

ASPECTS ABOUT THE RECOVERY OF THE AUTIST CHILD THROUGH KINETIC AND LUDOTHERAPY RESOURCES

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Abstract:

“Autism” is a linguistic label; a name for a mental disorder that appears very early in human development and affects the most basic skills such as: communicating and human interaction.

Autism is the most common pervasive developmental disorder (ASD). It presents itself as a global disease that affects skills and deficits that range from one person to another. Autistic people present an individualized combination and distinctive needs and qualities. Autism is the most severe development disorder that causes disorders in three main areas: communication, behavior and social interaction.

Ludotherapy is a form of available activity that solves one or more therapeutic tasks through the exercise of complex movements, stimulating game features playing sports or handling simple objects. Playing causes children with disabilities the training and development of spontaneous motor acts that they can't do voluntarily or on demand.

Introduction

The word autism comes from the greek “autos” that means himself or own self. It can be said that the autist is a person torn from reality, no objectivity, no sense of communicative, often taking refuge in a world of inner subjective tightly dominated by images, symbols, ideas and feelings without the real support .

.The term was introduced into psychiatric practice, by the German psychiatrist Eugen Bleuler in 1911 in association with schizophrenia. In a period of one year during the 40s, the publications of American pediatrician Leo Kanner and Austrian Hans Asperger, described children presenting severe social problems: they seemed indifferent or too attached to their relatives and preferred non-animal world and

loneliness. Most important in this story is that two professionals have chosen the adjective "autistic" to describe this picture of social disinterest, borrowing the term used in psychiatry by Bleuler, in which he described the intense moments of withdrawal of schizophrenia. It is gradually during the second year and becomes evident for 2-3 years.

Then we can observe alterations in social interactions leading to isolation. The child can manifest refusal or runs away from eye contact, facial expression does not modulate mimic and not depending on the situation, and no tonic-postural dialogue.

Points of interest are restricted and stereotyped towards motor habits or bizarre objects: stereotyped mechanical and repetitive (beatings and twisting of arms, rocking, walking on the tops of feet, swirling like a spinning top, complex movements of the body), use of certain objects (stones, wire, pieces of toys), or changed use (a car wheel spinning forever), interest for a limited aspect of the objects (eg, smell of scent associated with the behavior, attraction to vibration or noise that reproduces indefinitely).

There are currently several hypotheses and theories that try to find a determining factor in infantile autism: theory psychogenetic, cognitivist theories, theories of ethological, psychodynamic theories, organic theories. But until now no etiology could not be affirmed as to the origin of all specific syndromes. It is considered that each of them can be the basis of this disorder.

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Although there is currently no pharmacological treatment for autism, physical therapy recovering autistic child behind. Recovery is a priority educational-therapeutic claims for full employment register motor actions and adapt to the particularities of each child means used an adaptation of behavior causing children to social reality.

Methods and materials

Research methods used:

Observation (physical examination)

- scientific research takes place from direct contact with reality;
- observation allows the researcher to draw some remarkable facts, knowledge of the facts leading to a particular hypothesis;

- observation is defined as a process of scientific knowledge, consisting in contemplation methodical and deliberate, relying on a specific purpose;
- by nature, observation is a method of finding and exploring those observed by previous knowledge mobilization;

Survey method (*history*)

Survey methods have gained great prestige in recent years, largely due to development of social science inquiry and education. They received, at the same time, a good grounding methodological rigor embodied in establishing the conditions of use of sampling, from techniques and interview application, data processing and presentation.

The surveys consist in questions asked to respondents and aspect their active cooperation to be successful. The information is provided by the individuals.

Survey methods have the particularity that replace the real experience of observing the mental conditions of the subject.

Case study

The case study method has become an object of a descriptive research (individual, program, institution, organization, situation, etc..) Applying the techniques of observation, collect the informations in the field, interview, survey documents, personal journals, reports etc friends.

In fact, the case study consists in studying one subject, and may serve to increase the knowledge and elaboration of new hypotheses.

The purpose of the method is to determine unique characteristics of the subject or condition and facilitate understanding of similar situation.

Graphical representation method

Constantly graphical representation method developed in conjunction with the statistical method and always came to support the community.

The graphs are constructed in order to facilitate understanding of material presented to illustrate the most suggestive facts analyzed. They are ways of analysis, illustrative means of expressing the results.

Graphical representation is the great advantage that is suggestive and to be clear, it requires accurate and aesthetic design.

The basic conditions of research materials were as follows:

- for the realization of tests were necessary to achieve the following materials: metric tape, paper clips, a deck of cards, three puzzles six, nine and thirteen pieces respectively for the schedule in ADL motor functional level we have worked with the mother's boy using survey and observation method;

- for the games I used certain objects such as: staples, Bobath ball, small ball, clay, puzzles, colors, buttons, etc. household items.

The hypotheses of the research

1.If there is applied an individualized program and staged, then recovery will be functional and faster for the autistic child?

2.If there is applied kinetic and ludotherapy resources on the recovery of the autistic child will be partial or global?

3. If through application of kinetic and ludotherapy resources to children with autism can be obtained:

- Increasing concentration in all educational activities ?
- Improving the visual-manual ability?
- Increasing functionality in ADL?

General Objectives

1. Development the fine motricity of gripping, necessary for self-service and various practical activities;

2. Developing the capacity of perception, orientation and spatial-temporal organization;

3. General motricity development (motor skills and motor skills);

4. Static and dynamic balance education;

5. The education of rhythm and the coordination of movement.

The organization of research

The study was realised at the patient's home over seven months with two one-hour weekly meetings. The place was arranged so that we can afford the proposed gaming activity and rehabilitation program.

At first I conducted social activities and networking for a good collaboration to implement the recovery program. At this stage I noticed certain behaviors and conditions that helped shape the program structured and individualized.

We also conducted some tests from which we obtained the parameters that I have guided to compose exercises.

Kinesytherapeutic Evaluation Paper

Last Name: B.

First Name: V.

Age: 6 years

Sex: Male

Name of the present disease: Infantile Autism expressive language retardation line. Hyperkinetic syndrome. A family history of diabetes and cardiovascular disease.

Table No.1 Kinesytherapeutic Program

Nr. Crt.	Objectives	Position	Games	Dosage	Observations
1.	Obtaining general and muscle relaxation	Prono or sitting	- Balance/rolling on the Bobath ball.	2-3'	We will be constantly talking with the patient, to help him relaxe! As an auxiliary method I used music therapy and aromotherapy.
2.	The education of chest and abdominal respiration	Standing or sitting	-We will ask the patient to blow a bubble using the special vessel. - The patient will blow hard to extinguish the candle. - The patient will look in the mirror and breathe upon it until a mist will be formed.	8x10	
3.	Increasing focus capacity in all educational activities	Standing or sitting	- Let's throw the ball! (we will draw a line from which he will throw the ball) - Let's mold! - Let's hit the target!	8x10 \	The patient will be permanently stimulated and encouraged even if he doesn't hit the target!
4.	The development of imagination and of the creative spirit	Standing at the work table	- Let's draw! - Let's mold! -Let's make a puzzle!	5- 10'	The patient will be supervised, guided and helped only if necessary.
5.	Improving the visual-manual ability	Standing at the work table	- Let's arrange the glasses! - Let's arrange the books! - Let's hit the target!	3-4'	The demands will be clear, precise and firm!
6.	Improving balance and stability of	Siting	- Let's imitate the stork! -Let's jump on the	6x8	The tasks will be prior presented individualy and

	standing on one foot		square! - Let's jump over the obstacle!		than executed together!
7.	Increasing functionality in ADL	Standing at the work table	-Let's dress up! -Let's prepared a snack together!	3x4	The pacient will be supervised, guided and helped only if necessary.

Presentation and Interpretation of the dates

Table No. 2. The values of the tested parameters - Neuromotor tests

Nr. Crt.	Observed parameters	Initial Testing	Final Testing
1.	Fine coordination	Chainig 6 paper clips: he can't do it.	Chainig 4 paper clips.
2.	Arms coordination	- Grabbing with both hands : he can do it. - Grabbing with one hand : he can't do it.	- Grabbing with both hands : he can do it. - Grabbing with one hand : he does it on the second try.
3.	The test of Rey	Thumb and index isolated lifting.	Thumb, medius and index isolated lifting.
4.	Sensorial test	a) moving the books from one package to another: 4'. b)making a puzzle: he managed to put together chaotically 5 pieces from each puzzle	a) moving the books from one package to another: 3'. b) making a puzzle: he puts together perfectly the 3 puzzles.

Table No. 3. The values of the tested parameters – The test of stability

Nr. Crt.	Observed parameters	Initial Testing	Final Testing
1.	The test of stability	Mentains for 10"	Mentains more than 10"
2.	Jump	- on one foot: he can't do it. -on both feet: he can do it.	- on one foot: he only tries. - on both feet: he can do it.

According to the presented tables, I obtain an improving on the fine and arms coordination and on the stability and the sensorial area is more active in diferent activities.

Table No. 4. - The values of the tested parameters

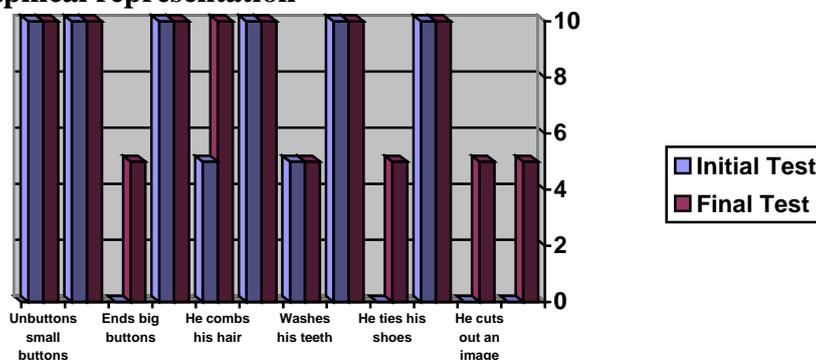
Functional level in ADL-s

Age	Observed parameters	Initial Testing	Final Testing
3-5 ani	Unbuttons small buttons	10	10
	Pulls his soks	10	10
	Ends big buttons	0	5
	He pours from the bottle	10	10
	He combs his hair	5	10
	Washes his hands	10	10
	Washes his teeth	5	5
5-7 ani	He uses the knife	10	10
	He ties his shoes	0	5
	He holds a cup full of water	10	10
	He cuts out an image with the scissors	0	5
	Writes	0	5

* According to „stroke scale” from the Barthel test , the values 0, 5 și 10 have the following connotation :

- 0- he doesn't make the action;
- 5- he performs half a movement/ with help;
- 10-he performs well.

Graphical representation



Conclusions and proposals

Following the implementation of the recovery program we have obtained improvements in the motor area, the best development for the ADL's. I think they are very useful in functional independence.

I think that an important role in the recovery program has been played by the ludotherapy resources that led to good development of fine motricity and gripping, necessary for self-service and various practical activities.

Also the kinetic resources had an important role in contributing to

the recovery of general motricity (driving skills and driving skills) and education of static and dynamic balance.

For the maintenance of the results, I suggest that the recovery program should be continued indefinitely and continuously both with the participation of the child's parents.

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Titlu: Aspecte privind recuperarea copilului autist prin mijloace kinetice și ludoterapeutice.

Cuvinte cheie: autism, recuperare, ludoterapie.

Rezumat: „Autismul” este o etichetă lingvistică; un nume pentru o tulburare mintală prezentă de foarte timpuriu în dezvoltare, și care afectează cele mai bazale abilități ale unei persoane: cele de a comunica și interacționa cu ceilalți oameni.

Autismul este cea mai răspândită dizabilitate din cadrul grupului de tulburări pervazive de dezvoltare (TPD). Se prezintă ca o afectare globală care cuprinde abilități și deficite ce variază de la o persoană la alta. Caracteristicile comportamentale și deficiențele mentale diferă și ele de la o manifestare de nivel mediu la una foarte severă. Persoanele cu autism prezintă o combinație individualizată și distinctivă de nevoi și calități. Autismul este cea mai severă dizabilitate de dezvoltare care determină tulburări în trei sfere principale: comunicare, comportament și interacțiune socială.

Titre: Aspects sur le recouvrement des enfants au moyen de ressources autist cinétique et ludotherapy.

Mots-clés: autisme, la récupération, ludotherapy.

Résumé: «Autisme» c'est un label linguistique, un nom pour un trouble mental présents très tôt dans le développement, et affectant la capacité de base d'une personne: la communication et l'interaction avec les autres.

L'autisme c'est le handicap le plus courants dans le groupe des troubles envahissants du développement(TED). Se présente comme un dommage global qui inclut les compétences et les déficits allant d'une personne à l'autre. Les caractéristiques comportementales et déficiences mentales aussi ils diffèrent d'un manifestation de moyenne niveau à une de très grave. Les personnes atteintes d'autisme ont une combinaison individuels et distinctifs de besoins et de qualités.

L'autisme est le handicap le plus grave du développement qui causent des troubles dans trois domaines principaux: la communication, le comportement et l'interaction sociale.

ANNEX



