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EDUCATION AND EDUCATION OF CHILDREN WITH LOCAL DISABILITIES OF PRE-SCHOOL AGE

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Abstract: This article talks about preschool-aged children with musculoskeletal injuries, the causes of their defects, prevention, treatment, prevention, etc. Also education - training to give ways open given

Key words: Children cerebral paralysis, leg of the hands injury, brain paralysis, complex defective, anomalous child, paralyzed disease, speech motorics.

In our republic last in years of the children healthy birth provision of anomalies prevention get and physical or spiritual in development disadvantages has been the children earlier to determine measures on affairs take is going This issue fast and efficient solution to be provide in order to mother's pregnancy from the era from childhood to adulthood to reach until his development medicine staff, teacher and teachers, psychologist, defectologists by control "Healthy generation program right done increase provide measures work coming out. As a result, actionbased members injured Children are also identified and given to them special help is showing. Motion-based members injured of children to most disabled people strollers take given because of, they before school education organization and to schools route they started Movement support members injured children cerebral paralysis poliomyelitis (paralysis disease complication) action support of members different born and acquired deformation, arthrogryposis, leg of the hands injury, achondrosis or chondrodystrophy - normal development of the body, neck, head one during born leg hand bones of growth behind remain, myopathy-muscle in the tissues substance exchange with depends has been hereditary in illness muscles good does not shrink, man hand the leg to action bring ca n't Motion-based members injured children for in Uzbekistan before school age children for before school education and school age children for special school boarding schools activity is showing. Some children general education public before school education in institutions and at school integrated inclusive to education attraction is being done. Special in institutions all education works correction in the direction done is increased. More movement functions to correction attention is given Motion-based members injured children with special in institutions movement function correction works complex way, that is to the child each bilaterally effect transfer the way with done is increased. To this medical medicines with treatment, physiotherapeutic, orthopedic, massaging-massage, healing gymnastics, physical education, work to teach works enters Medical medicines with treatment works muscle tone reduction, hyperkinesis-compulsory actions reduce, nerve in the system compensator of the process activity to strengthen will be directed. Physiotherapy procedures muscle tone to decrease, in the muscles blood rotation to improve is directed.

Orthopedic events action-based limbs , neck , body movement improvement is necessary if orthopedic from devices to use , har one child is private orthopedic to the regime compliance to do to teach is directed. In the muscle hyperkinesis of the child not only common , perhaps speech motor skills are also negative effect shows . Speech of the device less movement (tongue , lips, jaw, un tendrils , small language movement breaks) of speech <u>phonetic from the side to violation</u> , that is sounds in pronunciation to shortcomings take will come In the muscles hyperkinesis

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dysarthria or anarthria such as sounds in pronunciation of shortcomings come to exit reason will be Diaphragm, rib between muscles hyperkinesis speech breath to get, un of tendons vibration, speech ceremony to the violation take will come Relatively more occurring of dysarthria pseudobulbar in the form of articulatory tone is high will be Lip, tongue, small tongue, lower jaw, un tendrils mobility is broken and as a result sounds pronunciation, voice, speech pace defects observed. Saliva glands around muscles not reduced due to baby saliva flowing stands child is good chew can't, won't win. Dysarthric of the child speech vague, shrill, shrill, monotonous will be Dysarthria how much early if found, it eliminate correction is the same easy will be Long term inside patience with take went speech therapist affairs as a result high to indicators reach possible. Speech of the device to innervation directly depends has been head bone of nerves injuries a lot cases the eye movement of nerves injury with together observed. As a result, the child complains taken, eye movement is broken. Children own lamb actions one properly do it they can't get to the destination look throw away they can't . Such disadvantages speech therapist work right take to go hindrance does The child is articulate hardware members movement observe can't, to the picture looking work, study and to write in mastering they suffer. Medico-pedagogical of the commission to the conclusion according to , action-based members injured children inclusive education to get or special before school age children to the institution to boarding schools is sent. To these institutions themselves or in a wheelchair walk to receive, of others care needs didn't happen children acceptance will be done. Health after recovery medical and pedagogical of the commission to the conclusion according to students general education Kindergarten or to school will be held. Special boarding school pedagogical council to graduates to work location for letter of recommendation gives Motion-based members injured children I-II group disabled people considered them to work placing social supply departments will be submitted.

Children special in a chair they sit The head hold, in hand the toy play get such as cases of activity decrease observed. Adults using on the leg upright standing and movement maybe, but the leg in bending different complexities observation can. Some children independent sit down they get Lip and language of the muscles pathological of the situation violation mouth space of members movement to subside and to make it difficult take will come Almost all in children his opinion word with in expression and the words pronunciation in doing suffering such as circumstances surface will come From this except, they something thing to bite and to chew they suffer In children defect type and level account take early rehabilitation to do, that is healer of measures three type differs from:

Medical and pedagogical rehabilitation. In this support movement members paralyzed of the child medicine employees by physical in the situation shortcomings recovery with equal to correction pedagogical work too will go Rehabilitation this type the child physical and pedagogical in terms of develops.

Professional of rehabilitation purpose locomotion members paralyzed the children expert defectologists, pedagogues and others by special correction things take to go looks

Psychological rehabilitation . Rehabilitation this type support movement members paralyzed of children psychological in development defects prevention to get , emotional scope , individual personal features to improve , social adaptation efficiency to increase is directed .

Cerebral paralysis the child from the first age ie speech until development has been period in the family parents by and before school education in organizations education in the process take to go correctional and pedagogical affairs of the following consists of Cerebral paralyzed children first age with period take to go rehabilitation things in the family and before school education in organizations organic connected without take to go it is necessary Treatment-corrective.

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developing, rehabilitation work system physiotherapist, healer physical education specialist, neuropathologist, speech therapist and of the oligophrenopedagogue cooperative complex work based on done is increased.

Cerebral paralysis the children teaching for practical manuals

- if of the child speech if he wanted everyone at the time to ask, or to questions answer give, or to explain permission we give and durable to be need
- we move the child possibility we give need Cerebral paralysis of children movement skills grow up for muscle stimulation necessary;
- cerebral paralysis children fast he gets tired. Reading day during which we rest them for time we give need Rest place school by high level provided to be need
- if of the school to the computer opportunity there is if it is cerebral paralysis children for useful would be because many difficulties written communication with dependent (verbal to communicate addition way).

Summary by doing so to speak locomotion members paralyzed in children defect shape and level early to determine based on secondary defects prevention get, defects efficient correction from an early age help to give it is necessary. The first age for a child from the period given complex measures them in the future general education in the system efficient education that they get provides, that is inclusive education to the system attraction reach of opportunity expansion take will come

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