

**THE EXPERIENCES OF PHYSIOTHERAPY IN PRESCHOOLS
IN THE LIGHT OF A KINDERGARTEN RESEARCH IN HAJDÚBÖSZÖRMÉNY**

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Abstract

The literature and research on physiotherapy in Hungary are not as complete as the research on physical education, so this article is also incomplete. Our research aimed to report on the experiences of physiotherapy sessions for preschool children within the physical education sector, as this area is less researched. Our research presents the experiences of children and their parents who have participated in pre-school physiotherapy in a sample of children attending the Good Shepherd Reformed Kindergarten in Hajdúböszörmény. The results are presented based on the analysis of a questionnaire filled in by 50 parents and an interview with the physiotherapy teacher who teaches in the kindergarten. The survey shows that 8% of parents of preschool children did not know that their child was attending such sessions,

92% of parents were informed, but 20% did not know how many development sessions their child was attending. The majority of parents follow up on their child's development, but consider the information provided by the teacher to be insufficient. The vast majority of parents were also aware of their child's diagnosis. Parents' opinions showed that they consider the existence of physiotherapy sessions important, as they consider it essential for the effective development of a growing organism. Parents also noted positive effects of physiotherapy sessions, such as improved posture, flexibility, reduced orthopaedic deformities, increased endurance, or improved dexterity and hand-foot coordination. Another important aspect, according to parents, is that these sessions are free of charge, take place during nursery school hours and they are playful. According to the physiotherapy teacher, the number of sessions is not sufficient to achieve optimal improvement, given that the vast majority of children only receive development in kindergarten. These results are useful and can be used in the training of kindergarten teachers or further training courses.

Keywords: pre-school physical education, parents' opinions, deformities, internal medicine diseases

Diszciplína: pedagogy

Abstract

AZ ÓVODAI GYÓGYTESTNEVELÉS TAPASZTALATAI EGY HAJDÚBÖSZÖRMÉNYI ÓVODAI KUTATÁS TÜKRÉBEN

A gyógytestnevelés témakörében a hazai szakirodalmak és kutatások nem képeznek olyan teljességre törő rendszert, mint a testneveléssel foglalkozó kutatások, ezért ez a cikk is hiánypótló. A kutatásunk célja volt, hogy a gyógytestnevelésen belül az óvodáskorúak számára biztosított gyógytestnevelési foglalkozások tapasztalatairól számoljunk be, hiszen ez a terület kevésbé kutatott. A kutatásunk az óvodai gyógytestnevelésben részt vett gyerekek és szülei tapasztalatait mutatja be a hajdúböszörményi Jó Pásztor Református Óvodába járó gyerekek mintáján. Az eredményeket 50 szülő által kitöltött kérdőív, és az óvodába tanító gyógytestnevelő pedagógussal folytatott interjú elemzésére alapozva ismertetjük. A kutatásból kiderül, hogy az óvodáskorú gyermekek szülei közül 8% nem tudott arról, hogy gyermeke részt vesz ilyen foglalkozáson, a szülők 92%-a informált volt, azonban 20%-uk nem tudta, hogy hány fejlesztési alkalomban részesül gyermeke. A szülők többsége nyomon követi gyermeke fejlesztését, azonban kevésnek ítélik meg a pedagógus által közölt információkat. A szülők döntő többsége a gyermekük diagnózisával is tisztában volt. A szülői vélemények azt mutatták, hogy fontosnak tartják a gyógytestnevelési foglalkozások meglétét, hiszen nélkülözhetetlennek tartják a növekedésben lévő szervezet hatékony fejlesztésére. A szülők a gyógytestnevelés foglalkozásoknak olyan pozitív hatásait is tapasztalták, mint, javult a gyermek tartása, a hajlékonysága, az ortopédiai elváltozások mértéke csökkent, erősödött a kitarítás, vagy javult a mozgásügyesség és a kéz-láb koordináció. Szintén lényeges szempont a szülők véleménye szerint az, hogy ezek a foglalkozások ingyenesek, óvodai időben történnek és játékosak. A gyógytestnevelő pedagógus szerint a foglalkozások száma nem elégséges ahhoz, hogy optimális javulást érjenek el, tekintettel arra, hogy a gyerekek döntő többsége csak az óvodában kap fejlesztést. Ezek az eredmények hasznosak és felhasználhatók az óvodapedagógus képzésben vagy a szakirányú továbbképzésekben.

Kulcsszavak: óvodai gyógytestnevelés, szülői vélemények, deformitások, belgyógyászati betegségek

Diszciplína: neveléstudomány

Introduction

A sedentary lifestyle leads to negative changes not only in adults but also in young children (Simon, 2022 a, b). Today, there is an increasing number of children with internal medicine or orthopaedic problems who, for various reasons, do not receive the development they need at the right time (Fülöp and Pipó, 2023; Gaál and Bencze, 2004). Furthermore, they do not participate in the physical education or physiotherapy that is appropriate for them, which may be preventive, corrective or corrective, to ensure their optimal development (Ramocsa, 2005; Hidvégi & Müller 2015; Andrásné, 2000, 2017). The consequences of the situation caused by the COVID-19 virus have caused a significant disadvantage for the development of children with different developmental stages and delayed development in the areas of various physical development and special pedagogic developments. (Vargáné, 2021; Višnjić-Jevtić et al. 2021; Mező, 2022).

In today's fast-paced world, parents place less emphasis on prevention, i.e. preventing problems and maintaining a healthy state, even though many internal medicine and orthopaedic problems could be prevented with increased and continuous attention. Parents often reassure themselves by saying that it is genetics because they have had similar problems themselves. However, this is not entirely true, as a growing body of literature (Andrásiné et al., 2000) on preschool child development shows that in such cases, too, children learn by imitation, as in any other areas - cognitive abilities, emotions, play etc. (Vargáné és Pálfi, 2016; Mező, 2018; Pálfi, 2019). As a consequence, regular medical assessments of children at an earlier age are necessary to maintain or correct the level of already established abnormalities, so that the physiotherapy teacher can contribute to the effective development of children in physical education and the highest possible level of recovery of pathological abnormalities by providing them with a high level

of theoretical and practical knowledge (Hidvégi & Müller, 2015, Simon & Kajtár 2015). The need for exercise and the protection of the child's health is a fundamental right of the child, and the satisfaction of the child's physical needs is the reference point of the Hungarian Kindergarten Core Program (Pálfi et al. 2020). In addition to providing free movement for preschool children, physical activity classes and recreational sports or physical activities with the family can be a key tool for primary prevention, as a healthy lifestyle can be well established at this age through the development of a wide range of movement and skills (Wolf 2022).

Material and method

Our study included 50 participants, the target group of which were parents of preschool children attending the Jó Pásztor Reformed Kindergarten in Hajdúböszörmény, whose children regularly participate in physiotherapy activity. The sample consisted of 50 participants, all of whom filled in the questionnaire in an assessable manner, allowing the results to be analysed. Completion of the questionnaire was voluntary and anonymous so that the identity of the respondents could not be identified in any way. At the institutional level, all the parents concerned participated in the survey, so the sample size was adequate, depending on the composition of the group. As a result, the survey is considered relevant in terms of sample size.

Before completing the questionnaire, parents were given a short, written notice informing them where the data would be used. By completing the questionnaire, parents gave their consent for their answers to be used in the research. The sample was institutional in terms of coverage.

The study also included a key professional, a teacher of physiotherapy, who has been in the profession for 31 years. The physiotherapy teacher is a teacher who provides physiotherapy development to the children of the parents interviewed in the institution. The teacher interviewed answered

questions from an interview we had prepared. The questions of the interview and the questionnaire were consistent with each other, allowing a comparison of the opinions and experiences of both sides.

The age distribution of parents is illustrated in Figure 1. The data show that the average age of parents is between 35 and 40 years.

Education is shown in Figure 2.

Figure 1. Age distribution (n=50). Source: authors.

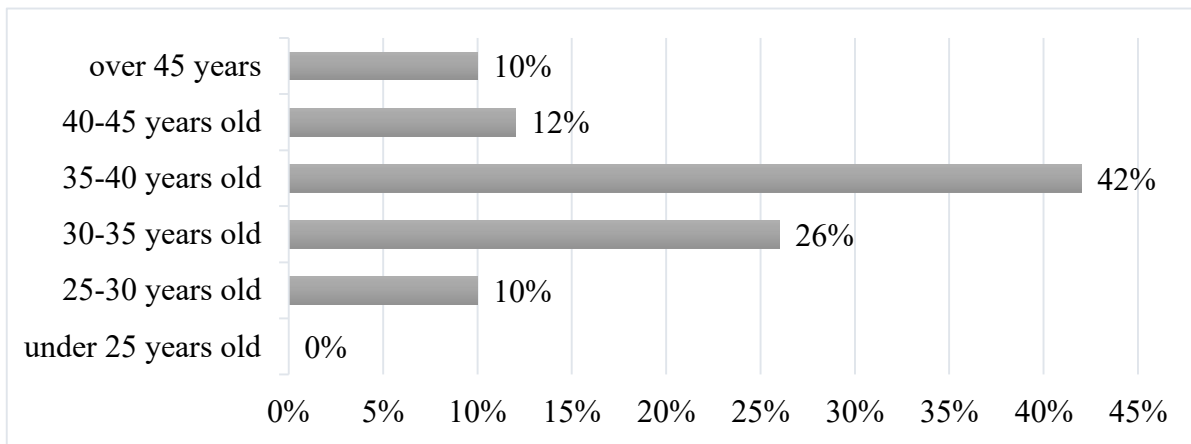
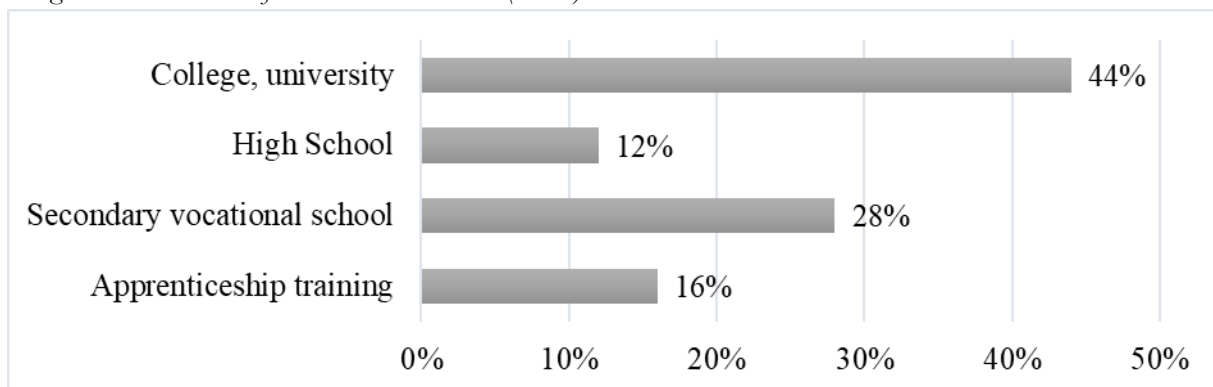


Figure 2. Distribution of educational attainment (n=50). Source: authors.



In our research, we also studied how many children the parents have and the age of the children. Of those surveyed, 16% had one child, 42% had two, 34% had three and 8% had four or more. The age of the respondents' children attending physiotherapy classes also varied for preschoolers, with 30% aged five, 50% aged six and 20% aged three.

Results

Our survey asked about the regularity with which the parent's child attends physiotherapy classes. 10% of respondents said that their child attends several times a week, 80% said that their child attends once a week, and 10% did not know how often their child receives PT (physiotherapy). We also asked the teacher a question about this during the interview. According to the physiotherapy teacher interviewed, the children attend one session per week, which she considers insufficient. She thinks that more than this or even every day would be necessary for effective development and progress. Comparing the results of the questionnaire and the interview, 20% of parents did not know how many times their child receives

the development he/she needs, while 8% of parents were surprised to find out that their child attended physiotherapy classes when the questionnaire was distributed.

We also asked how long children have been attending physiotherapy. Parents' responses are shown in Figure 3. During the interview, the physiotherapy teacher answered the same question by saying that the children of the parents interviewed had been attending PT for a minimum of two years and a maximum of four years. A comparison of the results shows that 54% of the parents do not know how long their child has been receiving the developmental support they need.

We also asked for any existing internal medicine or orthopaedic conditions, so parents were able to choose why their child was receiving developmental support from the options listed, the results of which are shown in Figure 4. The physiotherapy teacher interviewed was also supportive of the existence of abnormalities but complimented her response by stating that her practical experience suggests that there is not enough time frame to treat other, less common abnormalities and problems.

Figure 3. Time spent attending physical education classes, as reported by parents (n=50). Source: authors.

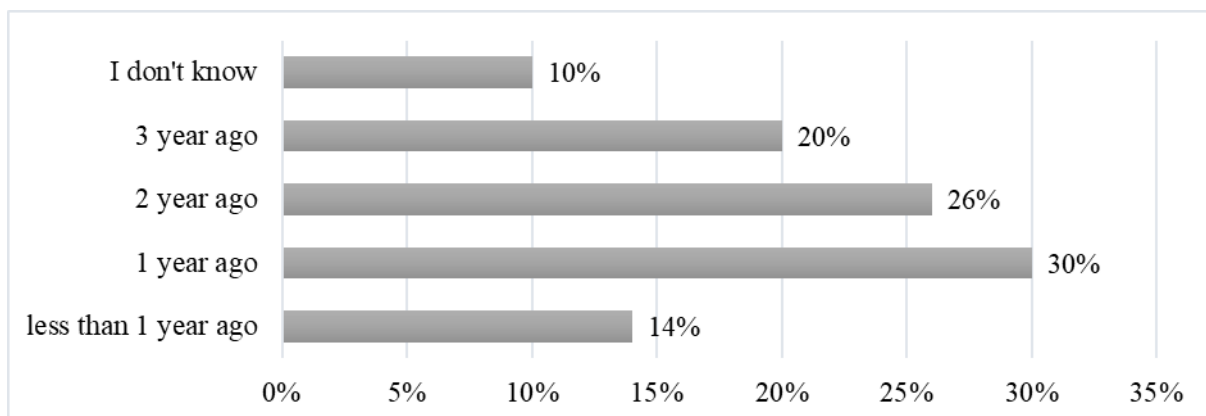
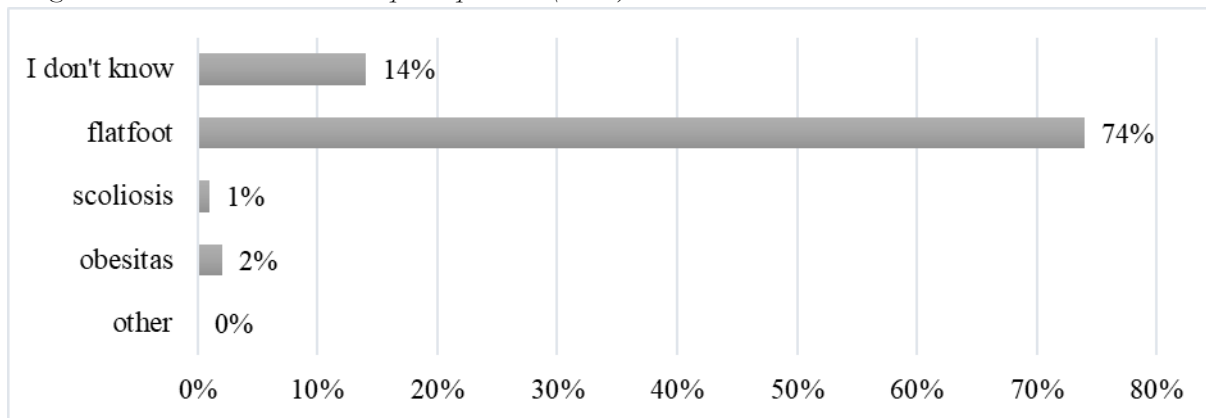


Figure 4. Internal medicine and orthopaedic problems (n=50). Source: authors.



60% of the parents concerned expected, and 40% did not expect, that their child would need to go to developmental therapy for various internal medicine or orthopaedic problems. Parents who thought it likely that their child would need to attend a PT class gave different reasons for their answers. 30% of the respondents thought that it was due to prematurity, 50% had noticed an orthopaedic abnormality in their child and 20% said that the family had been made aware of the problem by the nurse. According to the PT teacher, prematurity does indeed lead to an increase in the number of internal medicine or orthopaedic problems that may develop later in life, but this may be an indirect rather than a direct result of the disorder or lesion.

Our survey also looked at parents' positive and negative perceptions of physical education sessions. On the positive side, we can highlight the importance that parents attach to the existence of PT sessions. They believe that it is essential for the effective development of the growing body, and they also see many significant changes as a result of the development, such as improved posture, increased flexibility, reduced lesions, increased endurance, improved dexterity of movement and improved hand-foot coordination in their child.

Another important aspect, according to parents, is that these activities are free, take place during nursery school hours and are playful. The role of play in movement development and motivation has been confirmed by several studies in a sample of different age groups, but the use of play in the preschool pedagogical toolbox is very important for young children (Ramocsa, 2009, Mező, 2022; Mező és Mező, 2022; Simon, 2022 b, Wolf, 2022; Hidvégi and Müller 2015). According to the respondents' opinion, the learning of guided and new tasks during the sessions while the child is allowed to be active in a group is cardinal. Parents perceive that children are happy to attend development sessions, are motivated by positive reinforcement and rewards, and find the teacher's personality attractive. Several national studies (Óry et al., 2019, Simon and Kajtár, 2015, Müller et al., 2021; Fülöp and Pipó, 2023) have confirmed the effectiveness of the special needs teacher in education. Summarising the parents' comments, it can be concluded that there was more positive feedback than negative experiences. As a criterion for improvement, the parents interviewed believe that the teacher's contact is not sufficient, and at the same time, they do not consider the frequency of information transfer to be sufficient, so the

extent of their child's development is not known to them.

We also asked the parents whether, apart from the physiotherapy session, the children are taken elsewhere for some other development-oriented activity outside the kindergarten. 4% of respondents take their children to aquatic activities, 4% take their children to private physical education activities, but the remaining 92% do not take their children to any other developmental activities. From the responses received, it can be concluded that the majority of children only receive physiotherapy in the institutional setting. The main reasons given by parents for not attending other physiotherapy activities with their child are that they do not have time (40%), while 22% of respondents do not consider it important.

Conclusions

With the increase in the number of musculo-skeletal or internal diseases in preschool children, it is very important to increase the amount of research on physiotherapy in preschool, reflecting the expectations of parents and the experiences of physiotherapy teachers.

The research has shown that a small proportion of parents do not know that their child is in physiotherapy classes or do not know the frequency of the sessions. Thus, it is a major task for the teacher providing physiotherapy to inform parents to improve their communication with parents and the information provided to them. Most parents are well-informed about their child's diagnosis and the importance of physiotherapy. Parents consider physiotherapy to be important not only for the treatment of deformities and illnesses but also for its experienced training agents.

The research also revealed that only 8% of parents of children in physiotherapy are willing to take their child to other therapeutic activity classes in addition to kindergarten. 92% of the children

attending physiotherapy only participate in kindergarten development. This is very important data, as it confirms the need to prepare kindergarten teachers for this area in their training and vocational training, and that physiotherapy in kindergartens and schools as a specialised further training course will perhaps become even more important in the future as the number of children in need increases. Another interesting finding is that the PT teacher says that 1 session per week is not enough to achieve significant results or to correct individual differences. This result also highlights the need to consider increasing the number of physiotherapy sessions in kindergartens in the future.

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