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SPECIFIC CHARACTERISTICS OF LOGOPEDIC WORK IN CHILDREN WITH CEREBRAL PALSY

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Abstract: This article describes the causes, symptoms, and signs of children's cerebral palsy. Information is provided about the factors causing this disease and the specific features of logopedic work to prevent it.

Keywords: Character, defect, Children Cerebral palsy, rhesus factor, passive, infection, normal, spastic diplegia, hyperkinetic, dysarthria, stereotype, phonological, associative, mechanism, correction.

Worldwide, Cerebral Palsy occurs in 1.7-7 out of every 1000 children. In premature children, this indicator is 10 times higher. Recent studies have shown that this pathology is observed in 40-50% of premature children.

Admission of children to specialized educational institutions in accordance with the Regulation approved by the Cabinet of Ministers decision No. 256 of September 13, 2011, the Ministry of Public Education of the Republic of Karakalpakstan, regional public education departments, the main public education department of Tashkent city by the Republic of Karakalpakstan, regional and Tashkent public education is implemented based on the conclusion of the psychological-medical-pedagogical commissions. One of the schools mentioned by the official of the Ministry is a specialized boarding school for children with 100 musculoskeletal injuries in Tashkent.

Cerebral palsy in children is a disease of the central nervous system caused by damage to the motor zones of the brain and the pathways that direct movement in the brain. Early organic disturbances in the motor and speech system of the brain are observed in children with cerebral palsy. The causes of this disorder can be different: infectious diseases, various intoxications and injuries during pregnancy, chronic diseases, incompatibility of the blood of the mother and the baby according to the Rhesus factor and group. In addition, early or late birth of the fetus, genetic factors can also be among the main conditions.

Cerebral palsy in children can also occur as a result of obstetric injuries that occur as a result of disruption of the mother's fetus, wrapping the umbilical cord around the neck during childbirth. In this case, the child's central nervous system lacks oxygen, which causes brain nerve cells to be damaged. Cerebral palsy in children can also be caused by neuroinfections after birth and severe brain injuries. In these children, the formation of all motor functions is impaired and impaired. The functions of holding the head, sitting, and standing are formed with difficulty or late. In children with cerebral palsy, movement disorder is considered the main defect, it indicates the development of a specific motor anomaly, which, in turn, has a negative impact on the development of the child's neuropsychological function.

In children with cerebral palsy, the movement disorder is manifested in different degrees: the movement disorder can be so severe that it completely deprives the child of free movement, even if the tone of the muscles is almost not damaged, children can they acquire service skills with difficulty. In children with this defect, not only difficulties in movement cause problems, but they also lack and do not have the ability to act correctly.

Movement disorders in children complicate the acquisition of self-care skills, making them dependent on the adults around them. This creates passivity and lack of initiative in them, and leads to a violation of the motivational and volitional sphere. Thus, movement disorders have a great impact on the child's mental development. Regardless of the degree of movement disorder, these children have emotional-volitional sphere, behavior, intellect, hearing and vision, and convulsions.

syndrome is observed.

The reason for the late development of speech in children with cerebral palsy is not only the slow formation of the cortical parts of the brain, but also their lack of practical activities, lack of knowledge and imagination about the environment. Improper upbringing complicates speech development. In the first years of their life, these children are in various treatment institutions, if they are good for pedagogical work there

if not given importance, the speech development of the child may be delayed.

In addition, children's being away from their mother is a negative emotional state, the inability to teach them to a new environment has a negative impact on speech development. At home, adults take care of the child very carefully. This does not form the demand for activity and speech communication in children. Movement pathology plays an important role in the pathogenesis of speech disorders in children with cerebral palsy. It is important to understand the clinical and pathogenetic commonality of speech and movement disorders when organizing speech therapy work with these children.

Organic damage of the speech-movement analyzers leads to a violation of the articulation of speech sounds, a violation of the voice, breath, intonation of speech tempo and rhythm. Phonetic-phonemic disorders are the leading ones. These are the characteristics of dysarthria in children with cerebral palsy, which is manifested in the effect of tonic reflexes on the muscles of speech. This requires conducting speech therapy work in a unique way.

Logopedic work is carried out with the child in such a position that tonic reflexes

almost do not affect the motor skills of speech. This situation requires the cooperation of a speech therapist and a neuropathologist. If the child is sitting during speech therapy training, it is necessary to pay attention to the movement of the head: the head should not fall to the chest, it should not tilt around, it should stand in the middle line without going backwards. If necessary, the head is held with the help of special equipment. During the training, the mirror and the speech therapist's face should be located in the child's eye line. After choosing the necessary position for the child, the massage is performed, then the articulatory musculature gymnastics. Distinctive features of dysarthria in children with Cerebral palsy are general and speech motility disorders, different forms of dysarthria, and certain forms of children's Cerebral palsy. It is an important task to relax the general muscles and reduce the tone of the speech musculature during the preparation period.

One of the main symptoms of children with dysarthria in CHCP is increased muscle tone in general and speech musculature when they perform various actions. During training, the child is not required to exert excessive force. Because this can lead to an increase in muscle tone and an increase in voice pronunciation disorders.

Various breathing exercises are recommended for the development of speech breathing. But these exercises are not always useful for children with cerebral palsy. Because they may overexert themselves in this exercise. This can increase overall muscle tone.

Disruption of articulatory motor skills in CHCP not only complicates the formation of the pronunciation side of the child's speech, but can also lead to secondary impairment of phonemic perception. This leads to a violation of the sound analysis of the word and the sound-syllable system in the child. But all children have the same level of difficulties in mastering the sound structure of words. Some children have obvious difficulties in dividing the word into

separate sound elements, while others can learn to use simple forms of sound formation. Often, they have difficulty in analyzing the sound of words, which is manifested in the incorrect pronunciation of sounds.

Finally, in very rare cases, children may not have difficulties in sound analysis of words and cases of incorrect pronunciation of sounds. This requires a differential approach to eliminate phonetic-phonemic disorders in children. Logopedic work with children with cerebral palsy and dysarthria should be aimed at developing articulation skills, phonemic perception and analysis.

All children with cerebral palsy and dysarthria are characterized by specific difficulties in mastering a complex system of speech therapy activities aimed at improving articulation skills, phonemic hearing, perception and analysis. N.N. Malofeev (in 1985) studied the frequency of use of nouns and verbs in speech by schoolchildren of a small age with cerebral palsy. It was found that nouns, verbs and prefixes make up 90% of their entire vocabulary. Other word groups are not given enough in the dictionary. Repeating the same words many times, not being able to pronounce verbs correctly, and not being able to clearly state their meaning are characteristic features of children.

During special training, children are taught to distinguish similar objects, their main characteristics (the difference between a truck and a car), and also to group objects according to their purpose.

For the development of the child's vocabulary, initial corrective measures aimed at expanding the child's practical and emotional experience are of great importance. It is necessary for the child to actively seek to form practical actions of the subject from the early stages of his life. The speech therapist should involve the child's mother in games with the child. In this process, his speech develops somewhat. Work on the formation of the dictionary is carried out step by step. At the first stage, children are introduced to the objects with their image and the work done with them. In this place, a number of methods are used that help attract the child's attention and provoke his reaction: that is, the unexpected, sudden appearance of the object, its disappearance, its movement. Children with Cerebral Palsy can experience various damage to the brain, as well as defects in its maturation and all known forms of dysgraphia and dyslexia in children. The sufficient performance of the analyzers plays an important role in the violation of these mechanisms. Impairment of written speech in these children is manifested by insufficient visual impression and imagination and the formation of optical-spatial gnosis. When writing, similar letters are mixed up, if these disorders are determined by insufficient visual imagination, then copying and writing is preserved. If they are based on the fact that the optical-spatial imagination is not formed, it will be difficult to copy and write. Children with cerebral palsy are characterized by the appearance of reverse writing, which appears in the initial stages of reading. It is manifested by left-handed writing in right-sided hemiparesis. Children write and draw from right to left, reverse asymmetric letters. They exchange similar graphics. In some cases, letters and syllables are left out. Letters from him are exchanged and mixed.

Speech disorders in children with cerebral palsy are often dysarthria in these disorders. Alalia is the one that causes difficulties in diagnosis and correction. Because the lack of speech causes children not to develop thinking. In alalia, local damage to the speech zones of the brain is observed together with specific neurological symptoms. This is confirmed in electroencephalographic tests. Motor alalia in these children cannot be eliminated without special training.

Alalia in children with cerebral palsy is 3-5%. The pathogenesis of alalia is related to two factors.

1. Damage to speech mechanisms is caused by exogenous influences, which also causes cerebral palsy (traumas during pregnancy and childbirth, hypoxic factors, perinatal encephalitis).
2. Movement-kinetic deprivation or patagogic afferentation of the peripheral structure of speech as a result of the lack of formation of speech mechanisms, i.e. as a result of speech motor damage (as a result) and lack of formation of auditory-kinetic integration, with cerebral palsy causes hearing impairment in sick children.

In conclusion, it can be said that the reason for the development of Cerebral Palsy in children today is damage to the brain under the influence of various factors, incorrect formation or death of nerve cells in certain areas of the brain. The influence of these factors in the perinatal period or in short periods (up to 4 weeks) after the birth of the child increases the probability of developing the disease. Therefore, it is necessary to follow a healthy lifestyle.

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