CHAPTER VII

RECOMMENDATIONS : PREVENTIVE & CORRECTIVE MANAGEMENT OF POSTURAL DEFECTS
RECOMMENDATIONS : PREVENTIVE & CORRECTIVE MANAGEMENT OF POSTURAL DEFECTS

In the light of the conclusions drawn, the following recommendations are made for the application of the results of the study, for adoption of preventive and corrective measures by the schools and parents, and also for undertaking further research in the area:

1. Regular health examination for all the children must be conducted in the schools in order to detect various postural defects. Special emphasis be laid on the eyes and ears examination because defects in these two parts of the body may also contribute to postural defects.

2. As soon as any postural defect is noticed among the children, the schools should adopt appropriate remedial measures and also intimate the parents so as to enable them to take necessary action in order to correct the defect.

3. The schools should provide a healthy environment and the boys should be taught and encouraged to practice good health rules and habits as they have a positive influence on their posture.
4. Different types of publicity media such as television, radio, newspapers etc., may be used for increasing the general awareness in the parents and children regarding the values of good posture.

5. In as much as food plays an important part in maintaining good posture, the parents and children should be informed of the values of different types of nutrients especially of those which are cost-effective.

6. For children whose parents are unable to provide them proper and balanced food at home, schools should provide proper diet through mid-day meal programme so that the food deficiencies among such children may be eliminated.

7. The special programmes may be started by various governmental and non-governmental agencies for the weaker, uneducated and reserved categories sections of the society so that they are helped to know the simple methods of early detection and correction of the commonly prevalent postural defects.

8. Since the type of furniture used by the children in the schools and at home also greatly contributes to the maintenance of proper posture, adequate attention should be paid to this aspect by the school authorities and the parents.
9. In addition to systematically organising and administering the normal programme of physical education in the schools for all the children, special corrective exercise programme be organised for those boys who suffer from different types of postural defects.

10. In respect to such children who have posutral defects, corrective exercise programme as well as the routine programme of physical education of the schools shall be so arranged that the postural defects are reduced rather than being aggravated. Vigorous programme for posturally defected boys may also be avoided to prevent fatigue in them.

11. The schools should provide basic facilities by conducting instructional classes for teaching preventive and corrective exercises specially to the primary school children so that the posturally defected boys can have a ready access and are benefitted by these. Special gadgets and relatively cheaper equipments such as full size mirrors may be provided in the schools so as to enable the boys to become familiar with their own posture.

12. The parents of the posturally defected boys may be given orientation of the corrective exercise programme so that they may look after their children and regulate different exercise programmes for them.
13. Since shoes also affect the posture of the children, parents should pay a lot of attention to the size, shape and quality of the shoes worn by their children so as to permit free function of the foot, to preserve its natural contour and to also provide adequate support to the foot arch.

RECOMMENDATIONS FOR FURTHER RESEARCH

1. The present study may also be undertaken with the students studying in upper primary (middle), secondary / senior secondary and college levels.

2. The present study may be replicated involving other postural defects namely, bow leg, flat back, round shoulders, pronated feet etc., not involved in the present investigation.

3. The same study may be repeated by studying both boys and girls and, comparison between the two sexes in respect of postural defects may be presented.

4. The similar studies may also be undertaken in which, in addition to survey of postural defects, the effect of corrective programme may also be known of.
5. In view of the fact that different conditions prevail in the rural and urban areas of the country, similar studies may be undertaken in these areas and comparison highlighted thereof.

6. The present study may be carried out and in addition to the detection of postural defects, the causes thereof may also be found out so that proper suggestions can be made to improve the posture of the children.

7. The present study may be replicated by investigating the relationship of each type of postural defect i.e., kyphosis, lordosis, scoliosis, knock knee, flat foot etc., with the different aspects of family background.

8. The present study may also be replicated by investigating a larger sample and other aspects of family background may also be involved with the detection of postural defects.