INNOVATIVE APPROACHES TO ADAPTIVE PHYSICAL EDUCATION TRAINING

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https://doi.org/10.5281/zenodo.17374586

ARTICLE INFO

Received: 14th October 2025
Accepted: 15th October 2025
Online: 16th October 2025

KEYWORDS

adaptive physical education, disability, functional changes, physical quality, physical training, pedagogical control, basic medical group, medical training group, health-improving group, rehabilitation group, speed-strength, general endurance.

ABSTRACT

The article clarifies the advanced practice of the direction of health-improving and adaptive physical education, the device and methodology of a specially organized pedagogical process with students with health deviations. The features of adaptive physical education, sports and health-improving education and upbringing aimed at adapting students with disabilities to a normal social environment and eliminating psychological barriers that prevent full-fledged social activity through the organization of a targeted pedagogical process with students with disabilities are studied

Adaptive physical education is a scientific field that promotes positive functional changes in the body of schoolchildren with disabilities, at the same time adapting them to the social environment through physical education, and proportionally managing physical quality changes in the process of teaching and coordinating movements within the limits of physical capabilities. It reflects the interdisciplinary nature of the practice of educational institutions of our republic [1,2,3,4,5].

A number of studies confirm the need to organize a system of medical and pedagogical supervision of students with a gradual deterioration in the health of school-age students, temporary or permanent health problems, as well as pedagogical management of the adaptive physical education process [6,7,8].

Advanced practices show that to organize adaptive physical education with students, they are divided into 3 medical groups:

1. The main medical group for physical education includes students without deviations or with minor deviations in their health.

2. The medical preparatory group for physical education includes students: with minor deviations in their health, often sick, in the period after illnesses and injuries.

3. In physical education, students with serious functional and physical deviations identified during the recovery phase of the adaptive physical education process are selected for special medical groups "A" (health-improving group) and "B" (rehabilitation group).

Students are not allowed to engage in physical education for the following reasons:

- the presence of complaints of various pains, dizziness, nausea, low energy;

- acute period of the disease (fever, chills, catarrhal phenomena, etc.);
- damage to organs and tissues of the body (acute period): bruises, wounds, sprains, hematomas, etc.;
- risk of bleeding (nosebleeds during the school day, condition after teething, menstruation);
- respiratory failure;
- pronounced tachycardia or bradycardia (taking into account age and gender characteristics).

The above precautions apply to all students of the medical group in physical education and are essentially a temporary process. Special attention and caution are required when using high-intensity and high-volume exercises as part of adaptive physical education classes.

In the presence of a clear disease, physical exercises that are harmful to health are not used, along with strict moderation of the intensity and volume of physical activity. Physical exercises that are likely to have a potentially harmful effect on the health of students are:

- somersaults over the head forward and backward;
- "bridge" exercise;
- standing with the head, hands;
- initial position - lying on your back, raising and lowering straightened legs behind the head;
- high-amplitude and (or) sharp movements of the head: rotational movements, turns to the sides, tilts, especially throwing the head back;
- high-amplitude and (or) sharp movements of the body (rotations, bends), especially with weights (stuffing ball, dumbbell);
- deep bending of the body back, initial position;
- in the prone position: "rocking", "boat", "bow" exercises;
- climbing on a rope;
- sharply changing the position of the straightened legs from a lying position on the back;
- sharply raising and lowering the upper body from a lying position on the back, in particular d.h., deep bending of the upper body back on a gymnastic chair.
- high-amplitude and (or) sharp turns of the body from various initial positions, including: lying on the back, lowering the legs to the right and left until they touch the floor;
- exercises (scissors, hanging on the horizontal bar);
- exercises with strong bending of the knee joint, sitting in a "half-split";
- running at a fast pace, especially for medium and long distances;
- long and intense jumps (especially asymmetric, with turns); jumping on a hard surface;
- jumping over sports equipment (horse).

As the main form of training, each lesson should have a clear goal-oriented nature, clear and feasible pedagogical tasks that determine the content of the lesson, the selection of means and methods of teaching movement skills and developing physical qualities, methodological methods for organizing the activities of students of special medical group "A". The lessons solve a complex of interrelated health, physical education and upbringing tasks. Physical education lessons with students of special medical group "A" are aimed at strengthening health, developing physical activity and functional capabilities of the body.

When assessing the physical education performance of students with health problems, the main focus is on their constant motivation for physical activity and the dynamics of physical training. If the teacher detects even the slightest positive changes in physical indicators, the student's parents are informed and this serves as the basis for a positive assessment.

A student who has not shown significant changes in the development of motor skills and abilities, in the development of physical qualities, but has regularly participated in classes, diligently fulfilled the teacher's assignments, and has mastered the skills available for self-management should be given a positive assessment. When assigning a current assessment, it is necessary to observe special courtesy, be as careful as possible, not to belittle the student's dignity, and the assessment should create motivation for development and aspiration.

The final examination for students of special medical group "A" is determined taking into account theoretical and practical knowledge (motor skills and abilities, ability to perform sports and recreational activities), the dynamics of the functional state and physical fitness, as well as diligence.

The possibility or otherwise of performing physical exercises is determined only by a doctor.

Physical fitness is assessed based on the level of development of physical abilities in students, and the following control exercises are recommended:

1. Speed-strength abilities: long jump from a standing position (cm).

2. General endurance: slow running and walking for six minutes (number of meters).

3. Coordination of movements, dexterity, speed: throwing and catching a tennis ball from a wall 1 meter away with two hands (number of times in 30 seconds).

The medical officer of the educational institution systematically, at least once a month, assesses the impact of physical activity on the functional state of students and presents the conclusions to the physical education teacher.

Students of special medical group “B” are assessed in the educational institution in the following sections based on a certificate of completion of the “therapeutic physical education” course with physical exercises, provided by a medical institution of the established sample:

1. Fundamentals of theoretical knowledge (knowledge in the form of an oral examination or a written essay).

2. Practical skills and qualifications are assessed in the final attestation in the subject “Physical Education” in the form of a demonstration of therapeutic physical education exercises mastered based on the nature of their disease.

The importance of organizing and conducting therapeutic exercises with correctly selected methods for students with disabilities, which allows them to improve their health, improve their mastery of general education subjects, and become sociable and sociable among their peers.

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