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FUNCTIONAL STATE OF THE ORGANISM OF STUDENTS WITH DAMAGE TO THE MUSCULOSKELETAL SYSTEM

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ANNATATION: *This article is aimed at assessing the general state of the body of students with damage to the musculoskeletal system as a result of various loads, determining its reserve capabilities, studying the influence of various systems on physical activity. As a result of functional testing, changes in the cardiovascular system and the method of applying exercises after amputation were substantiated. The article also describes the potential of movement on the other hand, if the results of the study allowed to normalize the load during training.*

Keywords: *loading, general state of the organism, backup capabilities, impact on various systems, physical loads, adaptation-compensatory processes, amputation, injury.*

The importance and role of organizing physical education and sports activities, assessing their impact on the health and development of students and conducting systematic monitoring is growing immeasurably. [8,18,28,38,48,58,68,78,88,98]

The main requirement in the assessment of physical education and sports activities of students with damage to the musculoskeletal system - each student requires an individual approach when recommending to engage in one or another sport, taking into account its physiological characteristics, level of Health. The functional state of the organism is assessed using functional tests. [1,11,21,31,4,1,51,61,71,81,91]

According to statistics, it is usually caused by amputation, burns, vascular diseases, injuries, accidents, etc. As a result, the entire organism of a person suffers: the absence of a leg or hand, a decrease in the weight of the torso, hypokinesia, suryngeal stress lead to a number of complex functional and pathophysiological disorders. The cardiovascular, respiratory systems, blood pressure change, the possibilities of adaptation decrease, the autonomic nervous system, endocrine system and exchange processes are disrupted. [3,13,23,33,43,53,63,73,83,93] whole organism adaptation-compensatory processes, their tolerance to physical loads decreases. Violation of the ratio of masses of parts of the torso leads to stagnation and imbalance in the displacement of the center of gravity of the torso. When amputation of the legs, the ability to correctly assess the state of one's own movement deteriorates. [4,14,24,34,44,54,64,74,84,94] in students with amputations of the arms and their congenital defects, proportionality disorders in the shoulder-waist are noted, most often the post-amputation exit of the proximal joints, a curvature of the spine occurs. [2,12,22,32,42,52,62,72,82,92,]

The purpose of the study. As a result of functional tests, students with damage to the musculoskeletal system are able to assess the general condition of the body, study its reserve capabilities, the influence of various systems on physical loads.

The study dealt with the following tasks:

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1.The muscles of the spine are strengthened, muscle compensations of the torso are formed;

2.Muscle activity normalized;

3.The functions of physiological systems and organs were normalized, and the Reserve capabilities of the organism were increased;

4.A modular system has been developed to restore vital movements and skills;

5.Movement qualities: a set of exercises aimed at the development of strength, agility, speed, flexibility, endurance was developed and based on experience;

6.Self-service and exercise skills were formed.

The following private tasks were solved: 1.In order to correct the impaired functional system of the organism, module exercises were introduced, which were selectively directed to the damaged part of the spine and the entire musculoskeletal organs; 2.Muscle activity was normalized. The base movement apparatus was studied using the Reserve Index – the Robinson index for a qualitative assessment of the energy potential of the damaged student body. It was used to assess the level of exchange and energetic processes that take place in the body. The Robinson index moves the systolic work of the heart. The higher this indicator is at the height of the physical load, the better the functional capacity of the heart muscles. This allows the indicator to indirectly reflect on the oxygen need of the myocardium. [6,16,26,36,46,56,66,76,86,96]

To calculate the Robinson index, it is necessary to determine the number of cardiac contractions of a person and the indicators of systolic arterial pressure. The Robinson index is determined using the following formula: $I = \frac{\text{YQSx AB}_c}{100}$

In this place:

I-Robinson index, YQS – the number of contractions of the heart, ABc – arterial systolic pressure.

Table 1

Evaluation table.

Status assessment	Robinson index
Excellent! The functional reserve of the cardiovascular system is excellent.	69 and below
Good! Functional reserve of the cardiovascular system in moderation.	70 – 84
Average! Mukin to say that there is a lack of functional reserve of the cardiovascular system.	85 – 94
Bad! There are symptoms of a violation in the control of the activity of the cardiovascular system.	95 – 110
Very bad!	110 and higher

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The activity of the cardiovascular system is impaired.

Organization of research. The study was carried out from March 2022 to December 2022 in the field of sports activity (adaptive physical education and sports) training in the science of improving the sports pedogogical skills of students of the specialty. This study is fully suitable for all age categories.

Table 2

Primary results of assessment of the energy potential of the organism of students with damage to the musculoskeletal system

	Boys			
	YQS	ABc	Robinson index	Index assessment
Si.U.	72	110	79,2	meyorida
Ah.O.	74	120	88,8	There is a shortage in YQTT
Er.Q.	78	130	101,4	There is a shortage in YQTT
Ar.A.	70	115	80,5	meyorida
Er.S.	68	120	81,6	meyorida
Tu.M.	74	125	92,5	There is a shortage in YQTT
Er.H.	76	110	83,6	meyorida
Esh.A.	76	120	91,2	There is a shortage in YQTT
No.Z.	74	120	88,8	There is a shortage in YQTT
Ha.J.	76	130	98,8	YQTT activity is disrupted
$\overline{X}$	73,8	120	88,64	There is a shortage in YQTT
Δ	3,04	7,07	7,5	

According to the results of the study conducted, the following results were recorded in students with damage to the musculoskeletal system: in boys, normative results according to the index assessment were recorded in 40% of students under the Robinson index, while in 40% of students there were deficiencies in the cardiovascular system. Another 20% of students, on the robinson index, were found to have symptoms of a violation in the functioning of the cardiovascular system. This requires an individual differentiated approach, so that the training cannot be given the same load for all students.

Table 3

Students with damage to the base movement apparatus energiyapin competent springsteen bracelet results

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	Girls			
	YQS	ABc	Robinson index	Index assessment
Er.M.	74	110	81,4	meyorida
Ho.N.	76	115	87,4	There is a shortage in YQTT
Nu.A.	76	115	87,4	There is a shortage in YQTT
Qo.S.	74	120	88,8	There is a shortage in YQTT
Ma.Sh.	76	120	91,2	There is a shortage in YQTT
Mu.T.	78	130	101,4	YQTT activity is disrupted
Mu.D.	70	125	87,5	There is a shortage in YQTT
Ru.I.	76	120	91,2	There is a shortage in YQTT
At.G.	78	130	101,4	YQTT activity is disrupted
Su.G.	72	120	86,4	There is a shortage in YQTT
$\overline{X}$	75	120,5	90,4	There is a shortage in YQTT
δ	2,5	6,4	6,4	

In girls, however, it was found that these indicators are at the level of demand in girls, where the regulatory requirements are only 10% of students. The remaining 70% of student girls were found to have deficiencies in the cardiovascular system. As a result of limited mobility, it was observed that 20% of student girls have symptoms of a violation in the functioning of the cardiovascular system. This, firstly, is a negative state for the health of student girls, and secondly, when performing exercises, it causes various stresses in the body's systems. Especially this condition is very dangerous for the future activities of girls.

The teacher should know in what position the patient will be engaged in the case of compensation or its violation. Compensation will depend to a large extent on the quality of the prosthesis. If this is well adapted, an even load falls on the blunt leg, resting on its end. Usually, after constant loads, there is a complaint of exhaustion, pain rarely occurs. [9,19,29,39,49,59,69,79,89,99,100]The place where it is cut and Blunt is moderately dry, the skin is of a natural color. It is impossible to use a prosthesis in case of violation of compensation, the place where the incision is blunt is slightly wrinkled, rapid exhaustion is annoying, from time to time there is pain in the blunt place, false pain, restriction in movements and pain in healthy limbs, pain in the spine. A person whose lost movements are sufficiently compensated can be engaged in the types of physical activity that he likes.

In a knee joint amputation, a person's functional indicators are reduced by 70%, and in the absence of a calf-tavon joint-by 40%. The strength of the muscles located above the cut site decreases, contractures develop. An imbalance of muscles, a shift in the center of mass, a tilt of the transverse section of the spine from the amputated side of the pelvis uneven distribution of mass on the legs over

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time leads to the development of distortion processes in the amputated and supporting leg joints, spine, as well as a violation of the movement style of walking. [5,15,25,35,45,55,65,75,85,95,]Usually, complications of amputation diseases of the joints of the legs of the spine are flat heels, which are accompanied by pain and prevent walking on the prosthesis.

In our study, without changing the structure of movement in the development of physical qualities, (V.M.According to Dyachkov) we carried out with an interconnected method of exercise, with additional loads that allow stimulation.[7,17,27,37,47,57,67,77,87,97]

We also used the M'oriy exercise method: the one-norm method. Its feature is that in its application, those who practice the exercise continuously, with a relatively constant intensity, maintaining the speed of sharpening, the pace of work, the size and amplitude of movements was carried out. There are also 2 options for this method: long-term one-norm training (helps to improve endurance exercises in the aerobic component) and short-term one-norm training (applied in the development of endurance in the aerobic-anaerobic component). The one-norm method was mainly used in cyclic exercises (running, swimming). With this method, the following tasks are solved: general and special endurance, increasing the frugality of actions, educating volitional qualities.

Module 1.

Aimed at developing balance storage. 1. PS (within 10 seconds) and counting breathing (within 10 seconds). 2. Arm-mutual stroking of the legs (10). Walking is his various manifestations (slow, fast, with a clap, jumping, moving hands, head, legs).

Standing up to 5 seconds with the second leg, stretching one leg forward, to the side, back – freely move the arms, transfer to the side, forward, put on the waist, transfer behind the head. 900 to 3600 turns in a standing position on one leg, swinging one leg and one hand in all directions, at the ends of the legs, on one leg, maintaining balance. On one leg after a quick stampede from a short distance, the balance is kept at a standstill. Sitting, forming a high angle from the lying position on your back. Moving the opposite legs and arms while lying on the arms with a rise. Walking on squares drawn in different directions. Maintaining balance while standing: playing ball while standing on one leg; standing on one leg and doing various exercises with hands. Keeping balance standing: playing the ball above with the hand while standing on one leg.

These exercises were used to create a functional foundation for the purpose of specialized development of physical qualities and to accelerate the recovery processes in the body of those involved in active rest, movement loads, to eliminate one normality of training. [4,54,67,70,88]

Module 2.

The station (circle) forms a interconnected system according to the orientation of the exercises in order and allows you to maintain clear norms of loading.

Breathing exercises.

In a lying position on the back, one hand is on the chest, breathing with the diaphragm , working the abdomen, and then— exhaling by pulling the abdomen. In a lying position on the back, hands on the abdomen, pulling the abdomen, breathing through the chest and holding it for as long as possible.

Simultaneous breathing with 1-2 diaphragms and chest in a sitting position, 3-4 exhalations lowering the chest, pulling the abdomen.

1.PS counting (within 10 seconds) and breathing (within 10 seconds).

2.Arm-mutual stroking of the legs(10).

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3.Walking is his various manifestations (slow, fast, with a clap, jumping, moving hands, head, legs). 4.Explanation of the rule of operation on the circulation system (system in pairs). Each station has its own task.

5. Transfer the ball from behind the head with both hands in a pair from above (5 m from each other.lik at a distance).

6. Transfer the ball to the partner with the outer side of the leg (from the pass). Sitting back and playing a football copto with legs between partners. Keeping the shoulders facing each other, holding the arms at the elbow, pushing the partner out of the line.

7.At each station they work from 130 seconds with the transition to another.

8. Walking and running at different speeds.

9. Action game "Jump Rope with a ball". One in the center of the circle. Turns, the rest jump.

10. Breathing exercises and slow walking with attention.

11. PS and counting breathing.

Ending the lesson.

12. PS after 10 after the lesson and counting breathing. For 9 months, training was organized on the basis of 20 modules developed in the module system and re-studied the Reserve capabilities of the organism.

Table 4

The results of the final assessment of the energy potential of the organism of students with damage to the musculoskeletal system (boys)

	YQS	ABc	Robinson index	Index assessment
Si.U.	70	110	77	meyorida
Ah.O.	68	110	74,8	meyorida
Er.Q.	78	120	93,6	There is a shortage in YQTT
Ar.A.	70	115	80,5	меъёрида
Er.S.	68	120	81,6	меъёрида
Tu.M.	74	115	85,1	There is a shortage in YQTT
Er.H.	72	110	79,2	meyorida
Esh.A.	76	120	91,2	There is a shortage in YQTT
No.Z.	68	120	81,6	meyorida
Ha.J.	72	120	86,4	There is a shortage in YQTT
$\overline{X}$	71,6	116	83,1	meyorida
δ	3,5	4,5	5,9	
%	2,9	3,3	6,2	

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According to the final results of the study carried out, the following results were recorded in Ampuntant students: according to the Robinson index in boys, normative results were initially recorded according to the index assessment in 40% of students, in the end, normative results according to the index assessment were recorded in 60% of students. In the initial study, 20% of students were found to have symptoms of impairment in the functioning of the cardiovascular system, while according to the final results, symptoms of impairment in the functioning of the cardiovascular system were not observed in any student. This shows the effectiveness of the methodology chosen for training. Only 40% of students were found to have symptoms of insufficiency in the cardiovascular system.

Table 5

Final results of assessment of the body's energy potential of students with damage to the musculoskeletal system (Girls)

	YQS	ABc	Robinson index	Index assessment
Er.M.	72	110	79,2	meyorida
Ho.N.	74	110	81,4	meyorida
Nu.A.	76	115	87,4	There is a shortage in YQTT
Qo.S.	72	110	79,2	meyorida
Ma.Sh.	76	120	91,2	There is a shortage in YQTT
Mu.T.	76	130	98,8	There is a shortage in YQTT
Mu.D.	70	115	80,5	meyorida
Ru.I.	76	110	83,6	meyorida
At.G.	76	130	98,8	There is a shortage in YQTT
Su.G.	72	120	86,4	There is a shortage in YQTT
$\overline{X}$	74	119,5	86,6	There is a shortage in YQTT
δ	2,3	6,4	7,4	
%	1,3	0,8	4,6	

In girls, however, it was found that these indicators are at the level of normative requirements in the end 50% of students, if only 10% of the normative requirements coincided in the initial results. At the beginning of the study, 70% of students were found to have symptoms of insufficiency in the cardiovascular system, while in the end this figure was 40%. As a result of limited mobility, 20% of girls experienced symptoms of a violation in the functioning of the cardiovascular system. We considered that this situation first showed that the chosen methodology should be continued for a long time, and secondly, not all classes were fully attended by students and were engaged independently.

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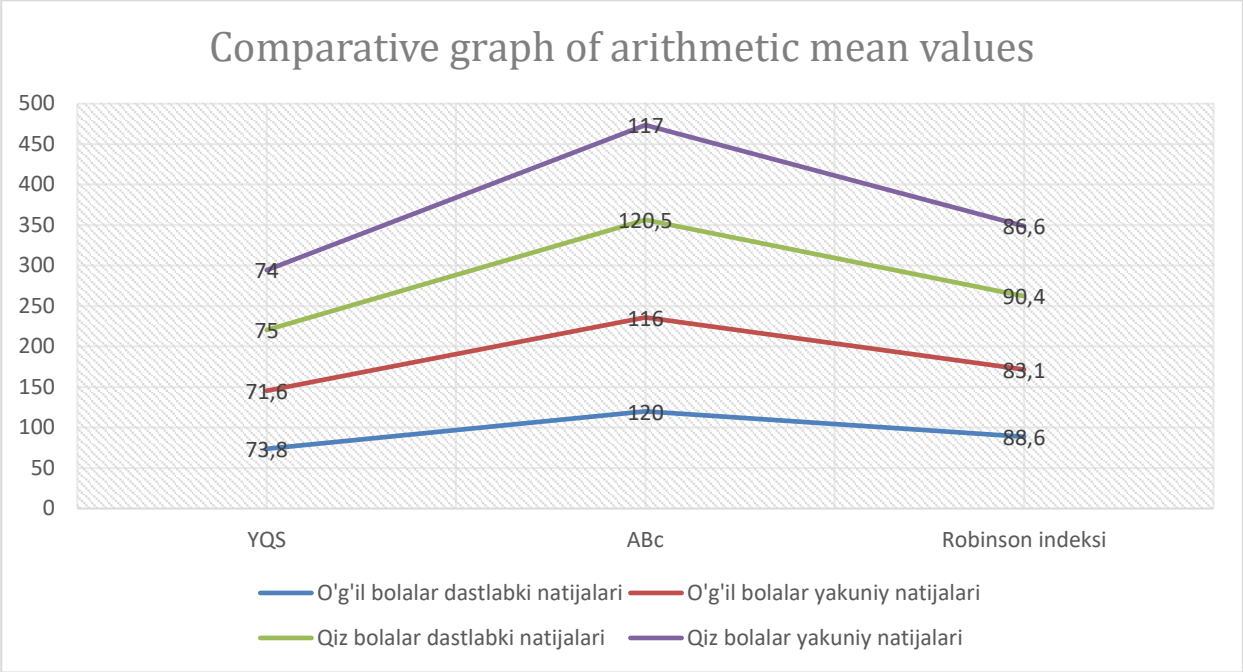
1-diagram



As can be seen from this diagram according to the results of a study on the Robinson index: the average arithmetic value of yux in boys was 73.8 at the beginning of the study, at the end of the study it was 71.6, in girls it was 75 before the study, at the end of the study it was 74. The average arithmetic indicators for ABS (systolic arterial pressure) indicators were 120 in boys at the beginning of the study and 116 at the end of the study. The girl was 120.5 at the beginning of the study in children, while she was 117. At the beginning of the study in boys according to the Robinson index was 88.6, at the end of the study was 83.1. This corresponds to the regulatory results on the index price. At the beginning of the study in girls children was 90.4, at the end of the study was 86.6. This index assessed the level of exchange and energetic processes that take place in the body, moving the systolic work of the heart.

Conclusion. The results of the tests carried out to assess the energy potential of his body, provided the possibility of normalizing the loads in training above all, but on the other hand, he moved the potential for movement. The final results of the assessment of reserve indicators of the energy potential of the organism of amputee students in boys according to the Robinson index were initially recorded in 40% of students according to the index assessment, in the end, the normative results according to the index assessment were recorded in 60% of students. In girls, however, it was found that these indicators are at the level of normative requirements in the end 50% of students, if only 10% of the normative requirements coincided in the initial results.

In the study, the activities carried out with students with damage to the musculoskeletal system were aimed not only at fulfilling the regulatory requirements presented in the program, but also at improving the proportionality between the systems of the organism and increasing the possibilities of movement.

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The results of a scientific study carried out in Ampuntant students show that the results of a study on a modular system aimed at developing their physical qualities improved by 2.8 seconds, which was R<0.05 in terms of the degree of reliability.

The exercises chosen for the training not only served for physical development, but also served to improve the performance of the heart. Taking these into account, it was found that activities carried out with students with physical disabilities had a positive effect on improving the proportion between the body's systems and increasing the possibilities of movement.

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