CHILD OBESITY-RECOVERY THROUGH PHYSICAL THERAPY, DIET AND MOVEMENT

Liviu Alexandru TRAILA¹

Abstract: An important place in the case of nutrition they occupy the issues of excess food, child nutrition being just as harmful as undernutrition. The aim of this work was the development of a programme of recovery through physical therapy, diet and movement. Consistently performed, exercise is the basic component of the treatment of obesity. In the range 01.03.2015-01.09.2015, it has conducted a study on a sample of 200 children, in which the incidence of obesity has been 19.5%. The results were good in families where parents have participated together with their children to recovery. It is observed that obesity is, as a rule, there is a family connection between obesity and child of the parents, especially the mother. Physical therapy, along with a low-calorie diet, constitutes the most methods indicated by the loss of fat mass and maintaining ideal body weight.

Key-words: obesity, children, weight.

1. Introduction

Obesity is a chronic disorder of nutrition salt, characterized by increasing body weight at the expense of adipose tissue, resulting from a lack of correlation between increased caloric intake and low energy costs [1]. The number of obese children is alarming increase. In 2013, 42 million children under the age of 5 years were overweight or obese [7].

To children it causes an excess of lipids in the body by increasing the number of adipocytes (hyperplasia) and volume (hypertrophy). Therefore, adult obesity that was child obesity will weaken much more difficult, because it has a greater number of adipocytes. Excess body fat was introduced a major factor as to health [5]. The risk of children who developed obesity during the early years of life, of becoming obese adults, is 80% for those who have both parents obese and 40% for single parent children obesity [4]. Obesity is a disease that alters health and can give many problems: physical, mental, and social [6]. Child obesity is associated with a higher occurrence of complications of obesity: premature death and disability in adult [2].

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Obesity may be defined by body mass index (BMI), the most widely used methods in practice and in epidemiological studies. The most correct definition of obesity in children is determined by the contents of the table body fat measured by impedance bioelectrical. Until the age of 16 years if the child is considered obese fat mass exceeds by more than 20% of the reference value for age and gender, and over 16 years, the diagnosis of obesity requires a fat mass greater than 25% of the body weight at the boys and girls over at 32% [3].

2. Objectives

The research objectives of our paper were to reduction the weight and improvement of complications of obesity through physical therapy, diet and movement. Consistently performed, exercise is the basic component of the treatment of obesity, helping to strengthen and emphasize lowering weight achieved by diet.

3. Material and Methods

I took 200 children in the study, randomly chosen track through family doctors from Dr. Tr. Severin during a period of 6 months (01.03.2015-01.09.2015). The children were divided into 4 groups:
- group I preschool-50 children;
- group II grades 1-4, 50 children;
- group III grades 5 – 8, 50 children;
- group IV grades 9 – 12, 50 children.

The prevalence of obesity in the batches studied is shown in the following table:

<table>
<thead>
<tr>
<th>Group</th>
<th>Membership</th>
<th>Number of patients</th>
<th>Frequency [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>preschool</td>
<td>50</td>
<td>5</td>
</tr>
<tr>
<td>II</td>
<td>classes 1 - 4</td>
<td>50</td>
<td>6</td>
</tr>
<tr>
<td>III</td>
<td>classes 5 - 8</td>
<td>50</td>
<td>8</td>
</tr>
<tr>
<td>IV</td>
<td>classes 9- 12</td>
<td>50</td>
<td>10</td>
</tr>
<tr>
<td>All</td>
<td>200</td>
<td>39</td>
<td>19,50</td>
</tr>
</tbody>
</table>

In a study done on a number of 700 children in 1983 (Trăilă 1983, 53), the incidence of obesity was dominant in preschoolers (14,2%) and the decrease in adolescents at 3,3%.

Increased incidences of obesity in adolescents currently is due to the reduction in physical activity, increase, introduction of eating unhealthy habits, predominantly hypolipidic and hypogluclidic.
The prevalence of obesity in children increases with age, being highest at Group IV, 20%.

Out of 39 obese children, 24 are girls, and 15 are boys.

### Table 2

**The distribution by sex of children obese**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number of cases</th>
<th>Frequency [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>24</td>
<td>61.54</td>
</tr>
<tr>
<td>Male</td>
<td>15</td>
<td>38.46</td>
</tr>
<tr>
<td>All</td>
<td>39</td>
<td>100</td>
</tr>
</tbody>
</table>
30% of parents of children were obese, a percentage which increased to 80% in families where children were obese.

The indications made by children, especially parents, were insisted on a diet diets easy, normoproteic, hypoglucidic and hypolipidic.

The diet has been individualized agreed from case to case, depending on age, weight, sex and activity. In all cases, the diet was composed in such a way as to ensure a normal child growth and not decline school efficiency. It has been recommended not to exclude the morning meal and snack to contain mainly fruits, natural juices, and dairy. It has been recommended to avoid fast food food genre. It has recommended the use of integral bread, stimulating the child to consume fruits, vegetables and protein quality. The example of the parents was very helpful. Parents urged children to do more sport, to walk a minimum 30 minutes a day to do together with children 5-10 minutes morning gymnastics. They also recommended making a 1-2 massage sessions per week.

4. Results and Discussions

In evaluating those 39 of obese kids track for 6 months, have achieved the following results:

- 26 children have fallen in weight between 5-10%;
- 5 children have fallen in weight between 1-5%;
- 2 children grew up in weight;
- 3 children remained in weight;
- 3 children have abandoned the experiment.

Fig. 2. The distribution by sex of children obese
Kinetic treatment results in obese patients

Table 3

<table>
<thead>
<tr>
<th>Results</th>
<th>Number of patients</th>
<th>Frequency [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight loss between 5-10%</td>
<td>26</td>
<td>66.67</td>
</tr>
<tr>
<td>Weight loss between 1-5%</td>
<td>5</td>
<td>12.82</td>
</tr>
<tr>
<td>Weight gain</td>
<td>2</td>
<td>5.13</td>
</tr>
<tr>
<td>Stationary</td>
<td>3</td>
<td>7.69</td>
</tr>
<tr>
<td>Abandonment</td>
<td>3</td>
<td>7.69</td>
</tr>
<tr>
<td>All</td>
<td>39</td>
<td>100</td>
</tr>
</tbody>
</table>

Fig. 3. Results achieved in combating obesity in children

5. Conclusions

It is observed that obesity is, as a rule, there is a family connection between obesity and child of the parents, especially the mother.

Physical therapy, along with a low-calorie diet, constitutes the most methods indicated by the loss of fat mass and maintaining ideal body weight.

The parents of obese children are in 80%, in turn, obese. Obesity prevalence in the studied group was 19.5%.

At lot studied, the incidence is dominant to women, after he garnered 61.54%, compared to the male sex, 38.46%.
The incidence of obesity in children increases with age, reaching out to teens to 20%.

As a result of the investigation of the nutritional and physical activities, it has been observed a quantitative dietary abuse but also qualitatively, associated with decreased physical activity.

Children obese, compared to normoponderals, consumes daily sweets, fizzy drinks, eat fast food, meat and meat and only occasional fruits and vegetables.

References

7. *** National Institute for Health and Care Excellence, 2014, Obesity: Identification, Assessment and Management of Overweight and Obesity in Children, Young People and Adults, Nice.**