



DIAGNOSTICS AND CORRECTION OF ATHLETE'S TRAINING

Kadirov Rashid Khamidovich

Associate Professor of the Department of Theory and Methods of Physical Culture, Ph.D., Bukhara State University

Article history:	Abstract:
Received: 26 th July 2021 Accepted: 28 th August 2021 Published: 30 th September 2021	The article presents corrective approaches to optimizing the functional state of an athlete, including empirical results of the practical use of pedagogical, medical and biological diagnostic control, methodological approaches to diagnostic control and correction of reserve capabilities that limit the training process and functional state of athletes, the cardiovascular system and the function of the nervous system based on the experimental practice of the neighboring countries.
Keywords: Operational control, index, athlete's functional state, working capacity, physical activity, diagnostic control, corrective approach.	

I. INTRODUCTION.

The constant increase in the physical and psycho-emotional loads of high-performance sports has made it an extreme type of human activity. Any new record and training tasks require athletes to have maximum borderline functional mobilization of body systems. As a result of weight training, which is adequate to the body's capabilities, the balanced and correct development of body parts prepares the organs and systems of the athlete's body for extreme activities. In the rapidly evolving modern sports arena, it is recognized that high sports achievements related to the functional status of the athlete cannot be achieved without proper technical and physical (strength) training [1, 2].

II. MAIN PART.

In planning and conducting a pedagogical experiment: first, the use of diagnostic methods to quickly determine the functional capabilities of athletes; secondly, by correcting the training process on the basis of timely detection of diagnostic information about the condition of the body of athletes, the tasks of strengthening their health and improving sports results are identified. In the course of the research, specific corrective approaches to the management of training loads were applied in practice using a rapid diagnostic monitoring system aimed at assessing the functional status of the athlete. The Athlete Functional Status Index (hereinafter AFSI) was developed and adopted as an objective basis for the correction of training loads.

The pedagogical experiment consists of studying the effect of AFSI-based, adjusted training loads on the results of basic competitive exercises (sitting on the barbell on the shoulder, lifting the barbell while lying on the device, lifting the barbell in the standing position) by athletes of the experimental group. According to the experimental plan, the implementation of rapid control of the functional state of athletes at the beginning and end of all training sessions created a wide range of opportunities for targeted correction of training loads. Five types of medical diagnostic tests were used in AFSI-based rapid control procedures: orthostatic, clinostatic, ashner, motion accuracy and speed tests, and blood pressure level (systolic component of the cardiovascular system) [3].

The developed AFSI tests (medical and pedagogical tests: orthostatic, clinostatic, ophthalmic and praximal (accuracy and speed of movement, blood pressure (systolic))) indicate the expediency of using a rapid control system at the beginning and end of training.

The proposed index is in the range of 3.9-7.1 (adequate adaptation to the load). An index (score) higher than 7.1 indicates that the athlete has a low level of preparation, or the effect of previous overload, overexertion of the autonomic nervous system, and a reduced individual load during training is recommended. If the AFSI index is below 3.9, it indicates a somatic disease of the athlete's body, or a severe withdrawal in the autonomic nervous system, and requires additional testing by immediately stopping the workout.

From the analysis of the characteristics of the change in the sum of AFSI indicators in the experimental and control groups of the pedagogical experiment period, it was found that the athletes of the experimental group were able to mitigate the negative effects of maximal and submaximal loading with sufficiently high impact training correction loads. Due to the increased resistance of the athlete's body to training and competition loads under the influence of experimental variability, the development of physical, functional and technical parameters was ensured. Functional status indicators of experimental group athletes improved statistically reliably ($r < 0.01$).

Table 1

The sum of the results of medical-pedagogical tests at the end of the experiment of athletes of the experimental and control groups

Nº	Test	n	Groups	M±m	W	T	Statistical Summary
1	Orthostatic test, scores	17	Control	1,41±0,03	136	-	P ≤ 0,001
		17	Experiment	0,98±0,02			
2	Clinostatic fracture, points	17	Control	1,38±0,03	140	-	P ≤ 0,001
		17	Experiment	0,87±0,04			
3	Eye-heart test, points	17	Control	0,82±0,03	21	-	P > 0,05
		17	Experiment	0,78±0,05			
4	Accuracy and speed of movement, points	17	Control	1,14±0,07	50	-	P > 0,05
		17	Experiment	1,29±0,03			
5	Blood pressure, scores	17	Control	3,0±0,08	139	-	P ≤ 0,001
		17	Experiment	1,58±0,12			
6	Athlete Functional Status (AFSI), scores	17	Control	7,75±0,12	144	-	P ≤ 0,001
		17	Experiment	5,47±0,18			

As a result of the pedagogical research, there was a trend of statistically reliable growth of the experimental group of athletes on the post-experimental situation in all competition conditions. In the control group, on the contrary, a different growth trend was observed. In particular, five athletes in the control group showed a downward trend in outcomes compared to the pre-experimental situation. It is impossible to effectively organize sports training without the use of corrective training loads based on rapid control, in addition, the negative impact of maximum and submaximal load on the body of athletes' leads to destabilization of sports results with adverse effects on athletes' health. Unpleasant traumatic situations, or cases of leaving the sport, can occur without adequate corrective training loads based on objective data of rapid controls.

III. CONCLUSION.

In general, the conducted pedagogical experiment confirms the research worker hypothesis. Due to the proposed diagnostic control AFSIs in the form of a set of special medical and pedagogical tests in the training of athletes, due to adequate corrective approaches to the management of the whole training process and the content of individual training, there are opportunities to improve athletes' health and sports results.

Experimental data show that AFSI-based training load correction is a highly effective means of improving the training process of athletes using rapid control data. Through a systematic approach to the proposed corrective approach, the rational planning of training tools and methods, the expansion of opportunities to manage the training of power lifters, as well as the prevention of occupational diseases and the physiological basis of this sport will be created.

REFERENCES:

1. Bashkin V.M. A systematic approach to the assessment and correction of the training process based on the functional state of the athlete's organism: monograph / V.M. Bashkin. - SPb. : Publishing house of the State. University of Aerospace Instrumentation, 2009. - 108 p.
2. Naumenko E.V. Optimization of training loads for power lifters as prevention of occupational diseases based on restorative techniques / E.V. Naumenko, L.N. Platonov, A. Yu. Butov, D.D. Dalsky // Theory and practice of physical culture. - 2012. - №7. - Pp.62-64.
3. Dalsky D.D. Some physiological features of power lifting training // Sports and fitness athleticism: collection of articles. scientific. tr. / St. Petersburg. state un-t physical culture them. P.F. Lesgaft; ed. G.P. Vinogradov. - SPb., 2006. - Pp. 15-20.
4. Pogossov A.V., Iesnikov O.I. THE CLINICO-DYNAMICS MANIFESTATIONS OF ACUTE ALCOHOL PSYCHOSIS DEPENDING ON A VARIETY OF USING ALCOHOL. Kursk State Medical University Tula Regional Narcological Dispensary3. ВЕСТНИК НОВЫХ МЕДИЦИНСКИХ ТЕХНОЛОГИЙ- 2012 – Т. XIX, №4 – p.203.