

PENATALAKSANAAN FISIOTERAPI PADA KASUS *DOWN SYNDROME* DI RSAB HARAPAN KITA

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Abstrak

Latar Belakang : *Down Syndrome* adalah kelainan genetik akibat trisomi kromosom 21 yang menyebabkan keterlambatan perkembangan fisik, mental, dan motorik. Anak dengan kondisi ini mengalami gangguan koordinasi, tonus otot, sensoris, serta keterlambatan bicara. Faktor risiko meliputi usia ibu >30 tahun, kelainan kromosom, dan paparan selama kehamilan. WHO mencatat 3.000–5.000 kasus baru tiap tahun, dengan prevalensi global mencapai 8 juta kasus. **Tujuan :** penelitian ini bertujuan untuk mengetahui penatalaksanaan fisioterapi pada kasus *Down Syndrome*. **Metode Penelitian :** Penelitian ini merupakan studi kasus deskriptif pada An. S, anak laki-laki 3 tahun 5 bulan dengan *Down Syndrome* dan ketidakmampuan berjalan stabil secara mandiri. Data anamnesis diperoleh melalui *allo-anamnesis* dengan orang tua dengan keluhan utama anak belum dapat berjalan stabil sendiri. **Hasil :** Hasil dari tiga sesi intervensi menggunakan metode *Neuro Development Treatment* (NDT), Sensori Integrasi, dan *Play Therapy* menunjukkan adanya peningkatan pada kemampuan fungsional motorik anak. Selain itu, ditemukan perbaikan pada respons sensori proprioseptif dan vestibular, serta kemampuan berjalan mandiri. Namun, belum terdapat perubahan signifikan pada Lingkup Gerak Sendi. **Kesimpulan :** Pasien *Down Syndrome* diperiksa menggunakan GMFM untuk motorik kasar, LGS untuk *joint laxity*, dan XOTR untuk tonus otot. Pemeriksaan ini bertujuan mengidentifikasi masalah fungsional sebagai dasar intervensi fisioterapi. Intervensi meliputi NDT, Sensori Integrasi, dan *Play Therapy* untuk meningkatkan fungsi motorik dan respons sensorik secara optimal.

Kata kunci: *Down Syndrome*, Fisioterapi, NDT, Sensori Integrasi, GMFM, *Joint Laxity*, XOTR.

PHYSIOTHERAPY MANAGEMENT IN DOWN SYNDROME CASES RSAB HARAPAN KITA

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Abstract

Background : Down Syndrome is a genetic disorder caused by trisomy 21, leading to delays in physical, cognitive, and motor development. Affected children may experience poor coordination, hypotonia, sensory issues, and speech delays. Risk factors include maternal age over 30, chromosomal abnormalities, and prenatal exposure. WHO reports 3,000–5,000 new cases annually, with a global prevalence of 8 million. **Objective:** To examine the physiotherapy management of a Down Syndrome case. **Methods:** This study is a descriptive case study conducted on An. S, a 3-year-5-month-old male child diagnosed with Down Syndrome and an inability to walk independently and steadily. Anamnesis data were obtained through allo-anamnesis with the parents, revealing the main complaint that the child was not yet able to walk stably on his own. **Results :** After three physiotherapy sessions incorporating Neurodevelopmental Treatment (NDT), Sensory Integration, and Play Therapy, improvements were observed in the child's gross motor functional abilities. Additionally, enhancements were noted in proprioceptive and vestibular sensory responses, as well as in independent walking ability. However, no significant changes were found in joint range of motion. **Conclusion :** The patient was assessed using GMFM for gross motor skills, LGS for joint laxity, and XOTR for muscle tone. These assessments helped identify functional problems and guided the physiotherapy intervention. The combination of NDT, Sensory Integration, and Play Therapy was effective in enhancing motor function and sensory responses in the child.

Keywords: Down Syndrome, Physiotherapy, NDT, Sensory Integration, GMFM, Joint Laxity, XOTR.