



DEVELOPING STUDENT'S READINESS TO USE ADAPTIVE PHYSICAL CULTURE.

Xamroyev Behruz Xalimovich

Teacher of the Department of "Physical Culture Theory and Methodology" Faculty of Pedagogical Education at the Pedagogical Institute of Bukhara State University

Annotsiya: maqoladasog 'liginingholatidanuqsonibo 'lgan, imkoniyatichelangano 'quvchilarniqandayqilibsog 'lomlashtirishvaulargatavsiyaetiladiganmashg'ulotlarorqalijismonansog 'lomlashtirish, to 'g'rijimoniyrivojlanishuchunsharoityaratishbilano 'tkaziladiganmashg'ulotlarvavositalarha qidafikrlarbayonetilgan.

ANNOTATION: *the article describes the views on improving the health of students with disabilities, creating conditions for improving the health of students with disabilities and improving their health, the correct development of Jimenez through the training recommended to them.*

Аннотация: *в статье описываются взгляды на улучшение здоровья студентов с ограниченными возможностями, создание условий для улучшения здоровья студентов с ограниченными возможностями и улучшения их здоровья, правильное развитие Хименеса посредством рекомендованного им обучения.*

KEYWORDS: *adaptive education, physical education, gymnastics, movement, development.*

In order to organize the pedagogical process, the didactic processes and directions of the didactic activity of the educational process, physical safety and necessary, because the object of pedagogical influence is the new conditions of each relevant educational process.

Disabled children are characterized by dysontogenesis and retardation of naturel (biological) and mental-physical development, which leads to a lack of natural needs of the child for movement, play, emotion, communication and complicates the learning process.

Competeor partial loss of vision can significantly change people's lifestyles. Emblems in the environment continue to be associated with emotional disturbances, disorders of self-control and regulation, as well as related disorders. 40% of children have minimal brain dysfunction, more than 30% of children suffer from somatic diseases (pyelonephritis, diseases of the respiratory and cardiovascular systems), 80% of children suffer from neurosis.

Hearing loss in 62% of people is accompanied by abnormal physical development, 44% with musculoskeletal disorders (scoliosis, flat feet), 80% with developmental disabilities. 70% of co-morbidities are deaf and hard of hearing observed in deaf children.

Restriction of external information as a result of hearing impairment impairs the perception of its meaning, complicates communication, complicates the conditions of mental development, leads to negative emotions and stressful experiences.



There are three levels of severity of the defect: mild (children can move easily), moderate (children need help with movement and self-care), and severe (children need all around)

Amputation of the legs, primarily in the stereotype of movement, leaning and walking, leads to impaired coordination of movements. The consequences of leg amputation include weight loss, vascular flow, receptor parts, severe diseases of the musculoskeletal system, hypokinesia, and stress. Decreased central control mechanisms, defects in the skeletal components of the nervous and musculoskeletal system, deterioration of autonomic functions, impaired muscle exercise, adversely affect blood circulation, respiration, digestion and other vital functions, creates objective biological conditions for slowing down the rates of physical and mental development, reduced mobility and overall working capacity. In children, leg loss (or congenital malformation) reduces their ability to move, leading to secondary flexion and muscle atrophy. If motor activity ensures that muscle movements are formed in accordance with age, prosthetics will be expedient and successful, because in order to manage prostheses in the legs, it is necessary to have a special contraction of the muscles, training in specific movements.

The main group of adaptive physical education tasks are corrective, compensatory and preventive tasks.

The tasks include: physical fitness; creating the conditions for proper physical development

hardening; correction of somatic condition features (respiratory system, correction of the cardiovascular system).

External conditions. Environmental factors, water, air and sunbathing to improve health and strengthen the body. Natural forces enhance the positive effects of exercise. Exercise and exercise have a beneficial effect, increasing the the body's ability to resist adverse environmental influences, reducing the risk of frequent colds.

Hygiene factors, rules and norms of general and personal hygiene, domestic life, work, rest, nutrition, environment, clothing, footwear, sports equipment and their combination as additional means of psychological rehabilitation enhances the complex effect on the human body.

The scientific literature shows that the higher the level of physical development, the better the adaptive reconstruction to ensure increased motor activity in the body. Reconstruction is slower in students of special medical groups, which means that their physical fitness is much lower than in students of basic medical groups. Given this situation, the preparatory part of the lesson should be longer than the main medical group.

In the preparatory part of the lesson (up to 20 minutes) general developmental exercises (slow and medium) are performed, alternating breathing exercises, the task is done slowly: exercises that prepare all organs and systems for the main part of the lesson.

The selection of exercises for the main part the lesson (20-22 min) involves the solution of a number of tasks: the acquisition of basic movement skills, the development of basic physical qualities (within the capabilities of the participants), etc. Gymnastic exercises are used to measure a wide range of physical loads and to selectively affect specific organs and systems, muscle groups and joints. There are also elements of movement and sports games, as well as athletics. Acrobatic exercises and exercises related to tension, continuous static tension are completely eliminated. At the end of the lesson (3-5 minutes) there are simple relaxation exercises, slow walking, breathing exercises.

The physical task should be appropriate to the students' functional and adaptive abilities and the structure of the lesson. The teacher is in constant contact with the student and monitors the load in the pulse, respiration and external signs of fatigue.



Children who have impaired health, it is recommended to perform exercise regimens at 120-130 beats per minute and increase the intensity of physical activity in the main part of the lesson to increase the pulse rate to 140-150 beats/min. The range of motion at 130-150 beats/min is optimal for cardio respiratory systems under aerobic respiration and provides a good exercise effect.

Children who are admitted to a special medical group due to their health condition usually suffer from hypoxia, so they should be taught to breathe properly in the first place. Only rational breathing should be taught in tactic positions and during movement. Breathing is done during exercises that help to expand the chest. Always exhale in an anatomically comfortable position (chest compression position) that helps the diaphragm contract. Breathing should be monitored regularly. For small muscle loads, inhale through the nose and exhale through the mouth. Breathing through the mouth is performed only when a large amount of air needs to be expelled quickly to the lungs, as well as during intense physical activity.

Training in rational breathing helps to quickly eliminate functional disorders of the respiratory system, improve the redox processes in the body, improve the overall condition of the body.

Bodybuilding is a continuous process that takes place at all stages of a child's development. Therefore, in addition to the regular performance of special body-shaping exercises provided in the program, the teacher during the lesson draws students' attention to the optimal position of the head, the proper functioning of the arms, torso and legs, the correct posture of the body should go on to encourage and correct mistakes.

This group may include children with different health conditions and different adaptations to physical activity. Therefore, the requirements for taking into account individual characteristics and load stratification should be increased in the course.

Hardware physiotherapy, electrostimulation, massage, manual therapy, needle-reflexology, phototherapy, shower (dusty, rainwater, needle, shark, underwater) water treatment baths (mineral, radon, healing mud, carbon dioxide, oxygen), baths (steam and saunas), means of psychological influence: electroconvulsive therapy, hypnosis, psychological influence: electroconvulsive therapy, hypnosis, psychotherapy, psycho correction, psychological counseling, psychotraining. However, their use for different individuals has many individual contraindications, so the appointment of physiotherapy procedures should be made and supervised by physicians.

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