

THE IMPORTANCE OF CHILD REHABILITATION AFTER COCHLEAR IMPLANTATION

Rakhimova Khurshidakhan Sadikovna

Department of "Inclusive Education" of Kokan DPI Head Associate Professor, PhD

Teshaboyeva Muhlisahan Nodirbek Daughter

Surdopedagogika 4 Stage Student of Kokand State Pedagogical Institute

ANNOTATION

The article will focus on creating the necessary conditions for the successful development of speech of children with hearing impairment after cochlear implantation, fine-tuning the children's general speech processor, developing language - communication skills, developing oral speech, as well as providing guidance to the child and his family on the use of the apparatus, providing them with psychological assistance.

Keywords: Cochlear implantant, rehabilitation, speech processor, integration, visual thinking.

INTRODUCTION

Each young generation grows mentally and physically from the side, receives knowledge throughout its life, gradually becomes a member of society. Grows up to be a mature and independent person in society. In children with hearing impairment, this process is accompanied by difficulty, they will need the help of adults more. Therefore, reform work is being carried out in this regard in our state. A cochlear implant is an in-ear device that amplifies sounds from an external microphone to deliver directly to the human auditory nerve in the form of an electronic pulse. The Implant will consist of parts such as a microphone, battery, control remote. The first operation at the INVIVO hospital in Tashkent was conducted by the doctor of the "Russian Scientific Center for audiology and auditory prostheses", professor Neli Mileschina and the head of the hospital Zebo Karimov. Again in 2020, 36 surgical procedures for the installation of Cochlear and bone implants were carried out with the support of the Zamin Foundation. The scope of support for citizens with disabilities is also expanding. In particular, about 42 thousand people were brought rehabilitation and prosthetic-orthopedic devices last year. 555 children with hearing impairment were provided with a cochlear implant, and the Braille alphabet was distributed to four thousand blind children.

We need to strive to help children with cochlear implants fluently speak, while at the same time gaining full access to society. We use in this a type of rehabilitation-speech rehabilitation. To do this, when working with a child, we are engaged in organized communication in the process of all activities during the day, as well as in special speech training sessions. According to the level of development of deaf children's speech, the importance and amount of these directions changes. During the organization of speech cultivation work, various forms of spoken speech are used. In the process of teaching deaf children of junior and high school age, oral and written speech is provided on Written cards for global reading, that is, for holistic reception. Dactyl is also used to educate children. Hearing reconstruction using cochlear implantation is carried out in three stages. Of these, the last stage is the rehabilitation stage after surgery, which is the period that ensures the effectiveness of the previous two stages. It is from this stage that

surdopedagog and parents are required to begin the speech rehabilitation of the child. Because, the child absorbs speech skills better in the family circle than in other processes. In addition, we can observe the process of working there even when we go to the child's preschool educational institution., it is considered important that we pay attention to the procedure for dealing with children. Ye.I. Tikheyeva believes that the preschool educational institution should focus on the very significant and important ability of children to master speech with the development of all their abilities: "because regular teaching of speech, methodological development of speech and language should form the basis of educational work in a preschool educational institution" development of hearing skills of children with a cochlear implant and acceptance of speech, consistent and individual surdopedagogical assistance requires organization

After cochlear implantation, it consists in shaping children's auditory perception and speech, understanding and speaking other people's speech, teaching them to be able to communicate, bringing their speech to the level of speech of a child hearing in moderation. Full possession of a child with hearing impairment with oral speech requires a much more free understanding of the interlocutor's colloquial speech and the development of the ability to speak clearly, intelligibly for others. The formation of oral speech develops the hearing ability of students with hearing impairment using individual hearing aids on an ongoing basis. Many Surdopedagog teachers E.L. Goncharova, I.V. Koroleva, O.I. Kukushkina, E.V. Mironova, O.S. Ni-Kola, A.I. Sataeva, N.D. Schmatko proved the need for comprehensive psychological and pedagogical rehabilitation of children after cochlear implantation surgery. After the installation of the cochlear implant, it is advisable to work with the child in cooperation of the Oota-mother and teacher. In this case, step-by-step knowledge is given from the 4-part book "Let's deal with the mare", presented by the Ministry of special education.

Unlike normal hearing aids, where pedagogical rehabilitation of children after cochlear implantation simply amplifies the voice, cochlear implantation bypasses the dysfunctional parts of the ear and signals directly to the auditory nerve. Thus, during the operation, an electrode system is introduced into the patient's inner ear, which ensures the perception of sound information through electrical stimulation of the preserved fibers of the auditory nerve. However, by itself, cochlear implantation does not allow deaf children to distinguish sound signals and use speech for communicative purposes immediately after connecting a speech processor. Therefore, after the first adjustment of the cochlear implantation processor, the child needs pedagogical assistance in the development of hearing and speech. A study of the results of postoperative pedagogical rehabilitation found that the results of postoperative pedagogical rehabilitation in preschool children can vary greatly depending on a number of factors, despite the compatibility of a child with hearing impairment with a certain age. With the regular functioning of teachers and parents, hearing loss develops much faster in young children after cochlear implantation than in normal hearing aids. This is especially true for children with hearing loss and hearing experience during speech learning. The rapid development of auditory perception contrasts sharply with the ability of children to gradually develop, forming a stable connection between the sound image of the word and the subject determined by it (although the child knows these words, he can repeat them without realizing their meaning).

In conclusion, we can say that the earlier and more work with the child, the more effective the result will be. This process requires strength and patience from the parent, teacher and child.

Important are such as fine tuning the speech processor, conducting training, paying attention to the child's psyche, keeping the cochlear implant in constant control.

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