ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

IMPLEMENTATION OF THE METHOD OF PERCUSSION OF THE LUNGS IN SUMULA

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Resume. This article cites the percussion of the lung, its achamity, in which case the percussion of the lung is performed in such an order. The methodology of this process and the sequence of execution are presented on the basis of the procedure on what skills students will acquire in the process of disembarkation to students. This was done on the basis of the basic law rules on how to perform this process in the work of a doctor to students. This greatly allows students to accurately diagnose lung percussion.

Keywords: lung diseases, right border, left border, plessimeter-finger, sound change in patients.

Percussion [lot. percussio-sniffing] is a physical method used to diagnose a disease in the internal organs of the patient. It is seen by tapping the area of the body under examination with a finger or hammer with a spit. In this, depending on the sound emitted, it is thought about the condition of the member being examined; there are several types; 1) Auscultator percussion – putting a stethophonendoscope in the place under examination and listening to the sound emitted; 2) instrument percussion – clapping with a plesimeter and Hammer; 3) directly P. - squeak the body surface directly with the fingers; 4) tool percussion– putting fingers of one hand on the surface of the body, flickering with the finger of the second hand over it, or flickering with a ball-nut over the plessimeter. Percussions can be made to find the boundary between the organs that have or have no air, setting the position and shape of the organs, such as the lungs, heart, liver.

Purpose of scientific work. To teach students how to perform lung percussion in simulation conditions, and through this, to teach them the skills of working with the patient.

Material and methods. Simulation training was carried out at the Andijan State Medical Institute simulation center using therapeutic simulators in simulation rooms designed for therapeutic directions. The method of percussioning the Tenka in the patient examination was used.

Research results. In the studies of the conducted simulation, students were able to perform the following actions independently and apply it in practice in patients.

When performing lung percussion in advance, the Doctor stands on the right side of the patient. The patient sits or stands upright,with his arms lowered. On the right and left, I, II are percussed in a parasternal line between the ribs. The percussive sound between the IV-V ribs (on the right) is then compared in the parasternal line. The plessimeter finger is first inserted into the O'mrow top socket on the left after the right, and the sound is determined. O'mrow himself is first hit on the left after the right. On the right and left side, I, II are percussed

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
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along the middle O'mrow line between the ribs. The percussive sound between the IV-V ribs (on the right) is then compared along the middle O'mrow line. The patient is asked to put his hands behind his head. The plessimeter-finger coils parallel to the yunalishi, and the percutaneous sound is compared at symmetrical points on the front, middle, and rear underarm lines on the right and left sides. When percussion is performed on the back, the patient is in a position with their hands lowered. Plessimeter-the finger is placed on the tip of the shovel and percussion on the right and left sides. When percussion is made between the shovels, the patient makes a crest in front of his hands. the body is bent forward. Plessimeter-the finger is placed on the right and left side near the shovels, parallel to the spine. The hands are lowered when the underfloor Sox are percussed. The plessimeter-finger is placed horizontally alternately on the right and left sides. Compliance with the technique. Following the sequence.

The finger-plessimeter is placed parallel to the pulmonary border. The border is imposed by the pronounced pulmonary sound of the finger. From the sound of a clear lung to a muffled sound, the percussion begins to crackle. To determine the peak of the lungs from the front side, the plessimeter-finger is placed in the pit of the top of the spine parallel to the spine. Yukoriga and medial are percussed until a choked sound is heard. The border is imposed by the pronounced pulmonary sound of the finger. In the norm, the tip of the lungs from the front is equal to 3-4 cm. The same is defined on the left. To determine the tip of the lung from the orca side, the doctor passes to the patient's back. The patient should be with his hand lowered to the side and his head bent. The barmock-plessimeter is placed on the right side on the crank-top Chuck, on which it is placed in a parallel hole. Gradually, until the bugic sound comes, the yukori and medial carbine are feathered. The border is imposed by the pronounced pulmonary sound of the finger. In meior, the orca tips of the lung meet the kirrasi sac of the vertebra 7. The same is defined on the left.

The doctor is behind the patient to determine the area of the crème. The finger-plessimeter is burned perpendicular to the center of the edge of the trapezoidal muscle load. First the medial side is feathered until a muffled sound is detected. The border is imposed by the pronounced pulmonary sound of the finger. The Sungra is feathered from the previous place, until a muffled sound is detected in the lateral direction. The border is imposed by the pronounced pulmonary sound of the finger.The interval of the nucta is marked, in the norm it is equal to 5-8 cm. The lower boundaries of the upka are formed by the formation of a groove for aniclation of percussion. Plessimeter finger II is placed in the rib gap and percussion below the load until the bugic sound dressing bully is conducted. The ung upka boundary is first anicized.

The border is imposed by the pronounced pulmonary sound of the finger. L. parasternalis -5 kovurga range L.Medioclavicularis buyicha 6 kovurga. In the en side percussion vaccine, the patient's Ashes should be blurred in the head orca. l. achillaris anterior - 7 covurga. l. axillaris media -8 kovurga. l.axillaris posterior -9 covurga .l.scapularis-10 kovurga. l. parasternalis -9 is a species of lizard in the kukrak vertebra. When anicizing the lower border of the left lung, l.let's start with the axillaris anterior drawing. The characateness of the lower boundaries of the upka is found in ung upka (media clavicularis, l. axillaris media, scapularis) on the left (l. axillaris media, scapularis). The finger-plessimeter is sung to the lower border, which is defined on a certain line. Sungra the patient is given maximum breathing and a hold is assigned.

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

The finger plessimeter is pushed down until a bugic sound arrives, and the mark is sung from the side of the anic sound. The patient is asked to exhale and hold the maximum, and the mark is sung from the side of the anic sound. The sun is divided into two defined points.

Conclusion. Students who used therapeutic simulators in simulation rooms for the therapeutic areas of the simulation center of the Andijan State Medical Institute were taught pulmonary percussion in simulation conditions, through which they were endowed with the skills of working with the patient. This of course allows students to perform heart palpation and percussion without hesitation in the process of examining them in the conditions of working with the patient. This will be a great help in the early diagnosis of lung diseases.

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