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## SPEECH BY CHILDREN WITH CEREBRAL PALSY IN AN EDUCATION CLUSTER MECHANISMS OF WORK ON

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### ABSTRACT

*This article provides information about what is cerebral palsy, its causes, their speech and speech motor skills, the mechanism of work with cerebral palsy in children there is a hyperkinetic form associated with the destruction of the sub cortical centers.*

**KEYWORDS:** *Cerebral Palsy, Perinatal Period, Paresis, Coordination, Motor Skills, Movement, Hypoxia, Brain, Trauma, Paralysis.*

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### INTRODUCTION

In today's fast-paced world, various new technologies and innovations are entering every aspect of our lives, making human work easier and more meaningful. Cluster education, which is entering the education system, is rapidly encompassing all areas of education. The education cluster, along with other areas of pedagogy, does not exclude children with disabilities who study on the basis of special education principles. [1]

So what exactly is cerebral palsy in children with special needs? How should children with these special needs be approached? In our opinion, it will be a great help to achieve the main goal by introducing a system of education that is acceptable to all. Pediatric cerebral palsy (CP) is a general term for movement disorders that occur as a result of changes in various structures in the brain during the perinatal period. Pediatric cerebral palsy is characterized by mono-, gemi-, para-, tetraparalich and paresis, pathologies of muscle tone, hyperkinesias, speech defects, impaired motor coordination, motor and mental retardation of the child. Currently, the development of cerebral palsy can be caused by damage to the brain due to various factors, abnormal formation or death of nerve cells in certain areas of the brain. Exposure to these factors during the perinatal period or shortly after birth (up to 4 weeks) increases the risk of developing the disease. [2]

The most important factor in the development of cerebral palsy is hypoxia. Under the influence of hypoxia, the centers of the brain that are responsible for movement and coordination are the first to be damaged. As a result, children develop symptoms of cerebral palsy - pathology of muscle tone, paresis and paralysis. In most cases of cerebral palsy in children there is a hyperkinetic form associated with the destruction of the subcortical centers. In the clinic of the disease, involuntary movements - hyperkinesias - are manifested, and this condition is manifested when the child is excited and scared. [3]

Early organic disorders in the motor and speech systems of the brain are observed in children with cerebral palsy. The causes of these disorders can be varied: infectious diseases, various intoxications and injuries during pregnancy, chronic diseases, and incompatibility of maternal and fetal blood by Rhesus factor and group. In addition, premature or late birth of the fetus and genetic factors may be key factors. [4]

The frequency of speech disorders in children with cerebral palsy is 80%. Specific aspects of speech disorders are determined by the extent to which the brain is damaged. In children with

cerebral palsy, in addition to damage to certain areas of the brain, there may be secondary underdevelopment or late formation of cortical disorders. These are the ontogenetically young parts of the brain that play an important role in shaping mental and speech activity in humans. [5]

In BSF, the link between speech and general motor impairment is also reflected in the fact that complex impairments in articulatory motor skills lead to impaired hand movement functions. The relationship between speech and hand gestures was discovered in 1928 by V.M. It was discovered by Bexterev, who showed that the development of hand movements affects the development of speech. Studies by M.M Kolsova (1973) have shown that the movement of a child's fingers influences the formation of the central nervous system and promotes the rapid development of a child's speech. These data suggest the need to combine speech therapy with the development of the child's hand and general motor skills. [6]

In BSF, one of their main symptoms is an increase in muscle tone in the general and speech muscles when children perform various movements. The child does not need to be overworked during the training. This is because it can lead to an increase in muscle tone and an increase in voice pronunciation disorders. A variety of puffing exercises are recommended to develop speech breathing. But for young children with cerebral palsy, this exercise is not always helpful. Because they can use excessive force in performing this exercise. [7]

This can increase the increase in overall muscle tone. Impairment of articulatory motor skills in cerebral palsy not only complicates the formation of the pronunciation aspect of a child's speech, but can also lead to secondary impairment of phonemic cognition. This can lead to speech problems in children and disorders of the vocal cords. However, not all children have the same difficulty in learning the sound structure of a word. Some children have difficulty distinguishing words into individual sound elements, while others are able to use simple forms of sound analysis (with). Often, problems with the sound analysis of a word are due to mispronunciation of sounds. Finally, in very rare cases, children may not have difficulty analyzing the sound of a word and mispronouncing sounds. This requires a differential approach in overcoming phonetic-phonemic disorders in children. [8]

Professional intervention aimed at repeating exercises and techniques that improve word pronunciation in speech therapy is an effective adaptive condition. The main goal of speech therapy is to learn to communicate effectively with others.

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