



COMPLEX LOGOPEDIC EFFECT IN THE ELIMINATION OF DYSARTHRIA

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Annotation: This article is a complex system of logopedic action for the elimination of dysarthria, that is, massage of the articulatory apparatus and gymnastic exercises, work on the voice and breath, general treatment, physical therapy - education, physiotherapy and medicine - about drug treatment.

Keywords: correction, compensation, stage , motor, sensation, speech.

One of the most urgent problems in recent years is the increase in the number of children with various speech disorders.

A very common disorder among them is dysarthria - a disorder of the phonetic aspect of speech, which occurs as a result of organic damage to the central nervous system (CNS). With it, the motor mechanism of speech, its motor implementation is disturbed. In the literature of the 20th century. The concept of "dysarthria" is translated as a disorder of articulate speech; the speech is vaguely organized like "porridge in the mouth".

Currently, dysarthria is the most common speech pathology (5 out of 7 children are born with damage to the central nervous system). In 1852, the obstetrician-scientist Little described the clinic of dysarthria in cerebral palsy for the first time . In 1911, the logo therapist Gutsman identified symptoms of dysarthria in people without cerebral palsy. Dr. Margulis first introduced the classification of dysarthria, he created the doctrine of dysarthria. In the following years, the Russian scientist OVPravdina described dysarthria with pseudobulbar paresis in detail. The end of the 50s was marked by the work of ENVinarskaya, who considered dysarthria from a psycholinguistic point of view. The depth and complexity of the problem of dysarthria lies, first of all, in the fact that there is a direct relationship between the level of speech development and the level of development of the main functions of the psyche, as well as the level of development. out of mind In other words, a child with a speech impediment may have serious difficulties in mastering literacy and writing, problems with attention and thinking, imagination and perception, and memory development. In this regard, there is a need for further study of speech problems, as well as development of their elimination and correction methods.

on the elimination of dysarthria is carried out comprehensively, that is, massage of the articulatory apparatus and gymnastic exercises, work on the voice and breath, general treatment, therapeutic physical training, physiotherapy and drug treatment. .





The main attention is paid to the state of speech development in a child, the lexical-grammatical aspect of speech, and the features of the communicative function of speech. The condition of written speech in school-aged children is also taken into account.

Regular training over a long period of time gradually normalizes the articulatory apparatus, apparatus motility, develops articulatory movements, forms the ability to transfer voluntary movements from one movement to another in the articulation organs, and leads to full-blooded development of phonemic hearing. will help.

Methods of speech therapy work with dysarthric children AG. Ippalitova, OV Pravdina, VV Ippalitova, YE.M. Developed by Mastyukova, GV Chirkina, II Panchenko, and others.

The tasks of speech therapy work with dysarthric children are as follows:

1. to teach the correct pronunciation of sounds, that is, to develop articulatory motor skills, speech breathing, and to put and strengthen sound in speech;
2. development of phonemic perception, formation of sound analysis skills;
3. Elimination of shortcomings in rhythm, tone and expressiveness of speech.
4. To correct the general underdevelopment of the emerging speech.

One of the main tasks of work is to eliminate and correct defects in the pronunciation of sounds in dysarthric children. The main reason for the defects in the pronunciation of sounds is the defects observed in the mobility of the organs of the speech apparatus. Therefore, the speech therapist should focus on the development of the mobility of the articulatory apparatus.

Work on the pronunciation of sounds is organized taking into account the following situation:

1. Taking into account the form of dysarthria, the state of the child's speech development and the child's age.
2. Development of speech communication. The formation of pronunciation of sounds should be aimed at the development of communication.
3. The development of motivation, striving to eliminate existing disorders, self-awareness, self-confidence, self-management and control, knowing one's value and believing in one's own strength.
4. Development of differential auditory perception and sound analysis ability.
5. strengthening of articulatory order and articulatory movement by developing visual-kinesthetic sense.
6. organizing the work step by step. Corrective work begins with sounds whose pronunciation is preserved in the child. Sometimes the sounds are selected according to the principle of simpler motor coordination , but taking into account the articulatory disorder, work is done first on the sounds of the early ontogeny.

Begins with isolated sounds and syllables. If the child's speech is relatively intelligible to those around him and he can correctly pronounce the defective sounds in some words, then the work begins with "basic" words. In any case and in various speech situations, sounds need to be strengthened in speech.





8 - It is important to prevent complex disorders in the pronunciation of sounds by regularly conducting logopedic work in the pre-speech period in children with damage to the central nervous system.

in dysarthria is carried out step by step.

1st stage preparatory stage - the main purpose of this stage: preparing the articulatory apparatus, articulatory order formation;

Of the child - education of the need for speech communication; - identification and development of passive vocabulary - correction of deficiencies in breath and voice.

The most important tasks of this stage are the development of sensory function, especially auditory perception and sound analysis.

Corrective work methods and methods depend on the level of speech development. The lack of communication tools in the child accelerates the initial vocal reaction and leads to imitation of sounds, and gives it a sense of communicative importance.

Logopedic work is carried out in combination with medication, physiotherapeutic treatment, therapeutic physical education and massage.

Stage 2 is the stage of formation of initial communicative pronunciation skills.

The main goal of this stage:

- development of speech communication and sound analysis skills;
- relaxation of the muscles of the articulatory apparatus;
- control of mouth condition;
- development of articulatory movements;
- voice development;
- correct speech breathing;
- Articulatory movements and development of goal-directed articulatory movement.

That relax the muscles of the articular apparatus begin with exercises that relax the general muscles (neck, chest, arm muscles). Then a massage is performed to relax the facial muscles.

Movements start from the middle of the forehead towards the edge. They are performed using slow stroking movements of the fingertips.

A relaxing massage normally only targets the toned muscles of the face, while a massage targeting a loose muscle group should be strengthening.

Which relaxes the facial muscles, is directed from the eyebrows to the hairline of the head. Movements are done equally with both hands on both sides.

In the third direction, movements are directed down the forehead, from langes to the muscles of the neck and shoulders.

Then the muscles of the lips are relaxed. The speech therapist places his index fingers in the middle of the upper lip and at the corners of both sides of the mouth, and the movements are directed to the midline. This movement is also done with the lower lips. Then the work is carried out on both lips.





In the next exercise, the speech therapist's index fingers are in the same position as above, only the movements are made upwards on the upper lip, in which the gums are visible, and the lower gums are exposed in downward movements.

Then the speech therapist's index fingers are placed in the corners of the mouth and the lips are pulled (movement). The lips return to their original position with the help of re-movement. Such exercises are performed in different positions of the mouth: mouth closed, half open, wide open.

Relaxation exercises are followed by low tone strengthening massage followed by passive active movements of the lips. As a result of these massages and exercises, the child will be able to hold wooden objects of different diameters, candies with his lips, and learn to drink water through a tube.

The above-mentioned general muscle relaxant exercises, the tongue muscles are trained. When relaxing them, it should not be forgotten that the tongue is interconnected with the muscles of the lower jaw. Therefore, if the downward movement of the spastic raised tongue in the oral cavity is performed together with the downward movement of the lower jaw, it is easier for the child to perform the exercise. Such exercises are given to school-aged children in the form of auto-training, "I am calm, very relaxed, my tongue is in a relaxed position in my mouth. As the lower jaw goes down, I also slowly lower the tongue."

If these methods do not help enough, a piece of clean gauze or a clean, light object is placed on the tip of the tongue. The resulting tactile sensations help to explain to the child that something prevents the free movement of the tongue, that is, to perceive a spastic state. After that, the speech therapist makes light pressing movements of the tongue with the speech therapy probe.

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