the rehabilitation complex for children with cerebral palsy. Research objectives:

1. To develop new forms of activities for children with the consequences of cerebral palsy in order to correct motor abilities.
2. To determine methods for assessing the impact of the rehabilitation measures we have developed on the psychomotor state of children with the consequences of cerebral palsy.
3. To test the effectiveness of the methods we have developed on the physical and mental state of disabled people with cerebral palsy.

Research material - children aged 8 to 14 years with the consequences of cerebral palsy. The first (main) group consisted of 35 children who received basic therapy in the form of physiotherapy (thermal procedures in the form of paraffin-ozokerite applications at a temperature of 45-48°C on the spastic muscles of the lower and upper extremities, exposure time 10-15-20 minutes daily, 10 procedures; general massage with differentiated techniques taking into account muscle tone, daily, up to 10 procedures per course). In addition to basic therapy, patients received exercise therapy in the form of elastic supports, which made it possible to change the motor limitations of patients with cerebral palsy. Classes were held in the exercise therapy room 4-5 times a week, for 15-30 minutes, per course of up to 15 procedures.

The second group (comparison) - 35 children who received basic therapy (thermal procedures, massage).

A system of classes was developed using non-traditional forms of rehabilitation and recovery measures, including, in addition to outdoor and sports games, computer correctional games for children with cerebral palsy, as well as a training and game complex and psychogymnastics classes. [2]

As a result of the introduction of a comprehensive rehabilitation system, the arsenal of means of physical rehabilitation of children with the consequences of cerebral palsy was expanded through the use of outdoor and sports games. [1st article 27]

In the main group, we taught mothers therapeutic physical education. Mothers were engaged and played with different types of toys together with their children. They were engaged every day regularly at the same time. [3rd article 46] Taking into account the different experiences, in therapeutic gymnastics classes, we developed a method [4] for the rehabilitation of patients with cerebral palsy (CP) was much more effective. The purpose of its application is to improve the statodynamic functions in patients with cerebral palsy [5, p. 6]. The use of therapeutic physical training allowed us to solve the following problems: increase

mobility in the joints of the lower extremities; reduce pathological tone of the muscles of the chest, shoulder girdle, neck; develop skills of standing upright; improve the emotional mood of the child. [5 p. 35]

The classes included a warm-up, the main and final part. The load was controlled by a physician of therapeutic physical training. [2 p. 54]

The result of therapeutic and restorative measures in children with cerebral palsy depended on the severity of limitations, age, adaptation to the procedures. Complex therapy [4 p. 66], heat therapy, massage, allowed to significantly improve the condition of patients with cerebral palsy. In patients with cerebral palsy in the main group, movement improved in more than 2/3. [1 st. 87] Play activity was also impaired in all observed children: 1st degree of limitation in every fifth child, 2nd and 3rd degree equally often in the remaining children. Physiotherapy allowed the non-ambulatory child to develop strength qualities. We conducted classes with the child from any position (lying on the back, sitting in a wheelchair, standing with a soft support). This ensured the principle of a comprehensive load impact on the child's body, on the priority development of the required motor functions. The absence of rigid parts in the supporting elements significantly expanded the range of possible therapeutic physical training exercises for patients with cerebral palsy. [4 st. 36] Communication between children increased significantly. No significant increase in children with the first degree of limitation was observed for children in the comparison groups. [5 st. 43]

Modern approaches to the comprehensive rehabilitation of disabled children due to cerebral palsy have been developed, including various types of therapeutic exercise.[4 Art. 54] The significance of the work follows from its objectives and consists in the development of measures aimed at improving medical, social, and expert services for the child population due to cerebral palsy, and strengthening measures for their social protection. The obtained data on the state and dynamics of primary disability, social and hygienic characteristics of the contingent of disabled people due to cerebral palsy can be used in the development of comprehensive programs for the prevention of disability due to cerebral palsy. [2 Art. 53] A method of artificial correction of movements by means of electrical stimulation of muscles has been introduced into clinical practice. [1 Art. 34] The proposed method of comprehensive rehabilitation of patients with cerebral palsy can serve as a way of significant correction of muscle function deficiency, and is also a prevention of further progression of deformations in such patients. [5 Art. 62] The use of a set of developed methods in patients with cerebral palsy contributed to the effective elimination of their remaining predisposition to an early formed pathological stereotype of posture and walking. The identified need for medical and social assistance is the basis for developing a standard individual program of medical and social assistance for disabled children due to cerebral palsy, and the need for rehabilitation treatment is 100%.

An individual rehabilitation program for this pathology includes a medical aspect (exercise therapy, massage, physiotherapy, acupuncture, walking training, technical rehabilitation equipment).

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