

**Fund
assessment tools**
in the discipline "Sports Medicine"

Level of higher education

SPECIALITY

Direction of preparation

31. 05. 01 -RF , 560001 - CR Medical Business
(code and name of training direction)

Name

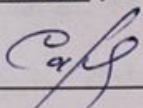
(name of the direction (profile) of the educational program)

Qualification
Medical doctor

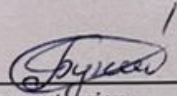
The fund of estimation means is intended for control of knowledge of students on a direction of preparation (specialty) 31. 05. 01 -RF , 560001 - CR Medical Business on discipline (practice) " Sports Medicine ".

The fund of estimated means is considered and approved at the meeting of the department Medical rehabilitation

Protocol № 2 from "10" 10 2025g.

Head of Department Medical rehabilitation , candidate of Medical sciences, assistant professor Saralnova G.M 

Executors:

lecturer Bunevo Yu. V. 
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1. LIST OF COMPETENCES WITH INDICATION OF STAGES OF THEIR FORMATION IN THE PROCESS OF MASTERING THE DISCIPLINE

Formed competences	Planned learning outcomes of the discipline, characterizing the stages of competences formation	Types of assessment tools/ section code in this document
PC-5: readiness to collect and analyze patient's complaints, anamnesis data, results of examination, laboratory, instrumental, pathological-anatomical and other studies in order to recognize the condition or to establish the presence or absence of disease	<p>Know:</p> <ol style="list-style-type: none"> 1. Fundamentals of medical control of athletes and physical trainers. 2. Methods and means of control over the state of health of those engaged in physical training or sports. 3. Types of medical examination. 4. Methods of assessing the level of physical development of physical trainers and athletes. 5. Definition, purpose, classification and interpretation of functional tests. Indications and contraindications for sports and physical training. 	<p>Block A, D– reproductive level tasks</p> <p>Oral and written questioning.</p> <p>Test tasks.</p> <p>Defense of the abstract.</p> <p>Presentation defense.</p> <p>Solution of a situational task.</p>
	<p>Be able to:</p> <ol style="list-style-type: none"> 1. Conduct medical and pedagogical observation. 2. Assign basic and additional methods of research. Evaluate anthropometric indices by index method. 3. Evaluate the results of functional tests. Evaluate the impact of physical exercise on the body of those involved in physical education or sports. 4. Identify pathology, make a medical report and determine the medical group. 	<p>Block B, D– reconstructive level tasks</p> <p>Formalization of medical and control card</p>
	<ol style="list-style-type: none"> 1. Possess: Skills of collecting general and sports anamnesis. 2. Skills to conduct a clinical examination of a physical trainer or athlete. Skills to conduct anthropometric studies. 3. Technique of conducting functional tests to assess the state of the main body systems. Skills to conduct a comprehensive examination of a physical trainer or athlete. 4. Skills of registration of medical control card. 	<p>Block C, D– tasks of practical-oriented and/or research level.</p> <p>Practical skills (anthropometry, functional tests, work with VKK).</p>

2. TECHNOLOGICAL MAP OF DISCIPLINE/PRACTICE Specialty "Medical Business"

Course/semester:

6/12

Number of credits (ZE):

2

Reporting:

credit

Name of modules of the discipline according to the RPA (according to the number of credits in the semester minus on the CD (CP)	Control	Form of control	Credit minimum	Credit maximum	Control schedule (semester week)
Module 1					
Fundamentals of sports medicine and medical control	Current control	Questioning, solving situational tasks, practical skills (anthropometry, functional tests, work with VKK). For each missed and unworked lesson 0.5 points are taken off. For activity - +0.5 points.	10	20	30 week
	Routine control	Formalization of medical medical control card, control work	10	15	
Module 2					
Fundamentals of sports pathology	Current control	Interview, presentation with report. For each missed and unworked lesson 0.5 points are deducted. For activity - +0.5 points, participation in research and development plus 1 point.	10	20	37 week
	Routine control	Abstract	10	15	
Total for the semester			40	70	
Intermediate control (credit)	Test tasks		20	30	
Semester rating for the discipline			60	100	

3. STANDARDIZED CONTROL TASKS AND OTHER MATERIALS NECESSARY FOR THE ASSESSMENT OF PLANNED LEARNING OUTCOMES IN THE DISCIPLINE / PRACTICE (ASSESSMENT TOOLS)

Block A

A.1 Test tasks

1. The contingent of athletes and physical trainers subject to medical examination in the medical and physical training dispensary is made up of:
 1. athletes of national sports teams of republics and cities
 2. Students of schools, universities, referred to special groups for physical education classes
 3. Young athletes, students of sports schools and sports organizations
 4. persons engaged in mass physical training
 5. correctly 1 and 3

2. Dispensary observation of athletes does not provide:
 1. general, specialized, pre-competition
 2. primary, additional, repeated
 3. primary, current, additional
 4. before sports activity and annually 1 time a year
 5. 30 minutes after sports activity

3. The content of the doctor's opinion on the dispensary observation of athletes does not include:
 1. assessment of health and functional state of athletes
 2. recommendations for therapeutic and preventive measures
 3. Recommendations on the regime of training loads
 4. evaluation of the degree of training
 5. no correct answer
4. Correct measurement of body length involves touching the vertical vertical th
e vertical post of the height gauge:
 1. heels, sacrum, interscapular space, back of the head.
 2. heels, sacrum, shins, interscapular space, occiput.
 3. heels, sacral region, interscapular space.
 4. heels, sacrum, tibia, interscapular space.
 5. heels, lower legs, interscapular space, occiput

5. Requirements for functional tests:
 1. standardization
 2. objectivity
 3. reliability
 4. reproducibility
 5. all of the above

6. Name the main signs of the functional state of the CCC in athletes:
 1. tachycardia, hypertension, myocardial hypertrophy
 2. hypotension, tachycardia, myocardial hypotrophy
 3. bradycardia, hypotension, myocardial hypertrophy
 4. bradycardia, hypertension, myocardial dilatation
 5. no correct answer

7. An athlete's resting heart rate is:

1. 150 ml
2. 200 M
3. 70 ml
4. 100 ml
5. 250 and above

8. Major signs of physical development (total body dimensions) do not include:

1. body length
2. body weight
3. chest circumference
4. vital capacity of the lungs
5. 2 and 4 are correct

9. Acceptable physical activity for physical education for students in the basic medical group includes:

1. classes in a sports section
2. classes in physical education curricula in full volume
3. standardized tests
4. participation in competitions
5. all of the above

10. The permissible physical load for physical education classes in the preparatory group of students includes:

1. classes in one of the sports sections
2. lessons under educational programs with gradual mastering of motor skills
3. full-time classes according to curricula
4. passing standardized tests within the established time limits
5. participation in competitions

11. The permissible physical load for physical education classes in a special group of students includes:

1. classes according to the physical education curriculum
2. additional classes to improve the level of physical fitness
3. classes in special educational programs
4. classes in one of the sports sections
5. standardized tests

12. If the processes of excitation prevail over the processes of inhibition, it is observed:

1. predominance of parasympathetic innervation tone;
2. predominance of sympathetic innervation tone;
3. tone of relative balance of sympathetic and parasympathetic nervous system.
4. decrease in the transmission of impulses along afferent pathways
5. no correct answer

13. Physiologic dilatation of the heart cavities results in:

1. bradycardia
2. BP increase
3. BP decrease
4. decreased cardiac output
5. increased cardiac output

14. The vital sign takes into account

1. body length and weight
2. Body length and lung capacity
3. Body weight and lung capacity
4. Body weight and chest circumference

5. length of upper and lower extremities
15. The main medical criteria for selecting young athletes include:
 1. state of health
 2. functional state of the organism
 3. physical development
 4. psychological features of personality
 5. all of the above
16. The tasks of medical control over physical training and sports do not include:
 1. medical consultations of athletes and the population on the issues of physical training and sports
 2. participation in the sanitary supervision of sports facilities
 3. treatment of various diseases in athletes
 4. medical and pedagogical observations at training sessions
 5. all of the above
17. Which disease is not a permanent contraindication for physical training?
 1. musculoskeletal injuries
 2. severe diseases of cardiovascular system, aneurysm of heart and large vessels, IBS with frequent attacks, FCIII and higher, pronounced heart rhythm disorders, hypertension stage III
 3. severe bronchial asthma, pulmonary emphysema, chronic obstructive bronchitis with respiratory insufficiency of II degree or higher, pulmonary heart disease
 4. Liver and kidney diseases with insufficient function
 5. diseases of the endocrine system with marked dysfunction
18. Upon first detection of sympathomimetic use, the Athlete shall be subject to:
 1. Ineligibility up to 6 months;
 2. Ineligibility up to 2 years;
 3. lifetime Ineligibility;
 4. a fine of 1,000,000 .\$.
 5. Disqualification up to 1 year
19. The peculiarities of the athletic heart consist of:
 1. physiologic cavity dilatation
 2. myocardial hypertrophy
 3. increased capillarization of the myocardium
 4. all of the above
 5. no correct answer
20. As a result of long-term adaptation of an athlete's body to physical load:
 1. glycogen content in the blood decreases
 2. autonomic functions and metabolism are activated
 3. lactate content in muscles increases
 4. functional capabilities of the organism increase and ATP and glycogen content in skeletal muscles increases
 5. all of the above
21. The method of spirometry can determine:
 1. reserve inhalation volume
 2. reserve volume of exhalation
 3. residual lung volume
 4. lung vital capacity
 5. elastic pull of the lungs
22. There are the following medical groups of students for physical education, excluding:
 1. persons with physical defects

2. preparatory
 3. basic
 4. special
 5. correct 2 and 4
23. The duration of breath-holding during maximal inhalation in adults is
1. 10-20 c
 2. 20-30 c
 3. 30-40 c
 4. 40-60 c
 5. 90 c
24. Medical control over physical education in school institutions is carried out in the form of:
1. medical examination with assessment of the state of health
 2. Medical and pedagogical observations of physical education lessons and games of physical education
 3. Sanitary control over the places where physical education classes are held
 4. sanitary and educational work among staff and parents
 5. all of the above
25. An athlete's fitness at rest is indicated by:
1. decrease in resting heart rate
 2. increase in blood pressure
 3. increased heart rate
 4. lower pulse pressure
 5. increased cardiac output
26. The most characteristic symptomatology of internal meniscus injuries of the knee joint does not include:
1. acute pain in the area of the inner meniscus of the joint
 2. knee joint blockage
 3. tibial extension symptom
 4. pain relief in external rotation of the joint
 5. no correct answer
27. The content of the medical report during the medical examination of athletes does not include:
1. assessment of health and functional state of athletes
 2. evaluation of the degree of training
 3. recommendations for therapeutic and preventive measures
 4. recommendations on the regime of training loads
 5. no correct answer
28. Professional duties of a sports doctor do not include:
1. medical examination of physical training and sports practitioners
 2. dispensary service of the attached contingents
 3. electrocardiogram recording
 4. medical service of sporting events
 5. examination of athletes after training
29. The permissible physical load for physical education classes for students of the main medical group does not include:
1. classes in a special group
 2. classes in a sports section
 3. classes in full volume of physical education curricula
 4. participation in competitions

5. all of the above
30. The complex of methods for determination of sports professional suitability includes:
1. psychological methods
 2. pedagogical methods
 3. medical methods
 4. all of the above
 5. social methods
31. The main type of thermoregulation:
1. electrical
 2. biological
 3. bioelectric
 4. physical
 5. all of the above
32. The tasks of medical and pedagogical observations in physical education lessons in school institutions are:
1. assessment of the correctness of the methodological structure of the lesson
 2. To analyze the level of general fitness and special training
 3. assessment of the sanitary condition of the places where physical education classes are held
 4. study of the compliance of lesson conditions with hygienic and physiological norms
 5. all of the above
33. The rational type of reactions to physical load includes:
1. normotonic
 2. hypotonic
 3. hypertonic
 4. stepwise
 5. isotonic
34. The loading time when performing the Martinet test (20 squats) is:
1. 10 seconds
 2. 20 seconds
 3. 30 seconds
 4. 40 seconds
 5. 60 sec
35. The left ventricular stroke volume of the adult left ventricle averages:
1. 40-50 ml
 2. 70-80 ml
 3. 100-120 ml
 4. more than 150 ml
 5. less than 50 ml
36. Functional tests characterizing the function of external respiration do not include:
1. Stange test
 2. Henchy's test
 3. Tiffno-Watchal test
 4. Romberg test
 5. all correct
37. The Martinet-Kuschelewski test includes:
1. 20 squats in 30 sec
 2. 30 squats for 45 sec
 3. Running on the spot at a maximum pace for 15 seconds

4. 30 squats for 60 sec
5. running on the spot for 60 sec

38. The Rosenthal test is:
 1. breath hold on inhalation
 2. breath hold on exhalation
 3. five-fold measurement of GIEF at 15-second intervals
 4. inspiratory breath hold after 20 squats in 30 seconds
 5. Exhalation breath hold after 20 squats in 30 sec.

39. Specify the group of drugs that are doping agents:
 1. adaptogens of plant and animal origin
 2. vitamin complex
 3. central nervous system stimulants
 4. anabolizing agents of plant origin
 5. protein, carbohydrate and lipid products of increased biological value.

40. In case of repeated detection of the use of doping substances, the athlete shall be subject to:
 1. Disqualification for 2 years
 2. 8 years' Ineligibility
 3. Disqualification for life
 4. a fine of 10,000,000 \$
 5. Ineligibility for 6 months.

41. The characteristic objective signs of fatigue of the athlete during intensive muscular work include:
 1. impaired coordination of movement
 2. decrease in strength and speed of movement
 3. deterioration of central and peripheral hemodynamics
 4. refusal to work
 5. all of the above

42. What is not a form of medical control?
 1. medical and pedagogical observations of students during classes and competitions
 2. sanitary and hygienic control over places and conditions of classes and sports competitions
 3. prevention of sports injuries and illnesses
 4. prevention of conflict situations in the team
 5. all correct

43. The term "sports medicine" includes:
 1. method of determining the functional state of athletes
 2. method of observation of athletes in training and competitions
 3. a system of medical support for all contingents engaged in physical training and sports
 4. study of the state of health of athletes and physical trainers
 5. all of the above

44. The mandatory scope of functional-diagnostic and laboratory studies during the primary examination of an athlete does not include:
 1. chest X-rays
 2. Blood acid-base state studies
 3. electrocardiography
 4. clinical blood and urine tests
 5. functional test with physical load

45. There are the following medical groups of students for physical education, excluding:
 1. persons with physical defects

2. preparatory
 3. basic
 4. special
 5. correct 2 and 4
46. The permissible physical load for physical education classes in the preparatory group of students includes
1. full-time classes in educational programs
 2. classes in one of the sports sections
 3. classes in curricula with gradual mastering of motor skills
 4. additional classes to improve the level of physical fitness
 5. no correct answer
47. The method of functional tests determines:
1. fitness
 2. physical efficiency
 3. sport role
 4. fitness for competitions
 5. body fatigue
48. The following medical groups are distinguished for physical education:
1. strong, weakened, special
 2. basic, preparatory, special
 3. physically prepared, poorly prepared, physically unprepared
 4. first, second, third
 5. A B C
49. The main medical criteria for selection of young athletes do not include:
1. health status
 2. functional state of the organism
 3. physical development of the organism
 4. bad habits
 5. doping
50. The indirect (caliperometric) method of determining body composition is based on:
1. weighing a person immersed in water
 2. Determination of body density
 3. Measuring the thickness of skin and fat folds
 4. Determination of body volume
 5. Determination of body shape
51. It is recommended to use as functional tests:
1. physical education lesson
 2. orthostatic test
 3. Martine-Kushelevsky test
 4. step test
 5. bicycle ergometry
52. The negative effect of inadequate physical activity in athletes cannot manifest itself:
1. scoliosis
 2. disc herniation
 3. myocardial dystrophy
 4. decrease in the content of immunocompetent cells
 5. oncologic diseases
53. As a result of long-term adaptation of the athlete's organism to physical load:

1. the content of glycogen in the blood decreases
 2. economization of autonomic functions and metabolism occurs
 3. Lactate content in muscles increases
 4. functional capabilities of the organism increase and ATP and glycogen content in skeletal muscles rises
 5. true 2 and 4
54. The mechanism of fatigue of the athlete's organism during muscular activity consists mainly in the violation of:
1. central regulation of muscular activity
 2. overstrain of the cardiovascular system
 3. local changes in the muscular system
 4. central nervous and humoral mechanisms
 5. no correct answer
55. The "internal" causes of sports injuries do not include:
1. fatigue state
 2. change in the functional state of the athlete's organism caused by a break in training or illness
 3. violation of biomechanical structure of movements
 4. performance in hot and frosty weather
 5. insufficient physical fitness of the athlete to perform this type of exercises
56. To prevent sports traumatism should not:
1. conduct timely medical and medical-pedagogical control over the state of health and physical fitness of athletes
 2. conduct sanitary-educational work with athletes
 3. improve physical and technical training of athletes
 4. take medications stimulating the activity of the central nervous system
 5. to observe hygiene of physical exercises and places of training.
57. The main directions of work of sports medicine dispensaries include:
1. organizational and methodological guidance of medical and preventive institutions on the issues of WC and LFC
 2. Dispensary monitoring of physical training and sports practitioners
 3. organization and implementation of measures for rehabilitation of athletes after injuries and diseases.
 4. anti-doping control of athletes
 5. all of the above
58. The preparatory group for physical education does not include:
1. persons with minor deviations in the state of health, physically unprepared
 2. persons without health deviations, physically developed
 3. persons with health deviations or without health deviations, physically prepared
 4. healthy persons with insufficient physical development and poor physical preparation
 5. no correct answer
59. The duties of a sports physician do not include:
1. diagnosing physical overexertion in athletes
 2. examining the physical development of athletes and athletes engaged in physical training
 3. diagnosing various diseases in athletes
 4. detecting signs of health abnormalities in athletes
 5. Carrying out preventive measures of disease and traumatism in athletes.
60. The tasks of medical control of athletes engaged in physical training and sports do not include:
1. medical consultation of athletes and the public on issues of physical training and sports

2. participation in the sanitary supervision of sports facilities
 3. treatment of various diseases in athletes
 4. medical and pedagogical observations at training sessions
 5. all correct
61. A doctor's opinion during a dispensary examination of an athlete includes:
1. health assessment
 2. functional state and physical efficiency of the organism
 3. assessment of physical development
 4. training load regimen and therapeutic and preventive measures
 5. all of the above
62. The Kettle index (body mass index) takes into account:
1. body length and weight
 2. body length and chest circumference
 3. body weight and chest circumference
 4. Body weight and hip circumference
 5. body length and muscle strength
63. The hydrostatic pressure in the lower extremities as a person moves from a horizontal to a vertical position:
1. decreases
 2. increases
 3. unchanged
 4. decreases at the beginning and then increases afterwards
 5. surges
64. The effect of systematic physical training on the central nervous system is manifested by:
1. increased strength of nervous processes
 2. improvement of mobility of nervous processes
 3. acceleration of the conduction of neuromuscular excitation
 4. formation of motor dynamic stereotype
 5. all of the above
65. The factors that make up the endurance of the athlete do not include:
1. personal-psychic
 2. energy resources of the organism
 3. functional stability of the organism
 4. technical training and body weight
 5. all correct
66. The main medical criteria for selection of young athletes do not include:
1. health conditions
 2. functional state of the organism
 3. physical development
 4. bad habits
 5. endurance
67. In the process of sports training the main stages of selection are all of the listed except:
1. preliminary training
 2. initial sports specialization
 3. advanced training in a particular sport
 4. participation in competitions
 5. sports improvement
68. When determining the surface area of the body take into account:

1. height
 2. weight
 3. chest circumference
 4. hand dynamometry
 5. correctly 1 and 2
69. Functional tests allow you to assess:
1. health status
 2. functional capacity level
 3. reserve capabilities
 4. psychoemotional state
 5. all correct
70. The clinical criteria for termination of the exercise test are:
1. achievement of maximum permissible heart rate
 2. angina attack
 3. fall of systolic blood pressure or increase in BP more than 200/120 mm Hg.
 4. marked dyspnea
 5. all of the above
71. Evaluation of the Stang test in athletes is carried out after the load:
1. after 20 s
 2. after 30 s
 3. after 60 s
 4. after 100 s
 5. after 120 s
72. Systematic muscle training increases:
1. resistance of the organism to extreme effects of external and internal environment
 2. glycogen content in the liver
 3. level of enzymes and vitamins in the body
 4. body performance
 5. true 1, 2, 4
73. The interaction of working skeletal muscles and internal organs is carried out by:
1. musculoskeletal reflexes
 2. musculotendinous reflexes
 3. motor-visceral reflexes
 4. autonomic reflexes
 5. no correct answer
74. Speed and power sports predominantly form the following physical qualities:
1. endurance
 2. strength
 3. 2 and 4 are correct
 4. speed
 5. movement coordination
75. An injury to the thigh adductor muscles, is the most common injury when playing in:
1. hand ball
 2. table tennis
 3. tennis
 4. soccer and hockey
 5. badminton
76. The development of fatigue during intense muscular work goes through phases:

1. compensation
2. decompensation
3. supercompensation
4. 1 and 3
5. heart failure

77. The allowable physical activity for physical education classes for students in the basic medical group does not include:

1. classes in a special group
2. classes in a sports section
3. full-time physical education program classes
4. participation in competitions
5. no correct answer

78. The special medical group includes:

1. healthy
2. who have an aggravated anamnesis
3. who have posture disorders
4. who have significant deviations in the state of health
5. Having heart diseases

79. Forms of medical and pedagogical observations include:

1. tests with repeated specific loads
2. additional loads
3. study of the reaction of the athlete's organism to the training load
4. bicycle ergometry
5. all correct

80. Systematic muscle training does not increase:

1. levels of enzymes and vitamins in the body
2. the body's resistance to extreme external and internal environmental influences
3. liver glycogen content
4. body efficiency
5. endurance

81. The Kettle index takes into account:

1. height and weight
2. hip circumference
3. fat fold thickness
4. chest volume
5. arm circumference

82. Body mass index is calculated using the formula:

1. height (cm) - weight (kg)
2. body weight (g) / height (cm)
3. body weight (kg) / height (m)²
4. GIEL (l) / weight (kg)
5. height (cm) - (hg cell circumference+ weight)

83. Accuracy of body length measurement:

1. 1.0 mm
2. 0.5 cm
3. 1.0 cm
4. 1.5 cm
5. less than 0.5 cm

84. Major signs of physical development do not include:
1. body length
 2. body weight
 3. chest circumference
 4. blood composition
 5. vital capacity of the lungs
85. The time to restore heart rate and blood pressure to baseline after the Martinet test is:
1. up to 2 min
 2. up to 3 min
 3. up to 4 min
 4. up to 5 min
 5. up to 7 min
86. The spirometry method can be used to determine
1. inspiratory volume
 2. inspiratory reserve volume
 3. inspiratory reserve volume
 4. residual lung volume
 5. all of the above
87. To assess the functional state of the respiratory system, the following tests are used
1. Stange and Henchy test
 2. Ruffier test
 3. Serkin test
 4. Martinet's test
 5. Letunov test
88. All the listed types of blood pressure reactions to physical load are distinguished, except:
1. normotonic
 2. asthenic (hypotonic)
 3. hypertonic
 4. dystonic
 5. atonic
89. The food component of an athlete's diet that provides the most energy in calories contains:
1. proteins
 2. fats
 3. carbohydrates
 4. minerals
 5. all correct
90. When you exercise, cholesterol in the blood:
1. increases
 2. remains unchanged
 3. cholesterol mobilization prevails over utilization
 4. decreases
 5. no correct answer
91. During prolonged exercise, blood glucose content:
1. glucose recovery exceeds utilization
 2. increases.
 3. remains unchanged.
 4. decreases.
 5. no correct answer

92. Of the body systems that limit an athlete's performance in cyclic sports:
1. respiratory
 2. cardiovascular
 3. metabolism
 4. muscular
 5. nervous
93. The characteristic symptom of a tendon rupture of the biceps brachii muscle, is:
1. sharp pain and cracking at the moment of tendon rupture
 2. Swelling at the site of injury
 3. The appearance of a hematoma a few days after the injury
 4. sharp weakening of the hand muscle strength
 5. the presence of a lodgement at the site of tendon rupture
94. During physical activity, the content of glycogen in the liver:
1. increases
 2. decreases
 3. remains unchanged
 4. its formation increases
 5. no correct answer
95. The methods of medical and pedagogical observations do not include:
1. method with control physical loads
 2. method with additional loads
 3. determination of the total effect of loads
 4. laboratory bicycle ergometry
 5. rapid rapid control
96. The aims and objectives of sports medicine do not include:
1. specialized treatment of highly qualified athletes
 2. promoting the effectiveness of physical education in order to improve health and increase the ability to work
 3. organization and implementation of therapeutic, preventive, sanitary and hygienic measures during physical training and sports activities
 4. detecting early signs of diseases and injuries arising from irrational physical training and sports activities.
 5. correctly 2 and 3
97. Medical and physical culture dispensary has all of the following functions, except:
1. organizational and methodological management of medical and preventive institutions on the territorial principle in the issues of physical training and medical control of those engaged in physical training and sports
 2. Dispensary monitoring of athletes
 3. examination of all physical training and sports practitioners
 4. Counseling of the population on physical training
 5. physical rehabilitation of athletes
98. The objectives of the medical supervision of physical education and sport practitioners are to
1. promotion of physical education of the population
 2. Determining the state of health and functional status of physical trainers and athletes
 3. Diagnosis of the compliance of physical loads with the functional state of athletes, detection of early signs of physical overstrain
 4. Medical support for all sporting events
 5. all of the above

99. The main systems of the organism, providing muscular work of the athlete, are all listed, except:
1. nervous
 2. cardiorespiratory
 3. muscular
 4. biochemical processes
 5. skin sensitivity
100. The effect of physical training on the bone system is not expressed by:
1. bone hardening
 2. stimulation of bone growth
 3. improvement of joint mobility
 4. formation of correct posture
 5. growth of intervertebral discs
101. The objectives of the medical examination of top athletes are not:
1. health promotion
 2. prevention and detection of early signs of physical overstrain
 3. promotion of sportsmanship and performance improvement
 4. training process management
 5. all of the above
102. The factors that form the basis of endurance of an athlete include:
1. personal-psychic
 2. energy resources of the organism
 3. functional stability of the organism
 4. economization of the work of functional systems of the organism
 5. all of the above
103. The methods of research of the functional state of the central nervous system do not include:
1. electroencephalography
 2. rheoencephalography
 3. echoencephalography
 4. polydynamometry
 5. all of the above
104. Methods of assessing physical development do not include:
1. anthropometric standards method
 2. correlation method
 3. method of standard deviations from the norm
 4. centile method
 5. all correct
105. Assessment of a person's physical condition is:
1. evaluation of morphologic and physical parameters;
 2. assessment of blood supply functions;
 3. assessment of physical fitness;
 4. assessment of morphologic and functional indices.
 5. all of the above
106. Indicate what does not define the characteristic of a person's physique:
1. by the shape of the rib cage;
 2. shape of the back;
 3. shape of the abdomen;
 4. the shape of the arms;

5. the shape of the legs.

107. The Romberg test is an indicator of the activity of:
 1. cardiovascular system;
 2. respiratory system;
 3. the vestibular apparatus;
 4. the neuromuscular apparatus.
 5. no correct answer

108. Upon first detection of doping, the Athlete shall be subject to:
 1. 2-year Ineligibility
 2. 4-year Ineligibility
 3. lifetime Ineligibility
 4. a fine of 1,000,000 \$
 5. 1 year Ineligibility

109. What is not a side effect occurring in the liver from long-term doping?
 1. impaired excretory function of the liver;
 2. hepatocytosis;
 3. blockage of the biliary tract;
 4. development of hepatitis, cirrhosis;
 5. development of malignant neoplasms.

110. The vital index is calculated according to the formula:
 1. height (cm) - weight (kg)
 2. LEF (l) / weight (kg)
 3. weight (kg) / height (m)²
 4. height (cm) - (gr. cell circumference+ weight)
 5. body weight (g) / height (cm)

112. In the cerebral cortex during intense work, the process of:
 1. excitation
 2. increase in the tone of the sympathetic nervous system
 3. inhibition
 4. vagus nerve tone increase
 5. increasing the activity of the reticular formation

113. In the rehabilitation of athletes with injury are used:
 1. electrophoresis with lidase
 2. electrophoresis with chymotrypsin
 3. phonophoresis with hydrocortisone
 4. therapeutic gymnastics with dosed sports exercises
 5. all of the above

114. External causes of sports injuries include:
 1. improper organization and methodology of training sessions and competitions
 2. unsatisfactory condition of training venues, equipment, sports equipment, clothing and footwear of the athlete
 3. unfavorable sanitary-hygienic and meteorological conditions of training sessions and competitions
 4. violation of the rules of medical control
 5. all of the above

115. Features of the muscular system in athletes:
 1. working hypertrophy
 2. the chemical composition of muscle tissue changes

3. the coefficient of oxygen utilization by muscles increases 3-4 times higher than in a normal person
 4. true 1, 2, 5
 5. excitability of muscle tissue increases due to shortening of chronoxia.
116. The critical value of bradycardia in athletes, consider HR:
 1. 50-60 beats/min
 2. 20-25 beats/min
 3. less than 30-40 beats/min
 4. less than 20 beats/min
 5. 42-45 beats/min
 117. The term "sports medicine" does not include:
 1. method of determining the functional state of athletes
 2. method of observation of athletes in training and competitions
 3. a method of studying the state of health of athletes and physical trainers
 4. method of determining athletes' fitness
 5. all of the above
 118. The tasks of medical control of physical training and sportsmen are not:
 1. promotion of physical education of the population
 2. Determination of the health and functional state of physical trainers and athletes
 3. Diagnosis of the compliance of physical loads with the functional state of athletes
 4. medical support of all sports events
 5. training in technically correct performance of the physical exercises performed
 119. Specify the types of medical examination of athletes:
 1. general, specialized, before competition
 2. primary, repeated, additional
 3. primary, current, additional
 4. before sports activity and annually once a year
 5. no correct answer
 120. The permissible physical activity for physical education classes in a special group of students include:
 1. classes according to the physical education curriculum
 2. classes according to special educational programs
 3. additional classes to improve the level of physical fitness
 4. competitions
 5. all of the above
 121. Professional duties of a sports doctor do not include:
 1. medical examination of physical training and sports practitioners
 2. dispensary service of the attached contingents
 3. electrocardiogram recording
 4. Medical service of sporting events
 5. examination of athletes after training
 122. Mass forms of physical training of the population include:
 1. industrial gymnastics
 2. rhythmic gymnastics
 3. classes in health groups
 4. recreational running
 5. all of the above
 123. What is not part of the medical examination of students?

1. anthropometric measurements
 2. functional tests
 3. mental examination
 4. nervous system examination
 5. personality examination
124. At what value of body mass index should we talk about obesity:
1. 5-15
 2. 20-25
 3. 23-27
 4. more than 30
 5. up to 5
125. Which type of doping includes alcohol and diuretics?
1. psychotropic stimulants
 2. narcotics and painkillers
 3. specific types of doping
 4. neurostimulants
 5. anabolics of organic origin
126. Relatively biologically inactive tissues of the body include:
1. muscle tissue
 2. bone tissue
 3. adipose tissue
 4. nervous tissue
 5. parenchymatous tissue
127. Methods of determining biological age include:
1. determination of the level of sexual development
 2. bone age estimation
 3. dental formula assessment
 4. skeletal maturity assessment
 5. all of the above
128. The main anthropometric indicators of physical development are:
1. standing height
 2. body weight
 3. chest circumference
 4. LVEF, muscle strength
 5. all of the above
129. Dystonic type of reaction to physical activity is not characterized by:
1. pulse rate
 2. increase in systolic pressure
 3. diastolic pressure increase
 4. decrease in diastolic pressure to 0
 5. no correct answer
130. To study the cardiovascular system in the practice of sports medicine are used:
1. exercise tests
 2. tests with change of body position in space
 3. breath-holding tests
 4. pharmacological tests
 5. all of the above
131. The leading indicator of the functional state of the body is:
1. strength

2. endurance
3. flexibility
4. physical efficiency
5. adaptation to external conditions

132. Functional tests do not allow to evaluate:

1. state of health
2. level of functional capabilities
3. reserve capabilities
4. physical development
5. all of the above

133. Contraindications to physical exercise testing in patients are not:

1. unstable angina pectoris
2. acute thrombophlebitis
3. circulatory insufficiency of II degree
4. circulatory insufficiency of I degree
5. hypertensive crisis

134. The peculiarities of the functional state of athletes include:

1. economization of physical functions
2. expansion of reserve physiological functions
3. slowing down of involutional age processes
4. increase of organism resistance to pathogenic influences
5. all of the above

135. What refers to the phases of neural processes that form motor skill?

1. concentration, automatization
2. generalization, concentration
3. concentration, analysis
4. stabilization, centralization
5. all of the above

136. To the external signs of fatigue in physical work does not include:

1. violation of the technique of performing movements
2. acrocyanosis
3. dyspnea
4. hyperhidrosis
5. all of the following

137. The increase in heart ventricular mass with hypertrophy is due to:

1. increase in fatty deposits
2. increase in muscle connective tissue
3. increase in the number of muscle fibers
4. increase in the size of each fiber
5. dilatation of the heart

138. The causes of sports injuries include:

1. unsatisfactory condition of training venues, equipment, sports equipment, clothing and footwear of the athlete
2. unfavorable sanitary-hygienic and meteorological conditions of training sessions and competitions
3. violation of the rules of medical control
4. undisciplined athletes
5. all of the above

139. The term "medical control" includes:
1. method of determining the functional state of athletes
 2. method of observation of athletes in training and competitions
 3. a system of medical support for all contingents engaged in physical training and sports
 4. study of the state of health of athletes and physical trainers
 5. all of the above
140. The goals and objectives of medical control do not include:
1. promoting the effectiveness of physical education in order to improve health and increase the ability to work
 2. organization and implementation of therapeutic, preventive, sanitary and hygienic measures during physical training and sports activities
 3. Detection of early signs of diseases and injuries arising from irrational physical training and sports activities
 4. Specialized treatment of highly qualified athletes
 5. Justification of a rational regimen of exercise and training
141. What medical groups are allocated for physical education:
1. basic, preparatory, special
 2. physically prepared, poorly prepared, physically unprepared
 3. the first - without deviations in the state of health; the second - with minor deviations in the state of health; the third - sick people.
 4. strong, weakened, special
 5. strong, weakened, basic
142. The professional duties of a physician for medical control include:
1. medical examinations of those engaged in physical training and sports
 2. dispensary service of the attached contingents
 3. organizational and methodological work in medical and preventive institutions and sports organizations.
 4. Medical service of sporting events
 5. all of the above
143. There are the following medical groups of students for physical education:
1. preparatory
 2. specialized
 3. medical
 4. physically handicapped
 5. weakened
144. When determining the content of subcutaneous fat in the body (according to Matejko) do not take into account:
1. average thickness of skin folds
 2. weight
 3. height
 4. chest circumference
 5. all of the following
145. The rational type of response to exercise includes:
1. hypotonic
 2. hypertonic
 3. atonic
 4. normotonic
 5. dystonic

146. To determine the volume of movement in the joints are used:
1. curvimeter
 2. goniometer
 3. caliper
 4. kyphoscoliosometer
 5. all of the above
147. To assess the functional state of the autonomic nervous system is not used:
1. clinostatic test
 2. Aschner reflex
 3. Romberg test
 4. orthostatic test
 5. 1 and 4 are correct
148. Henchy's test represents:
1. breath holding on inhalation
 2. breath hold on exhalation
 3. five-fold measurement of the ventilatory rate at 15-second intervals
 4. Breath holding on the inhalation after 20 squats in 30 seconds
 5. Exhalation breath hold after 20 squats in 30 sec.
149. The vital capacity of the lungs (VC) is:
1. the volume of air that can be exhaled during forced exhalation after maximal inhalation
 2. volume of air that can be exhaled after the maximum deep inhalation
 3. the maximum volume of air that can be additionally exhaled after a calm exhalation
 4. volume of air that can be additionally exhaled after a calm exhalation
 5. volume of air that can be exhaled during forced exhalation
150. Functional tests characterizing the function of external respiration do not include:
1. Stange test
 2. Henchy test
 3. Tiffno-Votchal test
 4. Letunov test
 5. all of the above
151. Medical and pedagogical control in the process of physical training contains:
1. determination of the correctness of division into medical groups
 2. Evaluation of hygienic conditions of classes
 3. evaluation of the organization and methodology of classes and their correction
 4. study of the effect of physical exercises on the body of students
 5. all of the above
152. The methods of research of physical development include:
1. somatoscopy
 2. anthropometry
 3. plantography
 4. caliperometry
 5. all of the above
153. Indicate the main sections of sports medicine work:
1. medical support
 2. laboratory and instrumental support
 3. sports nutrition
 4. doping control
 5. all correct

154. Which groups of pharmacological substances are not doping?
1. central nervous system stimulants
 2. narcotic substances
 3. anabolic substances
 4. peptide and glycoprotein hormones and their analogs
 5. multivitamin complexes
155. Tasks of medical and physical training offices:
1. solving the issues of admission to sports and physical fitness activities
 2. assignment to groups depending on age, state of health, physical fitness
 3. Current control, including the places of training, competitions and nutrition
 4. first aid in case of injuries, illnesses, acute pathological conditions and, if necessary, transportation to appropriate medical institutions.
 5. doping control
156. What does not refer to temporary contraindications for physical training?
1. acute infectious diseases
 2. exacerbations of chronic diseases
 3. injuries of the musculoskeletal apparatus
 4. thrombophlebitis and frequent bleeding
 5. surgical interventions
157. Correct measurement of body length involves touching the vertical post of the rostrometer:
1. heels, sacral region, interscapular space, occiput
 2. heels, sacrum, lower legs, interscapular space, occiput.
 3. heels, sacral region, interscapular space.
 4. heels, sacrum, tibia, interscapular space.
 5. heels, lower legs, interscapular space, occiput
158. The duration of breath-holding during the Stang test in healthy people is:
1. 10-20 c
 2. 20-30 c
 3. 30-40 c
 4. 40-60 c
 5. 1 min and more
159. The results of long-term adaptation of the athlete's heart to exercise are:
1. bradycardia
 2. hypotension
 3. myocardial hypertrophy
 4. moderate respiratory arrhythmia
 5. all of the above
160. For partial skeletal muscle tears, first aid includes:
1. Novocaine blockade above the site of injury
 2. immobilization of the limb with a plaster cast or tight bandage in the area of muscle damage
 3. isometric exercises and warm baths
 4. radiologic image
 5. correctly 1,2,4
161. Good functional capacity of the athlete's body is characterized by:
1. improved myocardial metabolism
 2. high load limit
 3. prolonged retention of maximum load
 4. accelerated recovery after exertion
 5. all of the above

162. Indicators of adequate response of the athlete's body to physical load are:
1. increase in pulse pressure
 2. decrease in vital capacity of lungs
 3. recovery of pulse and blood pressure within 5 minutes after exercise
 4. decrease in systolic blood pressure
 5. all of the above
163. In athletes with a large size trained heart the stroke volume can reach:
1. 70 ml
 2. 200 ml
 3. 150 ml
 4. 100 ml
 5. 250 ml

A.2 Questions for the end-of-course examination

1. Definition, purpose, objectives of sports medicine.
2. Organization of sports-medical service.
3. Organization of medical and physical culture dispensaries, offices.
4. History of development of sports medicine.
5. Medical control. Aims and tasks, principles of organization.
6. The importance of physical training and health promotion, their impact on the body.
7. Hypodynamia, its effect on the body.
8. The content of VC, forms of work of the doctor and methods of research in the field of VC.
9. Dispensary observation of physical trainers and athletes, its main tasks, the role of medical and physical training dispensary.
10. Medical examination of persons engaged in physical training and sports, its main types.
11. Anthropometry, methods of research, evaluation of indicators.
12. Somatoscopy, its main indicators and evaluation.
13. Physical development of persons engaged in physical training and sports, methods of research and evaluation of indicators.
14. Functional tests used in medical control, their importance in assessing the functional state of the body, classification of functional tests.
15. Tests with dosed physical load to determine the functional state of the cardiovascular system, evaluation of results and types of responses.
16. Tests to assess the functional state of the respiratory system and evaluation of their results.
17. Tests to study the state of the autonomic nervous system and evaluation of their results.
18. Medical conclusion on the results of the conducted examinations of persons engaged in physical culture and sports and their distribution into three medical groups.
19. Medical characteristics of the main, preparatory and special medical groups for physical training, indications for referral, the amount of permissible physical activity.
20. Medical and pedagogical observations in the process of physical training, its tasks.
21. "Physiologic curve of physical training", principles of construction, assessment of the degree of fatigue and determination of the effectiveness of the training process.
22. Sanitary and hygienic control of places and conditions conducting physical training and sports, competitions.
23. Contraindications to physical training.
24. Change of functional state in the process of training.
25. General characteristics of sports traumatism.
26. Causes of sports traumatism (external and internal).
27. Methods of prevention of sports injuries.
28. The role of a sports doctor in the prevention of sports injuries.
29. Terms of exemption from physical training and sports after various injuries.
30. The state of fatigue, overtraining and overstrain of the athlete.
31. The role of sports medicine in the diagnosis of overtraining.

32. Self-control in the process of training and competition.
33. Prevention and treatment of overtraining and overstrain.
34. Characteristics of the morbidity of athletes.
35. Acute pathological conditions.
36. Prevention of morbidity of athletes.
37. The role of the doctor in diagnosing, preventing and treating morbidity of athletes.
38. Terms of exemption from physical training and sports after various diseases and operations.
39. Indications and contraindications for the participation of disabled people in sports competitions.
40. Types of sports of disabled people and norms.
41. The importance of timely recovery of the organism of athletes.
42. The role of coordinated work of the doctor and coach in planning the schedule of training and competitions.
43. Classification of means of restoration of physical efficiency.
44. The use of complex preparations and vitamins at different stages of the training cycle.
45. The role of balanced nutrition in the restoration of energy and plastic potential of the athlete's body.
46. Physical means of recovery.
47. Doping and anti-doping control.
48. Organization of medical services for mass sports events and competitions.

Block B.1.

Typical tasks

Situational Problem #1. During an anthropometric examination conducted in the afternoon after lunch, the following data were obtained: body length (170cm), body weight (86.7kg). Determine BMI and give an interpretation of this indicator. What requirements for anthropometric examination are violated?

Situational Problem #2. The following data were obtained in an anthropometric study of a female student: body weight (70kg), body length (161cm), GI (45ml/kg), SI (42). What means of physical development correction should be applied first of all?

Situational task #3. Why physical development indicators are more informative than neurological, psychoemotional, vegetative ones for professional selection to a sports section.

Situational task No. 4. What is the optimal heart rate at load should be at the age of 30-39 years in a relatively trained and untrained person.

Situational Problem #5. An athlete engaged in cyclic sports, when undergoing an in-depth medical examination during the initial examination revealed: subfebrile temperature rise and catarrhal phenomena. How will this affect the procedure of undergoing an in-depth medical examination?

Situational Problem #6. An athlete engaged in game sports has difficulties in mastering new technical skills and solving complex tactical tasks, sports performance in general remains at the same level. What pathological condition can we talk about in this situation?

Situational Problem No. 7. In an athlete who demonstrates high results and is at the peak of form, the immune status study revealed a decrease in the content of all classes of immunoglobulins. What is this phenomenon connected with?

Situational Problem #8. In 48 hours after intensive muscular activity in the urine of an athlete hemoglobinuria and myoglobinuria are noted. What pathological condition is characterized by such changes?

Situational task №9. During the medical examination of sports activity the subject complains of rarely occurring attacks of tachycardia (resting HR reaches 200 beats/min) What are the criteria of admission to training and competitive activity in this patient?

Situational Problem #10. On the basis of the health and functional status report the student was allowed to train in the sambo section. The student has the following parameters of physical development: body length= 170cm, BMI= 24,3kg/m², GI = 55%, deadlift= 143kg. What type of research has not been done? Why is it necessary?

Situational Problem #11. During anthropometric measurement performed in the afternoon (after a lunch meal) the following data were obtained: body length (170cm), body weight (86.7kg). Define BMI and give an interpretation of this indicator. What requirements of anthropologic research have been violated?

Situational task №12. What functional anthropometric indices are the most informative for health assessment and why: LEF, body weight, chest excursion, body length, standing pull?

Situational Problem #13. The following data were obtained in an anthropometric study of a female student: body weight (70 kg), body length (161 cm), GI (45 ml/kg), SI (42). What means of physical development correction should be applied first of all?

Situational Problem #14. At the anthropometric examination of the student was revealed: body length 163 cm, body mass 48 kg, chest girth at the pause 75 cm. Determine the strength of the physique?

Situational task #15. Two teams of 15 people came to the mini-football competition. During the orthoclinostatic test it was found out that the increase of pulse rate in the first team of the majority of players was more than 13 beats per minute, and in the second team - 10 beats per minute. Which team is more expedient to put on the competition on the first day, and which one on the second day, and why?

Situational Problem No. 16. In the process of training camp in weightlifting during orthoclinostatic test it was found that the increase in heart rate of three athletes (group 1) was 5-7 beats per minute, four (group 2) 8-10 beats per minute, and seven (group 3) 10-12. What are your recommendations for the loads of each of these three groups of athletes?

Situational task #17. During the Martine-Kushelevsky test it was revealed: initial Ps=12 beats/min. for 10 seconds, BP=117/76 mm.Hg. Ps for the first 10 seconds after loading - 17 beats/min, BP at the first minute of recovery 147/0 mm.Hg, Ps for the first 10 seconds of the second minute of recovery - 15 beats/min, BP at the second minute of recovery 128/68 mm.Hg, Ps for the first 10 seconds of the third minute of recovery - 12 beats/min, BP at the third minute of recovery 118/71 mm.Hg, at the 4th and 5th minutes of recovery Ps and BP did not differ from the indicators of the 3rd minute of recovery. What type of cardiovascular system reaction to the functional test?

Situational task #18. During the Martine-Kushelevsky test it was revealed: initial Ps=12 beats/min for 10 seconds, BP=117/76 mm Hg. Ps for the first 10 seconds after exertion - 17 beats/min, BP in the first minute of recovery 151/0 mm Hg, Ps for the first 10 seconds of the second minute of recovery - 15 beats/min, BP in the second minute of recovery 128/20 mm Hg, Ps for the first 10 seconds of the third minute of recovery - 12 beats/min, BP in the third minute of recovery 118/0 mm Hg, Ps for the first 10 seconds of the fourth minute of recovery - 12 beats/min, BP at the fourth minute of recovery 119/45 mm Hg, Ps for the first 10 seconds of the fifth minute of recovery - 12 beats/min, BP at the fifth minute of recovery 119/75 mm Hg. What type of cardiovascular system reaction to the functional test?

Situational task #19. During the Martine-Kushelevsky test it was revealed: initial Ps=12 beats/min for 10 seconds, BP=117/76 mm Hg. Ps for the first 10 seconds after the load - 18 beats/min, BP at the first minute of recovery 131/75 mm Hg, Ps for the first 10 seconds of the second minute of recovery - 15 beats/min, BP at the second minute of recovery 148/74 mm Hg, Ps for the first 10 seconds of the

third minute of recovery - 12 beats/min, BP at the third minute of recovery 128/75 mm Hg, Ps for the first 10 seconds of the fourth minute of recovery - 12 beats/min, BP at the fourth minute of recovery 115/75 mm Hg, at the 5th minute of recovery Ps and BP did not differ from those of the 4th minute of recovery. What type of cardiovascular system reaction to the functional test?

Situational task №20. During the initial medical examination, the student was found to have signs of posture disorders. Which of the following sports are acceptable for the student: basketball, wrestling, skiing, weightlifting?

Situational Problem #21. Which functional anthropometric indices from the following are the most informative for health assessment and why: LEF, body weight, chest excursion, body length, standing pull?

Situational Problem #22. What pathologic condition can be suspected, if during breath-holding tests the Genchi test was greater than the Stange test?

Situational Problem #23. During the Martine-Kushelevsky test it was revealed: initial PS=12 beats/min for 10 seconds, BP=117/76 mm Hg. PS for the first 10 seconds after the load - 18 beats/min, BP at the first minute of recovery 147/75 mm Hg, PS for the first 10 seconds of the second minute of recovery - 15 beats/min, BP at the second minute of recovery 128/72 mm Hg, PS for the first 10 seconds of the third minute of recovery - 12 beats/min, BP at the third minute of recovery 118/71 mm Hg, at the 4th and 5th minutes of recovery PS and BP did not differ from the indicators of the 3rd minute of recovery. What type of cardiovascular system reaction to the functional test?

Situational task №24. In the process of training camp in weightlifting during orthostatic test it was found that the increase in heart rate in three athletes (group 1) was 5-7 beats per minute, in four (group 2) 8-10, and in seven (group 3) 10-12. What are your recommendations for the loads of each of these three groups of athletes? Which of the above groups needs load correction and what are your recommendations?

Situational task #25. At the athlete during the in-depth medical examination the presence of a focus of chronic infection is revealed. Can the athlete continue training activities in this case.

Situational Problem #26. An athlete engaged in game sports on the eve of important competitions has become more irritable, aggressive, anxious, complains of obsessive thoughts bothering him (thoughts of losing at competitions), there is a tendency to simulate diseases. Sports efficiency and motivation are reduced. What do the above symptoms indicate?

Situational Problem #27. 48 hours after intensive muscular activity hemoglobinuria and myoglobinuria are noted in the athlete's urine. What pathological condition is characterized by such changes?

Situational task №28. During the medical examination of the subject's sports activity a relative elongation of limbs, overextension of knee and elbow joints, arachnodactyly, funnel chest deformity, flat feet, X-shaped legs, posture disorder, increased skin elasticity, poor development of skeletal muscles were revealed. What disease is characterized by the above symptoms? What is the doctor's tactics?

Situational Problem No. 29. During the medical examination of sports activity the subject was found to have mitral valve prolapse of the 2nd degree. Is admission to sports allowed in this case?

Situational Problem #30. At the initial medical examination the student was found to have scoliosis of the 1st degree. What kinds of sports are permissible in this case (basketball, wrestling, skiing, weightlifting)?

Situational Problem #31. The following parameters were obtained in the examined subjects:

a) body length (172 cm), body mass (82 kg), GI (53 ml/kg), SI (45 kg); b) body length (175 cm), body mass (74 kg), GI (61 ml), SI (52 kg).

What is the physical development of these subjects?

Situational Problem #32. In the student at the anthropometric examination was revealed: body length 163 cm, body mass 48 kg, chest girth at the pause 75 cm. Determine the strength of the physique?

Situational task #33. Why are the indicators of physical development more informative for selection to a sports section than morphological, psychoemotional, vegetative, neurological, etc.?

Situational task No. 34. What disease can be suspected, if during breath-holding tests Genchi's test turned out to be greater than Stange's test?

Situational Problem #35. During the Martinet-Kushelevsky test it was revealed: initial Ps=12 beats/min for 10 seconds, BP=117/76 mm Hg. Ps for the first 10 seconds after exertion - 17 beats/min, BP in the first minute of recovery 151/0 mm Hg, Ps for the first 10 seconds of the second minute of recovery - 15 beats/min, BP in the second minute of recovery 128/20 mm Hg, Ps for the first 10 seconds of the third minute of recovery - 12 beats/min, BP in the third minute of recovery 118/0 mm Hg, Ps for the first 10 seconds of the fourth minute of recovery - 12 beats/min, BP at the fourth minute of recovery 119/45 mm Hg, Ps for the first 10 seconds of the fifth minute of recovery - 12 beats/min, BP at the fifth minute of recovery 119/75 mm Hg. What type of cardiovascular system reaction to the functional test?

Situational Problem #36. During the Martine-Kushelevsky test it was revealed: initial Ps=12 beats/min for 10 seconds, BP=117/76 mm Hg. Ps for the first 10 seconds after the load - 18 beats/min, BP at the first minute of recovery 131/75 mm Hg, Ps for the first 10 seconds of the second minute of recovery - 15 beats/min, BP at the second minute of recovery 148/74 mm Hg, Ps for the first 10 seconds of the third minute of recovery - 12 beats/min, BP at the third minute of recovery 128/75 mm Hg, Ps for the first 10 seconds of the fourth minute of recovery - 12 beats/min, BP at the fourth minute of recovery 115/75 mm Hg, at the 5th minute of recovery Ps and BP did not differ from the parameters of the 4th minute of recovery. What type of cardiovascular system reaction to the functional test?

Situational task #37. What should be the optimal heart rate during exercise at the age of 30-39 years in a relatively trained and untrained person?

Case study no. 38. During the functional test of Rosenthal on the respiratory system, it was revealed: ZHEL1-2500 ml; ZHEL2-2200; ZHEL3-2000; ZHEL4- 2700; ZHEL-2500. Is there weakness of respiratory muscles?

Situational task no. 39. When conducting functional tests in a female student on the respiratory system Stange- 30 sec, Genchi - 15 sec. Give recommendations. What sports section can be recommended?

Situational task №. 40. During orthostatic test it was revealed: initialPS=68 beats/min, BP=120/75. After loading PS=76 beats/min, BP=130/85. Assess the excitability of the nervous system.

Situational task №.41. Patient D., 38 years old, was admitted to the cardiology department of the hospital with a preliminary diagnosis: "Osteochondrosis of the thoracic spine". Complaints of periodic, dull pain in the left side of the chest, which appeared with weather changes, psychoemotional loads. What functional test should be performed on the patient for the purpose of differential diagnosis?

Situational task №.42. Patient B., 37 years old, came to the outpatient department with complaints of pain behind the sternum, which goes to the scapula. The general condition of the patient is satisfactory. HR 74 beats/min, BP - 130/90 mm Hg. No pathology was detected on the side of other internal organs. The patient was assigned a bicycle ergometric study with ECG registration during exercise. What is the purpose of this study?

Situational Problem №.43. Two teams of 15 people each came to a mini-football competition. During orthoclinostatic test it was found out that the increase of heart rate in the first team of the majority of players was more than 13 beats per minute, and in the second team - 10 beats per minute. Which team is more expedient to put on the competition on the first day, and which one on the second day, and why?

Situational Problem No.44. In the process of training camp in weightlifting during orthoclinostatic test it was found that the increase in heart rate of three athletes (group 1) was 5-7 beats per minute, four (group 2) 8-10 beats per minute, and seven (group 3) 10-12. What are your recommendations for the loads of each of these three groups of athletes?

Block C

Individual creative assignments

Topics of SRS essays

Medical supervision of children and adolescents.
Medical control in the elderly and old age.
Medical control of girls and women.
Types of doping. Doping control in sport.
Peculiarities and characteristics of sports of disabled people.
Statistics of sports injuries.
Vitaminization of athletes at various stages of the training cycle.
Special nutrition of athletes.
Problems of medical selection and orientation in sport.

Block D

List of questions and tasks for intermediate certification (credit with a grade):

1. Definition, purpose, tasks of sports medicine.
2. Organization of sports medical service.
3. Organization of medical and physical culture dispensaries, offices.
4. History of development of sports medicine.
5. Medical control. Aims and tasks, principles of organization.
6. The importance of physical training and health promotion, their impact on the body.
7. Hypodynamia, its effect on the body.
8. The content of VC, forms of work of the doctor and methods of research in the field of VC.
9. Dispensary observation of physical trainers and athletes, its main tasks, the role of medical and physical training dispensary.
10. Medical examination of persons engaged in physical training and sports, its main types.
11. Anthropometry, methods of research, evaluation of indicators.
12. Somatoscopy, its main indicators and evaluation.
13. Physical development of persons engaged in physical training and sports, methods of research and evaluation of indicators.
14. Functional tests used in medical control, their importance in assessing the functional state of the body, classification of functional tests.
15. Tests with dosed physical load to determine the functional state of the cardiovascular system, evaluation of results and types of responses.
16. Tests to assess the functional state of the respiratory system and evaluation of their results.
17. Tests to study the state of the autonomic nervous system and evaluation of their results.
18. Medical conclusion on the results of the conducted examinations of persons engaged in physical culture and sports and their distribution into three medical groups.
19. Medical characteristics of the main, preparatory and special medical groups for physical training, indications for referral, the amount of permissible physical activity.
20. Medical and pedagogical observations in the process of physical training, its tasks.
21. "Physiologic curve of physical training", principles of construction, assessment of the degree of fatigue and determination of the effectiveness of the training process.
22. Sanitary and hygienic control of places and conditions carrying out physical training and sports, competitions.
23. Contraindications to physical training.
24. Change of functional state in the process of training.
25. General characteristics of sports traumatism.
26. Causes of sports traumatism (external and internal).
27. Methods of prevention of sports injuries.

28. The role of a sports doctor in the prevention of sports injuries.
29. Terms of exemption from physical training and sports after various injuries.
30. The state of fatigue, overtraining and overstrain of the athlete.
31. The role of sports medicine in the diagnosis of overtraining.
32. Self-control in the process of training and competition.
33. Prevention and treatment of overtraining and overstrain.
34. Characteristics of the morbidity of athletes.
35. Acute pathological conditions.
36. Prevention of morbidity of athletes.
37. The role of the doctor in diagnosing, preventing and treating morbidity of athletes.
38. Terms of exemption from physical training and sports after various diseases and operations.
39. Indications and contraindications for the participation of disabled people in sports competitions.
40. Types of sports of disabled people and norms.
41. The importance of timely recovery of the organism of athletes.
42. The role of coordinated work of the doctor and coach in planning the schedule of training and competitions.
43. Classification of means of restoration of physical efficiency.
44. The use of complex preparations and vitamins at different stages of the training cycle.
45. The role of balanced nutrition in the restoration of energy and plastic potential of the athlete's body.
46. Physical means of recovery.
47. Doping and anti-doping control.
48. Organization of medical service of mass sports events and competitions.

Questions to check the level of learning **KNOW:**

1. Definition, purpose, tasks of sports medicine. The importance of physical training and health promotion, their impact on the body.
2. Organization of sports-medical service. Medical and physical culture dispensaries, offices.
3. History of development of sports medicine.
4. Hypodynamia, its effect on the body.
5. Medical control. Goals and objectives, principles of organization.
6. The content of medical control, forms of work of the doctor and methods of research in the field of medical control.
7. Dispensary observation of physical trainers and athletes, its main tasks, the role of medical and physical training dispensary.
8. Medical examination of persons engaged in physical training and sports.
9. Anthropometry, methods of research, evaluation of indicators.
10. Physical development of persons engaged in physical training and sports, methods of research and evaluation of indicators.
11. Classification and basic functional tests used in medical control.
12. Contraindications to physical training.
13. Medical characteristics of the main, preparatory and special medical groups for physical training.
14. Changes in the functional state of the athlete's and physical trainer's organism.
15. General characteristic of sports traumatism. Causes of sports traumatism (external and internal).
16. Methods of prevention of sports traumatism.
17. The role of the sports doctor of the WC in the prevention of sports injuries.
18. Terms of exemption from physical training and sports after various injuries.
19. The state of fatigue, overtraining and overstrain of the athlete.
20. The role of sports medicine in the diagnosis of overtraining.
21. Self-control in the process of training and competition.
22. Prevention and treatment of overtraining and overstrain.
23. Characteristics of morbidity of athletes.

24. Acute pathological conditions.
25. Prevention of morbidity of athletes.
26. The role of the doctor in the diagnosis, prevention and treatment of morbidity of athletes.
27. Terms of exemption from physical training and sports after various diseases and operations.
28. Indications and contraindications for the participation of disabled people in sports competitions.
29. Types of sports of disabled people and norms.
30. Classification of means of restoration of physical efficiency.
31. The use of complex preparations and vitamins at different stages of the training cycle.
32. The role of balanced nutrition in the restoration of energy and plastic potential of the athlete's body.
33. Physical means of recovery.
34. Doping and anti-doping control.
35. Organization of medical service of sports-mass events and competitions.
36. Sanitary and hygienic control of places and conditions physical training and sports.

Questions to check the level of learning **SKILLS AND SKILLS**

1. Demonstrate the collection of sports history.
2. Demonstrate anthropometric assessment techniques.
4. Demonstrate the technique of carrying out a test with dosed physical load to determine the functional state of the cardiovascular system and evaluate the results.
5. Demonstrate the technique of conducting a test to assess the functional state of the respiratory system and evaluate the results.
6. Demonstrate the technique of conducting a test to study the state of the autonomic nervous system and evaluate the results.
7. Make a medical report on the results of the conducted examinations of persons engaged in physical training and sports, and distribute them into medical groups.
8. Make a medical control card.
9. Demonstrate the skills of calculating lesson density and building a physiological curve of the lesson in the process of physical training.
10. Assess the degree of fatigue and determine the effectiveness of the training process.
11. Compose a set of rehabilitation programs for illnesses or injuries.

4. METHODOICAL MATERIALS DEFINING THE PROCEDURES OF ASSESSMENT OF KNOWLEDGE, SKILLS, ABILITIES, SKILLS AND (OR) EXPERIENCE OF ACTIVITY CHARACTERIZING THE STAGES OF COMPETENCE FORMATION DESCRIPTION OF INDICATORS AND CRITERIA OF COMPETENCES EVALUATION, DESCRIPTION OF EVALUATION SCALES

Test (assessment of learning level "to know") Within the discipline "Sports Medicine" the assessment of learning level "to know" (theoretical aspects) is carried out with the help of tests as a means to consolidate knowledge. As a result, all students of the group are involved in the active work, the grade is given to all those who participate. All topics of the discipline are covered in the survey with the help of tests.

Scale of evaluation of the survey (current control)

№	Indicator name	Mark (in %)
1	Knowledge of the basic processes of the studied subject, depth and completeness of disclosure of the question.	0-20

2	Mastery of special terminology and its use in the answer. when answering.	0-30
3	Ability to explain the essence of processes, make conclusions and generalize, give reasoned answers.	0-30
4	Logicity и consistency response, ability answer to posed questions, express their opinion on the problem under discussion.	0-20
	Total points	Sum of points

Scale of evaluation of the situational task (current control)

№	Indicator name	Mark (in %)
1	Understanding of the proposed concrete situation	0-20
2	Ability to apply the acquired knowledge in practice.	0-30
3	Ability to justify the chosen tactics of action.	0-30
	Total points	Sum of points

SCHEDULE OF ASSESSMENT OF THE REFERENCE (end-of-term control)

№	Indicator name	Mark (in %)
	Form	
1	Text according to the scheme	0-10
2	Logical and clear transition from one part to another, and within parts	0-10
	Content	
1	Relevance of the topic	0-10
2	Relevance of the topic content	0-10
3	Depth of elaboration of the material	0-10
4	Presence of conclusions corresponding to the topic and content main part	0-10
	Formatting	
1	Cover page with title	0-5
2	The text of the abstract is written according to the methodological guidelines	0-5
3	Correctness and completeness of the use of literature	0-5
	Defense of the abstract	
1	Literacy of presentation and terminology of the material	0-10
2	Quality of presentation and answers to questions during defense abstract	0-10
3	Fulfillment of regulations	0-5

	Total points	Sum of points
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Scale of evaluation of PRESENTATION WITH REPORT (current control)

№	Name of indicator	Mark (in %)
	Form	
1	Text according to the scheme	0-10
2	Logical and clear transition from one part to another, and within parts	0-10
	Content	
1	Relevance to the topic	0-10
2	Presence of the main theme in the water part and the address of the introductory part to the reader	0-10
3	Development of the theme in the main part (disclosure of the main points through a system of arguments supported by facts and examples) points through a system of arguments supported by facts, examples)	0-10
4	Presence of conclusions corresponding to the topic and content main part	0-10
	Presentation	
1	Cover page with title	0-5
2	Slide design and use of additional effects (slide changes, sound, graphics)	0-5
3	The text of the presentation is short, well written and formed ideas are clearly stated and structured	0-5
4	Slides are presented in a logical sequence	0-5
5	Slides are printed in the form of notes	0-5
	Report	
1	Correctness and accuracy of speech during defense	0-5
2	Broadness of outlook (answers and questions)	0-5
3	Fulfillment of regulations	0-5
	Total points	Sum of points

EVALUATION SCALE OF ANTHROPOMETRIC STUDIES

(current control)

№	Indicator name	Mark (in %)
1	Correctness of anthropometric studies in accordance with the algorithm.	0-30
2	Correctness evaluation results using the index anthropometry method.	0-30

3	Correctness of physical development report.	0-40
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EVALUATION SCALE OF FUNCTIONAL TESTS

(current control)

№	Indicator name	Mark (in %)
1	Correctness of functional tests according to the algorithm.	0-50
2	Correctness of results interpretation.	0-50

EVALUATION SCALE OF THE MEDICAL CONTROL CARD

(boundary control)

№	Name of indicator	Mark (in %)
1	Correctness of filling in the medical control card in accordance with the established requirements.	0-20
2	Ability to conduct anthropometric assessment, somatoscopy, functional tests and draw conclusions.	0-30
3	Logical judgment in determining medical group and appropriate level of physical activity.	0-40
4	Accuracy and literacy of chart design.	0-10
	Total points	Sum of points

TEST EVALUATION SCALE (intermediate control)

1. There are 25 closed questions in one test task.
2. The questions are given ready answers to choose from, one correct and the rest incorrect.
3. For each correct answer - 4%
4. The total score is determined as the sum of the percentages scored.
5. The number of percentages is converted into points. When answering tests:
 0-59% of questions (0-14 correct answers), then that is less than 20 points;
 60-69% of questions (15-17 correct answers), then that is 20-23 points;
 70-84% of questions (18-21 correct answers), then it is 24-27 points;
 85-100% of questions (22-25 correct answers), then it is 28-30 points.

1. Student A. underwent the Martinet test. The following parameters were revealed: initial PS=12 beats/min for 10 seconds, BP=117/76 mm Hg. PS for the first 10 seconds after the load - 18 beats/min, BP at the first minute of recovery 147/75 mm Hg, PS for the first 10 seconds of the second minute of recovery - 15 beats/min, BP at the second minute of recovery 128/72 mm Hg, PS for the first 10 seconds of the third minute of recovery - 12 beats/min, BP at the third minute of recovery 118/71 mm Hg, at the 4th and 5th minutes of recovery PS and BP did not differ from the indicators of the 3rd minute of recovery. Task: Determine the type of cardiovascular system reaction to the functional test, justify your answer.

Answer standard: normotonic type of cardiovascular system reaction, because immediately after the load the values of pulse and BP increased by 25-30%. A distinct increase in systolic BP. Diastolic BP does not change. Pulse BP increases.

2. Athlete P., engaged in game sports, with preserved sports performance, has difficulties in learning new technical skills and solving complex tactical tasks. When undergoing an in-depth medical examination revealed the presence of a focus of chronic infection.

Task:

Determine: 1) whether the athlete has a pathological condition and 2) can the athlete continue training activities in this case?

Answer Standard: 1. Yes, the listed symptoms against the background of preservation of sports efficiency at the same level are characteristic for the state of fatigue, justify. 2) Intensive physical exertion is not indicated for the athlete until the focus of chronic infection is sanitized, as it may cause the development of complications from the cardiovascular system.

The following criteria are taken into account when evaluating the oral answers to check the level of learning KNOWLEDGE:

85-100%: A reasoned, detailed answer with the inclusion of material from the main and additional literature and lectures is given, indicating a solid knowledge of the subject. Examples are given with the expression of one's opinion on the discussed problem. The answer has a clear structure, logical sequence of the essence of the disclosed concepts and terms.

70-84%: A full, detailed answer to the questions posed, revealing a solid knowledge of the topic. The materials of lectures and basic literature with examples are used. The ability to identify essential and non-essential features is demonstrated. The answer is clearly structured, coherent, and logical, but there are one to two inaccuracies in the answer or minor errors.

60-99%: The answer is incomplete and insufficiently detailed. Logic and consistency of presentation have violations. The skills of analysis, the ability to express one's opinion on the problem under discussion and the use of special terms are poorly developed. Additional literature and lecture material is not used. There are more than two mistakes in the content of the answer.

Less than 60%: The answer is unsystematized, fragmentary, superficial, indicating a lack of understanding of the essence of the question or refusal to answer. Lack of logic and consistency. There are serious errors in the content of the answer.

The following criteria are taken into account when evaluating the solution of situational tasks:

85-100%: The solution of the situational task is quite convincing. Correct and justified choice of tactics with precise reference to the studied material. Correct answers to all questions posed.

70-84%: Correct and complete solution to the situational problem. Correct choice of tactics. Minor errors in answering. Logical justification of theoretical questions with additional comments of the teacher.

60-69%: The solution of the problem is fragmentary: not complete enough, inconsistent, with errors, weak theoretical justification. The choice of tactics is possible with the teacher's leading questions.

Less than 60%: The solution of the problem is completely incorrect, incomplete and inconsistent, with gross errors, without theoretical justification. Refusal to solve the proposed task.

The following criteria are taken into account when assessing practical skills to check the level of learning of the mastery:

85-100%: Independent correct fulfillment of the whole sequence of the algorithm of anthropometric measurements and functional tests, accurate evaluation of their results and correct preparation of a medical report.

correct drawing up of a medical report with full practical recommendations.

70-84%: Correct fulfillment of the entire sequence of the algorithm of physical development and functional state assessment. Accurate definition of the medical group, but some inaccuracies (minor errors) in writing practical recommendations.

60-69%: Partial fulfillment of the sequence of the algorithm of carrying out and evaluation of anthropometric measurements and functional tests. Mistakes in writing a medical report on the results of complex examination, corrected by the teacher.

Less than 60%: The sequence of the algorithm of somatometric and somatoscopic measurements and functional tests is not fulfilled. Incorrect conclusions are made. There are gross errors in the doctor's conclusion and determination of the level of physical activity.

The following criteria are taken into account when evaluating the execution of the medical control card:

85-100%: the medical control card is drawn up correctly and neatly in all sections. Somatometric and somatoscopic examinations are performed in full, and their data are interpreted correctly. The made conclusions testify to excellent mastery of the passed material. Full practical recommendations on the choice of the nature and volume of physical activity are given.

70-84%: VKK is completed in accordance with the established requirements. Anthropometric examinations and functional tests are carried out completely, conclusions are made correctly, but there are inaccuracies in practical recommendations of rational mode of physical activity.

60-69%: mistakes are made in filling in the VKK, functional tests are performed with poorly mastered skills. Correct conclusions of the obtained results, assignment to a medical group and recommendations on permissible physical activity are given with difficulties.

Less than 60%: VKK is filled carelessly, incorrectly, without taking into account the structure of the card, incorrect conclusions of the assessment of anthropometric indicators and the results of functional tests are made.

The following criteria are taken into account when evaluating the writing of the abstract:

	No answer 0%	Minimal answered 31-59%	Outlined, disclosed answer 60-69%	Complete complete answer 70-84%	Exemplary, approximate, worthy imitations response 85-100%	Marked what (B%)
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Topic disclosure		The topic is not the topic is not covered, there are no conclusions.	The topic is not fully disclosed. Conclusions are not made or conclusions are not justified.	The topic is solved. Analyzed problem without involving additional literature. Not all conclusions are made or substantiated.	The topic is fully disclosed. Analysis the problem with attraction of additional literature. All conclusions are made.	
Presentation		The information presented information is not logically connected. Not used professional terms	The information presented information is not systematized The information provided is not systematized and consistent. consistent. Used 1-2 professional terms	Presented information is systematized and consistent. More than 2 professional terms are used. terms	The information provided information is systematic, coherent and logically connected. More than 5 professional terms are used more than 5 professional terms	
Formatting		Not conditions abstract design. More than 4 errors in the information presented information	3- 4 errors in the information presented	No more than 2 errors in the information presented	No errors in the no errors in the information provided	
Answers to questions		No answers to questions	Only answers to elementary questions	Complete or partially complete answers to questions	Complete answers to questions with examples and explanations Examples and explanations	
Final evaluation		Unsatisfactory -satisfactorily	Satisfactory satisfactorily	Good	Excellent	

85-100%: The topic is fully disclosed, a brief analysis of different points of view on the problem under consideration is made, conclusions are formulated. All requirements for writing and defense of the abstract are fulfilled: the volume is maintained, the requirements for external design are met, there are no grammatical and stylistic errors. The information in the abstract is presented competently, comprehensively, reflects the student's full mastery of the material.

70-84%: The information presented in the abstract fully corresponds to the topic, is logically systematized, but there are inaccuracies in the presentation of the material and own conclusions. The basic requirements for the abstract and its defense are met. The material is presented without grammatical and stylistic errors.

60-69%: The topic is partially covered. The information presented is inconsistent. There are factual errors in the content of the abstract, there are no conclusions. There are omissions in the design, there is no culture of presentation, there are stylistic errors.

Less than 60%: The topic of the abstract is not disclosed, there is a significant misunderstanding of the problem or the abstract is not presented.

The following criteria are taken into account when evaluating the paper presentation:

	No response 0%	Minimal answer 31-59%	Outlined, disclosed answer 60-69%	Complete, full answer 70-84%	Exemplary, exemplary, exemplary response 85-100%	Mark (B%)
Disclosed themes		The topic is not revealed, absent- Are conclusions .	Theme not disclosed fully. No conclusions or conclusions are not substantiated.	Theme disclosed. Carried out analyze problems without involving additionally literature. Not all findings are made or are substantiated.	Theme disclosed completely. Carried out analysis problems with involving additionally literature. All conclusions are made.	
Present av-pouring		Present-reportable information and logical not related. Not used linked professions o-	Submitted information not systematized and not after-systematic. Used 1-2 professional term	Submitted-reportable information systematized and it's sequentially-consistent. Used more than 2 professionally-professional terms	Represent-reportable information systematized, sequentially-consistent and logically related. Used-Vano more than 5 professional	

		professional terms			professional terms	
Formalize		Not	Used	Used	Extensively	
utilization		used information technologies (PowerPoint). More than 4 errors in the submitted form. information	information technology (PowerPoint). partially, 3 - 4 errors in the presented information-	information technology (PowerPoint)...., more than 2 errors in the presented information	information technology (PowerPoint), no errors in the information provided presented information	
Answers to questions		No answers to questions	Only answers to elementary questions	Answers to questions complete or partially complete	Complete answers to questions with examples and explanations examples and explanations	
Final evaluation		Unsatisfactory-satisfactorily	Satisfactory	Good	Excellent	

85-100% - the topic is fully disclosed, conclusions are drawn, the information is systematized and consistent, logically connected, the conditions of design are met, there are no errors;

76-84% - the topic is disclosed, the analysis is carried out, not all conclusions are justified, the information is systematized and consistent, the conditions of design are met, there are minor errors;

60-75% - the topic is not fully disclosed, the conclusions are not justified, the information is not systematized and consistent, the conditions of design are partially met, there are errors;

0-60% - the topic is not disclosed, there are no conclusions, the information is not logically connected, the design conditions are not met, there are many mistakes.

The following criteria are taken into account when evaluating a written test paper (in terms of knowledge, skills and abilities):

85-100%: A reasoned, detailed answer with the inclusion of the material of the main, additional literature and lectures, indicating a solid knowledge of the subject. Excellent knowledge of the methods of determination and assessment of physical development and functional state.

70-84%: The correct answer to the questions is given, but one question is answered incompletely. There are one to two inaccuracies in the answer or small errors.

60-69%: Unsystematized and insufficiently detailed answers are given. Mistakes are made in answering each question.

Less than 60%: An unsystematized, fragmentary, superficial response indicating a lack of understanding of the question or a refusal to answer. Serious errors are made in answering each question.

Marking excellent (85-100 points)

Good (70-84 points)

The mark is satisfactory (60-69 points).

5. METHODOLOGICAL INSTRUCTIONS FOR THE STUDENT ON MASTERING THE DISCIPLINE / PRACTICE AND PERFORMANCE OF CONTROL TASKS

Examples of methodical instructions:

BASIC REQUIREMENTS FOR INTERMEDIATE CONTROL

When appearing for credit students must have a credit book, which they present at the beginning of the credit.

The teacher has the right to give a grade without questioning on the ticket to those master students who have scored more than 60 points for the current and boundary control.

At the intermediate control a master's student must correctly answer the theoretical questions of the ticket and solve the situational task.

Students can use technical means, reference and normative literature, visual aids, training programs.

Evaluation of the intermediate control:

- min 10 points - Questions to check the level of learning KNOWLEDGE (if the student correctly formulates the basic concepts when answering the given questions)

- 10-30 points - Tasks to check the level of learning SKILLS and SKILLS (if the student correctly formulates the essence of the problem given in the ticket and gives recommendations for its solution and complete the control task).

BASIC REQUIREMENTS FOR CURRENT CONTROL.

For understanding the material and its qualitative assimilation the following sequence of actions is recommended:

1. After listening to the lecture and the end of classes, when preparing for the next day's classes, it is necessary to first review and think over the text of the lecture listened to today.

2. When preparing for the next lecture, you should review the text of the previous material and think about what the topic of the next lecture might be.

3. During the week, choose a time to work with the recommended literature.

4. To prepare for seminars and independent work, you should first read the basic concepts and approaches on the topic of the assignment. It is recommended to use methodological guidelines for the course, lecture notes.

5. When performing an assignment, one should first understand what is required in it, what theoretical material should be used, outline a plan of fulfillment, and then proceed to the assignment and make a qualitative conclusion.

6. In preparation for the intermediate and final control, you should study the theory: definitions of all concepts and approaches to assessment to the state of understanding of the material and independently perform several standard assignments.

7. Working off missed classes.

Control over mastering the material of the curriculum of the discipline is carried out systematically by the teacher of the department and is reflected in the journal of the teacher and in points.

The student, who received an unsatisfactory grade on the current material, is obliged to prepare this section and answer the teacher on it at an individual interview.

A lecture missed without a valid excuse must be practiced by oral questioning by the lecturer or preparation of an essay on the materials of the missed lecture within a month from the date of the missed lecture. Other methods of working off missed lectures are also possible (questioning at practical classes, test control, etc.).

Workout of seminar classes.

- Each lesson missed without a valid reason is practiced in a compulsory order. Workouts are held according to the schedule of the department, agreed with the dean's office.

- Missed classes must be worked out within 10 days from the date of absence. Seminar classes missed without a valid excuse are practiced not more than one class per day. Missed classes for a valid reason (illness, absences with the permission of the dean's office) are worked out according to the thematic material without taking into account the hours.

- For students who missed seminars due to prolonged illness, the workout should be carried out after the permission of the dean's office on an individual schedule agreed with the department.

- In exceptional cases (participation in intercollegiate conferences, competitions, Olympiads, duty, etc.), the dean and his/her deputy, in consultation with the department, may exempt graduate students from working off some missed classes.

RECOMMENDATIONS FOR INDEPENDENT WORK

1. In preparation for the practical training the student should familiarize with methodical development for the forthcoming training (placed on the stand of the department).
2. Repeat the necessary material from the disciplines preceding the study.
3. In the materials of lectures, basic and additional literature to find answers to questions for self-preparation.
4. During the week choose time (1 hour) to work with recommended literature in the library. Planning the time required to study the discipline, students better to carry out the whole semester, providing for regular repetition of material. The material covered in lectures should be regularly worked through and supplemented with information from other sources of literature, presented not only in the program of the discipline, but also in periodicals. When studying the discipline it is necessary to read the recommended literature for each topic and make a brief outline of the main provisions, terms, information that require memorization and are fundamental in this topic, for the development of subsequent topics of the course. To expand the knowledge of the discipline, it is recommended to use Internet resources; to conduct searches in various systems and use the materials of sites recommended by the teacher.

RECOMMENDATIONS ON PREPARATION FOR THE CONTROL WORK

In preparation for the solution of the control work it is necessary to: - work through the relevant pages of textbooks; - use the lecture notes or notes from the practical material; - solve at home problems on relevant topics.

RECOMMENDATIONS ON PRESENTATION PREPARATION

Multimedia presentation is a type of independent work of students to create visual information aids made with the help of multimedia computer program PowerPoint. This type of work requires coordination of the student's skills in collecting, systematizing, processing information, arranging it in the form of a selection of materials, briefly reflecting the main issues of the topic under study, in electronic form. That is, the creation of materials - presentations expands the methods and means of processing and presentation of educational information, forms students' computer skills.

Presentations are prepared by the student in the form of slides using Microsoft PowerPoint program. The student's role: to study the materials of the topic, highlighting the main and secondary; to establish a logical connection between the elements of the topic; to present the characteristic of the elements in a brief form; to choose reference signals to emphasize the main information and display in the structure of the work; to design the work and submit it by the deadline.

Presentation structure: It is possible to keep the active attention of the audience for no more than 15 minutes, and, therefore, with the average calculation of viewing time - 1 minute per slide, the number of slides should not exceed 15. The first slide of the presentation should contain the topic of the work, surname, name and patronymic of the performer, number of the study group, as well as the surname, name, patronymic, position and academic degree of the teacher. On the second slide it is advisable to present the purpose and a brief content of the presentation. Subsequent slides should be divided into sections according to the paragraphs of the work plan. The final slide should contain the most important, the main content of the presentation.

Recommendations for the design of presentations in Microsoft PowerPoint: For visual perception, the text on the slides of the presentation should be at least 18 pt, and for headings - at least 24 pt. The presentation layout should be designed in a strict color scheme. The background should not be too bright or colorful. The text should be readable. The same elements on different slides should be the same color. The space of the slide (screen) should be maximized by, for example, increasing the scale of the figure. In addition, if possible, the top $\frac{3}{4}$ of the slide (screen) area should be occupied,

as the lower part of the screen is poorly viewed from the last rows. Each slide should contain a title. No period should be placed at the end of the headings. The headings should reflect the conclusion of the information presented on the slide. Capitalization of headings should be used only if they are brief. No more than 5-6 lines and no more than 5-7 words in a sentence should be placed on a slide. The text on the slides should be readable. When adding pictures, diagrams, charts, diagrams, screen shots (screenshots) it is necessary to check the text of these elements for errors. Do not overload slides with animation effects - this distracts listeners from the semantic content of the slide. Use the same animation effect to change slides.

Evaluation criteria:

- relevance of the content to the topic;
- correct structuring of information;
- logical connection of the information presented;
- aesthetics of design, its compliance with the requirements;
- the work is submitted on time.

RECOMMENDATIONS FOR WRITING AN ABSTRACT

1. The topic of the abstract is chosen in agreement with the teacher. It is important that in the abstract: firstly, both scientific and social sides of the problem were covered; secondly, both general theoretical provisions and specific examples are presented.
2. The abstract should be based on the study of several additional sources to the main literature (monographs, articles).
3. The plan of the abstract should be author's (agreed with the teacher). It shows the author's approach, his opinion, analysis, problems, as a rule, these are special monographs or articles. It is also recommended to use as additional literature popular science magazines: "Bulletin of KRSU", "Health Care of Kyrgyzstan", "Bulletin of KGMA", "Traditional Medicine", "Issues of Balneology, Physiotherapy and Physical Therapy".
4. All facts and borrowed considerations in the abstract should be accompanied by references to the source of information.
5. It is unacceptable to simply compose an abstract from pieces of borrowed text. All quotations must be presented in quotation marks with the source and page in parentheses. The absence of quotation marks and references means plagiarism and, according to established scientific ethics, is considered a gross violation of copyright.

Requirements for the design of the abstract:

The volume of the abstract may vary within 10-15 printed pages.

The main sections: table of contents (outline), introduction, main content, conclusion, list of references. The text of the abstract should contain the following sections: - title page indicating: the name of the university, the department, the topic of the abstract, the name of the author and the name of the teacher. introduction, relevance of the topic. main section. conclusion (analysis of the results of the literary

The list of literary sources should have at least 10 bibliographic titles, including network resources. The text part of the abstract is drawn up on a sheet of the following format: indentation from the top - 2 cm; indentation from the left - 3 cm; indentation from the right - 1.5 cm; indentation from the bottom - 2.5 cm; - text font: TimesNewRoman, font height - 14, space - 1.5; page numbering - from the bottom of the sheet. The number is not put on the first page. The abstract should be done competently with observance of the culture of presentation. It is obligatory to have

references to the literature used, including periodical literature for the last 5 years. Criteria for evaluating the abstract:

- relevance of the research topic;
- correspondence of the content to the topic;
- depth of elaboration of the material;
- correctness and completeness of the development of the issues raised;
- significance of conclusions for further practical activity;
- correctness and completeness of the use of literature;
- compliance of the abstract design with the standard;
- quality of the report and answers to questions at the defense of the abstract.

REQUIREMENTS FOR PRESENTATION PREPARATION AND DEFENSE

1. the topic of the presentation is chosen by the student from the proposed list of FOS and must be agreed with the teacher and correspond to the topic of the class.

2. stages of presentation preparation

Drawing up a presentation plan (problem statement; objectives of the work).

Thinking through each slide (at first it can be done manually on paper), and it is important to answer the questions:

- how does the idea of this slide reveal the main idea of the whole presentation?
- what will be on the slide?
- what will be said?
- how will the transition to the next slide be made?

3. making a presentation using MS PowerPoint:

- It makes sense to be neat. Sloppy slides (variation in fonts and indents, typos, typographical errors in formulas) raise the suspicion that the student presenter has approached the substantive questions with a sloppy approach.

- The title page is necessary to introduce you and the topic of your report to the audience.

- The number of slides should not exceed 15.

- The optimal number of lines per slide is 6 to 11.

- A common mistake is to read the slide verbatim. It is best if detailed information (definitions, formulas) is written on the slide, and the words tell their meaning. The information on the slide can be more formal and strictly stated than in speech.

- The optimal switching speed is one slide per 1-2 minutes.

- It is encouraged to use more drawings, pictures, formulas, graphs, tables in the presentation. You can use animation effects.

- When explaining tables, you should say what the rows correspond to and what the columns correspond to.

- Introduce only those notations and concepts without which it is impossible to understand the main ideas of the report.

- In a short speech, you can not repeat the same idea, even with different words - time is precious.

- Any phrase should be said for something. Then the presentation will be whole and leave a good impression.

- The last slide with conclusions in short presentations should not be spoken.

- If there are a lot of formulas on the slide, it is recommended to type it completely in MS Word (otherwise formulas have to be placed and aligned on the slide manually). For this purpose it is convenient to make a blank slide with one large Word-object "Insert / Object / Microsoft Word Document", select its dimensions once and multiply it to the required number of slides. It is recommended to change the main font in the text and formulas to Arial or similar; Times font looks bad from afar. Be sure to set the main font size in MathType to equal the main font size in the text. Never manually align the size of a formula by pulling it out by the corner.

4. It is the student's responsibility to prepare and deliver the paper at the strictly allotted time by the instructor, and on time.

5. Instructions to presenters.

- communicate new information;

- use technical means;

- be knowledgeable and well-versed in the topic of the entire presentation;

- be able to discuss and answer questions quickly;

- clearly follow the established time limit: speaker - 10 minutes; discussion - 5 minutes;

It is important to remember that a presentation consists of three parts: introduction, main part and conclusion.

The introduction helps to ensure the success of the speech on any topic. The introduction should contain:

- the title of the presentation;

- a statement of the main idea;

- an up-to-date assessment of the subject matter;

- a brief enumeration of the issues at stake;

- a lively and interesting form of presentation;

The main part, in which the speaker should deeply disclose the essence of the raised topic, is usually built on the principle of a report. The task of the main part is to present enough data to make the listeners interested in the topic and want to familiarize themselves with the materials. At the same time, the logical structure of the theoretical block should not be given without visual aids, audio and visual materials.

The conclusion is a clear and concise summarization and brief conclusions, which are always expected by the listeners.