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#### THE PLACE AND ROLE OF PHYSIOTHERAPY EXERCISES IN THE REHABILITATION OF CHILDREN WITH BRONCHIAL ASTHMA

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**Abstract:** this article discussed to restorative recovery of children enduring from bronchial asthma is based on the complex utilize of characteristic mending variables, medicate, non-drug treatment and other strategies in arrange to attain infection control and long-term reduction.

**Keywords:** Medical rehabilitation, lungs, contract, aviation routes.

Medical rehabilitation of children suffering from bronchial asthma is based on the complex use of natural healing factors, drug, non-drug therapy and other methods in order to achieve disease control and long-term remission. Asthma could be a clutter caused by irritation within the aviation routes (called bronchi) that lead to the lungs. This aggravation causes aviation routes to fix and contract, which pieces discuss from streaming unreservedly into the lungs, making it difficult to breathe. Side effects incorporate wheezing, breathlessness, chest snugness, and hack, especially at night or after exercise/activity. The aggravation may be totally or in part switched with or without medications. The irritation of the aviation routes makes them exceptionally delicate, coming about in fit of the aviation routes that tend to limit, especially when the lungs are uncovered to viral disease, allergens, cold discuss, introduction to smoke, and exercise.

Thus, the narrowing of the aviation routes comes about in a diminishment within the sum of discuss going into lungs, making it difficult to breathe. Things that trigger asthma contrast from individual to individual. A few common activating components for asthma are work out, sensitivities, viral diseases, and smoke. When a individual with asthma is uncovered to a activating calculate, their touchy aviation routes ended up aroused, swell up, and fill with bodily fluid. In expansion, the muscles lining the swollen aviation routes fix and choke, making them indeed more contracted.

By Russian sight materials and methods in accordance with the goal, the 1st observation group consisted of 87 children with bronchial asthma (BA), living in Zaporozhe, of which 57 were boys and 30 were girls; Group II - 40 children with asthma from the Zaporozhe region, of which 24 were boys and 16 were girls. For

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comparison, we examined 56 practically healthy children (31 boys and 25 girls) who made up the control groups (CG). Thus, 29 of them (16 boys and 13 girls) from Zaporizhzhia entered the KI, 27 children (15 boys and 12 girls) from the Zaporizhzhia region entered the KI. The average age of the examined children was  $11.40 \pm 3.68$  years. To assess the effectiveness of physical therapy in children with BA, their follow-up observation was carried out for at least 2 years. Statistical data processing was carried out using the generally accepted methods of variational statistics of the licensed software package Statistical for Windows 13. Results. Bronchial asthma in children, regardless of place of residence, was characterized by mild and moderate persistent course in 50.57% and 40.23% of urban patients, as well as in 47.50% and 45.00% of regional patients with an obstructive type of bronchial conduction disturbance.

The physical development of children with asthma, residents of district centers, was more often characterized by harmonic physical development (85.00%) than urban patients (56.32%) (p < 0.05), and disharmonious prevailed in urban (43.68%) and less frequently observed in regional (15.00%) patients, mainly in boys (59.65% versus 16.67%, p < 0.05). In all children with BA, in contrast to healthy controls from the control group, eutonia was significantly less frequently registered (34.48% and 42.50%, respectively), more often - sympathicotonia (33.33% and 32.50%, respectively) and vagotonia (32.50%, respectively). , 18% and 25.00%, respectively) with a significant difference from the control group in regional children with BA in the hypersympathicotonic variant of vegetative provision, in urban children in sympathetic-asthenic, asthenosympathetic and hyperdiastolic variants.

Respiratory physiotherapy could be a center forte inside the physiotherapy profession and involves a key part within the administration and treatment of patients with respiratory maladies. It points to unclog the patient's aviation routes and offer assistance them return to physical action and effort. The respiratory physiotherapist utilizes numerous assorted intercessions, counting pneumonic recovery, early preparation, and aviation route clearance procedures, all having useful impacts on the side effects related with respiratory illnesses. For case made strides sputum clearance and hack adequacy, diminished dyspnea, and made strides physical wellness. The useful impacts are illustrated in progressed utilitarian capacity and diminished seriously care and healing center remain, with reserve funds in related health-care costs. Physiotherapists practicing in respiratory care

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work in a assortment of settings counting Seriously Care Units (ICUs), healing center wards, and essential care settings.

A normal permission requires an open airway, a functional mucociliary staircase, and an effective cough. Airways normally are kept open by structural support devices and kept clear by the proper function of their ciliated mucosa. The normal human respiratory tree is lined by a thin (5 micrometers) layer of mucus which is stimulated over the airline surface by the mucociliary staircase. The ciliate epithelial tissue which lines the airways is accountable for the continuous flow of mucus over the airway superficial to the upper respiratory tract. Mucus is moved via a synchronized movement of ciliary motion near the trachea and larynx, where additional oozes can be swallowed or cough out. The flow of air through the tracheobronchial tree and its interaction with the mucus lining is complex because of the branching geometry of the airways, collapsible airway walls, constantly changing the velocity of airflow, and varying viscoelastic properties of mucus.

This physiology of flow in liquid line airway is called a two-phase gas-liquid flow. In endobronchial diseases, the mucus layer may exceed 5 mm in thickness and ciliary clearance becomes ineffective. Two-phase flow now becomes an important mechanism of clearance, and at a particular combination of airflow, mucus viscosity, and thickness there is a very strong gas-liquid interaction which first exacerbates the pressure decrease then detaches liquid from the airway wall. this leads to the narrowing of the lumen of the tube causing a much greater resistance, thus affect airway clearance. One of the mechanisms by which cough affects sputum clearance in endobronchial diseases is two phases gas-liquid flow: the transfer of momentum and energy from the high-speed flow of air to the mucus that lines the bronchi. The high transmural pressure produced during cough leads to dynamic compression of the airway inhibiting mucociliary clearances. Thus, forced expiratory technique was introduced to solve this problem.

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