DAFTAR PUSTAKA

1. Lv B, Yuan J, Ding H, Wan B, Jiang Q, Luo Y, et al. Relationship between Endplate Defects , Modic Change , Disc Degeneration , and Facet Joint Degeneration in Patients with Low Back Pain. 2019;2019.
2. Degulmadi D, Dave B, Krishnan A, Patel D. The Relationship of Facet Joint Orientation and Tropism with Lumbar Disc Herniation and Degenerative Spondylolisthesis in the Lower Lumbar Spine. Asian Spine J. 2019 Feb 18;13(1):22–8.
3. Lai Q, Liu Y, Guo R, Lv X, Wang Q, Zhu J, et al. A Study of Lumbar Disc Herniation and Facet Joint Asymmetry. Int Surg. 2018 Apr 1;103(1–2):87–94.
4. Zhou X, Liu Y, Zhou S, Fu X xing, Yu X long, Fu C lin, et al. The correlation between radiographic and pathologic grading of lumbar facet joint degeneration. BMC Med Imaging. 2016;1–8.
5. Ko S, Chae S, Choi W, Kim JY, Kwon J, Doh J. The Prevalence of Facet Tropism and Its Correlation with Low Back Pain in Selected Community-Based Populations. Clin Orthop Surg. 2019 Jun;11(2):176–82.
6. Cox JM, Aspegren DD, Trier KK. Facet tropism: comparison of plain film and computed tomography examinations. J Manipulative Physiol Ther. 1991;14(6):355–60.
7. Gellhorn AC. Osteoarthritis of the spine : the facet joints. 2014;9(4):216–24.
8. Little JW, Grieve T, Cantu J, Bogar WB, Heiser R, Miley H, et al. assessed by magnetic resonance imaging. 2020;43(1):43–9.
9. Kalichman L, Suri P, Guermazi A, Li L, Hunter DJ. Facet orientation and tropism: associations with facet joint osteoarthritis and degeneratives. Spine (Phila Pa 1976). 2009 Jul;34(16):E579-85.
10. Cassidy JD, Loback D, Yong-Hing K, Tchang S. Lumbar facet joint asymmetry. Intervertebral disc herniation. Spine (Phila Pa 1976). 1992 May;17(5):570–4.
11. Brett Sassack; Jonathan D. Carrier. Anatomy, Back, Lumbar Spine. In: StatPearls [Internet] Treasure Island (FL): StatPearls Publishing; 2022.
12. Cardenas del Monaco D. College of Health Sciences. 2014.
13. Liu Z, Duan Y, Rong X, Wang B, Chen H, Liu H. Variation of facet joint orientation and tropism in lumbar degenerative spondylolisthesis and disc

herniation at L4-L5: A systematic review and meta-analysis. Clin Neurol Neurosurg. 2017 Oct;161:41–7.

14. Ishihara H, Matsui H, Osada R, Ohshima H, Tsuji H. Facet Joint Asymmetry as a Radiologic Feature of Lumbar Intervertebral Disc Herniation in Children and Adolescents. Spine (Phila Pa 1976). 1997 Sep;22(17):2001–4.

15. Lai Q, Liu Y, Guo R, Lv X, Wang Q, Zhu J, et al. A Study of Lumbar Disc Herniation and Facet Joint Asymmetry. Int Surg. 2018 Apr 1;103(1–2):87–94.

16. Gellhorn AC, Katz JN, Suri P. Osteoarthritis of the spine: the facet joints. Nat Rev Rheumatol. 2013 Apr 13;9(4):216–24.

17. Wang H, Zhou Y. Facet tropism: possible role in the pathology of lumbar disc herniation in adolescents. J Neurosurg Pediatr. 2016 Jul;18(1):111–5.

18. Ko S, Chae S, Choi W, Kim JY, Kwon J, Doh J. The Prevalence of Facet Tropism and Its Correlation with Low Back Pain in Selected Community-Based Populations. Clin Orthop Surg. 2019;11(2):176.

19. Lindsay Curtis; Neal Shah; Devang Padalia. Facet Joint Disease. In: StatPearls [Internet] Treasure Island (FL): StatPearls Publishing; 2022.

20. Perolat R, Kastler A, Nicot B, Pellat JM, Tahon F, Attye A, et al. Facet joint syndrome: from diagnosis to interventional management. Insights Imaging. 2018 Oct 8;9(5):773–89.

21. Kwee RM, Kwee TC. Imaging of facet joint diseases. Clin Imaging. 2021 Dec;80:167–79.

22. Cox JM ADTK. Facet tropism: comparison of plain film and computed tomography examinations. 1991;Jul-Aug.

23. Little JW, Grieve T, Cantu J, Bogar WC, Heiser R, Miley H, et al. Reliability of Human Lumbar Facet Joint Degeneration Severity Assessed by Magnetic Resonance Imaging. J Manipulative Physiol Ther. 2020 Jan;43(1):43–9.

24. Pathria M, Sartoris DJ, Resnick D. Osteoarthritis of the facet joints: accuracy of oblique radiographic assessment. Radiology. 1987 Jul;164(1):227–30.

25. Holder LE, Machin JL, Asdourian PL, Links JM, Sexton CC. Planar and High-Resolution SPECT Bone Imaging in the Diagnosis of Facet Syndrome. Vol. 36, J NucÃ-Med. 1995.

26. Weishaupt D, Zanetti M, Boos N, Hodler J. MR imaging and CT in osteoarthritis of the lumbar facet joints. Skeletal Radiol. 1999 May 19;28(4):215–9.

27. Zhou X, Liu Y, Zhou S, Fu XX, Yu XL, Fu CL, et al. The correlation between radiographic and pathologic grading of lumbar facet joint degeneration. BMC Med Imaging. 2016 Dec 29;16(1):27.

28. Degulmadi D, Dave B, Krishnan A, Patel D. The Relationship of Facet Joint Orientation and Tropism with Lumbar Disc Herniation and Degenerative Spondylolisthesis in the Lower Lumbar Spine. Asian Spine J. 2019 Feb 28;13(1):22–8.

29. Griffin N G LA. The spine. Oxford: Churchill Livingstone, editor. 2013. 802–21 p.

30. Alpaycı M. The relationship between facet joint osteoarthritis and Modic changes of the lumbar spine: a retrospective magnetic resonance imaging study. Türkiye Fiziksel Tıp ve Rehabilitasyon Dergisi. 2016 Dec 19;62(4):308–13.

31. Sharrak S AKY. Cervical Disc Herniation. In Treasure Island (FL). 2022;

32. Schroeder GD, Guyre CA, Vaccaro AR. The epidemiology and pathophysiology of lumbar disc herniations. Semin Spine Surg. 2016 Mar 1;28(1):2–7.

33. Yang H, Liu H, Li Z, Zhang K, Wang J, Wang H, et al. Low back pain associated with lumbar disc herniation: role of moderately degenerative disc and annulus fibrous tears [Internet]. Vol. 8, Int J Clin Exp Med. 2015. Available from: www.ijcem.com/

34. Battié MC, Videman T, Parent E. Lumbar Disc Degeneration. Spine (Phila Pa 1976). 2004 Dec;29(23):2679–90.

35. Higashino K, Matsui Y, Yagi S, Takata Y, Goto T, Sakai T, et al. The alpha2 type IX collagen tryptophan polymorphism is associated with the severity of disc degeneration in younger patients with herniated nucleus pulposus of the lumbar spine. Int Orthop. 2007 Feb 4;31(1):107–11.

36. Zhang Y gang, Sun Z, Zhang Z, Liu J, Guo X. Risk Factors for Lumbar Intervertebral Disc Herniation in Chinese Population. Spine (Phila Pa 1976). 2009 Dec;34(25):E918–22.

37. EDELSON JG, NATHAN H. Stages in the Natural History of the Vertebral End-Plates. Spine (Phila Pa 1976). 1988 Jan;13(1):21–6.

38. Boos N, Weissbach S, Rohrbach H, Weiler C, Spratt KF, Nerlich AG. Classification of Age-Related Changes in Lumbar Intervertebral Discs. Spine (Phila Pa 1976). 2002 Dec;27(23):2631–44.

39. Fardon DF, Williams AL, Dohring EJ, Murtagh FR, Gabriel Rothman SL, Sze GK. Lumbar disc nomenclature: version 2.0. The Spine Journal. 2014 Nov;14(11):2525–45.

40. Wojciech J Łebkowski UŁMNJD. The radiological symptoms of lumbar disc herniation and degenerative changes of the lumbar intervertebral discs. Med Sci Monit. 2004;3:112–4.

41. Costello RF, Beall DP. Nomenclature and Standard Reporting Terminology of Intervertebral Disk Herniation. Magn Reson Imaging Clin N Am. 2007 May;15(2):167–74.

42. Ehrler M, Peterson C, Leemann S, Schmid C, Anklin B, Humphreys BK. Symptomatic, MRI Confirmed, Lumbar Disc Herniations: A Comparison of Outcomes Depending on the Type and Anatomical Axial Location of the Hernia in Patients Treated With High-Velocity, Low-Amplitude Spinal Manipulation. J Manipulative Physiol Ther. 2016 Mar;39(3):192–9.

43. N Vucetic OS. Physical signs in lumbar disc hernia. Clin Orthop Relat Res . 1996;192-201.

44. Vroomen PCAJ. Diagnostic value of history and physical examination in patients suspected of lumbosacral nerve root compression. J Neurol Neurosurg Psychiatry. 2002 May 1;72(5):630–4.

45. Amin RM, Andrade NS, Neuman BJ. Lumbar Disc Herniation. Curr Rev Musculoskelet Med. 2017 Dec 4;10(4):507–16.

46. Boden SD, McCowin PR, Davis DO, Dina TS, Mark AS, Wiesel S. Abnormal magnetic-resonance scans of the cervical spine in asymptomatic subjects. A prospective investigation. J Bone Joint Surg. 1990 Sep;72(8):1178–84.

47. Kim JH, van Rijn RM, van Tulder MW, Koes BW, de Boer MR, Ginai AZ, et al. Diagnostic accuracy of diagnostic imaging for lumbar disc herniation in adults with low back pain or sciatica is unknown; a systematic review. Chiropr Man Therap. 2018 Dec 21;26(1):37.

48. Perera RS, Dissanayake PH, Senarath U, Wijayaratne LS, Karunanayake AL, Dissanayake VHW. Single Nucleotide Variants of Candidate Genes in Aggrecan Metabolic Pathway Are Associated with Lumbar Disc Degeneration and Modic Changes. PLoS One. 2017 Jan 12;12(1):e0169835.

49. Bakhsh A. Role of conventional lumbar myelography in the management of sciatica: An experience from Pakistan. Asian J Neurosurg. 2012 Mar 27;7(01):25–8.

50. Postacchini F. Lumbar Disc Herniation. Vienna: Springer Vienna; 1999.

51. Akhaddar A, Alaoui M, Turgut M, Hall W. Iatrogenic vascular laceration during posterior lumbar disc surgery: a literature review. Neurosurg Rev. 2021 Apr 12;44(2):821–42.

52. Kalichman L, Suri P, Guermazi A, Li L, Hunter DJ. Facet Orientation and Tropism. Spine (Phila Pa 1976). 2009 Jul;34(16):E579–85.

53. J D Cassidy DLKYHST. Lumbar facet joint asymmetry. Intervertebral disc herniation. Spine (Phila Pa 1976) . 1992;570-4.

54. Ishihara H, Matsui H, Osada R, Ohshima H, Tsuji H. Facet Joint Asymmetry as a Radiologic Feature of Lumbar Intervertebral Disc Herniation in Children and Adolescents. Spine (Phila Pa 1976). 1997 Sep;22(17):2001–4.

55. Kong MH, He W, Tsai YD, Chen NF, Keorochana G, Do DH, et al. Relationship of Facet Tropism with Degeneration and Stability of Functional Spinal Unit. Yonsei Med J. 2009;50(5):624.

56. Yang M, Wang N, Xu X, Zhang Y, Xu G, Chang Y, et al. Facet joint parameters which may act as risk factors for chronic low back pain. J Orthop Surg Res. 2020 Dec 24;15(1):185.

57. Zhu K, Su Q, Chen T, Zhang J, Yang M, Pan J, et al. Association between lumbar disc herniation and facet joint osteoarthritis. BMC Musculoskelet Disord. 2020 Dec 29;21(1):56.

58. Ghandhari H, Ameri E, Hasani H, Safari MB, Tabrizi A. Is Facet Tropism Associated with Increased Risk of Disc Herniation in the Lumbar Spine? Asian Spine J. 2018 Jun 30;12(3):428–33.

59. Lai Q, Liu Y, Guo R, Lv X, Wang Q, Zhu J, et al. A Study of Lumbar Disc Herniation and Facet Joint Asymmetry. Int Surg. 2018 Apr 1;103(1–2):87–94.

60. Dinesh K, C IK, Mohanty S. The role of facet tropism in lumbar intervertebral disc prolapse. International Journal of Orthopaedics Sciences. 2017 Apr 1;3(2d):219–21.

61. Yadav S, Arya R, Dakshinamoorthy R, Jha AA, Jain S, Kumar I. Tropismo/inclinação facetária e sua associação com hérnia de disco

intervertebral na região lombar da coluna – Uma avaliação radiológica. Rev Bras Ortop (Sao Paulo). 2022 Dec 19;57(06):941–6.

62. Wang H, Zhou Y. Facet tropism: possible role in the pathology of lumbar disc herniation in adolescents. 2016;18(July):111–5.

63. Chadha M, Sharma G, Arora SS, Kochar V. Association of facet tropism with lumbar disc herniation. European Spine Journal. 2013 May 14;22(5):1045–52.

LAMPIRAN I

KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN UNIVERSITAS HASANUDDIN
RSPTN UNIVERSITAS HASANUDDIN
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Contact Person: dr. Agussalim Bukhari.,MMed,PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431

REKOMENDASI PERSETUJUAN ETIK

Nomor : 52/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 20 Januari 2023

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

No Protokol	UH23010036	No Sponsor Protokol	
Peneliti Utama	**dr. Anastasia Marcella**	Sponsor	
Judul Peneliti	HUBUNGAN ASIMETRIK FACET JOINT DENGAN HERNIASI DISKUS INTERVERTEBRALIS LUMBALIS PADA PASIEN LBP DENGAN MENGGUNAKAN MAGNETIC RESONANCE IMAGING		
No Versi Protokol	**1**	Tanggal Versi	**17 Januari 2023**
No Versi PSP		Tanggal Versi	
Tempat Penelitian	RSUP Dr. Wahidin Sudirohusodo Makassar		
Jenis Review	[x] Exempted [ ] Expedited [ ] Fullboard Tanggal	Masa Berlaku **20 Januari 2023** sampai **20 Januari 2024**	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama **Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)**	Tanda tangan	
Sekretaris KEP Universitas Hasanuddin	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 Lapor 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

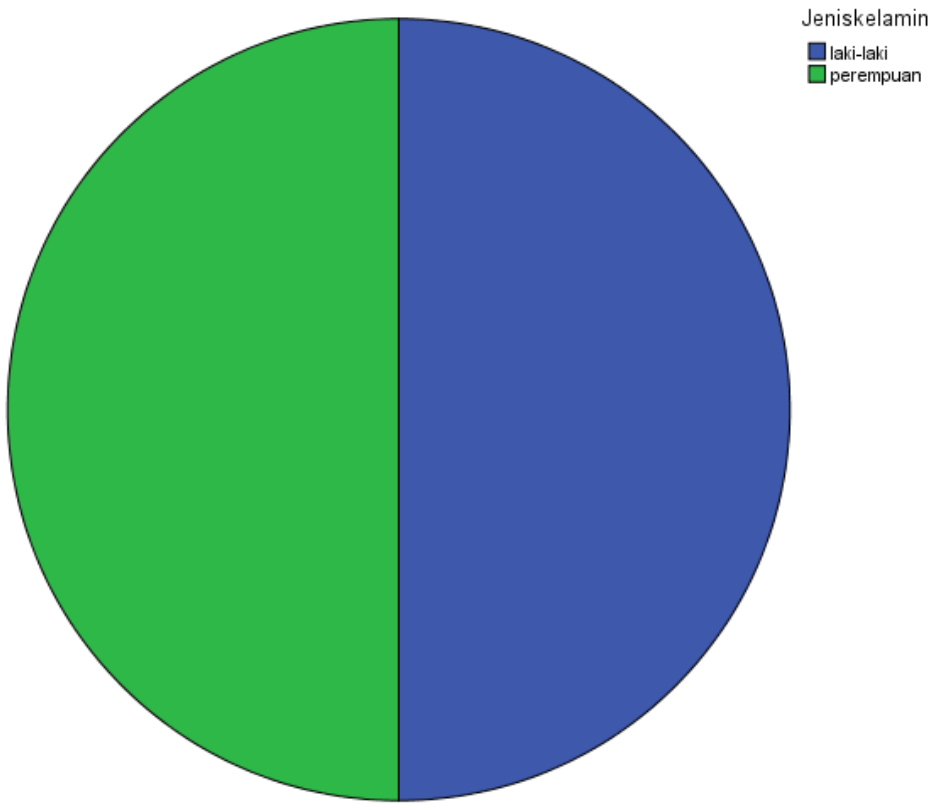
LAMPIRAN 2

Frequencies

Jeniskelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	laki-laki	46	50.0	50.0	50.0
	perempuan	46	50.0	50.0	100.0
	Total	92	100.0	100.0	

GGraph

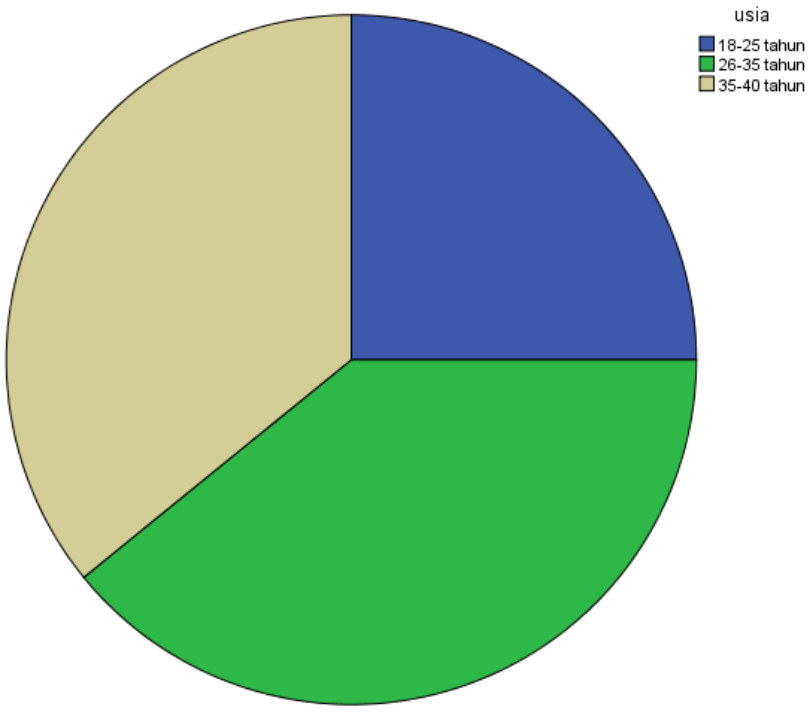


Frequencies

usia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25 tahun	23	25.0	25.0	25.0
	26-35 tahun	36	39.1	39.1	64.1
	35-40 tahun	33	35.9	35.9	100.0
	Total	92	100.0	100.0	

GGraph



Frequency Table

DerajatAsimetriL3L4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	derajat 0	32	34.8	34.8	34.8
	derajat 1	52	56.5	56.5	91.3
	derajat 2	8	8.7	8.7	100.0
	Total	92	100.0	100.0	

DerajatAsimetriL4L5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	derajat 0	5	5.4	5.4	5.4
	derajat 1	63	68.5	68.5	73.9
	derajat 2	24	26.1	26.1	100.0
	Total	92	100.0	100.0	

DerajatAsimetriL5S1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	derajat 0	5	5.4	5.4	5.4
	derajat 1	44	47.8	47.8	53.3
	derajat 2	43	46.7	46.7	100.0
	Total	92	100.0	100.0	

Frequencies

Statistics

		HerniasiL3L4	HerniasiL4L5	HerniasiL5S1
N	Valid	92	92	92
	Missing	0	0	0

Frequency Table

HerniasiL3L4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	normal	6	6.5	6.5	6.5
	protrusio	78	84.8	84.8	91.3
	extrusio	8	8.7	8.7	100.0
	Total	92	100.0	100.0	

HerniasiL4L5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	normal	5	5.4	5.4	5.4
	protrusio	65	70.7	70.7	76.1
	extrusio	22	23.9	23.9	100.0
	Total	92	100.0	100.0	

HerniasiL5S1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	normal	3	3.3	3.3	3.3

	protrusio	45	48.9	48.9	52.2
	extrusio	41	44.6	44.6	96.7
	sekuestrasi	3	3.3	3.3	100.0
	Total	92	100.0	100.0	

Crosstabs

DerajatAsimetriL3L4 * Jeniskelamin

Crosstab

			Jeniskelamin		
			laki-laki	perempuan	Total
DerajatAsimetriL3L4	derajat 0	Count	13	19	32
		% within Jeniskelamin	28.3%	41.3%	34.8%
	derajat 1	Count	31	21	52
		% within Jeniskelamin	67.4%	45.7%	56.5%
	derajat 2	Count	2	6	8
		% within Jeniskelamin	4.3%	13.0%	8.7%
Total		Count	46	46	92
		% within Jeniskelamin	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.048[a]	2	.080
Likelihood Ratio	5.160	2	.076
Linear-by-Linear Association	.117	1	.732
N of Valid Cases	92		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 4.00.

DerajatAsimetriL4L5 * Jeniskelamin

Crosstab

			Jeniskelamin		
			laki-laki	perempuan	Total
DerajatAsimetriL4L5	derajat 0	Count	1	4	5
		% within Jeniskelamin	2.2%	8.7%	5.4%
	derajat 1	Count	32	31	63
		% within Jeniskelamin	69.6%	67.4%	68.5%
	derajat 2	Count	13	11	24
		% within Jeniskelamin	28.3%	23.9%	26.1%
Total		Count	46	46	92
		% within Jeniskelamin	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.983[a]	2	.371
Likelihood Ratio	2.110	2	.348
Linear-by-Linear Association	.986	1	.321
N of Valid Cases	92		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.50.

DerajatAsimetriL5S1 * Jeniskelamin

Crosstab

			Jeniskelamin		
			laki-laki	perempuan	Total
DerajatAsimetriL5S1	derajat 0	Count	2	3	5
		% within Jeniskelamin	4.3%	6.5%	5.4%
	derajat 1	Count	21	23	44
		% within Jeniskelamin	45.7%	50.0%	47.8%
	derajat 2	Count	23	20	43
		% within Jeniskelamin	50.0%	43.5%	46.7%
Total		Count	46	46	92
		% within Jeniskelamin	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.500[a]	2	.779
Likelihood Ratio	.502	2	.778
Linear-by-Linear Association	.490	1	.484
N of Valid Cases	92		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.50.

Crosstabs

HerniasiL3L4 * Jeniskelamin

Crosstab

			Jeniskelamin		
			laki-laki	perempuan	Total
HerniasiL3L4	normal	Count	3	3	6
		% within Jeniskelamin	6.5%	6.5%	6.5%
	protrusio	Count	38	40	78
		% within Jeniskelamin	82.6%	87.0%	84.8%
	extrusio	Count	5	3	8
		% within Jeniskelamin	10.9%	6.5%	8.7%
Total		Count	46	46	92
		% within Jeniskelamin	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.551[a]	2	.759
Likelihood Ratio	.557	2	.757
Linear-by-Linear Association	.283	1	.594
N of Valid Cases	92		

a. 4 cells (66.7%) have expected count less than 5. The minimum expected count is 3.00.

HerniasiL4L5 * Jeniskelamin

Crosstab

			Jeniskelamin		
			laki-laki	perempuan	Total
HerniasiL4L5	normal	Count	2	3	5
		% within Jeniskelamin	4.3%	6.5%	5.4%
	protrusio	Count	35	30	65
		% within Jeniskelamin	76.1%	65.2%	70.7%
	extrusio	Count	9	13	22
		% within Jeniskelamin	19.6%	28.3%	23.9%
Total		Count	46	46	92
		% within Jeniskelamin	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.312[a]	2	.519
Likelihood Ratio	1.318	2	.517
Linear-by-Linear Association	.373	1	.541
N of Valid Cases	92		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.50.

HerniasiL5S1 * Jeniskelamin

Crosstab

			Jeniskelamin		
			laki-laki	perempuan	Total
HerniasiL5S1	normal	Count	2	1	3
		% within Jeniskelamin	4.3%	2.2%	3.3%
	protrusio	Count	25	20	45
		% within Jeniskelamin	54.3%	43.5%	48.9%
	extrusio	Count	17	24	41
		% within Jeniskelamin	37.0%	52.2%	44.6%
	sekuestrasi	Count	2	1	3
		% within Jeniskelamin	4.3%	2.2%	3.3%
Total		Count	46	46	92
		% within Jeniskelamin	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.417[a]	3	.490
Likelihood Ratio	2.437	3	.487
Linear-by-Linear Association	1.019	1	.313
N of Valid Cases	92		

a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is 1.50.

Crosstabs

DerajatAsimetriL3L4 * HerniasiL3L4 Crosstabulation

			HerniasiL3L4			
			normal	protrusio	extrusio	Total
DerajatAsimetriL3L4	derajat 0	Count	5	27	0	32
		% within HerniasiL3L4	83.3%	34.6%	0.0%	34.8%
	derajat 1	Count	0	49	3	52
		% within HerniasiL3L4	0.0%	62.8%	37.5%	56.5%
	derajat 2	Count	1	2	5	8
		% within HerniasiL3L4	16.7%	2.6%	62.5%	8.7%
Total		Count	6	78	8	92
		% within HerniasiL3L4	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	41.744[a]	4	.000
Likelihood Ratio	32.509	4	.000
Linear-by-Linear Association	17.521	1	.000
N of Valid Cases	92		

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is .52.

Crosstabs

DerajatAsimetriL4L5 * HerniasiL4L5 Crosstabulation

			HerniasiL4L5			
			normal	protrusio	extrusio	Total
DerajatAsimetriL4L5	derajat 0	Count	3	2	0	5
		% within HerniasiL4L5	60.0%	3.1%	0.0%	5.4%
	derajat 1	Count	2	54	7	63
		% within HerniasiL4L5	40.0%	83.1%	31.8%	68.5%
	derajat 2	Count	0	9	15	24
		% within HerniasiL4L5	0.0%	13.8%	68.2%	26.1%
Total		Count	5	65	22	92
		% within HerniasiL4L5	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	56.167[a]	4	.000
Likelihood Ratio	37.544	4	.000
Linear-by-Linear Association	31.932	1	.000
N of Valid Cases	92		

a. 5 cells (55.6%) have expected count less than 5. The minimum expected count is .27.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
DerajatAsimetriL5S1 * HerniasiL5S1	92	100.0%	0	0.0%	92	100.0%

DerajatAsimetriL5S1 * HerniasiL5S1 Crosstabulation

			HerniasiL5S1		
			normal	protrusio	extrusio
DerajatAsimetriL5S1	derajat 0	Count	3	2	0
		% within HerniasiL5S1	100.0%	4.4%	0.0%
	derajat 1	Count	0	36	7
		% within HerniasiL5S1	0.0%	80.0%	17.1%
	derajat 2	Count	0	7	34
		% within HerniasiL5S1	0.0%	15.6%	82.9%
Total		Count	3	45	41
		% within HerniasiL5S1	100.0%	100.0%	100.0%

DerajatAsimetriL5S1 * HerniasiL5S1 Crosstabulation

			HerniasiL5S1	
			sekuestrasi	Total
DerajatAsimetriL5S1	derajat 0	Count	0	5
		% within HerniasiL5S1	0.0%	5.4%
	derajat 1	Count	1	44
		% within HerniasiL5S1	33.3%	47.8%
	derajat 2	Count	2	43
		% within HerniasiL5S1	66.7%	46.7%
Total		Count	3	92
		% within HerniasiL5S1	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	93.756[a]	6	.000
Likelihood Ratio	63.575	6	.000
Linear-by-Linear Association	41.987	1	.000
N of Valid Cases	92		

a. 8 cells (66.7%) have expected count less than 5. The minimum expected count is .16.

Explore

HerniasiL3L4

Case Processing Summary

		Cases					
		Valid		Missing		Total	
	HerniasiL3L4	N	Percent	N	Percent	N	Percent
AsimetriL3L4	normal	6	100.0%	0	0.0%	6	100.0%
	protrusio	78	100.0%	0	0.0%	78	100.0%
	extrusio	8	100.0%	0	0.0%	8	100.0%

Descriptives

	HerniasiL3L4			Statistic	Std. Error
AsimetriL3L4	normal	Mean		4.0000	.36515
		95% Confidence Interval for Mean	Lower Bound	3.0614	
			Upper Bound	4.9386	
		5% Trimmed Mean		4.0000	
		Median		4.0000	
		Variance		.800	
		Std. Deviation		.89443	
		Minimum		3.00	
		Maximum		5.00	
		Range		2.00	
		Interquartile Range		2.00	
		Skewness		.000	.845
		Kurtosis		-1.875	1.741
	protrusio	Mean		8.6795	.37241
		95% Confidence Interval for Mean	Lower Bound	7.9379	
			Upper Bound	9.4211	
		5% Trimmed Mean		8.6125	
		Median		9.0000	
		Variance		10.818	

		Std. Deviation		3.28908	
		Minimum		3.00	
		Maximum		19.00	
		Range		16.00	
		Interquartile Range		5.25	
		Skewness		.197	.272
		Kurtosis		-.288	.538
	extrusio	Mean		15.2500	.45316
		95% Confidence Interval for Mean	Lower Bound	14.1784	
			Upper Bound	16.3216	
		5% Trimmed Mean		15.2222	
		Median		15.0000	
		Variance		1.643	
		Std. Deviation		1.28174	
		Minimum		14.00	
		Maximum		17.00	
		Range		3.00	
		Interquartile Range		2.75	
		Skewness		.475	.752
		Kurtosis		-1.546	1.481

Tests of Normality

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	HerniasiL3L4	Statistic	df	Sig.	Statistic	df	Sig.
AsimetriL3L4	normal	.202	6	.200*	.853	6	.167
	protrusio	.144	78	.000	.934	78	.001
	extrusio	.210	8	.200*	.843	8	.082

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Explore
HerniasiL4L5

Case Processing Summary

		Cases					
		Valid		Missing		Total	
	HerniasiL4L5	N	Percent	N	Percent	N	Percent
AsimetriL4L5	normal	5	100.0%	0	0.0%	5	100.0%
	protrusio	65	100.0%	0	0.0%	65	100.0%
	extrusio	22	100.0%	0	0.0%	22	100.0%

Descriptives

	HerniasiL4L5			Statistic	Std. Error
AsimetriL4L5	normal	Mean		5.6000	.60000
		95% Confidence Interval for Mean	Lower Bound	3.9341	
			Upper Bound	7.2659	
		5% Trimmed Mean		5.6111	
		Median		5.0000	
		Variance		1.800	
		Std. Deviation		1.34164	
		Minimum		4.00	
		Maximum		7.00	
		Range		3.00	
		Interquartile Range		2.50	
		Skewness		.166	.913
		Kurtosis		-2.407	2.000
	protrusio	Mean		11.2769	.29377
		95% Confidence Interval for Mean	Lower Bound	10.6900	
			Upper Bound	11.8638	
		5% Trimmed Mean		11.3590	
		Median		11.0000	
		Variance		5.610	
		Std. Deviation		2.36846	

		Minimum		5.00	
		Maximum		15.00	
		Range		10.00	
		Interquartile Range		3.00	
		Skewness		-.378	.297
		Kurtosis		.102	.586
	extrusio	Mean		14.7273	.36740
		95% Confidence Interval for Mean	Lower Bound	13.9632	
			Upper Bound	15.4913	
		5% Trimmed Mean		14.8081	
		Median		15.0000	
		Variance		2.970	
		Std. Deviation		1.72328	
		Minimum		10.00	
		Maximum		18.00	
		Range		8.00	
		Interquartile Range		1.25	
		Skewness		-1.131	.491
		Kurtosis		2.640	.953

Tests of Normality

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	HerniasiL4L5	Statistic	df	Sig.	Statistic	df	Sig.
AsimetriL4L5	normal	.273	5	.200*	.852	5	.201
	protrusio	.156	65	.000	.938	65	.003
	extrusio	.290	22	.000	.847	22	.003

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Explore

HerniasiL5S1

Case Processing Summary

		Cases					
		Valid		Missing		Total	
	HerniasiL5S1	N	Percent	N	Percent	N	Percent
AsimetriL5S1	normal	3	100.0%	0	0.0%	3	100.0%
	protrusio	45	100.0%	0	0.0%	45	100.0%
	extrusio	41	100.0%	0	0.0%	41	100.0%
	sekuestrasi	3	100.0%	0	0.0%	3	100.0%

Descriptives

	HerniasiL5S1			Statistic	Std. Error
AsimetriL5S1	normal	Mean		5.6667	.33333
		95% Confidence Interval for Mean	Lower Bound	4.2324	
			Upper Bound	7.1009	
		5% Trimmed Mean		.	
		Median		6.0000	
		Variance		.333	
		Std. Deviation		.57735	
		Minimum		5.00	
		Maximum		6.00	
		Range		1.00	
		Interquartile Range		.	
		Skewness		-1.732	1.225
		Kurtosis		.	.
	protrusio	Mean		12.4667	.43182
		95% Confidence Interval for Mean	Lower Bound	11.5964	
			Upper Bound	13.3369	
		5% Trimmed Mean		12.5679	

		Median		13.0000	
		Variance		8.391	
		Std. Deviation		2.89671	
		Minimum		6.00	
		Maximum		17.00	
		Range		11.00	
		Interquartile Range		2.50	
		Skewness		-.454	.354
		Kurtosis		.289	.695
	extrusio	Mean		15.4878	.25212
		95% Confidence Interval for Mean	Lower Bound	14.9783	
			Upper Bound	15.9974	
		5% Trimmed Mean		15.5976	
		Median		16.0000	
		Variance		2.606	
		Std. Deviation		1.61434	
		Minimum		11.00	
		Maximum		18.00	
		Range		7.00	
		Interquartile Range		2.00	
		Skewness		-1.158	.369
		Kurtosis		1.023	.724
	sekuestrasi	Mean		16.0000	1.00000
		95% Confidence Interval for Mean	Lower Bound	11.6973	
			Upper Bound	20.3027	
		5% Trimmed Mean		.	
		Median		17.0000	
		Variance		3.000	
		Std. Deviation		1.73205	
		Minimum		14.00	
		Maximum		17.00	
		Range		3.00	
		Interquartile Range		.	
		Skewness		-1.732	1.225
		Kurtosis		.	.

Tests of Normality

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	HerniasiL5S1	Statistic	df	Sig.	Statistic	df	Sig.
AsimetriL5S1	normal	.385	3	.	.750	3	.000
	protrusio	.195	45	.000	.893	45	.001
	extrusio	.211	41	.000	.863	41	.000
	sekuestrasi	.385	3	.	.750	3	.000

a. Lilliefors Significance Correction

NPar Tests

a. Based on availability of workspace memory.

Kruskal-Wallis Test

Test Statistics[a,b]

	HerniasiL3L4
Chi-Square	19.245
df	2
Asymp. Sig.	.000

a. Kruskal Wallis Test

b. Grouping Variable:

DerajatAsimetriL3L4

NPar Tests

a. Based on availability of workspace memory.

Kruskal-Wallis Test

Test Statistics[a,b]

	HerniasiL4L5
Chi-Square	31.370
df	2
Asymp. Sig.	.000

a. Kruskal Wallis Test

b. Grouping Variable: DerajatAsimetriL4L5

NPar Tests

a. Based on availability of workspace memory.

Kruskal-Wallis Test

Test Statistics[a,b]

	HerniasiL5S1
Chi-Square	43.002
df	2
Asymp. Sig.	.000

a. Kruskal Wallis Test

b. Grouping Variable: DerajatAsimetriL5S1

LAMPIRAN 3

CURRICULUM VITAE

A. Data Pribadi

1. **Nama : dr. Anastasia Marcella**
2. **Agama : Katolik**
3. **Tempat/Tgl Lahir : Jakarta / 21 Maret 1988**
4. **Alamat : Rusunawa I Unhas Blok D302**
5. **Nama Ayah/Ibu : Joseph Frans Lika / Maria Goretti Winarti**
6. **Suami : dr. Darren Perdana, Sp.B**

B. Riwayat Pendidikan

1. **TK : TK Taman Permata Indah**
2. **SD : SD Ricci I**
3. **SMP : SMP Santa Maria**
4. **SMA : SMA TARAKANITA**
5. **Perguruan Tinggi : Fakultas Kedokteran Universitas Tarumanagara**
6. **Profesi Dokter : Fakultas Kedokteran Universitas Tarumanagara**
7. **PPDS : Departemen Radiologi Fakultas Kedokteran Universitas Hasanuddin Periode Juli 2019**

C. Riwayat Pekerjaan

1. Dokter Umum di Erha Apothecary Jakarta tahun 2013- 2019

D. Makalah pada Seminar/Konferens Ilmiah Nasional :

"Leriche Syndrome (Aortoiliac Occlusive Disease) in a 5 Year-Old-Child", dibawakan pada acara PSRAI "The 10th Annual Scientific 2021 Indonesian Society of Pediatric Radiology" Jakarta, 31 Juli-1 Agustus 2021