



Харківський національний медичний університет

Кафедра фізичного виховання та здоров'я

**III Науково-практична заочна конференція
з міжнародною участю
«Фізична активність і якість життя
ЛЮДИНИ»**

*присвячена пам'яті Володимира Абрамовича Бляха,
засновника та першого завідувача кафедри фізичної
культури в Харківському медичному інституті
(1928-1936 рр.)*

06 травня 2022 року



2022 рік

**Харківський національний медичний університет
Харківський національний педагогічний університет
імені Г.С. Сковороди
Харківський національний економічний університет імені
Семена Кузнеця
Харківська державна академія культури
Національний аерокосмічний університет ім. М.Є.
Жуковського
«Харківський авіаційний інститут»
Харківська державна академія фізичної культури**

«Фізична активність і якість життя ЛЮДИНИ»

**Матеріали III Науково-практичної заочної конференції з
міжнародною участю
(06 травня 2022 року, Харків)**

2022 рік

Sushchenko E.V.	45
Chronic fatigue syndrome in highly qualified athletes	
Anshu	47
Express assessment of the functional state of the cardiovascular system of medical students by means of functional tests	
Sivakumar Nekha	49
Harvard step test in assessing the adaptive capacity of students depending from their learning success	
Safonova N.O.	52
Hobby horsing	
Kulikova O. V.	54
Influence of respiratory techniques on the human body	
Pashchenko G.I.	56
Issues of sports hygiene	
Kobish A.V., Al-Ateegi Ahmed Abdullah Salem	61
Optimal level of physical activity for medical students	
AlBani AbdulRahman	63
Physical activity in physical rehabilitation and social adaptation	
Ibrahim FM, Baker	69
Physical rehabilitation of people who have had a stroke	
Herman Polina	71
Running as a means of health motor activity	

AlBani AbdulRahman

**PHYSICAL ACTIVITY IN PHYSICAL REHABILITATION
AND SOCIAL ADAPTATION**

Higher education seeker Course 3,group 12 faculty 6

E-mail: aalbani.6f19@knmu.edu.ua

Department of Physical Education and Health

Kharkiv National Medical University

Scientific supervisor: Starodubtsev D.S.

E-mail: ds.starodubtsev@knmu.edu.ua

Problem Definition and its Connection with Important Scientific and Practical Tasks. Rehabilitation is a health care profession that treats people to help them grow, maintain, and/or restore their optimum movement and function throughout their lives. This includes treating patients whose movement and function are jeopardized due to ageing, injury, disease, or environmental causes. Rehabilitation is involved with finding and optimizing quality of life and mobility potential in the areas of promotion, prevention, treatment/intervention, habilitation, and rehabilitation. Physical, psychological, emotional, and social well-being are all included. As a result, rehabilitation need a comprehensive approach. Depending on the target group, contributing disciplines to the rehabilitation program may include medicine and nursing, physiotherapy, occupational and physical therapy, psychiatric therapy, and social therapy, among others. Rehabilitation programmes can be delivered in both inpatient and outpatient settings. Often, a distinction can be made between formal rehabilitation settings, such as rehabilitation centers and rehabilitation units or departments in local hospitals, and informal settings, such as service-homes and departments for patients with specific needs (e.g., people with physical, physiological,

intellectual, or psychiatric impairments, the elderly, war veterans, abuse victims, and so on...). However, the relative contribution of the aforementioned disciplines in rehabilitation, as well as the definition of the rehabilitation context (formal and/or informal), varies greatly throughout European countries. As a result, while rehabilitation is similar across European countries, the interpretation of rehabilitation in terms of programme content and programme environment is based on each country's policies and legislation. Nonetheless, the comments and recommendations made in the following sections of this article are applicable to all countries. Adapted Physical Activity (APA) has been recognised as a significant addition to the aforementioned disciplines within the rehabilitation programme throughout the last few decades. Similar to rehabilitation, the concept, goal, evolution, context, and nature of APA programmes vary greatly between European countries. Indeed, APA is not included in certain countries' rehabilitation programmes. Other countries have a limited sports programme that is primarily optional for patients and thus should not be regarded an important part of the rehabilitation programme. At the moment, an increasing number of countries have a fully organised physical exercise programme. These programmes, however, are frequently optional for patients. Furthermore, in most countries, the APA programme is not seen as a distinct entity within the context of rehabilitation's multidisciplinary nature. Because there is no legislative designation for the incorporation and use of an APA programme as a separate discipline in rehabilitation in any European country, APA is generally embedded inside the physiotherapy programme.

The significance of an APA programme as an additional discipline to rehabilitation programmes is divided into three tiers. The first is directly tied to rehabilitation and is associated with the complementary nature of physical activity and sports involvement to traditional physiotherapy programmes. Previous scientific research has indicated that physiotherapy programmes frequently pay insufficient attention to the patient's physical fitness level, functionality and functional potential, and the adaptation and optimization of potential aids, taking into account the patient's and the activities of daily living to be performed.

Second, physical activities improve the psychosocial well-being of the patient. Because of their sedentary lifestyle, patients with irreversible impairments/disorders frequently fall into a downward cycle of social isolation. As a result, non-disability centred APA programmes may boost human relationships during athletics participation, creating opportunity to share experiences and learn how to accept or come to terms with an impairment, disorder, etc.

A third important goal of physical exercises in rehabilitation is to help with educational and health difficulties. Patients learn how their bodies respond to exercise in a range of situations, including intensity (both maximal and submaximal efforts) and external factors (temperature, surroundings, etc...). Furthermore, through physical activities in rehabilitation, patients learn how to interpret these responses, notice symptoms that contradict physical exercise and sport, and prevent or cure these symptoms.

Research Methods and Organization. Implementing a high-quality, successful APA programme necessitates careful planning and collaboration with other disciplines within the

rehabilitation programme. APA programme directors must realistically examine the merits, advantages, and obligations of adapted physical activities within the context of rehabilitation's interdisciplinary nature, taking into account the patient's both during and after the rehabilitation phase. This also necessitates a thorough grasp of the patient's functional abilities, and potential, as well as the influence of APA. This includes potential advantages as well as potential contraindications, health hazards, and side effects.

The APA programme coordinator's planning activities can be stated as follows:

- Evaluate an APA's role and added value within the multidisciplinary nature of the rehabilitation programme.
- Define the APA program's tasks as a supplement to the rehabilitation programme. - Determine the benefits and drawbacks of the present rehabilitation and APA programmes
- Determine the existing and required resources (facilities, equipment) for the APA program's implementation.
- Work with the rehabilitation team to create an organized APA programme.
- Determine the APA program's short and long-term goals.

The main research Material with Scientific Results Analysis. A qualitative and successful APA programme necessitates quality control, which includes structure and process evaluation as well as outcome evaluation, based on regular monitoring of programme outcomes and regular programme refinements in collaboration with the other coordinators in the rehabilitation programme. Furthermore, in order to ensure maximum engagement and the best possible outcome for all

patients, the patient must be evaluated on a regular basis. This includes assessing the patient fitness, psychological well-being, and social position and, if necessary, modifying the programme material to these assessments. The APA programme coordinator's assessment efforts can be characterised as follows:

- Assess the impact of the APA programme on the rehabilitation and post-rehabilitation processes.
- Track the long-term health outcomes of the APA programme.
- In partnership with the rehabilitation team, determine the impact of the APA programme on the functional abilities of patients.
- Evaluate the patient's (dis)abilities, risk factors, needs, and potential.
- Interpret clinical investigation results (e.g., X-rays, gait analyses, cardiorespiratory tests) as well as rehabilitation specialists' conclusions and recommendations.
- Determine the patient's current and potential degree of functioning.
 - Evaluate the patient's reaction to physical exercise; identify and correct potential contraindications, health hazards, and risk factors.

Assess the patient's to physical exercise, as well as his/her progress, and compare it to the predetermined goals.

- Assess and evaluate the patient's physical and psychological well-being, as well as their development, and intervene as needed.
- Evaluate the patient for the APA programme and, if required, intervene.
- Monitor and measure physical activity responses to ensure safe and successful participation.

- Document individual development and progress in accordance with the rehabilitation and APA programme goals.
- Identify tools, approaches, and so on to improve the patient's physical capacities in daily life and physical activity.

Results. Traditionally, rehabilitation outcome measurements have been based on the individual's level of impairment. However, individual activity and participation outcomes have recently been added to the list of outcomes that can be measured: communication, mobility, self-care, education, work and employment, living quality.

Conclusions. Physical rehabilitation is a complex therapy that successfully integrates drug therapy, various physiotherapy treatment modalities, and promotion, prevention, intervention, and rehabilitation strategies. All of this contributes to a better understanding of the needs of physical rehabilitation and the importance of rehabilitologists with higher physical culture education.

References:

1. Brawley LR, Rejeski WJ, King AC. Promoting physical activity for older adults: the challenges for changing behavior. *American Journal of Preventive Medicine*
2. Buman, M.P., Hekler, E.B., Haskell, W.L., Pruitt, L., Conway, T.L., Cain, K.L., Sallis, J.F., Saelens, B.E., Frank, L.D., King, A.C. (2010).
3. Heath, G.W., Fentem, P.H. (1997). Physical activity among persons with disabilities--a public health perspective. *Exercise and sports sciences reviews*

4. Katzmarzyk, PT, Church, TS, Craig, CL, Bouchard, C. (2009). Sitting time and mortality from all causes, cardiovascular disease, and cancer. *Medicine and Science in Sports and Exercise*

Ibrahim FM, Baker

PHYSICAL REHABILITATION OF PEOPLE WHO HAVE HAD A STROKE

Higher education seeker Course 2, group 17 faculty 7

E-mail: bibrahimfm.7f20@knu.edu.ua

Department of Physical Education and Health

Kharkiv National Medical University

Scientific supervisor: Lapko S.V.

E-mail: sv.lapko@knu.edu.ua

Introduction. Stroke is an acute cerebrovascular accident that leads to damage and death of its cells, which leads to permanent primary disability. Therefore, return to active life is the main problem of patients with stroke. Exactly physical rehabilitation, as part of general post-stroke rehabilitation, helps to recover independence, improve the health and life of the patient.

Goal. Convince yourself of the expediency and effectiveness of post-stroke physical therapy.

Presentation of the material. Rehabilitation is understood as a set of measures aimed at restoration of the functions lost as a result of illness or injury, ie on readaptation. For effective result post-stroke physical rehabilitation should begin within 24-48 hours after stroke. This increases the chances of recovering lost or damaged skills. A clear algorithm should be followed during physical therapy. It is necessary to carry out a detailed definition