

DAFTAR PUSTAKA

- Abdurrachman , Nurseptiani , D., & Adani , M. (2019). Pengaruh Cycling Exercise Terhadap Penurunan Nyeri pada Osteoarthritis di Posyandu Lansia Puskesmas Kedungwuni II Kabupaten Pekalongan . *Jurnal Penelitian IPTEKs* , 201.
- Arya , R., & Jain, V. (2013). Osteoarthritis of the knee joint: An overview . *JIACM*, 155.
- Bickley , L. (2003). *Buku Ajar Pemeriksaan Fisik dan Riwayat Kesehatan* . Jakarta : EGC.
- Brigham , W. (2009). *Osteoarthritis of the knee*. Departement Of Rehabilitation Services.
- Cameron , M. (2009). *Physical Agents In Rehabilitation From Research to Practice* . Philadelphia : Saunders Elsevier .
- Clarkson , H. (2013). *Musculoskeletal Assessment Joint Motion and Muscle Testing* . Philadelphia : Lippincott Williams & Wilkins.
- Cook, C., & Hegendus, E. (2013). *Orthopedic Physical Examination Test, AN Evidence-Based Approach. second edition* . United States of America.
- Dinas Kesehatan . (2013). *Profil Kesehatan Provinsi Jawa Timur Tahun 2012*. Surabaya: Dinas Kesehatan Provinsi Jawa Timur.
- Donatelli , R., & Wooden , M. (2010). *Orthopaedic Physical Therapy, Fourth Edition* . St.Louis : Churchill Livingstone Elsevier .
- Drake , R., Vogl , A., & Mitchell , A. (2012). *Gray's Basic Anatomy* . Philadelphia : Elsevier .
- Evans , R. (2009). *Illustrated Orthopedic Physical Assessment* . St.Louis : Mosby Elsevier .
- Faiz, O., & Moffat , D. (2002). *At a Glance Anatomi* . Jakarta: Erlangga.
- Gilroy , A., MacPherson , B., & Ross, L. (2009). *Atlas Of Anatomy* . New York: Stuttgart 44.
- Guide . (2012). Knee Injury and Osteoarthritis Outcome Score. Retrieved from: <http://www.koos.nu/KOOSusersguide2012.pdf>
- Harmanto , S., & Aisyah , K. (2019). Hubungan riwayat cedera lutut pada pasien yang berpotensi osteoarthritis lutut di Puskesmas Dinoyo Kota Malang . *JFR*, 20.

- Hayes , K., & Hall , K. (2016). *Agens Modalitas untuk Praktik Fisioterapi* . Jakarta : Penerbit Buku Kedokteran EGC .
- Hendrati , L., & Anggraini , N. (2014). Hubungan obesitas dan faktor-faktor pada individu dengan kejadian osteoarthritis genu. *Jurnal Berkala Epidemiologi* , 101.
- Higgins , M. (2011). *Therapeutic Exercise From Theory to Practice*. Philadelphia: F.A Davis Company.
- Hislop , H., & Montgomery, J. (2007). *Daniel's and Worthingham's Muscle Testing Tehniques of Manual Examination.Eight Edition* . Missouri : Saunders Eksevier.
- Kisner , C., & Colby , L. (2014). *Terapi Latihan Dasaar dan Teknik* (6 ed., Vol. 3). (S. Zuhri , & B. Utomo , Penyunt.) Jakarta: Buku Kedokteran EGC.
- Kisner , C., & Colby , L. (2016). *Terapi Latihan Dasar dan Teknik* . Jakarta: EGC.
- Kisner , C., & Colby, L. (2007). *Therapeutic Exercise: Foundation and Technique* . Philadelphina : F.A Davis Company .
- Kowalak, J., Welsh , W., & Mayer, B. (2011). Buku Ajar Patofisiologi. Dalam W. Welsh, J. Kolawak , & B. Mayer (Penyunt.). Jakarta: EGC.
- Kumala, B. (2016). *Setelah Menopause, Wanita Lebih Berisiko Alami Radang Sendi* . Jakarta : Kompas.com .
- Kuntono , H. (2011). *Nyeri Secara Umum Dan Osteo Arthritis Lutut Dari Aspek Fisioterapi*. Surakarta: Muhammadiyah University Press 2011.
- Lawry , G., Kreder , H., Hawker , G., & Jerome , D. (2010). *Fam's Musculoskeletal Examination And Joint Injection Tehniques* . Philadelphia: Mosby Elsevier.
- Magee , D., Zachazewski , J., & Quillen , W. (2006). *Scientific Foundations And Principles Of Practice In Muskuloskeletal Rehabilitation*. Canada: Saunders Elsevier.
- Neumann , D. (2010). *Kinesiology of the Musculoskeletal System* . Philadelphia: Mosby Elsevier .
- Ni Made , G. (2017). Hubungan gaya hidup dengan osteoarthritis lanjut usia wanita di Puskesmas Cakranegara Kota Mataram . *Bidang Ilmu Kesehatan* , 607.
- Nugraha , A., Widyatmoko , S., & Jatmiko , S. (2015). Hubungan obesitas dengan terjadinya osteoarthritis lutut pada lansia kecamatan Laweyan Surakarta . *Biomedika* , 17.

- Pereira , L., Pereira , G., Moura , L., & Fernandes , R. (2015). Pain intensity among institutionalized elderly: a comparison between numerical scales and verbal description. *Journal of School Nursing* , 800.
- Pratama , A. (2019). Intervensi Fisioterapi pada kasus Osteoarthritis Genu di RSPAD Gatot Soebroto. *Sosial Humaniora Terapan*, 33.
- Price , S., & Wilson , L. (2006). *Patofisiologi Konsep Klinis Proses-Proses Penyakit* . Jakarta : EGC.
- Pudjiastuti , S., & Utomo , B. (2003). *Fisioterapi Pada Lansia* . Jakarta : EGC.
- Reese , N., & Bandy , W. (2002). *Joint Range Of Motion and Muscle Length Testing* . Philadelphia: W.B Saunders Company.
- Roos , E., T, S., & M. (2003). Knee Injury and Osteoarthritis Outcome Score (KOOS)- validation and comparison to the WOMAC in total knee replacement . *Health and Quality of Life Outcomes* , 32.
- Rosadi , R., Wardoyo , S., & Rachmawati , R. (2019). Perbandingan Efektivitas Retrowalking dan Quadriceps Stengthening Exercise Terhadap Peningkatan Activity of Daily Living pada Lansia Yang terkena Osteoarthritis Knee di Puskesmas Kendel Kerap Kota Malang. *Fisioterrapi dan Rehabilitasi*, 3(1), 73.
- Shankman , G. (2004). *Fundamental Orthopaedic Management (2 ec)*. Philadelphia : Mosby.
- Sloane , E. (2004). *Anatomi Dan Fisiologi Untuk Pemula* . Jakarta: EGC.
- Solomon , L., Warwick, D., & Naragam, S. (2010). *Aply's System Of Orthopaedics and Fractures* (9 ed.). London.
- Suhendriyo. (2014). Pengaruh Senam Rematik Terhadap Pengurangan Rasa Nyeri Pada Penderita Osteoarthritis Lutut di Karangasem Surakarta. *Jurnal Terpadu Ilmu Kesehatan* 3, 1-6.
- Suriani , S., & Lesmana, S. (2013). Latihan Theraben lebih Efektif Mengurangi Nyeri daripada Latihan Quadriceps Bens Pada Osteoarthritis Genu. *Fisioterapi*, 49.
- Tambunan , E., & Kasim , D. (2011). *Panduan Pemeriksaan Fisik Bagi Mahasiswa Keperawatan* . Jakarta : Salemba Medika .
- Trisnowiyanto , B. (2012). *Instrumen Pemeriksaan Fisioterapi dan Penelitian Kesehatan* . Yogyakarta : Nuha Medika .
- Watson , R. (2002). *Anatomi dan Fisiologi untuk Perawat*. Jakarta : EGC.

LAMPIRAN

Lampiran 2.1 KOOS

KOOS KNEE SURVEY

Today's date: / / / Date of birth: / / /

Name:

Instruction: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities

Answer every question by ticking the appropriate box, only one box for each question.

If you are unsure about how to answer a question, please give the best answer you can.

Symptoms

These questions should be answered thinking of your knee symptoms during the last week

S1. Do you have swelling in your knee?

Never Rarely Sometimes Often Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

Never Rarely Sometimes Often Always

S3. Does your knee catch or hang up when moving?

Never Rarely Sometimes Often Always

S4. Can you straighten your knee fully?

Never Rarely Sometimes Often Always

S5. Can you bend your knee fully?

Never Rarely Sometimes Often Always

 KOOS KNEE SURVEY

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint

S6. How severe is your knee joint stiffness after first wakening in the morning?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S7. How severe is your knee stiffness after sitting, lying or resting later in the day?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pain

P1. How often do you experience knee pain?

Never	Montly	Weekly	Daily	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What amount of knee pain have you experienced the last week during the following activities?

P2. Twisting/pivoting on your knee

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P3. Straightening knee fully

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P4. Bending knee fully

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P5. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P6. Going up or down stairs

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P7. At night while in bed

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 KOOS KNEE SURVEY

P8. Sitting or lying

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P9. Standing upright

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

A1. Descending stairs

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A2. Ascending stairs

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

A3. Rising from sitting

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4. Standing

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. Bending to floor/pick up an object

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A6. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A7. Getting in/out of car

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 KOOS KNEE SURVEY

A8. Going shopping

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A9. Putting on socks/stockings

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A10. Rising from bed

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A11. Taking off socks/stockings

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A12. Lying in bed (turning over, maintaining knee position)

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A13. Getting in/out of bath

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A14. Sitting

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A15. Getting on/off toilet

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following activities please indicate the degree of difficulty you

have experienced in the last week due to your knee.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A17. Light domestic duties (cooking, dusting, etc)

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 KOOS KNEE SURVEY

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your knee.

SP1. Squatting

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SP2. Running

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SP3. Jumping

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SP4. Twisting/pivoting on your injured knee

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SP5. Kneeling

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality of Life

Q1. How often are you aware of your knee problem?

Never	Montly	Weekly	Daily	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. Have you modified your life style to avoid potentially damaging activities to your knee?

Non at all	Mildly	Moderatly	Severely	Extremly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. How much are you troubled with lack of confidence in your knee?

Non at all	Mildly	Moderatly	Severely	Extremly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. In general, how much difficulty do you have with your knee?

Never	Montly	Weekly	Daily	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
