PENATALAKSANAAN FISIOTERAPI PADA KASUS *FROZEN SHOULDER ET CAUSA* TENDINITIS M. *SUPRASPINATUS* DI RSAL MARINIR CILANDAK

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Abstrak

Latar Belakang: Pada populasi umum, *Frozen Shoulder* (FS) terjadi pada sekitar 2-5% populasi dengan puncak kejadian antara usia 40 dan 70 tahun. Masalah yang dapat terjadi adalah gangguan abduksi lengan dan mengangkat tangan di atas kepala. Selain itu tendinitis menyebabkan peradangan yang menimbulkan problematik fisioterapi FS seperti, nyeri, keterbatasan *Range of Motion* (ROM), penurunan kekuatan otot, dan gangguan aktivitas fungsional. Fisioterapi berperan dalam mengatasi problematik pada FS seperti gangguan *impairment*, *disability*, dan *activity limitation* sehingga pasien dapat beraktivitas kembali tanpa nyeri dan hambatan. **Desain:** Desain yang digunakan adalah laporan kasus (*case report*) pada pasien dengan diagnosis medis *frozen shoulder et causa* tendinitis m. *supraspinatus*. **Hasil:** Setelah 4 kali terapi dengan pemberian intervensi menggunakan modalitas dari pemberian modalitas *Transcutaneous Electrical Nerve Stimulation* (TENS), *Ultrasound* (US), dan *codman pendulum exercise* ditemukan penurunan nyeri pada *shoulder* dextra, hilangnya spasme pada M. *Supraspinatus* dan M. *Upper Trapezius*, penginkatan kekuatan otot *extensor* dan *adduktor*, meningkatnya AROM dan PROM fleksi dan abduksi *shoulder* dextra, dan penurunana skor SPADI. Namun tidak diamati peningkatan kekuatan otot pada *fleksor* dan *abduktor shoulder* dextra.

Kata Kunci: Fisioterapi, *Frozen Shoulder Et Causa Tendinitis* M. *Supraspinatus*, *Transcutaneous Electrical Nerve Stimulation*, *Ultrasound*, *Codman Pendulum Exercise*

MANAGEMENT OF PHYSIOTHERAPY IN CASES OF FROZEN SHOULDER ET CAUSA TENDINITIS M. SUPRASPINATUS AT RSAL MARINES CILANDAK

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Abstract

Background: *In the general population, Frozen Shoulder (FS) occurs in approximately 2-5% of the population with a peak incidence between the ages of 40 and 70 years. Problems that can occur are impaired arm abduction and raising the hands above the head. In addition, tendinitis causes inflammation which causes FS physiotherapy problems such as pain, Range of Motion (ROM) limitations, decreased muscle strength, and impaired functional activities. Physiotherapy plays a role in overcoming problems in FS such as impairment, disability, and activity limitation so that patients can return to their activities without pain and obstacles.* ***Design:*** *The design used is a case report on a patient with a medical diagnosis of frozen shoulder et causa tendinitis m. supraspinatus.* ***Results:*** *After 4 times of therapy with the provision of interventions using the modality of Transcutaneous Electrical Nerve Stimulation (TENS), Ultrasound (US), and codman pendulum exercise, there was a decrease in pain in the dextra shoulder, loss of spasm in M. Supraspinatus and M. Upper Trapezius, increased extensor and adductor muscle strength, increased AROM and PROM flexion and abduction of the dextra shoulder, and decreased SPADI scores. However, there was no increase in muscle strength in the flexors and abductors of the dextra shoulder.*

Keywords: *Physiotherapy, Frozen Shoulder Et Causa Tendinitis M. Supraspinatus, Transcutaneous Electrical Nerve Stimulation, Ultrasound, Codman Pendulum Exercise*