

## Methodology of Teaching Physical Culture

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### ANNOTATION

Growth, development, health, activity are primarily the result of inheriting certain physical information from parents. They are also mainly determined by proper nutrition, following a reasonable lifestyle and other social factors. However, physical education is a crucial factor. In modern conditions, without regular, specially organized physical exercises, even children who have inherited health and development from their parents and live in good conditions cannot achieve the level of physical fitness that children of average and moderate development can achieve. systematic physical education.

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Normal physical development is a change in the structure and functions of the child's body depending on age, which naturally corresponds to his growth. The morphological and functional changes that occur in the organism are very complex, but nevertheless, the normal or abnormal course of development can be determined with sufficient objectivity by some indicators that reflect this process externally. can be evaluated. These indicators are body height, weight and chest circumference. They are related to body mass, density and shape. A child's physical strength can be assessed based on the interdependence of these factors. In addition, some descriptive (somatoscopic) signs (muscle condition, level of fat accumulation, form of posture, puberty) and physiometric signs - lung vitality, spine strength, lung strength are taken into account. . hand grip strength, etc.

At primary school age, the structure of tissues continues to form in children, their growth continues. The growth rate of height slows down a bit compared to the previous period before school age, but body weight increases. The height increases by about 4 cm every year, and the weight is 2 kg. That is why this age is called rounding period.

Active motor activity helps the growth and development of bone and muscle tissue, internal organs and sense organs. It stimulates metabolic processes in the child's body, increases its protective properties. Due to the increase in the number of leukocytes in the blood and their activity of absorbing pathogenic microbes, the body's resistance to adverse environmental conditions - heat, cold, lack of oxygen, high atmospheric pressure, harmful air impurities, etc.

It should be noted that growth, development, health, activity are primarily the result of inheriting certain physical data from parents. They are also mainly determined by proper nutrition, following a reasonable lifestyle and other social factors. However, physical education is a crucial factor. In modern conditions, without regular, specially organized physical exercises, even children who have inherited health and development from their parents and live in good conditions cannot achieve the level of physical fitness that children of average and moderate development can achieve. systematic physical education.

Children who do not engage in systematic physical exercise, as a rule, lag behind in growth

and development. Lack of movement (hypokinesia), if it is small, leads to the cessation or decrease of the body's growth and ability, if it is large, it gradually leads to muscle atrophy, obesity and other serious diseases. Physical exercise is a means of preventing possible disorders of normal physical development.

The motor activity of a child of primary school age should also be excessive. You should be careful about vigorous exercises, because a significant part of the body's energy resources at this age is spent on plastic processes (growth and development processes), and strong muscle activity is associated with high energy costs. Excessively intensive training does not improve, on the contrary, it slows down growth and development.

At the same time as the general task - to help the multifaceted and balanced development of children with the help of physical exercises - physical education faces another, narrower task: correcting individual deficiencies in physical development. Many children have poor posture, flat feet, and signs of obesity. Young schoolchildren are more prone to physical development disorders.

A large number of elementary school students have some form of speech disorder. Most of these disorders have an unstable functional nature, which can be corrected with exercise.

The largest number of defects observed in the form of shoulder girdle in children aged 7-12 years. This is mainly the asymmetry of the neck-shoulder lines and the position of the shoulder blades, excessive forward approach of the shoulders and delay of the lower angles of the shoulder blades.

The next common defect is flat feet. It interferes with proper posture, reduces children's ability to stand, walk, run and many other activities for a long time.

Spine deformities are relatively rare.

Postural disorders in children should be corrected as early as possible before they exceed the first or second degree. The first degree - unstable deviations of the spine from the norm up to  $5^\circ$ , sharp twisting (twisting) of the spine, slightly backward scapula. The second level is the presence of opposite curves (for example, on the chest on the right, on the waist - on the left), a  $6-25^\circ$  turn, there is no gross distortion of the shape. the mobility of the chest and pelvis, the spine is somewhat limited; in the horizontal position (lying) and vertically (hanging on the gymnastic wall), the curvature is partially corrected.

Specially selected exercise complexes are used to form the correct position.

In order to correct the postural disorders that appeared earlier, first of all, a large number of exercises are needed for the development of multifaceted general physical fitness, breathing and balance. It is recommended to perform a significant part of the exercises in a position that is convenient for lowering the spine - lying on your back and stomach, on all fours. It is very important that the training is emotional, because many children with postural disorders are characterized by a depressive state. It is necessary to instill in them courage, confidence in the possibility of correcting existing shortcomings at their age. Naturally, in physical education in the classroom, it is necessary to explain to children the harm of bad habits such as sitting sideways at the table, bending, lowering the left elbow, sitting on the leg, on a very high seat; standing with support on one leg; keep your hands in your pockets; "hang" the head; one-handed operation.

There are classes between 1-4 students, as well as those whose body weight significantly exceeds the average age norms; sometimes there are signs of first-degree obesity.

Obesity is one of the most difficult physical development disorders to correct. There are various forms of obesity of an endogenous nature, which are associated with disorders of endocrine glands and exogenous functions due to abundant nutrition.

In physical education classes, the following types of physical exercises are given to students who are prone to obesity:

Activation of blood circulation and respiratory activity (with obesity, these functions are often impaired) - walking, running, skiing, outdoor games, etc.;

Improving motor-motor function - exercises for dexterity, teaching correct posture;

Strengthening the abdominal muscles (the largest place of deposition of fat), which should directly improve the functioning of the abdominal organs;

Increasing muscle mass - exercises with stuffed balls, resistance, etc.

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