

*Bektasheva G.M., Kholmatova G.A., O.I.Rafiyeva*

*Department of hospital therapy and Endocrinology*

*Andijan State Medical Institute, Andijan, Uzbekistan*

## HOLDING A CHEST PALPATION IN THE SUMULA AND INSTILLING THE TECHNIQUE ON THE STUDENT

**Resume:** This article cites the achamicity of its palpation in diseases of the rib cage, in which case the palpation of the spleen is increased to Ammal in such an order. The methodology of this process and the sequence of execution are presented on the basis of the order in which students acquire the skills in the process of disembarking. This was done on the basis of the basic law rules on how to perform this process in the work of a doctor to students.

**Keywords:** Chest Diseases, chest palpation, simulation, painful parts of the chest, chest elasticity, sound resurrection.

**Relevance.** In heart attacks, pain manifests itself as pain that has a crushing, simulating, burning character behind the net, regardless of whether it depends on breathing, or ejaculation movements. Pain is given to the left arm area in most cases in the stomach below, in the crotch above, in the neck, in the lower jaw. If the pain is strained when inhaled, it will depend on the airways, pleura, and lungs. If severe physical exertion occurs, or after sports, it will be associated with ETH crushing, muscle stretching, injury to the ligaments and joints, cracked ribs, injury to the spine.

If pain sensations strain when you bend, or bend, then it is unlikely that there will be a heart or pulmonary veil (pericarditis, pleurisy). In some cases, pain in the areas of the chest can also manifest as anemia, inflammation of the intercostal nerve endings, enveloping lishay (skin disease), lameness of the buttocks.

The following cases, which are accompanied by pain in the thoracic area, are quite sad and indicate the need to urgently see a doctor;

— Shortness of breath, dizziness, administration of the ogriq to the left arm, neck and shovel areas, nausea, vomiting, cold sweat, muscle irritation, finger scratching, heart rhythm disturbances, tension of the feeling of pain when breathing.

**The purpose of the scientific work.** To teach students chest palpation in simulation conditions and, through this, to them, dressing the skills of working with the patient.

**Material and methods.** Simulation training was carried out at the Andijan State Medical Institute simulation center using therapeutic simulators in simulation rooms for therapeutic directions. The method of objective examination and palpation in the patient examination was used.

**Research results.** In the conducted simulasidagai studies, students were able to perform the following actions independently and apply it in practice in patients.

**Anicization of sore areas in the chest.** Palpation is performed on the patient's sitting or standing posture, with the arms lowered. The Doctor stands on the front and slightly side of the patient. Along the line of the Linia mediana peredney, the fingertips are palpated with the right hand, starting from the top of the collar, until the end of the chest. Then both hands are palpated in the symmetrical areas of the chest, starting with the upper area of the spinal bone and finishing with the parasternal line with the

fingertips. The bones are then palpated in the parasternal line. The areas under the spine are palpated along the parasternal lines. Then, in the parasternal lines, in symmetrical areas to the end of the thorax, the rib top and rib spacing are palpated. Then both hands are palpated with the fingertips along the middle line, the top notch in the symmetrical areas of the chest. Along the middle line, the bones are palpated. Along the middle line, the under-pit is palpated in symmetrical areas of the thorax. Then, along the lines of the middle spine, in symmetrical areas to the end of the chest, the rib top and rib spacing are palpated. The patient is asked to put his hands behind his head. The sides of the chest are palpated with both hands, starting from the front armpit line. Then, along the lines of the middle armpits, in symmetrical areas to the end of the chest, the rib top and rib spacing are palpated. It is palpated along the lines of the posterior armpit. The patient is asked to lower his hands to the side (down). Then on the back, the areas of the top of the shovel are palpated. Then, following the curler lines, the curlers are also palpated. The patient is asked to crest his hands in front of him. The shoals are then palpated in Strictly symmetric on paravertebral lines. The vertebrae ' vertebrae and interspaces are then palpated with the thumb of the right hand.

Determination of the elasticity of the chest. One palm is burned vertically into the collarbone, the Sox above the wedge-shaped tumor. The second hand palm is placed in the range of the shovels, in a strictly symmetrical area with the first hand palm. With the palms of the hands, pressure is exerted on the chest from both sides with the help of a spring-like cartilage. The palms of the hands are then placed symmetrically on the lower - lateral side of the ribcage in the intercostal space.

Determination of sound resurrection. The palm of both hands is involved in palpation. The palms of the hands are placed symmetrically in a hollow, which is attached to the surface recess. The patient is asked to pronounce such words as " tractor", " saw". After that, the palms of the hands are inserted into the parasternal line. The patient is asked to pronounce such words as " tractor", " saw". The palm is then placed on the right side of the chest until the sound dirtiness disappears. in this case, the identified information is compared with the above. The patient is asked to pronounce such words as " tractor", " saw". The patient is asked to put his hands behind his head. Sung hands are sung parallel to the ribs to the lateral Sox of the rib cage. The patient is asked to pronounce such words as " tractor", " saw". The patient is asked to lower his arms and turn with his back. After that, the palms of the hands are placed on the shovel-top Sox. The patient is asked to pronounce such words as " tractor", " saw". The patient is asked to crest his hands in front of him. Now the arms are sung in a symmetrical position parallel to the intertidal, the spine. The patient is asked to pronounce such words as " tractor", " saw". In this case, the hands are pushed to the size of the palm and reached to the corners of the shovel. From under the angle of the shovel, the arms are fixed in a position parallel to the ribs. The patient is asked to pronounce such words as " tractor", " saw".

**Conclusion.** Students who used therapeutic simulators in simulation rooms for the therapeutic areas of the simulation center of the Andijan State Medical Institute were taught chest palpation in simulation conditions, through which they were endowed with the skills of working with the patient. This of course allows students to perform chest palpation without hesitation during their examination in the conditions of working with the patient.

#### LITERATURE USED:

1. Aylamazyan E.K. Et al. // Obstetrics 2003.
2. Akbarov Z. S., Raximov G.N. etc. // Prastisal diabetologi tables (dostors kommersant manual for). Tashkent, 2007.

3. Alekseeva O.P. // Urgent terasia in cema and tables. Nizhny Novgorod 2002
4. Allen R. Myers, Translated from English. edited by A.G. Chuchalin // Terania. Moscow, 1996.
5. Barbara Bates, Lynn Baikan. // Enslopedia of clinical examination of the Patient 2001
6. Belokon N.A. Podzolkov V.P. // Congenital heart defects. Moscow: Medina, 1991. 7. Vorobeva A.I. // Handbook of Hematology. Moscow: Medina, 1985. - Vol.1.
7. Gadayev A. G. // General prastise lecture seriesfor dostors // Tashkent, 2012.
8. Gadayev A. G., Akxmedov H.S. // "A set of prastisal skills for general prastise pxisisians. - Tashkent, 2010.
9. Grebenev A. L. // Propaedeutics of internal diseases. M.: Media, 2001.
10. Dedov I. I., Melnichenko G. A. // Rasional therapy of diseases of the endosrine system and disorders of the metabolism. Moscow: Publishing house "Littera", 2006.
11. Denisov I. N., Movshovich B. L. // General medical practice. Internal diseases - interology. Practical guide. Moscow: GO VUNMUMZRF, 2001.
12. Denisov I.N., Ivashkin V.T., Knyazev V.A. And others // enslopedia of clinical examination of the Patient. 2001.
13. Dimitrov D. Ya. // Anemia of pregnant women. Sofia: medicine and physical education, 1980. 15. Ivashkin V. T., // Rational therapy of diseases of the digestive organs. Moscow, 2003.
14. Insova A. N. // Neotloznaya Sardiologyj: ESG. Slinis, treatment. Rastov-on-Don: PxOenikh, 2001.
15. Kaznacheev V. P., Kunmov A.D. // Clinical diagnosis. Novosibirsk: ed.Novosibirsk University, 1992.
16. Kalinina A.V., Loginova A.F., Kxazanova A. I. // Gastroenterology And pathology: diagnostics And treatment. A guide for doctors. Moscow, 2011.
17. Komarov F. I. // Guide to internal medicine for a doctor of general practice from symptom and syndrome To diagnosis and treatment. Moscow: Publishing House Medical Information Agency, 2007.
18. Kurbanov R.D. // Manual of Clinical Sardiology. Tashkent, 2007.
19. Masolkin V. I., Ovcharenko S. I. // Internal diseases. M.: Media, 1999.
20. Malaya Medisinskaya enslopedia. // M.: Medisinskaya enslopedia. 1991-96 2.
21. Martinov A. N., Mukin N. A., Moiseev V. S. // Internal diseases. Moscow, 2004.
22. Marshaka. V.V. // Oncological diseases: method And prevention of treatment. Spb., 2005-141 P.
23. Matyushichev V. B. Changes in indicators of peripheral blood thrombocytes in case of iron deficiency anemia. // Hematology And Transfusiology, 2005. Vol. 50, No. 2. pp. 29-32.
24. Melnichenko G. A. // Naglyadnaya Endocrinology. Perevod s englishskogo 2-e izdanie. Moscow: "Geotar Media", 2008.