

sessions being the ideal weekly training for best performance, 14 specialists chose the "d" variant, considering that over 10 training sessions are necessary per week in order to achieve best performance in women's artistic gymnastics - fig. 10.

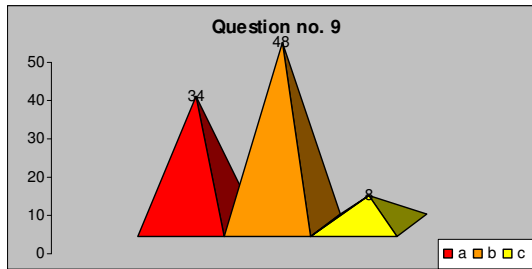


Fig. 9 The optimum number of elements

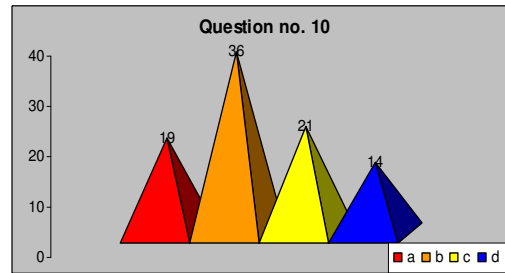


Fig. 10 Number optimal training

In conclusion, 90,3% of respondents consider it necessary planning and scheduling training gymnasts, 97,5% believe it is useful to develop a unique training program for each sports category basis, 61,4% believe that the level of training gymnasts from Romania, is satisfactory, and 73,4% of specialists believe that the performance of athletes in gymnastics will increase if the application of a unique training programs.

After analyzing the responses received, 48,1% of the specialists believe that technical training is paramount in achieving performance in gymnastics, if allocated a total of 20-30 hours of training per week in 7 structured workouts per week (43,3% specialists) with repeating elements 300-350 (57,8% specialists), with a break after 30 repetitions "(53% specialists).

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## KINESITHERAPY USED TO TREAT OBESITY IN WOMEN

NANU LILIANA, SAVU CĂTĂLIN  
Faculty of Physical Education and Sport

Obesity is a chronic condition that has affected the whole of mankind, being the determining factor in the occurrence of the risk for developing cardiovascular, respiratory diseases, liver and biliary tract diseases, disorders of the central nervous system, of the osteo-articular apparatus, but especially many forms of cancer.

From the statistical point of view, it is assumed that by the year 2025 it is likely to have a growth of 100% in the number of overweight or obese people - Brick, L.G. (1996).

This work aims to point out the influences of Kinesitherapy (Physical Therapy) in the recovery of overweight or obese individuals through the development and application of diets and exercise programs adapted to the degree of ponderability, age and disorders associated to the female included in the study.

Through the theme chosen, the work has the following **objectives**: to lower body fat excess, to form the habit of independent and assisted exercise, to create a positive mood and good humor by doing physical exercises, to increase the self-esteem, to improve breathing, effort and muscle tone, to form a basis for an optimal physical training and last but not least, to increase work capacity and to socially integrate the activities of the overweight and obese people.

We have designed and applied a hypocaloric diet and an experimental program of training for the experimental group, with various difficulties, over the course of 30 days, two workouts per week.

**The results** obtained from observation and investigation revealed the passive attitude of overweight or obese individuals, compared to doing exercise caused by embarrassment and disbelief in their own forces, lack of self-esteem and disgust towards their own person, lack of capacity of effort and ease in performing everyday motor activities. After the analysis of the results recorded at the initial tests we have expressed the working hypothesis and we have developed the diet and the experimental physical training program. After having applied the diet and the experimental physical training, we had better results at the final test, showing a significant progress between the two tests; the **conclusion** was that exercise and a proper diet can help losing weight, improving self-confidence and self-esteem and increasing the level of general physical training.

**Keywords:** *overweight, obesity, experimental programs of physical training, diet.*

### **Introduction**

As epidemics of global proportions, overweight and obesity affect more than 1 billion people on the planet. Currently, in the US, as well as in the developed countries of Europe (France, Germany and others) over 40% of the adults are overweight and obese. In Romania, according to statistics, 30 percent of the population suffers from this epidemic, determined by nutrition and lack of physical exercise. A worrying fact is that the school population are suffering from obesity, the number of overweight school children, in the European Union having increased by approximately 400,000 per year (Lăcătuș, D., Crețeanu, G., 1978).

Kinesitherapy is a priority component of obesity therapeutics because it has a role in increasing energy expenditure, reducing weight on optimal time through diets, without the risk of dietary deficiencies of mineral salts, vitamins or negative protein balance. The muscle activity activates lipolysis and unsaturated fatty acids and at the same time contributes to the correction of static changes but also of complications and diseases associated to obesity and overweightness.

Many authors, including Brick, L.G. (1996) Codreș Barnea, E. (2002) and Dobrescu, T. (2008) have come to the conclusion that exercise, expressed through physical activity of any kind (outdoor walks, jogging, sports games, cycling, swimming, aerobics, etc.) but also a controlled low-calorie diet, can ensure a long and healthy life of individuals regardless of their age, sex, level of training or job.

The assessment of the optimal weight by simply referring to the stature of the individuals, according to Broca Index, proved not conclusive enough, which is why currently the study of the body mass composition is being performed: lean mass and fat mass. Lean mass represents 88-89% of the total weight (73% water, 20.2% protein mass, 6.8%, mineral substances and 0.5% glycogen). The fat mass represents the body and energy reserve and it is made up of adipose tissue (under normal circumstances it can reach 10-15% of the total weight-in obese people it can get over 70% of the total body weight) - Georgescu, F., (1998).

### **Objectives**

To attract overweight and obese people in specialized institutions (fitness centers, aerobics and Gym Clubs) for various physical activities in order to improve their health, to have a harmonious physical and aesthetic development of women, to form a healthy concept about exercise and its effects on health, to increase the capacity of effort, to improve general physical training, to increase self-confidence and self-respect, to improve physical and mental relaxation and last but not least, to acquire basic knowledge concerning eating self-control.

### **The hypothesis**

In order to formulate the **working hypothesis**, it is assumed that the application of a proper diet and appropriate exercise programs rigorously supported may have positive effects on the health of overweight and obese people, rushing the process of excess fat reduction and improving the quality of their life.

## Methods and Materials

### a. Research Protocol

The research was conducted at a fitness and aerobic Center in Galati, over a three-month period (September-November 2015// 30 documentation days, observation regarding the image and the magnitude of the effects of overweight and obesity on the daily life and the application of the measurements and the initial bio-motor testing; 30 days to implement the low-calorie diets and physical exercise experimental programs; 30 days for final testing application and interpretation of the data). This study was done in collaboration with M.A. medical doctor, specialist in nutrition and metabolic diseases from Galati, recommending diets after having consulted the family doctor and the medical personal files of each subject included in the experiment.

### b. Subjects

The sample group was made up of 30 obese women aged between 20 and 30, with occupations in different domains of activity, 15 of the women, randomly chosen, forming the experimental group and the other 15 forming the control group.

### c. Groups

The experimental group has followed a low-calorie diet and has had programs of physical exercise 3 times per week in the gym and aerobics center with a specialized instructor, and in the remaining days the exercises were done individually, while the control group just followed the diet lower in calories, not taking part in the program of Kinesiology (exercise therapy).

### d. Evaluation Tests

10 measurements have been applied to determine the level of *somatic development*: height (**H**); weight (**W**), thoracic perimeter (**TP**) (inspiration (**TP<sub>I</sub>**), exhalation (**TP<sub>E</sub>**), rest (**TP<sub>R</sub>**); waist perimeter (**WP**); the pelvis perimeter (**PP**); bust perimeter (**BP**); thigh perimeter (**ThP**); lower leg perimeter (**LLP**); arm perimeter (**AP**); neck perimeter (**NP**) and 4 tests to determine *the motor capacity*: throwing a 4 kg stuffed ball (medicine ball) forward (**AMA**); from lying position face up - lifting the torso against time for 30 seconds (**A30''**); lying on the back face down- extensions against time 30 seconds (**E30''**); squats against time 30 seconds (**G30''**).

### e. Complex patterns of exercises

After the analysis of the results of the initial tests we developed and applied low-calorie diets for 30 days, both on the subjects in the experimental group and on those in the control group-table 1.

**Table 1**  
**Model of low-calorie diet**

WEEK I:

**Morning**: a cup of tea/milk slightly sweetened with honey, a slice of toast with butter;

**10 a.m.**: a small cup of tea sweetened with honey, a few salad leaves/ a glass of yogurt, a slice of toast 2-3 radishes;

**Lunch**: concentrated soup of vegetables, 100 gr. boiled potatoes, fruit juice/weak boiled fish, 100 gr. boiled potatoes

green salad;

**16:00** a cup of tomato juice/two tomatoes/two apples, a biscuit;

**Evening**: a glass of buttermilk, a slice of dark bread with butter/a glass of milk a little sweetened with honey, a slice

of toast with butter

Along with low-calorie diets, the subjects in the experimental group also followed exercise programs with various degrees of difficulty in the fitness and aerobics center, as well as activities in their spare time, using in particular exercises of aerobics associated with outdoor walks (walking and running), swimming, cycling, hiking, practicing a sport, prolonged breathing exercises, stretching exercises, auto massage etc. - table 2.

**Table 2**  
**Aerobics Types of Exercises**

### **Aerobics program no. 1 for maintenance-low degree of difficulty**

1 Ankle flexions, on the spot, combined with:

- shearing arms stretched forward down, back down and combined, 2 x 8 times;

- shearing arms stretched forward, 2 x 8 times;
  - shearing arms stretched up, 2 x 8 times;
  - lifting sideways stretched arms at shoulder level, 2 x 8 times;
2. Running with knees up, 2 x 8 times;
  3. Running and shearing legs stretched forward, 2 x 8 times;
  4. I.P. Standing position legs apart, bent arms, hands on your hips:
    - flexion and extension of the head, 2 x 8 times;
    - twisting your head to the right and to the left, 2 x 8 times;
    - rotating your head to the right and to the left, 2 x 8 times;
  5. I.P. Sitting, supporting backwards on palms, feet raised to 45°:
    - Legs shearing in sagittal/side position , 2 x 2 x 8 times

### Results

As a result of **diets** and **experimental training programs** we have observed an improvement in the results of final tests compared to the results of the initial tests, with significant progress between those two tests in determining somatic indicators, especially in determining the level of physical preparation-tables 3 and 4.

**Table 3 Average values and the difference between motor indicators of the IT and FT to the experimental group and the control group**

Group No.	EG		CG		EG		CG		EG		CG		EG		CG	
	AMA (m)				A30'' (reps)				E30'' (reps)				G30'' (reps)			
Probe	I	F	I	F	IT	FT	IT	FT	I	FT	IT	FT	I	F	I	F
Tests	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
x	1,7	3,5	1,5	1,6	11,3	23,6	12,6	11,4	12	22,9	11,1	11,2	9,1	16	9,8	9,6
± m	1,8 +		+ 0,1		12,3 +		1,2 -		10,9 +		0,1 +		+ 6,9		0,2 -	

### Discussions

Following the application of diets and physical training programs with means from aerobics, it resulted that the two groups have achieved better results at the final test on somatic indicators. Thus, the experimental group has seen an average drop of 9 kg overweight body fat, while the control group had a lower average of 4 kg. In other metrics too, the experimental group has recorded significant values in terms of reducing body perimeters, thus, the perimeter of waist, bust and pelvis have 5 cm lower averages compared to the control group which presents an average of body perimeter reductions of only 2 cm. At the final testing of the motor indicators, the progress was obvious for the experimental group, showing higher average values between tests with 1.8 meters in throwing a 4 kg stuffed ball (medicine ball), 12.3 repetitions in determining the abdominal muscle strength, 10.9 iterations in testing back muscle strength and 6.9 iterations in testing the strength of their feet muscles. The control group, which agreed to follow the diet, but not to practice the exercise, presented negative average values, lower in final tests against initial tests when testing abdominal muscle strength and leg muscle strength. The progress of the experimental group was obvious both between the two tests and compared to the control group.

### Conclusions

1. Obesity is one of the major tests of the contemporary civilization, statistics indicating a continuous growth of obesity worldwide.

2. The working hypothesis is confirmed; according to it, the application of proper diet and exercise programs rigorously supported may have positive effects on the health of overweight and obese people, accelerating the process of surplus fat reduction, improving quality of life for them.

3. Exercise and especially aerobics exercises have a role and in forming the capacity of muscular and mental relaxation, creating a good mood of the performers, while ensuring confidence and self-esteem.

4. Food diets with low calorie intake can reduce body weight, but to a small degree, if they are not backed up by physical exercise.

5. The association between diets and constant physical activities is highly recommended because it ensures weight loss and reduction of localized adiposity and improves the body's cardio-respiratory functions, increasing the capacity of effort and the specific motor skills.

6. The earlier obesity is reported, the more effective is the treatment against obesity.

Table 4 Dynamics omatic indicators between the initial and the final tests of the **experimental group** and the **control group**

No. I. mäs	H (cm)		W (kg)		TP <sub>I</sub> (cm)		TP <sub>E</sub> (cm)		TP <sub>R</sub> (cm)		WP (cm)		PP (cm)		BP (cm)		ThP (cm)		LLP (cm)		AP (cm)		NP (cm)	
	IT	FT	IT	FT	IT	FT	IT	FT	IT	FT	IT	FT	IT	FT	IT	FT	IT	FT	IT	FT	IT	FT	IT	FT
1.	152	152	81	70	107	105	102	99	103	102	95	87	106	102	108	105	65	62	40	37	32	30	38	35
2.	167	167	93	86	108	106	101	97	103	100	102	100	135	130	116	114	72	70	44	42	35	33	48	47
3.	163	163	90	80	109	105	103	98	105	101	100	97	118	112	107	102	75	68	44	43	35	35	39	38
4.	160	160	91	82	105	101	100	94	103	98	103	97	115	110	108	103	73	69	42	41	36	35	40	40
5.	162	162	98	90	115	112	110	106	113	109	107	105	127	125	120	117	77	75	43	40	39	38	42	41
6.	153	153	85	78	97	93	89	85	92	89	90	83	107	105	110	107	68	64	41	39	37	36	38	37
7.	162	162	92	80	107	103	101	96	103	100	101	97	104	98	115	110	65	62	39	36	35	32	37	35
8.	161	161	94	83	110	107	104	100	106	103	104	100	133	128	115	110	72	70	47	46	38	37	39	38
9.	164	164	95	82	110	108	104	100	106	104	105	99	128	120	114	109	74	70	49	47	39	37	40	38
10.	165	165	99	89	121	118	115	110	117	113	116	112	125	120	125	119	85	80	49	48	43	41	44	43
11.	164	164	93	80	107	104	101	96	103	100	101	96	134	128	115	110	70	65	42	39	38	36	40	38
12.	159	159	91	80	106	103	101	96	103	99	105	100	116	112	110	105	73	69	41	39	35	33	39	38
13.	167	167	100	91	115	113	109	105	112	108	109	100	120	115	119	113	78	66	49	47	37	35	42	40
14.	160	160	95	86	111	108	103	99	106	103	105	101	130	125	116	110	72	67	46	44	37	35	39	38
15.	164	164	97	88	114	112	108	105	111	108	104	100	128	120	118	114	68	65	40	38	38	37	39	38
<i>x</i>	161	161	92	83	109	106	103	99	105	102	103	98	121	116	114	109	72	68	43	41	37	35	40	38
<i>± m</i>	-	-	-9	-	-3	-	-4	-	-3	-	-5	-	-5	-	-5	-	-4	-	-3	-	-2	-	-2	-
1.	165	165	94	92	109	107	103	101	105	103	104	103	131	129	110	109	71	70	42	42	39	39	40	40
2.	158	158	90	88	109	108	105	104	107	106	106	104	128	127	114	112	73	72	43	42	40	40	40	40
3.	167	167	98	95	110	108	104	101	107	105	106	104	123	121	112	111	72	71	42	42	41	41	39	38
4.	165	165	100	98	112	109	108	105	109	107	106	104	124	122	114	112	74	73	45	43	42	40	40	39
5.	160	160	90	88	111	110	105	104	107	107	104	103	118	117	110	109	70	68	41	40	39	38	40	39
6.	161	161	92	90	108	107	104	102	106	104	109	107	118	117	113	112	69	68	41	40	38	38	41	40
7.	164	164	95	91	111	110	104	103	108	107	114	111	121	120	120	118	71	70	43	41	40	39	40	39
8.	162	162	92	89	114	112	110	107	112	109	107	104	119	117	111	108	71	70	41	41	40	39	40	39
9.	152	152	88	84	116	114	111	109	113	111	110	107	124	121	114	111	70	69	45	43	41	45	40	39
10.	169	169	100	87	120	117	117	113	109	115	116	113	125	122	121	119	75	74	44	43	43	42	41	40
11.	163	163	102	100	123	122	117	116	120	120	118	116	127	125	123	122	78	76	45	44	43	43	41	41
12.	167	167	100	96	118	117	113	112	117	115	110	107	120	121	117	115	72	71	43	42	40	40	41	40
13.	153	153	90	87	122	121	117	116	120	119	113	109	125	125	120	115	75	74	45	44	40	40	41	40
14.	164	164	95	92	110	109	105	103	107	105	106	103	132	130	111	109	71	70	41	40	39	38	40	39
15.	162	162	98	96	114	112	109	107	112	109	109	107	121	119	113	112	72	71	42	41	40	38	39	38
<i>x</i>	162	162	95	91	114	112	109	107	111	109	109	107	124	122	115	112	72	71	43	42	40	40	40	39
<i>± m</i>	-	-	-4	-	-2	-	-2	-	-2	-	-2	-	-2	-	-2	-	-3	-	-1	-	-1	-	-1	-

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## THE USE OF MEANS AND METHODS SWIMMING SPECIFIC FOR THE CORRECTION OF THE ATTITUDES AND THERE IS A LONGING FOR THE SHORTCOMINGS OF THE POSTURE IN CHILDREN (12 - 14 YEARS)

MIHĂILĂ RALUCA-MĂDĂLINA, IOAN ONEȚ

### **Summary:**

The Work tries to present a complex program of specific means swimming for the purpose of correcting the attitudes and the shortcomings of the spine in children (12-14 years), because lately,