

**PENGARUH PEMBERIAN *RANGE OF MOTION* (ROM) PASIF
TERHADAP KEMAMPUAN GERAK PASIEN POST ORIF
DI RUANGAN SANDAT RSUD BALI MANDARA**

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ABSTRAK

Latar Belakang: Fraktur di kaki/tungkai (femur, tibia, fibula) secara langsung mengganggu kemampuan mobilitas pasien. Imobilisasi jangka panjang dapat memicu komplikasi serius, seperti *nonunion*, *malunion*, infeksi berat (osteomyelitis). Oleh karena itu dibutuhkan terapi yang dapat meningkatkan kemampuan gerak seperti *Range of Motion* (ROM) baik secara aktif dan juga pasif. Tujuan penelitian adalah menganalisis pengaruh pemberian *Range of Motion* (ROM) pasif terhadap kemampuan gerak pasien post ORIF di Ruang Sandat RSUD Bali Mandara. Metode: Desain penelitian *pre-experimental one group pretest-posttest design*. Populasi penelitian adalah pasien pemasangan ORIF dalam tiga bulan terakhir di RSUD Bali Mandara yaitu 48 orang pasien. Sampel berjumlah 30 responden dan data diolah menggunakan analisis univariat dan bivariat menggunakan *Paired sampel T-Test*. Hasil: Pada saat *pretest* rentang gerak minimum adalah 35⁰ dan maksimum adalah 90⁰ dengan *mean* 64,0. Nilai *posttest* rentang gerak minimum adalah 50⁰ dan maksimum adalah 135⁰ dengan *mean* 92,0. Nilai *p value* adalah 0,000 Kesimpulan: Ada pengaruh pemberian *Range of Motion* (ROM) pasif terhadap kemampuan gerak pasien post ORIF di Ruang Sandat RSUD Bali. Discusion: Diharapkan pihak RSUD Bali Mandara dapat meningkatkan kualitas pelayanan keperawatan melalui penerapan latihan ROM pasif secara rutin pada pasien post ORIF.

Kata Kunci: Kemampuan Gerak, Post ORIF, *Range of Motion* Pasif

*THE EFFECT OF PASSIVE RANGE OF MOTION (ROM) PROVISION ON THE
MOVEMENT ABILITY OF POST-ORIF PATIENTS IN THE SANDAT ROOM OF
BALI MANDARA REGIONAL HOSPITAL*

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ABSTRACT

Background: Fractures in the foot/leg (femur, tibia, fibula) directly interfere with the patient's mobility. Long-term immobilization can trigger serious complications, such as nonunion, malunion, severe infection (osteomyelitis). Therefore, therapy is needed that can improve movement abilities such as Range of Motion (ROM) both actively and passively. The purpose of this study was to analyze the effect of providing passive Range of Motion (ROM) on the mobility abilities of post-ORIF patients in the Sandat Room of Bali Mandara Regional Hospital. Method: The research design was a pre-experimental design with a one-group pretest-posttest design. The study population was 48 patients who underwent ORIF insertion in the last three months at Bali Mandara Regional Hospital. The sample consisted of 30 respondents and the data were processed using univariate and bivariate analysis using Paired Sample T-Test. Results: At the pretest, the minimum range of motion was 350 and the maximum was 900 with a mean of 64.0. The posttest value of the minimum range of motion was 500 and the maximum was 1350 with a mean of 92.0. The p-value was 0.000. Conclusion: There is an effect of passive Range of Motion (ROM) on the mobility of post-ORIF patients in the Sandat Room of Bali Regional Hospital. Suggestion: It is hoped that Bali Mandara Regional Hospital can improve the quality of nursing services by implementing passive ROM exercises routinely in post-ORIF patients.

Keywords: Movement Ability, Post ORIF, Passive Range of Motion