

ABSTRACT



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THE ADDITION OF USING A KNEE DECKER ON US INTERVENTION CAN BE BETTER IN REDUCING KNEE PAIN IN THE MEDIAL COLLATERAL LIGAMENT LAXITY

Consists of VI Chapter, 98 Pages, 10 Tables, 16 Pictures, 2 Graphs

Medial collateral ligament laxity is one of the injuries to the knee joint that occurs in the medial part of the knee joint due to direct trauma to the medial part of the knee joint which causes imbalance of the body and movement of the knee joint. **Aim :** To find out the use of knee decker in US intervention can be better in reducing knee pain in the medial collateral ligament laxity.

Method : This research is *quasi experiment* where the value of pain intensity is measured and evaluated using VAS. The sampling technique was *purposive sampling* consisting of 10 samples aged 19-38 years. The research was conducted in RSUPN Cipto Mangunkusumo, Jakarta Pusat and was divided into control groups and treatment groups. The control group consisted of 5 people with ultrasound intervention and the treatment group consisting of 5 people who were given the addition of knee decker. **Results:** Normality test using *Shapiro Wilk Test* and *levene's test homogeneity test* obtained $p>a$ (0,05) all data were normally distributed and homogeneous. Hypothesis I test using *related t-test* $p>a$ (0,05) so that there is the effect of adding knee decker to decreased knee pain in the medial collateral ligament laxity. Hypothesis II testing using *Wilcoxon singed rank test* obtained $p>a$ (0,05) so that there was an effect of giving ultrasound to decreased knee pain in the medial collateral ligament laxity. Hypothesis III test using *independent t-test* obtained $p=0,03$ so that there was an effect of adding a knee decker on ultrasound intervention in reducing knee pain in the medial collateral ligament laxity. **Conclusion :** Adding a knee decker to ultrasound intervention can be better at reducing knee pain in the medial collateral ligament laxity.

Keywords : Knee decker, Ultrasound, Medial collateral ligament laxity

ABSTRAK



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PENAMBAHAN PEMAKAIAN KNEE DECKER PADA INTERVENSI US DAPAT LEBIH BAIK DALAM MENURUNKAN NYERI LUTUT PADA MEDIAL COLLATERAL LIGAMENT LAXITY

Terdiri VI Bab, 98 Halaman, 10 Tabel, 16 Gambar, 2 Grafik

Medial collateral ligament laxity merupakan salah satu cidera pada sendi lutut yang terjadi pada bagian medial sendi lutut diakibatkan karena trauma langsung pada bagian medial sendi lutut yang menyebabkan ketidakseimbangan tubuh dan gerakan sendi lutut. Tujuan : Untuk mengetahui penambahan pemakaian knee decker pada intervensi US dapat lebih baik dalam menurunkan nyeri lutut pada medial collateral ligament laxity. Metode : Penelitian ini bersifat quasi eksperimen dimana nilai intensitas nyeri diukur dan dievaluasi dengan menggunakan VAS. Teknik pengambilan sampel dengan cara purposive sampling terdiri dari 10 sampel usia 19-38 tahun. Penelitian dilakukan di RSUPN Cipto Mangunkusumo, Jakarta Pusat dan dibagi menjadi kelompok kontrol dan kelompok perlakuan. Kelompok kontrol terdiri dari 5 orang dengan intervensi ultrasound dan kelompok perlakuan yang terdiri dari 5 orang yang diberikan penambahan knee decker. Hasil : Uji normalitas menggunakan Shapiro Wilk Test dan uji homogenitas levene's test didapatkan nilai $p>a$ (0,05) seluruh data berdistribusi normal dan homogen. Uji hipotesis I menggunakan t-test related didapatkan nilai $p>a$ (0,05) sehingga ada efek penambahan knee decker terhadap penurunan nyeri lutut pada medial collateral ligament laxity. Uji hipotesis II menggunakan Wilcoxon singed rank test didapatkan nilai $p>a$ (0,05) sehingga ada efek pemberian ultrasound terhadap penurunan nyeri lutut pada medial collateral ligament. Uji hipotesis III menggunakan t-test independent didapatkan nilai $p=0,03$ sehingga ada efek penambahan knee decker pada intervensi ultrasound dalam menurunkan nyeri lutut pada medial collateral ligament laxity. Kesimpulan : Penambahan knee decker pada intervensi ultrasound dapat lebih baik dalam menurunkan nyeri lutut pada medial collateral ligament laxity.

Kata Kunci : Knee decker, Ultrasound, Medial collateral ligament laxity