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DISSERTATION

Analysis of physical indicators in correlation with anthropometric indicators and some pulmonary static and dynamic parameters in children 10-15 years old and their selection of sports activities (volleyball)

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TABLE OF CONTENTS

INTRODUCTION

During recent years the sport has become a truly mass phenomenon and increasingly growing number of young people, but also the little ones who practice different sports.
This trend poses sports medicine preventive task order, noting some particular that the growing child body to assess their physical capacities and possible effects that provides training.
On the other hand this discipline of medicine (Sports medicine), it is essential to recognize the physiological reaction that gives the body of the child to exercise, even at the stage of growth and development. So not only to know and determine the most rational criteria of the functional assessment and to select the trends of children to different sports, but is to lay the technical foundation in the training programs in sports. So in this way it presents effective fair and efficient "dose" resulting in improvement of mental and physical activity of children and youth.
In reality in the physiology of growth, this aspect somewhat special is not treated appropriately until the last decade. This is why even today here and there there is a lack of knowledge of the problem in its entirety and knowledge often remain in some sectors information about special experience.
From the serious work it is shown that children in pre puberty and puberty physiological own natural ability to perform a muscular job of resistance and a more more favorable report between weight and aerobic power is realized in the period of time between 10 and 16 years (Ceretelli e bp 1968).
Since the biggest aerobic capacity depends heavily on Efficiency of respiration except cardio circulatory is obvious that the functional study of the expiratory tract is always a crucial point in assessing sports.
Many are in the literature observations made about adding static and dynamic pulmonary volumes to athletes and former athletes in the relation to entities that make sedentary life(Scoti, Monti, Akgun, Ozgonul, Dal Monte).
Such a requirement it is even more important for children who are in the the age of increasing presumably that sport would perpetuate a dynamic anatomical-functional adaptations of all structures participating in the expiratory activity as a result of physical activity.
These observations condition sports medicine to find volumetric pulmonary parameters, mainly vitalsi capacity indicator of the value of sport.
There are very few studies that provide data on the correlation between performance indicators and volumetric pulmonary sports.
Starting from these data of literature and the experience of our country to assess the problem in the angle of the observations written above, it was thought that this be studied in full in the form of a disertavioni. So be studied and analyzed whether it affects the sports activity in the pulmonary volumetry.
* While Preparing volleyball it represents itself a complex pedagogical process, continuously perfected. Of the most important for achieving this perfection it is dumping on scientific basis of the system of choice for selection of athletes in the early. Preparation of volleyball players will be successfully realized only when it will be given a special importance to all actors that comprise the unique system of preparation and activity. In this system the preparation is necessary to look at in terms of many years, where the initial selection of children is one of the factors that will determine the best performance and highest achieving national and international.
So with the beginning of the children to practice sport of volleyball we understand that the initial data that are essential for transgender later the results that require high quality, results that will

be expressed through key indicators. From the character of the initial data and the quality of learning - training will depend largely on the final score. No matter how well this process will be organized, the final result may not be high in the terms of lower of the initial data. Certainly will not be successful if the initial data are high if the process will be poor organized.
Today volleyball requires a universal technical - tactical training, mastery of high level (to successfully implement the functions of the players in the squad) optimal data altitude stature, athletic preparation, high skills of coordination, neuro - muscular (skill), great physiological value, physical quality (durability, strength and speed), moral values
(willpower, perseverance, courage, high spirit for the completion of the action) and skill to the game.
So abilities exist, but it is imperative to develop. Their development depends very much on the love to work primarily of those that deal with volleyball.
In this context the main task during the election of children who will enter the sports group is the discovery of the better elements and what is most important skills and qualities education of the children to form those with higher skills game volleyball.
Every sport has its beauty but volleyball is one of the most beautiful and interesting sports. Volleyball with his beautiful spectacle refresh, satisfies at the same time prepares those people who deal with.
The development of volleyball in the world and in our country, the increase of the participants in it, of different ages, with shows that are not repeated from the match in the match, put on the healthy scientific and professional basis.
One of the basic problems of continuity of this sport and systematic growth in Kinesiology **(Lecture 7)** a higher degree is to prepare children and youth, continuous selection of these talents and time volleyball representation from these talents.
Volleyball talents does not issue spontaneously and random shapes, but preparing these talents with a systematic several years work, based on the theory and practice of contemporary and past this activity through the stages of selection.
This is the most difficult area that requires attention by specialists, if they want to start playing volleyball where it deserves, as perfect as the selection is, so fruitful will be volleyball, which will be represented correctly by the selected generation.
Problems of choice and selection of talent will be of a great importance, because to reach the highest peaks of the todays volleyball, must have as much talent, so that the studied work on a scientific basis, because volleyball today has taken the size of a large spectacle, and to come to interpret it in this game so beautiful, inevitably must have passed the stages of selection successfully.
To make a comparison: If stage actor prepares his role with weeks months in a row, until to achieve proper tone or smile at the show, with volleyball is not the case. He takes the role in area. The game dictates different situations, which volleyball player must solve them with skills and talent, in fractions of a second.
Well, this interpretation, which requires individual level can not be achieved without undergoing rigorous selection stages.

PURPOSE OF THE STUDY

We chose the theme of study work, evaluation of static and dynamic pulmonary parameters to children of the age 10-15 years, who practice sports or not, (the experimental group) who resides in the city or in the countryside. The reason is to identify whether exercise, sport, this bridge between "health" and "fitness" in these parameters impact. Starting from this standpoint we want to give our contribution in this regard.
From the above said, this study aims to:
1. To enable identification of their growth in certain stages of these ages.

2. To study whether there are differences of these parameters between children who live in the city and those who live in the countryside.

3. To study, in particular, whether organized sport affects children of these ages, in these pulmonary parameters. This will become correlated with children who reside in the city where presumably that the social, economic and cultural conditions are the same.

4. What correlations have static and dynamic pulmonary parameters with height, as an important anthropometric parameter affected by sport.

5.In which little age begin to affect physical exercises in these parameters and pulmonary who may be factors that enable this impact.

Certainly trying to form convictions with data obtained from measurements of these parameters, the study will have the character of a comparative evaluation between the parameters themselves, between the sexes, residence, as well as literature data.

* The study of choice and element selection in volleyball (control group) is one of the tasks of working with special importance that the world and our country experience has shown that this process is ongoing and key factor in establishing and achieving higher results.
Based on the element selection criteria applied in practice to enable the determination of scientific norms in order to obtain the best volleyball players, who will form the group - the respective ages will undoubtedly reach and higher sports scores.
Are tested group - ages 10 to 15 years (girls), into two groups, where each group is from Korca - Peshkopi - Rrëshen, and another group of schools in Tirana, which in total make 500 students. Data were collected from each group. I would like to thank you for the cooperation and support that the school teachers have given.

STUDY METHODOLOGY

In methodology, the paper will extend a bit, but we consider it necessary to better explain the steps taken to carry out research work.
This study is based on examination of 984 children. They were school children of 8 years school of city and village of Tirana. They were made anthropometric measurements and measurements of static and dynamic pulmonary volumes.
Since the object of our study was how sport affects in children aged pre puberty and puberty of the total examined children, deliberately were 151 students who practiced sport in organized sports teams. Boys in volleyball, basketball, and soccer, and girls in volleyball, basketball and aerobics.
We had no object and purpose to study the impact of specific sports in the expiratory volumes. These children practice the sport as dilettante, so we were confident in these ages, as soon as they started to practice the sport, can not be influenced in particular by type of sport.
All children were aged 10, 11, 12, 13, and 14. In total were 472 females and 512 males.

The study is a prospective study, conducted under a protocol previously developed together with scientific leader.
This protocol takes into account the individual and physiological characteristics of children in age of pre puberty and puberty.
All the anthropometric measurements are performed, but we have singled out and studied only those parameters who evaluated in pulmonary function activity, which is the object of study to undertake.
All examinations were performed by two pedagogue doctors , who have a large experience in applying, conducting them. The author has carried out most of the measurements of static and dynamic pulmonary volumes as well as anthropometric measurements.
Because we implemented a determine methodology we have into account these moments:

2.2.1.The examined contingent.

We rigorously stick to the study protocol avoiding obligatorily contingent selection that would be subject of measurements. For these reasons, anthropometric measurements and the pulmonary volume measurements were made on the school environments taking all the above mentioned age students who were there.

2.2.2. Environmental conditions examination

All children were examined in closed environments, in the gym and when it was absent (in the village) in one of the classrooms. There was ample natural lighting. The environment temperature was 24-26oC. This closed environment provide optimal humidity and lack of currents of wind.

2.2.3. The conditions of preparation for examination

All children were explained a few days ago to go with sports suit, and what to do the next day. They were instructed to eat breakfast regularly as every time and we, we conducted the examination about 2 hours after meals. The examinations were performed by applying the respective requirements for standing anthropometric measurements, while measurements of expiratory volumes stagnant. The last for the fact that the extended position, as a result of increased blood flow to the lungs, there is a decrease in the pulmonary volumes by about 10%.

2.2.4. Anthropometric measurement method

The body height was measured with the ordinary wooden height meter according to standard methods with ready staying and barefoot.

The body weight to all children was measured with scales type of MB-S 01/03, which was always checked before the new work for the accuracy of the values that it gave. The perimeter of chest was measured with measure tape, according to the standard method having these points: vertebral level VII-VIII thoracic, and ahead in terms of both mammalian aura.

2.2.5. The method of measurement of pulmonary volumes

The device that we had in possession, the spirometry that was used, was the type of KTD-4, which automatically operates as it is with semi conductor. Precisely such a device makes it possible the automatically correction of values of the pulmonary volumes turning these values from the standard conditions (A.T.P.S) in those of the organism (B.T.P.S).

Before initiating the examination, the children in small groups, from our side were demonstrated ways of performing it. Here we had in mind to undress the children of emotions in order to avoid as much subjectivity, and to provide a more complete mobilization of children in the examination. In special cases when the child presented difficulty in understanding the procedure, were preliminary evidences of forced and quick expiratory off the device, "in a vacuum".

a- The forced vital capacity (K.V.F), which expresses the maximum volume of air that can be removed after a maximum respiration, in a shorter time. It is more accurate indicator of pulmonary ventilation. In fact, it changes very little or no the vital capacity in a slow respiration.

b- The maximum expiratory volume in the first second of (V.E.M.S) which depends on the elasticity of pulmonary tissue and the condition of the expiratory tract.

c- The Tiffeneau report which shows the report between the maximum expiratory volume in the first second of (V.E.M.S) and vital capacity (K.V), expressed in percentage. This spirometry report used by us automatically eject itself.

$$\text{Tiffeneau Index} = \text{V.E.M.S.} / \text{K.V} \times 100$$

We have dedicated much importance to the fetched respiration to be technically good realized, because every mistake gives us no real results.

With the control group
It relied on the statistic and physical indicators etc. as:
With the control group
It relied on FreeBalance
statistic indicators and physics, etc. as
1. stature height, ---------- cm
2. anvergura, ---------- cm
3. The height of the arm, ---------- cm
4. run 10 m, ---------- sec
5. touch the object with momentum ---------- cm

6. touch the object without momentum ---------- cm
7. longest jump of the country .---------- cm

STATISTICAL ELABORATION

For the experimental group since that we had some parameters, such as anthropometric and pulmonary, and our study required correlations between them, it was necessary a statistical processing. For the lattest were selected those formulas that fit with the correlated objects. Therefore they are few.

a- All data stored on the computer were found arithmetic averages and standard deviation.
b- Evaluation of correlations between parameters was made with the Fisher-Student test with the reliability coefficient 0.001 and 0.05.

$$t = \frac{x_1 + x_2}{\sqrt{m_1^2 + m_2^2}}$$

c-Regressions were calculated according to the formula:

$$y = a + bx$$

d-The body surface was calculated with the formula *:

$$ST\ (m^2) = \text{Weight (kg)}^{0.425} \times \text{Hight (cm)}^{0.725} \times 71.84$$

For these was used PC1 - IBM Personal Computers with Lotus program, Statgraf, wp51, Microsoft Word 2.0.

For the control group the collected material underwent a statistical processing by SPSS programm.

(Statistical processing program in the social sciences) version 15.0 and EXCEL program received in the program package of MS Office 2003.
In statistical processing for each indicator according to the age, constitute 3500 indexes. Statistical parameters were calculated as the arithmetic average, standard deviation, progressive average, the lowest value and the greatest value received by each indicator. Also within the same set of data according to the age were observed the possible links that may exist between indicators with one another.

So, the average growth of stature altitude from 11 years to 15 years old results 14.5 cm, so the average growth rates for each year are 2.9 cm. Based on this fact which clearly shows that the largest increase in the overall context of human growth (oksology) is in the ages 11-15 years old. So, precisely in this age takes crucial importance even the resolving of process of the selection of the players.

CHAPTER V

DISCUSSION

The three categories that we have taken in the study (city, village, athletes), present in itself groups with different impacts on the social, cultural, economic and psychological plans. And the nature of the exercise of physical activity to all three of these groups, is different, conditioned by the terms of the above. The impact of these conditions will certainly be reflected in anthropometric parameters and static and dynamic pulmonary.
In this study, the contingent (experimental group) who was subjected to anthropometric examination and measurement of static and dynamic pulmonary volumes, consisted of ages 10, 11, 12, 13 and 14 years old. In this age except internal genetical factor (12, 15), in the overall development as physical and organic, of course, that a major impact have the surrounding environments and in particular the physical activities (18, 19, 21).
As a result of the impact of external factors, such the age groups reach to establish the true phenotype. To these above mentioned effects does not escape even the expiratory device (6, 15, 21), who was too the object of our study. These changes that are expected to incur the expiratory device, deal not only with "the physical" health (19, 23, 24), but also by psychological influences conditioned by social factors (21, 44).
The performance of body height in girls , in village and athlete, shows that the pace of development of their body is more pronounced at ages 11, 12 years. **(Graph 1).**

Certainly the influence of hormonal factors is the main factor (38, 39, 43) as these factors affect their whole body.
For the city girls, the body weight (tab. 4) has a somewhat unique performance comparing with the height. The body weight has two patchy development, at ages 11-12 years and 13-14 years.It is also expressed in **Figure 2.**

Chest circumference in the city girls is an indicator that shows the physical development of the contingent that was taken in study. The performance of this indicator we see presented in Figure 3.
Even here it is noted that the greater development of this indicator, so, the chest circumference, occurs in the period of 11-12 year .
Lung volumes (Table 10) generally increases with the age. The growth rates are different at different ages. Vital capacity shown in **Figure 4** has the highest value at age 14.

Differences of averages of the vital capacity from age to age are significant (p <0:05) (p <0.001). From this performance makes an exception only ages the period of 12 and 13 years, where the difference is small. Even foreign authors generally give the same performance, and such a contrast between ages 12 and 13 years (9.44). Dynamic pulmonary volumes (V.E.M.S) although in both age groups 10-11 years and 11-12 years has an increase, expressed in absolute terms (Table 10), while the difference statistically expressed is not significant in these age groups. The difference begins to appear at the age of 13 years compared to age 12 (Graph 5).

The same phenomenon is also at ages 13 and 14, but here the growth rates of this indicator is higher, around 11%. So as V.E.M.S. and K.V. the peak growth of their values is at ages 13 and 14.
The Tiffeneau index, the report between V.E.M.S. and K.V. presented in Figure 6, begins to decrease by age in years, while the average differences of this significant index between 10-11 years age group (p <0.05) and 13-14 years (p <0.05).

These trends decreasing of this report are evidenced even in other contingents in the study.
At the village girls the biggest increase of the body height occurs at ages 11-12 years (Table 5).
While comparing this growing with the respective indicator of the city girls, however, results to be reduced (table 17). Such data also provide other authors (9, 14). In both urban and rural contingents, the difference is quite large. This difference moves from 7 to 10 cm in various age groups (p <0.001), although exists this difference in absolute values, their annual performance is the same as in girls of the village and to those of the city (Graph 1). Body weight of the village girls (Table 5) is much less than the girls who live in the city. This difference is 6 kg at the age of 10 years and at age 13 their weight is with a very low difference (Graph 2).
At the girls who live in the village the rate of the body weight growth is not the same as that of girls who live in the city, in the last 13-14 years. The difference between them is not significant. The thorax perimeter of the village girls has a different performance (Graph 3) compared with two uper indicators, body height and their weight .Both ages 13 and 14 years as city girls and to those of the village do not have significant difference (Table 17). This phenomenon in this age group there has a contradiction if you compare with average height and body weight between these contingents. While height is an indicator that mainly affects from development of the skeletal and muscular development weight, the thorax perimeter of approximate on both these contingents, shows that to villagers in its composition is influenced not only osseous tissue and muscular but also the sebaceous.
The pulmonary volume at the village girls (tab.11) have an average value lower than the girls of the city. The vital capacity has a fairly large difference, which is notable at that village girls at the age of 12 have a vital capacity of about 1 liter lower than the same age group of city girls. So although the static performance of this volume is always growing, the village girls have significant differences in all age groups opposed to girls who live in the city (graph. 4). The difference is more evident in the 11-12 years in which we have a vital capacity of about 1 liter lower than the same age group of city girls. The difference is more visible in the period 11-12 years (tab. 18). We can say that this is dedicated to the fact that coincides with the onset of puberty, so a hormonal "explosion" as in the stimulation that is made to the osseous and muscular system (38, 41, 45, 46, 50). The maximal expiratory volume in the first second of

(V.E.M.S) as well as the vital capacity is lower in girls of the village in relation to those of the city (tab.18). V.E.M.S. is nearly unchanged in the first three age groups (graph. 5).
The difference begins to appear from the age of 13-14 years. However, this indication in these age at the girls of the village is 30% lower than at the girls who live in the city. V.E.M.S. is influenced not only by internal pulmonary component but also external component, the muscular one (48, 61, 65). It is proved that the high level of physical preparation, directly affects the growth of this parameter (8, 19, 32, 42, 50). On the other hand only the absolute values of this parameter, then the V.E.M.S, may be specific to a particular impact of physical preparation, if not made in relation to the vital capacity. Therefore the Tiffeneau Index report of V.E.M.S. with K.V. can express the impact of muscular component. This index at the girls who live in the village, suffers a decrease from age to age (graph. 6).
This decrease is more evident compared to girls who live in the city (respectively 10% and 5%). At the girls who exercise sport in an organized way, so in teams, the data of three age groups were processed, which reached a sufficient number of conclusions. At the girls 11, 13 and 14 years who exercised the sport of athletics to volleyball and basketball are noticed changes in anthropometric indicators obtained in the study. The body height, although belongs to a time period of 2 years (11 and 13) has a notable development, of about 13 cm. The performance of this indicator (graph. 1) in this time period is too approximate with the girls of the city. The differences are not significant between these two contingents (tab. 15). Perhaps to the latter affects the fact that you have not made any selection depending on the type of sport practiced by these girls. Body weight to these girls is 1 to 2 kg less in comparison with those of the city (Table 15). However, this difference is not significant. Of course the exercise of sporting activity affects the weight of these girls to be small. The same happens with the circumference of the thorax (Graf. 3). Girls who practice the sport, the dynamic pulmonary volumes (VEMS) is approximate to levels of city girls (graph. 5). The performance of this parameter is the same as the city girls. In more analytical differentiation of these two pulmonary parameters gives us the Teffeneau index (tab. 12), which shows that athlete girls from the ages 11-13 years old have the index with higher values. This coincides with the data of other authors who associate with the fact that the development of pulmonary tree, at athlete girls is higher (9, 10, 19). Pulmonary volumes in general as we have demonstrated above, are dependent on body height and the impact of physical exercise. This coincides us with details of many authors who point out that the increase in pulmonary volumes, whether static or dynamic, depending on sex and type of the physical activity exercise (34, 35, 50, 52, 53)
By comparing the vital values to the three groups of girls (tab. 10, 11, 12), it results that this indicator is higher among girls who practice the sport 16%, those aged 13-14 years, while V.E.M.S has an increase by 10%. The village girls at this age has a very pronounced increase of the vital capacity, with about 19%, while V.E.M.S 17%. At the city girls the vital capacity has a more gradual increase, from age to age by about 4%, while V.E.M.S suffers the greatest increase by about 11%, at the age of 13-14 years. As a result of the report of these indicators, the Tiffeneau index , suffers a smaller decline in city girls and sportswoman with about 4%.

Comparism of the vital capacity at girls

Author	City / Age				
	10	**11**	**12**	**13**	**14**
Cereteli	2.03	2.33	2.65	3.0	3.2
Astrandt	2.0	2.2	2.6	3.2	3.4
Çekia			2.73		3.55
Sofia	2.05	2.28	2.6	2.84	3.06
Bullgaria	1.73	2.1	2.4	2.58	2.7
Tirana	2.29	2.49	2.6	2.76	2.98
			Village		
Çekia			2.54		3.48
Bullgaria	1.65	1.93	2.2	2.38	2.6
Tirana	1.51	1.54	1.82	1.89	2.33

Comparism of V.E.M.S. at girls

Author	City / Age				
	10	**11**	**12**	**13**	**14**
Çekia			2.34		3.16
Tirana	1.9	2.1	2.15	2.25	2.45
			Village		
Çekia			2.23		3.13
Tirana	1.27	1.26	1.28	1.42	1.72

Comparism of the vital capacity at the athlete girls

Author	Age			
	11	**12**	**13**	**14**
Tirana	2.33	-	2.83	3.35
Itali (25)	-	2.4	3	3.59
Çekia	-	2.68	-	3.72

Comparism of the V.E.M.S. at the athlete girls

	Age			
	11	**12**	**13**	**14**
Tirana	2.04	-	2.28	2.52
Itali (25)	-	2.33	2.89	3.42
Çekia (62)	-	2.45	-	3.36

CONCLUSIONS
....for the experimental group

1. In our country there is a mass of healthy childrens that fulfill the physical and morphological requirements of appropriate age to be selected, trained and achieved high results in volleyball.
2. 2. Sport specialization allows the use of tools, methods, tests of rates, but the previewed program for their development to be realized in accordance with the morfo - functioning and the psychological properties of any age
3. 3. The selection criteria and the selection comply with the specifics of preparation of volleyball players (action in short distances 10-30 m with and without change of direction, touching the object hanging, with and without momentum, long jump from the place etc.) .
4. Stature Height from age 11 to 15 years old increased by 14.5 cm and where the average increase for each year is 2.9 cm. So the greatest increase occurring within the arch of 5 year (14.5cm) for the fact that the following age grows less and less. For this reason the stature height is taken as an indicator of firsthand.
5. Stature height for girls in this period has a high correlation (p <0:01) **** with avengur, the height of the arm, jump height with and without momentum and low correlation with the speed (running 10 m) p <0:05.
6. Choice and selection rates for girls aged 11-15 years are a safe basis for the evaluation, control and objectivity of training in volleyball.

... for the control group for FOR SELECTION OF VOLLEYBALL PLAYERS

1. The skills determination to children is of a great importance in directions that we discussed above, but this problem is better to consider the details.
2. Specifically the children with lashes shoulder usually have no strength, those with thick achilles tendon are not resourceful and those with inadequate heels don't jump, so it is best that the chosen childrens have the right shoulders and a little higher raised, thin achilles tendon and narrow pelvis.
3. As for physical qualities, they are determined considering the use of some special tests. So, for example, to see the strength of the legs of children this exercise is performed, note the position of the body in collecting and alignment of the feet. When the center of gravity and chest up your heels with knees and when the girl does not fall behind, but rises again, shows a good strength of the legs.
4. The determined suppleness through such a test, the child lies on a gymnastic bench ; bend forward in terms of land reaching as much. The distance is scaled in mm, from the beginning of ornaments hanging with - (minus) and to the ground with the + (plus).
5. To measure the skills we can use such a test: Child jumps hanging from their places with the hands placed on the waist. During the height raising rotates from left. Feet long stand united as body raising the and when it touches the ground. The child is facing north (initial position). Feet are located in the place where the two axles are cut north - south, east - west. The exercise ends when the child touches the ground. the angle is measured.
6. On stage, (11-15 years old): the child begins to learn and perfect the technical - tactic elements and show some psychological particulars of this age. It is therefore pertinent that at the end of this period children evaluated in the following directions:
7. Technical elements are broken down into component parts and teacher or coach is required to maintain appropriate records of how much time each student spent for specific parts mastering technical element.
8. The evidence for the tactic during the election of children are numerous, but it is good to be taken those indicators that more accurately reflect students' abilities to game activity. To determine the activity of the child during the game, of how skilled and ingenuity as he realizes motor skills, is better to use some special games.
9. More specifically for volleyball is the game "balls through the net", the content of which is this: two teams of 6 players are placed in volleyball. Net rises approximately 2m. Each team has two volleyball balls to hold the position players who are two and four. With signal, the players throw the ball over the net in front of the half volley field. The aim of the game is to catch balls that are in the area of the opponent (the ball that comes off the field does not count). When the four balls are in one area that team loses a point.
10. 11-15 years age groups at the 8-year schools of Korca. Peshkopi and Rreshen the stature height has strong links with avengura, the height of the arm, touching the object with and without momentum and weak links with the longest jump of the country and the course 10 m.
11. Age 11 years, the interval of the change stature height is 28 cm = (162-134), which is the arithmetic average of 147,240 and 151,962 progressive average.
12. Age 12 years, the interval of the change stature height is 34 cm = (169-135), where the arithmetic average is 150 570 and 155 528 progressive average.

13. Age 13 years, the interval of the change stature height is 31 cm = (171-140), where the arithmetic average is 155 540 and 159 907 progressive average.
14. Age 14 years, the interval of the change height is 23 cm tall (171-148), where the average is 159,460 and the average arithmetic progressive 164,148
15. Age 15 years, the interval of the change height is 24cm tall (173-149), which is the arithmetic average of 161,750 and the average progressively 166,529

Now we look at the stature height links with other indicators (correlations) at the conclusion of this study.
-Age 11 years old, the stature height has strong links and significant (p <0:01) **, with avengura, the height of the arm, and with the touch of the object with and without momentum, while with significant correlations (p <0:05) * with longest jump from the place, while the 10m race has insignificant link.
- Age 12 years old, the stature height has strong links andsignificant (p <0:01) **, with avengura, the height of the arm, and with the touch of the object with and without momentum, * while running 10m has important link (p <0:05) *, while the 10m race has no link with the longest jump from the place.
-Age 13 years old, the stature height has strong links and significant with avengura the height of the arm, the 10m race the touch of the object with and without momentum, (p <0:01) **, and while with the longest jump from the place has a less significant link. (p <0:05) *
-Age 14 years old, the stature height has strong links and significant (p <0:01) **, with avengura, the height of the arm, and with the touch of the object with and without momentum, with longest jump from (the place) while with the 10m race has no link.
-Age 15years old, the stature height has strong links and significant (p <0:01) **, with avengura, the height of the arm, and with the touch of the object with and without momentum, with longest jump from the place, while significant links (p <0:05) with the 10m race
The largest increase in the overall context of human growth (oxology) is in the ages 11-15 years old. So precisely in these ages gets a crucial importance the settlement process of the selection of players.