

PENATALAKSANAAN FISIOTERAPI PADA KASUS TUBERCULOSIS PARU DI RUMAH SAKIT PARU DR. M GOENAWAN PARTOWIDIGDO

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Abstrak

Latar Belakang: Tuberkulosis paru dapat menyebabkan gangguan fungsi respirasi, retensi sputum, dan penurunan kapasitas aktivitas sehingga memerlukan penatalaksanaan fisioterapi.

Tujuan: Mengetahui penatalaksanaan fisioterapi pada pasien tuberkulosis paru.

Metode: Studi kasus deskriptif dengan pemeriksaan dan evaluasi menggunakan *mMRC*, *Borg Scale*, *Dyspnea Severity Scale*, *ekspansi thoraks*, *6 Minute Walk Test*, dan *Barthel Index*.

Hasil: Ditemukan sesak napas, keterbatasan ekspansi thoraks, penurunan kemampuan berjalan, dan retensi sputum. Intervensi sesi 1–3 meliputi *breathing control*, *chest mobility exercise*, *deep breathing exercise*, *pursed lip breathing*, *Active Cycle of Breathing Technique (ACBT)*, *clapping*, dan vibrasi, sedangkan sesi ke-4 (post torakotomi) diberikan latihan *Passive Range of Motion (PROM)*. Terjadi peningkatan pengeluaran sputum tanpa perubahan signifikan pada parameter lainnya.

Kesimpulan: Setelah dilakukan intervensi fisioterapi sebanyak 4 kali, diamati adanya peningkatan pengeluaran sputum, namun tidak terdapat perubahan signifikan pada sesak napas, ekspansi thoraks, dan kemampuan berjalan.

Kata kunci: Tuberkulosis paru, fisioterapi, sesak napas, sputum, kapasitas fungsional

PHYSIOTHERAPY MANAGEMENT IN CASES OF PULMONARY TUBERCULOSIS AT DR. M GOENAWAN PARTOWIDIGDO LUNG HOSPITAL

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Abstract

Background: *Pulmonary tuberculosis can cause impaired respiratory function, sputum retention, and decreased activity capacity, thereby requiring physiotherapy management.*

Objective: *To determine the physiotherapy management of patients with pulmonary tuberculosis.*

Method: *This study used a descriptive case study design with examination and evaluation using the Modified Medical Research Council (mMRC), Borg Scale, Dyspnea Severity Scale, thoracic expansion measurement, 6-Minute Walk Test, and Barthel*

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Results: *The findings showed shortness of breath, limited thoracic expansion, decreased walking ability, and sputum retention. Physiotherapy interventions in sessions 1–3 included breathing control, chest mobility exercise, deep breathing exercise, pursed lip breathing, Active Cycle of Breathing Technique (ACBT), clapping, and vibration, while in session 4 (post-thoracotomy), Passive Range of Motion (PROM) exercises were administered. There was an increase in sputum expectoration without significant changes in other parameters.*

Conclusion: *After four physiotherapy intervention sessions, an improvement in sputum expectoration was observed; however, there were no significant changes in shortness of breath, thoracic expansion, and walking ability.*

Keywords: *Pulmonary Tuberculosis, physiotherapy, dyspnea, sputum, functional capacity*