

# Medical Control at Sports Facilities with Health Opportunities

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**Annotation.** The presented material allows us to show the specifics of medical observation of athletes with disabilities; to assess the functionality of athletes; determine indications and contraindications for sports.

**Key words:** sport for persons with disabilities, load dosing, functional state, medical and pedagogical observations

To date, there is a fairly clear idea of the positive impact of physical exercise on health and life expectancy. This applies to various aspects of the problem: the state of the cardiovascular system, lipoprotein profile, body weight and composition, and psychological status. A huge number of people of different ages, gender and health status are involved in physical culture and sports. At the same time, it should be extremely clear that people with disabilities, especially in middle and older age, should be allowed to go in for running, aerobics, sports games, athletic gymnastics and other sports and physical culture in the absence of contraindications and with a certain, individual for each, load. Convincing confirmation of this is a considerable number of publications on the negative consequences of physical activity performed without proper medical and pedagogical control [1, 2, 3].

Determining the optimal level of physical activity in adaptive sports is still a central and not fully resolved medical problem.

Adaptive sports and physical culture provide general strengthening of the body, help expand motor capabilities, and contribute to household, labor and social rehabilitation. In the absence of contraindications, regular sports activities are recommended, which expand the circle of communication and interests of the disabled, which greatly contributes to social rehabilitation.

The question of determining contraindications to exercise is still quite complicated and often requires an individual decision for each person who wants to practice, depending on the form of a particular disease and the sport they want to practice. Training should not be carried out during any acute illness, including colds, and during periods of exacerbation of chronic diseases. Admission to classes, as a rule, is carried out on the basis of the opinion of the therapist. Chronic diseases without exacerbation are not a contraindication for practicing adaptive sports, provided that the athlete is under dispensary observation and regularly receives treatment to prevent exacerbation of diseases.

Features of medical supervision of disabled athletes:

- assessment of the degree of impairment of motor abilities;
- determination of the general physical condition and functional capabilities of a disabled person;
- monitoring of the dynamics of indicators of the cardiovascular and muscular systems, respiratory organs under the influence of systematic physical education; - determination of indications and contraindications for physical activity.

An in-depth medical examination includes an examination by a sports doctor, medical specialists, an electrocardiographic study with physical activity, and laboratory tests. A feature of the examination by a sports doctor is the conduct of functional tests, when physical activity is set, and it is assessed how the subject copes with it. The sports doctor gives recommendations on the dosage of physical activity and determines the dates of follow-up observations.

One of the tasks of medical control is the assessment of physical development and functional capabilities, which is necessary for the correct selection of physical activity in order to develop physical qualities, to ensure sports improvement.

Anthropometric data are used as the main signs of physical development: body length and weight, chest circumference. In determining physical development, body composition, muscle mass, lung capacity and other indicators of external respiration function, and performance indicators are also essential.

On examination, the shape and size of the chest, posture defects, the shape of the lower extremities, the condition of the arches of the feet are determined.

Informative is the determination of the functional capabilities of the musculoskeletal system, which are characterized by the range of motion in the joints, the state of the muscular-tendon apparatus, and compensatory-adaptive reactions.

Of great importance in diseases and lesions of the musculoskeletal system is the measurement of muscle strength (dynamometry), which makes it possible to accurately determine the strength of various muscle groups.

Anthropometric data are supplemented by the measurement of vital lung function (VC), respiratory volumes, maximum lung ventilation (MVL), inspiratory and expiratory reserve volumes, air volumetric velocity, etc. For these purposes, spirographs of various designs are used.

In anthropometric research, the definition of topography and the degree of fat deposition is of great importance.

Studies of the functional state of disabled athletes show the following.

The cardiovascular system in disabled people is less mobile than in a healthy person, so the tests should be simple and the same for all disabled people involved in a particular sport. Medical supervision should be more thorough, permanent and comprehensive.

In accordance with the data obtained, characterizing the physical fitness and functional state of the athlete, individual planning of training loads is carried out.

In the future, in stages, medical and pedagogical observations are carried out directly in training. They control the reaction to the fulfillment of planned loads and, if necessary, make adjustments to the training process.

Admission to the competition is carried out by a doctor after a preliminary comprehensive medical examination of the athlete.

Before starting regular sports activities, disabled people are examined in a specialized medical institution or in a medical and physical education dispensary. At the same time, indicators of physical development are determined and the functional state of the disabled person is examined. In the future, disabled people admitted to classes are under the constant supervision of a doctor.

For proper planning of training loads, it is necessary to determine the initial level of basic physical qualities in disabled athletes, and then observe the dynamics of their change. Physical qualities can be determined using specially selected tests. Tests are selected taking into account the physical capabilities of the athlete.

Strength is determined when pulling up on the crossbar, push-ups while lying down or to the handrails of a wheelchair (for persons moving in a wheelchair), moving from a prone position to a sitting position, etc. When assessing speed, any exercises available to a disabled person are performed at speed. To assess endurance, one or another movement is proposed to be performed in the maximum possible time.

Assessing the coordination of movements with the preserved function of the lower extremities, it is possible to offer the disabled person the maximum possible time to stand on one leg with one or another initial position of the hands. When evaluating special physical qualities, an athlete is offered to perform certain sports actions that characterize speed, speed-strength, speed and general endurance, strength. This is running, swimming or riding a wheelchair for a certain distance, throwing, throwing, etc.

The level of functional training is determined when performing special functional tests. A "standard load" accessible to the disabled is selected. Before the load, after it and during the recovery period, the heart rate (HR), blood pressure (BP) are measured and, accordingly, the functional state of the athlete is assessed [1].

Knowing the level of physical performance, it is possible to clarify the intensity of the load and the recommended duration of classes, which will vary depending on the level of a certain physical performance in a particular person. In other words, knowing the level of physical performance, it is possible to more accurately give recommendations on the pace of classes (intensity characteristic), the duration of classes (their volume) and on the pulse regime (their load capacity).

The intensity and the duration of the load associated with it are the main factors on which the increase in the functionality of the cardiovascular system depends.

The obtained data on the physical performance of athletes are the basis for an adequate dosage of loads during training. In many studies concerning the issues of regulation of loads during physical training, it is customary to single out the maximum, average and minimum heart rate. It seems to us that the heart rate achieved by the subjects at the last stage of physical performance testing should be regarded as the maximum, which should not be exceeded at the highest loads. How to determine the average and minimum heart rate? For practical purposes, the recommendations of R.I. Shephard (1968) in our modification, which give heart rate parameters and duration of classes depending on the level of preparedness of patients.

In the process of training, self-control is important. The doctor's task is to instruct students according to the rules of self-observation and to correctly interpret the data obtained, reflected in the self-control diary [3].

There are the following restorative means and measures [1, 2].

Passive rest. First of all, a night's sleep of at least 8 hours in clean air and silence. In periods with heavy loads, it is recommended to rest an additional 1-1.5 hours in the afternoon (preferably not immediately, but after a 20-30-minute walk). With very intense two- and three-time workouts, a three-time sleep is also possible, lasting about 1 hour after breakfast (the first workout before breakfast) and lunch. Night sleep increases to 9 hours.

Leisure. After exercise with a heavy load, active rest is often useful, which speeds up the recovery processes and reduces the load on the mental sphere of the athlete. However, it must be borne in mind that the total volume of the load increases and the fatigue from the entire amount of training work in the lesson does not decrease as a whole. In many cases, 30-40 minutes of low-intensity exercise (very light running or walking in the woods, cycling, skiing) is effective the next day after a heavy workout. The pulse rate in this case, as a rule, should not exceed 120 beats / min.

Special means of recovery used in the training of athletes with disabilities can be divided into three groups: pedagogical, psychological and biomedical.

The main means of recovery are pedagogical, which involve managing the magnitude and direction of the training load. They are an integral part of a rationally constructed training process and include:

- variation in the duration and nature of rest between individual exercises, training sessions and training cycles;
- the use of special exercises for active rest and relaxation, switching from one exercise to another;
- performing exercises with low intensity at the end of a training session, between training series or competitive starts lasting from 1 to 15 minutes;
- training sessions with small loads (they intensify recovery processes after training with large loads of a different direction); – rational organization of the daily routine.

Psychological means are most effective for reducing the level of neuropsychic tension during responsible competitions and strenuous training. In addition, they have a positive effect on the nature and course of recovery processes.

These include:

- autogenic and psychoregulatory training;
- means of suggestion (suggested sleep-rest);
- hypnotic suggestion;
- muscle relaxation techniques, special breathing exercises, music for relaxation;
- interesting and varied leisure activities;
- conditions for life and rest, favorable psychological microclimate.

To the greatest extent, the course of recovery processes after intense physical exertion can be corrected in the right direction with the help of a wide range of biomedical means of recovery: rational nutrition, physical (physiotherapeutic) means, and pharmacological preparations.

Rational nutrition of an athlete can be considered if it:

- balanced in terms of energy value;
- balanced in composition (proteins, fats, carbohydrates, trace elements, vitamins);
- corresponds to the nature, magnitude and direction of training and competitive loads;
- corresponds to climatic and weather conditions.

Physical recovery options include:

- massage (general, segmental, acupressure, vibro- and hydromassage);
- dry-air (sauna) and steam baths;
- hydroprocedures (various types of showers and baths);
- electroprocedures, irradiation with electromagnetic waves of various lengths, magnetotherapy; – hyperoxia.

It is obvious that in the matter of optimizing the level of physical activity of persons with disabilities, there is still a lot of uncertainty. At the same time, it is important to emphasize that extensive information about the processes underlying high sports fitness is and will be used to understand the health-improving effect of physical activity. The process of physical training both in elite sports and in mass sports should be based on a clear understanding of the physical condition of a person and his changes associated with physical activity.

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