disabled children (p<0.001), prosthetics, orthotics - 38.74 ±3.27% (p<0.001).

32.43±3.14% of disabled children in need received sanatorium-resort treatment, 30.18±3.08% are currently queuing for a voucher. For various reasons, this type of rehabilitation was abandoned by 24.32±2.88%, and 36.06±1.15% of patients (all p<0.001) contraindicated at the time of the ticket.

The nature and severity of leading disabilities in health status of children with disabilities have a decisive influence on quality of their lives according to their physical and psychosocial characteristics.

The analysis of structure and frequency of leading limitation of vital activity instate of health of 1611 disabled children in 2011–2018 is carried out in contingent of patients.

Seven major life limitations in the health status of children with disabilities were identified: 1) Reduced ability to self-care: to manage physiological functions; to maintain personal hygiene; to perform daily household activities; to eat; 2) Reduced ability to move independently: to walk; to overcome obstacles; to move; to maintain balance when moving; to maintain balance when resting or changing body position; to use transport; 3) Reduction of the ability to orientate: to adequately perceive the situation and assess the situation; to determine location in time and space; 4) Reduced ability to communicate: to understand and express thoughts through language; to establish contacts; to listen; to see; 5) Reduction in the ability to control one’s behavior: to be aware of oneself; to understand, interpret and cope with the situation; 6) Reduction of the ability to learn: to perceive, memorize, assimilate and reproduce knowledge; to master skills and abilities; 7) Reduced ability to work.

The leading limitation of bility to self-care was established in 5817 disabled children (I rank, 36.06±3.38% of patients). On the II rank place - the leading restriction of the ability to self-movement - 32.59±3.30%. Much less frequently, the leading limitation of the ability to communicate is established - 13.22±2.39% and the leading limitation of the ability to learn - patients 12.97±2.37% (all p<0.001). The two subsequent V and VI ranking places respectively occupied the leading limitations of the ability to orientate (2.54±1.11%, t=2.288) and the ability to control one’s behavior (1.99±0.98%, t=2.031). The leading limitation of ability to work did not exceed 0.63 ±0.56% (t=1.125).

The frequency of leading self-service limitation is 46.99 ±3.31 per 10,000 contingent of children and is 1.11 times higher than that of independent movement (42.46±3.48), 2.73 times the ability to communicate (17.23 ±2.66) and 2.78 times the ability to learn (16.90±2.64). The leading restriction of the ability to orientate (3.32±1.26) and the ability to control one’s behavior (2.59±1.12) were set respectively 14.15 and 18.14 times less than the leading restriction of the ability to self-service.

Medical support of compliance with standards of physical culture and sports complexes is carried out on basis of established regulatory documents.

In SBAH RK ‘SCC’, patients aged 6–17 years who wish to take part in implementation of standards are subject to examination.

The provision of medical assistance in implementation of standards includes the organization of: primary medical and specialized medical care in order to issue admission to implementation of standards to individuals who wish to take part in implementation of standards and the provision of primary medical and ambulance services, including emergency specialized medical assistance in implementation of standards to all participants.

Admission to implementation of the standards of students of educational institutions of preschool and general secondary education is carried out on basis of assigning the child to the main medical group for physical training by pediatricians of medical organizations.

If a minor citizen who wants to be tested, has a disability or a preparatory medical group for physical training, he is sent to the doctor in sports medicine (specialty ‘medical and sports medicine’).

The purpose of examining a doctor in sports medicine is to evaluate the response of the cardiovascular system to an increase in load and to determine the possible passing of testing in the relevant group. Conclusion with the decision on admission in this case is made by a doctor in sports medicine.

In the clinic in the 2016–2018 years. 807 children applied for examination, of which 787 were allowed to pass sports standards (97.52±0.30%), corresponding to the years 2016 - 23 (95.83±0.08%), 2017 – 491 (96.84±0.78%), 2018 – 273 (98.91±0.62%). In the structure of admitted children 13–15 years old (31.00%) and 11–12 years old (25.41%) prevailed over other age groups 9–10 years old (19.95%), 16–17 years old (12.58%) and 6–8 years (11.06%).

If in 2016 only 24 people applied for certification, then in the next 2017 their number increased to 507, that is, 21.13 times. In this case, all patients were divided into three medical groups: the main - 443, preparatory - 52 (of which 4 children were not admitted) and special -12.

Of the 807 children and adolescents examined over 3 years, the main medical group for physical training was established 87.73±1.15% of those examined, preparatory - 10.78
Childhood disability is a major marker of health status of the child population and prospects for its social well-being.

The analysis of diseases that caused the occurrence of disability in 710 disabled children was conducted. State Budget Agency of Health of Republic of Komi ‘Syktyvkar children’s clinic’ [3], who were disabled in 2016-2018. Control group consisted of 901 patients of ‘SCC [3]’ who were disabled in 2011–2015.

Determined the ranking of diseases that caused the emergence of disability in children with disabilities, their structure and frequency per 10,000 contingent patients of clinics.

When working on material used methodological approaches: systemic, integrated, integration, functional, dynamic, process, regulatory, quantitative, administrative and situational. Used methods: historical, analytical and comparison. The following techniques were used: grouping, absolute and relative values, average values, detailing and generalization. The significance of differences in quantitative characteristics between groups with a normal distribution of quantitative variables was calculated using Student’s t-criteria for independent samples.

The formed indicators of the general disability of the contingent of patients of the urban children’s clinic of the regional center of the subarctic territory is a statistical tool of everyday use for the objectification of the rehabilitation process, their comparative evaluation and determination of the strength and means of a medical institution for its successful maintenance.

For period from 2011–2018. total (widespread) disability in ‘SCC [3]’ increased in absolute terms from 166 to 261 people, that is, 1.57 times and, correspondingly, with a growth rate of 157.23%. The frequency of primary disability increased 1.34 times from 118.69 per 10,000 patients to 159.92, while the growth rate was 134.73%. With outpacing rate of 157.23%. The frequency of primary disability increased 1.34 times from 118.69 per 10,000 patients to 159.92, while the growth rate was 134.73%. With outpacing rate of 157.23%. The frequency of primary disability increased 1.34 times from 118.69 per 10,000 patients to 159.92, while the growth rate was 134.73%. With outpacing rate of 157.23%. The frequency of primary disability increased 1.34 times from 118.69 per 10,000 patients to 159.92, while the growth rate was 134.73%. With outpacing rate of 157.23%. The frequency of primary disability increased 1.34 times from 118.69 per 10,000 patients to 159.92, while the growth rate was 134.73%. With outpacing rate of 157.23%. The frequency of primary disability increased 1.34 times from 118.69 per 10,000 patients to 159.92, while the growth rate was 134.73%.