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ACTION - DEVELOPMENT OF CORRECTION OF SPEECH DEFICITS IN PRESCHOOL CHILDREN WITH INJURIES OF SUPPORTING ORGANS (BTSF)

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Abstract:
The peculiarity of cognitive, speech and motor development of preschool children with motor impairment leads to persistent disturbances in their communication and difficulties in using verbal and non-verbal communication. Study of the state, features of formation and dynamics of verbal and non-verbal communication in preschool children with movement injuries.
Speech disorders occupy the main place in children of preschool age with injuries of movement-supporting organs. 80% of speech disorders in children are caused by injuries of the motor-supporting organs. Specific aspects of speech disorders are determined by the degree of damage to the brain. In these children, along with damage to some brain areas, secondary underdevelopment or malformation of the cortical part of the brain is also shown. These are ontogeneti cally young sections of the brain, which are important in the formation of mental and speech activity in humans. Late speech development in children with motor impairment (BSF) is not only a slow formation of the cerebral cortex, but also a lack of practical activity and environment. it also occurs due to a lack of knowledge and understanding of the environment. Miseducation speech complicates the development. In the first years of life, these children are in various medical institutions, and if pedagogical work is not well paid attention to, the child's speech can be developed. In addition, children's being away from their mothers is a negative emotional state, and the inability to teach them in a new environment has a negative impact on speech development. At home, adults take great care of the child. It hinders the development of the need for activity and verbal communication in children. Pathology of movement plays an important role in the pathogenesis of speech disorders in children with motor-support organs. It is important to understand the clinical and pathogenetic commonality of speech and movement disorders when organizing speech therapy work with these children. The peculiarity of motility disorders in children with motor-support organs injuries is not that voluntary movements are not formed, but that simple congenital movement automatisms are preserved. In normal development, these reflexes appear at the age of two months. Manifestation of the tonic labyrinthine reflex is seen in the lack of tone of the flexor muscles in the child's lumbar area. His head is bent back, his neck and

articulatory muscles are tensed, his legs and arms are extended, such a child cannot raise his head or does it with difficulty, cannot turn around. When he is lying on his stomach, his flexor muscles are toned, so he cannot lift his head. In the manifestation of the symmetric neck tonic reflex, the muscle tone changes depending on the position of the child's head. Asymmetric neck tonic reflex is manifested by an increase in the tone of the muscles that straighten the arm and leg on the same side when turning the head to one side. When carrying out speech therapy work with such children, it is necessary to take into account that the tonic reflex affects the muscle tone of the articulatory apparatus. The tonic labyrinth reflex increases the tone of the tongue root muscles. In the symmetrical tonic reflex, the tone of the tip and side muscles of the tongue increases. It is difficult to make a sound, breathe, voluntarily open the mouth, and move the tongue forward and up. In the asymmetric neck tonic reflex, the tone of the speech muscles increases: the tonus increases oppositely to the direction the child is turning his head. One of the specific aspects of articulatory motility disorders in children with motor-support organs injuries is a delay in the redevelopment of key reflexes associated with oral automatism: these are sucking, swallowing reflexes, biting, etc. Manifestation of these reflexes prevents the development of voluntary articulatory efforts. Organic damage to the speech-movement analyzers leads to a violation of the articulation of speech sounds, voice, breath, tempo and rhythm of speech, intonation. Phonetic-phonemic disorders are the leading ones. These are the characteristics of dysarthria in children with motor-support organs injuries, which is manifested in the effect of tonic reflexes on speech muscles. This requires conducting the speech therapy work in its own way.

Logopedic work is carried out with the child in such a position that tonic reflexes almost do not affect speech motor skills. This situation requires the cooperation of a speech therapist and a neuropathologist. If the child is sitting during the speech therapy session, it is necessary to pay attention to the movement of the head: the head should not fall to the chest, should not tilt around, should not move back, should stand in the middle line. If necessary, the head is held using a special device. During the training, the mirror and the speech therapist's face should be located in the child's eye line. After choosing the necessary position for the child, the massage is carried out, then the articulatory musculature gymnastics. Specific aspects of dysarthria in children with injuries of locomotor organs are general and speech motility disorders, different forms of dysarthria, and certain forms of children with injuries of locomotor organs. It is an important task to relax the general muscles and reduce the tone of the speech musculature during the preparation period. In spastic diplegia, pseudobulbar dysarthria is observed in 80%, and in hemiparitic form in one third of patients (30-

35%). The hyperkinetic level of children with injuries of locomotor organs is related to injuries of subcortical parts of the brain.

Disturbances in general and articulatory motor skills are manifested in the following: changes in muscle tone (dystonia), involuntary movements, lack of character in the act of movement and speech. Disadvantages in the prosodic aspects of speech are evident. The ability to maintain the necessary situations is disturbed in the speech motor as well as in the motor of the movement. The lack of movement and the movement of the speech can be difficult due to the tonic spasms spreading to the articulation, breathing muscles, laryngeal ligaments. .In the atonic-atactic form of BSF, there is damage to the cerebellum and its areas connected with other brain systems, especially the frontal sections of the large hemispheres. Disruption of general and articulatory motility is manifested in weakness of muscle tone, loss of accuracy of movements, and disturbance of rhythm. Cerebral dysarthria is observed in this form of BTSF. Its purity is 70-75%. The most severe form of BSF is bilateral hemiplegia. In this case, injuries of large semi-forms are observed. In this case, the movements of the legs and arms, and more so the movements of the hands, are impaired. Static and locomotor functions are absent in children. Speech disorders are manifested in the severe form of iseudobulbar dysarthria, sometimes in the form of anarthria, and in some cases in the form of bulbar disorders. In some cases, it is possible to observe the co-occurrence of different forms of BSF in the child. In such cases, mixed forms of dysatria can be observed. It is necessary to determine the initial type of speech defect together with a speech therapist and a neuropathologist.

In dysarthria of BSF, the main feature is underdevelopment of kinesthetic perception. In this case, the child performs movements with difficulty and in a limited way, feels the movement of arms and legs, the movement and position of articulating organs.This causes the appearance of articulatory and general dysproxia, which makes it difficult to perform goal-directed actions and increases the distortion of the pronunciation of sounds. The purpose of logopedic work at BSF is to develop the sense of articulatory position and movement. To improve the perception of articulatory movement, exercises such as observing movements with open eyes using a mirror and noticing movements with closed eyes are used alternately.

The connection between speech and gross motor impairment in BSF is also reflected in the fact that complex impairments in articulatory motor function lead to impairment of hand movement functions.The relationship between speech and hand movements was determined by V.M. Bekhterev, who showed that the development of hand movements affects the development of speech. The research conducted by M.M. Kol'tsova shows that the movement of the child's fingers affects the formation of the

central nervous system and affects the rapid development of the child's speech.These data show the necessity of joint development of the child's hand and general motor skills with logopedic work. In BSF, when children with dysarthria perform various actions, increased muscle tone in the general and speech musculature is one of their painful symptoms. During training, the child is not required to exert excessive force. Because this can lead to an increase in muscle tone and an increase in voice pronunciation disorders. Various breathing exercises are recommended for the development of speech breathing. But these exercises are not always useful for children with musculoskeletal injuries. Because they may overexert themselves in this exercise. This can increase overall muscle tone.

Disruption of articulatory motor skills in BSF not only complicates the formation of the pronunciation side of the child's speech, but can also lead to secondary impairment of phonemic perception. This leads to a violation of the sound analysis of the word and the sound-syllable system in the child. However, not all children have the same difficulty in learning the sound structure of a word. Some children have difficulty separating words into separate sound elements, while others can use simple forms of sound analysis (with). Often, their difficulties in sound analysis of words are manifested in the incorrect pronunciation of sounds. Long last, in rare cases, children may have difficulty analyzing the sound of words and mispronouncing sounds. This requires a differential approach to overcoming phonetic-phonemic disorders in children. During special training, children are taught to distinguish similar objects, their main characteristics (the difference between a truck and a car), and to group objects according to their purpose. It is necessary for the child to actively seek to form practical actions of the subject from the early stages of his life. We emphasized that speech therapists should involve the child's mother in games that she can play with the child, and in the process of giving advice, her speech will develop somewhat.Work on the formation of the dictionary is carried out step by step. At the first stage, children are introduced to the objects with their image and the work done with them. The important direction of logopedic works on the study of the word as a language unit and especially its multiple meanings is of great importance. In order to successfully form grammatical knowledge and skills in children with musculoskeletal injuries, we emphasized the need to approach their mental and speech development in a complex way. The first mechanism is the gradual development of stereotyped forms of conditioned communication. The second mechanism is the immediate development of conditional connections. It consists in the organization of conditional connections of the forehead plastic system, in which the forehead associations of the cortex play a leading role. In children, these specific difficulties are manifested in the

fact that they cannot associate the word with its sound and articulation when they see a word, and they do not develop visual-motor coordination. The child cannot keep track of the writing hand movements, which makes it difficult to add words, as a result of which words and syllables are replaced, omitted, and in some cases, one word or syllable is repeated several times. In order to prevent dysgraphia, we consider it necessary to develop all aspects of early speech, visual and auditory perception, and visual-motor coordination.

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