

PENATALAKSANAAN FISIOTERAPI PADA KASUS EFUSI PLEURA e.c TUBERKULOSIS PARU

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Abstrak

Latar belakang: Efusi pleura adalah kondisi paru – paru tidak normal diakibatkan karena adanya penumpukan cairan yang pada kedua lapisan pleura. Salah satu gejala efusi pleura yaitu sesak napas. Penelitian ini bertujuan untuk mengetahui penatalaksanaan fisioterapi pada kasus efusi pleura e.c tuberculosis paru. **Desain:** Metode penelitian berupa case report, yaitu identitas pasien Tn.K, laki – laki, 64 tahun, diagnosa medis efusi pleura e.c tuberculosis paru. **Hasil:** Didapatkan pemeriksaan sesak menggunakan mMRC pada T0 nilai 3 dan T3 nilai nya 1, Pengembangan sangkar thorax menggunakan *middline* pada T0 bagian *upper 2*, *middle 2*, dan *lower 2*, pada T3 bagian *upper 3 middle 4* dan *lower 5*, serta hasil jalan selama 6 menit pada T0 sejauh 34 m dan T3 sejauh 150 m. **Kesimpulan:** Pasien diberikkan intervensi berupa *posture correction*, *breathing control*, *deep breathing*, dan *chest mobility*, intervensi diberikkan selama 4 kali pertemuan, didapatkan hasil adanya penurunan sesak napas, peningkatan pengembangan sangkar thorax dan peningkatan pada jarak berjalan pasien.

Kata kunci; Efusi pleura, *posture correction*, *breathing control*, *deep breathing*, *chest mobility*

PHYSIOTHERAPY MANAGEMENT IN CASES OF PLEURAL EFUSION e.c PULMONARY TUBERCULOSIS

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Abstract

Background: Pleural effusion is an abnormal lung condition caused by a buildup of fluid in both layers of the pleura. The symptoms of pleural effusion is shortness of breath. This study aims to determine physiotherapy management in cases of pleural effusion e.c. pulmonary tuberculosis. **Design:** The research method is a case report, namely identify the patient Mr. K, male, 64 years old medical diagnosis of pleural effusion e.c. pulmonary tuberculosis. **Results:** Shortness of breath examination using *mMRC* at T0 with a value of 3 and T3 with a value of 1, thoracic expansion using the midline at T0 in the upper 2, middle 2 and lower 2, at T3 in the upper 3, middle 4 and lower 5, and results for 6 MWT at T0 as far as 34 m and T3 as far as 150 m. **Conclusion:** The patient was given intervention in the form of posture correction, breathing control, deep breathing, and chest mobility. The intervention was given over 4 meetings. The results were a decrease in shortness of breath, an increase in the expansion of the thorax cage and an increase in the patient's walking distance.

Keywords: Pleural effusion, posture correction, breathing control, deep breathing, chest mobility.