

TECHNOLOGIES FOR ELIMINATING SPEECH DEFECTS IN CHILDREN WITH PROBLEMS IN THE MUSCULOSKELETAL SYSTEM IN PRESCHOOL AGE

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ANNOTATION

This article covers the types of children's cerebral palsy, causes of origin and issues of organizing special care

Keywords: cerebral palsy, etiology, rehabilitation, massage, ontogenesis, relaxation.

INTRODUCTION

According to statistics in Uzbekistan, 3-4 out of 1000 children are born with BSF. There is a worldwide growth of BSF. Movement-cerebral palsy is observed in most children with injured thoracic organs. Children's cerebral palsy disease is a disease of the brain that is not formed. As a result of infection of the mother with certain diseases during the fetal period, pathological changes in the time of birth, infestation of the child within the period from birth to one year, the zones of movement of the brain are damaged, and as a result, the integrated maturation of the brain is delayed and impaired. As a result, the general and speech motor activity (mobility) of the child is disrupted. And the lack of speech development slows down intellectual development. The main functions of the human body – breathing, circulation, swallowing, body movement, speech movements, etc. – are caused by muscle contraction. Actions will be voluntary and involuntary. Voluntary actions performed with a clear goal play a fundamental role in the formation of human behavior, emotional-volitional ability, cognitive activity, Hulk. Movement disorders caused by the peculiarities of the disease are manifested differently in children's cerebral palsy.

The following forms of pediatric cerebral palsy have been noted in the literature: spastic diplegia, spastic hemiplegia, secondary hemiplegia, paraplegia, monoplegia, atonic-astatic syndrome. As a result of the above effects, various types of injuries are caused in the child's cranial brain. The degree of injury of the Centers of motion in the brain, according to the characteristics of movement in the child causes paralysis of various types in the supporting organs. Accordingly, children with defects in this category are classified as follows:

- 1) two-sided hemiplegia;
- 2) spastic diplygia;
- 3) hyperkinetic form;
- 4) hemiparetic form;
- 5) Anatomic-astatic form.

Double-sided hemiplegia is the most severe form of cerebral palsy in children. These are the functions that are most important for a person in children: in the case of speech, mental and

physical, there will be severe disorders. The main signs of such a form in appearance: part of the child's body is paralyzed, and mainly the hand is in a bent position, and both the hand and the foot are inward facing and bent. In the speech of children of this type, anarthria or severe dysarthria is observed.

Spastic diplygia is the most common form, caused by exposure to a particular severe disease or Littal syndrome. In children in the form of spastic diplygia, there is a retardation in mental development as a secondary defect. 30-35% of children in this form experience mild levels of mental retardation, while 70% experience speech impairments. Paralysis of the spastic diplygia type is under the influence of more cerebral palsy in relation to the hands of children's feet, and the hands move slightly involuntarily. It is observed that the legs are stuck together and in a position facing inward.

In the form of hemiparetics, unilateral paralysis is observed. That is, the child's unilateral leg and arm are paralyzed. Speech defects are observed in 25-35% of these children.

The origin of the hyperkinetic form is initially caused by bilirubin encephalopathy as a result of hemolytic diseases. In these children, unusual movements in movement, disturbances in the movement of the arms and legs are observed. Children are too late in the congenital type of hyperkinetic form of cerebral palsy

they sit, rarely start walking from 2-3 years old, in most cases they can walk independently from 4-7 years old, and even at 9-12 years old. 90% of these children have hyperkinetic dysarthria, 50% have impaired mental development, and 25-30% have hearing disorders.

General and articulatory motorics in the hyperkinetic type of cerebral palsy in children

the following disadvantages are observed: variable character of muscle tone (dystonia), involuntary forced movements; emotional manifestation of movement and speech processes, static numbness and insufficient posture retention. Tonic strains can spread throughout the articulatory, respiratory muscles, hiccups, as well as cause sound formation and specific breathing disorders. These conditions are characteristic of hyperkinetic (sub-shell) dysarthria, which is observed in 90% of cases. The peculiarity of dysarthria in cerebral palsy in children is the manifestation of articulatory dyspraxia, which makes it difficult to carry out targeted actions and aggravates defects in the pronunciation of sounds.

In children's cerebral palsy, it is considered very important to identify speech disorders as early as possible and start corrective-logopedic work on time. During the logopedic examination, it is necessary to determine the state of the articulatory, breathing and sound apparatus of the child and the degree of cooperation in the time of operation. And for this, the following are: to the tone of the facial muscles; forced and sharp movements, to the presence of a change in tone; to the volume of movements; the presence or absence of automated movements of the mouth; attention should be paid to the presence of a response reaction to the stimulation – attraction process of the areas of the mouth and mouth circumference using the finger of the speech therapist. It is important to check the position of the tone of the muscles of the mouth: the position of the jaws at the time of movement and movement; the mobility, tone and mutual symmetry of the lips; the tone of the muscles of the tongue, being able to perform individual movements, moving from one movement to another; the muscles of the hard and soft palate; checking the rhythm and volume of breathing, the coordination between breathing and speech, breathing and exhaling (sound reactions), the observation of the child's breathing in

combination with body or head movements. It will be necessary to determine the internal and external speech of the child, his height and strength, pronunciation of sounds, phonemic perception, lexicogrammatic aspects of speech.

The atonic-astatic form is characterized by its lightness compared to other forms. They experience disturbances in the balance of movement, disturbances in the tone of reflexes, 60-70% pseudobulbar dysarthria. In children with severe diseases of the musculoskeletal system, the process of speech formation is significantly slowed down and disrupted. The timing of the appearance of speech in children depends on the degree of brain damage, the state of mind, the timing and direction of the work of Correction and speech therapy. Most often, children begin to pronounce the first words by the age of two, three, communicating with others before this period, mainly with the help of facial expressions and gestures. Their phraseological speech is formed by the age of 4-5 years. In children with severe diseases of the musculoskeletal system, it is necessary to carry out corrective work aimed at the development of all aspects of speech, visual and auditory perception, hand-eye coordination. In children's cerebral palsy, the main task of logopedic work is to develop an articulatory state and feeling of movements, to prevent articulatory dyspraxis. To improve the perception of articulatory movements, work is used to perform resistance exercise, mirror-assisted visual control exercise, and closed-eye control exercise interchangeably.

Most children diagnosed with BSF are characterized by disorders and the field of speech. Every educator and defectologist who works with children in this category faces a serious question. The question of the choice of methods, techniques, technologies that ensure the optimal motor regime and speech development in a preschool educational institution. Many technologies have been developed that allow the development of speech. There are many wellness technologies for children with disabilities that are successfully used in preschool organizations. But how to choose the most effective, problem-solving path in the complex?

Among the most common and good-performing technologies, we include:

Open games to support speech:

- Physical moments, exercises “swimming in a dry pool”, “sink” ;
- Finger gymnastics
- Articulation Gymnastics
- Logorhythmics
- Su-jok therapy
- Theatre activities
- Ball games
- Information technology

When correcting existing defects in children with cerebral palsy, it is very good to determine the type of defect early and take a separate approach. With children with cerebral palsy, it is necessary to carry out rehabilitation work carried out in the early age period, inextricably linked in the family and preschool institutions. In addition, it is necessary to constantly stimulate the motivation of speaking by fostering the desire to communicate. In this case, parents should be active participants in the pedagogical process.

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