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Department of physical rehabilitation, sports medicine,
physical education and health

ANALYSIS OF THE RESULTS OF THE COMPLEX MEDICAL EXAMINATION. MEDICAL CONCLUSION

Study manual for 4th year medical students studying
the discipline "Physical Rehabilitation and Sports Medicine"

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Study manual is based on the current curriculum and program in the discipline "Physical Rehabilitation and Sports Medicine" for students studying on 222 «Medicine» and 228 «Pediatrics» is compiled in accordance with the curriculum for the training of specialists in the second (master's) level of higher education in the field of study 22 «Health protection» prepared on the basis of the draft higher education standard of the second (master's) level of education for higher education graduates of the Master's degree in the field of study 22 «Health protection».

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INTRODUCTION

Study manual is based on the current curriculum and program in the discipline "Physical Rehabilitation and Sports Medicine" for students studying on 222 «Medicine» and 228 «Pediatrics» is compiled in accordance with the curriculum for the training of specialists in the second (master's) level of higher education in the field of study 22 «Health protection» prepared on the basis of the draft higher education standard of the second (master's) level of education for higher education graduates of the Master's degree in the field of study 22 «Health protection».

The motor activity is the major condition of life and normal functioning of the man, which has not only biological, but also social importance. Therefore, definition of an optimum doze of physical loads not only the competence of sports doctors, but also has the direct relation to the doctors almost of all specialities. Is not present of the unit of clinical medicine, in which there would be no questions connected with the motor modes, and also, with the usage of physical exercises as means of preventive maintenance and improvement, treatment and restoration.

The sports medicine is a clinical discipline, which studies positive and negative influence of physical loads of different intensity (from hypo- up to hyperdinamy) on the body of a healthy and sick person.

The purpose: optimisation of motor activity of the man for improvement and strengthening of health, increase of a functional condition level, growth of sports achievement, and also preventive maintenance and treatment of diseases.

The main tasks of the sports medicine:

- the definition of a condition and level of health, and also conformity of physical loads to functionalities of a body at different stages improving or sports training;
- qualified medical aid in case of infringement of health, which are connected with occupations by sports or physical culture;
- participation in the training process management;
- sanitary - hygienic and medical maintenance of training process;
- realisation of the rehabilitation of the persons, who are engaged in physical culture and sports, after diseases and injuries.

Physical rehabilitation is a part of medical and social rehabilitation. One of the most impotent mean of physical rehabilitation is the medical physical culture - method of treatment, which uses means of physical culture for restoration of health and work capacity of the patient. It's method of active, functional, pathogenetic and training therapy.

The method of medical physical culture facilitates and accelerates processes of rehabilitation of physiological functions of the patient, causes increase of functional reserves and functional adaptation to household and professional loads.

The main purpose of discipline is to develop in students a holistic understanding of the possibilities, forms and methods of medical control in the health and sports training, as well as during physical rehabilitation, understanding the importance of timely application of physical culture for disease prevention, as well as in complex restorative treatment various profiles.

The lack of the necessary modern educational literature on topical issues of sports medicine and physical rehabilitation was the reason for the preparation of this publication by the staff of the Department of Physical Rehabilitation, Sports Medicine, Physical Education and Health of Zaporozhye State Medical University.

MEDICAL CONCLUSION

The conclusion that the doctor draws after the medical examination of the athlete, summarizes all the data obtained. According to the dispensary examination, the amount of medical information is significantly increased, as such examinations involve doctors of specialties (surgeon, neurologist, ophthalmologist, etc.) and use a wide range of modern methods of functional research. Drawing up an opinion based on such a wide amount of data presents certain difficulties for a sports doctor and requires extensive erudition and experience.

The conclusion provides an assessment of health, physical development, fitness, functional status, indications for treatment, prevention, recommendations for the general regime and training regimen.

According to the assessment of health, physical development and functional status, admission to training and competitions is determined.

Health assessment is the first and main section of the conclusion, according to which, in fact, the issue of admission to sports is resolved. This section contains a clear detailed description of the state of health.

If no abnormalities are found in the state of health, the conclusion states: "healthy". For small disorders that do not affect the general condition and performance - "almost healthy", with an accurate diagnosis of the detected disorder (eg, carious teeth, chronic tonsillitis without exacerbations during the year, etc.). If a disease is identified that may affect the ability to work and general condition, requires treatment or changes in training, the column on the state of health indicates the diagnosis of the disease with an indication of the stage, degree of compensation, the possibility of exacerbations and others.

Assessment of physical development is based on:

- external survey data;
- anthropometric measurements;
- special measurements.

Anthropometric indicators are compared with the standards calculated for similar in sex, age, nature of motor activity of a group of athletes. The results of special research methods are compared with the values established for athletes. According to the external examination, the physique is assessed as correct or incorrect. On the basis of complex data obtained with the help of anthropometric and special research methods, the level of physical development is assessed: "above average", "average", or "below average". All detected abnormalities in physical development are recorded.

Assessment of fitness for physical activity is based on the results of the functional test, taking into account all components of the reaction: training, reactivity, the relationship of different indicators, the nature of recovery. Depending on the type of response to exercise, fitness for exercise is assessed as "good" or "satisfactory" (with normotonic response) and "satisfactory" or "unsatisfactory" (with atypical reactions), indicating the nature of recovery. The assessment takes into account the nature and quality (according to the five-point system) of the load. In cases where research is conducted in natural conditions with the use of specific training loads, the assessment of the body's response is carried out separately for each load.

Applied records when checking the results of functional tests:

- "Adaptability to physical activity of the functional test is good, with good recovery";
- "Adaptability to physical activity of the functional test is good, with satisfactory recovery after endurance load";
- "Unsatisfactory adaptability to physical activity of the functional test, stepwise type of reaction with unsatisfactory recovery after endurance load";
- "Satisfactory response to repeated physical activity with good recovery";
- "Adequate response to the maximum training load with satisfactory recovery";
- "Adaptation to the maximum training load is poor, with inadequate response and unsatisfactory recovery";
- "Satisfactory adaptability to repeated loads at low performance";
- "Hypertensive response to standard loads, which is enhanced by heavy training and competitive loads" and others.

Functional state is assessed on the basis of a set of anamnesis, study at rest, in different physical activities and in the recovery period is recorded as "good", "satisfactory", "unsatisfactory" or "fatigue", "overtraining" (indicating the stage), "overvoltage".

If abnormalities in the state of health of the athlete that require treatment are detected, the conclusion fixes the appointment of treatment and prevention procedures, their nature, timing, course of treatment, dosage, duration. If serious abnormalities in health are detected, admission to training is allowed only after the end of treatment. In chronic diseases that do not significantly affect the ability to work, the most convenient for the treatment of the transition period of training. In conclusion, the types of treatment are indicated: outpatient, inpatient, sanatorium. It is indicated whether it is necessary to stop training during treatment or just change their nature. In order to increase the body's resistance, prevent exacerbations of chronic diseases and injuries, appropriate general (nutrition, rest, hardening,

vitaminization) and training regimens, physiotherapy, balneological procedures, special medications, etc. are prescribed. Appointments must be specific.

At the end of the conclusion are detailed instructions for medical recommendations on the general regime and training regime. When a doctor diagnoses a good functional state of an athlete, it is stated in the conclusion that the training program used corresponds to the capabilities of his body and, therefore, does not require change. If there are adverse changes in functional status or signs of fatigue, overtraining or overexertion, it is indicated which components should reduce the amount and intensity of exercise load, whether it is necessary to allocate additional days off, change training conditions or nature of exercises used, special exercises.

In case of difficulties in assessing the functional state of the athlete, the conclusion states that an additional examination is required, and its term is assigned, as well as the date of the next scheduled examination of the athlete.

The above form of conclusion is used in the initial medical examination of the athlete in the sports season. At repeated and additional inspections in the conclusion fix changes in a state of health, physical development and a functional condition which are revealed after the last inspection, and also make appointments on prevention, treatment and a training mode.

Possible conclusions:

- "Healthy, above-average physical development, adaptability to good loads, with good recovery. Functional condition is good. No need to change the training regime ";
- "Hello, after the last examination the functional state of the body has improved. You can change the training regime, enter additional days of active recreation, more widely use the switch to another nature of work. Vitaminization. The next examination in two weeks ";
- "Overtraining, complaints of reduced efficiency, increased fatigue. Changes in the terminal part of the gastric complex in the thoracic leads (V5-V6), asthenic reaction to a functional test. Inadequate response to training load with severe fatigue and poor recovery. It is recommended to temporarily stop training, inpatient examination and treatment ";
- "Fatigue, chronic tonsillitis with periodic exacerbations. Left ventricular arrhythmia. Unsatisfactory adaptation to high-speed loads, inadequate response to training loads with a sharp increase in heart rate and respiration, lower blood pressure, pronounced changes in the electrocardiogram, delayed recovery. Complaints of deterioration of general condition, sleep disturbances, reduced efficiency, caused by participation in competitions during the exacerbation of tonsillitis. Due to the fact that conservative treatment of tonsillitis did not give the desired effect, it is necessary to consult a laryngologist to resolve the issue of

radical treatment. It is recommended to change the load regime by reducing the number of classes per week, increasing the intervals of rest between exercises, limiting speed and strength exercises, the introduction of a variable form of training. Vitaminization, normalization of sleep. Re-examination in two weeks".

The conclusion should be discussed with the coach, as well as in an accessible form to inform the athlete. The doctor must inform the coach about all changes found in the condition of the athlete and, in turn, receive from the coach information about the progress of training, changes in his plan, the results of pedagogical observations of athletes. Athlete's medical examination data are the most objective criteria for a coach when planning a workout. Usually, a sports doctor is involved in drawing up current and future training plans, paying special attention to individual training. During the re-examination, he monitors how the athlete fulfills the appointment and recommendations recorded in the conclusion. Depending on the indications of current medical observations, changes may be made to the plans.

CRITERIA FOR DIVISION INTO MEDICAL GROUPS BY HEALTH STATUS: MAIN, PREPARATORY, SPECIAL AND GROUP OF EXERCISE

The medical team is appointed on the basis of the results of a medical examination, which must include a study of medical history, general health, physical development and functional abilities of the most important systems of the body. Subsequent (current or additional) medical examinations allow to objectively take into account the results of the impact on physical activity used and make appropriate adjustments to the prescribed mode of motor activity, as well as to carry out, if necessary, transfer from one medical group to another.

The correct division into medical groups for physical culture and physical education provides a more thorough and optimal dosage of physical activity, which allows, on the one hand - to increase the efficiency and safety of exercise, and on the other - to eliminate the effects of hypodynamics and hypokinesia, persons with disabilities.

When dividing into medical groups for physical culture (physical education) it is necessary to take into account the amount (dose) of physical activity that is allowed, as well as the content and regulatory requirements that are set for each group. At present, there are 3 medical groups: basic, preparatory and special. It is also necessary to allocate a separate group of therapeutic physical culture (Table 1).

The main medical group includes healthy and practically healthy people who do not complain, do not have impaired physical and biological development, have sufficient physical fitness and good functional abilities (as evidenced by the normotonic type of cardiovascular response to standard exercise and the normal recovery period of heart rate and blood pressure after a functional test).

The preparatory medical group includes people with minor physical disabilities, satisfactory physical fitness and slightly reduced functional abilities of the body (in particular, delayed recovery of heart rate and blood pressure in tests with standard exercise), as well as abnormalities in health, which do not interfere with physical exercises in the scope of general curricula of physical culture (physical education) in educational institutions. The preparatory medical group is also appointed for practically healthy people with unsatisfactory physical fitness, inadequate adaptation to physical activity (pathological types of reactions to dosed physical activity), after long breaks in training (after suffering from some acute diseases). Classes of persons engaged in the preparatory group are carried out jointly with those who are engaged in the main group, according to the same

training programs, with the delivery of the established control standards. Those involved in the preparatory group need some limitation of training loads, ensuring a more gradual acquisition of a set of motor skills and abilities, especially those associated with increased demands on the body, as well as passing control standards within their abilities. Organized additional (extracurricular) classes of general physical training or therapeutic corrective gymnastics are useful for this category of people.

The special medical group includes persons with significant impairments of physical development, unsatisfactory physical fitness, developmental abnormalities or defects of the musculoskeletal system, as well as temporary or permanent health disorders, the presence of chronic pathology in which intense physical activity is contraindicated. and impossible classes on general state programs in the main or preparatory groups. Classes in a special medical group are carried out according to specially designed programs in the normal mode of the educational institution, by organizing group classes (not more than 8-10 people in a group). Given the similarity of life support disorders in some diseases, approximately the same reduction in efficiency, as well as the similarity of the purpose of exercise, it is possible to organize group classes with the inclusion of one group of people with different diseases. Persons involved in special medical groups do not pass the standards and are certified by credit.

Therapeutic exercise groups should include persons with significant abnormalities in the health of chronic irreversible nature, with severe disorders of the musculoskeletal system, as well as after suffering from acute illness, surgery or injury, unable to engage in special medical group. Exercise classes are organized in small groups or individually. For this purpose, it is necessary to create appropriate conditions in educational institutions - to allocate separate rooms (halls or offices of exercise therapy) and to introduce in addition to the existing staff units of specialists in physical rehabilitation (or physical therapy) with higher non-medical education.

In more severe and serious cases (but in the absence of contraindications) for exercise therapy should be sent to the offices or departments of exercise therapy hospitals, clinics, health clinics or other treatment and prevention facilities at the place of residence or study (to provide permanent training) supervision of medical workers).

Determining the medical group of people with disabilities should include the availability of physical activity, as well as the creation of optimal conditions for recovery and/or prevention of exacerbations.

There should be no template in the recruitment of medical teams. The main criterion for inclusion in a group is, of course, diagnosis. However, in each case the issue should be decided individually, taking into account the peculiarities of the disease. In cases of chronic disease, temporary restrictions on physical activity are required during its exacerbations, and the duration of restrictions should take into account the frequency of exacerbations, severity of the disease, causes of relapses and other factors.

The appointment of a special medical group or group of exercise therapy can be both temporary and permanent, which also depends on the course of the disease, the presence of complications, functional capabilities of the body, adaptation to exercise and other related health disorders.

The transfer from the special medical group (or exercise therapy group) to the preparatory group, and later, possibly, to the main group, should be carried out consistently, according to the recommendations, given the positive results obtained during the previous group. It should also be borne in mind that classes in the main group (or even sports) for some diseases are allowed only if certain requirements are met, including under constant medical supervision, systematic conduct of necessary clinical examinations, as well as excluding sports or physical load.

Table 1

Characteristics of medical groups and features
of the organization of classes in them in educational institutions

Name of medical group	Criteria for assignment to medical groups	Characteristics of physical activity	Note
MAIN GROUP	Healthy (or practically healthy, ie with minor abnormalities in health) people who have sufficient physical fitness, harmonious, high or medium level of	Physical training is carried out in full in accordance with the curriculum, taking into account the individual characteristics of development.	Additional sports are allowed. The doctor's permission for classes that are accompanied by increased physical activity (classes in sports, dance, choreography, etc.)

	physical development and high or medium level of functional reserve capacity of the cardiovascular system.		is granted only after an additional in-depth examination.
PREPARATORY GROUP	Persons with minor health problems, insufficient physical fitness and/or minor physical disabilities (not interfering with general physical education curricula), with below average cardiovascular function; and also after the transferred acute diseases (certain term).	Classes are held together with the main group, but with a gradual increase in workload, without passing the standards.	Classes in sports sections are not recommended, but additional classes in general physical training groups or at home are recommended in order to eliminate shortcomings in physical training (for individual sets of exercises aimed at improving the functionality of the cardiovascular system and respiratory system, to strengthen a certain group of muscles, to master certain motor skills or increase the level of their performance).
SPECIAL GROUP	Persons with significant temporary or permanent abnormalities in a	Physical training is carried out by group method (in a group of not more than 10 people),	Classes are conducted by a teacher of physical culture (physical education), who has

	state of health that does not interfere with education in an educational institution but is contraindicated for physical education or physical education in general curricula; with a low level of functionality (including pathological reactions to exercise).	according to the schedule of classes of the main group in a separate room for special programs, taking into account the nature and degree of violations.	undergone appropriate training or a specialist in physical rehabilitation with the provision of individual tasks directly in the classroom.
GROUP OF THERAPEUTIC PHYSICAL CULTURE	Persons with significant permanent or temporary deviations in health, who do not interfere with education in the school, but are contraindicated for physical education or physical education in general curricula in a group method.	Therapeutic gymnastics is carried out in small groups (2-6 people) or individual method, according to the schedule of classes of the main group, in a separate room for special complexes of therapeutic gymnastics, taking into account the nature and degree of violations.	Classes are conducted by a teacher of physical culture (physical education), who has undergone appropriate training or a specialist in physical rehabilitation with the provision of individual tasks directly in the classroom. Additional extracurricular activities are also possible (to speed up the recovery effect).

The medical group may change during the school year depending on the data of in-depth or current medical examinations, changes in physical development, functional status, course of the disease and other factors.

Given the increase (almost 40-50%) in the number of people with serious chronic diseases who need an individual approach to the use of exercise to restore health, it is advisable to create conditions in each school and provide opportunities for such groups in exercise groups.

Organization of division into medical groups

The division into medical groups for physical education (physical education) is based on the results of:

- mandatory in-depth medical examinations (determining the level and harmony of physical development, pace of biological development, health status, the presence of malformations, injuries, acute or chronic diseases);
- mandatory functional examination - conducting functional tests, especially with standard physical activity - to determine the level of functional abilities of the body.

The order of division into medical groups

1. Medical examination to resolve the issues of admission to physical education classes (physical education) is conducted before the beginning of the new school year, in accordance with the regulations of the Ministry of Health of Ukraine.

2. Based on the results of the medical examination, a medical opinion on the state of health of the medical group and admission to physical culture (physical education) or sports of an individual shall be provided.

3. In cases when the in-depth medical examination is not completed, the conclusion can not be made, so admission to physical education (physical education) is not issued.

4. In case of necessity of change of medical group or according to indications repeated or additional medical inspection is carried out.

5. When deciding on admission to physical culture (physical education) and, in particular, sports, as well as admission to exercise therapy, it is necessary to take into account the list of contraindications.

6. By order of the head of the educational institution (subdivision) the lists of persons referred to the main, preparatory, special medical groups and groups of

exercise therapy, including temporarily released, are approved for the current year (or semester) and brought to the attention of physical education teachers. (curator).

7. Information on the change of the medical group (if necessary) shall be entered in the relevant documentation approved by the State Statistics Committee.

8. At the end of the term in the preparatory, special or group exercise, class teacher (curator or teacher-coach) a month before the end in writing notifies the student and his parents of the need for re-medical examination to determine the medical group.

9. Determining the harmony and level of physical development of students is carried out using standards of physical development.

10. Determination of the functional capabilities of the cardiovascular system is carried out using a test with standard physical activity - Martin-Kushelevsky test (20 squats in 30 seconds).

11. Indications for additional functional tests with physical activity after an acute or chronic illness are determined by a pediatrician, family doctor or sports medicine doctor, depending on the characteristics of individual development and course of the disease.

12. In the case of determining a decrease in the level of functionality of the cardiovascular system in the absence of clinical manifestations of the disease is an additional medical examination, including at narrow doctors-specialists and the question of transfer to other medical group for employment by physical training (physical education) is solved.

Name, form and stage of the disease, / notes	Medical groups			
	Main (Including sports)	**Preparatory**	**Special**	**Group of therapeutic physical culture**
DISEASES OF THE CIRCULATORY SYSTEM				
MITRAL PROLAPSE VALVE (MPV) – The stage of detection, sports qualification and sports experience are taken into account. – Children and adolescents of high growth and asthenic build (especially engaged in volleyball, basketball, high jump) are given a targeted clinical examination to identify signs of connective tissue dysplasia and medically genetic consultation to exclude hereditary pathology (for example, Marfan's disease) – Mandatory rehabilitation of the centers of chronic infection (due to the threat of the development of	Appointed (strictly individually) only to persons with primary (congenital) idiopathic asymptomatic MPV of the I stage., with a normal reaction of the cardiovascular system to physical activity; in the absence of: myxomatous degeneration of valves; heart rhythm disorders (extrasystols II-V classes) during holter monitoring (HM); changes to the ECG (usually in the second and AVF) and myocardial ischemia during the load test (LT). Endurance training,	Assigned (strictly individually) persons with primary or secondary MPV of the stage I, II with a normal or satisfactory reaction of the cardiovascular system to physical activity. ECG and EchoCG control, LT 2 times a year.	It is prescribed for primary or secondary MPV more than I stage., with a pathological reaction of the cardiovascular system to physical activity., in the presence of violations of the rhythm of the heart and changes in the ECG, with moderate hemodynamic disorders. ECG and EchoCG, LT, HM control 2 times a year.	It is prescribed (strictly individually) for significant hemodynamic disorders, with a clear lack of blood circulation. ECG and EchoCG, LT, HM control 2-4 times a year.

bacterial endocarditis).	speed, traumatic (boxing, wrestling) and power (barbell) sports are excluded! In case of admission to classes, careful systematic monitoring is required with ECG, EchoCG, LT and HM 2 times a year.			
CONGENITAL ANOMALIES (MALFORMATIONS) OF THE HEART WITHOUT CIRCULATORY DISORDERS	Prescribed (strictly individually) only after successfully performed surgical treatment in early childhood, in the absence of any changes and/or complications from the cardiovascular system, with a normal response to physical activity	It is prescribed in the absence of signs of overload of the ventricles of the heart and hemodynamic disorders, with a normal reaction of the cardiovascular system to physical activity.	It is prescribed in the absence of signs of overload of the ventricles of the heart and hemodynamic disorders, with a normal reaction of the cardiovascular system to physical activity.	It is prescribed (strictly individually) in the presence of signs of overload of the ventricles of the heart and in hemodynamic disorders without decompensation.

CONGENITAL ANOMALIES (MALFORMATIONS) OF THE HEART WITH CIRCULATORY DISORDERS	Not assigned.	Not assigned.	It is prescribed (strictly individually) for minor hemodynamic disorders, with circulatory failure I - II-A stage. Control of ECG, EchoCG and LT at least 2 times a year.	Assigned (strictly individually) with minimal load in moderate hemodynamic disorders and circulatory failure II-B - III stage. (without decompensation). ECG control, EchoCG, LT 2-3 times a year.
POSTOPERATIVE PERIOD AFTER SURGERY FOR HEART DEFECTS	Not assigned.	Not assigned.	Appointed (strictly individually) under the conditions of previous successful exercise classes for at least one year. Monitoring of ECG, EchoCG and LT at least 2 times a year.	It is prescribed in the pre - and postoperative periods and for one year after surgery. ECG, EchoCG and LT control 2-3 times a year.
BLOCKADES OF THE LEADING HEART SYSTEM (atrioventricular block, sinoauricular block, complete blockade of the right leg of a bundle branch	It is prescribed after successful treatment (if necessary) – in the absence of other (pathological) disorders of the	It is prescribed in the presence of minor disorders of myocardial function, but with a normal or satisfactory reaction	It is prescribed in the presence of moderate disorders of myocardial function and/or in pathological reactions of the cardiovascular	It is prescribed in the presence of moderate disorders of myocardial function and/or in pathological reactions of the

block)	function of the myocardium or its organic lesions, as well as in the normal reaction of the cardiovascular system to physical activity. ECG and LT control 1-2 times a year.	of the cardiovascular system to physical activity. ECG and LT control 1-2 times a year.	system to physical activity. ECG and LT control 1-2 times a year.	cardiovascular system to physical activity. ECG and LT control 1-2 times a year.
CONGENITAL ABNORMALITIES OF THE LEADING HEART SYSTEM (additional left ventricular chords, premature ventricular excitation syndromes (Wolf-Parkinson-Whyte syndrome (WPW) and Clerk-Levy-Kristesko (CLK)), syndromes of shortened PQ interval.	Appointed (strictly individually) only after a comprehensive clinical examination with the obligatory conduct of overstyrene electrostimulation of the atrium, HM and LT; in the absence of attacks of paroxysmal tachycardia and signs of circulatory disorders (due to the threat of ventricular fibrillation and sudden death), in the	It is prescribed in the absence of attacks of paroxysmal tachycardia, signs of circulatory disorders, syncopal conditions, but in the presence of other concomitant malformations and (or) developmental abnormalities (MPV, heart defects, etc.) without significant deviations in health, with a decrease in the functional abilities of the body (normotonic type of response to physical activity, but a slowdown in the	It is prescribed (strictly individually) in the presence of single attacks of paroxysmal tachycardia (including in load testing and/or MSEP), with a slight violation of the contractile function of the myocardium, rarely occurring syncopal states, with a pathological response to physical activity. ECG control 2 times a year.	It is prescribed (strictly individually) in the presence of frequent attacks of paroxysmal tachycardia, a significant violation of the contractile function of the myocardium, often emerging syncopal states. ECG control 2-3 times a year.

	absence of syncopal conditions, and with a normal response to physical activity. ECG control, EchoCG, LT and HM 2-3 times a year.	recovery period). ECG control 1-2 times a year.		
HEART RHYTHM DISORDERS caused by neurovegetative, reflex or emotional factors (sinus brady- and tachycardia, sinus arrhythmia, accelerated automatic rhythms, rhythm source migration, incomplete atrioventricular dissociation, single extrasystole)	Appointed (strictly individually) only in case of violations of the rhythm of a functional nature – under conditions absence of any changes ECG, organic pathology of the myocardium, and/or other complications, with a normal cardiovascular reaction to physical activity. ECG control 2-3 times a year.	It is prescribed for functional rhythm disturbances (due to physical overstrain) – in the absence of sympathicotone, changes in the ECG and/or other complications, with a satisfactory cardiovascular response to physical activity. ECG control 3-4 times a year.	It is prescribed for functional rhythm disorders – in the presence of changes in ECG and/or other complications, when combined with organic pathology of the heart., as well as in pathological reactions of cardiovascular to physical activity. ECG control 3-4 times a year.	It is prescribed in the presence of serious violations of the rhythm of the heart (but not life-threatening) in the presence of changes in the ECG and/or other complications, with pathological reactions of cardiovascular to physical activity. ECG control 3-4 times a year.

HEART RHYTHM DISORDERS (EXTRA-CARDIAC)	It is prescribed after treatment of the underlying disease in the absence of complications and with a normal reaction of the cardiovascular system to physical activity.	It is prescribed after treatment of the underlying disease in the absence of complications, with a not quite satisfactory reaction of the cardiovascular system to the load.	It is prescribed after treatment of the underlying disease in case of complications and in the pathological reaction of the cardiovascular system to physical activity.	It is prescribed individually (according to indications) during the treatment of the underlying disease.
CARDIOMYOPATHY caused by diseases of the circulatory system or undeveloped origin. – Review of the medical group is carried out every 3-6 months after a thorough clinical examination.	Not assigned.	Not assigned.	It is prescribed in the presence of minor violations of the function of the myocardium, in pathological reactions of the cardiovascular system to physical activity. ECG and LT control 2 times a year.	It is prescribed in the presence of significant violations of the function of the myocardium, in pathological reactions of the cardiovascular system to physical activity. ECG and LT control 2-3 times a year.
CARDIOMYOPATHY (CMP) (including ingestion of excessive physical exertion) – Sports and physical culture	Classes are resumed (strictly individually) no earlier than 2-12 months (depending on the speed of positive dynamics) after	Appointed at the CMP of the I-II stage, if necessary, reduce the intensity of training loads, to the normalization of	It is prescribed for the CMP of the II-III stage, which is accompanied by secondary cardiimiopathy – in	It is prescribed for CMC of the III stage, which is accompanied by secondary cardiimiopathy, in

are strictly contraindicated with the the thickness of the left ventricular myocardium of more than 13 mm and/or final diastolic size of more than 65 mm (for women and adolescents – 11 mm and 55 mm, respectively) in combination with any other disorders of morphology or functioning of the heart. – To prevent this pathology, it is necessary to gradually increase physical exertion, prevent excessive exertion.	successful treatment and rehabilitation - under conditions of complete normalization of ECG indicators and other manifestations of the CMC, in the absence of any complications, violations of the morphological structure or functioning of the heart, with a normal reaction of the cardiovascular system to physical exertion. ECG, EchoCG, LT control 2 times a year (or as prescribed by a doctor).	ECG indicators and other manifestations of the CMP ECG control, EchoCG, LT2-3 times a year (or as prescribed by a doctor).	the absence of positive dynamics after treatment, but in the absence of signs of significant heart failure, myodystrophic cardiosclerosis, myocardial calcification and subcupine structures or other complications, with satisfactory adaptation to physical exertion. ECG control, EchoCG, LT 3-4 times a year (or as prescribed by a doctor).	violations of the rhythm of the heart, in the presence of signs of moderate heart failure, myodystrophic cardiosclerosis, calcification, myocardial fibrosis or other complications, with unsatisfactory adaptation to physical exertion. ECG control, EchoCG, LT as prescribed by a doctor.

CARDIOMYOPATHY (CMP) caused by other diseases or various external factors, in particular:				
• **in infectious and parasitic diseases (including tonsillology)**	Appointed after removal from dispensary registration - in the absence (removal) of foci of chronic infection or their stable compensation or rehabilitation, as well as in the absence of complications or disorders of myocardial function and in the normal reaction of the cardiovascular system to physical activity. ECG and LT control 1-2 times a year.	It is prescribed no earlier than 6-12 months after the end of the acute pathological process in the absence of complaints and clinical disorders of myocardial function, with a normal and satisfactory reaction of the cardiovascular system to physical activity. ECG and LT control 1-2 times a year.	It is prescribed within 6-12 months after the end of the acute pathological process (or after the removal of foci of chronic infection) or in the subcompensation of foci of chronic infection and the presence of complaints and clinical disorders of myocardial function, changes in the ECG, with an unsatisfactory reaction of the cardiovascular system to physical activity. ECG and LT control 1-2 times a year.	It is prescribed for frequent repeated streptococcal sore throats (after fading of acute phenomena) or in the presence of unexplained changes from the heart - heartbeat, shortness of breath, cardialgia, systolic noise at the top (without changes in heart size), changes in ECG, complaints of joint pain, etc., unsatisfactory reaction of the cardiovascular system to physical exertion.

• **in metabolic disorders, disorders food and. etc.**	It is prescribed (strictly individually) only with isolated myocardial hypertrophy, in the absence of burdened heredity, signs of cardiosclerosis, fibrosis, calcification or other complications, not earlier than 8 weeks after successful treatment, under conditions of complete normalization of EchoCG, ECG (including myocardial repolarization processes), and with normal cardiovascular response to physical activity. Control of EchoCG, ECG and LT 2-4 times a year (or by doctor's decision). Be sure to sanitize foci of chronic infection, correction of electrolyte metabolism.	It is prescribed (according to indications) for 4-8 weeks with isolated myocardial hypertrophy, in the absence of burdened heredity, signs of cardiosclerosis, fibrosis, calcification or other complications, in the presence of positive dynamics of EchoCG and ECG indicators, with a satisfactory reaction of the cardiovascular system to physical activity (with a delayed recovery period). Only general physical training is recommended. Control of EchoCG, ECG, LT by doctor's decision.	It is prescribed (according to indications) 4-8 weeks after treatment, with isolated myocardial hypertrophy, while maintaining minor violations of the processes of myocar-dial repolarization at the ECG, and/or in the presence of minor complications, and/or in violations of the cardiovascular system's response to physical activity. Control of EchoCG, ECG and LT by doctor's decision.	Prescribed in the main period of the disease (with the III stage CMP) – for at least 4-8 weeks – until a positive dynamics is obtained on the EchoCG, ECG; or constantly – in the formation of hypertrophic CMC, the development of complications such as cardiosclerosis, fibrosis, myocardial calcification, the presence of high gradation extra-systoles, AV-blockade of the II stage. and above, blockade of the left leg of the bundle of His, depressed sinus node syndrome, prolonged PQ interval), high titer of antibodies to myocardium, hemostasis disorders, etc., as well as with burdened heredity.

ISCHEMIC CARDIOMYOPATHY, CARDIOSCLEROSIS (of different origins)	It is prescribed in the absence of complications or disorders of myocardial function and in the normal reaction of the cardiovascular system to physical activity. ECG and LT control 1-2 times a year.	It is prescribed in the presence of minor disorders of myocardial function, with a normal or satisfactory reaction of the cardiovascular system to physical activity. ECG and LT control 1-2 times a year.	It is prescribed in the presence of complications in the form of violations of the rhythm of the heart or conduction, with minor violations of myocardial function, with pathological reactions of the cardiovascular system to physical activity. ECG and LT control 2 times a year.	It is prescribed in the presence of complications in the form of violations of the rhythm of the heart or blockades, with significant violations of myocardial function, in pathological reactions of the cardiovascular system to physical activity. ECG and LT control 2 times a year.
MYOCARDITIS INFECTIOUS (or unspecified etiology)	It is prescribed no earlier than 1 year after the end of the acute period of myocardial lesions, in the absence of complications or disorders of myocardial function and in the normal reaction of the cardiovascular system to physical activity, after previous successful classes in the preparatory group. ECG, EchoCG and LT control 1-2 times a year.	It is prescribed not earlier than 6 months after the end of the acute period in the absence of violations of myocardial function and with a normal or satisfactory reaction of the cardiovascular system to physical activity, after previous successful classes in a special group. ECG, EchoCG and LT control 1-2 times a year.	It is prescribed 1-2 months after the end of exacerbation in the absence of signs indicating the activity of the process or circulatory insufficiency, with minor violations of myocardial function and unsatisfactory reactions to physical activity. ECG, EchoCG and LT control 2 times a year.	It is prescribed for individual indications in the main period of the disease (after the fading of acute phenomena) and in the first 1-2 months after the end of the acute period.

RHEUMATIC MYOCARDITIS	It is prescribed no earlier than 2 years after the end of the exacerbation, in the absence of complications or disorders of myocardial function and in the normal reaction of the cardiovascular system to physical activity, after previous successful classes in the preparatory group. ECG, EchoCG and LT control 1-2 times a year.	It is prescribed no earlier than 12-24 months after the end of the exacerbation, in the absence of clinical signs of heart and joint lesions, while maintaining myocardial function and with a normal response to physical activity, after previous successful classes in a special group. ECG, EchoCG and LT control 1-2 times a year.	It is prescribed no earlier than 6-12 months after the end of exacerbation in the absence of signs indicating the activity of the process or circulatory insufficiency, with minor disorders of myocardial function and unsatisfactory reactions to physical activity. ECG, EchoCG and LT control 2 times a year.	It is prescribed for individual indications in the main period of the disease (after the fading of acute phenomena) and in the first 6-12 months after the end of the acute period. ECG, EchoCG and LT control 2 times a year.
CHRONIC RHEUMATIC HEART DISEASE (without heart defects), inactive phase	Not assigned.	It is prescribed no earlier than 24 months after the fading of the active rheumatic process, in the absence of clinical signs of heart and joint lesions, while maintaining myocardial function	It is prescribed no earlier than 10-12 months after the end of the exacerbation, in the absence of phenomena of activity of the rheumatic process, with circulatory insufficiency of the first century, minor	It is prescribed in the first 10-12 months after the end of exacerbation, as well as in the presence of heart failure of the II-III stages. ECG, EchoCG and LT control 2 times a year.

		and with a normal or satisfactory reaction to the load, after previous successful classes in a special group for 1 year. ECG, EchoCG and LT control 1-2 times a year.	violations of myocardial function and/or unsatisfactory reactions to physical activity, after previous exercise the exercise the system for 10-12 months. ECG, EchoCG and LT control 2 times a year.	
CHRONIC RHEUMATIC HEART DISEASE (with heart defects), inactive phase	Not assigned.	It is prescribed no earlier than 24 months after the fading of the active rheumatic process, in the absence of heart failure and with a normal or satisfactory reaction of the cardiovascular system to physical activity, after previous successful classes in a special group for 1-2 years. ECG, EchoCG and LT control 1-2 times a year.	It is prescribed no earlier than 12 months after the end of the acute period, in the absence of phenomena of activity of the rheumatic process, in case of circulatory failure of the first century. and/or unsatisfactory physical activity responses, after previous exercise the exercise theory for 1 year. ECG, EchoCG and LT control 2 times a year.	It is prescribed in the first 12 months after the end of the exacerbation, as well as in the presence of circulatory insufficiency or with signs of rheumatic activity constantly. ECG, EchoCG and LT control 2 times a year.

LATENT COURSE OF RHEUMATIC DISEASE WITH HEART DEFECTS	Not assigned.	Not assigned.	It is prescribed from the moment of diagnosis, in case of heart failure of the I stage. and/or unsatisfactory reactions to physical activity. ECG, EchoCG and LT control 2 times a year.	Prescribed for heart failure stage II - III ECG, EchoCG and LT control 2-3 times a year.
RHEUMATIC CHOREA	Not assigned.	Not assigned.	Appointed (strictly individually) only for rare exacerbations, after previous successful exercise classes for at least 2 years.	It is prescribed (strictly individually) with frequent exacerbations.
ESSENTIAL (PRIMARY) HYPERTENSION AND OTHER TYPES OF HYPERTENSIVE STATES – Sports are strictly prohibited in the presence of persistent arterial hypertension, especially in combination with expressive hypertrophy and/or impaired diastolic function of the myocardium, in case of impaired renal function or other complications. – in case of admission, sports	Not assigned. However, in some cases (in persons with the "phenomenon of hypertension on a white bathrobe" or with labile forms of hypertension, "hyperreactors" and hypertensive disease of the first stage – the issue of admission is solved strictly individually – after a thorough clinical examination, including	It is prescribed with an increase in blood pressure at rest up to 140/90 mm Hg, but with a hypertensive reaction of the cardiovascular system to functional tests. ECG and LT control 1-2 times a year.	It is prescribed with an increase in blood pressure at rest up to 140/90 mm Hg. Century. and above, under conditions of liquid crisis conditions, in the presence of moderate disorders of heart function, with a hypertensive type of response to physical activity. Control ECG, EchoCG and LT 2 times a year.	It is prescribed for an increase in blood pressure at rest above 140/90 mm Hg, in the presence of frequent crisis conditions and/or significant disorders of heart function. ECG, EchoCG and LT control 2 times a year.

requiring weight gain are excluded and static loads (heavy and some types of athletics, athletic gymnastics, bodybuilding), emotional overstrain (games), as well as traumatic sports (boxing, wrestling, etc.) are excluded.	the determination of the final blood pressure and presor tests. **Classes are allowed only in the absence** of burdened heredity, signs of hypertrophy or impaired diastolic function of the myocardium, with normal blood pressure numbers during daily monitoring, as well as in the case of a normal reaction of the cardiovascular system during functional tests. Control of blood pressure constantly, ECG and EchoCG, LT – by doctor's decision.			
IDIOPATHIC HYPOTENSION – in the presence of other types of hypotension, additional examination is required in order to identify its most likely cause – physical overstrain, foci of	It is prescribed in the presence of physiological hypotension (including high-fitness hypotension), that is, in the absence of any complaints or clinical	It is prescribed for pathological forms of primary hypotension – with complaints of revolt, weakness, fatigue, reduced performance, etc. and/or hypotensive	It is prescribed in pathological forms of primary or secondary hypotension - with a tendency to vertigo attacks, in the occurrence of liquid colaptoidal conditions,	It is prescribed for pathological forms of primary or secondary hypotension, including overwork or physical strain, as well as in the occurrence of frequent bouts of

chronic infection, diseases of the endocrine system or others.	manifestations, with a normal reaction of the cardiovascular system to the physical load. In other types of hypotension is prescribed after the elimination of its causes and the normalization of well-being and blood pressure.	reaction of the cardiovascular system to physical activity.	in hypotonic or dystonic reactions of the cardiovascular system to physical activity.	dizziness and colaptoidal conditions.
ANEURYSMS OF LARGE VESSELS AND VESSELS OF THE BRAIN	Not assigned.	Not assigned.	It is prescribed (strictly individually) in the absence of complaints, with a satisfactory reaction of the cardiovascular system to physical activity.	It is prescribed in the presence of any complaints with an unsatisfactory reaction of the cardiovascular system to physical activity.
DAMAGE TO ARTERIES, ARTERIOLES AND CAPILLARIES (including hereditary hemorrhagic telangiectasia, as well as diseases of peripheral vessels of unspecified origin).	Not assigned.	It is prescribed in the absence of complaints, with a satisfactory reaction of the cardiovascular system to physical activity.	It is prescribed in the presence of any complaints, with pathological reactions of the cardiovascular system to physical exertion, lack of blood circulation of the 0-I-st.	Appointed in the presence of complaints, clinical manifestations of the disease, lack of blood circulation of the II-III stages.

VARICOSE VEINS AND OTHER DISEASES OF VEINS AND LYMPHATIC VESSELS	Not assigned.	It is prescribed in the absence of complaints, with a satisfactory reaction of the cardiovascular system to physical activity.	It is prescribed for complaints of edema after prolonged physical exertion, heaviness in the legs, with pathological reactions of the cardiovascular system to physical exertion, chronic venous insufficiency of 0-I stages.	It is prescribed for complaints of pain in the course of venous or lymphatic vessels, persistent edema, trophic skin disorders, predisposition to phlebitis, thrombosis, with a progressive course of the disease, chronic venous insufficiency of II-III stages.
DISEASES OF THE RESPIRATORY SYSTEM				
CHRONIC RHINITIS, SINUSITIS, ADENOID HYPERTROPHY, POLYPS IN THE NASAL CAVITY, DISPLACEMENT OF THE NASAL MEMBRANE – Caution is available in outdoor swimming pools and outdoor areas during the cold season.	It is prescribed 1-2 months after the fading of the acute process, in rare cases of exacerbation (no more than 1-2 times a year), in the absence of nasal breathing disorders and other complications, with normal adaptation to physical exertion.	It is prescribed 1-2 months after the fading of the acute process, in rare cases of exacerbation (1-2 times a year), with minor (partial) disorders of nasal respiration, with serous catarrhal sinusitis, in the absence of complications, with a satisfactory response	It is prescribed 1-2 months after the end of the acute process, in frequent cases of exacerbation (3 or more times a year), in the complete absence of nasal respiration, in the presence of dystrophic phenomena, purulent and mixed forms of sinusitis, the spread of the process to the pharynx, larynx, as well	It is prescribed in the main period of the disease (after the fading of acute phenomena) and in the first 1-2 months after the end of the exacerbation, as well as in frequent (more than 4 per year) cases of exacerbations and/or in the presence of complications.

		to physical exertion.	as in unsatisfactory reactions of the cardiovascular system to physical exertion.	
CHRONIC PHARYNGITIS, LARYNGITIS	It is prescribed 1-2 months after the end of the acute process, in rare cases of exacerbation (1-2 times a year), in the complete absence of respiratory disorders and/or voice formation.	It is prescribed 1-2 months after the end of the acute process, in rare cases of exacerbation (1-2 times a year), with minor respiratory disorders and/or voice formation.	It is prescribed 1-2 months after the end of the acute process, in frequent cases of exacerbation (3 or more times a year), with significant respiratory disorders and/or voice formation.	It is prescribed in the main period of the disease (after the fading of acute phenomena) and in the first 1-2 months after the end of the exacerbation, as well as in frequent (more than 4 per year) cases of exacerbations and/or in the presence of complications.
CHRONIC TONSILLITIS	It is appointed after removal from the dispensary record - in the absence of exacerbations for 1 year or more, as well as in the absence of complications.	It is prescribed 3 months after exacerbation (or after tonsillectomy), in the absence of complaints and complications, with a normal ECG and a satisfactory reaction of the cardiovascular system to physical activity.	It is prescribed 1-3 months after the end of the acute process (or after tonsillectomy) or with subcompensation of the process, with changes in the ECG and an unsatisfactory reaction of the cardiovascular system to physical activity.	Appointed in the main period of the disease (after the attenuation of acute events), and in the first 1-2 months after exacerbation, in the pre- and postoperative period after tonsillectomy, with frequent recurrences, in the

			ECG and LT control 1-2 times a year.	presence of complications, ECG changes and unsatisfactory cardiovascular response to physical activity.
CHRONIC BRONCHITIS	It is appointed after removal from the dispensary - in the absence of exacerbations for 1 year or more, as well as in the absence of complications, the absence of respiratory failure at rest and during physical exertion.	It is prescribed 6 months after exacerbation in the absence of complaints and clinical manifestations of complications, in the absence of respiratory failure at rest and during physical exertion.	It is prescribed no earlier than 1-2 months after the end of the acute process, for up to 6 months, with frequent exacerbations, in the absence of respiratory failure at rest.	It is prescribed in the main period of the disease (after fading of acute phenomena) and within 1-2 months after exacerbation, with frequent relapses, the presence of complaints and complications, respiratory failure of the I-II stages.
PNEUMONIA	It is prescribed for prolonged remission (for at least 1 year), with normal indicators of the respiratory system, absence of respiratory failure and complications, with a normal response to	It is prescribed 2-12 months after exacerbation, in the absence of residual exacerbation phenomena, in the absence of respiratory failure at rest and during physical	It is prescribed in the presence of residual exacerbations, as well as 1-6 months after exacerbation, in the absence of signs of respiratory and cardiovascular insufficiency at rest,	Appointed in the main period of the disease (after the attenuation of acute events) and for 1-2 months after exacerbation, in the presence of complications (which are not

	physical activity, under the conditions of previous successful classes in the preparatory group for 6-12 months.	exertion, and under the conditions of previous successful classes in a special group for 6-12 months.	normal body temperature, under the conditions of previous successful exercise classes.	contraindications to training), respiratory failure stage I-II, cardiovascular failure stage I-II.
BRONCHIAL ASTHMA – In case of bronchial asthma, physical activity is allowed, but sports related to training in cold, dry and sparsely ventilated halls, with the use of talc and rosin, as well as winter sports are excluded.	It is prescribed not earlier than 2 years after the last attack and/or removal from the dispensary register, with good health, lack of respiratory and/or cardiovascular failure during physical exertion.	It is prescribed not earlier than 2 years after the last attack and/or removal from the dispensary register, with good health, lack of respiratory and/or cardiovascular failure during physical exertion.	It is prescribed in the absence of respiratory and/or cardiovascular insufficiency at rest, provided that the attacks occur no more than 1-2 times a year and occur in mild form, as well as after previous successful exercise classes.	It is prescribed (strictly individually) in the main period of the disease and during periods of remission - in frequent attacks and/or liquid attacks occurring in severe form, in the presence of secondary changes in the lungs, signs of respiratory and/or cardiovascular failure.
LUNG SURGERIES FOR CHRONIC NONSPECIFIC LUNG DISEASES:				
• **lobectomy and segmental resection pulmonary tissue**	Not assigned.	It is prescribed no earlier than 1 year after surgery in the normal course of the postoperative period, in the absence of	It is prescribed 4-6 months after the operation, with the normal course of the postoperative period, in the absence of recurrence of the	It is prescribed in the pre- and postoperative periods (with normal course) and for at least 4-6 months after the

		recurrence of the disease, the absence of signs of respiratory and/or cardiovascular failure at rest and during physical exertion, with normal adaptation to loads after classes in a special group (or exercise therapy group) for at least 12 months.	disease, the absence of signs of respiratory and/or cardiovascular failure at rest, as well as with satisfactory adaptation to loads after classes in the exercise therapy group for at least 4-6 months.	operation.
• **removal of the lungs**	Not assigned.	Not assigned.	It is prescribed not earlier than 1 year after surgery, in the normal course of the postoperative period, in the absence of recurrence of the disease, in the absence of signs of respiratory and/or cardiovascular insufficiency at rest, as well as in good tolerability.	It is prescribed in the pre- and postoperative periods (with normal course), as well as for at least 12 months after the operation.

DISEASES OF THE EAR AND PAPILLARY APPARATUS				
DEAFNESS AND HEARING LOSS OF VARIOUS ETIOLOGIES	Not assigned.	It is prescribed (when studying in specialized educational institutions) only for isolated lesions of the auditory nerve.	Prescribed (when studying in specialized educational institutions) in the presence of another concomitant pathology.	Appointed (when studying in secondary schools) for individual indications.
CHRONIC OTITIS EXTERNA AND/OR MIDDLE EAR AND PAPILLARY PROCESS (without perforation or with perforation of the eardrum) – Classes in the swimming pool, outdoor areas in the cold season and winter sports are excluded.	It is prescribed for rare cases of exacerbation (not more often 1-2 times a year), in the absence of hearing impairment and other complications.	It is prescribed for rare cases of exacerbation (not more often 1-2 times a year), with a unilateral inflammatory non-puncture (catarrhal or adhesive) process, in the absence of hearing impairment or complications associated with inflammatory processes.	It is prescribed in frequent cases of exacerbation (more than 2-3 times a year), in chronic purulent processes, especially bilateral (outside the exacerbation phase), for minor violations of hearing function or complications associated with inflammatory processes.	It is prescribed in the main period of the disease (after the fading of acute phenomena), as well as in frequent cases of exacerbation, in chronic purulent processes, with significant or rapidly progressive disorders of hearing function, auditory nerve atrophy and/or other serious complications.

DISEASES OF THE EYE AND ITS APPENDAGE APPARATUS				
REFRACTIVE DISORDERS: MYOPIA AND HYPERMETROPIA – Excluded types of jumps	It is prescribed for violations up to ± 6 D in the absence of any changes in the fundus Prohibited sports: weightlifting, boxing, kickboxing, taekwondo and all other types of combat uniforms, hockey, football, acrobatics, gymnastics, equestrian sports.	Appointed for disorders of any degree in the presence of changes in the fundus. Static and strength exercises are excluded. Examination by an ophthalmologist twice a year.	It is prescribed for disorders of ± 6 D and more, in the presence of changes in the fundus and opacity of the vitreous. Mandatory ophthalmologist 2-3 times a year.	It is prescribed regardless of the degree of violations - with a rapidly progressive decrease in visual acuity.
ASTIGMATISM	It is prescribed in the absence of another concomitant pathology.	Not assigned.	Not assigned.	It is prescribed in the presence of other concomitant pathology and/or visual acuity disorders.
INFLAMMATION OF THE CONJUNCTIVA, EYELID AND ORBITAL LESIONS	Not assigned.	It is prescribed for chronic conjunctivitis in the absence of visual acuity disorders. Classes in the pool are excluded.	It is prescribed in the presence of any visual acuity disorders.	It is prescribed for frequent exacerbations, with a tendency to purulent processes, as well as with a rapidly progressive

				decrease in visual acuity.
DISEASES OF THE SCLERA, CORNEA, IRIS AND CILIARY BODY	Not assigned.	It is prescribed with a decrease in visual acuity to 50%.	It is prescribed with a decrease in visual acuity above 50%.	It is assigned individually according to indications.
DISEASES OF THE LENS, INCLUDING CHILDHOOD, ADOLESCENT OR TRAUMATIC CATARACTS	It is prescribed in the absence of a decrease in visual acuity.	It is prescribed with a decrease in visual acuity to 50%.	It is prescribed with a decrease in visual acuity of more than 50% and with a progressive decrease in vision, as well as after surgical interventions.	It is prescribed for rapidly progressive vision loss, after surgical interventions, in the presence of any complications or concomitant pathology.
GLAUCOMA	Not assigned.	Not assigned.	It is prescribed with a decrease in visual acuity of more than 50% and in the presence of complications.	It is prescribed for rapidly progressive vision loss, after surgical interventions, in the presence of any complications or concomitant pathology.
OPTIC NERVE ATROPHY	Not assigned.	Not assigned.	It is prescribed with a decrease in visual acuity of more than	Prescribed for rapidly progressive vision loss, in the

			50% and in the presence of complications.	presence of any complications or concomitant pathology.
DISEASES OF THE TEAR PATHWAYS, WHICH ARE ACCOMPANIED BY TEARING	Appointed in the absence of complications. Contraindicated (or limited) classes in the open air.	Not assigned.	Not assigned.	Assigned. in the presence of any complications.
DISEASES OF THE DIGESTIVE SYSTEM				
CHRONIC GASTRITIS, GASTRODUODENITIS, ENTERITIS, COLITIS, INTESTINAL DYSBIOSIS	It is prescribed during the period of stable remission – in the absence of exacerbations for 3 years or more, in the absence of any complaints and in good general condition.	It is prescribed during the period of stable remission – in the absence of exacerbations for at least 2 years, in the absence of any complaints and good general condition, after previous successful classes in a special medical group for at least 2 years.	It is prescribed during remission – in the absence of exacerbations for at least 6-12 months, in the presence of liquid complaints, minor signs of exhaustion or intoxication, in satisfactory general condition.	It is prescribed in the main period of the disease - after the fading of acute phenomena, and in the first 6-12 months after exacerbation, as well as during remission - in the presence of complaints, not sharply expressive signs of exhaustion and/or intoxication.

ULCERATIVE CHRONIC COLITIS	Not assigned.	Not assigned.	Not assigned.	It is prescribed (individually) after treatment, as well as during periods of remission with not sharply expressive signs of exhaustion and/or intoxication.
MEGACOLON AND OTHER CONGENITAL ANOMALIES OF THE INTESTINE	It is prescribed with full compensation for pathology, in the absence of any complaints and in good general condition.	It is prescribed with full compensation for pathology, in the presence of liquid complaints, but in good general condition.	It is appointed with incomplete compensation, in the presence of complaints or complications, in satisfactory general condition.	It is assigned individually according to indications.
GASTRIC OR BOWEL ULCER – Observation with a gastroenterologist is recommended, even in the absence of complaints, for at least 5 years.	It is prescribed (individually) during the period of stable remission – in the absence of exacerbations for 3 years or more, in the absence of any complaints and good general condition. Consultation with	It is prescribed during remission – in the absence of manifestations of the disease for at least 2 years, with good general condition, after previous successful classes in a special medical group for at least 1 year.	It is prescribed after the end of treatment, not earlier than 6 months after the last exacerbation - in the absence of any complaints, with complete scarring of ulcers and satisfactory general condition - for at least 1 year.	It is prescribed for not complete scarring of ulcers, but in the absence of bleeding and/or sharp frequent bouts of pain that require constant treatment.

	a gastroenterologist once a year	Consultation with a gastroenterologist 2 times a year.		
CHRONIC HEPATITIS OR CONVALESCENTS OF ACUTE HEPATITIS A OR B, INFECTIOUS MONONUCLEOSIS	It is prescribed (individually) no earlier than 3 years after exacerbation in the absence of complications, with absolutely normal indicators of biochemical blood test, normal liver size and spleen. Control of liver ultrasound and biochemical blood test once a year.	It is prescribed no earlier than 1-2 years after exacerbation in the absence of complications, with normal indicators of biochemical blood test and normal size of the liver and spleen. Control of liver ultrasound and biochemical blood test once a year.	It is prescribed no earlier than 6-12 months after exacerbation for at least 1 year, as well as during periods of remission - in the presence of deviations (even minor) in the indicators of biochemical blood test, a slight increase in liver size. Control of liver ultrasound and biochemical blood test 2 times a year.	It is prescribed in the main period of the disease after the fading of acute phenomena and in the first 6-12 months after exacerbation, as well as during remission - with frequent exacerbations, an increase in the size of the liver and spleen, persistent disorders of liver function. Control of liver ultrasound and biochemical blood test 2 times a year.
CHRONIC HEPATITIS OF	Not assigned.	Not assigned.	It is prescribed	It is prescribed in

OTHER TYPES			(individually) no earlier than 12 months after exacerbation - for minor disorders of liver function.	the main period of the disease after the fading of acute phenomena and in the first 6-12 months after exacerbation, as well as during remission - with persistent violations of liver fuction.
CHRONIC CHOLECYSTITIS AND BILIARY DYSKINESIA	It is prescribed (individually) during periods of stable remission – in the absence of exacerbations for at least 1-2 years, in the absence of any complications and in good general condition.	It is prescribed no earlier than 1 year after exacerbation in the absence of complications, with good general condition.	It is prescribed no earlier than 2-6 months after exacerbation for at least 1 year, as well as during periods of remission - with frequent exacerbations, the presence of sand or small stones in the gallbladder. Control of ultrasound of the gallbladder 1-2 times a year.	It is prescribed in the main period of the disease after the fading of acute phenomena and in the first 2-6 months after exacerbation, as well as constantly - with frequent exacerbations, the presence of large stones in the gallbladder or any complications.
CHRONIC PANCREATITIS	Not assigned.	It is prescribed no earlier than 1 year	It is prescribed 6-12 months after	It is prescribed in the main period of the

		after exacerbation in the absence of complications, in good general condition, after previous successful classes in a special medical group for at least 1 year.	exacerbation – for at least 1 year, as well as during periods of remission with frequent exacerbations.	disease after the fading of acute phenomena and in the first 6-12 months after exacerbation, as well as constantly - with frequent bouts of exacerbation and the presence of complications.
PUBESTHIC ORGANS	It is appointed in the absence of any complaints and violations of the functions of internal organs.	It is prescribed in the presence of minor violations of the functions of internal organs.	It is appointed in the presence of complaints and significant violations of the functions of internal organs.	It is prescribed constantly – in the presence of expressive violations of the functions of internal organs.
<u>DISEASES OF THE GENITOURINARY SYSTEM</u>				
ABNORMALITIES OF KIDNEY DEVELOPMENT, CHRONIC INFLAMMATORY DISEASES OF THE KIDNEYS (PYELONEPHRITIS) OR	Not assigned.	It is prescribed (strictly individually) only under conditions of stable remission for at least 2 years.	It is prescribed (individually) during periods of persistent remission, not earlier than 1 year after exacerbation - in the presence of	It is prescribed after treatment or outside the exacerbation phase - in the presence of compensated or moderate disorders

THEIR TOXIC LESIONS, CHRONIC NEPHRITIS, NEPHROSONEPHRITIS – Classes in the pool, outdoor areas in the cold season, acrobatics, jumping are prohibited.			compensated renal function - in the absence of changes in urine tests, and in the absence of significant changes on the part of the cardiovascular system.	of renal function and/or with a moderate increase in blood pressure not higher than 160/95 mm Hg. st., and/or in case of circulatory failure of the first stage.
UROLITHIASIS – It is recommended to limit running and jumping.	Not assigned.	Not assigned.	It is prescribed (individually) in the absence of frequent bouts of renal colic and large kidney stones, while maintaining normal renal function.	It is prescribed outside the phase of exacerbation – in the absence of large kidney stones, in the presence of compensated or moderate disorders of renal function.
CHRONIC INFLAMMATORY DISEASES OF THE PELVIC ORGANS IN WOMEN (adnexites, salpingites, oophorites, etc.)	It is appointed after deregistration - in the absence of exacerbations for 1 year or more, as well as in the absence of any complaints and complications, with normal menstrual function.	It is prescribed 6 months after exacerbation, in the absence of complaints and complications, with normal or minor violations of menstrual function.	It is prescribed 1-2 months after the end of the acute process in the presence of liquid complaints and minor violations of menstrual function.	It is prescribed in the main period of the disease (after the fading of acute phenomena), and in the first 1-2 months after exacerbation, as well as in frequent repeated exacerbations, in the

				presence of complications and/or in violation of menstrual function.
NON-INFLAMMATORY DISEASES OF THE FEMALE GENITAL ORGANS (endometriosis, dysplasia, cervical erosion, etc.)	It is prescribed after removal from the dispensary register – 1 year after successful treatment, in the absence of any complaints and complications, with normal menstrual function.	It is prescribed 6-12 months after successful treatment, in the absence of any complaints and complications, with normal menstrual function.	It is prescribed 1-2 months after treatment, in the presence of rare complaints, minor complications, with minor violations of menstrual function.	It is prescribed 6-12 months after successful treatment, in the absence of any complaints and complications, with normal menstrual function.
EXCESSIVE, FREQUENT AND/OR IRREGULAR MENSTRUATION	Not assigned.	Not assigned.	It is prescribed for expressive pain syndrome, significant blood loss, constant disorders of the menstrual cycle. During menstruation with poor health, exercise is not recommended.	It is assigned individually according to indications.
BENIGN TUMORS OF THE UTERUS AND	Not assigned.	It is prescribed after full successful	It is prescribed after full recovery, in	It is assigned individually

OVARIES (fibroids, fibroids, cysts, etc.)		treatment – with a satisfactory general condition, the absence of frequent relapses, as well as after all walking classes in a special group for at least 6-12 months. It is recommended to constantly monitor the gynecologist at least 2 times a year.	satisfactory condition, in the absence of pain, bleeding, frequent relapses or severe menstrual dysfunction. It is recommended to constantly monitor the gynecologist at least 2 times a year.	according to indications. Constant observation of the gynecologist is recommended.
OMISSION OF THE UTERUS AND/OR VAGINA.	Not assigned.	Not assigned.	Not assigned.	It is assigned individually according to indications. Constant observation of the gynecologist is recommended.
<u>DISEASES OF BLOOD AND HEMATOPOIETIC ORGANS</u>				
ANEMIA (ALIMENTARY) – Dispensary observation of at least 6 months.	It is prescribed after an increase in hemoglobin above 115 g / l, in the absence of any	It is prescribed 6-12 months after treatment, if hemoglobin is increased to 110-115	It is prescribed with a decrease in hemoglobin to 90-100 g/l, in the absence of complications and/or	It is prescribed (strictly individually) with a decrease in hemoglobin of less

	complaints, with good general condition, normal adaptation to loads and after classes in the preparatory group for at least 6 months.	g/l, in the absence of any complaints, with a satisfactory general condition and with normal adaptation to physical exertion.	concomitant pathology, hematologist consultation 2-3 times a year.	than 90 g/l. Hematologist's supervision.
IMPAIRED BLOOD CLOTTING ABILITY (including hemophilia (Werlhof's disease), hemorrhagic vasculitis (Shenlein-Henoch disease), etc.)	Not assigned.	Not assigned.	Not assigned.	Can be prescribed (strictly individually) only in very mild forms of disease.
MALIGNANT NEOPLASMS OF LYMPHOID OR HEMATOPOIETIC TISSUES	Not assigned.	Not assigned.	It is prescribed (strictly individually) after successful treatment – in cases of stable and prolonged (at least 2-3 years) remission. Consultation of an oncologist 2-3 times a year.	It is prescribed (strictly individually) during the treatment period according to indications and depending on the general condition.

DISEASES OF THE ENDOCRINE SYSTEM				
THYROID DISEASE	Not assigned.	It is prescribed for euthyroid forms of the disease, in the absence of complications, good general condition and normal adaptation to physical exertion.	It is prescribed in the presence of disorders such as hypothyroidism, hyperthyroidism, thyroid toxicosis or autoimmune thyroidoiditis, in the absence of significant complaints and with satisfactory adaptation to physical exertion.	It is prescribed in the main period of the disease (individually) according to indications, as well as for 6-12 months after treatment, with moderate disorders of thyroid function.
DIABETES MELLITUS – Constant supervision of the endocrinologist is necessary.	Not assigned.	It is prescribed only for a mild course of the disease, in the absence of complaints, complications, with good general condition and normal adaptation to physical exertion.	Prescribed (individually) in the course of the disease of moderate severity, in the presence of minor complications, with satisfactory general condition and satisfactory adaptation to physical exertion.	It is prescribed (individually) according to indications - in the severe course of the disease, in the presence of complications, in case of violation of adaptation to physical exertion.
DISEASES OF THE PARATHYROID GLAND	Not assigned.	It is prescribed for a mild course of the disease, in the absence of complaints or complications, with good general	It is prescribed for the course of the disease of moderate severity, in the presence of minor complications, with a satisfactory general condition and	It is prescribed (individually) according to indications – in the presence of significant complications,

		condition and normal adaptation to physical exertion.	unsatisfactory adaptation to loads.	including osteomaniacing, and with significant violations of adaptation to loads.
HYPOTHALAMIC PUBERTY SYNDROME	It is prescribed in uncomplicated forms, the absence of any complaints, with normal blood pressure figures, in the absence of excess body weight and with normal adaptation to physical exertion.	It is prescribed for mild uncomplicated forms, with a transient increase in blood pressure to 140/80 mm Hg, in the presence of obesity of the 1st degree, with normal adaptation to physical exertion.	It is prescribed for complicated forms, with a transient increase in blood pressure above 140/80 mm Hg, in the presence of obesity of the second degree, with the appearance of hyperkeratosis, in violations of the menstrual cycle in girls and the appearance of mastopathy in boys.	It is prescribed for severe complicated forms, with a steady increase in blood pressure, which may be accompanied by an increase in body temperature to subfebrile figures, toshnot, hyperkeratosis in significant areas, mental disorders, severe obesity.
IMPAIRED FUNCTION AND DISEASE OF THE PITUITARY GLAND	It is prescribed in the absence of any complaints, complications, with good general condition and normal adaptation to physical exertion.	It is prescribed for minor violations, absence of complications, with satisfactory general condition and satisfactory adaptation to physical exertion.	It is prescribed for moderately expressive disorders, the presence of complications, in the absence of other endocrine disorders.	It is prescribed for expressive disorders, as well as in the presence of other endocrine disorders or complications.

OBESITY	It is prescribed for the first degree of obesity after 6 months of successful classes in the preparatory group, in the absence of complaints, complications and with normal adaptation to physical exertion.	It is prescribed for the I-II degree of obesity, in the absence of complaints, complications, with satisfactory adaptation to physical exertion.	It is prescribed for the II and III degrees of obesity, in the presence of complaints, minor complications and/or in violation of adaptation to physical exertion.	It is prescribed for III and greater degrees of obesity, in the presence of complaints, complications and with significant violations of adaptation to physical exertion.
OTHER METABOLIC DISORDERS AND ENZYMOPATHY	Solved individually.	Solved individually.	Solved individually.	It is decided individually.
DISEASES OF THE NERVOUS SYSTEM				
COMPENSATED FORMS OF CNS LESIONS OF DIFFERENT ETIOLOGIES	It is prescribed in the absence of violations of motor and coordination functions, with normal adaptation to physical exertion. Martial arts and weightlifting classes are excluded.	It is prescribed in the absence of violations of motor functions, with minor coordination disorders, with good general condition and with normal adaptation to physical exertion.	It is prescribed in the presence of minor disorders of motor and coordination functions.	It is prescribed for significant disorders of motor and coordination functions.

RESIDUAL EFFECTS AND CONSEQUENCES OF PERINATAL LESIONS OF THE CENTRAL NERVOUS SYSTEM, hypoxic, traumatic or inflammatory lesions of the CNS, signs of hydrocephalus syndrome, etc.	Not assigned. In some cases, after a thorough clinical examination, it is decided individually.	It is prescribed (after a thorough examination) for minor disorders of motor and coordination functions, with normal adaptation to physical exertion, not earlier than 1 year after successful classes in a special group.	Appointed for minor disorders of motor and coordination functions.	Appointed for significant disorders of motor and coordination functions
PARALYSIS, PARESIS, HYPERKINESIS AFTER VARIOUS DISEASES OF THE NERVOUS SYSTEM (encephalitis, meningitis, polio), CEREBRAL PALSY	Not assigned.	Not assigned.	Assigned (individually)	It is recommended constantly in the absence of contraindications.
LOGONEUROSIS	It is prescribed in the absence of any concomitant disorders, with good general condition and normal adaptation to physical exertion.	It is prescribed in the absence of concomitant violations, with a satisfactory general condition.	It is prescribed for minor concomitant disorders.	Prescribed for significant concomitant disorders.

NEUROSIS OF OBSESSIVE STATES	It is prescribed in the absence of complaints, disorders of motor functions and concomitant diseases. Martial arts classes are excluded.	It is prescribed for minor disorders of motor functions and concomitant pathology.	Not assigned.	Not assigned.
CONVULSIVE CONDITIONS, INCLUDING EPILEPSY – Prohibited classes in the pools!	Not assigned.	Not assigned.	It is prescribed (strictly individually) for liquid attacks.	It is prescribed (strictly individually) for frequent attacks.
NEUROCIRCULATORY DYSTONIA (NCD)	Appointed only in the absence of any complaints, crisis conditions and complications, in case of normal	It is prescribed in the absence of crisis conditions, with satisfactory adaptation to physical exertion.	It is prescribed in the presence of liquid crisis conditions, with minor violations of adaptation to physical exertion. Classes in the swimming pool are excluded	It is prescribed in the presence of frequent crisis conditions, with significant violations of adaptation to physical exertion. Classes in the swimming pool are excluded.
MIGRAINE WITHOUT AURA	Not assigned.	Not assigned.	It is prescribed for moderately expressive pain syndrome and rare seizures. It is recommended to	It is prescribed for frequent attacks, expressive pain and/or the presence of complications or

			constantly monitor the neurologist and monitor the electroencephalogram (EEG) once a year.	concomitant pathology. Constant neurologist supervision and EEG monitoring 2 times a year are recommended.
LESIONS OF THE NEUROMUSCULAR APPARATUS OF VARIOUS ETIOLOGIES, PROGRESSIVE MUSCULAR DYSTROPHY	Not assigned.	Not assigned.	It is prescribed in the initial stages of diseases.	It is recommended constantly in the absence of contraindications.
DISORDERS OF PHYSICAL DEVELOPMENT				
LAG OF PHYSICAL DEVELOPMENT (in the absence of endocrine disorders)	Not assigned.	It is prescribed for minor deviations of physical development (in the range from – 1 to – 2) in comparison with age standards.	It is prescribed for significant deviations in physical development (- 2 or more) compared to age standards.	It is assigned individually according to indications.

SOME SURGICAL AND TRAUMATOLOGICAL PATHOLOGY				
CONDITION AFTER SURGICAL INTERVENTIONS ABOUT HERNIA OF THE INCISION, FEMORAL, VARICOCELLLE, ETC.	It is appointed not earlier than 6 months, counting from the resumption of classes in an educational institution after surgery – in the absence of any complaints or complications and after successful preliminary classes in the preparatory or special medical group.	It is prescribed no earlier than 2 months after surgery - in the absence of complications - for up to 6 months.	It is prescribed no earlier than 1-2 months after surgery - in the presence of certain complications - for up to 6 months.	It is prescribed before and after the postoperative period.
RECOVERY PERIOD AFTER BONE FRACTURE.	It is prescribed no earlier than 6-12 months after the injury (depending on the place and type of fracture), in the absence of complaints and complications, after previous successful classes in a special or preparatory group.	It is prescribed (if necessary) not earlier than 2-6 months after the injury, in the presence of minor complications that make it impossible to perform certain physical exercises, after previous successful exercises or in a special group.	It is prescribed (if necessary) 1-2 months after the injury, in case of significant complications that reduce motor capabilities. Appointed within up to 6-12 months (depending on the speed of recovery processes) after previous successful exercise classes.	Prescribed in the immobilization and post immobilization periods in the absence of contraindications.

DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE				
VIOLATION OF POSTURE AND SCOLIOSIS – Asymmetrical types of physical activity are not recommended, for example, tennis, basketball, badminton, etc.	It is prescribed for functional (unrecorded) posture disorders and scoliosis of the I-II degree, which arose as a result of shortcomings in the organization of the educational or home regime, with a sedentary lifestyle. It is recommended, in addition to the usual classes, additional classes in corrective therapeutic gymnastics.	It is prescribed for functional disorders of posture and scoliosis of the I-II degree, in the presence of complaints and minor disorders of the function of the spine. Additional classes of corrective therapeutic gymnastics are recommended.	It is prescribed for scoliosis of the third degree and above, regardless of etiology, for minor disorders of the function of the spine and/or in the presence of minor complications from other organs. Additional classes in corrective therapeutic gymnastics are recommended.	It is prescribed constantly - for scoliosis of III degree and above, scoliotic disease, as well as for scoliosis with pathological etiology - after rickets, polio or other diseases, with significant spinal dysfunction and/or other complications
KYPHOSIS	It is prescribed for kyphoses of the I-II degree, in the absence of violations of motor functions and any complications. It is recommended, in addition to ordinary classes, additional classes in corrective	Kyphoses of the I-II degree are prescribed, in the presence of complaints and minor disorders of the function of the spine. Additional classes of corrective therapeutic	It is prescribed for grade III kyphoses and above, for minor disorders of the function of the spine and/or in the presence of minor complications from other organs. Additional classes in corrective therapeutic	It is prescribed for kyphoses of the third degree and above, as well as for kyphoses of pathological origin, with significant violations of the function of the spine and/or in the

	therapeutic gymnastics.	gymnastics are recommended.	gymnastics are recommended.	presence of complications. With juvenile kyphosis in combination with some other disorders of posture – as prescribed by an orthopedist.
DEFORMITIES OF THE FOOT	It is prescribed for deformations of the foot of the I-II degree, in the absence of arthrosis and violations of the function of the joints of the feet. It is recommended, in addition to ordinary classes, additional classes in corrective therapeutic gymnastics.	It is prescribed for deformations of the foot of the I-II degree, in the presence of complaints and minor violations of the function of the joints of the feet. Additional classes of corrective therapeutic gymnastics are recommended.	It is prescribed for deformations of the foot of the third degree and above, with minor violations of the function of the joints of the feet, in the presence of other deformations of the musculoskeletal system. Additional corrective therapeutic gymnastics classes are recommended.	It is prescribed for deformations of the foot of the third degree and above, with arthrosis and significant violations of the function of the joints of the feet, and/or in the presence of complications or combination with other expressive deformations of the musculoskeletal system.

SMALL ABNORMALITIES IN THE DEVELOPMENT OF THE SPINE (short neck syndrome, additional neck ribs, etc.)	Not assigned.	Not assigned.	It is prescribed for moderate disorders of spinal function in the absence of any risks for the occurrence of a serious pathology of the spine, circulatory disorders of the brain in the vertebro-basilary pool, injury to the spinal cord with the development of neurological symptoms.	It is prescribed strictly individually (only on the basis of medical and preventive institutions!) in cases of high risk of serious spinal pathology with circulatory disorders of the brain in the vertebro-basillary pool, injury to the spinal cord and the development of neurological symptoms.
OSTEOCHONDROPATHY IN CHILDREN AND ADOLESCENTS (Perthes' disease, Osgood-Schlatter syndrome, Calve's disease, Scheerman-Mau disease)	Strictly prohibited	Strictly prohibited	Issues are decided individually, can be prescribed for Osgood-Schlatter syndrome, but completely excluded jumping, jumping exercises, running.	Appointed strictly individually (only on the basis of treatment and prevention facilities!)
OSTEOCHONDROPATHY OF OTHER ORIGIN – In case of instability of the	It is prescribed only under conditions of full recovery, in the	It is prescribed for not sharply expressive	It is prescribed for minor disorders of motor functions and the	It is prescribed for significant violations of motor

cervical vertebrae, accompanied by headache, muscle tension, contact sports are prohibited, where there are collisions or bruises - boxing, hockey, wrestling, basketball, diving, butterfly swimming, breaststroke, jumping, etc.	absence of impaired motor functions and any complications.	disorders of motor functions.	presence of complications that limit motor capabilities.	functions – systematically, preferably on the basis of medical and preventive institutions).
OTHER CONGENITAL OR ACQUIRED DEFORMATIONS OF THE MUSCULOSKELETAL SYSTEM	Appointed in the absence of complaints and any violations of motor functions.	It is prescribed for not sharply cut disorders of motor functions.	It is prescribed for minor disorders of motor functions and the presence of complications that limit motor capabilities.	It is prescribed for significant violations of motor functions – systematically.
RHEUMATOID ARTHRITIS AND OTHER RECURRENT POLYARTHRITIS	Not assigned.	Not assigned.	It is prescribed for rare exacerbations, moderate dysfunction of the affected joints, in the absence of complications. Additional exercise classes are recommended.	It is prescribed for frequent exacerbations, significant impairment of motor functions and/or complications.

SOME INFECTIOUS DISEASES				
TUBERCULOSIS:				
• **"virage" of tuberculin skin test**	It is prescribed for tuberculosis intoxication without focal lesions, in the absence of signs of an acute process and the absence of respiratory failure.	It is prescribed in the favorable course of the postoperative focal process and in the absence of respiratory failure. (outside the aggravation phase).	It is prescribed for a favorable and compensated process, for respiratory failure of the first degree. (outside the exacerbation phase).	Solved individually.
• **closed form of tuberculosis**	Not assigned.	Not assigned.	Not assigned.	Assigned individually.
• **open form of tuberculosis**	Not assigned.	Not assigned.	Not assigned.	Solved individually.
ACQUIRED IMMUNODEFICIENCY SYNDROME	It is prescribed only under conditions of carrier, in the absence of complaints, clinical manifestations, in good general condition.	Not assigned.	Not assigned.	Prescribed (strictly individually) in the presence of clinical manifestations of the disease, in the absence of contraindications.

VENEREAL DISEASES	It is prescribed only after successful treatment and permission of a venereologist, in the absence of any complaints and complications.	Not assigned.	Not assigned.	Appointed (strictly individually) in the presence of clinical manifestations of the disease, in the absence of contraindications.
<u>SOME SKIN DISEASES</u>				
INFECTIOUS SKIN DISEASES (including scabies, pediculosis, mycoses, pyoderma, herpes, etc.)	Appointed only after successful treatment and permission of the dermatologist, in the absence of any complaints and complications.	Not assigned.	Not assigned.	Not assigned.
PSORIASIS, ECZEMA	It is prescribed for a very mild course of the disease, liquid exacerbations, minor single skin lesions and in the absence of its maceration.	It is prescribed for a mild course of the disease, minor skin lesions and in the absence of its maceration.	It is prescribed for the defeat of significant areas of the skin, for liquid exacerbations, but during periods of remission and only in the absence of maceration and weeding.	It is prescribed for lesions of large areas of the skin, with frequent exacerbations, but during periods of remission and only in the absence of maceration and weeding.

DERMATITIS OF DIFFERENT origins (including allergic) – allergic dermatitis is not desirable activities in swimming pools	It is prescribed in the absence of maceration of the skin and weeding.	Not assigned.	Not assigned.	Not assigned.
ONCOLOGICAL DISEASES				
ONCOLOGICAL MALIGNANT DISEASES OF ANY LOCALIZATION	Not assigned.	Not assigned.	Not assigned.	Prescribed (strictly individually) under conditions of successful treatment, in the absence of contraindications.

CONTRAINDICATIONS TO SPORTS. PRINCIPLES OF ADMISSION TO SPORTS OF PERSONS WITH BORDER STATES

I. All acute and chronic diseases in the acute stage.

II. Features of physical development

1. Sharply lagged behind in physical development, or its anomalies or defects that prevent the implementation of exercises and standards provided by the curriculum.

2. A sharp disproportion between the length of the limbs and torso.

3. Overweight, which largely does not meet the growth rates.

III. Diseases of the internal organs

Diseases of the cardiovascular system

1. Diseases of the heart muscle, pericardium, endocardium and heart vessels; all aortic diseases; cardiomyopathy; congenital and acquired heart defects; valve prolapse (II degree and above, I degree - in the presence of regurgitation, myxomatous degeneration of the valves, heart rhythm disorders, changes in the ECG)/

Evaluation of clinical data is based on a thorough examination with mandatory functional tests with exercise, ECG, echocardiography, etc.

Persons who have suffered non-rheumatic myocarditis without transition to myocardiosclerosis, in the absence of cardiac arrhythmias and conduction, on the background of high tolerance to exercise, may be admitted to sports, but not earlier than 12 months. after complete recovery.

2. Rheumatism; rheumatic heart disease (rheumatic pericarditis, myocarditis, rheumatic valve defects); extracardiac complications of rheumatism (polyarthritis, nephritis, etc.).

3. Organic disorders of heart rhythm and conduction; syndromes of premature ventricular excitation, sinus node weakness syndrome.

In all cases of cardiac arrhythmias and conduction, a thorough electrocardiographic examination (no load and no load) is required.

Rare single extrasystoles of rest, which disappear during exercise, as well as sinus arrhythmia of a functional nature are not contraindications for sports, with the unconditional exclusion of their organic nature.

4. Ischemic heart disease.

5. Hypertensive disease, symptomatic hypertension.

It is necessary not to limit one-time measurement of blood pressure, but to check it for several days, always with a functional test (20 squats in 30 seconds or 2 or 3 minutes of running in the city at a moderate pace); in the absence of other data exceeding systolic blood pressure not higher than 140 mm Hg and diastolic blood pressure not higher than 80 mm Hg are not contraindications for admission to physical education institutions.

6. Neurocirculatory dystonia (hypertensive, hypotensive, cardiac or mixed types).

In satisfactory condition and in the absence of other contraindications - allowed conditionally.

Diseases of the respiratory system

7. Diseases of the lungs, respiratory tract, pleura, intrathoracic lymph nodes of tuberculous etiology, even in the stage of full compensation, including clear final effects after exudative pleurisy (mooring, limiting the mobility of the lung edges), etc.

8. Chronic non-specific diseases and consequences of acute diseases of the respiratory tract, lungs and pleura, disseminated lung diseases of non-tuberculous etiology, including diseases (chronic bronchitis, bronchiectasis), accompanied by even minor respiratory disorders.

9. Bronchial asthma (even with rare attacks).

In the absence of seizures for five years or more, but while maintaining altered bronchial reactivity, admission to certain sports is possible (not recommended sports aimed at endurance, winter sports, as well as sports, which are held in the halls and associated with the use of talc, rosin, etc.).

Diseases of the gastrointestinal tract

10. Functional disorders of the gastrointestinal tract (severe disorders of gastric secretion and motility, biliary dyskinesia).

11. Gastric and/or duodenal ulcers in exacerbation. Gastric and duodenal ulcer in remission with indigestion and frequent exacerbations in the anamnesis.

Persons with gastric or duodenal ulcers who are in remission for 6 years (without digestive disorders) may be admitted to sports (endurance sports are not recommended).

12. Other diseases of the stomach and duodenum, including autoimmune gastritis and special forms of gastritis (granulomatous, eosinophilic, hypertrophic,

lymphocytic), diseases of the pancreas, small and large intestine, with significant and moderate disorders and even moderate disorders of their functions nutrition.

People with Helicobacter pylori gastritis may be admitted to sports after appropriate treatment.

Individuals with chronic gastritis and gastroduodenitis with minor dysfunction and rare exacerbations, as well as biliary dyskinesias with rare exacerbations may be admitted to sports.

13. Chronic liver disease (including benign hyperbilirubinemia), hepatitis, liver cirrhosis.

14. Chronic diseases of the gallbladder and bile ducts, including gallstone disease, gallbladder inflammation, angiocholitis.

15. Diseases of the esophagus (esophagitis, ulcers - until complete cure; cardiospasm, stenosis, diverticula - in the presence of significant and moderate dysfunction).

16. Consequences after surgery or damage to the abdominal organs, even with moderate dysfunction.

Diseases of the kidneys and urinary tract

17. Chronic kidney disease (chronic glomerulonephritis, chronic primary pyelonephritis, nephrosclerosis, nephrotic syndrome, primary wrinkled kidney, renal amyloidosis, chronic interstitial nephritis and other nephropathies).

Presence in the anamnesis of treated acute diseases of the kidneys and urinary tract, which did not give exacerbations for at least 1 year, are not contraindications to sports.

18. Pyelonephritis (secondary), hydronephrosis.

19. Urolithiasis.

Instrumental removal or self-discharge of a single stone from the urinary tract (pelvis, ureter, bladder) without crushing the stones of the urinary system, small (up to 0.5 cm) single stones of the kidneys and ureters, confirmed only by ultrasound, without pathological changes in urine or bilateral nephroptosis stage I are not contraindications to sports.

20. Chronic and clinically detected consequences of recent urinary tract diseases - cystitis, urethritis.

Diseases of the musculoskeletal system

22. Diseases of the joints - rheumatoid arthritis, arthritis combined with spondyloarthritis, ankylosing spondylitis, osteoarthritis, metabolic arthritis, the effects of infectious arthritis.

Individuals who have experienced reactive arthritis with complete reversible development may be admitted to exercise after 6 months. after complete treatment.

Systemic connective tissue diseases.

23. Systemic vasculitis.

Diseases of the blood and blood-forming organs

24. All diseases of the blood and blood-forming organs, regardless of their severity.

Persons with temporary functional disorders after non-systemic blood diseases are allowed to play sports after complete treatment.

25. Persistent changes in the composition of peripheral blood (leukocyte count less than 4.0 x 109 / l or more than 9.0x109 / l, platelet count less than 180.0 x1 09 / l, hemoglobin content less than 120 g / l).

26. Malignant neoplasms of lymphoid, hematopoietic and related tissues: lympho-, myelo-, reticulosarcoma, leukemia, lymphosis, lymphogranulomatosis, paraproteinemic hemoblastosis (including conditions after surgery, radiation and cytostatic therapy).

27. Acute radiation sickness of any severity in the anamnesis, as well as previously received in case of accident or accidental exposure radiation dose exceeding the annual maximum allowable dose five times (according to radiation safety standards - 76/87).

Endocrine diseases and some metabolic disorders

28. Hyperplasia of the thyroid gland, even with mild thyrotoxicosis; simple goiter, non-toxic nodular goiter; thyroiditis; hypothyroidism; diseases of the thyroid glands; adrenal gland disease.

29. Diabetes mellitus, regardless of severity.

30. Acromegaly, regardless of the severity of acromegaloid features.

31. Gout.

32. Obesity III-IV degree.

IV. Neuropsychiatric diseases. Injuries of the central and peripheral nervous system

1. Psychotic and non-psychotic mental disorders due to organic brain damage. Endogenous psychoses: schizophrenia (all forms) and affective psychoses, regardless of the date of the last exacerbation. Symptomatic psychoses and other mental disorders of exogenous etiology.

Persons who have a mild short-term asthenic state after an acute mental illness are allowed to play sports after full treatment.

2. Reactive psychosis and neurotic disorders.

Persons who have had acute stress responses, adjustment disorders, and minor neurotic disorders characterized mainly by emotional-volitional and vegetative disorders are allowed to exercise after full treatment.

3. Mental retardation.

4. Epilepsy, even in the absence of mental disorders and the absence of seizures for a long time (more than 5 years).

5. All types of manifestations of convulsive disorders and the presence of latent thetania.

6. Vasovegetative dysfunctions with adherence to angiospasms, cephalossing, with increased excitability of cardiac activity and various manifestations of vasopathies (in particular, acroparesthesias and erythromelalgia).

7. Infectious, parasitic, viral diseases of the central nervous system and their consequences, including after arachnoiditis.

8. Mental disorders, lesions of the brain and spinal cord in general infections, acute and chronic intoxications and their consequences (astenization phenomena, neurocirculatory dystonia, persistent scattered organic signs), even with full recovery by the time of examination of mental activity (without impaired movements, sensitivity and reflexes)).

9. Injuries to the brain and spinal cord and their consequences in the presence of final phenomena in the form of microsymptomatics.

10. Vascular diseases of the brain and spinal cord and their consequences (subarachnoid, intracranial and other intracranial hemorrhages, brain infarction, transient brain ischemia, etc.).

Persons with rare cases of fainting are subject to in-depth medical examination and treatment. The diagnosis of "neurocirculatory dystonia" is established only in cases where a targeted examination did not reveal other diseases accompanied by disorders of the autonomic nervous system. Persons with

the presence of even rare cases of fainting cannot be admitted to martial arts, complex coordination, traumatic and water sports.

11. Organic diseases of the central nervous system (degenerative, tumors of the brain and spinal cord, congenital anomalies and other neuromuscular diseases).

12. Diseases of the peripheral nervous system (including the presence of objective data without impaired functions).

13. Peripheral nerve injuries and their consequences, regardless of localization (including mild residual phenomena in the form of mild sensitivity disorders or slight weakening of muscles nervous by the damaged nerve), are secondary neurities.

14. The consequences of fractures of the bones of the skull (erection of the skull, facial bones, including the lower and upper jaws, other bones) without signs of organic damage to the central nervous system, but in the presence of a foreign body in the skull cavity, as well as a substituted or unplaced defect in the bones of the erection of the skull.

15. Temporary functional disorders after acute diseases and injuries of the central or peripheral nervous system, as well as their surgical treatment.

Persons who have suffered a closed injury to the brain or spinal cord, in the absence of instrumentally confirmed signs of damage to the central nervous system, can be admitted to sports no earlier than 12 months. after full treatment (traumatic sports are not recommended).

V. Surgical diseases

1. Diseases of the spine and their consequences (osteochondrosis, spondylosis and related conditions, diseases of the intervertebral discs, other diseases of the spine).

Persons with initial signs of intervertebral osteochondrosis with asymptomatic course may be admitted to symmetrical sports.

2. Pronounced spinal deformities that complicate the functioning of the organs of the chest and/or abdominal cavity (scoliosis, scoliotic disease, rickets' kyphosis, tuberculosis kyphosis, Scheuermann-Mau disease, Calve disease; phenomena of pronounced instability, etc.).

Persons with unrecorded curvature of the spine in the frontal plane (scoliotical posture) may be admitted to symmetrical sports.

3. Consequences of fractures of the spine, chest, upper and lower extremities, pelvis, accompanied by impaired functions.

4. Pronounced deformations of the chest, which complicate the functioning of the chest cavity.

5. Pronounced pelvic deformities that affect body statics or disrupt walking biomechanics.

6. All types of deformations of the upper extremities, excluding or complicating the possibility of performing various types of sports exercises, including gymnastic projectiles.

7. Defects or lack of fingers that violate the functions of the hand.

8. Shortening one lower limb by more than 2 cm, even with a full course; pronounced curvature of the legs inside (X-shaped curvature) or outward (O-shaped curvature) at a distance between the condyles of the femoral bones or internal lodgings of more than 12 cm.

9. Erection, immobility, curvature or absence of toes that violate full-fledged resistance, make it difficult to walk and wear shoes (ordinary and sports).

For the absence of a finger on the foot, it is considered the absence of it at the level of the plus-phalanx joint. The complete erection or immobility of the finger is also considered as its absence.

10. Longitudinal or transverse flattening of the foot construction (especially in combination with deformation of the thumb and valgus position of the heel), full foot, flat feet, clubfoot and other deformations of the foot with significant and moderate violations of its functions

In the presence of flat feet of the II degree on one leg and flat feet of the I degree on the other leg, the conclusion is made on flat feet of the II degree.

Persons with flat feet of I degree, as well as II degree without arthrosis in ram-fret-shaped artications can be admitted to sports

With deformations of the foot with violations of its full resistance and functional insufficiency (rapid fatigue of the muscles of the foot and lower leg, pain in the joints of the feet with prolonged standing, walking or running), as well as in the phenomena of neuralgia or irritability of the plantar nerve, sports are contraindicated.

In the absence of functional insufficiency, admission issues are resolved with extreme caution for track and field athletes (jumpers and runners), for skiers (especially in ski jumping), for barbells, horsewomen and skaters, as well as for those who specialize in sports games.

11. Amputations on the limbs, regardless of their level, including amputation of one or more fingers on the hands, accompanied by violations of the covering or

retaining functions of the hand, and amputation of several fingers on one or both feet.

12. Consequences of lesions and chronic diseases of joints, bones, cartilage, muscles; osteopathy and acquired musculoskeletal deformities (intratum lesions, osteomyelitis, periostitis, other bone lesions, deforming and osteopathy, osteochondropathy, persistent joint contractures, other diseases and lesions of joints, bones and cartilage).

With Osgood-Schlatter's disease, the question of the possibility of admission to sports is solved individually.

13. Outdated or habitual dislocations in large joints arising from minor physical exertion, including the usual dislocation of the shoulder joint, violation of the covering and/or retaining function of the hand due to the construction of one or more fingers of the hand, the consequences of sports injuries and sports diseases of the musculoskeletal system, which led to a significant decrease in athletic performance - joint thawing, chronic meniscites, sports arthrozoarthritis of large joints of the extremities, spondylosis, chronic myoentesitis and periostitis, chronic bursitis, etc.

14. Diseases of blood vessels and/or consequences of damage to the aorta, main and peripheral arteries and veins, lymphatic vessels: obliterate endarteritis, aneurysms, phlebitis, thrombophlebitis, varicose veins and postthrombotic disease, ivory (lymphodema), varicose veins of the family cord and hemorrhoids (medium and significant severity); angiotrophonevrosy, hemangiomas.

After surgical interventions regarding varicose veins of the lower extremities, varicose veins of the family cord of hemorrhoidal dilation of veins, sports and admission to physical culture educational institutions are allowed only in cases where for at least 1 year after the operation there were no signs of recurrence of the disease and disorders of local blood circulation.

15. Hernias (groin, femoral, umbilical) and other localization; expansion of one or both inarine rings with protrusion of the abdominal cavity during dulling, which is clearly felt at the time of finger examination – until complete treatment.

A small umbilical hernia, an anterior abdominal adipose of the white abdomen, as well as the expansion of the groin rings without hernia protrusion during physical exertion and straining are not contraindications to sports.

16. Hemorrhoids with frequent exacerbations and secondary anemia, loss of nodes of the II-III stage. Recurrent back passage cracks.

Persons who have undergone surgery for varicose veins of the lower extremities, veins of the spermatic cord, hemorrhoidal veins, cracks in the anus,

*may be admitted to sports, if after 1 year after surgery there are no signs of recurrence and local circulatory disorders.*17. Protrusion (close to loss) of all layers of the rectum wall during dulling, recurrent cracks of the anus.

18. Hydrocephalus of the testicle or spermatic cord.

19. Delay of both testicles in the abdominal cavity or groin canals.

20. The consequences of injuries to the skin and subcutaneous tissue, accompanied by impaired motor functions or complicate the wearing of sportswear, shoes or equipment.

21. Scarring that has not boiled, after operations and damage, which in their localization complicate the implementation of physical exercises; scarring prone to ulcers; scars that are soldered with adjacent tissues and interfere with movements in a particular joint during exercise.

22. Diseases of the breast, including chronic mastitis.

23. Malignant neoplasms, regardless of their type and localization, including conditions after their radical treatment.

24. Benign tumors, especially if they are difficult to perform physical exercises or wear sportswear in their size or localization, until complete treatment.

Persons who have temporary functional disorders after surgical treatment of benign neoplasms are allowed to play sports after full treatment.

25. Osteomyelitis and its consequences.

VI. Injuries and diseases of the ENT organs and teeth

1. Diseases and injuries of the larynx, cervical trachea, accompanied by even minor violations of respiratory and vocal functions.

2. Curvature of the nasal membrane with a pronounced violation of nasal breathing (surgery in such cases is performed at the age of at least 15 years).

3. Diseases of the outer ear - until complete cure.

4. Eustachian tube disease - until complete cure.

5. Purulent unilateral or bilateral epitympanitis or mesatympanitis in all forms and stages.

6. Persistent residual effects of otitis media (persistent scarring of the eardrum, the presence of perforation of the eardrum).

7. Otosclerosis, labyrinopathy, cochlear neuritis and other types of deafness or persistent hearing loss in one or both ears; perception of whispered speech at a distance of up to 3 m with hearing loss in the second ear (normally on both ears perception of whispered speech should be at a distance of 6 m, the minimum allowable reduction of this distance to 4 m).

8. Impaired Eustachian tube and ear barofunction for all sports except chess.

9. Vestibular-autonomic disorders, even in moderate severity.

10. Diseases of the additional sinuses (maxillary, frontal) - until complete cure.

11. Deformities and chronic changes in the condition of the tissues of the nose, mouth, pharynx, larynx and trachea, accompanied by disorders of respiratory function, especially the function of nasal swallowing.

12. Diseases of the upper respiratory tract (nasal polyps, adenoids, chronic laryngitis, pharyngitis, laryngotracheitis, as well as dystrophic changes in the upper respiratory tract, which are accompanied by a weakening of the protective properties of their mucous membranes.

13. Chronic tonsillitis, decompensated forms - until complete cure *.

Chronic decompensated tonsillitis is a form of chronic tonsillitis characterized by frequent exacerbations (2 or more per year), the presence of tonsillogenic intoxication (low-grade fever, fatigue, lethargy, malaise, changes in internal organs), involvement in the inflammatory process near the tonsils lymph nodes (paratonsillar abscess, regional lymphadenitis).

Objective signs of chronic decompensated tonsillitis include: discharge of pus or caseous plugs from the lacunae when pressing with a spatula on the tonsil or when probing it, rough scars on the tonsils, redness and swelling of the palatine arches and their fusion in the tonsils, the presence of tonsils, tonsils suppurated, enlarged lymph nodes along the anterior edge of the sternoclavicular-mammary muscles.

14. Ozena.

15. Complete absence of sense of smell (anosmia).

16. Alveolar pyorrhea.

17. Multiple dental caries (over 10), which requires remediation; complete absence of more than 10 teeth; the presence of removable dentures; all types of dental diseases accompanied by oral sepsis, as well as violations of normal occlusion (for those who enter the boxing department).

18. Persons with temporary functional disorders after exacerbation of chronic diseases of the ENT organs, their injuries and surgical treatment are allowed to play sports after complete treatment.

VII. Eye injuries and diseases

1. Lagophthalmos, age inversion and eyelash growth towards the eyeball (trichiasis), which causes constant eye irritation; inversion of the eye, which impairs the function of the eye, the fusion of the eyelids with each other or with the eyeball, which impedes or restricts the movement of the eyes and impairs the function of vision, at least one eye.

2. Ptosis of the eyelid, which impairs the function of vision of one or both eyes.

3. Persistent incurable tearing due to tear duct disease.

4. Chronic diseases of the conjunctiva, cornea, uveal tract and retina of inflammatory or degenerative nature with frequent exacerbations.

5. Diseases of the optic nerve.

6. Atrophy of the optic nerve.

7. Severe congenital and acquired (including traumatic) cataracts.

8. Turbidity, destruction of the vitreous.

9. Congenital and acquired defects in the development of the eyelids, impairing vision.

10. Aphakia.

11. Changes in the fundus.

12. Conditions after penetrating eye injury.

13. Foreign body in the eye, not shown before extraction.

14. Limitation of the field of view of one or both eyes by more than 20 °.

15. Disorders of the musculoskeletal system of the eyes.

16. Expressed nystagmus of the eyeball with a significant decrease in visual acuity.

17. Common strabismus more than 20° - the question of admission is decided individually.

18. Violation of color perception - the question of admission is decided individually depending on the specifics of the chosen sport (especially in cycling, skiing, sports, rowing, sports games).

19. Progressive myopia, "high myopia".

20. All types of refractive errors that require constant wearing of glasses.

21. Visual acuity disorders: a) less than 0.6 in both eyes (without correction); b) not less than 0.6 for the better and 0.3 for the worst eye (without correction).

VIII. Skin and venereal diseases

1. Skin diseases (epidermolysis, scleroderma, sclerodactyly, psoriasis, keratoderma, eczema, fungal skin diseases, etc.), regardless of the localization of the process.

In epidermophytia, admission issues are decided individually, depending on the possibility of rapid treatment, low prevalence and subacute course of the disease.

When deciding on the admission of persons with non-communicable skin diseases, the following should be taken into account: a) the need for significant exposure when wearing sportswear; b) possible trauma to the affected areas of the skin during exercise; c) negative and wary attitude towards all persons with at least limited skin diseases.

2. All sexually transmitted diseases - until complete cure.

IX. Gynecological diseases and changes in physical condition associated with female genital function

1. Severe anomalies, defects, defects or delayed development of the female genital area (pronounced infantilism) hermaphroditism.

2. Violation of normal anatomical and topographical relationships of the female genitalia, omission or partial prolapse of the uterus, vagina, etc.

3. Expressive sacropetal body type with a body angle of less than 35°.

Even in women who have not given birth, there is a gap in the genital slit, lowering of the genitals, excessive motility of the uterus and pronounced reflex reactions of the genitals to various "mechanical" stimuli - jumps, rapid changes in body position, sharp shifts in intra-abdominal pressure, etc.

4. Persistent disorders of menstrual function (amenorrhea, menorrhagia, metrorrhagia, dysmenorrhea, etc.).

5. Inflammatory diseases of the uterus, appendages, pelvic abdomen and tissue, as well as their consequences, which disrupt the normal topographic relationships of the pelvic organs.

6. Diseases of the vulva: varicose veins in this area, vulvar kraurosis, itchy dermatoses, chronic colpitis, tumors (regardless of their etiology), chronic bartholinitis.

7. Neoplasms of the female genital area (ovarian cysts, fibroids, etc.).

CONTRAINDICATIONS TO EXERCISE CLASSES IN EDUCATIONAL INSTITUTIONS

1. Acute period of the disease.
2. Very clear pain syndrome.
3. The risk of bleeding or thromboembolism.
4. The increase in body temperature is above 37.5°.
5. The presence of inflammatory or purulent processes of any localization.
6. Sinus tachycardia or sinus bradycardia.
7. Frequent bouts of paroxysmal or blinking arrhythmia, extrasystole with a frequency of more than 1:10.
8. AV-blockade of the II-III degree.
9. Negative dynamics of ECG (significant violation of coronary circulation).
10. Increasing circulatory insufficiency.
11. Arterial hypertension increases blood pressure above age norms (even in satisfactory condition).
12. Arterial hypotension (reduction of blood pressure below age standards) in the presence of complaints of dizziness, headache, weakness, etc.).
13. Any vascular or diencephalic crisis states, regardless of the size of the blood pressure.
14. Anemia (with a decrease in the number of red blood cells below 2.6×10^{12} /l).
15. Increase ESR more than 20-25 mm/h, leukocytosis.

AGE LIMITS OF ADMISSION OF CHILDREN TO SPORTS

The issue of sports for children and adolescents is being addressed separately.

Due to the heavy workload inherent in sports, the doctor gives permission for such classes only to those who belong to the main medical group, have no abnormalities in health and have reached a certain age (Table 2).

Table 2.

Age limits for allowing children to play sports

Sport	Age, years	
	Initial groups	Specialization groups
Acrobatics	8–9	10–11
Basketball	10–12	12–14
Boxing	12–14	14–15
Struggle	10–12	12–14
Volleyball	10–12	12–14
Gymnastics sport	8–9	10–11
Rhythmic gymnastics	7–8	9–10
Skiing	8–9	10–11
Academic dam	10–11	12–16
Ski	10–11	12–13
Athletics	10–12	13–14
Swimming	7–8	8–10
Jumping into the water	7–8	9–10
Figure skating	7–8	9–10
Ice hockey	10–11	12–13

Sports specialization and participation of children in sports competitions are allowed only after 2-3 years of initial training. The principle of moderation must be adhered to in relation to training and participation in competitions.

PECULIARITIES OF MEDICAL CONTROL OF PERSONS OF DIFFERENT AGE AND SEX: CHILDREN AND ADOLESCENTS, WOMEN, ELDERLY PEOPLE

The most important goal of training is to improve the morphofunctional state of the organism, its resistance to adverse environmental factors. Human health is achieved at any age. Neither the phases of ontogenesis nor old age prevent the body from receiving health effects from physical training. The body is provided with opportunities for health training with a significant margin - from the antenatal state to the extinction of life, it is only in the optimal, ie in accordance with the capabilities of the body, dosing load and selection of the most appropriate exercises. Thus, the beneficial effect on the development of the unborn child is achieved through exercise performed by a pregnant woman. The state of hypoxia in her blood, which develops during exercise, stimulates metabolism in the fetus. Research in recent years has shown the ability to train in old age and significantly, even relatively more than at a young age, improve the functional state of the body.

For the most effective organization of health classes, it should be borne in mind that the training effect in young people and the elderly is formed at different speeds. The younger the body, the earlier in the conditions of regular exercise there is an increase in efficiency and a shorter recovery period after exercise (Table 3).

Table 3.

Age features of development of training effect in the course of development of new motor skill

Age, years	Number of training loads required to improve performance by 100%	The duration of the period of adverse sensations, days	The magnitude of the next training effect, %
11–14	3–4	Not more than 1	150–190
18–20	5–6	1–2	130–135
41–45	9–12	2–4	116–120
60–69	14–18	4–5	112–115

Therefore, the intensity and total load for the elderly should be increased very slowly. However, you should not dramatically increase the load on children and adolescents due to their high susceptibility - unformed body can be easily damaged. That is why for the optimal dosage of physical activity at any age it is necessary to focus on the state of the most vulnerable system, which is closely related to motor function - the cardiovascular system.

Sexual training should also take into account the sexual characteristics of the body. Yes, it is advisable to recommend more flexible exercises for women, compared to men, without sharp movements. The menstrual period does not require giving up training, if these classes are not related to the need to stay in the water (swimming).

Prohibition of health-improving training sessions is necessary only in 3 cases:

1. when we are dealing with dysmenorrhea, ie violation of the ovarian-menstrual cycle with pain, severe bleeding, etc .;
2. when it comes to the need to perform maximum efforts (for example, in competition);
3. in case of insufficient training of the body (initial period of training).

FEATURES OF MEDICAL CONTROL OF WOMEN

The beneficial effect of sports on women is possible with the full compliance of the tools and methods used with the biological characteristics of the female body and their level of preparedness.

The anatomical structure of organs and the course of basic vital functions in women are determined by general physiological laws. Therefore, the main provisions of medical control and many methods of examination for women and men engaged in sports are the same. But the body of women has its own morphological and functional features, which leave an imprint on all life in conditions of muscular rest and especially at high physical stresses. And although the basics of building training for athletes of different sexes are the same, in the practice of physical education there are differences in the organization and methods of exercise for women and men.

Features of a woman's body. The biological feature of women is the periodic changes that occur in their body in connection with the ovarian-menstrual cycle, and reproductive function. In addition, women are weaker than men in terms of their physical development and therefore require more attention when playing sports, especially girls and novice sportswomen.

Women are more likely to breathe more often (inhale and exhale less deeply) than men. VEL varies (according to AG Dembo) in the range of 2500-5000 ml (in men - 3200-7200 ml). Maximum lung ventilation is 3-5 liters (for men - 5-7 liters). At rest, oxygen consumption is 150-160 ml (for men - 180-250 ml). The difference in the maximum oxygen consumption during physical activity of maximum intensity, which reflects the degree of effort of the cardiovascular and respiratory systems, reaches (O. Shust) in well-trained women 3-4 liters (men - 4-5 liters or more).

The heart of a woman differs in smaller volume and size of cavities. Its relative value (heart volume per 1 kg of body weight) is 9.8 (in men - 11.7).

In the process of exercise, the volume of the heart in women does not increase as much as in men.

At rest, the heart rate in women is higher than in men, the value of maximum, minimum and average pressure is lower. Blood circulation in women is accelerated (Table 5).

Table 5.

Indicators of cardiovascular function at rest in athletes of different sexes

Indicators	Women	Men
Heart rate by 1 minute	62	55
Blood pressure (mm Hg):		
maximum	107	116
minimum	67	71
average	79	84
Blood flow rate (sec)	5,8	7,4

The peculiarities of ECG in women are that their duration of systole is slightly longer than that of men, with the same duration of the heart cycle; prolongation of the PQ interval is observed in women somewhat more often than in men; there is sinus arrhythmia, low voltage. Wolf-Parkinson-White syndrome, a complete and persistent blockage of the right and left legs of the bundle of His in women are much less common than in men.

Influence of physical activity on a woman's body. In a comparative study of the response of women and men to standard laboratory loads, the greatest differences are observed in the reactions to physical activity, which are performed at maximum speed (15-second run). Studies directly during exercise have shown that women cannot achieve the same high performance as men when running: on average, they did 136 steps in 15 seconds (men - 148).

Atypical types of reactions are observed much less often in women than in men, especially the gradual rise in blood pressure, the speed of the functional test and the re-passage of short segments in training and competitions. The appearance of an atypical reaction is a signal of deterioration of the functional state (fatigue, overstrain) and requires a detailed analysis of the training regime.

Certain patterns depending on the sex are found in the study of the cardiovascular system in the recovery period after laboratory loads. The shift in the response of the cardiovascular system to a 15-second run (change in heart rate and minimum pressure) in women is less than in men. As training improves, this difference is smoothed out, but does not disappear completely. When comparing the same indicators in athletes of different genders of low qualification, the differences are more pronounced.

The response of the cardiovascular system in women to a 3-minute run differs little (only the tendency to increase the heart rate and reduce the minimum pressure, most noticeable at high load) from the reaction in men. Maximum

pressure in sportswomen increases more than in athletes. With the improvement of sportswomen fitness, the adaptation of the cardiovascular system follows the path of economizing autonomic functions. Differences in the response of the pulse and the minimum pressure between highly qualified sportswomen and sportsmen are much less than those of low-skilled athletes (table 6).

Table 6.

Reaction of the cardiovascular system in athletes of different sexes and different qualifications for physical activity (in % to the original values)

Indicators of the cardiovascular system	Qualification of athletes	15-second run			3-minute run		
		women	men	difference in indicators	women	men	difference in indicators
Heart rate							
	Low	207	227	20	257	242	15
	High	216	227	11	216	213	3
Blood pressure							
maximum	Low	132	129	3	145	141	4
	High	129	128	1	140	134	6
minimal	Low	90	53	37	72	59	13
	High	73,5	61	12,5	83	80	3
pulse	Low	212	244	32	261	269	8
	High	229	241	12	243	230	13

The recovery time of various indicators in athletes of different sexes differs little. The difference depends more on the level of training.

In both women and men, the state of overtraining is usually manifested in neurovegetative and hormonal changes. But in women, autonomic disorders are more diverse. They often have changes in the gastrointestinal tract (bloating, epigastric pain, congestion in the gallbladder), which is not observed in men.

Women have a greater reserve of ascorbic acid than men, so when they load it is rarely depleted.

Overtraining can cause adverse changes in the hormonal system of women, up to the violation of the menstrual cycle, which is expressed in the prolongation of the intermenstrual period. Therefore, menstrual irregularities (delay, increase or decrease in blood flow, complete cessation) require careful analysis of training loads. In these cases, the sportswoman should be referred to a gynecologist.

Gynecological control. Scheduled gynecological examination of women and girls participating in competitions under the adult program is conducted 1-2 times a year during medical examinations.

Unscheduled examinations are mandatory for sportswomen:

- in the presence of complaints and functional disorders of the genital area;
- after suffering from infectious diseases;
- after inflammatory processes in the abdominal cavity;
- after gynecological diseases;
- after abortions and childbirth.

When examining sportswomen, the doctor asks in detail about the state of health and the course of menstruation (regularity, duration, amount of blood flow, the impact of physical activity; if the sportswoman competes during menstruation, the impact on athletic performance).

The question of admission to training and competitions during menstruation is decided individually, depending on the athlete's health, health, gynecology, general and special training. Healthy novice sportswomen need to limit their training load during menstruation and not allow competition. Low-level sportswomen can train under reduced load and participate in competitions under conditions of satisfactory general well-being and satisfactory tolerance of training loads.

Observations show that in 64% of qualified athletes the ovarian-menstrual cycle proceeds without deviations from the norm. Therefore, it is quite acceptable for them to train and participate in competitions during menstruation. Exercises should limit or eliminate static exercises that increase blood stasis in the pelvic organs, abdominal exercises, exercises related to cooling; replace exercises for endurance and strength with exercises for stretching and flexibility (exercises for flexibility of the spine require great care, because the swollen uterus at this time easily changes its position - deviates back).

Sportswomen who complain and have health problems need special training, including exercises that improve blood circulation in the pelvic cavity. Athletes who have suffered abortions, infectious and gynecological diseases should not be allowed to train and compete until all morphological and functional changes have disappeared (one or two menstrual cycles should be monitored). Sportswomen with infantile sexual activity can stop menstruation, so they can not train and compete during menstruation.

It is strictly forbidden to use drugs that affect the menstrual cycle, accelerate or delay the next menstruation, because it can lead not only to changes in the menstrual cycle, to unwanted weight gain, but also to severe pathological disorders in women.

All women during menstruation are forbidden to bathe in cold water, take hot baths and sunbathe in the sun.

Sportswomen tolerate pregnancy more easily than women who do not play sports. They are less likely to experience toxicosis (mild toxicosis is observed in only 1.4–15% of cases, and severe forms did not occur at all, while in women who do not exercise, they were observed in approximately 50% of cases).

The motor mode of sportswomen in the first half of pregnancy should be active, but participation in competitions is not allowed. Intensive training sessions are contraindicated, because heavy loads, as well as exercises related to concussions, with cooling, can cause bleeding, pathology of childbirth, terminate pregnancy.

O.L. Yagunov and L.I. Startseva pointed to some types of obstetric pathology in sportswomen who continued training without restriction. Classes should be conducted according to a specially developed methodology and, if possible, in the fresh air. It is necessary to include exercises to increase the extensibility of the pelvic floor muscles (to prevent perineal rupture), exercises for flexibility of the spine (to prevent congestion in the pelvic region).

The duration of childbirth in sportswomen is 5-6 hours less than in women who do not play sports. This is due to the fact that sportswomen have well-developed muscles, including the abdominal muscles, pelvic floor and the uterus. They are less likely to have complications during childbirth (fetal asphyxia, bleeding, perineal tears, divergence of the rectus abdominis).

After childbirth, inclusion in sports should be gradual. Early onset of labor after childbirth in excess of the functional capacity of the mother's body can lead to changes in the endocrine system, which are difficult to normalize, despite the measures taken (reduction of load and medication).

Postpartum sports should be under the systematic supervision of a sports doctor and gynecologist. When admitting them, it is necessary to pay attention to the condition of the pelvis, because during pregnancy, all its joints loosen and become more mobile. Classes in the first six weeks after birth should be in the nature of therapeutic exercise. Their main goal in the next six months - the overall strengthening of the mother's body. At this time, you can include some special exercises. Only 6-9 months after delivery is allowed to start regular training. Resumption of training, as a rule, does not adversely affect milk production.

Medical control over sportswomen and methods of their examination correspond to those in men. In addition, conduct additional examinations (at least once a year) by a gynecologist, monitoring of the ovarian-menstrual cycle and special control of sex. Additional examination is mandatory in case of complaints, after diseases of the abdominal cavity and gynecological sphere.

When selecting girls for sports, you should carefully study the intra- and postnatal history, history of development, determine the age of menarche, genetic

features, to exclude the latent course of the disease. Regular inspections should be conducted to determine anthropometric indicators and compliance of biological age with the passport. Particularly careful monitoring (including control over the formation of secondary sexual characteristics and the ovarian-menstrual cycle) is necessary in the pre- and pubertal period. Girls with delayed puberty (absence of secondary sexual characteristics at 13-14 years and menstruation at 15 years), uterine hypoplasia, menstrual irregularities, as well as in the period from menarche to menstruation should be under special supervision. Remedies should be used taking into account the phases of the ovarian-menstrual cycle.

To prevent sexual disorders in girls-athletes, it is recommended to add 30-60 mg of tocopherol to the usual vitamin complex for 30-40 days, as well as agents that stimulate the body's protective functions. Caution should be exercised when using hormonal contraceptives. The use of means for artificial misalignment of the ovarian-menstrual cycle and steroids should be prohibited, as this may lead to suppression of thyroid and gonadal function, menstrual disorders, atrophy and degenerative changes of the ovaries, sexual deformities. In the event of complaints and diseases of the abdominal cavity and gynecological area requires immediate special examination, restriction or termination of training and competition.

It is possible to involve girls in sports schools without harm to health not earlier than 10 years.

Gender control. Memorable, albeit few, cases when women with questionable gaits, with too masculine morphology, performed in the sports arena. The admission of coaches (possibly unknowingly) to the participation of such persons in competitions among women led to the fact that the organizers were forced to control the chromatin sex. In 1968, the International Olympic Committee decided to conduct sexual control (sex control) and, since 1972, such control is subject to all sportswomen.

Modern sex control is carried out using the methods of medical genetics. The simplest and most accessible method of diagnosing sex is by determining sex chromatin in human somatic cells. Sex chromatin is a chromatin mass, which in the form of a triangle or lentils is located in the nucleus of the cell (Barr's body). There is a certain connection between Barr's bodies and the number of sex chromosomes, which is the basis of the method.

The scraping of epithelial cells from the oral mucosa in the cheek area by the percentage of cells containing sex chromatin is investigated. In women, 20-70% of epithelial cells contain sex chromatin, and in men it is found in only 5%.

Sex control is carried out only once (in the first stages of specialized selection in sports), and a certificate of sexuality is issued. Persons who do not show up for sexual control for disrespectful reasons are not allowed to compete among women.

FEATURES OF MEDICAL CONTROL OF THE ELDERLY

Forms and methods of active motor mode for the contingents of the elderly are very diverse. Increasing the training effect of therapeutic physical culture is achieved by increasing the intensity, number and complexity of exercises, as well as the inclusion in the gymnastic complex of running on the spot, squats.

Undoubtedly, the most effective form of training for middle-aged and elderly people is organized training in health groups. They use a wide range of means of physical culture: gymnastics, sports games, elements of athletics, swimming, skiing, short-distance tourism, etc. The method of conducting classes takes into account the individual characteristics of the persons involved: age, health status, physical fitness. The collective nature of classes is a very important factor in their positive impact on the emotional sphere.

In recent years, slow running has become very popular. It has a pronounced training effect on the most important functions of the body - blood circulation and respiration, improves redox processes in tissues, activates enzymatic and hormonal activity. The combination of running and hardening is especially effective.

We must not ignore the fact that every year the number of veterans who continue regular training and even participate in some sports competitions (in their age group and according to certain standards). This contingent requires particularly careful medical supervision. Medical examination and consultation provide a recommendation of a certain motor regime for middle-aged and elderly people, beginners, as well as for those who want to resume previously interrupted classes or continue regular training, started at a young age.

Some motor modes that can be recommended for the elderly differ in direction, volume of loads used, conditions of training.

According to their characteristics, motor modes can be divided into 4 groups:

1. rehabilitation;
2. general physical training;
3. training;
4. maintaining sports longevity.

Rehabilitation regime involves the use of physical culture to restore health and physical performance (professional and domestic), impaired as a result of disease (primarily cardiovascular system), as well as after injuries or surgery.

Rehabilitation is carried out in the form of group or individual physical therapy (usually in combination with medication, physiotherapy and other treatments) on the basis of physical therapy rooms (in particular, in medical and sports clinics) or special rehabilitation centers. Selection of means of physical culture, dosage and

methods of conducting classes are established by the doctor together with the doctor of physical culture. Physicians provide appropriate monitoring of the health of those involved, taking into account the nature of the disease (or injury), the course and degree of clinical recovery.

The regime of general physical training is aimed at improving the functional parameters of the cardiovascular, respiratory and other body systems, as well as physical development (normalization of body weight, increase vital capacity). The regime helps to correct some disorders of the body related to age-related changes or diseases inherent in old age (posture correction, improvement of balance, normalization of improper bowel function, learning proper breathing skills). Exercise helps to restore lost motor skills and abilities (skiing, swimming) or learning these skills, as well as increase overall endurance. General physical training is carried out in the system of classes in health groups.

Training mode is used in groups of slow jogging or individual running (for the more prepared). The purpose of this mode - by gradually increasing the training load, mainly their volume, to increase the functional capabilities of the body. Observance of the basic didactic principles of training, rational, objectively substantiated increase of loadings, observance of rules of the general mode is provided.

The regime of support of sports longevity is aimed at the maximum long-term preservation of the body's reserve capabilities, preservation of sports longevity by sports veterans, as well as those who started training at a young age and continue regular training. Sports in this case contribute to high social activity and the promotion of sports ideas among the population.

The given division of motor modes on their orientation is to some extent conditional as any of them has more or less expressed training effect.

Motor mode in each case is determined taking into account the interest of the subject, clinical and functional diagnosis (medical group), information about motor experience and physical fitness of the subject, obtained from the anamnesis. Important importance is attached to the results of determining physical fitness.

Medical groups are selected taking into account the following characteristics of health:

- *The first group* includes persons without abnormalities in health, with moderate age-related changes in the absence or slight impairment of certain organs (systems) of a transitional nature.

- *The second group* includes people suffering from chronic diseases (without frequent exacerbations) in the phase of stable remission with moderate dysfunction of certain organs (systems).
- *The third group* includes people with chronic diseases that occur with relatively frequent exacerbations with severe dysfunction of organs (systems) in the phase of unstable remission (subcompensation). This also includes people with a burdensome history (myocardial infarction, cerebrovascular disorders, acute glomerulonephritis, etc.) in the presence of clinical remission for at least 3 years. The same group should include persons who have undergone operations, injuries, illnesses that have caused partial disability or disability.

The appearance of positive or negative clinical and functional disorders in the state of health during physical education is the basis for transfer from one medical group to another.

Medical indications and contraindications to the appointment of a particular motor regime are based on the nosological principle, based on clinical and functional diagnoses. Some symptoms are also taken into account, which often occur covertly. However, these symptoms (found mainly in laboratory and instrumental studies) signal the need for significant restrictions on motor activity. The comprehensive assessment of health takes into account risk factors for coronary heart disease and individual indicators of physical fitness and physical fitness.

On the basis of a comprehensive medical examination and the above criteria, the appropriate motor mode is assigned (Table 7).

Table 7.

Variants of motor modes depending on the medical group, physical performance and physical fitness

Medical group	Physical performance and physical fitness				
	low	below average	average	above average	high
Motor mode					
First	II	II–III	III	III–IV	IV
Second	II	II	II	II–III	III
Third	I	I–II	II	II	II

Improvement or deterioration of physical performance, taking into account the state of health is the basis for changes in motor mode.

Organization of medical control in the elderly

Medical examination of middle-aged and elderly people engaged in physical culture is carried out twice a year. Additional examinations are conducted before the participation of sports veterans in competitions.

The conclusion of the medical examination should contain the following assessments:

I – health status (clinical and functional diagnoses);

II – state of physical fitness (according to the anamnesis), state of physical fitness (according to test results);

III – recommendations for the choice of motor mode (taking into account the interests of the subjects, diagnosis and comprehensive assessment of their physical condition).

The organizational and methodological center of work on medical control is the medical and sports dispensary, which works in close contact and under the leadership of health departments, on the one hand, and the Committee on Physical Culture - on the other.

The medical and sports dispensary carries out methodical management and supervises work of offices of medical control in polyclinics, doctors at the industrial enterprises. The Medical and Physical Dispensary is directly involved in consulting work and conducting in-depth medical examinations of sports veterans and persons engaged in health groups and running.

The procedure for medical examination of the elderly

The primary medical documentation for people who start physical education in middle or old age is a certificate of health issued by a medical institution (clinic, hospital). The certificate is valid as medical documentation for three months, after which you must undergo a special medical examination for a short or in-depth program, depending on the nature of the intended motor regime.

When prescribing a rehabilitation regime, medical examination (primary and dynamic) is carried out at the office of therapeutic physical culture of the medical and sports dispensary (clinic) or in a specialized center according to the method determined by the nature of the disease.

Persons with a state of health allowed training motor mode - slow running (group or individual), as well as veterans of sports who continue to choose the sport, are under the dynamic supervision of a doctor at the clinic or medical office of the clinic.

The program of short or in-depth methods of examination is given in table. 8.

Table 8.

Medical examination program

Short	Deep
Anamnesis	
Anthropometry	
Height, weight, spirometry. Determination of growth and weight indicators - (at rest, on inhalation, exhalation, scope)	Height, weight, chest circumference, spirometry, dynamometry (hand, stem). Determination of the main indicators of physical development
Physical examination and functional tests of the cardiovascular system	
Electrocardiography	
By indication	To all examined
Chest X-ray	
By indication	To all examined
Other instrumental research methods by indications	
Laboratory tests	
General blood test (hemoglobin, number of leukocytes, ESR), general urine analysis	General blood test, general urine analysis. Biochemical studies by indications
Performance testing	
By indication	To all examined

INDICATIVE TERMS OF RECOVERY OF EXERCISES AND SPORTS AFTER DISEASES, INJURIES AND INJURIES

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
SOME INFECTIOUS AND PARASITIC DISEASES						
INFLUENZA AND OTHER ACUTE RESPIRATORY VIRAL AND ENTEROVIRUS INFECTIONS:						
• **catarrhal, gastrointestinal and nervous forms; mild and moderate cases (increase in body temperature no longer than 4 days; absence of sharply expressive local phenomena).**	Satisfactory general well-being. Normal body temperature for at least 5-7 days, complete absence of inflammatory processes in the nasopharynx, conjunctiva, as well as painful symptoms of the	The danger of recurrence and exacerbation of the disease, the possibility of complications from additional cavities of the nose, lungs, kidneys, etc.	7-10 days	7-10 days	12-20 days	

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	respiratory tract, cardiovascular system, gastrointestinal tract and other organs. Satisfactory data from functional cardiovascular tests. Normalization of peripheral blood parameters.	the possibility of sharp disorders from the cardiovascular system.				
• **more severe cases, especially with CNS lesions (increase in body temperature longer than 5 days, expressive**	Satisfactory result of functional tests.	The possibility of severe complications from the cardiovascular and other	14-21 days	14-21 days	21-30 days	Training begins with a gentle motor regimen.

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
disorders on the part of individual organs, as well as signs of expressive intoxication)		systems.				
MEASLES	Satisfactory general condition. Normal body temperature is at least 7 days. Complete absence of skin rashes, changes in the respiratory, cardiovascular and nervous systems.		30-45 days	30-45 days	45-60 days	

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
VARICELLA	Satisfactory general condition. Loss of crusts on the skin. Normal body temperature for at least 7 days. Absence of painful phenomena on the part of the respiratory tract, joints, central nervous system and skin.	The danger of delaying the final recovery. The possibility of developing various complications from the internal organs.	30-45 days	30-45 days	45-60 days	
DYSENTERY	Complete clinical and bacteriological recovery. Normal bowel movements for at least 15	The danger of delaying the final recovery, restoring strength; the possibility of	14-21 days	30-35 days	30-60 days	Careful monitoring of well-being, activity of the cardiovascular system and

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	days. Good appetite, close to normal body weight. Satisfactory result of functional tests.	complications from the cardiovascular and other systems.				intestines.
DIPHTHERIA	Complete clinical and bacteriological recovery. Normal body temperature not less than 15 days. Good general well-being. Complete disappearance of painful phenomena from the underlying and cervical lymph	The danger of severe and irreversible disorders from the cardiovascular , nervous systems and kidneys.	45-60 days	45 days – 6 months.	up to 6 months	Special care and gradual involvement in classes. Careful monitoring of the cardiovascular system. Mandatory ECG control and urine analysis after the first training.

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	nodes. Restoration of normal body weight. Absence of pathological changes on the part of the cardiovascular, nervous systems and kidneys.					
SCARLATINA	Satisfactory general condition. Normal body temperature for at least 20 days. Complete absence of skin exfoliation. Absence of pathological changes in ECG,	The danger of complications : inflammation of the kidneys, disorders of cardiac activity.	30 days	30-45 days	45-60 days	Special care and gradualness in increasing the load. Before and after one of the first trainings, urine tests are required.

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	in general blood and urine tests.					
VIRAL HEPATITIS A OR B (mild to moderate forms)	Feeling good. Normal skin color and sclera. No pathological symptoms of the liver. No changes in blood and urine, biochemical studies of liver function. Complete normalization of pigment metabolism.	The danger of delaying the final recovery, the possibility of serious complications.	6-12 months (classes in a special group for 1 year, then – in the preparatory group for 1 year) ready.	12 montgs (after light forms); 2 years (after the forms of any severity)	2-3 years.	Quite careful and gradual increase in loads. Strict adhereance to the food regime, observation of an infectious disease specialist, gastroenterologist for at least 3-6 months.

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
HEPATITIS OF ANOTHER ETIOLOGY, INFECTIOUS MONONUCLEOSIS	Well-being. Lack of fever, inflammatory processes in the pharynx, an increase in lymph nodes, liver and spleen. Normalization of blood biochemical parameters. Admission to classes only after the permission of a infectious disease specialist and gastroenterologist.	The danger of delay in final recovery, the possibility of complications from cardiovascular, digestive and other systems.	30-45 days	30-45 days	45-60 days	In the presence of complications, the issue of admission to training and competition is solved individually, after consultation with an infectious disease doctor and gastroenterologist.

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
PAROTITIS	Feeling good. Normalization of body temperature. Absence of inflammatory processes in the pharynx, lesions of the nervous system, enlargement of the ear salivary gland.	Danger of delayed final recovery, the possibility of complications from the nervous and other systems.	30-45 days	30-45 days	45-60 days	In the presence of complications, the issue of admission to training and competitions is solved individually.
RUBELLA	Feeling good. Absence of fever, inflammatory processes in the pharynx, rash (at least 5 days after the last rash), enlargement of the cervical, occipital	The danger of delaying the final recovery, the possibility of complications.	20 days	20 days	30 days	In the presence of complications, the issue of admission to training and competition is solved individually, after consulting an

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	and other lymph nodes. Normalization of hematological and serological parameters.					infectious disease doctor.
DISEASES OF THE CIRCULATORY SYSTEM						
RHEUMATISM ACUTE	Satisfactory general well-being. Normal body temperature and no recurrent rheumatic attacks for at least 30 days. Complete absence of joint pain and signs of cardiovascular failure. No signs	Danger of exacerbation of the disease or transition to a chronic form, the possibility of severe complications of the cardiovascular system.	12 months (classes in a special group after full recovery).	12-24 months	1-2 years (if there were no exacerbations)	Quite careful and gradual increase in loads. If the disease is transferred in winter, it is better not to start training until the summer period. A cardiologist's examination is recommended 2

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	of heart defects after the attack.					times a year.
ACUTE EXPANSION OF THE HEART (due to sports or other stresses)	Satisfactory general well-being. No shortness of breath during exercise. Restore normal heart size, clean and clear tones. Satisfactory result of functional tests.	The danger of repeated acute expansion of the heart and/or irreversible circulatory disorders.	2-4 months (classes in a special group in case of recovery)	Sports are not allowed!	Not allowed at all.	Careful self-control and medical observation every month.
MYOCARDITIS ACUTE	Satisfactory general well-being. Normal body temperature is at least 30 days. Absence of	Danger of severe cardiac disorders.	6 months (in the absence of complications)	6-12 months	Solved individually	Special care and consistency of involvement in training. Mandatory ECG control after the

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	pathological changes in blood, changes in ECG. Satisfactory result of functional tests.					first training
ENDOCARDITIS	No complaints. Satisfactory general well-being. Normal body temperature is at least 30 days. Absence of adverse sensations from the heart. Absence of distinct pathological symptoms at percussion and auscultation. No changes on the	The danger of severe heart disorders. Gradual formation of heart defects.	3-6 months (classes in a special group in case of recovery)	Not allowed at all.	Not allowed at all.	Special care and consistency of involvement in training. Mandatory ECG monitoring after the first classes.

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	ECG. Normal urine and blood tests. Satisfactory result of functional tests.					
CARDIOMYOPATHY CAUSED BY ACUTE PHYSICAL OVERSTRAIN	Absence of complaints. Satisfactory general condition. Normalization of ECG and sports performance. Satisfactory result of functional tests.	The danger of severe heart disorders.	10-20 days (after the end of the course of treatment and normalization of the ECG)	15-30 days (after the end of the course of treatment and normalization of the ECG)	21-30 days (up to 2 months) (after the end of the course of treatment and normalization of the ECG)	Supervision of a therapist (cardiologist) and a sports medicine doctor, ECG control.
HYPERTENSIVE CRISIS	Disappearance of complaints. Normalization of blood pressure. No complications.	Danger of cardiovascular disorders.	4 weeks (after treatment)	2 months (after treatment)	2 months (treatment)	Supervision of a therapist (cardiologist) and a sports medicine doctor,

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
						control of blood pressure and ECG.
DISEASES OF THE RESPIRATORY SYSTEM						
DISEASES OF THE UPPER RESPIRATORY TRACT	Satisfactory general well-being, normal body temperature, absence of wheezing in the lungs.	The danger of exacerbation and transition of acute disease into a chronic form.	7 days	7-10 days	10-14 days	Avoid sharp, especially sudden cooling of the respiratory tract during classes.
INFLAMMATION OF ADDITIONAL NASAL CAVITIES (sinusitis, frontitis, etc.)	Normal body temperature is at least 7-14 days. Complete disappearance of pain and other adverse sensations	The danger of exacerbation or transition to a chronic form.	10-14 days	14-21 days	21-30 days	Careful gradual hardening (water, sun) is necessary. Be especially careful when playing winter sports.

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	in the affected areas. No headache. Normalization of laboratory parameters.					
ANGINA						
• **catarrhal, follicular, lacunar**	Absence of inflammatory phenomena in the throat (redness, swelling, etc.) and pain when swallowing. Normal body temperature is at least 3 days after exacerbation. Satisfactory	The possibility of complications and diseases of various organs and systems, especially - the cardiovascular system, joints, kidneys.	7-10 days	7-10 days	10-14 days	When practicing winter and water sports, the terms can be extended for 4-5 days.

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	general condition. Blood and urine tests are normal.					
• **phlegmonous**	Satisfactory general well-being. Absence of pathological phenomena in the pharynx and cervical lymph nodes. Normal body temperature for at least 7 days.	The same complications as in other forms of angina, but in more severe forms.	14-21 days	14-21 days	21-30 days	When playing winter and water sports, the terms can be extended for 10-14 days.
ACUTE INFECTIOUS BRONCHITIS.	Satisfactory general well-being, normal body temperature, no cough and wheezing in the lungs. No changes	The danger of exacerbation and transition from acute to chronic disease.	7-14 days	14-30 days	30-60 days	Avoid sudden, especially sudden cooling of the airways during exercise. For winter and water

Name of disease	Signs of recovery	Health hazards in cases premature resumption of classes physical exercises or irrational conduct of their conduct	How many days from the moment of recovery is allowed			Notes
			start physical education (physical education)	start a sports training	take part in competitions or in the delivery of scoring standards	
	on the radiograph. Normalization of blood and urine tests.					sports, the terms can be extended for 4-7 days.
PNEUMONIA	Satisfactory general well-being. Normal body temperature for at least 14 days. Lack of cough. Normal data for auscultation and lung percussion.	The danger of delaying the final recovery, complications and disorders of the cardiovascular system.	21-30 days	30-45 days	1,5-2 months	In severe forms of pneumonia, the time can increase by 2-3 weeks, as well as individually.

PLEURITIS						
• **effusive or dry**	Normal body temperature of at least 20 days. Satisfactory general well-being. No signs of effusitance in the pleura. Absence of painful symptoms from the lungs and bronchi.	The danger of recurrence of the disease and delayed recovery. The possibility of complications from the lungs.	12-14 days	14-21 days	21-30 days	Hardening with solar radiation is recommended. Colds should be prevented.
• **tuberculosis**	Normal body temperature is at least 1 month. Satisfactory general well-being. No signs of effusion in the pleura. No painful symptoms from the lungs and bronchi.	The danger of recurrence of the disease and delayed recovery. The possibility of complications from the lungs.	Physical education is not allowed!	Sports are not allowed!	Not allowed at all.	Only exercise classes are recommended.

DISEASES OF THE EAR AND NIPPLE APPARATUS						
ACUTE OTITIS MEDIA (without perforation of the eardrums)	Feeling normal. Hearing restoration	Delayed recovery or transition to a chronic form.	7-10 days	7-10 days	15-20 days	Special care during winter and water sports.
ACUTE PURULENT OTITIS (with perforation of the eardrums)	Stopping feces, scarring perforation.	Delayed recovery, transition to a chronic form, the possibility of developing complications in the form of significant hearing disorders.	21 days	21-30 days	2 months.	Winter sports and sports related to the fall are prohibited.
ACUTE MASTOIDITIS	Feeling normal. Hearing restoration.	Delayed recovery, transition to a chronic form, the possibility of developing complications in the form of significant hearing disorders.	20-30 days	20-30 days	1-2 months	

RUPTURE OF EARDRUMS	Feeling normal. Hearing restoration, closed perforation.	The possibility of hearing impairment.	18-21 days	21-24 days	25-30 days	
PERICHONDRITIS OF THE AURICLE	Complete disappearance of inflammatory phenomena.	Delayed recovery or transition to a chronic form.	7-10 days	10-14 days	18-20 days	
DISEASES OF THE DIGESTIVE SYSTEM						
GASTRITIS, GASTROENTERITES (acute disorders of the gastrointestinal tract)	Disappearance of all painful phenomena (pain, nausea, diarrhea, etc.). Satisfactory appetite and well-being, normal bowel movements.	The transition of the disease to a chronic state.	3-5 days	5-7 days	12-14 days	Strict adherence to the food regime.
DISEASES OF THE GENITOURINARY SYSTEM						
ACUTE JADE	Good general well-being. Absence of complaints and swelling. Absence of protein and molded kidney	The danger of recurrence of the disease and the transition to a chronic form.	35-45 days	40-50 days	60-90 days	Re-analysis of urine after several first (2-3) trainings is mandatory. When playing water and winter

	elements in urine tests in three repeated studies every 5 days.					sports, the terms are extended by 4-7 days.
ACUTE AND SUB-ACUTE INFLAMMATION OF UTERINE SUPPLEMENTS (adnexitis, salpingitis, etc.)	Absence of complaints (pain in the area of uterine supplements), normal body temperature and laboratory indicators of leukocytes and ESR.	The danger of delayed recovery and transition to a chronic form.	10-14 days	14-20 days	30 days	Beware of hypothermia.
ACUTE INFLAMMATORY PROCESSES OF THE VAGINA AND VULVA (specific and nonspecific)	Absence of complaints. Complete clinical laboratory recovery (no signs of inflammation, normal indicators of the analysis of discharge on the microflora).	The danger of delayed recovery and transition to a chronic form.	7-10 days	7-10 days	10-15 days	During water sports, the terms may be extended, or classes are recommended. types of physical exercises.

DISORDERS OF THE OVARIAN-MENSTRUAL CYCLE (intermenstrual bleeding)	Satisfactory general health. Completely stop the bleeding. Normalization of the menstrual cycle.	The danger of a serious violation of menstrual and reproductive function.	15-20 days	30 days	60 days	It is recommend-ded to reduce the intensity of physical exertion. Medical supervision for 3 to 12 months.
DISEASES AND DAMAGE TO THE NERVOUS SYSTEM						
VERTEBROGENIC DISORDERS, REFLEX PAIN SYNDROMES	Complete absence of pain in the lower extremities while walking, running and jumping. Restoration of movements in full.	The danger of delaying the final recovery.	14-30 days	14-30 days	4-6 weeks	The timing of the resumption of training and competitions depends on the nature of the violations and the severity of the condition. Supervision of a neurologist.
SCIATICA	Complete absence of pain in the lower extremities during walking, running and jumping. No pain along the sciatic nerve. No Laseg's symptom. Restoration of movements in full.	The danger of aggravation and delay in the final recovery.	30 days	30 days	60 days	Very cautious and gradual approach to exercises that require sharp and sweeping foot movements (football, jumping, water sports).

PARESIS OF THE FACIAL NERVE	Full restoration of nerve function.		20-30 days	20-30 days	30 days or more	
NEURITIS (SECONDARY) PERIPHERAL NERVES	Absence of pain. Restoration of nerve functions.	The danger of delay in final recovery and complications.	1-3 weeks	4-5 weeks	4-5 weeks	Observations of a neurologist.
MENINGITIS						
• **serous**	Disappearance of neurological symptoms. absence of complications.	The danger of delay in final recovery and complications.	6 months	9-12 months.	12-18 months.	Exercise is recommended during exemptions from physical culture and sports. Supervision by a neurologist.
• **purulent or meningoencephalitis**	Disappearance of complaints. Disappearance of neurological symptoms. Absence of complications.	The danger of delay in final recovery and complications.	1-2 years	1-2 years	2-3 years	The timing and ability to resume training and competition depend on the severity of the disease. Recommended exercise therapy, supervision of a neurologist.

CLOSED CRANIOCEANOMOUS INJURY, CONCUSSION	Satisfactory general well-being. Complete absence of headache and dizziness, both at rest and when moving - at least 15 days. Normalization of blood pressure. Disappearance of neurological signs, normal reflexes. Satisfactory result of functional tests.	The danger of delayed recovery and recovery. Complications from the nervous system.	30 days (with a mild degree); 6-8 months (with average and severe degree)	30-45 days (with a mild degree); 8-12 months (with moderate to severe degrees)	1-2 years	At least 6-12 months excluded the delivery of scoring standards and training, which are associated with sudden concussions of the body (trampoline jumping, skiing, football, pole vault, etc.). Supervision of a neurologist.
CLOSED CRANIOCEREBRAL TRAUMA, CONTUSION OF THE BRAIN (mild and moderate)	Satisfactory general well-being. Absence of complaints and final phenomena. Full normalization of neurological status. Satisfactory result of functional tests.	The danger of delayed recovery and recovery. Complications from the nervous system.	12 months	12-18 months.	2 years	Depending on the severity of the condition and the nature of the injury, all issues are solved individually. Supervision of a neurologist.

OPEN CRANIOCEGAL INJURY, BRAIN BRUISE (mild to moderate)	Growth of skull bones. Disappearance of neurological symptoms and normalization of psycho-emotional status.	The danger of delayed recovery and recovery. Complications from the nervous system.	6-18 months	12-18 months.	2 years	In the first 6 months. supervision of a neurosurgeon and a neurologist, hereinafter - a neurologist. In the presence of final phenomena in the form of vegetative-vascular dysfunction, neurocirculatory dystonia, encephalopathy, vestibular disorders, etc. physical education and sports are not allowed, recommended exercise therapy.

SOME SURGICAL DISEASES						
CONDITION AFTER TONSILLECTOMY	Satisfactory well-being. Postoperative period without features. The absence of inflammatory phenomena in the gap. Absence of any complications.	The possibility of developing complications.	30 days	30 days	30-45 days	When practicing barbell, wrestling, water sports, be careful.
CONDITION AFTER APPENDECTOMY	Satisfactory well-being. Postoperative period without features. Absence of complications after surgery.	The possibility of developing hernia protrusions of the abdominal cavity or other complications.	10-15 days (with laparoscopic intervention); 20-30 days (with laparotomic intervention)	15-20 days (with laparoscopic intervention); 30 days (with laparotomic intervention)	20-30 days (with laparoscopic intervention); 30-45 days (with laparotomic intervention)	Be careful when doing power sports.
CONDITION AFTER SURGERY FOR VARICOCELE	Absence of complaints, complete clinical recovery. Postoperative period without features and complications.	Possibility of complications.	1-2 months.	2-2,5 months.	3 months	Dispensary supervision of a urologist. When practicing power sports, be careful.

INFECTED WOUNDS	Complete healing of wounds.	The danger of delayed tissue repair. The possibility of developing complications.	3-4 weeks	4-5 weeks	6 weeks	
INJURIES AND DAMAGE TO MUSCULOSKELETAL AND CONNECTIVE TISSUE						
DAMAGE TO SOFT TISSUES AND CAPSULE JOINT APPARATUS (clogged, communication breaks, etc.)	Disappearance of edema, resorption of hematoma, disappearance of hemarthrosis, pain. Restoration of joint function.	The danger of delayed tissue repair. The possibility of developing complications.	7-14 days	2-4 weeks	3-5 weeks	Supervision of a sports medicine doctor, if necessary - supervision of a surgeon.
MUSCLE DAMAGE	Disappearance of hematoma, pain. Restoration of the function of the damaged muscle.	The danger of delayed tissue repair. The possibility of developing complications.	2,5 weeks – 1,5 months.	1-3 months.	2-5 months	The timing of the resumption of training and competitions depends on the localization and the amount of damage. Observation of a sports medicine doctor.

FRACTURE OF THE BONES OF THE NOSE	Satisfactory well-being. Absence of complications.	The danger of tucking up the growth of brushes and the vindication of other conditions.	30-45 days.	45-60 days	60 days or more	Care of a neurosurgeon, ENT doctor.
FRACTURES OF SMALL BONES (forearms, brushes, feet, collarbones)	Complete consolidation of bone fragments with restoration of the function of the damaged organ	The danger of delayed bone accretion and other complications.	1-2 months	2-3 months	4-6 months.	Contraindicated wrestling, weightlifting, acrobatics and all types of jumping.
FRACTURE OF PELVIC BONES WITHOUT IMPAIRED PELVIC ORGAN FUNCTION	Consolidation of fracture. Absence of pain and complications. Restoration of movements of the lower extremities.	The danger of delayed bone accretion and other complications.	2-2,5 months	3-3.5 months	4-4,5 months.	Contraindicated wrestling, weightlifting, acrobatics and all types of jumping.
FRACTURES OF THE BONES OF THE LOWER EXTREMITIES (HIPS, TIBIA)						
• **without displacement**	Restoration of the supporting function of the limb. X-ray confirmation of consolidation. The full volume of	The danger of delayed bone accretion and other complications.	3-6 months	6-8 months	8-12 months	In each case (depending on the nature of the injury), all issues are resolved individually.

	movements in adjacent joints. Absence of complications.					
• **with offset**	Restoration of the supporting function of the limb. X-ray confirmation of consolidation. The full volume of movements in adjacent joints. Absence of complications.	The danger of delay or improper accretion of bones and the occurrence of other complications.	6-8 months.	8-12 months.	1-2 years	In each case (depending on the nature of the injury), all issues are resolved individually.
COMPRESSION FRACTURES OF THE CERVICAL SPINE WITHOUT NEUROLOGICAL DISORDERS	Restoration of the shape and structure of the bodies of the vertebrae. Reduction of pain in the cervical spine and restoration of movement.	The danger of neurological complications.	8-12 months.	10-14 months	16-18 months	During the period of treatment and during release from physical culture and sports, exercise therapy, massage, physiotherapy are prescribed.

COMPRESSION STABLE FRACTURES OF THE THORACIC, LUMBAR SPINE	Restoration of the shape and structure of the bodies of the vertebrae	The danger of delayed recovery and recovery, the occurrence of neurological complications.	3,5-4 months.	4-6 months.	6-8 months	Contraindicated wrestling, weightlifting, acrobatics, all types of jumping, skates, skis.
FRACTURES OF THE VERTEBRAE OF ANY LOCALIZATION WITHOUT DISPLACEMENT AND NEUROLOGICAL DISORDERS, WITHOUT COMPLICATIONS	Absence of pain, restoration of mobility in the spine.	The danger of delay in recovery and recovery, the occurrence of neurological complications.	4-6 months.	6-8 months.	12 months.	Contraindicated wrestling, weightlifting, acrobatics, all types of jumping, skates, skis.
FRACTURE THE CLAVICLE WITH A BROKEN CLAVICULAR-ACROMIAL JOINT	Absence of pain, deformation. X-ray consolidation.	The danger of delayed recovery and recovery, complications.	2-2,5 months	2,5-3 months	4-5 months.	Contraindicated wrestling, weightlifting, acrobatics, all types of jumping, skates, skis.
FRACTURES ARE SHRAPNEL, OF ANY LOCALIZATION, NOT COMPLICATED BY INFECTION	Full consolidation of the cysts with the restoration of the function of the affected organ. The appearance is complicated.	The danger of a trap or an incorrect growth of brushes and the blame for other complications.	4-12 months (depending on the localization of the fracture)	6-12 months (depending on the localization of the fracture)	1-2 years	In each case (depending on the nature of the injury), all the nutrition is affected individually.

FRACTURES OF ANY LOCALIZATION, COMPLICATED BY OSTEOMYELITIS OR THE FORMATION OF A FALSE JOINT			Physical education is not allowed!	Sports are not allowed!	Not allowed at all.	Only exercise the exercise thec classes are recommended after the permission of the traumatologist.
HABITUAL DISLOCATIVE OF THE SHOULDER JOINT	Absence of dis dissociating, no pain when moving.	The danger of repeated dissoctions.	2-2,5 months.	Sports are not allowed!	4-5 months	With frequent dissophages, exercise classes are recommended. Observe the orthopedist.
DAMAGE TO TENDONS, SHOULDER MUSCLES, FOREARM, HAND	Restoration of muscle function of the same tendon	The danger of complications.	1,5-2 months.	2-2,5 months	2,5-3 months	In cases of gymnastics, various types of wrestling, throwing, weightlifting, issues are solved individually.
DAMAGE TO THE MENISCUS OF THE KNEE JOINT	Absence of "blockades", pinching of the damaged part of the meniscus, the full range of motion in the knee joint.	The danger of complications.	1-2 months	1-2,5 months.	2-3 months	The timing of the resumption of training and competition depends on the methods of surgical treatment

DAMAGE TO THE ANTERIOR OR POSTERIOR CRUCIATE LIGAMENT, COLLATERAL LIGAMENTS OF THE KNEE JOINT	Lack of pathological mobility, restoration of stability in the knee joint, full volume of movements.	The danger of complications.	7-8 months.	8-10 months	12 months.	In playing sports, issues are decided individually.
DAMAGE TO THE TENDONS OF THE 4TH HEAD MUSCLE, OWN. SUPERCOUNTER LIGAMENTS	Restoration of the full volume of movements in the knee joint., muscle mass of the thigh. Normal data during ultrasound examination.	The danger of delayed recovery and complications.	2-3 months	3-5 months	5-6 months.	In sports and athletics, issues are resolved individually.
ACHILLES TENDON DAMAGE	Restoration of muscle mass and strength of the calf muscle, absence of Tomison's symptom.	The danger of delayed recovery and complications.	2,5-3 months	3,5-4 months.	5-6 months	In sports and athletics, issues are resolved individually.

DISEASES OF THE SKIN AND SUBCUTANEOUS FAT						
ACUTE AND SUBACUTE (parasitic and non-parasitic) DISEASES OF THE SKIN AND MUCOUS MEMBRANES THAT DO NOT CAUSE SHARP PAIN OR RESTRICTION OF MOVEMENT (atopic or contact dermatitis, scabies, ringworm, erythema, etc.)	The moment of complete recovery is determined only by the doctor who directly treats the patient and is also characterized by a complete absence of signs of the disease, the absence of rashes and their relapses on the skin for at least 8-15 days.	The danger of relapse and infection with the disease of other persons.	7 days	7 days	12-14 days	
HERPES SIMPLE	Disappearance of skin rashes.		7 days	7 days	7 days	
MYCOSES	Disappearance of skin rashes.		3 days	3 days	3 days	
HIVES	Satisfactory general condition. Normal body temperature for at least 3 days. No rash and itching for at least 5 days. Normal appetite and bowel movements.	The danger of delayed recovery.	7 days	7 days	12-14 days	

ALLERGIC CONTACT DERMATITIS	Lack of skin rashes and itching	The danger of delayed recovery.	30 days	30 days	30 days	
DISEASES OF THE EYE AND APPENDAGE APPARATUS						
BARLEY	Breakthrough of the rod, disappearance of redness, edema, purulent discharge	Danger of delayed recovery and complications.	8-10 days	12-14 days	12-18 days	
CON'JUNCTIVITIS	Disappearance of tearing, purulent discharge, redness. The cornea becomes ordinary in color, shiny.	The danger of delayed recovery and complications.	5-7 days	7-10 days	7-10 days	
EPISCLERITIS	Disappearance of soreness during palpation, sclera injections, edema.	The danger of delayed recovery and complications.	7-8 days	8-12 days	12-14 days	

QUESTIONS FOR SELF-CONTROL

1. Analysis of the results of a comprehensive medical examination.
2. Medical conclusion
3. Admission to physical education classes (physical education).
4. Criteria for division into medical groups according to health status: basic, preparatory, special and exercise group.
5. Admission to sports, with the definition of the most optimal type of sports training.
6. Contraindications to sports.
7. Age limits of children's admission to sports.
8. Principles of admission to sports of persons with borderline conditions.
9. Features of medical control for persons of different ages and genders: children and adolescents, women, the elderly.
10. Approximate terms of resumption of physical exercises after diseases, injuries and injuries.
11. Individual motor modes during physical culture and sports.
12. Limit and training heart rate depending on functional and physical condition.

TESTS

1. The medical group is established on the basis of:
A. history and general health data;
B. results of anthropometry;
C. features of physical development;
D. functional abilities of the most important systems of the body;
E. *all answers are correct.

2. When distributing to medical groups for physical education (physical education), it is necessary to take into account:
A. the volume (dose) of physical activity that is allowed;
B. the content established for each of the groups;
C. regulatory requirements established for each group;
D. *all answers are correct;
E. there is no correct answer.

3. The main medical group includes:
A. *healthy (or practically healthy, that is, with minor deviations in health) persons who have sufficient physical fitness, harmonic, high or medium level of physical development and a high or medium level of functional and reserve capabilities of the cardiovascular system;
B. persons with significant deviations of a permanent or temporary nature in a state of health that do not interfere with education in an educational institution, but are contraindicated for physical education or physical education in general educational programs by group method;
C. persons who have insignificant deviations in health, without sufficient physical fitness and/or with minor violations of physical development (which do not interfere with classes in general educational programs on physical education), with a lower than average level of functionality of the cardiovascular system; as well as after acute diseases (a certain period);
D. persons with significant deviations of a temporary or permanent nature in a state of health that do not interfere with education in an educational institution, but are contraindicated for physical education or physical education in general educational programs; with a low level of functionality (including pathological reactions to physical activity);
E. there is no correct answer.

4. The preparatory medical group includes:

A. persons with significant deviations of a temporary or permanent nature in a state of health that do not interfere with education in an educational institution, but are contraindicated for physical education or physical education in general educational programs; with a low level of functionality (including pathological reactions to physical activity);

B. healthy (or practically healthy, that is, with minor deviations in health) persons who have sufficient physical fitness, harmonious, high or medium level of physical development and a high or medium level of functional and reserve capabilities of the cardiovascular system;

C. persons with significant deviations of a permanent or temporary nature in a state of health that do not interfere with education in an educational institution, but are contraindicated for physical education or physical education in general educational programs by group method;

D. *persons who have insignificant deviations in health, without sufficient physical fitness and/or with minor violations of physical development (which do not interfere with classes in general educational programs on physical education), with a lower than average level of functionality of the cardiovascular system; as well as after acute diseases (a certain period);

E. there is no correct answer.

5. The special medical group includes:

A. healthy (or practically healthy, that is, with minor deviations in health) persons who have sufficient physical fitness, harmonious, high or medium level of physical development and a high or medium level of functional and reserve capabilities of the cardiovascular system;

B. persons who have insignificant deviations in health, without sufficient physical fitness and/or with minor violations of physical development (which do not interfere with classes in general educational programs on physical education), with a lower than average level of functionality of the cardiovascular system; as well as after acute diseases (a certain period);

C. persons with significant deviations of a temporary or permanent nature in a state of health that do not interfere with education in an educational institution, but are contraindicated for physical education or physical education in general educational programs; with a low level of functionality (including pathological reactions to physical activity);

D. persons with significant deviations of a permanent or temporary nature in a state of health that do not interfere with education in an educational institution, but are contraindicated for physical education or physical education in general educational programs by group method;
E. there is no correct answer.

6. The group of exercise therapy includes:
A. persons who have minor health problems, without sufficient physical fitness and/or with minor physical disabilities (which do not interfere with classes in general physical education programs), with below-average cardiovascular function systems; and also after the transferred acute diseases (certain term);
B. persons with significant temporary or permanent disabilities in a state of health that do not interfere with education in an educational institution, but are contraindicated for physical education or physical education in general curricula; with a low level of functionality (including pathological reactions to exercise);
C. healthy (or practically healthy, ie with minor deviations in health) persons who have sufficient physical fitness, harmonious, high or medium level of physical development and high or medium level of functional reserve capacity of the cardiovascular system;
D. *persons with significant deviations of permanent or temporary nature in health, who do not interfere with education in the educational institution, but are contraindicated for physical education or physical education in general curricula in a group method;
E. there is no correct answer.

7. Characteristics of physical activity in the main medical group:
A. *physical training is carried out in full in accordance with the curriculum, taking into account the individual characteristics of development;
B. therapeutic gymnastics is carried out by a small group (2-6 people) or by an individual method, according to the schedule of classes of the main group, in a separate room for special complexes of therapeutic gymnastics, taking into account the nature and degree of violations;
C. classes are held together with the main group, but with a gradual increase in load, without passing standards;
D. physical training is carried out by group method (in a group of no more than 10 people), according to the schedule of classes of the main group in a separate

room for special programs, taking into account the nature and degree of violations;

E. physical training is carried out by group method (in a group of no more than 20 people), according to the schedule of classes of the main group in a separate room for special programs, taking into account the nature and degree of violations.

8. Characteristics of physical activity in the preparatory medical group:

A. physical training is carried out in full in accordance with the curriculum, taking into account the individual characteristics of development;

B. *classes are held together with the main group, but with a gradual increase in load, without passing standards;

C. classes are held together with the main group, but with a gradual decrease in load, without passing standards;

D. physical training is carried out by group method (in a group of no more than 20 people), according to the schedule of classes of the main group in a separate room for special programs, taking into account the nature and degree of violations;

E. therapeutic gymnastics is carried out by a small group (2-6 people) or by an individual method, according to the schedule of classes of the main group, in a separate room for special complexes of therapeutic gymnastics, taking into account the nature and degree of violations.

9. Characteristics of physical activity in a special medical group:

A. physical training is carried out in full in accordance with the curriculum, taking into account the individual characteristics of development;

B. classes are held together with the main group, but with a gradual increase in load, without passing standards;

C. *physical training is carried out by group method (in a group of no more than 10 people), according to the schedule of classes of the main group in a separate room for special programs, taking into account the nature and degree of violations;

D. therapeutic gymnastics is carried out by a small group (2-6 people) or by an individual method, according to the schedule of classes of the main group, in a separate room for special complexes of therapeutic gymnastics, taking into account the nature and degree of violations;

E. physical training is carried out by group method (in a group of no more than 20 people), according to the schedule of classes of the main group in a separate room for special programs, taking into account the nature and degree of violations.

10. Characteristics of physical activity in the exercise thec group:
A. *therapeutic gymnastics is carried out by a small group (2-6 people) or by an individual method, according to the schedule of classes of the main group, in a separate room for special complexes of therapeutic gymnastics, taking into account the nature and degree of violations;
B. physical training is carried out by group method (in a group of no more than 15 people);
C. according to the schedule of classes of the main group in a separate room for special programs, taking into account the nature and degree of violations;
D. classes are held together with the main group, but with a gradual increase in load, without passing standards;
E. physical training is carried out by group method (in a group of no more than 10 people), according to the schedule of classes of the main group in a separate room for special programs, taking into account the nature and degree of violations.

11. Determination of the functionality of the cardiovascular systemis carried out using a sample:
A. *Martine-Kushelevsky (20 seconds in 30 seconds);
B. Rufier;
C. breath-holding test;
D. temperature samples;
E. with a change in the position of the body in space.

12. Contraindications to sports include:
A. *all acute and chronic diseases in the acute stage;
B. all chronic diseases in remission;
C. all chronic diseases in the acute stage;
D. all chronic diseases, regardless of the stage of the disease;
E. all diseases regardless of type and stage.

13. Contraindications to sports from the gastrointestinal tract include:
A. chronic liver disease (including benign hyperbilirubinemia), hepatitis, cirrhosis of the liver;
B. consequences after surgical interventions or damage to the abdominal cavity, even in case of moderate violation of their functions;
C. diseases of the esophagus (esophagitis, ulcer – to complete treatment; cardiospasm, stenosis, diverticula – in the presence of significant and moderate dysfunction);
D. chronic diseases of the gallbladder and biliary tract, including gallstone disease, inflammation of the gallbladder, angioholitis;
E. *all answers are correct.

14. Contraindications to sports include the following neuropsychiacular diseases:
A. epilepsy, even in the absence of mental disorders and absence of attacks for a long time (more than 5 years);
B. diseases of the peripheral nervous system (including the presence of objective data without impaired function);
C. all types of manifestations of convulsive disorders and the presence of latent thetania;
D. mental retardation;
E. *all answers are correct.

15. When deciding on the admission of persons with noncontagious skin diseases, it should be borne in mind:
A. the need for significant edowing when wearing sportswear;
B. possible traumatization of the affected areas of the skin during physical exercises;
C. negative and wary attitude to all persons with at least limited skin diseases;
D. *all answers are correct;
E. all answers are incorrect.

16. Persons with the presence of even rare cases of fainting
A. *cannot be admitted to martial arts, complex coordination, traumatic and water sports;
B. may be admitted to martial arts, complex coordination, traumatic and water sports;
C. can be admitted to all sports;
D. can only be admitted to water sports;
E. can be admitted only to martial arts.

17. Persons who have suffered a closed injury to the brain or spinal cord, in the absence of instrumentally confirmed signs of damage to the central nervous system

A. *may be admitted to sports no earlier than 12 months after full treatment;
B. may be admitted to sports no earlier than 6 months after full treatment;
C. they cannot be allowed to play sports at all;
D. are allowed to play sports after full treatment;
E. are allowed to play sports at will.

18. Persons with temporary functional disorders after surgical treatment of benign neoplasms

A. *allowed to play sports after full treatment;
B. are not allowed to play sports;
C. are allowed to play sports no earlier than 5 years after surgical treatment;
D. are allowed to play sports no earlier than 2 years after surgical treatment;
E. are allowed to play sports at will.

19. Individuals who have had acute stress responses, adjustment disorders, and minor neurotic disorders characterized mainly by emotional-volitional and vegetative disorders

A. are allowed to play sports after the disappearance of clinical symptoms of the disease;
B. are not allowed to play sports;
C. are allowed to play sports after 1 year;
D. are allowed to play sports at will;
E. *are allowed to play sports after full treatment.

20. Persons who have undergone surgery for varicose veins of the lower extremities, veins of the cradle rope, hemorrhoidal veins, cracks in the anus may be admitted to sports if

A. 3 months after the operation, there are no signs of recurrence of the disease and disorders of local blood circulation;
B. *1 year after the operation, there are no signs of recurrence of the disease and local circulatory disorders;
C. 6-8 months after the operation, there are no signs of recurrence of the disease and disorders of local blood circulation;
D. 3 years after the operation;
E. can never be allowed to play sports.

21. Age limits for admitting children to basketball in the initial groups:
A. a) 7-9 years;
B. b) *10−12 years;
C. c) 12-14 years;
D. d) 14-15 years;
E. c) 13-15 years.

22. Age limits for admission of children to gymnastics in the initial groups:
A. *8−9 years;
B. 9-10 years;
C. 3-5 years;
D. 5-6 years;
E. c) 4-6 years.

23. Age limits for allowing children to swim and jump into the water in the initial groups:
A. 9-10 years;
B. 6-7 years;
C. 8-10 years;
D. 5-6 years;
E. *7−8 years.

24. Age limits for children to be admitted to volleyball in the initial groups:
A. 7-9 years;
B. 8-10 years;
C. 9-11 years;
D. *10−12 years;
E. 13−15 years.

25. Age limits for children to be admitted to wrestling classes in the initial groups:
A. 7-9 years;
B. *10−12 years;
C. 13-15 years;
D. 12-16 years;
E. 13-17 years.

26. Age limits for admission of children to boxing in the initial groups:
A. 6-10 years;
B. 7-12 years;
C. 7-10 years;
D. 10-12 years;
E. *12−14 years.

27. The "sexual" formula in male adolescents is as follows:
A. P, Ma;
B. P, Me ;
C. A, P, Ma, Me;
D. *A, P;
E. A, P, Ma.

28. The "sexual" formula in female adolescents is as follows:
A. *A, P, Ma, Me;
B. A, P;
C. A, P, Ma;
D. P, Ma;
E. P, Me.

29. Determining the type of somatic status includes an assessment of:
A. length and weight of the body and circumference of the chest;
B. length and body weight ;
C. *length and body weight, circumference of the chest, stages of development
D. signs of puberty;
E. length and body weight, stages of development of signs of puberty;
F. body weight and stages of development of signs of puberty.

30. There are the following types of somatic status:
A. hyper-, hypo- and normosomatics;
B. *macro-, meso- and microsopathics;
C. hyper-, hypo- and normostenic;
D. first, second, third;
E. low, medium, high.

31. Juvenile heart hypertrophy occurs mainly with:
A. detention of puberty and high rates of physical development;
B. relatively early sexual maturation and low rates of physical development;
C. *relatively early sexual maturation and high rates of physical development;
D. relatively late sexual maturation;
E. it does not occur.

32. Time to restore various indicators in athletes of different sexes:
A. *differs little;
B. no different;
C. the difference depends on the level of thranovity;
D. the difference depends on the age of the athletes;
E. the difference depends on the sport.

33. Scheduled gynecological examination of women, as well as girls participating in competitions under the adult program, is carried out:
A. monthly;
B. every time before the competition;
C. *1-2 times a year;
D. 2-3 times a year;
E. in the presence of complaints and functional disorders from the genital sphere, after infectious diseases and inflammatory processes in the abdominal organs, after gynecological diseases, abortions and childbirth.

34. Sportwomen are allowed to start regular training after childbirth no earlier than through:
A. in three years;
B. after 2 years;
C. *6-9 months;
D. 3-6 months;
E. 2-4 months.

35. Sportwomen with infantile sexual activity:
A. *can cause menstruation;
B. may cause the cessation of menstruation;
C. may cause a delay in menstruation;
D. may cause premature puberty;
E. does not cause any changes.

36. Control of gender
A. held every time before the competition;
B. is carried out annually
C. *held once (in the first stages of specialized selection in sports);
D. is held several (3−4) times during the sports career.
E. not carried out.

37. In the elderly, it is especially effective
A. combining fast running with swimming;
B. combining terenkur with hardening;
C. combination of slow running with terenkour;
D. *combination of slow running with hardening;
E. combination of slow running with swimming.

38. After suffering influenza and other acute respiratory viral infections, it is allowed to start physical education (physical education) no earlier than through:
A. 3−5 days;
B. 5−7 days;
C. *7−10 days;
D. 10-14 days;
E. 21 days.

39. After damage to the Achilles tendon, it is allowed to start physical education (physical education) no earlier than through:
A. 1.5−2 months;
B. 2-4 months;
C. 2 months;
D. *2,5−3 months;
E. 1 month.

40. After suffering inflammation of additional nasal cavities, it is allowed to start physical education (physical education) no earlier than through:
A. *10−14 days;
B. 7-10 days;
C. 20-25 days;
D. 30 days;
E. up to 20 days.

41. After pneumonia, it is allowed to start physical education (physical education) no earlier than through:
A. 10-15 days;
B. 25 days;
C. 30 days;
D. 35 days;
E. *21−30 days;

42. After tonsillectomy, it is allowed to start physical education (physical education) no earlier than through:
A. 10-15 days;
B. 21-30 days;
C. *30 days;
D. 35 days;
E. 45 days.

43. After suffering chickenpox, participation in competitions is allowed no earlier than through:
A. 30-45 days;
B. *45−60 days;
C. 30-60 days;
D. 35-60 days;
E. 40-60 days.

44. After damage to the tendons, shoulder muscles, forearm and hand, sports training is allowed no earlier than through:
A. 1.5−2 months;
B. *2−2,5 months;
C. 3-4 months;
D. 4-5 months;
E. 5-6 months.

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Наукове видання
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ANALYSIS OF THE RESULTS OF THE COMPLEX MEDICAL EXAMINATION. MEDICAL CONCLUSION

Study manual for 4th year medical students studying the discipline "Physical Rehabilitation and Sports Medicine"

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