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LAMPIRAN

Penulis, Tahun	Jenis dan Model Terapi	Waktu pemberian Terapi			Instrumen	Efek Terapi	Terapis
		Lama Intervensi	Durasi Intervensi	Follow-up			
Sanchez et al., (2013)	<p>Jenis terapi: <i>Physical Therapy Modalities</i></p> <p>Model:</p> <p>Terapi fisik modalitas terdiri dari 3 latihan untuk kerja otot pada proksimal, sedang, dan segmen distal ekstremitas bawah.</p> <ul style="list-style-type: none"> • Latihan pertama, posisi duduk dengan tangan diangkat ke depan kemudian berdiri dan jinjit, lengan di posisi yang sama, kemudian kembali ke posisi duduk awal. • Latihan kedua, fleksi punggung sambil berdiri, diikuti dengan plantar fleksi kaki dan kembali ke posisi awal. • Latihan ketiga, fleksi punggung sambil berdiri, diikuti dengan fleksi plantar di metatarsus-phalanx dan kembali ke posisi awal. 	20 Minggu	25 gerakan/menit yang dilakukan dua kali seminggu.	Bulan ke 6 setelah intervensi	8-MHz Probe Doppler (Hadeco Smatdop SD-20, Quermed, Spanyol) dan merkuri (panjang 31 cm, 11 cm lebar) sphygmomanometer (Littman)	<ul style="list-style-type: none"> • Pada kelompok intervensi, nilai ABI meningkat dari nilai 0.896 menjadi 0.956 pada ABI kiri, dan nilai pada ABI kanan meningkat dari nilai 0.893 menjadi 0.945 • Pada kelompok control, nilai rata-rata ABI 0.887 menjadi 0.889 pada kaki kiri dan nilai ABI kanan yaitu 0.891 menjadi 0.889 	Tenaga Kesehatan
Awalin et al., (2021)	<p>Jenis Terapi: Tiga terapi fisik modalitas</p> <p>Model:</p> <ul style="list-style-type: none"> • Gerakan pertama yaitu pasien duduk dengan mengangkat 	Tiga Hari	N/A	N/A	Vaskuler Doppler Ultrasound Probe dan Sphygmomanometer	<ul style="list-style-type: none"> • Nilai ABI sebelum dilakukan intervensi adalah 0.808 menjadi 0,884. 	Peneliti

	<p>tangan kedepan lalu berdiri dan berjinjit diakhiri dengan duduk kembali.</p> <ul style="list-style-type: none"> Gerakan kedua dilakukan dengan melakukan dorsofleksi pada kaki sambil berdiri yang diikuti dengan gerakan plantarfleksi. <p>Gerakan ketiga dilakukan dengan menggerakkan kaki dorsofleksi yang diikuti dengan gerakan fleksi plantar pada <i>metatarsus-phalax</i>.</p>						
Qi et al., (2018)	<p>Jenis terapi: Acupuntur Combined with hydrotherapy</p> <p>Model:</p> <p>Terdapat 12 lokasi di tubuh untuk penusukan jarum akupunktur kemudian dilanjutkan dengan hidroterapi rendaman air hangat (60-65 °C) pada kaki. Ketika perendaman dilakukan, tungkai atas dan bawah lurus dan memungkinkan sedikit pergerakan.</p>	15 Minggu	30 menit akupuntur dipagi hari dan 30 menit latihan hidroterapi disore hari (pada hari yang sama) yang dilakukan satu kali setiap dua hari.	Minggu ke 6 setelah intervensi	Aliran darah diukur dengan plethysmography melalui tonometry aplanasi arteri radial (T-Line system, San Diego, USA). Leg Blood Flow LVC dinyatakan dengan millimeter per menit per mmHg.	<ul style="list-style-type: none"> Pada kelompok intervensi, peningkatan nilai ABI dari 0,78 menjadi 0,82 (intervensi) dan 0,81 (<i>follow up</i> Minggu ke 6) 	Ahli Akupuntur
Barone Gibbs et al., (2013)	<p>Jenis terapi: Exercise Training</p> <p>Model:</p> <p>Latihan yang diberikan berupa latihan olahraga yang diawali pemanasan, kemudian aerobic dan diakhiri pendinginan. Setiap sesi juga dilakukan 7 latihan beban seperti <i>latpull down, leg extension,</i></p>	6 bulan	10-15 menit pemanasan dan dilanjutkan dengan 45 menit aerobik yang dilakukan 3 sesi per minggu.	N/A	Tekanan darah pada lengan diukur menggunakan sphygmomanometer dan doppler 8 MHz (Parks Medical Electronics, Inc., Aloha, OR) untuk	<ul style="list-style-type: none"> Pada kelompok intervensi, mengalami peningkatan dari 1.02 menjadi 1.07 (6 bulan). Pada kelompok control, mengalami penurunan dari 1.03 menjadi 1.00 (6 bulan) 	Tenaga Kesehatan

	<i>leg curl, bench press, shoulder press and seated mid-rowing.</i>				mendeteksi denyut nadi		
Ellul et al., (2017)	Jenis terapi: Elektrostimulasi Otot Betis Model: Veinoplus Arterial model 2.1 (Tehnologi ad Rem dari Prancis digunakan untuk menghasilkan kontraksi elektromuskular pada otot betis iskemik. 2 elektroda ditempelkan pada otot betis yang akan menghasilkan stimulasi listrik pada frekuensi yang bervariasi (1-250 Hz).	12 Minggu	1 Jam per hari.	N/A	Pengukuran ABPI dilakukan dengan menggunakan Huntleigh Paket Vaskular Dopplex Assist (Cardiff, UK) dan manset tekanan darah.	Peningkatan rata-rata nilai ABPI adalah 0.702 menjadi 0.743 yang dimana ABPI signifikan secara statistik terdeteksi	Dokter
(Xie et al., 2019)	Jenis terapi: Terapi Gua Sha Model: Terapi diawali dengan responden diolesi minyak Gua Sha (bahan: kapur barus, minyak kayu putih, dan mentol) pada punggung. Kemudian dengan menggunakan alat Gua Sha yang terbuat dari tembaga yang kemudian diberikan tekanan pada punggung searah disepanjang garis tengah, kemudian goresan selanjutnya pada paravertebral yang diterapkan dari C7 ke L5 kemudian diikuti dengan goresan horizontal antara C7 dan L5 kemudian dilanjutkan dengan goresan sepanjang permukaan dorsal otot gluteus maximus.	12 Minggu	1 sesi 60 menit yang dilakukan sekali seminggu dan dilakukan 12 sesi dengan 3 siklus.	N/A	Pengukuran nilai ABI digunakan dengan mengukur rasio tekanan darah di pergelangan kaki dengan tekanan darah di lengan atas (brachium) dengan menggunakan sphygmomanometer. Jenis instrumen tidak disebutkan dalam artikel	<ul style="list-style-type: none"> • Pada kelompok intervensi, peningkatan nilai ABI dari 0.59 menjadi 0.64 (4 Minggu), 0.81 (8 Minggu) dan 0.98 (12 Minggu) • Pada kelompok control, peningkatan nilai ABI dari 0.56 menjadi 0.59 (4 Minggu), 0.67 (8 Minggu), dan 0.76 (12 Minggu) 	Dokter

	Sapuan paravertebral akhir diterapkan pada leher dari C1/2 hingga C7. Pukulan/goresan di ulang-ulang tiap area.						
Jumari et al., (2020)	Jenis Terapi: <i>Acupressure and Foot Exercise Group</i> Model: Terapi <i>Acupressure</i> dimulai dengan pemijatan dengan minyak pada area <i>Acupressure</i> di titik LR 3 LR 3 (Taichong), KI 3 (Tai Xi), SP 6 (San Yin Jiao), SP 10 (Xue Hai) and ST 36 (Zusanli)	Dua Minggu	10 menit dikaki kiri dan 10 menit dikaki Kanan yang dilakukan satu kali dalam dua hari.	Minggu kedua setelah intervensi.	Pengukuran nilai ABI dengan menggunakan probe Doppler	<ul style="list-style-type: none"> • Nilai ABI sebelum dilakukan intervensi <i>acupressure</i> adalah 0.814 menjadi 0.901 setelah intervensi. • Nilai ABI sebelum dilakukan intervensi <i>foot exercises</i> adalah 0.799 menjadi 0.844 setelah intervensi. • Nilai ABI sebelum dilakukan <i>acupressure and foot exercises</i> adalah 0.803 menjadi 0.924 setelah intervensi 	Ahli <i>Acupressure</i>
Zahran et al., (2018)	Jenis Terapi: <i>Buerger Allen Exercise</i> Model: <i>Buerger Allen Exercise</i> terdiri dari dua sampai tiga fase sesuai intoleransi pasien, fase pertama, pasien dibaringkan pada permukaan datar dengan kaki ditinggikan diatas ketinggian jantung dengan sudut 45-90°. fase kedua, pasien duudk di tepi tempat tidur dan kaki diturunkan tanpa tekanan pada bagian belakang lutut untuk mengisi pembuluh darah dan melatih kaki dengan plantarfleksi, dorsofleksi, rotasi internal dan	Dua Minggu	12 menit yang terbagi menjadi tiga fase, fase pertama 2 menit, fase kedua 5 menit dan fase ketiga 5 menit.	Minggu keempat setelah intrvensi.	Pengukuran ABI dengan sphygmomanometer.	<ul style="list-style-type: none"> • Pada kelompok intervensi, peningkatan nilai ABI dari 0.74 (pre-test) menjadi 0.85 (immediate post-test) • Pada kelompok kontrol, peningkatan nilai ABI dari 0.73 (pre-test) menjadi 0.76 	Peneliti

	eksternal sampai kaki berwarna merah muda. Fase ketiga pasien dibaringkan rata dengan kaki tertutup selimut hangat sebelum mengulangi latihan.						
Rusdianah et al., (2021)	<p>Jenis Terapi: <i>Buerger Allen Exercise</i></p> <p>Model:</p> <p><i>Buerger Allen Exercise</i> dilakukan pada posisi telentang dan kedua kaki ditinggikan 45° yang ditopang dengan bantal selama 5 menit dan diregangkan kebelakang selama 5 menit kemudian kaki diturunkan untuk digantung pada sisi tempat tidur lalu kembali keposisi telentang dengan kaki tertutup</p>	Dua Minggu	20 menit dan dilakukan dua kali sehari di pagi dan malan hari.	N/A	Pengukuran ABI menggunakan Ultrasound Doppler	<ul style="list-style-type: none"> • Nilai ABI sebelum dilakukan intervensi BAE adalah 0.74 kemudian meningkat dihari keenam intervensi menjadi 0.88 dan 0.97n dihari ke14 • Nilai ABI sebelum pemberian intervensi BAE + Ester C adalah 0.77 meningkat menjadi 0.91 dihari keenam dan 1.01 dihari ke14 • Terapi BAE secara signifikan dapat membantu proses penyembuhan luka yang diukur menggunakan score diabetes foot ulcer assessment scale (DFUS) dengan skor awal 37.20 menurun menjadi 32.10 hari keenam dan 27.20 dihari ke14. • Terapi BAE kombinasi Ester C juga dapat membantu proses penyembuhan luka dengan skor 36.40 menurun menjadi 30.00 dihari keenam dan 20.20 dihari ke14. 	Peneliti

Lampiran II

Pubmed: (((diabetes mellitus, type 2[MeSH Terms]) OR (type 2 diabetes mellitus[MeSH Terms])) AND ((ankle brachial index[MeSH Terms]) OR (index, ankle brachial[MeSH Terms]))) AND ((complementary therapies[MeSH Terms]) OR (exercise[MeSH Terms]))

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Search: (((diabetes mellitus, type 2[MeSH Terms]) OR (type 2 diabetes mellitus[MeSH Terms])) AND ((ankle brachial index[MeSH Terms]) OR (index, ankle brachial[MeSH Terms]))) AND ((complementary therapies[MeSH Terms]) OR (exercise[MeSH Terms]))

Sorted by: Best match

10 results

RESULTS BY YEAR: 2009, 2022

TEXT AVAILABILITY: Abstract, Free full text, Full text

ARTICLE ATTRIBUTE: Associated data

1 **The effect of exercise training on ankle-brachial index in type 2 diabetes.**
 Barone Gibbs B, Dobrosielski DA, Althouse AD, Stewart KJ. *Atherosclerosis*. 2013 Sep;230(1):125-30. doi: 10.1016/j.atherosclerosis.2013.07.002. Epub 2013 Jul 14. PMID: 23958264 **Free PMC article.** Clinical Trial.

2 **[Efficacy of a massage and exercise programme on the ankle-brachial index and blood pressure in patients with diabetes mellitus type 2 and peripheral arterial disease: a randomized clinical trial].**
 Castro-Sánchez AM, Moreno-Lorenzo C, Matarán-Peñarocha GA, Feriche-Fernández-Castany B, Sánchez Labraca N, Sánchez Joya Mdel M. *Med Clin (Barc)*. 2010 Feb 6;134(3):107-10. doi: 10.1016/j.medcli.2009.07.018. Epub 2009 Oct 12. PMID: 19819486 Clinical Trial. Spanish.

3 **Effect of reflexology on ankle brachial index, diabetic peripheral neuropathy, and glycemic control in older adults with diabetes: A randomized controlled trial.**

Cochrane library : Diabetes Mellitus type 2 in Title Abstract Keyword AND complementary therapy in Title Abstract Keyword OR therapy modalities in Title Abstract Keyword AND "ankle-brachial index" in Title Abstract Keyword - in Trials

Did you know you can now select fields from Search manager using the **S** button (next to the search box)? Search manager lets you add unlimited search lines, view results per line and access the MeSH browser using the new **MeSH** button.

in Trials (Word variations have been searched)

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Year first published: 2022 (0), 2021 (14), 2020 (16)

Cochrane Reviews: 0, Cochrane Protocols: 0, **Trials: 208**, Editorials: 0, Special Collections: 0, Clinical Answers: 0

For COVID-19 related studies, please also see the **Cochrane COVID-19 Study Register**

208 Trials matching **diabetes mellitus type 2 in Title Abstract Keyword AND complementary therapy in Title Abstract Keyword OR therapy modalities in Title Abstract Keyword AND "ankle brachial index" in Title Abstract Keyword - in Trials (Word variations have been searched)**

Cochrane Central Register of Controlled Trials
Issue 12 of 12, December 2021

Scopus: Type 2 Diabetes OR Diabetes Mellitus, Type 2 AND Ankle Brachial Index AND Therapy, Complementary OR Complementary Therapies OR Acupuncture OR Hydrotherapy

Scopus search

How to search with Scopus

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Affiliations:

Publication name: ISSN:

Title words:

Keywords: Type 2 Diabetes OR Diabetes Mellitus, Type 2 AND Ankle Brachial Index AND Therapy, Complementary OR Complementary Therapies OR Acupuncture OR Hydrotherapy

Results	Cites	Per year	Rank / Title	Year Publication
Publication years: 2013-2021	<input checked="" type="checkbox"/> h 63	9.00	1 A non-calorie-restricted low-carbohydrate diet is effective as an alternative therapy for patients with type 2 diabetes	2014 Internal Medicine
Citation years: 8 (2013-2021)	<input checked="" type="checkbox"/> h 42	5.25	2 Effect of American ginseng (Panax quinquefolius L.) on arterial stiffness in subjects with type-2 diabetes and concomitant hyperten...	2013 Journal of Ethnopharmacol.
Papers: 3	<input checked="" type="checkbox"/> 0	0.00	3 Effect of reflexology on ankle brachial index, diabetic peripheral neuropathy, and glycemic control in older adults with diabetes: A r...	2021 Complementary Therapies .
Citations: 105				
Cites/year: 13.13				
Cites/paper: 35.00				
Authors/paper: 1.00				
h-index: 2				
g-index: 3				
h _i norm: 2				
h _i annual: 0.25				
hA-index: 2				
Papers with ACC >= 1,2,5,10,20: 2,2,2,0,0				

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Training Resources (multilingual)

Embase: ('non insulin dependent diabetes mellitus'/exp OR 't2dm' OR 'adult onset diabetes mellitus' OR 'diabetes mellitus type 2' OR 'diabetes mellitus, maturity onset' OR 'diabetes mellitus, non insulin dependent' OR 'diabetes mellitus, non-insulin-dependent' OR 'diabetes mellitus, type 2' OR 'diabetes mellitus, type ii' OR 'diabetes type 2' OR 'diabetes type ii' OR 'dm 2' OR 'type 2 diabetes' OR 'type 2 diabetes mellitus' OR 'type ii diabetes' OR 'type ii diabetes mellitus') AND ('alternative medicine'/exp OR 'alternative therapies' OR 'alternative therapy' OR 'complementary therapies' OR 'therapeutic cults' OR 'mind body therapy' OR 'mind-body therapies') AND ('ankle brachial index'/exp OR 'ankle brachial index' OR 'ankle brachial pressure index' OR 'ankle brachial ratio')

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#1 ('non insulin dependent diabetes mellitus'/exp OR 't2dm' OR 'adult onset diabetes mellitus' OR 'diabetes mellitus type 2' OR 'diabetes mellitus, maturity onset' OR 'diabetes mellitus, non insulin dependent' OR 'diabetes mellitus, non-insulin-dependent' OR 'diabetes mellitus, type 2' OR 'diabetes mellitus, type ii' OR 'diabetes type 2' OR 'diabetes type ii' OR 'dm 2' OR 'type 2 diabetes' OR 'type 2 diabetes mellitus' OR 'type ii diabetes' OR 'type ii diabetes mellitus') AND ('alternative medicine'/exp OR 'alternative therapies' OR 'alternative therapy' OR 'complementary therapies') AND ('ankle brachial index'/exp OR 'ankle brachial pressure index')

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#1 Effect of reflexology on ankle brachial index, diabetic peripheral neuropathy, and glycemic control in older adults with diabetes: A randomized controlled trial
Cicek S.C., Demir S., Yilmaz D., Yildiz S.
Complementary therapies in clinical practice 2021 44 (101437-) Cited by: 0
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DOAJ: diabetes mellitus AND ankle brachial index OR ABI AND acupressure

diabetes mellitus AND ankle brachial index OR All fields 

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Page 1 of 1


JURNAL ENDURANCE (JUN 2018)

AKUPRESUR EFEKTIF MENINGKATKAN NILAI ANKLE BRACHIAL INDEX PADA DIABETISI

Defrima Oka Surya, Ety Rekawati, Widyatuti Widyatuti



Lampiran III




KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN KESEHATAN
RSPTN UNIVERSITAS HASANUDDIN
RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
 Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
 JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
 Contact Person: dr. Agussalim Bukhari.,MMed,PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431

REKOMENDASI PERSETUJUAN ETIK

Nomor : 857/UN4.6.4.5.31/ PP36/ 2021

Tanggal: 31 Desember 2021

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH21120804	No Sponsor Protokol	
Peneliti Utama	Sri Bintari Rahayu, S.Kep,Ns	Sponsor	
Judul Peneliti	Terapi Komplementer dalam Meningkatkan Nilai Ankle Brachial Index (ABI) pada Pasien Diabetes Mellitus		
No Versi Protokol	1	Tanggal Versi	30 Desember 2021
No Versi PSP		Tanggal Versi	
Tempat Penelitian	Fakultas Keperawatan Universitas Hasanuddin Makassar		
Jenis Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku 31 Desember 2021 sampai 31 Desember 2022	Frekuensi review lanjutan
Ketua KEPK FKUH RSUH dan RSWs	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan 	
Sekretaris KEPK FKUH RSUH dan RSWs	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)	Tanda tangan 	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan



JURNAL KEPERAWATAN KOMPREHENSIF
(COMPREHENSIVE NURSING JOURNAL)

SURAT PERNYATAAN

Yang bertanda tangan dibawah ini:

Nama : Tri Antika Rizki Kusuma Putri, M.Kep., Sp.Kep.M.B
Jabatan : Ketua Dewan Redaksi Jurnal Keperawatan Komprehensif (JKK)
STIKep PPNI Jawa Barat
Institusi : STIKep PPNI Jawa Barat

Menyatakan bahwa:

Nama : Sri Bintari Rahayu
Jabatan : Mahasiswa S2
Institusi : Department of Nursing, Hasanudin University, Makasar

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Mengetahui,

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