



INTEGRATED MECHANISM OF REHABILITATION OF CHILDREN WITH CHILDHOOD CEREBRAL PALSY IN CLINICAL AND POST- CLINICAL CONDITIONS

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ANNOTATION

Development of affordable physical exercises that increase the effectiveness of therapy in patients with cerebral palsy. Examination and rehabilitation of 38 patients with cerebral palsy of various forms was carried out. In the main group, classes at home were added to the complex treatment. The effectiveness of therapy in categories: communication, movement, self-service, play activity was greater in the group where physical therapy was used at home. The need for further development of methods for the rehabilitation of children with disabilities is shown.

Relevance

The fight against disabilities is a problem of national importance. Prenatal and birth brain damage is one of the severe forms of disability. Cerebral palsy is a disabled person in this category. As part of the social model, special attention is paid to the integration of disabled people into the social environment and the provision of conditions for their independent life.[3] With cerebral palsy, in addition to movement disorders, the psyche and speech are disturbed. In general, the leading clinical symptom in cerebral palsy is spasticity, occurring in more than 80% of cases.[1] Treatment of children with cerebral palsy should be carried out not only in specialized institutions, but also at home.

Purpose of the Study

The purpose of our work with cerebral palsy is to teach parents how to practice at home for a long time and continuously. Material and methods of research: 38 children from 3 to 6 years old took part in our study. We divided them into 2 groups. Both groups received standard treatment at the clinic. In the control group, we took 20 children, whom we continued therapeutic exercises at home. We carried out physiotherapy exercises for children with cerebral palsy according to the following





methodology: regularity, systematicity and continuity of classes. Each patient is given an individual approach, taking into account the stage and severity of the disease, as well as the age and mental development of the patient. We taught parents speech therapy massage, which consists of massage of the facial and articulatory muscles. These massages normalize muscle tone.

A special light exercise was chosen so as not to complicate the parents and the child. They explained to the parents that it is not the difficulty of the exercise that is important, but the gradualness and regularity. To normalize the work of the vestibular apparatus, the following movements were used: lying on the back and on the stomach, raising the head, tilting the body. Also included walking exercises, raise your hands up, forward, close your eyes. For those patients with increased tone, acupuncture, segmental massage was used. Those who have the opportunity included hydrokinesiotherapy, which consists of swimming, gymnastics and water games. Patients with low tone were removed from balance exercises. With spastic diplegia, exercises with continuous movement were used, with an astatic form, exercises were used for short periods with breaks between them.[2] In the atonic form, special attention was removed to balance exercises. To get more effect, combined physiotherapy exercises with massage. Taught parents to do classic massage. The massage was carried out in courses, for 10 days and a break for 1-2 days. Various massage techniques were used: stroking, kneading, tapping, especially with atony and hypotension of muscles. Since there is no contraindication to it, it can be used daily, for a long time.

In order to get the maximum effect, the continuity of the event was strictly observed. Only then can you expect results.

Results

After standard treatment, those children who exercised at home were able to develop muscle strength. The child has confidence in himself that he can do some things. The child began to walk confidently after prolonged physiotherapy exercises. Muscles began to respond to motor signals. It gave the children confidence to work with their parents and they enjoyed doing the exercise. Thanks to this, a great positive effect was observed in children. After a course of treatment, the nervous system was partially restored, since the nervous system in a child is still quite flexible and capable of changing. Swimming for children reproduced positive emotions, which can be carried out not only in the pool but also in an ordinary bath. Classes with parents allowed at least two times to improve the child's condition. The younger the child, the more effective the rehabilitation was, but, nevertheless, it is never too late to start them.





Children with hypotension could learn to serve themselves. After our course, they also had positive changes. Using a set of exercises together with parents, they could improve the state of the motor sphere of a child with a defect in the nervous system. In the first group, all these listed results were not revealed. From a medical point of view, there is no treatment that makes it possible to restore a damaged brain. But if you work for a long time, continuously, regularly, the nervous system gradually begins to fulfill its functions. A program that includes physical education parents in the treatment process plays a leading role in the comprehensive rehabilitation of children with cerebral palsy.

Conclusions

And so, cerebral palsy is an indistinguishable disease, but exercise therapy at home together with parents can alleviate its consequences and syndromes. At the same time, medications will also improve the child's condition. All these exercises with the parent plays a huge role in the adaptation of the patient to external conditions. The physical therapy offered by us at home is the most effective, easy to perform and gave positive results compared to the previous group. Factors affecting the effectiveness of treatment in patients with cerebral palsy are: early diagnosis, the complexity and adequacy of correction methods, continuous and long-term work with the child and family [2]. Those children who were engaged at home although little but learned self-service. This means that not only in hospital conditions and sanatoriums, but also at home, if parents deal with children with cerebral palsy, then the results will be much greater.

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