

**OPEN ACCESS**

SUBMITTED 14 April 2025

ACCEPTED 10 May 2025

PUBLISHED 12 June 2025

VOLUME Vol.05 Issue06 2025

COPYRIGHT

© 2025 Original content from this work may be used under the terms of the creative commons attributes 4.0 License.

System of Corrective-Pedagogical Work in Eliminating Dysarthria

Xikmatova Saboxat Xusnitdinovna

Teacher of the Department of Speech Therapy, Faculty of Special Pedagogy and Inclusive Education, National Pedagogical University of Uzbekistan named after Nizami, Uzbekistan

Abstract: This article deals with the issue of the quality and effectiveness of corrective-pedagogical work carried out in eliminating dysarthria. The tasks of speech therapy work with dysarthric children, work on the pronunciation of sounds, and the stages of work carried out in eliminating dysarthria are outlined.

Keywords: Dysarthria, speech therapy work, task, stage, sound pronunciation, voice, general treatment, therapeutic physical education, medication.

Introduction: The system of speech therapy for the elimination of dysarthria is carried out in a complex manner, namely, massage and gymnastic exercises of the articulatory apparatus, work on voice and breathing, general treatment, therapeutic physical education, physiotherapy and drug treatment.

The main attention is paid to the state of speech development in the child, the lexical-grammatical side of speech and the characteristics of the communicative function of speech. In school-age children, the state of written speech is also taken into account.

Regular training over a long period of time gradually normalizes the articulatory apparatus, apparatus motor skills, develops articulatory movements, forms the ability to transition voluntary movements from one movement to another in the articulation organs, and contributes to the full development of phonemic hearing.

Methods of speech therapy with dysarthric children AG. Ippalitova, O.V. Pravdina, V.V. Ippalitova, Ye.M. Mastjukova, G.V. Chirkina, I.I. Developed by Panchenko, et al.

The tasks of speech therapy work with dysarthric

children are as follows:

- 1 - to teach the correct pronunciation of sounds, that is, to develop articulatory motor skills, speech breathing, and to put sounds into speech and strengthen them;
- 2 - to develop phonemic perception, to form the skills of sound analysis;
- 3 - to eliminate deficiencies in the rhythm, melodiousness and expressiveness of speech.
- 4 - to correct the general underdevelopment of the resulting speech.

One of the main tasks of the work is to eliminate and correct deficiencies in the pronunciation of sounds in dysarthric children. The main cause of the deficiencies in the pronunciation of sounds is the observed deficiencies in the mobility of the organs of the speech apparatus. Therefore, the speech therapist should pay primary attention to the development of the mobility of the articulatory apparatus.

Work on the pronunciation of sounds is organized taking into account the following:

- 1 - taking into account the form of dysarthria, the state of development of the child's speech and the age of the child.
- 2 – development of speech communication. The formation of sound pronunciation should be aimed at the development of communication.
- 3 – development of motivation, striving to eliminate existing disorders, self-awareness, self-confidence, self-management and control, self-esteem and belief in one's own strength.
- 4 – re-development of differential auditory perception and the ability to analyze sounds.
- 5 – strengthening the articulatory order and articulatory movement through the development of visual-kinesthetic perception.
- 6 – step-by-step organization of work. Correctional work begins with sounds whose pronunciation is preserved in the child. Sometimes sounds are selected according to the principle of simpler motor coordination, but taking into account articulatory disorders, work is first carried out on the sounds of early ontogenesis.
- 7—In the most severe disorders, that is, when the child's speech is completely incomprehensible to those around him, the correction work begins with isolated sounds and syllables. If the child's speech is relatively understandable to those around him and he can correctly pronounce the defective sounds in some words, then the work begins with the "base" words. In any case and in various speech situations, sounds must

be strengthened in speech.

- 8 – It is important to prevent complex disorders in the pronunciation of sounds in children with central nervous system damage by regularly conducting speech therapy in the pre-speech period.

Speech therapy work in dysarthria is carried out in stages.

Stage 1 - preparatory stage - the main goal of this stage is:

- preparation for the formation of the articulatory apparatus, articulatory order;
- in the first years of the child's life - education of the need for speech communication;
- identification and development of passive vocabulary
- correction of breathing and voice defects.

The most important tasks of this stage are - development of sensory functions, especially auditory perception and analysis of sounds.

The use of correctional methods and techniques depends on the level of speech development. The absence of communicative speech means in a child accelerates the initial sound reaction and leads to imitation of sounds, and gives it a communicative meaning.

Speech therapy work is carried out in combination with drug exposure, physiotherapeutic treatment, therapeutic physical education and massage.

Stage 2 - the stage of formation of initial communicative pronunciation skills.

The main goal of this stage:

- development of speech communication and sound analysis skills;
- relaxation of the muscles of the articulatory apparatus;
- control of the position of the mouth;
- development of articulatory movements;
- development of the voice;
- correction of speech breathing;
- development of perception of articulatory movements and goal-directed articulatory movements.

Exercises to relax the muscles of the articulatory apparatus begin with general muscle relaxation exercises (neck, chest, arm muscles). Then a relaxing massage of the facial muscles is performed.

Movements begin from the center of the forehead to the edges. They are performed using light stroking movements of the fingertips at a slow pace.

Relaxing massage is usually focused only on the muscles

of the face that have increased tone, while massage aimed at groups of relaxed muscles should be strengthening.

The second direction of the facial muscle relaxation massage is directed from the eyebrows to the hairline. The movements are performed equally with both hands on both sides.

In the third direction, the movements are directed from the forehead down, from the lungs to the neck and shoulder muscles.

Then the lip muscles are relaxed. The speech therapist places his index fingers in the middle of the upper lip and on both sides of the mouth, and the movements are directed towards the midline. This movement is also performed with the lower lips. Then the work is carried out on both lips.

In the next exercise, the speech therapist's index fingers are in the same position as above, only the movements are performed upwards along the upper lip, in which the gums are visible, and with downward movements the lower gums are opened.

Then the speech therapist's index fingers are placed on the corners of the mouth and the lips are pulled in (smile). With the help of repeated movements, the lips return to their original position.

Such exercises are performed in different positions of the mouth: closed, half-open, wide open.

After relaxing exercises, a low-tonus strengthening massage is performed, followed by passive-active movements of the lips. As a result of this massage and exercises, the child will be able to hold wooden objects of different diameters, candies with his lips, and learn to drink water through a straw.

After the general muscle relaxation exercises mentioned above, the tongue muscles are trained. When relaxing them, it is important to remember that the tongue is interconnected with the lower jaw muscles. Therefore, if the spastic downward movement of the tongue in the oral cavity is accompanied by the downward movement of the lower jaw, the exercise will be easier for the child to perform. Such exercises are given to school-age children in the form of an auto-train, "I am calm, very relaxed, my tongue is in a calm position in my mouth. As the lower jaw goes down, I also slowly lower my tongue."

If these methods do not help enough, a piece of clean gauze or a clean, light object is placed on the tip of the tongue. The resulting tactile sensations help the child to understand that something is preventing the free movement of the tongue, that is, to feel the spastic state. After that, the speech therapist makes light

pressing movements on the tongue with a speech therapy probe.

The next movement is to move the tongue lightly to the sides. The speech therapist carefully holds the tongue with a clean gauze and rhythmically pulls it to the sides. Gradually, the speech therapist's help decreases, and the child begins to perform the exercise himself. Massage is performed by a treating physical education specialist. Speech therapists and parents can use its elements under the supervision of a doctor, observing hygienic requirements.

Controlling the position of the mouth

In dysarthria, lack of control over the position of the mouth complicates the development of voluntary articulatory movements. In dysarthria, the child's mouth is usually open, salivation is observed.

The work to be carried out is divided into 3 stages.

The first stage is the development of tactile sensations in exercises for the lips in combination with passive closing of the child's mouth. The main emphasis is on the sensations of the child closing his mouth, the child observes these situations through a mirror.

The second stage is closing the mouth through passive-active ways. Closing the mouth is easy to do by first tilting the head down and opening the mouth, throwing the head back. In the initial stages of work, these simplified methods can be used.

The third stage - exercises for actively opening and closing the mouth are performed according to verbal instructions. For example, "Open your mouth wide", "Puff your lips", "Bring the lips into a tube shape and return them to their original position".

Performing exercises according to pictures depicting various movements of the mouth. The exercises gradually become more complicated: the child is asked to blow through relaxed lips, perform vibrating movements.

Articulatory gymnastics

Tactile-proceptive stimulation, the development of static-dynamic sensations, and clear articulatory kinesthesia are of great importance when conducting articulatory gymnastics.

It is carried out through the perfect use of the analyzers (hearing, vision, tactile) stored in the initial stages of work. The exercises are performed with the eyes closed, focusing the child's attention on proprioceptive sensations. Articulatory gymnastics is differentiated depending on the form of dysarthria and the degree of damage to the articulatory apparatus.

Before developing the movement of speech muscles, exercises for facial mimic muscles are used. From

preschool age, voluntary and differentiated movements of mimicry and control over one's own mimicry are developed in a child. The child is taught to open and close his eyes, frown, puff out his lungs, swallow saliva, open and close his mouth according to verbal instructions.

To develop sufficient strength of the muscles of the face and lips, special resistance exercises are used using a clean handkerchief, a tube. The child should hold the tube with his lips and hold it even if an adult tries to pull it away.

Articulatory gymnastics of the tongue begins with training in the active contact of the tip of the tongue with the edges of the lower teeth. Then general, less differentiated movements of the tongue are developed, first passive, then passive-active and active movements.

The development of the muscles of the root of the tongue begins with their reflex contraction by affecting the root of the tongue through a special probe. Strengthening is carried out using voluntary coughing.

The development of articulatory motor skills is carried out using general and special exercises. Games are selected taking into account the nature of articulatory motor skills and the degree of the defect, the age of the child.

Voice development. Various orthophonic exercises are used to develop and correct the voice in dysarthric children, these exercises are aimed at developing respiratory activity, phonation and articulation.

Work on the voice is carried out after articulatory gymnastics and massage. Along with these, special exercises are also performed to relax the neck muscles, perform comprehensive head movements, and simultaneously pronounce the vowels i-e-o-u-a with this exercise.

Activation of the movement of the soft palate is of great importance for voice correction. To do this, it is recommended to perform exercises such as swallowing water droplets, coughing, yawning, and pronouncing the vowel "a" with a hard attack. These exercises are performed in front of a mirror under the score. The following methods are used: stimulating the back of the tongue and performing the movement of tapping the palate with the tongue; performing a voluntary swallowing movement; during this, the speech therapist drips water onto the opposite wall of the larynx with a dropper, while the child's head is slightly tilted back.

Jaw movements are of great importance in sound production. For this, exercises are used to imitate opening and closing the mouth and chewing.

Special exercises are also used to lower the lower jaw. After the muscles relax, the speech therapist helps to lower the lower jaw by 1 - 1.5 cm (the child closes his mouth independently).

REFERENCES

Ayupova M.Y. Logopediya. O'zbekiston faylasuflar Milliy jamiyati. - T.: 2007.

Logopediya. (pod red. A.S.Volkovoy). - M.: Vldos. 2003 g.

Muminova L., Ayupova M. Logopediya. - T.: O'qituvchi 1993 y.