

PROVIDING LOGAPEDIC ASSISTANCE TO CHILDREN WITH DEFECTS IN THE MEMBERS OF THE BASE MOVEMENT

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ANNOTATION

In this article, we will discuss the characteristics of the disease in children with injuries to the movement-base organs, including the limitation or complete immobility of free limb movement, as well as the many types of therapeutic measures.

Keywords: movement-members of the base, children, complete immobility, treatment, muscles.

INTRODUCTION

Cerebral palsy is seen in most children who have had lesions to their base organs. Cerebral palsy in children is a disorder that affects the developing brain. The zones of movement of the head brain are harmed as a result of the mother's illness with certain diseases during pregnancy, pathological alterations at the time of birth, and the child's infection from birth to one year, causing the holistic maturation of the brain to be delayed and interrupted. As a result, the child's general and speech motor (mobility) activity is hampered. When it comes to the lack of speech development, intellectual retardation is a factor. Muscle contraction is responsible for all of a person's fundamental tasks, including breathing, circulation, swallowing, bodily movement, speech movements, and so on. Voluntary and involuntary actions are both possible. Voluntary acts with a clear aim play a crucial part in the development of human personality, willpower, cognitive activity, and behavior.

Movement-children with injuries to the base members cerebral palsy, poliomyelitis (complication of paralysis), movement-children with various dams and increased deformation of the base members – arthrogriposis, limb disorders, axondroplasia or chondrodystrophy-backwardness of the bones of the limbs, congenital during normal development of the body, neck, and head Myopathy is a congenital illness in which muscles do not shrink properly and cannot move the arm or leg.

In children with cerebral palsy, movement abnormalities induced by the disease's unique traits appear in a variety of ways. Spastic diplomaegiya, spastic hemipleegiya, secondary hemipleegiya, paraplegiya, monoplegiya, and atonic-aesthetic syndrome are all kinds of cerebral palsy in children that have been documented in the literature. Spastic diplomaegiya is

the most frequent type of cerebral palsy in children. The disease manifests itself in this form by a restriction of hand and foot motions. When opposed to the foot catch, this is significantly more traumatic. Muscle weakness is followed by a restriction or full immobilization of the free movement of the limbs. The youngster will have trouble lifting his hands to the top of his head or may be unable to lift them at all, will be unable to stretch forward or sideways, will be unable to flex his knees, and will be unable to write. Muscle tone must be normal for any movement to take place. The muscle tone in children with cerebral palsy is extremely high, which causes the kid to perceive the following situation: the leg is scratched from the knee to the toes, the elbows are bent, and the hands are attached to the body; the fingers of the hand bend, creating fists. Hyperkineses drastically complicate or completely fail to fulfill Conditional Actions as a result of unconditional forced action. A lack of balance movement causes difficulty sitting, standing, or walking, as well as a feeling of being unfulfilled. Kinesthesia is the sensation of moving portions of the body or the entire body. Kinesthesia is mediated by proprioreceptors, which are specific sensory tissues. The muscle, tendon, and joint will all contain this tissue. They send information about the status of the body, arms, legs, and muscular contraction to the higher neurological system.

The intelligence and reasoning skills of children with spastic dipolegia-shaped cerebral palsy are not adequately developed. They are capable of completing secondary school programs with honors. However, such children's unique characteristics, as well as their physical and mental development challenges, necessitate the provision of specialized care. The children are seated in a unique chair. There is a slowing of activity in situations where he is holding his head or playing with a toy in his hands. The foot can stand straight and move with the assistance of adults, but bending the foot can result in a variety of difficulties. Some youngsters mature on their own.

When the pathological state of the Lab and tongue muscles is violated, the members of the oral cavity become weaker and more difficult to move. Almost every child has experienced situations in which they are unable to convey their thoughts in words and are plagued by difficulties with word pronunciation. Furthermore, they suffer from tooth decay and chewing of something members of the musculoskeletal system should be helped from an early age in order to prevent secondary defects and effective correction of defects on the basis of early detection of the form and level of defects in paralyzed children. Eksex (incarnation) measures offered to children from an early age ensure that they obtain appropriate education and training in the general education system in the future, thereby increasing their chances of participating in the inclusive education system. Early rehabilitation, or three categories of treatment approaches, are distinguished based on the nature and severity of the defect in children:

- Rehabilitation that is both medical and educational in nature. Along with the correction of inadequacies in the physical state, members of the paralyzed child's medical staff perform corrective pedagogical work in this Base Movement. Physically and pedagogically, this sort of therapy benefits the youngster.
- Occupational retraining. Its goal is to ensure that children who have been paralyzed by members of the base movement receive special treatment from experts, defectologists, educators, and other professionals.

- Rehabilitation of the mind. This method of rehabilitation focuses on members of the musculoskeletal movement preventing flaws in the psychological development of paralyzed children, improving their emotional circle, individual personal qualities, and raising the effectiveness of their social adaptation.

Let us also briefly discuss children with complex defects. Blind, deaf, and dumb children with complicated problems are among the youngsters who require particular assistance. In this category, the children's defect is much more complicated. Children who are deaf, blind, or dumb do not develop mentally because they do not have access to information from their surroundings. These children, however, have the possibility to fully develop themselves thanks to the specifically arranged assistance. They have developed a wide range of complicated communication, their speech has matured, and they can master everything from harmony to colloquial speech. This enables them to complete secondary school and even graduate from higher education institutions with honors. This can be used as an illustration of a person's life. We can cite this as an example of the life and work of Olga Ivanovna Skorokhodova.

The deaf-blind girl is the famous Correctional pedagogue Sokolyansky I.A., who was educated and raised in a school-clinic. O.Skorokhodova spent her entire life to correcting pedagogy after graduating from university. He went on to become an associate professor at the Research Institute of Correctional Pedagogy, a candidate for the Pedagogical Sciences, an author of numerous scientific papers, and a poet. "Kak ya vosprinimayu okrujayushiy mir" (1947), "Kak ya vosprinimayu I predstavlyayu okrujayushiy mir" (1956), and "Kak ya vosprinimayu, predstavlyayu I ponimayu okrujayushiy mir" (1957), "Kak ya vosprinimayu (1972). In the Moscow region's city of Zagors, the system of working with deaf-blind youngsters has been enhanced. This school-boarding maintains its operations and assists many deaf-mute children in finding employment.

Blind stillborn children are split into two categories: those who are born blind and those who will remain blind. If the first group of children is introduced, children who are blind from birth and whose eyesight is affected between the ages of birth and three years, there will be vision visions left in their memories. The appearance of secondary difficulties on the psychology of the child's character is caused by severe form vision abnormalities. All treatment with blind children is based on restoring their visual imagination, and it will be feasible to obtain such predictable results. In any event, the infant retains a faint memory of the color form and others, making it easier to construct the necessary concepts. The earlier an eye problem shows, the richer the child's impressions of his or her surroundings will be, and the easier it will be to reinforce, improve, and expand them. Visually handicapped youngsters should be educated in special schools designed specifically for them. Work is done in these schools to cover the visual analyzer's actions based on the active activity of healthy analyzers. Special education aims to prevent, eliminate, and rectify secondary psychological issues that result from a lack of ability to see educational activities. The youngster acquires all of the required skills and abilities to live independently. Blind youngsters use a visual analyser to perceive their surroundings.

The damaged children of movement-base members are assigned to an inclusive education or a special preschool children's institution in boarding schools, according to the judgment of the medico-pedagogical Commission. These facilities are used by youngsters who can walk or ride in a cart on their own and do not require the assistance of others. Students are transferred to

a general education kindergarten or school after their health has been restored, according to the findings of the medical and pedagogical Commission. Graduates are recommended for employment by the special boarding school pedagogical Council. Movement-children whose base members are wounded are classified as Group I – II disabled people, and their jobs are handed to the Social Security Departments.

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