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A STUDY REFERRING TO THE ROLE OF PHYSICAL EXERCISE IN CORRECTING AND RECOVERING THE PHYSICAL DEFICIENCIES MET AT THE SECONDARY SCHOOL STUDENTS

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Abstract

I have dealt with this plot analysing the problem of harmonious physical development met at the secondary school students. The raising in the number of subjects who present physical disabilities is allarmingly. The situation is due to some socio-economical problems as well as to an endless reform of education which directly affects the Physical Education school subject (as a small number of classes in the comun syllabus).

Key words: *physical education, physical deficiencies, physical exercise.*

The work's aim is to warn about the negative aspects which the scholar uncontrolled behaviour, the weak preoccupation of the teachers about the correct attitude of students in desks during the classes and during the physical education classes sometimes determines the nonharmonious physical development of the secondary school students.

The aim of this work is:

- To make kinetic programs for a functional recovery for all the forms of static disabilities, mainly for scoliotic, cifotic attitudes, generated by the incorrect positions during the scholar activity which can be applied during the classes by the teachers;
- To make some warning schemata of the attitudes which generate static disabilities through incorrect positions which can be followed periodically by the form-teacher or by the medical school personnel.
- To warn about the necessity of early discovery of distorting manifestations which can generate diseases of next position, a duty for the Physical Education teachers and the school medical personnel who is responsible for the correct guidance of these children;
- To underline the idea of promoting the movement, the physical effort as a scholar activity starting from the pre-school stage to create correct postural skills to prevent the distortion of the spinal column.

The objectives and the aims of the present study refer to: the documentation upon the specific intern and international literature; the establishing of the objective; the choice of the subjects; the establishing of the methodology; the calculation and the following of the functional level evolution; the comparative analysis of the data; the drawing of some conclusions as to help during the future activities; the presentation of some observations referring to this problem of the locomotor block.

The hypothesis of this work starts from:

1. The usage of some kinetic programs for all the forms of static problems, mainly for the scoliotic, cifotic problems, generated by the incorrect positions during the scholar activities will succeed to reduce the cases of static problems of these attitudes;
2. The realisation of some programs of kinetoprofilaxy starting from the pre-school period which can lead to some warning attitudes that generate static problems, programs which can be followed by the scholar medical personnel, by the form-teacher and by the Physical Education teacher.

The static problems at the spinal column , taking into consideration the convexity or concavity of the curve, the problems of the spinal column can be grouped as it follows:

- **Scoliosis** – is a deviation of the spinal column in the frontal plan, with turnings of the spinal corps on the convex side, turnings which involve the ribs, which determine a gibosity for the left side.
- **Cifosis** – is a deviation of the spinal column in the sagital plan (vertical plan of simmetry) through the exagerate flaction of the spinal column.
- **Lordisis** – is a deviation of the spinal column with an anterior convexity which stands in the exageration of the normal flactions of the spinal column due to the advanced tonus of the paravertebral muscles and the weakness of the abdominal muscles.

The organisation and the sequence of the work

The study was done through the observation and the direct following of 29 cases taken into consideration during the period October,4,2010- May, 30, 2011.

The patients were selected from a lot 258 students tested at the Iorgu Jordan School Tecuci.

After the initial clinical test, I have made observation notes which include:

- The functional residual after the initial clinic examination, the proposed objectives;
- The kinesthetic program which was applied for each specific case;
- I have worked 3 days a week for each child.

The initial clinic exam to select the study lot. Each patient was examined on the basis of: the somatoscopic examination, the articular testingul, the muscle testingul, the spinal column deviation with the slug wire.

The kinesthetic program had 3 stages

Stage A – which lasts 6 weeks (15 Nov.- 27 Dec.), is the stage of the initial contact and of studying and forming of the correct position and movement skills. In this stage, the children have been prepared for the proper recovering stage, through the forming and development of the basis physical qualities.

Stage B – which lasts 12 weeks (Jan.,3- March, 28) is the stage of proper recovery of the deficiencies which follows three important objectives:

- Example of posture
- Of understanding the correct positions;
- Of paravertebral muscle strenght for the muscles which are responsible of the correct position of the spinal column;
- The walk correction

Stage C – which lasts 34 weeks (starting from March, 30) and represents the stage of perfectioning, sustaining and consolidationd of the physical qualities gained in the prevoius stages and of stabilisation of the correct position of the body.

The diagnostic structure of the lot

After the initial clinic examination I have noticed the following static deficiencies of the spinal column:

- 10 cases of cifotic attitude; 9 cases of lordic attitude; 10 cases of scoliotic attitude.

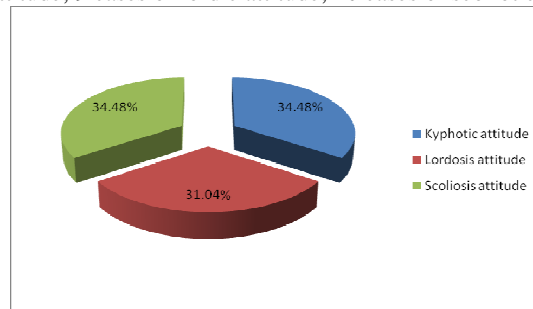


Fig. 1. The diagnostic structure of the lot
The demographic structure of the lot:

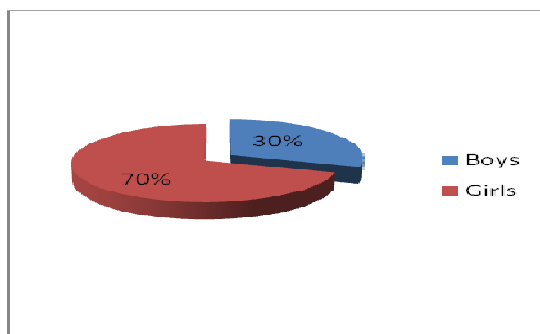


Fig. 2. The demographic structure of the lot

The cifotic attitude:

- 10 cases of cifotic attitude;
- 5 cases of small cifotic attitude;
- 3 cases of medium cifotic attitude;
- 2 cases of advanced cifotic attitude.

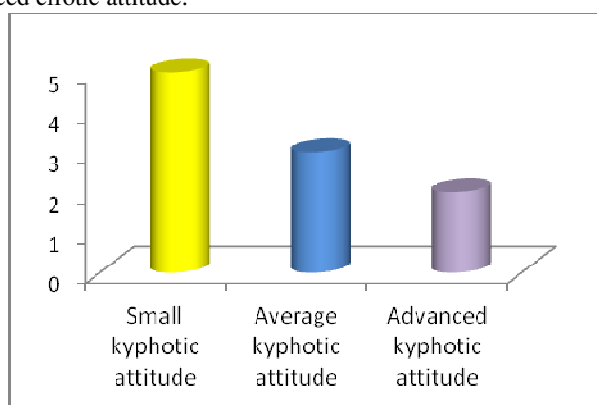


Fig. 3 Kyphotic attitude

After the programs done from the 10 cases of cifotic attitude;

- 4 cases of small cifotic have remitted after the first stage of treatment;
- 4 cases of medium cifotic attitude which have remitted after 3 stages of treatment;
- 2 cases of attitude which have not been influenced.

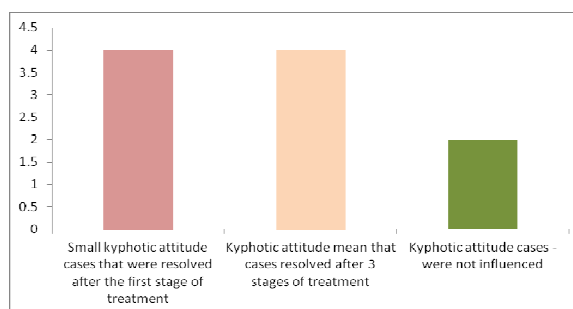


Fig. 4. Kyphotic attitude after the programs

After the initial clinic examination I have noticed the following with the help of the slug wire:

- 9 cases of lordic attitude from which:
- 3 cases of straight back;
- 4 cases of hyperlordosis;
- 2 cases of lombar scoliotic deviation of 1 cm.

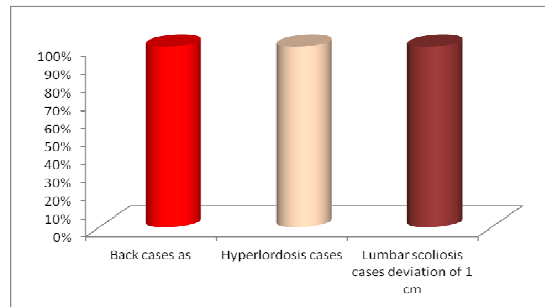


Fig. 5. After the initial clinic examination – lordic attitude

After the programs done in the 9 cases of lordic attitude:

- 3 cases of straight back which have been remitted after the first stage of treatment;
- 4 cases of hyperlordosis which have been remitted after 3 stages of treatment;
- 2 cases of lombar sciotic deviation of 1 cm have not been influenced but they have functional pains.

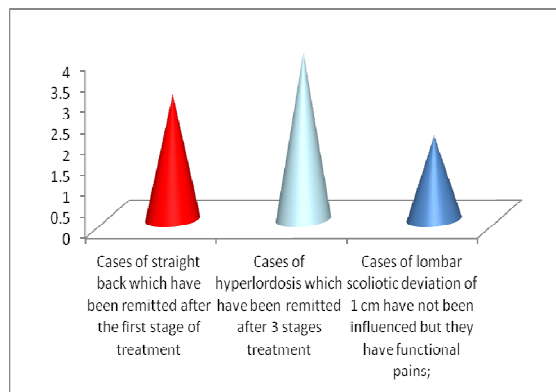


Fig. 6. After the programs - lordic attitude

After the initial clinic examination with the slug wire I have noticed:

- 10 cases of sciotic attitude from which:
- 5 cases of deviation of right of 1,5 cm;
- 5 cases of deviation of left of 1 cm.

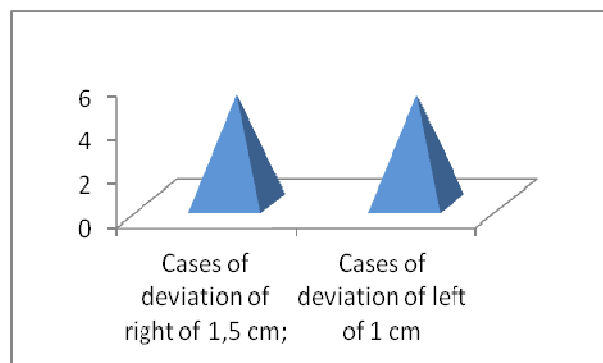


Fig. 7. After the initial clinic examination - sciotic attitude

After the programs done in all the 10 studied cases of sciotic attitude I have obtained the following results:

The 5 dextroconvex scoliosis have answered to the kinetic program as it follows:

- I. 3 cases have remitted after 2 stages;
- II. 2 cases have remitted after 3 stages. Both of them have had over-challenging pains

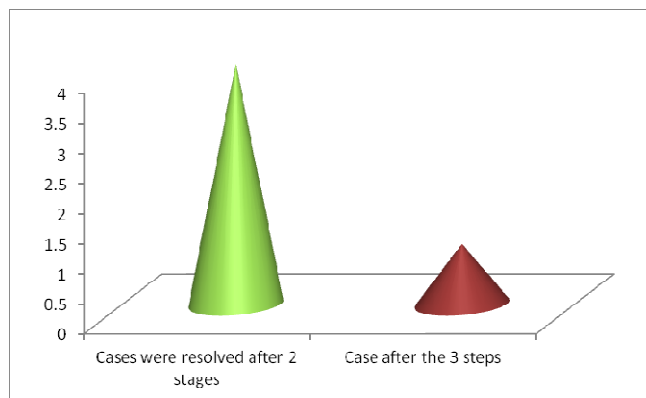


Fig. 8 After the programs done – scoliotic attitude

CONCLUSIONS

- After the processing and interpretation of the initial data and the final results from the work , there can be noticed that:
- **The static disorders** can be minimalised after the usage of a special kinesthetic program which has exercises done and adopted to each deviation apart, only with the condition that the problem is detected in the initial stage.
- The articular deviations well installed constitutionalised cannot be minimalised for good through kinetotherapy but can be reduced the rounds at very small grades only with the condition that the kinesthetic programs should be applied immediately after the rapid detection of the pains and rigorously monitorised all life long.
- Through kinesthetic programs applied I have succeeded to recover the mobility of all the articulations done even though the round grades have been evaluated at small values , not having even one patient with a high level of disability. For the patient it was important the recovery of the movement amplitude, the awarness of a correct position and of a normal pulmonary ventilation.
- For the portant ventilations the motivation in the sports games has increased the seriousness of the treatment and **the conscious involment of the children.**

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THE DINAMIC OF THE MOTIVE INDICATORS DURING THE RESISTANCE PRELIMINARIES FROM THE PERSPECTIVE OF USING THE MEANS OF TRAINING WITH DIFFERENT INFLUENCE COMPARED WITH THOSE OF NARROW SPECIALIZATION DURING THE MIDDLE DISTANCE RUNNERS AGED 14-15

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Abstract:

The results obtained from the runners included in the experiment demonstrates the superiority of the workout with influence mainly different compared with narrow