

METHOD OF RECOVERY OF CHILDREN WITH DISABILITIES MULTIPLE /ASSOCIATED

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Key words: children, multiple disabilities, motor skills, cerebral palsy, complex pedagogical rehabilitation.

Abstract

Skills training needs of the child with multiple disabilities in the recovery process complex was phased in continuity, succession and complexity. We used various psycho-pedagogical methods.

The place was CSEI Suceava, from which to choose a group of children with multiple children (3-7 years).

In general, differences in morphofunctional development of children and their peers healthy polihandicap are essential and doubtful. Instead dynamic indices of physical development in children polihandicap indicates persistence of unfavorable trends.

One of the most important factors and natural development of the child's education during preschool age is the formation of self-service skills. Consequently, we to give a new found confidence and the fact that hard work with preschoolers who have intellect unaffected, but that support various forms of polihandicap, results, virtually all cases, the expected result - self-service skills training necessary.

Introduction

Increasing attention to the problem of training children with serious disabilities, has become one of the contemporary trends of special pedagogy. Numerous investigations have concerned various aspects of the problems children with cerebral motor infirmity. (C: Paunescu, Em. Verza, V. Preda, N: Bucun, NGAverkin, NMMahmudova, P: D: Babencova, etc.).

Some authors have addressed various issues of working families with children with disabilities and family with defective child.

Many parents meet with serious deficiencies in their children early in life, seek help from doctors and not only is designed for teachers. Thus, children pass the required treatment in hospitals, where subject to maternal deprivation, prolonged culture, which acts detrimental to the

development sphere emotional, intellectual child. Where time is aimed at teachers always achieve a good result.

Lack of investigating issues of concern, the need for a complex system effective pedagogical and medico-social assistance granted multiple disabled child and his family are a stimulant and impetus for many theoretical and practical research. Thus, it requires the following scientific question: developing a complex system of pedagogical support given to children with multiple disabilities.

Research goal is the specific peculiarities of development of school age children with multiple disabilities, developing a proper pedagogical rehabilitation of persons with multiple disabilities.

Subject research is to support the pedagogical school age students with multiple disabilities trained auxiliary school.

As **subjects** served multiple handicapped children school age.

Research objectives:

▶ Study of theory and practice, pedagogical assistance for children with multiple disabilities;

▶ Assessment of psychomotor development of children of school age with severe multiple disabilities;

▶ Appreciation of the efficiency programs proposed pedagogical activities in practice working with small schoolchildren with different forms of mental disability and cerebral motor disability, Down syndrome.

▶ Determination of pedagogical assistance to children with multiple disabilities.

Hypothesis: Training skills needed child with multiple disabilities in the recovery process will be complex if possible compensatory development intervention will be made early in May, when conducting pedagogical stages of recovery will be in continuity, succession and complexity.

Research methods

The complexity of the study was determined by using various methods psycho-pedagogical research, appropriate to achieve theoretical objectives:

▶ Study of literature in the investigation;

▶ Analysis of student documentation (medical records);

▶ Home visits;

▶ Interview with parents and school teachers;

▶ Pedagogical methods;

- ▶ Pedagogic experiment;
- ▶ Quantitative and qualitative analysis of experimental data.

Experimental basis: Centre for Inclusive Education School Suceava, Romania, (2010 - 2011)

Beneficiaries: children with multiple deficiencies (3-7 years).

Organization of research:

Research was conducted during teaching practice (2010 - 2011) School Center for Inclusive Education Suceava, Romania, where children learn associated defects (impaired mental and cerebral motor disability, Down syndrome, oligophrenia). In the active center in 2004 as a special education teacher. It was researched and introduced experience good practices in inclusive education in Romania and Moldova.

Characteristic physical development of children with multiple disabilities (polihandicap)

Anthropometric indexes of preschool children polihandicap.

We studied experimentally, widely accepted evidence of man's physical development - height, weight and chest area - the children from 3 to 7 years with polihandicap and I approached the plane compared with normal physical and mental development.

Tab. 1 – Dynamics of physical development of preschool children suffering from polihandicap

Age (years)	Indices of physical development of children and the healthy polihandicap				
	Children polihandicap			Healthy children	
	Height (cm)	Weight (kg)	Thoracic perimeter	Height (cm)	Weight (kg)
3	91,8	14,0	52,0	96,7	15,2
4	105,0	16,4	55,7	101,1	16,3
5	107,4	17,3	53,6	108,7	17,9
6	118,2	23,2	56,8	111,5	18,6
7	114,9	21,1	54,5	125,1	23,2

Comparing the indices of physical development of children with polihandicap with those of healthy children the same age with them, we can conclude that the certificates are essential differences, uncertain (Table 2.), But tend to change their children are polihandicap evidence of adverse changes. Thus, in children 6 years of body weight, compared

with healthy children, is higher by 6%, and the length of the lower body and chest area corresponding to 1% and 2%.

Tab. 2. Minimum sizes, medium and maximum height of preschool children with polihandicap

Body length (cm)	Age (years)				
	3	4	5	6	7
Minimal	87	98	102	102	75
Medium	91,8	105	107,4	118,2	114,9
Maximum	98	118	114	126	124

Tab. 3. Change indices of physical development of children from 6 to 7 years

Sample	Indices		
	Height (cm) chest	Body weight	Perimeter
Children polihandicap	-3,3	-2,1	-2,3
Healthy	+5,6	+2,7	+4,6

If the healthy children over 1 year, from 6 to 7 years, increased body length 5.6 cm, then increase this index in children polihandicap was not recorded, but rather the index, the group children examined decreased by 3.3 cm.

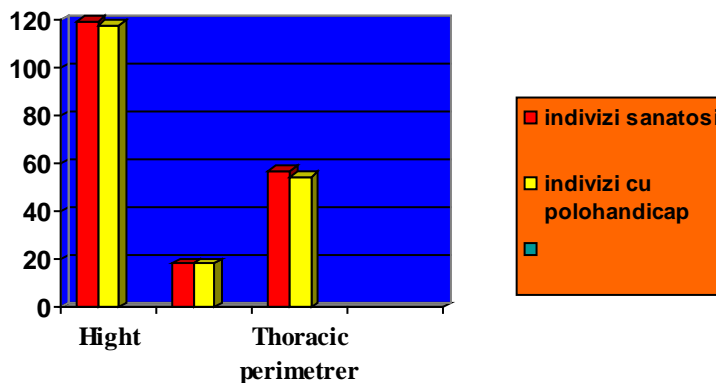


Fig. 1 Physical development of children with polihandicap

The specificity of these changes in somatosensory-metric sizes is put in touch - and we have solid evidence - the particular regime of both groups of children motor. Healthy children age close to the school more time mobile gaming, diversity of which is growing every year. But polihandicap children, during the preparation for school, are trained usually in capacity building activities of knowledge. Because the motor activity of children with polihandicap is reduced, which adversely affects their physical development.

Motor skills of preschool children with polihandicap

One of the most important skills of preschool children with polihandicap is made up of agility movements.

Tab. 4. Active mobility of the scapular-humeral joint (in degrees) in flexion hands preschoolers suffering from polihandicap and cerebral motor infirmity.

Age (years)	Forms of cerebral motor infirmity polihandicap				
	Spastic diplegia	Atonico-astatic	Hemiparesis		Mixed
			Unaffected hand	The affected hand	
3-4	163	175	164	85	160
5	164	175	165	85	163
6	165	174	165	60	100
7	160	171	160	56	168

Tab. 5. Active mobility of the scapular-humeral joint (in degrees) to the extension arms preschoolers suffering from polihandicap and cerebral motor infirmity

Age (years)	Forms of cerebral motor infirmity polihandicap				
	Spastic diplegia	Atonico-astatic	Hemiparesis		Mixed
			Unaffected hand	The affected hand	
3-4	37	49	38	30	37
5	37	50	38	30	37
6	38	51	37	30	38
7	37	50	38	30	36

Comparing the indices of mobility scapular-humeral joint and the hip in children sick and healthy, we can find considerable delay of preschool children with normal polihandicap the norm.

Tab. 6.

Age (years)	Forms of cerebral motor infirmity polihandicap				
	Spastic diplegia	Atonico-astatic	Hemiparesis		Mixed
			At the healthy foot	At the foot seem	
3-4	45	30	-	20	40
5	46	40	-	35	41
6	43	42	-	37	43
7	42	40	-	30	39

Tab. 7.

Age (years)	Forms of cerebral motor infirmity polihandicap				
	Diplegia spastică	Atonico-astatică	Hemiparesis		Mixed
			At the healthy hand	At the hand seem	
3-4	-16	+3	-8	-14	-13
5	-15	0	-6	-12	-12
6	-16	+4	-6	-12	-12
7	-13	+2	-5	-14	-11

Tab. 8. Trunk flexion (in cm) in preschool children suffering from various forms of cerebral motor infirmity in polihandicap position before bending the trunk

Age (years)	Joint mobility in healthy preschool children			
	Scapulo-humeral joint mobility (in degrees)		Mobility of the hip joint (in degrees)	Trunk flexion (cm)
	Flexion	Extension	Abduction of the foot	When bending forward
3-4	189	52	55	-8
5	189	54	57	-6
6	190	55	58	-6
7	187	57	60	-5

Rehabilitation program activities consist of two parts. The first section includes activities for developing children's autonomy (personal hygiene, dressing / shoe, food, family, behavior, housing, transport) and

the second part involves psycho-physical development activities. Have been proposed various ways: knowledge development activities, training of proper attire, the running, to walking, throwing, jumping, mobile games, development of precision and coordination of movements. In year two, for example, the exercises were more complicated, depending on age and deficiency as children.

It is a necessity for parents to work and at home with their children. It was found that these families usually have little information on the potential of children, empowerment means and methods that promote child development. Most parents need support in mastering the skills and special techniques to rehabilitate the child, seeking cooperation with fellow experts.

In general, differences in morphofunctional development of children and their peers healthy polihandicap are essential and doubtful. Instead dynamic indices of physical development in children polihandicap indicates persistence of unfavorable trends. Following growth, by age, motor capacity in children polihandicap, we find that the specific changes that occur in normal development to age and motor score improvement actions occurred with low frequency.

Their individual differentiation is extremely high. These indices depend not only on the children's age, but the form and severity of polihandicap, the existence and duration of correctional labor given child.

Confronting the index children suffering from various forms of cerebral palsy, we found that the most successful result to-u got children with hemiparesis.

Children with multiple disabilities in all forms, sharply limiting their ability to maintain stable position on a limited area of support. Spastic diplegia children were not able to maintain balance in "position storks." Best fared children affected by hemiparesis, which maintained "position storks" staying healthy leg.

One of the most important factors and natural development of the child's education during preschool age is the formation of self-service skills.

Consequently, we to give a new found confidence and the fact that hard work with preschoolers who have intellect unaffected, but that support various forms of polihandicapului, results, virtually all cases, the expected result - self-service skills training necessary.

Methodological procedures are adequate training to develop these features. Program requires compliance during rehabilitation regime

spared, where efforts will be well dosed as potential child, shifts in its development and wishes of the parents.

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MODALITĂȚI DE RECUPERARE A COPIILOR CU DEFICIENȚE MULTIPLE/ASOCIATE

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Cuvinte cheie: copiii, deficiențe multiple, abilități motorii, paralizie cerebrală, reabilitarea complexă psihopedagogică.

Rezumat

O atenție crescândă către problema instruirii copiilor cu deficiențe grave, a devenit una din tendințele contemporane ale pedagogiei speciale. Numeroase investigații au vizat diverse aspecte ale problemelor copiilor cu infirmitate motorie cerebrală. Formarea abilităților necesare copilului cu deficiențe multiple în procesul de recuperare complexă s-a desfășurat în etape, în continuitate, succesiune și complexitate. S-au utilizat metode variate psihopedagogice. Locul de desfășurare a fost C.S.E.I. Suceava,

din cadrul căruia s-a ales o grupă de copii cu deficiențe multiple de vârstă mică. Programul activităților de reabilitare constă din două părți. Primul compartiment include activități pentru dezvoltarea autonomiei copilului (igiena personală, îmbrăcare/încălțare, alimentație, familie, comportament, locuință, transport) și cel de-aldoilea compartiment presupune activități de dezvoltare psihofizică. Au fost propuse diverse căi: de dezvoltare a activităților de cunoaștere, de formare a ținutei corecte, a alergării, a mersului, de aruncare, de sărituri, jocuri mobile, de dezvoltare a preciziei și de coordonare a mișcărilor. În anul doi, de exemplu, exercițiile erau mai complicate, în dependență de vârstă și forma deficienței copilului. Programul impune în perioada de reabilitare respectarea unui regim cruțător, în cadrul căruia eforturile vor fi bine dozate conform potențialului copilului, schimbările survin în dezvoltarea lui și dorințele părinților. În linii generale, diferențierile în dezvoltarea morfofuncțională a copiilor cu polihandicap și a semenilor lor sănătoși sunt neesențiale și îndoielnice. În schimb dinamica indicilor de dezvoltare fizică la copiii cu polihandicap semnaleză persistența unei tendințe nefavorabile. Unul dintre cei mai importanți factori de dezvoltare firească a copilului și de educare a lui în perioada vârstei preșcolare îl constituie formarea abilităților de autoservire. În consecință, am constatat că munca perseverentă cu școlarii care au intelectul neafectat, dar care suportă forme diverse ale polihandicapului, se soldează, realmente în toate cazurile, cu rezultatul scontat – formarea abilităților necesare de autoservire.