

PENATALAKSANAAN FISIOTERAPI PADA KASUS POST STROKE NON-HEMORAGIK DEXTRA

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Abstrak

Latar Belakang: Stroke non hemoragik dapat menyebabkan gangguan motorik, koordinasi, pola berjalan, dan penurunan aktivitas fungsional sehingga memerlukan penatalaksanaan fisioterapi. **Tujuan:** Mengetahui penatalaksanaan fisioterapi pada pasien *post stroke non-hemoragik dextra*. **Metode:** Studi kasus deskriptif dengan pemeriksaan dan evaluasi menggunakan *Visual Analog Scale (VAS)*, *Manual Muscle Testing (MMT)*, *Modified Ashworth Scale (MAS)*, *goniometer*, *Barthel Index*, *spatiotemporal gait*, dan *10 Meter Walk Test (10MWT)*. **Hasil:** Ditemukan nyeri gerak, spastisitas ringan, penurunan kekuatan otot, keterbatasan lingkup gerak sendi, gangguan koordinasi, gangguan pola berjalan, dan penurunan aktivitas fungsional. Intervensi meliputi *infrared (IR)*, *proprioceptive neuromuscular facilitation (PNF)*, *active exercise*, *functional training*, dan *gait training* selama empat kali pertemuan. Hasil evaluasi menunjukkan penurunan nyeri dan spastisitas serta peningkatan kekuatan otot, lingkup gerak sendi, kemampuan berjalan, dan aktivitas fungsional. **Kesimpulan:** Setelah dilakukan intervensi fisioterapi sebanyak empat kali, terdapat peningkatan kemampuan motorik, pola berjalan, dan aktivitas fungsional pada pasien *post stroke non-hemoragik dextra*.

Kata kunci: *stroke non hemoragik, gangguan pola berjalan, fisioterapi, kemampuan berjalan, aktivitas fungsional.*

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Abstract

Background: Non-hemorrhagic stroke may cause motor impairment, coordination deficits, gait disturbances, and reduced functional activity, thereby requiring physiotherapy management. **Objective:** To describe physiotherapy management in a patient with right-sided post non-hemorrhagic stroke. **Methods:** This study was a descriptive case study with assessment and evaluation using the Visual Analog Scale (VAS), Manual Muscle Testing (MMT), Modified Ashworth Scale (MAS), goniometer, Barthel Index, spatiotemporal gait analysis, and the 10 Meter Walk Test (10MWT). **Results** The patient presented with movement-related pain, mild spasticity, decreased muscle strength, limited joint range of motion, impaired coordination, gait disturbances, and reduced functional activity. The interventions administered included infrared (IR), proprioceptive neuromuscular facilitation (PNF), active exercise, functional training, and gait training over four treatment sessions. The evaluation results showed a reduction in pain and spasticity, along with improvements in muscle strength, range of motion, walking ability, and functional activity. **Conclusion:** After four physiotherapy sessions, there was improvement in motor function, gait pattern, and functional activity in a patient with right-sided *post* non-hemorrhagic stroke.

Keywords: non-hemorrhagic stroke; gait disturbance; physiotherapy; walking ability; functional activity