



Analysis Of Control and Accountability in The Process of Physical Training of Young Athletes

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ABSTRACT

The leading factor in the implementation of pedagogical control is the provision of complete information about the prerequisites, deployment and results of the pedagogical process. The main requirements for control and accounting are: timeliness and objectivity, accuracy and reliability, completeness and information content, simplicity and clarity.

The results of medical examinations of athletes are recorded in the protocols, and on their basis a conclusion is made about the tolerance of the training load; it is indicated what effect the lesson has, whether the load corresponds to the training period; an assessment of the level of functionality is given; a correction is made to training plans.

Keywords:

Physical condition, specific facts, psychological control, fitness of an athlete, coach, training plans, sports school, medical supervision, physical development, physical performance

I. Introduction

The essence of pedagogical control and accounting is to identify, comprehend and evaluate real conditions, specific facts of the dynamics and results of the pedagogical process. Thanks to control and accounting, data on the physical condition, technical and tactical readiness and quantitative achievements of athletes are accumulated. In addition, the effectiveness of the means, methods and organizational forms used is systematically checked, the nature of difficulties and failures in the educational process, volitional stability and performance of athletes is determined.

These data make it possible to more accurately plan and adjust the educational process, thereby contributing to the improvement of its quality and efficiency. Control and accounting data are also used when summing up the results for a certain period of time.

In pedagogical control, it is very important to analyze the established facts, clarify the connections between them, comprehend them,

and on this basis - the determination of conclusions and conclusions, the adoption of appropriate decisions. Thus, an increase in consciousness, responsibility and creative activity in the work of a trainer is achieved, as well as avoiding stereotypes, formalism and spontaneity.

Thus, the importance of well-set control lies in the fact that, firstly, it is the most important element in the management of the pedagogical process; secondly, it has a significant educational impact on both the coach and the trainees; thirdly, the usefulness of reporting documents depends on it.

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II. Research Methods

Periodic (step-by-step) pedagogical control is designed to determine the condition of athletes, the conditions of the upcoming educational and training process and its achievements. Stage control is usually carried out twice a year (at the beginning and at the end of the season). Its tasks are: 1) determination of changes in physical development, general and special readiness of the student; 2) assessment of the compliance of annual increments with the normative ones, taking into account the individual characteristics of the rates of biological development; 3) development of individual recommendations for correcting the training process and transferring the student to the next stage of long-term training.

The minimum set of indicators of physical development of young polyathletes should include: body length, chest girth, body weight, vital capacity of the lungs (VC), hand and back dynamometry.

The set of tests for assessing general physical fitness includes: running on the move and from the start at 30 m, long jump from a standing position, pulling up on the bar, flexion and extension of the arms in a lying position, run 600-1000 m, shuttle run 3x10 m. Current control and accounting are carried out for several months, weeks (microcycle, mesocycle). It helps to assess the quality of the educational and training process, to establish the degree of solution of the tasks set for a given period of time, and also to identify daily changes in condition of athletes.

Current control is carried out to register and analyze the current changes in the functional state of the body (daily, weekly). Its most important task is to assess the degree of fatigue and recovery of an athlete after previous loads, his readiness to fulfill the planned training loads, and prevent overwork.

As additional indicators for assessing the current state of an athlete, it is advisable to use indicators of self-control - health, sleep, appetite, subjective assessment of mood, desire to train, physical performance, the presence of positive and negative emotions. An important indicator is the heart rate, measured daily in a

standard position in the morning, after sleep. More accurate information is provided by orthostatic and clinostatic tests.

Orthostatic test - the athlete lies motionless for at least 5 minutes, calculates the heart rate, then gets up and counts the heart rate again. Normally, when moving from a lying position to a standing position, there is an increase in heart rate by 10-12 beats / min, up to 18 beats / min - satisfactory, over 20 beats / min is considered an unsatisfactory indicator, indicating inadequate nervous regulation of the cardiovascular system. The clinostatic test, on the contrary, assesses the deceleration of the pulse rate when moving from a standing position to a lying position. A decrease in heart rate by more than 4-6 beats indicates an increased tone of the autonomic nervous system.

Operational control is carried out within one lesson. They are designed to receive information about the change in the state of those involved directly during the exercise. The teacher needs this information for the rational management of the activities of those involved in the lesson.

III. Discussion

The simplest indicators of the operative state of the trainees are changes in heart rate, respiration, speed of exercise, parameters of movement technique during the lesson. Most of the information obtained in the process of current and operational control is recorded in the teacher's personal diary. Operational control is designed to register the load of a training exercise, a series of exercises and the whole exercise. It is important to determine the magnitude and direction of biochemical shifts in the athlete's body, thereby establishing the relationship between the parameters of the physical and physiological load of the training exercise. It is known that a training exercise causes unequal biochemical changes not only in different athletes, but also when the state changes in the same individual. In the training of highly qualified athletes, direct physiological and biochemical measurements (oxygen consumption, lactic acid in blood, parameters of acid-base balance, etc.). Certain

information about the "load value" of a training session as a whole can be obtained by evaluating the recovery of the heart rate 10-15 minutes after its completion.

The criterion of readiness for the next training series is usually considered to be a decrease in heart rate to 120 beats / min. Symptoms indicating an excessive load are: a sharp redness, paleness or cyanosis of the skin; a sharp increase in breathing rate (it becomes superficial and arrhythmic); significant deterioration in technique and impaired coordination, tremors of the limbs; complaints of dizziness, tinnitus, headache, nausea and vomiting.

The main tasks of biomedical control are as follows:

- determination of the state of health and the level of the functional state of young athletes for polyathlon training;
- systematic observation of changes in the state of physical and functional fitness, occurring under the influence of regular exercises, and determination of individual norms of loads.

Control over the state of health of a young athlete is carried out by a doctor of a children's and youth sports school and specialists from a medical and physical dispensary.

Athletes undergo an in-depth medical examination twice a year, at the end of the preparatory and competitive. In-depth medical examination includes: anamnesis; medical examination to determine the level of physical development and biological maturation; electrocardiographic examination; clinical analyzes of blood and urine. Examination by specialist doctors: surgeon, neuropathologist, ophthalmologist, otolaryngologist, dermatologist, dentist, gynecologist (for girls). If necessary, for medical reasons, additional consultation with other specialists is organized. Young athletes assigned to the main medical group are allowed to participate in polyathlon.

An in-depth examination of an athlete is carried out in conjunction with a doctor, coach, teacher in the field trainings, competitions, rest and study of those involved. In most cases, such observations play a decisive role in the individualization of the training process, in its correct planning and implementation.

The conclusion based on the results of an in-depth examination contains: an assessment of the state of health and physical development; biological age and its compliance with the passport; functional state level; recommendations for treatment, prophylactic and rehabilitation measures and regimen.

Control over the level of physical performance and the functional state of the athlete's body is carried out within the framework of a comprehensive comprehensive examination to determine the potential capabilities of a young athlete, the dynamics of the level of fitness, the correspondence of the training and competitive loads performed, the physical and functional capabilities of the body.

To obtain an objective assessment of the level of physical performance and functional state of a young athlete, it is necessary to standardize the testing methodology. For this, the regime of the day prior to testing should be built according to the same scheme, it excludes medium and heavy loads, but restorative classes can be conducted. Warm up before testing should be routine. The test flow does not change and remains constant from testing to testing. The athlete should strive to show the best possible result in the test.

To determine physical performance in the office, various models of physical activity are used. The most common definition of operability is the PWC170 test. Current control is carried out according to a pre-planned plan, either after the athlete has started training after an illness, or at the request of the coach. Its purpose is to reveal how the athlete tolerates the maximum training loads (one training session, a weekly cycle, etc.). The minimum complex includes measurements of heart rate, blood pressure, electrocardiogram and adaptation to additional stress.

The results of the current control are carried out using simple methods to cover the largest number of students. In this case, the doctor: 1) conducts in the classroom observations of the appearance of students, which gives an idea of the degree of fatigue; 2) conducts the timing of classes; 3) studies the physiological training curve; 4), if necessary, conduct individual observations of individual

athletes, using easily accessible, non-burdensome research methods.

The doctor and the trainer analyze the training loads and find their optimal dosage in accordance with the condition of the athlete's body. Along with the above, during the current survey of polyathletes, methods are additionally used that characterize the respiratory system: respiratory minute volume (RPM); maximum ventilation of the lungs (MVL); maximum oxygen consumption (MOC).

IV. Conclusion

Medical supervision also includes: medical examinations before participation in competitions, illness or injury; medical and pedagogical observations using additional loads; sports orientation and selection; sanitary and hygienic control over the places of training and competitions; control over nutrition and the use of remedies and measures. Control over the state of health and the tolerance of training and competitive loads allows taking the necessary therapeutic and prophylactic measures in a timely manner. It should be noted the need for conscious participation in the self-control of the athlete himself. In this regard, it is necessary to familiarize the young athlete with the description of the signs of fatigue and the assessment of well-being.

The results of medical examinations of athletes are recorded in the protocols, and on their basis a conclusion is made about the tolerance of the training load; it is indicated what effect the lesson has, whether the load corresponds to the training period; an assessment of the level of functionality is given; a correction is made to training plans.

Thus, the system of complex control in elite sports is a set of subsystems of pedagogical, biomedical, ordered in a certain way, interconnected and interacting with each other.

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