CHILDREN WITH LOCAL MOVEMENT DEFECTS

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Abstract: This article provides information about the types of children with locomotor disabilities and the types of children with complex disabilities. The causes of defects in the supporting organs of movement in children and the classification of children with this category of defects are explained.

Key words: severe defect, natal period, hyperkinetic dysarthria, early childhood period, postnatal period, hemiparetic form, hyperkinetic form, paralysis, central nervous system.

One of the categories of children in need of special assistance is children with disabilities in the limbs. It is caused by injury or underdevelopment of the central nervous system in children with defects in the organs of basic movement. Paralyzed children have severe impairments in mental, speech and communication, general and fine motor skills.

The clinical form of severe and complex disability is mental disorder. The following defects are observed in children with complex disabilities: movement disorders (various forms and severe degrees of cerebral palsy in children), severe speech disorders (lack of formation of speech activity), disorders in the function of analyzers (vision, hearing, tactile sensations), increased tendency to seizures behavior (enisyndrome), disorders in the emotional sphere (inability to control actions, etc.), autistic disorders (stereotypic actions), communication disorders, social behavior disorders, etc.

Children with complex disabilities always need the support of others and the need to adapt them to the social society.

Groups of children with complex disabilities

Children with complex disabilities are divided into 2 groups:

The first group includes children with severe neurological disorders in the locomotor organs and who need full or partial assistance in active movement of the object. Children belonging to this group cannot voluntarily control their body. The intellectual level of children in this group is different.

In the development of children of the second group, there are disturbances in the sphere of the emotional sphere and inhibitions in character movements, stereotypic disturbances in social relations and relationships are observed.

We are developing state educational requirements for the development of knowledge, skills and abilities of the first group of children with complex disabilities - paralytic children with severe disabilities in the supporting organs of movement. In children with paralysis of the basic organs of movement, muscle activity is disturbed, as a result of which body movements and problems arise. The reason for this is damage to a small part of the brain that controls movement during the fetal

period, or during childbirth, or at the first stages of the child's life (up to 2 years of age - before speech development). As a result, the muscles receive wrong instructions from the damaged part of the brain. This makes them immobile or relaxed. Most of the paralyzed children have various defects in vision, hearing, speech and mental development as a result of brain damage. It is possible to detect cerebral palsy early. For this, it is necessary to pay attention to the signs of cerebral palsy. The first signs of the body becoming loose and rigid can be seen from the birth of the child. If the following symptoms are often observed, the child should be examined by a doctor:

-unexpected body stiffness. In some cases, it becomes difficult to bend the baby's body when it is necessary to press the baby on the lap or lie on his back.

- relaxation of the body. The baby's head is relaxed and the baby cannot lift its head. His arms and legs dangle when he is lifted. The baby moves very little.

-slow development. It takes longer than usual to learn to lift the head, sit and use the hands. A child may use one part of his body more than another. For example, some children learn to use only one hand rather than two.

- slow eating. Sucking and swallowing food will be slow. The child's tongue expels milk and food from the mouth. He has difficulty closing his mouth.

- unusual behavior. The child may be restless, sleeps poorly and cries a lot. Or maybe he sleeps a lot and doesn't make a lot of noise. He may not laugh until he is three months old.

There are various causes of defects in the supporting organs of movement in children. In general, they are of three types: various negative factors during pregnancy (prenatal period), during childbirth (natal period) and postnatal period (postnatal period). We will consider each of them separately. Prenatal period factors are also divided into 3 groups:

• State of mother's health;
• Effects on pregnancy;
• Defective developmental factors in offspring.

The first group, the factor of the state of mother's health, in turn, is divided into types:

-somatic, endocrine, infectious diseases in the mother's body;
- internal effects;
- the effect of time between pregnancies
- drug addiction and others.

Factors of the 2nd group (effects on pregnancy) include hormonal disorders during pregnancy, blood circulation disorders, lack of estrogen hormone in the mother, incompatibility of the resource factor in the father and mother, anemia, etc.

Group 3 factors (hereditary) include: fetus after 37 years, hereditary defects.

Factors during the natal period.

These factors vary as follows:

- asphyxia during childbirth;
- injuries during childbirth.

Factors in the postnatal period (the period of a child's life up to one year).

Postnatal factors include:

-injuries: accumulation of hematomas due to brain injury;
-infections: meningitis, encephalitis, brain abscess;
-poisoning: under the influence of drugs, antibiotics,
- lack of oxygen:
- development of different types of tumors in the brain, etc.

As a result of the above effects, various injuries occur in the child's brain. Depending on the degree, type and characteristics of injury to the movement centers in the brain, movement in a child causes various types of paralysis in the supporting organs. Accordingly, children with disabilities in this category are classified:

1) Bilateral hemiplegia;
2) Spastic dipligia;
3) Hyperkinetic form;
4) Hemiparetic form;
5) Anatonic-astatic form.

Bilateral hemiplegia is the most severe form of cerebral palsy in children. These children have severe disorders in the most important functions for a person: speech, mental and physical. The main outward appearance of this form is that a part of the child's body is paralyzed, mainly the arm is bent, the arm and leg are turned inward and bent. Anarthria or severe dysarthria is observed in the speech of this type of children.

Spastic dipligia is the most common form and is caused by a certain severe illness or Littal's syndrome. Children with spastic dipligia have retardation of mental development as a secondary defect. 30-35% of children with this paralysis have mild mental retardation, and 70% have speech defects. The legs of these children are more affected by cerebral palsy than the hands, and the hands move a little clumsily. The legs are close together and facing inward.

Unilateral paralysis is observed in the hemiparetic form. That is, the child's one-sided leg and hand are paralyzed. 25-35% of these children have mild mental retardation. 45-50% have secondary mental retardation, 20-35% have speech defects.

The origin of the hyperkinetic form is initially caused by bilirubin encephalopathy as a result of hemolytic diseases.

In these children, unusual movement movements, hand and leg movement disorders are observed. In the congenital type of hyperkinetic form of cerebral palsy, children sit very late, rarely begin to walk from the age of 2-3, in most cases they can walk independently from the age of 4-7, even at the age of 9-12. 90% of these children have hyperkinetic dysarthria, 50% have RRS, and 25-30% have hearing disorders.

Anatonic-astatic form is characterized by lightness compared to other forms. They have disturbances in movement coordination, disturbances in the tone of reflexes, pseudobulbar dysarthria in 60-70%.

In some cases, there is also a mixed form of cerebral palsy. In this form, the child may have spastic-hyperkinetic, hyperkinetic muscle conditions or athetotic movements (uncontrollable, unusual movements) and muscle tone tension.

In correcting the existing defects in children with cerebral palsy who have defects in the supporting organs of movement, early detection of the type of defect and a special approach has a very good effect.

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