

# Physical rehabilitation and Rehabilitation of Children with Cerebral Palsy, Organization of Psychological Services Parent Support.

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**Annotation. Purpose:** Organization and improvement of medical-rehabilitation, psychological and pedagogical assistance to children with cerebral palsy in the information consulting service of the Fergana branch of the RCSAD. Organization of a service of psychological and methodological support to parents.

**Material and methods:** Specialists of the Fergana branch of the RCSAD together with the assistants of the departments of pediatrics of the Fergana Medical Institute of Public Health for three years, from 2020 to 2022. were investigated and provided medical and rehabilitation (physical therapy, massage, water procedures in the pool, hippotherapy), psychological and pedagogical (classes in the classrooms according to the Montessori method, sensory room, sand, ART therapy, fairy tale therapy) services in the command staff in the total number of 1943 children, of which 735 children are diagnosed with cerebral palsy. Up to 7 years 646 children, from 8 to 14 years 116 children. who received courses of comprehensive medical, rehabilitation, psychological and pedagogical assistance for the period from 2020-2022.

**Results:** of the 646 children diagnosed with cerebral palsy up to 7 years of age who received courses of comprehensive medical and pedagogical rehabilitation for the period from 2020-2022, there were no obvious positive psychophysical changes (i/i) in dynamics in 32.7 relative improvement (o/i) - 41.2% and in 26.1% of children there were no changes (b/i). Of the 116 children from eight to eighteen years old who received courses of comprehensive medical - rehabilitation and psychological-pedagogical assistance, clear positive psychophysical changes (i / i) in dynamics was observed in 18.0%, relative improvement (o/i) - 40.4% and in 41.6% of children there were no changes (b/i). In parents, before the start of the course, the frequency of stressful situations for child care was noted up to 98% of cases. After psychological and informational assistance by specialists of the branch, the frequency of stressful situations decreased to 45%

**Conclusions:** Development and improvement of medical and rehabilitation, pedagogical, psychological services for children with cerebral palsy, with a risk of cerebral palsy and their parents, consisting of: pediatrician, pediatric neurologist, psychologist, special teacher, exercise therapy instructor and massage makes it possible to reduce the risk of secondary pathologies, contributes to the establishment of mutual contact between the child and other family members, will allow you to develop your personal qualities in the most favorable environment and becomes a full member of society

**Keywords:** Rehabilitation

**Topicality.** The effectiveness of the rehabilitation of children with special needs is an urgent social problem. All the necessary conditions are created to ensure a decent life, promote self-confidence and facilitate the active participation of children with special needs in society. Under article 65 of the Constitution, "motherhood and childhood shall be protected by the State".

One of the first international documents to which Uzbekistan acceded was the UN Convention on the Rights of the Child, ratified by the country's parliament in 1992. The Decree of the President of the Republic of Uzbekistan dated January 28, 2022 No UP-60 "On the Development Strategy of New Uzbekistan for 2022-2026" defines the tasks of improving the system of providing high-tech medical care to women of reproductive

age, pregnant women and children, equipping perinatal centers with the necessary medical equipment and equipment, and staffing them with qualified personnel.

The social policy implemented over the past five years has made it possible to protect motherhood and childhood on a systematic basis, resulting in a reduction in maternal and infant mortality.

But even so, the likelihood of children with disabilities being left out of public life remains significantly high. Many children with disabilities are integrated into society, actively participate in its life, contribute, according to their capabilities, to all spheres of life, but there are children who face problems of isolation and negative attitude, misunderstanding on the part of society and even their parents. This limits the possibilities of its development. Often, specialists and parents focus on the pathology in the development of the baby, forgetting that he is first of all a child, and then secondly - a special one.

The possibility of restoring basic life skills and adaptation in psychophysical disorders, basically, occur up to three, seven years. Neurophysiologist Glen Domman, having developed a rehabilitation system for children with severe lesions of the central nervous system, came to the conclusion that the most effective way to influence the development of the brain during its active growth up to 6-7 years. And after three years, this process slows down, and after seven it practically stops.

Doctors consider cerebral palsy as a polyetiological disease of the brain, beginning in the intra- and perinatal periods, which is characterized by motor, mental and speech disorders.

For the disease, spasms of the muscles of the lower extremities, contractures, motor disorders and other changes in the locomotion apparatus are typical.

In order to organize adequate protection and support for children with disabilities, provide them with quality medical care, treatment and rehabilitation, education and, every specialist, teacher, social worker working in a team together with parents should know the basics of the patterns of child development in pathology.

In international practice, to achieve these goals, there are Institutes for Achieving Human Potential - a group of non-profit institutions that have been providing assistance to children with brain damage and educating parents and professionals on all continents since 1955. The goal of the institutes is to take a child with brain damage, no matter how severe the damage, and to help them become normal physically, intellectually, physiologically, and socially, whether or not they achieve those goals. Many children achieve one goal, some two, and some none.

The prosperous future of a family and a child with special needs depends on the ability of parents to adapt to the situation. Many parents sometimes have conflicting feelings about their child, that is, sometimes they love him as if he were healthy, and then again begin to feel the full weight of the grief that has fallen on them. This is because in reality they love the child, but do not accept his diseases and suffer from it. Parents will try to solve the problem by visiting one doctor after another and moving from one hospital to another in search of a specialist who would offer their child a miraculous healing. They feel a great sense of guilt, trying to regain their mental balance and compensate for the child's illness in two ways: they begin to selflessly care for him or with fervor accuse doctors, social workers and teachers of inattention and irresponsibility. Parents often have both of these tendencies.

The main reason that parents need to quickly come to a mutual agreement is that otherwise the child's problems will increase every day, and the happiness and social relationships of the family will be completely destroyed or will become possible only partially.

Without proper psychological support and the provision of guidelines to parents to achieve some results, it will not be easy to alleviate their suffering, but often this happens by disrupting relationships, both with a sick child and with the rest of the family. Parents will need additional knowledge, psychological qualities in order to help the child overcome his problems.

This means that the child needs to be loved and treated as healthy, perceiving him as he is, regardless of his problems, such an attitude, which contributes to the establishment of mutual contact between the child and the rest of the family, will allow him to develop his personal qualities in the most favorable environment. It does not matter that in the future he will not become physically complete, but will be able to enter the world without any conflicts and disagreements, become kind, sympathetic and useful to others, which, in fact, makes a person a person. Both a healthy and sick child from birth, becoming an adult, is much easier to achieve his

well-being and play a positive role in the life of society if he grows up in a joyful, friendly and close-knit family. Even studying is easier for a child who in early childhood felt calm and confident in the family.

**Purpose of research.** Mechanisms for the creation, development and provision of comprehensive medical, rehabilitation and social protection of children with cerebral palsy. Early diagnosis of psychophysical disorders in children and prevention of the development of secondary physiological and psychological problems. Organization and development of individual, comprehensive medical and rehabilitation, pedagogical and psychological assistance. Active involvement in the rehabilitation process of a child with special needs of the health care system, education and other structures, and also their parents and close people around them.

**Materials and methods.** Information consulting service of the Fergana branch of the Republican Center for Social Adaptation of Children, in which the medical-psychological, pedagogical commission (MPPK) and the methods of medical-rehabilitation and psychological-pedagogical diagnostics and psychophysical development of children have been operating since 2013 . A team integrated approach and further support for children is conducted, which includes: pediatricians, pediatric neurologist, psychoneurologist, orthopedic traumatologist, defectologists-special teachers, psychologists, exercise therapy instructors, massage therapists and social workers. This can be counseling for children, exercise therapy, water procedures in the pool, massage, group and individual classes of psychologists and defectologists, team discussion of further individual plans and activities for rehabilitation of the child and the provision of informational, psychological, methodological assistance to parents.

According to the results of the survey, it was revealed that the first shock that they received after learning about the congenital disease of the child was in 72.8% of parents, in 18.4% of parents was largely mitigated by the information provided by the doctor during this difficult period for the family in a cautious and accessible or incomplete form, 8.8% of families at the beginning did not have such information, they received information in the process of child development noticing, that the child has deviations in the physical and mental. In the aftermath of all parents, the difficulties have steadily increased. If parents need more help than what the doctor provides them, they will need to get in touch with some medical organization that could offer them help at the appropriate professional level.

Specialists of the Fergana branch of the RCSAD for three years, from 2020 to 2022, investigated and provided medical and rehabilitation (physical therapy, massage, water procedures in the pool, hippotherapy), psychological and pedagogical (classes in the offices according to the Montessori methodology, sensory room, sand, ART therapy, fairy tale therapy) services in the command staff in the total number of 1943 children, of which 735 children are diagnosed with cerebral palsy. Up to 7 years, 646 children, from 8 to 14 years 116 children. who received courses of comprehensive medical, rehabilitation, psychological and pedagogical assistance for the period from 2020-2022.

**Total number of children who received taberson *rehabilitation services* 1**

Year	Total number of children	With cerebral palsy	Up to 7 years	8 to 18 years
2020	666	254	211	43
2021	574	193	174	46
2022	703	288	261	27
Altogether	1943	735	646	116

The pediatrician conducts the initial reception, assesses the physical and mental state of health of the child. Participates in interdisciplinary discussion, gives recommendations on treatment, further management and rehabilitation of the child. Exercise therapy instructor, masseur conduct exercises for muscle relaxation, stretching and special positions, styling. Conduct training seminars for parents on physical rehabilitation. The defectologist forms cognitive activity, the skills of subject-game actions, develops general and fine motor

skills, advises on the formation of self-service skills, auditory perception, speech breathing, enriches the impressionable vocabulary, develops speech. The psychologist carries out the correction of mental and emotional-personal development, advises on the upbringing of the child in the family, helps parents to overcome difficulties in raising a special child. The neurologist provides consulting assistance to parents, informs specialists about the incidence of the child and, taking this into account, makes adjustments to the organization of work with him. Instructors of physical therapy and massage, engaged with children to restore motor activity.

**Results and discussion.** Specialists together with assistants of the Department of Pediatrics of the Federal Medical Institute of Pediatrics on a pre-prepared individual rehabilitation program for children with cerebral palsy regularly a week for five days, for 4 weeks conducted rehabilitation procedures and psychological and pedagogical classes with children and training seminars with mothers, in the year of 3-4 courses. Classes were held according to individually developing programs for the development of the child, involving the development of cognitive, socio-personal, communicative and other aspects personality in accordance with his psychophysical capabilities and needs. For this purpose, various means and methods of rehabilitation of exercise therapy, massage (using conventional and reflexology techniques, Bobat, Voight, etc.), treatment of position, classes in the pool, hydrokinesitherapy (swimming, gymnastics, games in water), exercise for stretching and resistance, terrincur (dosed walking), classes on simulators are used. Parents were taught techniques such as ART therapy (music, fairy tale therapy, sand therapy), Montessori technique, Glenn Doman (method of stimulating mental processes), flor time, work in the sensory room, hippotherapy and others.

One of the main means of rehabilitation of children suffering from cerebral palsy is physical therapy. Its mission is:

- development of the ability to voluntary inhibition of movements;
- decrease (decrease) of muscle hypertonicity;
- improvement of coordination of movements;
- increase in the amplitude of movements in the joints;
- training in household skills, self-care, development of new skills and correct movements in the child.

Statistical data of clear, relative positive results, as well as those who did not have a positive result in children who received medical, rehabilitation, psychological and pedagogical services with cerebral palsy for 2020-2022.

**Evolution of results after services received (Table 2)**

Years	Completed the Course Up to 7	I/S %	o/s %	used %	Completed course 8-18	I/S %	o/s %	used %
2020	211	41,0	50,2	8,8	43	28,7	51,3	20,0
2021	174	37,3	48,5	14,2	46	19,2	47,4	33,4
2022	261	41,5	46,5	12,6	27	10,7	52,1	37,2
Altogether	646	39,9	48,4	11,8	116	19,5	50,2	30,2

Of the 646 children under 7 years of age who received courses of comprehensive medical and pedagogical rehabilitation for the period from 2020-2022, (Table 2), obvious positive psychophysical changes (i/i) in dynamics were observed in 39.9%, relative improvement (o/i) - 48.4% and in 11.8% of children there were no changes (b/s).

Of the 116 children under 8-18 years of age who received courses of comprehensive medical and pedagogical rehabilitation for the period from 2020-2022, (Figure 2), obvious positive psychophysical changes (I / i) in dynamics were observed in 19.5%, relative improvement (o / s) - 50.2% and in 30.2% of children there were no changes (b / s).

The basic principles of the technique: regularity, systematic, continuity, individualization, taking into account the stage and severity of the disease, taking into account age and psyche, strict individual increase in physical activity.



The ultimate goal, that is, the maximum independence of a child with special educational needs from his elders, is thus formed from confidence based on the tender, soulful and inspiring attention of parents and the gradual achievement of self-realization, thanks to his own efforts and diligence.

In parents, after classes and seminars in the "Parent Club" before the start of the course, the frequency of stressful situations for child care was noted up to 98% of cases. After psychological and informational assistance by specialists of the branch, the frequency of stressful situations decreased to 45%.

**Conclusion.** Table No. 1 shows that children of parents who applied at an early age have the most positive obvious result than children who applied after seven years and this service was in demand. Unfortunately, statistics show that sometimes parents of children, for various reasons, turn to us after 7 years. This suggests that, conducting only therapeutic measures on the part of doctors, precious time of medical and pedagogical rehabilitation and adaptation of what children and their families need during this period is missing.

Specialists of the branch cope with the task of organizing medical, psychological, pedagogical assistance to children previously recognized as uneducable. So that these children can attend general education preschool institutions. After visiting the information consulting service of the branch on the recommendation of the medical-psychological, pedagogical commission (MPPK), more than 65 children with special needs went to general educational institutions.

Comprehensive rehabilitation measures with physical therapy, massage, classes in the pool are combined with classes of a psychologist and a defectologist. More than thirty methodical manuals, recommendations for specialists, teachers, university students, and educators have been developed in order to increase their competence in the care and development of children with special needs and disabilities.

The successful inclusion of children in the general educational environment depends on the early detection of their state of health. The experience of the branch's specialists shows that the early start of purposeful rehabilitation, correctional and pedagogical work, determining the optimal content, methods of teaching and upbringing, depending on the reserve capabilities and individual characteristics of the child, the timely inclusion of parents in the correctional and pedagogical process gives positive results in changing the dynamics. All this is possible only if the unity of requirements for specialists is ensured: doctors, defectologists, psychologists and teachers for the upbringing and education of the child, the choice of the right forms of interaction between specialists involved in the comprehensive rehabilitation of a child with developmental disabilities.

At this time, the severity of this problem is given especially much attention from our state. If earlier work with children was carried out in special boarding schools in isolation from society, now together with international children's funds, non-governmental non-profit organizations, the Ministry of Health, the Ministry of Education cooperate on solving a set of problems of children with specific needs, developing inclusive education in order to integrate them into society.

### **Recommendations:**

1. Further improvement of mechanisms for providing medical, rehabilitative, psychological, pedagogical and social assistance to children with cerebral palsy and their families;
2. To ensure an adequate level of individual development of the individual, assimilation by the younger generation of the accumulated social experience, with the subsequent possibility of its use in practice.
3. Active involvement in the development process of a child with special needs of the health care system, education and other structures, as well as their parents and relatives.
4. Formation of a positive public opinion towards people with special needs;
5. Creation in family polyclinics, rural medical centers on paid staff units of a psychological service to support parents of children at risk of perinatal pathology with a risk of cerebral palsy and other forms of diseases in children at risk of disability.

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