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ПРЕИМУЩЕСТВА ИСПОЛЬЗОВАНИЯ ВСЕХ АСПЕКТОВ РЕАБИЛИТАЦИИ У ДЕТЕЙ С ДЦП

Цель: разработка новой комплексной системы с использованием аспектов реабилитации

Материалы и методы исследования: Комплексное эффективное использование всех аспектов реабилитации 32 больных ДЦП.

Результат: Поскольку используются все аспекты, основной упор делается на реабилитацию в домашних условиях, поэтому длительное лечение наглядно показало свою эффективность.

Ключевые слова: Домашних условиях, эффективное использование, аспектов реабилитации.

MIYA FALAJLI BOLALAR UCHUN REABILITATSIYANING BARCHA JIHATLARIDAN FOYDALANISHNING AFZALLIKLARI

Maqsad: reabilitatsiya aspektlaridan foydalangan holda yangi kompleks tizimni ishlab chiqish

Tadqiqot materiallari va usullari: 32 nafar miya yarim palsi bilan kasallangan bemorlarni reabilitatsiya qilishning barcha jihatlaridan kompleks samarali foydalanish.

Natija: Barcha jihatlar qo'llanilganligi sababli, asosiy e'tibor uyda reabilitatsiyaga qaratilgan, shuning uchun uzoq muddatli davolanish aniq samaralidir**.**

Kalit so'zlar: Uy sharoitlari, samarali foydalanish, reabilitatsiya jihatlari.

BENEFITS OF USING ALL ASPECTS OF REHABILITATION FOR CHILDREN WITH CEREBRAL PALSY

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Goal: development of a new comprehensive system using aspects of rehabilitation

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Materials and methods of research: Comprehensive effective use of all aspects of rehabilitation of 32 patients with cerebral palsy.

Result: Since all aspects are used, the main emphasis is on rehabilitation at home, so long-term treatment has clearly shown its effectiveness.

Keywords: Home conditions, effective use, aspects of rehabilitation.

Relevance: Cerebral palsy (CP) occupies a special place in the structure of morbidity and disability of the child population.[1] The term "cerebral palsy" (CP) unites a group of syndromes with different clinical manifestations that arise as a result of underdevelopment of the brain and its damage at various stages of ontogenesis and are characterized by the inability to maintain a normal posture and perform voluntary movements [5]. The success of rehabilitation depends not only on the severity damage to the central nervous system (CNS) of the child, but also from timely diagnosis, proper organization of the treatment process, starting from the first years of the child's life. Only an analysis of the comprehensive development of a child with cerebral palsy is the basis for correct rehabilitation and prognosis. Recently, increased attention has been paid to new organizational forms in a complex multidisciplinary rehabilitation system. Among them, there is significant interest in treating children with cerebral palsy at home.

The purpose of the study is to develop a system of training in mobile skills in combination with other methods in order to rehabilitate children with consequences of cerebral palsy.

Materials and methods of research. We studied 32 children aged 2 to 6 years with different forms of cerebral palsy.

Forms of cerebral palsy in the studied patients.

Table 1

Clinical forms of cerebral palsy	Number of patients with cerebral palsy	Boys	Girls	Age(average)
Spastic diplegia	4-12%	1-3.2%	3-9.3%	2.8
Hemiplegic form	24-75%	14-43.7%	10-32%	5.4
Double hemiplegia	1-3.2%	-	1-3.2%	3.7
Hyperkinetic form	1-3.2%	1-3.2%	-	8.2
Atonic-astatic form	1-3.2%	1-3.2%	-	1.9
Mixed form	1-3.2%	1-3.2%	-	2.2

All children with cerebral palsy in an inpatient setting received basic therapy, massage, physical therapy for 10 days and were discharged home. After discharge, the children were

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divided into group 2. The control group, which consisted of 12 patients with cerebral palsy, did not exercise after discharge.

Number of patients in the control group

Table 2

Clinical forms of cerebral palsy	Number of patients with cerebral palsy	Boys	Girls	Age(average)
Spastic diplegia	1-1.2%	-	1-1.2%	2.9
Hemiplegic form	7-58%	5-41.6%	2-16.5%	4.7
Double hemiplegia	1-1.2%	-	1-1.2%	3.8
Hyperkinetic form	1-1.2%	1-1.2%		6.6
Atonic-astatic form	1-1.2%	1-1.2%	-	1.6
Mixed form	1-1.2%	1-1.2%	-	2.9

Number of patients in the main group

Table 3

Clinical forms of cerebral palsy	Number of patients with cerebral palsy	Boys	Girls	Age(average)
Spastic diplegia	3-15%	1-5%	2-10%	2.9
Hemiplegic form	17-53%	9-45%	8-40%	4.9
Double hemiplegia	-	-	-	
Hyperkinetic form	-	-	-	

We continued to study at home for the main group (20 children). To do this, we taught mothers light types of physical therapy so that mothers could independently work with their children at home. Mothers must be prepared for the fact that treatment of such a pathology is a long and lifelong process, which is aimed specifically at maintaining and restoring impaired body functions. Rehabilitation of infantile paralysis is the sooner the better. It was explained to the parents that it is imperative to place emphasis on the positive characteristics of the child.

Our task is to re-encourage the child's body to go through the stages of development of the musculoskeletal system. To do this, the child needs to acquire the missing skills in order to strengthen atrophied muscles by accustoming the limbs to natural movements.

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Carefully designed rehabilitation systems are essential for the development of life-saving skills. Since physical therapy has no age restrictions, all patients were given regular classes for a long time. Also, taking into account the non-existent restrictions on the severity of the disease, severe central nervous system lesions could be corrected. One of the oldest methods of reflexology eliminated various irritations, decreased muscle hypertonicity and decreased hyperkinesis. Various massage techniques (rubbing, pressure, kneading, vibration, pricking) improved blood circulation. Rehabilitation measures were carried out constantly, emphasizing that in order to obtain the maximum effect, classes should be carried out regularly and for a long time. Only in this case can you count on sustainable results. Cerebral palsy is a complex, long-term and movement-oriented process, the restoration of impaired movements, which is achieved through the treatment of neurologists, rehabilitation specialists and the tireless work of parents. Having explained all this to the parents, we worked together with the sick children. Daily physical therapy and massage helped the babies develop normally. The beginning of physical therapy classes brought positive changes: the child's emotional state improved, muscle contractures decreased. After our course, they also saw good changes. With a defect in the nervous system, planned complex exercises were used, which were aimed at developing sensations, while the condition of the child's motor sphere improved. Taking into account the difference in motor function in each form of cerebral palsy, for spastic dplegia we prescribed relatively easy-to-learn exercises that require continuous movement, and for the astatic form, short-term exercises so that the child rests more often between exercises. Children with atonic paralysis suffered during balance exercises. The exercises were updated and alternated so as not to tire the child, and were repeated to consolidate the achieved results. Particular attention was paid to the variety and novelty of the classes conducted.

Results and discussions. This physical rehabilitation program plays a leading role in the comprehensive rehabilitation of children with cerebral palsy. Thanks to a carefully analyzed program, the characteristics of the motor environment were stimulated in each patient with cerebral palsy. On the one hand, there is no treatment that can restore the damaged brain. But with the use of scientifically based techniques, it is possible to restore the functions of natural movements.

If you look at it from all sides, there is no treatment that makes it possible to restore the damaged brain. However, working according to a scientifically based program, the nervous system, which is in an intact state, can perform all its functions. Physical education programs play a leading role in the comprehensive rehabilitation of children with cerebral palsy. We carefully analyzed the characteristics of the motor environment of each patient with cerebral palsy and created a program that makes it possible to stimulate motor functions. When compiling sets of exercises, we were attentive to patients with cerebral palsy, since the exercises they perform require more activity than involuntary muscle movements. The nature of the rehabilitation effects on the body of a child with the consequences of cerebral palsy must be comprehensive, rehabilitation and recreational activities must take into account the mechanisms of restitution and compensation as the biological basis of the recovery process, support the motivation of disabled children for constant classes, conduct classes in a mode appropriate to the child's capabilities, create a favorable psychological background.[2]

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Conclusions. Thus, in patients who received additional therapy at home, there was an improvement in coordinated and strength indicators of the limb, as a result of increasing compensatory abilities. At the same time, the use of medications also improved the child's condition. All these exercises with the mother played a huge role in the patient's adaptation to external conditions. Complex therapy, including the use of proprietary methods of rehabilitation [3-6], heat therapy, exercise equipment, and massage, significantly improved the condition. All of these listed results were not identified in the second group.

Thanks to the constant active and passive involvement of muscles in work, an increase in muscle strength was noted. The use of gymnastics for a long time led to a significant reduction in muscle spasticity. Development against the background of the use of therapeutic exercises constantly and at home led to faster progression and restoration of a fuller range of motion in the joints compared to the control group. The physiotherapy exercises we offer at home are the most effective, easy to perform and have given very good results compared to the previous group. Those children who studied at home, at least a little, learned self-care. In hypertonicity, the tone decreased, on the contrary, hypotonicity increased. The basis of the task of complex treatment to normalize the voluntary motor activity of patients is continuity, duration and consistency. Based on this recovery program, we have received visible positive results. The method of long-term physical rehabilitation that we introduced into complex treatment provided the opportunity for general and local effects and made it possible to achieve a fairly stable decrease in the tone of spastic muscles. The data obtained allow us to conclude that the inclusion of various functional methods in the complex treatment of cerebral palsy can improve the condition of the sick child. Carrying out rehabilitation in accordance with multidisciplinary approaches has a positive impact on the effectiveness of treatment and will improve the physical capabilities of patients.

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