



INCLUSIVE EDUCATION STRATEGIES FOR CHILDREN WITH MOSCOW DISABILITIES AND CONDITIONS FOR THEIR IMPLEMENTATION

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Abstract: This article analyzes inclusive education strategies for children with musculoskeletal disorders and the conditions necessary for their implementation. Adapted teaching methods, physical environment, pedagogical approaches and the level of training of teachers are considered as important factors for the full inclusion of children with special needs in the educational process. The article also discusses the existing opportunities in institutions, existing problems and ways to overcome them.

Keywords: inclusive education, musculoskeletal disorders, special needs, pedagogical strategies, adapted learning environment, teacher training, physical adaptation, social integration, educational institutions, children with disabilities.

Today, an inclusive approach based on the principles of human rights, equal opportunities and justice is playing an important role in the education system. Every child, regardless of their health or disability, has the right to a full-fledged education. Especially for children with musculoskeletal disorders, the modern education system aims to fully realize their potential, achieve social integration and prepare them for independent life. Inclusive education is an important tool in this process.

Musculoskeletal disorders limit physical activity in children, cause problems with movement, speech, self-service, and sometimes even mental health. Including such children in the general secondary education system is important not only for their personal development, but also for social stability in society. However, when including them in



general education institutions, attention should be paid to a number of important conditions: adaptation of buildings and structures, special training of teachers, methodologies based on an individual approach, a system of psychological and social support, etc.

In recent years, Uzbekistan has been implementing a number of reforms in the field of inclusive education. Based on the Strategy for the Development of Inclusive Education for 2020 2025, specific measures are being taken to create modern pedagogical approaches and infrastructural facilities for children with musculoskeletal disorders. This will provide children with disabilities not only with the opportunity to receive education, but also with the opportunity to find their place in society.

This article analyzes the strategies, pedagogical approaches, institutional infrastructure, teacher and parent cooperation necessary for inclusive education for children with musculoskeletal disorders, as well as existing problems and ways to overcome them. The goal is to create a comfortable and effective learning environment for such children, contributing to their full integration into society.

The organization of inclusive education for children with musculoskeletal disorders may seem at first glance to be just the creation of a specially equipped environment. In fact, this is a complex, multi-stage and systematic process that requires a comprehensive approach. These children may have limited physical capabilities, but they also have the full right to receive education, develop and find their place in society. Therefore, an individual approach, adapted programs and special pedagogical methods play a key role in education for such students.

First of all, it is necessary to reconsider the physical environment of the educational institution: there should be infrastructure elements such as ramps, wide doors, special desks and chairs, adapted toilets and elevators. Without them, it is practically impossible for children to enter the classroom, move around, and fully participate in educational activities. Unfortunately, many secondary schools are currently deprived of such opportunities. The



second important aspect is the training of teachers. To work with children with musculoskeletal disorders, a teacher must have not only knowledge of their subject, but also skills in defectology, psychology, and communicative methods. They must be able to adapt educational programs to each child's situation, motivate the student, and support his social adaptation. However, in practice, in many cases, teachers do not have sufficient qualifications in this area, which negatively affects the quality of inclusive education.

The third important factor is family support and social environment. The child should be adapted to education not only at school, but also at home, in the family and in society. Parents should correctly understand the needs of their children, encourage them to actively participate in education. At the same time, classmates and their parents should also be given explanations about the essence of an inclusive environment - this contributes to the formation of a positive social environment.

The availability of psychological support services is also important. Such children often experience self-doubt, a sense of exclusion, and emotional problems. Supporting them psychologically, strengthening self-confidence, and helping them build the right relationships with their peers is the main task of psychologists in inclusive education.

Foreign experience shows that children with disabilities who receive education in inclusive schools have a much higher level of social adaptation. They are formed as individuals who are ready for life, able to make independent decisions and find their place in society. Therefore, in Uzbekistan, efforts are being made to strengthen the inclusive education system through existing legislation, government decisions and strategic programs. Thus, inclusive education for children with musculoskeletal disorders means not just inclusion, but active participation, full adaptation and social integration. To achieve this, the state, the education system, teachers, families and the whole society must work together and work systematically.



In children with congenital anomalies, several defects are observed together. They are called the category of children with complex defects.

Cerebral palsy (CP)

A disease of the central nervous system, manifested by primary damage to the motor areas of the brain and the pathways that conduct movements. In cerebral palsy, early organic damage to the motor and speech motor systems of the brain is caused by

Infectious diseases, especially viral infectious diseases; poisoning and various types of injuries during pregnancy; chronic diseases; incompatibility of the blood group or Rh factor of the mother and fetus, and other reasons; in some cases, for example, birth injuries resulting from defects in the mother during childbirth; the fetus is wrapped around its axis, which causes a lack of oxygen in the child and damage to the nerve cells of the brain.

Spastic diplegia - a type of cerebral palsy in children, manifested by spastic paralysis (diplegia) in both legs.

Spastic hemiplegia - complete paralysis of the right or left half of the body.

Secondary hemiplegia - Often caused by a brain hemorrhage or blockage of cerebral blood vessels in hypertension, atherosclerosis, rheumatism, diabetes.

Inclusive education for children with musculoskeletal disorders is a crucial tool for their full involvement in social life, realizing their potential through education and preparing for independent life. Education is not only a process of imparting knowledge, but also a means of forming, socializing and spiritually strengthening the personality. It is through inclusive education that children with disabilities have the opportunity to learn along with their peers, feel like members of society, and develop their potential.

As analyzed in this article, the successful integration of such children into the education system depends on the existence of several important conditions.

First of all, this is the adaptation of the physical infrastructure of the educational institution: ramps, wide doors, elevators, special furniture and textbooks are necessary.



Their presence will contribute to the child's independent movement and unhindered participation in the learning process. The fact that such opportunities are still insufficient in most schools remains a problem.

Another important aspect is the training and motivation of teachers. Teachers must have such competencies as pedagogical adaptation, individual approach, patience, and psychological support when working with students with musculoskeletal disorders. Their methodological knowledge and professional level directly affect the level of adaptation of these children to education. Therefore, special courses and advanced training programs should be regularly organized for teachers.

In addition, it is important for educational institutions to work in constant cooperation with psychological services, defectologists, and rehabilitation specialists. Along with the physical condition of the child, proper monitoring of the mental and emotional state, and the provision of necessary assistance play a key role in their socialization.

Family and social support also have a great impact on the effectiveness of inclusive education. Through parents' belief in their child's capabilities, encouragement, and active cooperation with the school, the child feels valued. Also, eliminating stereotypes and prejudices in society, promoting a culture of equal treatment with others is an important stage in developing an inclusive environment.

In conclusion, the effective implementation of inclusive education for children with musculoskeletal disorders requires the renewal of the education system based on humane principles, the development and implementation of flexible strategies. In this regard, it is important that state policy, educational institutions, teachers, families, and society as a whole work in a single system and in a goal-oriented manner.

Inclusive education organized in this way not only improves the quality of life of children with disabilities, but also creates the basis for respect for human rights, tolerance and social stability in society.



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