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STATE OF THE RESPIRATORY SYSTEM IN CHILDREN AND
ADOLESCENTS WITH HEARING LOSS

Health & Medical Science \ Rehabilitation Therapy

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The sensor deliverance produces their special peculiarities in the deaf children's motor sphere. The deflexion of the hearing from the system of the analizators means not only the isolated “dropping out” one of the sensor system, but breaking the whole way of person's developing with such pathology. The sensor lack of the children having lost the hearing, connects with the balance and coordinating breach abilities which may even lead to a lower level of the muscle power and inner breathing function.

The analysis of the spirographic reading shows the functional violation of the inner breathing, the degree of maifecture which displays differently among deaf children The Hyperventilation in the calm state is often met among the children haring the hearing problem at the age of 4-7. The minute volume of breathing (MVB) among girls of this age exceeds the vaiue for 54,5% but the frequency of the breathing for 62,6%. That is, the hypoventilation is carried out for frequent breathing increase. The boys' MVB this age is more to 92,5%, the frequent breathing to 43,75%. The revealed hyperventilation can be considered as a compense reaction for hyphocsiya which is caused by deformation and limited chest moving.

Golozubets T. S. states the children of the junior school age with the hearing problem is more expressed and differ from the health children of the same age in

the reading of the thorax value (TV) and living capacity of lungs (LCL). The considerable lowering of LCL among the deaf schoolchildren at the age of 7-8.

In Mogylenko V.V.'s researches it is stated that the reading of the LCL among the deaf teenagers were rather lower than the person's readings who hear. The girls' difference is 14,8%, the boys' - 9,2%.

A.Zebrovskaya, A. Zwierzchovskya (2016) investigated the three age groups of children with hearing problem among 10-11 years old, 12-13 and 16-17. They found out some unfavourable changes in the spirometry of the deaf as well, showing the possibility of the slow function development of the lungs in comparison with the children who hear. The deaf teenagers showed rather lower readings of the LCL, forced living capacity of Lungs (FLCL) and maximum volume speed while breathing out in comparison with the children of the same age who hear. While comparing the reading of the spirograph among the deaf teenagers and the ones after the cochlear implantation, the rest showed higher readings of the maximum breathing out speed and the average stream of the forced breathing out (FEV 25-75). So, the sensor deprivation among the prelingual deaf teenagers influences on the breathing system function. Using the oral relations makes salutary influence on the breathing productivity among the deaf teenagers.