PENATALAKSANAAN FISIOTERAPI PADA KASUS CEREBRAL PALSY SPASTIK DIPLEGIA DI RAMAH CEREBRAL PALSY BOGOR

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Abstrak

Latar Belakang: C*erebral Palsy* merupakan gangguan neurologis non-progresif yang menyebabkan gangguan gerak dan postur pada anak. Tipe spastik diplegia ditandai dengan peningkatan tonus otot pada ekstremitas bawah yang mempengaruhi keseimbangan serta kemampuan fungsional seperti berdiri dan berjalan. Intervensi fisioterapi seperti *Neuro Developmental Treatment (NDT)* dan *myofascial release* digunakan untuk membantu meningkatkan fungsi motorik dan kontrol postur. **Tujuan :** Untuk identifikasi pemeriksaan khusus fisioterapi, problematika fisioterapi, intervensi fisioterapi dan juga hasil evaluasi pada pasien yang mengalami *Cerebral Palsy Spastic Diplegia* di Ramah Cerebral Palsy Bogor. **Metode:** Penelitian ini menggunakan metode studi kasus pada seorang anak laki-laki (An. D) berusia 6 tahun dengan diagnosis medis *Cerebral Palsy spastik diplegia*, mencakup pengumpulan data pasien berupa identitas, alloanamnesis, hasil pemeriksaan fisioterapi, intervensi yang diberikan, serta evaluasi hasil terapi. Instrumen pengukuran yang digunakan meliputi *Gross Motor Function Measure* (GMFM-88), *Gross Motor Function Classification System* (GMFCS), dan *Modified Ashworth Scale* (MAS), *Segmental Assessment of Trunk Control* (SATCo). **Hasil :** Setelah dilakukan tiga kali evaluasi, terdapat peningkatan skor *Gross Motor Function Measure* (GMFM) dari 48,74 menjadi 51,62 yang menunjukkan adanya peningkatan kemampuan motorik kasar pasien. Namun, *Gross Motor Function Classification System* (GMFCS) tetap berada pada Level III. Selain itu, belum ditemukan perubahan pada postur, tonus otot, range of motion (ROM), refleks primitif, fungsi sensorik, maupun *Segmental Assessment of Trunk Control* (SATCo). Hasil tersebut dipengaruhi oleh durasi intervensi yang relatif singkat serta sifat kronis dari gangguan neurologis. **Kesimpulan :** Pemeriksaan fisioterapi pada anak dengan *Cerebral Palsy spastik diplegia* menunjukkan hipertonus, *tightness* otot, keterbatasan ROM, serta gangguan *trunk control*, keseimbangan, postural, dan pola berjalan. Intervensi fisioterapi berupa *myofascial release* dan *Neurodevelopmental Treatment* (NDT) bertujuan meningkatkan kontrol postural, trunk stability, kemampuan motorik kasar, dan kemampuan fungsional pasien secara bertahap.

Kata Kunci: *Cerebral Palsy, Spastik Diplegia, GMFM, Neuro Developmental Treatment (NDT), Myofascial Release.*

PHYSIOTHERAPY MANAGEMENT IN CASES OF SPASTIC DIPLEGIA CEREBRAL PALSY AT RAMAH CEREBRAL PALSY BOGOR

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Abstrak

Background : Cerebral palsy is a non-progressive neurological disorder that causes movement and postural impairments in children. Spastic diplegia is characterized by increased muscle tone in the lower extremities, affecting balance and functional abilities such as standing and walking. Physiotherapy interventions, including Neuro Developmental Treatment (NDT) and myofascial release, are used to improve motor function and postural control. **Objective :** To identify the specific physiotherapy examinations, physiotherapy problems, physiotherapy interventions, and evaluation outcomes in a patient with Spastic Diplegic Cerebral Palsy at Ramah Cerebral Palsy Bogor. **Methods :** This study used a case study method on a 6-year-old boy (An.D) diagnosed with spastic diplegic Cerebral Palsy. Data collection included patient identity, alloanamnesis, physiotherapy examination findings, interventions provided, and therapy outcome evaluations. Measurement instruments used were the Gross Motor Function Measure (GMFM-88), Gross Motor Function Classification System (GMFCS), Modified Ashworth Scale (MAS), and Segmental Assessment of Trunk Control (SATCo). **Results :** After three evaluation sessions, the patient's Gross Motor Function Measure (GMFM) score increased from 48.74 to 51.62, indicating an improvement in gross motor function. However, the patient's Gross Motor Function Classification System (GMFCS) level remained unchanged at level III. In addition, no changes were observed in posture, muscle tone, range of motion (ROM), primitive reflexes, sensory function, or Segmental Assessment of Trunk Control (SATCo). These findings may be attributed to the relatively short duration of the intervention and the chronic nature of the underlying neurological disorder. **Conclusion :** Physiotherapy examination in a child with spastic diplegic Cerebral Palsy revealed hypertonus, muscle tightness, limited ROM, and impairments in trunk control, balance, posture, and gait pattern. Physiotherapy interventions consisting of myofascial release and Neurodevelopmental Treatment (NDT) aimed to improve postural control, trunk stability, gross motor abilities, and the patient’s functional abilities gradually.

Keywords: *Cerebral Palsy, Spastic Diplegia, GMFM, Neuro Developmental Treatment (NDT), Myofascial Release.*