FOLISH JOURNAL OF PHYSIOTHERAPY

OFICJALNE PISMO POLSKIEGO TOWARZYSTWA FIZJOTERAPII THE OFFICIAL JOURNAL OF THE POLISH SOCIETY OF PHYSIOTHERAPY

NR 5/2022 (22) KWARTALNIK ISSN 1642-0136

Application of non-invasive brain stimulation with the use of repetitive transcranial magnetic stimulation or transcranial direct current stimulation in the treatment of dysphagia following an ischemic stroke

Zastosowanie nieinwazyjnej stymulacji mózgu z wykorzystaniem przezczaszkowej stymulacji magnetycznej lub przezczaszkowej stymulacji prądem stałym w terapii dysfagii w następstwie udaru niedokrwiennego mózgu

Aktywność fizyczna i czynniki ryzyka u osób z pęcherzem nadreaktywnym. Physical activity and risk factors in subjects with overactive bladder

ZAMÓW PRENUMERATĘ!

SUBSCRIBE!

www.fizjoterapiapolska.pl www.djstudio.shop.pl prenumerata@fizjoterapiapolska.pl





ULTRASONOGRAFIA W FIZJOTERAPII

Autoryzowani dystrybutorzy

Mar-Med



+48 22 853 14 11

info@mar-med.pl

Ado-Med

S +48 32 770 68 29

adomed@adomed.pl







Zawód Fizjoterapeuty dobrze chroniony

Poczuj się bezpiecznie



Zaufaj rozwiązaniom sprawdzonym w branży medycznej. Wykup dedykowany pakiet ubezpieczeń INTER Fizjoterapeuci, który zapewni Ci:

- ochronę finansową na wypadek roszczeń pacjentów
 NOWE UBEZPIECZENIE OBOWIĄZKOWE OC
- ubezpieczenie wynajmowanego sprzętu fizjoterapeutycznego
- profesjonalną pomoc radców prawnych i zwrot kosztów obsługi prawnej
- odszkodowanie w przypadku fizycznej agresji pacjenta
- ochronę finansową związaną z naruszeniem praw pacjenta
- odszkodowanie w przypadku nieszczęśliwego wypadku

Nasza oferta była konsultowana ze stowarzyszeniami zrzeszającymi fizjoterapeutów tak, aby najskuteczniej chronić i wspierać Ciebie oraz Twoich pacjentów.

 Skontaktuj się ze swoim agentem i skorzystaj z wyjątkowej oferty! Towarzystwo Ubezpieczeń INTER Polska S.A.
 Al. Jerozolimskie 142 B
 02-305 Warszawa



fizjoterapia 🕀 Dolska

sklep internetowy: www.djstudio.shop.pl

w sklepie dostępne między innymi: •archiwalne numery Fizjoterapii Polskiej w wersji papierowej •artykuły w wersji elektronicznej •książki poświęcone fizjoterapii •prenumerata Fizjoterapii Polskiej

PATRONAT MERYTORYCZNY Comitet Rehabilitacji, Kultury Fizyczne i Integracji Społecznej PAN

STUDIO

Sławomir JANDZIŚ, Mariusz MIGAŁA

Rys historyczny rozwoju rehabilitacji w Polsce i na świecie



Opole 2015



Międzynarodowy Dzień Inwalidy "Życie bez bólu" (1991–2019)

Who's Who in the World in Physiotherapy

Zbigniewa Śliwińskiego i Grzegorza Śliwińskiego przy współpracy Zofii Śliwińskiej i Lecha Karbowskiego



Physiotherapeutic procedure in a patient after the first artificial heart implantation in Poland - SynCardia Total Artificial Heart (TAH) Postppowanie filsjoterapeutyczne u pacjenta po pierwszej w Polsce implantacji aztucznego serca - SynCardia Total Artificial Heart (TAH)

ZAMÓW PRENUMERATE! SUBSCRIBE! www.tizjoterapispolska.pl



chological facto





SPRZEDAŻ I WYPOŻYCZALNIA ZMOTORYZOWANYCH SZYN CPM ARTROMOT®

Nowoczesna rehabilitacja CPM stawu kolanowego, biodrowego, łokciowego, barkowego, skokowego, nadgarstka oraz stawów palców dłoni i kciuka.



ARTROMOT-E2 ARTROMOT-S3 ARTROMOT-K1 ARTROMOT-SP3

Najnowsze konstrukcje ARTROMOT zapewniają ruch bierny stawów w zgodzie z koncepcją PNF (Proprioceptive Neuromuscular Facilitation).

KALMED Iwona Renz ul. Wilczak 3 61-623 Poznań www.kalmed.com.pl

Serwis i całodobowa pomoc techniczna: tel. 501 483 637 service@kalmed.com.pl

ARTROSTIM FOCUS PLUS



ARTROMOT-F

NOWOŚĆ W OFERCIE



PhysioGo.Lite SONO

NIEWIELKIE URZĄDZENIE EFEKTYWNA TERAPIA ULTRADŹWIĘKOWA

Zaawansowana technologia firmy Astar to gwarancja niezawodności i precyzyjności parametrów. Urządzenie, dzięki gotowym programom terapeutycznym, pomaga osiągać fizjoterapeucie możliwie najlepsze efekty działania fal ultradźwiękowych.

Głowica SnG to bezobsługowe akcesorium o dużej powierzchni czoła (17,3 cm² lub 34,5 cm² w zależności od wybranego trybu działania). Znajduje zastosowanie w klasycznej terapii ultradźwiękami, fonoferezie, terapii LIPUS i zabiegach skojarzonych (w połączeniu z elektroterapią).



wsparcie merytoryczne www.fizjotechnologia.com

 \bigcirc

ul. Świt 33 43-382 Bielsko-Biała

t +48 33 829 24 40 astarmed@astar.eu

POLSKI WYBIERASZ PRODUKT WSPIERASZ

www.astar.pl 🝃



ULTRASONOGRAFIA W FIZJOTERAPII

Autoryzowani dystrybutorzy Mar-Med Ado-N

+48 22 853 14 11
 info@mar-med.pl

Ado-Med

G +48 32 770 68 29

adomed@adomed.pl

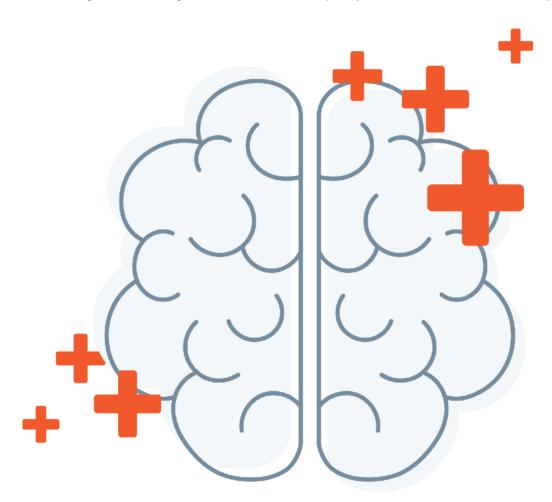






POMAGAMY ODZYSKAĆ SPRAWNOŚĆ PO UDARACH I URAZACH MÓZGU

Program Po Urazie Głowy realizowany przez ogólnopolską Fundację Moc Pomocy to kompleksowe wsparcie dla osób, które doznały urazu głowy w wyniku wypadku lub przeszły udar mózgu. Program wspiera także rodziny osób, które doznały urazu i nie są w stanie samodzielnie podejmować działań na drodze do sprawności.



W ramach programu oferujemy pacjentom:

- Opiekę Menadżera Rehabilitacji
- Pozyskanie funduszy na rehabilitację i zakup sprzętu
- Wsparcie psychologiczne
- Konsultacje specjalistów
- Rehabilitację neurologiczną w ośrodkach na terenie kraju
- Pomoc w doborze zaopatrzenia
- Wsparcie w likwidacji barier architektonicznych

Masz pytanie odnośnie programu. Napisz do nas lub skontaktuj się telefonicznie z naszymi menadżerami rehabilitacji:

+48 881 035 005 lub +48 793 003 695

biuro@pourazieglowy.pl www.pourazieglowy.pl

Dr. Comfort

Nowy wymiar wygody.

Obuwie profilaktyczno-zdrowotne o atrakcyjnym wzornictwie



APROBATA AMERYKAŃSKIEGO MEDYCZNEGO STOWARZYSZENIA PODIATRYCZNEGO



WYRÓB MEDYCZNY

Stabilny, wzmocniony i wyściełany zapiętek Zapewnia silniejsze wsparcie łuku podłużnego stopy

Antypoźlizgowa, wytrzymała podeszwa o lekkiej konstrukcji

Zwiększa przyczepność, amortyzuje i odciąża stopy Miękki, wyściełany kołnierz cholewki Minimalizuje podrażnienia

Wyściełany język Zmniejsza tarcie i ulepsza dopasowanie

> Lekka konstrukcja Zmniejsza codzienne zmęczenie

Zwiększona szerokość i głębokość w obrębie palców i przodostopia Minimalizuje ucisk i zapobiega urazom

Wysoka jakkość materiałów - oddychające siatki i naturalne skóry

Dostosowują się do stopy, utrzymują je w suchości i zapobiegają przegrzewaniu

Trzy rozmiary szerokości

Podwyższona tęgość Zwiększona przestrzeń na palce Ochronna przestrzeń na palce - brak szwów w rejonie przodostopia Minimalizuje możliwość zranień

WSKAZANIA

- haluksy wkładki specjalistyczne palce młotkowate, szponiaste cukrzyca (stopa cukrzycowa) reumatoidalne zapalenie stawów
- · bóle pięty i podeszwy stopy (zapalenie rozcięgna podeszwowego ostroga piętowa) · płaskostopie (stopa poprzecznie płaska)
- bóle pleców wysokie podbicie praca stojąca nerwiak Mortona obrzęk limfatyczny opatrunki ortezy i bandaże obrzęki
 modzele protezy odciski urazy wpływające na ścięgna, mięśnie i kości (np. ścięgno Achillesa) wrastające paznokcie



Iwona Renz Poznan

ul. Wilczak 3 61-623 Poznań tel. 61 828 06 86 fax. 61 828 06 87 kom. 601 640 223, 601 647 877 e-mail: kalmed@kalmed.com.pl www.kalmed.com.pl



www.butydlazdrowia.pl

www.dr-comfort.pl



Psychophysical condition of a child during the COVID-19 pandemic

Kondycja psychofizyczna dziecka w czasie pandemii COVID-19

Miłosz Opuchlik^{1(A,B,C,D,E)}, Anna Opuchlik^{2(A,B,E,F)}, Arkadiusz Żurawski^{1,3(C,D,E)}, Marek Wiecheć^{4(D,F)}, Małgorzata Biskup^{1,2(B,D,F)}, Kamil Markowski^{1(E,F,G)}, Zbigniew Śliwiński^{1(A,B,E,G)}

¹Uniwersytet Jana Kochanowskiego, Collegium Medicum, Instytut Nauk o Zdrowiu, Kielce /

Jan Kochanowski University, Collegium Medicum, Institute of Health Sciences, Kielce, Poland

²Świętokrzyskie Centrum Onkologii, Zakład Rehabilitacji, Kielce / Świętokrzyskie Cancer Centre, Department of Rehabilitation, Kielce, Poland

³Świętokrzyskie Centrum Pediatrii, Dział Fizjoterapii, WSZ Kielce /

Świętokrzyskie Centre of Paediatrics, Department of Physiotherapy, Voivodeship Integrated Hospital, Kielce, Poland

⁴Centrum Rehabilitacji MARKMED, Ostrowiec Świętokrzyski / MARKMED Rehabilitation Centre, Ostrowiec Świętokrzyski, Poland

Abstract

The aim of this article is to present the effects of the COVID-19 pandemic on the psychophysical state of a child. The diagnostic survey method and questionnaire technique were used for the study. The survey was conducted online among elementary school students. The empirical material collected shows the evaluation of remote education and its impact on the changes that occurred in children during the pandemic. The changes that occurred during remote learning include increased stress, isolation, lack of contacts with peers, exhaustion, long hours of work in front of a screen and decreased physical activity.

Key words:

COVID-19, remote education, mental development of children, psysical development, social development

Streszczenie

powoduje wiele zmian w życiu społecznym i gospodarczym. Pandemia Covid-19 przypadła na czasy, podczas których wykorzystano technologie informatyczne. W trakcie izolacji społeczeństwa praca i nauka zdalna pomagały w wykonywaniu czynności zawodowych oraz edukacji szkolnej i jednocześnie wywoływały niepożądane następstwa. Celem pracy jest ocena wpływu nauki zdalnej w czasie pandemii Covid-19 na kondycję psychofizyczną dziecka. Do badania wykorzystano metodę sondażu diagnostycznego oraz technikę ankiety. Badanie przeprowadzono wśród uczniów szkół podstawowych w formie online. Zebrany materiał empiryczny ukazuje ocenę zdalnej edukacji i jej wpływ na zmiany, jakie zaszły u dzieci podczas pandemii, a tym samym nauki zdalnej. Przeanalizowano zmiany w aspekcie fizycznym, psychicznym, jak i społecznym. Zdalna realizacja nauki wywoływała u uczniów różne emocje, obawy i stres. Relacje rówieśnicze w czasie kształcenia zdalnego głównie miały charakter pośredni. W pracy podkreśla się zmiany, jakie zaszły u dzieci podczas nauczania zdalnego: stres, izolacja, brak kontaktów bezpośrednich z rówieśnikami, przemęczenie, duża ilość godzin przed monitorem, zmniejszona aktywność fizyczna.

Słowa kluczowe:

pandemia COVID-19, edukacja zdalna, rozwój psychiczny dzieci, rozwój fizyczny dzieci, rozwój społeczny dzieci, rozwój poznawczy dzieci, lockdown

Projekt finansowany w ramach programu Ministra Edukacji i Nauki pod nazwą "Regionalna Inicjatywa Doskonałości" w latach 2019–2023 nr projektu 024/RID/2018/19 kwota finansowania 11 999 000,00 zł

Project financed under the program the Minister of Education and Science called "Regional Initiative of Excellence" in the years 2019–2023, project no. 024/RID/2018/19, amount of financing 11 999 000,00 PLN



Introduction

Epidemics have plagued humanity since the dawn of time, decimating it more than wars. They affected almost all continents. Each epidemic caused many changes in social and economic life. The COVID-19 pandemic came in a time when information technology was used. In the period of social isolation, remote work and learning helped perform professional activities and ensure education, however at the same time they caused many undesirable effects. Restrictions, including closing schools and switching to online learning, were introduced for the first time in history. The consequence of this is a noticeable stir in the research and scientific community which can be observed in numerous reports - Polish and foreign, focusing on the wellbeing of children during the lockdowns. The authors of this article used the research that was included in the reports, among others: UNICEF, Children with autism and COVID-19, 2020, Foundation for Health Education and Psychotherapy, ETAT W SIECI (A FULL TIME JOB ONLINE), a report on their own research.

Objective

The objective of the study is to assess the impact of remote learning during the COVID-19 pandemic on the psychophysical condition of children, as well as to analyse the significance of lockdowns on the physical, mental, cognitive and social condition of children during online learning.

Material and methods

The research was carried out with the participation of 654 primary school students from grades 4-8, in June 2022 in an online form, for which a diagnostic poll and a survey were used (Appendix). The conducted tests were of a diagnostic nature. The authors tried to obtain answers to questions related to psychosocial matters, in terms of peer relationships, as well as to the ways of coping with the new unknown situation, i.e. online learning. In line with the principles adopted in the research methodology, no hypotheses of research problems were formulated. The diagnostic poll was conducted via the Internet.

As part of the main research problem, two detailed ones have been distinguished: the impact of the pandemic on the mental and physical sphere in children and the impact of the pandemic on the well-being of students and their social relationships. The resulting empirical material was organized into areas corresponding to the research issues.

Results

654 primary school students of grades 4-8 participated in the study – Table 1.

654 students participated in the study, including 319 girls and 335 boys. Seventh graders constituted the most numerous group. Most students, i.e. 298, stated that remote learning caused a very high degree of discomfort for them. Fewer students, i.e. 189, indicated a high degree of discomfort, and an imperceptible degree of discomfort, i.e. a normal degree of discomfort was indicated by 104, and a low degree of discomfort – by 63 students (Table 2).



Table 1. Division of participants according to the grade and gender

Grade	Number of students	Girls	Boys
4	90	56	34
5	128	59	69
6	136	64	72
7	182	82	100
8	118	58	60

Table 2. Degree of discomfort experienced during online learning

Degree of discomfort	Very high	High	Normal	Low	Total
Number of answers	298	189	104	63	654

Among students experiencing a very high degree of discomfort during remote learning, the majority were girls – 179, compared to 119 boys. A high degree of discomfort was experienced more by girls – 97, and less by boys – 92. Similarly, in the assessment, there were more girls, i.e. 55, who experienced a normal degree of discomfort in comparison to 49 boys. On the other hand, a low level of discomfort was indicated by more boys (45) than girls (18) – Table 3.

Table 3. Degree of discomfort experienced in remote learning, broken down by gender

Degree	Girls	Boys
Very high	179	119
Very high High Normal	97 55	92 49
Low	18	45

Remote learning during COVID-19 caused different emotions in students. Table 4 presents students' opinions on the emotions they experienced.

Table 4. Emotions experienced during remote learning

Emotions	1	2	3	4	5	6
	n, %	n, %	n, %	n, %	n, %	n, %
I am satisfied, remote learning is better than regular learning.	96	65	108	109	145	85
	14.7%	9.9%	16.5%	16.6%	22%	13%
I feel tired and stressed during remote learning.	149	176	75	82	98	74
	22.7%	27%	11.4%	12.5%	15%	11.3%



Rodzaj emocji	1	2	3	4	5	6
Emotions	n, %	n, %	n, %	n, %	n, %	n, %
I feel insecure during online classes.	108	159	176	152	50	9
	16,5%	24.3%	27%	23%	7.6%	1.4%
I feel sleepy, overloaded.	247	134	36	200	37	0
	37%	20.4%	5.5%	30.6%	5.6%	0%
I feel lonely.	325	277	10	32	8	2
	49.6%	42.3%	1.5%	4.9%	1.2%	0.3%
I am afraid to speak up during online classes.	243	161	105	69	59	17
	37%	24.6%	16%	10.5%	9%	2.6%
I do not care in what form the classes are conducted.	401	178	12	30	29	4
	61%	27%	1.8%	4.6%	4.4%	0.6%

I – definitely yes, 2 – rather yes, 3 – I don't have an opinion, 4 – rather not, 5 – definitely not, 6 – no answer

The analysis of the data in Table 4 shows that the emotions definitely experienced and rather experienced by almost half of students (49.7%) was fatigue with remote learning. A large proportion of the participants (91.9%) felt lonely during remote learning. A significant part of the participants (88%) stated that they did not care about the form of the classes, and 30% of students did not answer the questions. Table 5 shows the results on social relationships during online learning. As many as 40.5% of the participants were not mocked or insulted by their peers. Only 3.8% indicated that they had had such unpleasant experiences and were insulted. The lack of help from peers was indicated by 8.8% of students, while over 30% were satisfied with the help from their peers. 33.7% did not experience exclusion from the class/group, while 8.4% felt excluded. Over 16% cared about good relationships, and over 3% did not have such relationships.

Situation	1	2	3	4	5	6
	n, %	n, %	n, %	n, %	n, %	n, %
Mocking, insulting	265	231	51	72	25	10
	40.5%	35.3%	7.8%	11%	3.8%	1.5%
No help from peers	201	132	198	65	58	0
	30.7%	20.1%	30.2%	9.9%	8.8%	0%

Table 5. Social relationships with peers during remote learning, n = 654



Rodzaj sytuacji	1	2	3	4	5	6
Situation	n, %	n, %				
Exclusion from a group/class	221	205	94	46	55	33
	33.7%	31.3%	14.3%	7.0%	8.4%	5.0%
Taking care of good relationships	24	100	200	224	106	0
	3.6%	15.2%	30.6%	34.2%	16.2%	0%

^{1 -} not applicable, 2 - rather not applicable, 3 - similar to classroom learning, 4 - applicable, 5 - very applicable, 6 - no opinion

On the basis of the collected results, it is stated that 98% of students participated in physical education classes. 13.6% participated in additional activities increasing physical fitness, and 31% – not at all. Walks with parents for two or three hours a week were confirmed by 33.4% of students, and not at all – by 14.9%. Cycling and rollerblading was performed by only 2.9%, and the vast majority, 69.1%, did not undertake this form of physical activity at all. Table 6 summarizes the results that illustrate students' involvement in various physical activities.

Table 6. Physical activity during remote learning, n = 654

Type of activity	1	2	3	4	5	6
	n, %	n, %	n, %	n, %	n, %	n, %
Within PE – online	645	0	0	0	0	9
	98.2%	0%	0%	0%	0%	1.3%
Aerobics	0	0	12	0	600	42
	0%	0%	1.8%	0%	91%	6.4%
Extra home exercises	89	123	45	18	206	173
	13.6%	18.8%	6.9%	2.7%	31.4%	26.4%
Walks with parents	219	225	52	30	98	30
	33.4%	34.4%	7.9%	4.6%	14.9%	4.6%
Cycling/rollerblading	19	64	21	87	452	11
	2.9%	9.8%	3.2%	13.3%	69.1%	1.7%

1 - two to three hours a week, 2 - more than three hours a week, 3 - one hour a day, 4 - more than one hour a day, 5 - not at all, 6 - no answer

Table 7 shows the weekly number of hours of physical activity before the COVID-19 pandemic and during remote learning. The given results take into account the division into grades and gender.



	Weekly hours of physical activity	before the Covid-19 pandemic	Weekly number of hours of physical activity during remote lea		
Grade	Girls	Boys	Girls	Boys	
4	8	9	5	5	
5	7	9	5	6	
6	6	8–9	4–5	7	
7	5–6	7–8	4–5	6	
8	5–6	7–8	4	4	

Table 7. Hours devoted to physical activity before the Covid-19 pandemic and during remote learning

In individual grades, during remote learning, the number of hours of physical activity decreased: grade 4 - for girls by 3 hours, for boys by 4 hours, in total by 1/3 compared to the number of hours before COVID-19. In the fifth grade, physical activity decreased on average by 1/3 - for girls by 2 hours, for boys by 3 hours. In the sixth grades, on average, physical activity decreased by 1/4 - for girls by about 2 hours, for boys by over 2 hours. Similarly, physical activity decreased by an average of 1/3 in the seventh grade. In the eighth grade, the time devoted to physical activity was shorter by almost 1/2 - for girls by 2 hours, for boys by almost 4 hours. During remote learning, reduced physical activity resulted in weight gain, as shown in Table 8.

Table 8. Problems with weight gain during remote learning

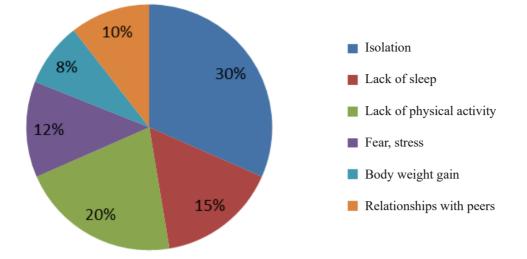
Problems with weight gain/loss	Girls	Boys	Percentage %
Weight gain from 1 to 2 kg	133	128	40%
Weight gain from 2 to 4 kg	69	56	19.1%
Weight gain over 4 kg	42	21	9.6%
No weight gain	72	89	24.6%
Weight loss	28	16	6.7%

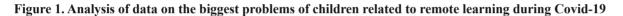
Table 8 presents problems with maintaining optimal body weight by children during remote learning, as a result of COVID-19. An increase in body weight from 1 to 2 kg was observed in 40% of students (there were no major disproportions between girls and boys). Slightly less, 19% of children, gained from 2 to 4 kg. Body weight gain greater than 4 kg was recorded in 9.6% of students (half as many girls as boys). During remote learning, weight loss was indicated by 6.7% of children, and no weight gain – by 24.6% of students.

Students also indicated their greatest problems during the pandemic and remote learning (Figure 1). Among children, most complaints concerned isolation (30%) and lack of exercise/ physical activity (25%). In turn, 15% of students admitted that they had trouble sleeping, and 12% felt fear and sadness



during remote learning. 10% of students did not have contact with their peers in real life and 8% admitted that during remote learning they consumed too many meals and gained weight.





Discussion

Based on foreign and domestic reports on students, during remote learning forced by the COVID-19 pandemic, it is stated that many problems arose that caused nervous and anxiety states in students. A significant problem that emerged after the introduction of online education was students' confusion in the new situation. Children who previously revealed emotional problems or depressive states did not find themselves in a new reality during the pandemic [1]. The Lockdown Generation emphasizes the negative impact of many factors on the lives of young people in times of social isolation. The experience gained in the first months of the COVID-19 pandemic is not fully transferable to the conditions prevailing in subsequent waves of the threat. Nevertheless, they constitute an important reference defining the initial state, supplemented then with further studies that allow to indicate the tendencies of these changes. Remote learning, which was inevitable during the first wave of COVID-19, adversely affected the psyche of students. Isolation from peers and prolonged confinement at home exacerbated mental disorders, including depression, anxiety, and computer addiction, in adolescents. The children struggled with apathy and loneliness, as well as stress resulting from, for example, a lack of relationships with others. In addition to separation from peers, the following factors contributed to the decline in the quality of life of children: less physical activity and longer time spent in front of screens. The pandemic confirmed that school is important not only for gaining knowledge, but also for building social bonds. According to many educators and psychologists, some post-pandemic psychological effects will only become apparent in a few years [2]. During the COVID-19 pandemic, Polish and global education faced the difficult task of meeting the challenges related, in particular, to remote learning. The World Health Organization



(WHO) on January 30, 2020 announced a public health emergency of international scope. Since then, in a few weeks, 172 countries around the world have introduced various types of restrictions, including those relating to the operation of schools. It is estimated that the situation affected 98.5% of the world's student population, and it concerned children from 188 countries [3]. Remote or hybrid learning covered children at all educational levels. The phenomenon of such a scale has not been known in history so far, therefore reports containing data from medical, social, psychological and educational research are constantly being prepared [4]. In order to present the most complete picture of the situation of school-age children who were deprived of full-time education during the pandemic, a comprehensive review of the reports on the impact of the COVID-19 pandemic on the psychophysical development of children was carried out. After analysing the information provided by researchers from many countries of the world, a catalogue of barriers that appeared and were faced by school-age children was created. It should be emphasized that online education was the subject of discussion long before the outbreak of the pandemic. Researchers describing the opportunities and threats of online education pointed to the difficulties that arise in the process of creating an Internet community [5]. Foreign and Polish reports analysing physical health show a decrease in the time devoted to physical activity of children. Previously, respondents spent an average of more than nine hours a week on various forms of physical activity, while during the pandemic it was less than two hours. Screen time increased proportionally to the decrease in physical activity [6]. In the authors' own research, similarly to global research, the decrease in the number of hours devoted to physical activity was assessed. Analysing the data, it is stated: in lower grades, i.e. in the fourth and fifth grades, physical activity during remote learning decreased by 1/3. In the sixth grades, on average, physical activity decreased by 1/4. In the seventh grade, physical activity decreased by an average of 1/3. The greatest hourly decline in physical activity was recorded among eighth grade students. Older primary school students reduced their physical activity by half. The decrease in the level of physical activity was the result of not participating in physical education classes and most of the extra physical or recreational activities. Remote learning also limited physical activity of children and young people related to daily commuting to school and meeting peers. In many cases, not attending school has generated inappropriate eating habits in minors. According to the American Center for Disease Control and Prevention (CDC), childhood obesity rates have increased significantly since the beginning of 2020. During a study conducted on a group of people aged 7 to 19, it turned out that children gained weight during lockdowns twice as fast as before [7]. In addition, people with moderate or severe obesity prior to the pandemic had significantly higher BMI growth rates. Accelerated weight gain, especially among overweight or obese children, may lead to long-term metabolic changes that further expose them to the risk of serious and costly comorbid conditions such as type 2 diabetes, hypertension and depression [8]. The study consisted in collecting parents' opinions about their children's physical health. The results of this diagnosis show that over half of the respondents believe



that online learning in the manner that was forced by the pandemic caused a reduction in physical and mental fitness in children. Students spent less than two hours a day outdoors. Conducting classes with the use of computers increased the risk of eyesight deterioration in children. An additional phenomenon that arose during the isolation of children was the occurrence of emotional or behavioural problems. The data was obtained using a questionnaire for assessing children's strengths and difficulties, completed by guardians/parents [9]. Another group of inquiries are reports on aspects of children's mental health. The consequences of isolation will be the subject of research for many years to come. Researchers are increasingly focusing on children's responses that result from being isolated from their peers. The following factors contributed to the lowered well-being of children during remote education: stress caused by the pandemic, stress of parents/guardians, fear of falling ill, lack of contact with the immediate family, inability to leave home, long hours spent in front of the screen. The general indicator of the psychological condition of children after the pandemic was checked and, on the basis of mental well-being tests, a significant deterioration in comparison to the pre-pandemic condition was observed. Thus, the first conclusion concerned the increased level of hyperactivity. During the research, a greater tendency of children to express their emotions in an aggressive manner and inadequate to the situation was noticed. Another study from the UK on the mental well-being of children showed that children struggled with difficulties caused by being locked up at home, loneliness increased symptoms of depression, and lockdowns reduced activity and involvement in games that could help improve children's mood [10]. In the area of social and educational development, the consequences of disrupting the pre-pandemic routine have been reported. Children often stressed that they were bored and that they missed meetings with peers. In the authors' own research, the greatest problem among students was isolation, however they mention that they were not exposed to insults and mocking from their peers - they did not report any problems in social relationships. In the analysis of students with autism spectrum disorders, the change in the mode of learning was very much noticed: from traditional to remote learning. Parents noticed an alarming increase in their children's anxiety and irritation, which in turn resulted in an increase in behavioural problems and acts of self-harm [11]. Students with attention deficit hyperactivity disorder also found themselves in a difficult situation. In the opinion of parents and teachers, the adaptation of the children to the remote learning mode was very difficult. Engaging in online school education and managing tasks constituted the major problem [12]. Another effect of keeping children at home was the compulsive use of the Internet as a compensation for meetings with peers or participation in organized sports activities. Such behaviour led to greater access to content unsuitable for children, which could consequently increase the child's vulnerability to bullying and possible abuse [13]. In terms of physical health and physical activity, the results vary depending on the country and the restrictions applied. The milder the restrictions were, the more time was devoted to unorganized sports activity. In the authors' own research, most children less frequently used additional



forms of extra-curricular physical activity. The significant increase in recreational screen time and the compulsive use of the Internet are worrying.

In March 2020, many restrictions were introduced in Poland, both sanitary and in the field of children's education. Remote or hybrid learning applied to school-age children for over eight months. Looking at the restrictions introduced in Poland, the very closure of schools was not the only restriction imposed on children. The restrictions also included the order that persons under the age of 18 could leave their place of residence only under adult supervision, a ban on using parks, boulevards, beaches and forests. Further restrictions were introduced in the winter semester of the 2020/2021 school year. When analysing Polish reports and findings, professional research conducted on educational platforms was taken into account. Among others, the report entitled Remote education, what happened to students, their parents and teachers? was analysed [14]. The time spent on preparation, implementation and learning turned out to be an important aspect in remote learning. The amount of time spent in front of a screen increased significantly, on average up to nine hours a day [15]. Children declared that they spent much more time in front of the screens both during the week and at weekends. Intensive use of digital tools has disrupted so-called digital hygiene. In addition, the transfer of most of the activities to the virtual world has blurred the line between the time spent on learning and entertainment. This led to disturbances in the secretion of melanin - a hormone that facilitates falling asleep and regeneration of the body during sleep. More than 30% of students declared that they had troubles sleeping due to the use of a computer or smartphone. Based on the authors' own research, it is stated that 15% of the respondents complained about the lack of sleep or problems with falling asleep during remote learning. Moving most of the classes to the Internet, combined with a lack of exercise, made it more difficult for children and teenagers to fall asleep. Lack of sleep, being locked up at home, and long hours of using a computer made many children feel overloaded with information and irritated. In the context of such symptoms researchers are increasingly using the term "digital fatigue". The biggest problem for students was social isolation, during which they most lacked contact with their peers. The authors' own research confirmed that the lack of such interaction was also a problem for them. Moreover, the respondents were dissatisfied with the forced isolation, which became a burden for 30% of them. There is no doubt that isolation, home quarantine, change of stimulus stimulation and psychophysical activity contributed to the deterioration of health in children. On the basis of the report Moje s@mopoczucie w e-szkole (My fr@me of mind at e-school) [16], the majority of students declared that they cared about their physical condition and undertook various activities to improve it on their own. After the analysis of the author's own results, it is concluded that students, despite the lack of stationary physical education classes, tried to be physically active during remote learning. 98% of students regularly participated in physical education (online) classes, 32% indicated that they additionally exercised independently at home, and 67% declared that they tried to increase their physical activity during



the pandemic by walking. The physical effects of remote learning can be divided into short-term and long-term effects. Long-term effects will be observed only in the next several/ several dozen months. The World Health Organization reported that the weight of the average student increased by two kilograms due to the pandemic. Similarly, in the authors' own research, 40% of students gained weight by one to two kilograms (the surveyed girls faced a greater problem with weight gain). In national studies, attention was paid to general fatigue, backache and muscle pain, as well as headaches that appear temporarily [17]. The most commonly reported symptoms were nervousness, apathy, feeling sad, discouragement, stress, and difficulty concentrating. A similar analysis also confirms that the feeling of sadness appeared in 12% of the surveyed students, and stress related to remote learning in 49% of the respondents. Depressive tendencies and suicidal thoughts seem to be dangerous. There is also a noticeable increase in anxiety tendencies and affective disorders [18]. It is estimated that in one fifth of students psychosomatic health deteriorated significantly compared to the time before isolation. Based on Polish reports, the effects of isolation include: nervousness, irritation, cognitive impairment [19]. As a summary of these findings, it is proposed to present the most important conclusions related to online education. The mental, physical and social condition of some students deteriorated significantly. It is considered paramount to restore the mental and physical well-being of children as soon as possible. Their well-being was significantly impaired, which was caused by low physical activity, which in turn caused weight gain in many children, changes in body posture as a result of a long time spent in an incorrect position at the screen, and problems with vision. In terms of social changes, children lost the need to contact their peers, as social relationships were transferred to the Internet. Based on the authors' own results, it is noted that the lack of contact with peers was not the biggest problem for students, as it was transferred to the virtual world much earlier than the COVID-19 pandemic. The respondents indicated that there were no major difficulties with peer support (18% of students indicated the lack of it), and 15% of the respondents noticed being excluded from the group. After reviewing the research, both foreign and Polish, it is concluded that the problems caused by the closure of schools and conducting remote education concern a significant part of the population of school-age children. At the same time, it is noted that prophylaxis should be developed in order to prevent undesirable phenomena or conditions. Most of the analysed studies are rather opinion-based, as hard clinical data is still lacking [20]. It is recommended to monitor the health of children and adolescents on an ongoing basis. Such monitoring should be multifaceted, involving many research units. Research should be carried out in an interdisciplinary manner [21]. In addition to monitoring, it is advisable to appoint teams whose task would be to counteract and mitigate the effects of restrictions related to the COVID-19 pandemic. It is worth noting that the observed differences in students' well-being were revealed mainly in older children [22].



Conclusions

1. Remote learning during the COVID-19 pandemic had a negative impact on the mental condition of students due to their excessive fatigue and loneliness, and not coping with stress.

2. Remote education and isolation contributed to problems with sleep and to a reduction in physical activity in the form of additional, extracurricular physical activities, as well as to weight gain.

3. Lockdowns did not worsen students' social relationships with their peers.

Adres do korespondencji / Corresponding author

Miłosz Opuchlik

e-mail: majlock22@wp.pl

Piśmiennictwo/ References

1. Całek G., Rodzice o koronaedukacji – wnioski z ankiety, "Szkoła. Miesięcznik dyrektora" 2020, sierpień, http://oswiata.oficyna.mm.pl/#/article/ 47211dostęp: 16.08.2021.

2. Frączek Z., Niepowodzenia szkolne uczniów w czasie pandemii Covid-19. W perspektywie wybranych badań empirycznych, "Kultura – Przemiany – Edukacja", t. VIII, Rzeszów 2020, s. 76–90.

3. Fundusz Narodów Zjednoczonych na rzecz Dzieci, Education and COVID-19, UNICEF 2020.

4. Duszyński J. i in., Zrozumieć COVID-19. Opracowanie Zespołu ds. COVID-19 przy Prezesie Polskiej Akademii Nauk, PAN 2020.

5. Buchner A., Majchrzak M., Wierzbicka M. (2020) Edukacja zdalna w czasie pandemii. Raport z badań (2020). Centrum Cyfrowe, https:// centrumcyfrowe.pl/edukacja-zdalna/#Raport, Dostęp na dzień: 23.10.2020.

6. Schmidt, S.C.E i in., Physical activity and screentime of children and adolescentsbefore and during the COVID-19 lockdown in Germany: a natural experiment, "Sci Rep." 2020., nr 10, za: M. Xiang, Z. Zhang, K. Kuwahara, Impact of COVID19 pandemic on children and adolescents' lifestyle behavior larger than expected, "Prog. Cardiovasc. Dis", 2020.

7. Doucet A., Netolicky D., Timmers K. Tuscano F. J. (2020) Thinking about Pedagogy in n Unfolding Pandemic https://issuu.com/ educationinternational/docs/2020_research_covid-19_eng, dostęp na dzień: 15.09.2020.

8. Schiariti V. 2020. The human rights of children with disabilities during health emergencies: the challenge of COVID-19. Dev. Med. Child Neurol 62: 661. DOI: https://doi.org/10.1111/dmcn.14526.

9. Zhao Y., Guo Y., Xiao Y., i in., The Effects of Online Homeschooling on Children, Parents, and Teachers of Grades 1-9 During the COVID-19 Pandemic, "Med Sci Monit.", 2020 nr 26.

10. Bignardi G., Dalmaijer G.E., Anwyl-Irvine, A. L. i in., Longitudinal increases in childhood depression symptoms during the COVID-19 lockdown, "Archives of Disease in Childhood", 2020.

11. UNICEF, Children with autism and COVID-19, 2020, za: K. O'Sullivan, S. Clark, A. McGrane i in., A Qualitative Study of Child and Adolescent Mental Health during the COVID-19 Pandemic in Ireland, "Int. J. Environ. Res. Public Health", 2021., nr 18.

12. Hai T., Swansburg R., MacMaster F.P., LemayJ.F., Impact of COVID-19 on Educational Services in Canadian Children With Attention-Deficit/ Hyperactivity Disorder, "Frontiers in Education", 2021., nr 6.

13. Cooper K., Don't let children be the hidden victims of COVID-19 pandemic, UNICEF, 2020.

14. Ptaszek G., i in., Edukacja zdalna, co stało się z uczniami, ich rodzicami i nauczycielami?, Gdańsk 2020.

15. Fundacja Edukacji Zdrowotnej i Psychoterapii, ETAT W SIECI 2.0 – Zdrowie Psychiczne polskich nastolatków w nauce zdalnej, 2021.

16. Bieganowska – Skóra A., Pankowska D., Raport z badań Moje s@mopoczucie q e- szkole, Lublin 2020.

17. Gambin M., i in., Pandemia COVID-19 w Polsce. Perspektywa psychologiczna, Uniwersytet Warszawski, 2020.

18. Plebańska, M., Szyller, A., Sieńczewska, M. (2020) Edukacja zdalna w czasach COVID-19.Raport z badania.Warszawa http://marlenaplebanska.com/wpcontent/uploads/2020/06/Raoport Nauczanie-Zdalne-w-czasach-COVID-19.

19. Sobiesiak-Penszko P., Pazderski F. (2020) Dyrektorzy do badań specjalnych- edukacja zdalna w czasach izolacji. https://lekcjaenter.pl/ aktualnosc/38/raport_%22dyrektorzy_do_zadan_specjalnych_edukacja_zdalna_w_czasach_izolacji%22_dostepny, dostęp na dzień: 23.10.2020

20. Youth Sport Trust, Evidence Paper: The Impact of COVID-19 Restrictions on Children and Young People, 2020.

21. Buchner A., Wierzbicka M. (2020). Edukacja zdalna w czasie pandemii. Raport z badań. Edycja II. Warszawa: Centrum Cyfrowe (https:// centrumcyfrowe.pl/spoled/edukacja--zdalna-w-czasie-pandemii-2-edycja/; dostęp: 14.07.2021.

22. Walter N., Czego potrzebuje uczeń w edukacji zdalnej? Poznań, 2020. ; dostęp 29.10.2021. Tryb dostępu: https://youtu.be/tG3wmYLlpPM.



APPENDIX

Survey

The impact of remote learning during Covid-19 on the psychophysical and social attitudes of primary school students in grades 4-8 in the 2021-2022 school year. Mark X next to your answer.

1. Grade: 4 - 5 - 6 - 7 - 8 -

2. Gender: girl □ boy □

3. How do you feel about remote learning?

very well □ rather bad □ I don't know □ well □ bad □ no answer □ rather well □

4. What emotions did you experience during remote learning? (What did you feel?) – you can mark more than one answer. satisfaction with online learning 🗆 stress 🗆 fatigue 🗆 fear 🗆 uncertainty 🗆 weariness 🗆 loneliness 🗆 I don't know 🗆 lack of sleep 🗆 overload 🗆 no answer 🗆

5. How do you rate your well-being? very good □ good □ rather good bad □ very bad □ I don't know □ no answer □

6. What was the biggest problem with remote learning? (you can mark more than one answer). lack of sleep \Box no going outside \Box staying at home \Box sitting in front of the screen for a long time \Box being examined in front of the camera \Box boredom \Box no contacts with friends \Box I don't know \Box tests \Box no answer \Box

7. How were your relationships with your friends during remote learning? good \Box I had help from my friends \Box it happened that my friends laughed at my statements \Box I had no help from friends \Box most of them tried to be nice and kind \Box I was mocked \Box I was insulted \Box I was excluded from the group \Box I don't know \Box no answer \Box

8. Were you physically active during remote learning? (maximum 3 answers).

I participated in PE lessons (online) \Box I additionally exercised at home \Box dancing \Box cycling \Box aerobics \Box no physical activity \Box rollerblading \Box no answer \Box stretching \Box walking outside \Box

9 How much time did you spend on physical activity during remote learning? (Select one answer) only as much as in the PE schedule \Box 6-7 hours a week \Box one hour a week \Box more than 7 hours a week \Box one hour a day \Box no answer \Box 3 hours a week \Box none \Box 4-5 hours a week \Box I don't know \Box no answer \Box

10. How much time did you spend on physical activity before the Covid-19 pandemic? only as much as in the PE schedule \Box from 7-8 hours a week \Box from 3-4 hours a week \Box 9 hours a week \Box from 4-5 hours a week \Box more than 9 hours a week \Box from 5-6 hours a week \Box none \Box from 6-7 hours a week \Box I don't know \Box

11 Did you eat properly and regularly during remote learning? meals at intervals 🗆 large amount of vegetables and fruits 🗆 snacking 🗆 no regular meals 🗆 more sweets 🗆 I don't know 🗆 more soft drinks 🗆 no answer 🗆

12 Has your body weight changed during remote learning? more by 1 kg \square less by 1 kg \square l don't know \square more by 2 kg \square less by 2 kg \square no answer \square more by 3 kg \square less by 3 kg \square more by 4 kg \square less by 4 kg \square