

DAFTAR PUSTAKA

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LAMPIRAN

1. Foto – foto Intraoperatif

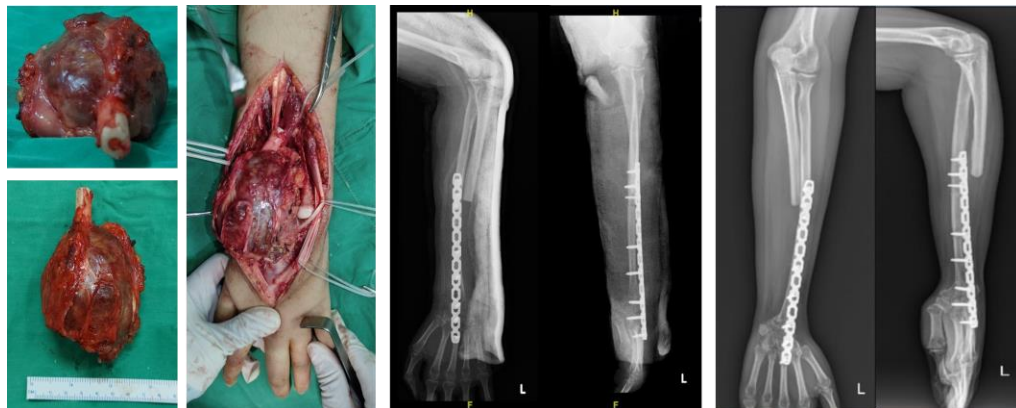
- Mrs. K/21 y.o/Left Handed/Teacher



- Mrs. E/21 y.o/Right Handed/Housewife-Farmer



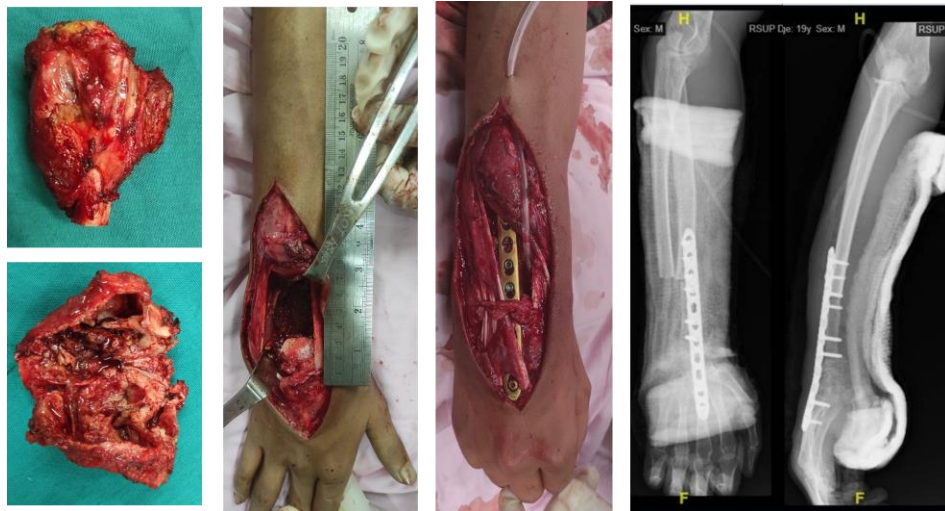
- Mrs I/F/27 y.o/Left handed/Midwife



- Mr. AF/20 y.o/Left handed/Student



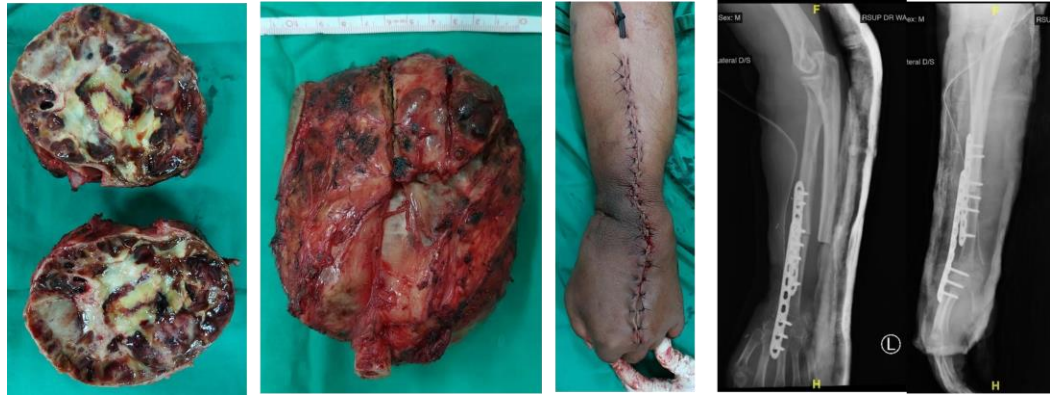
- Mr. AS/19 y.o/Right Handed/Student-Sportsman



- Mr. H/27 y.o/Left Handed/Farmer



- Mr. L/43 y.o/Left Handed/Farmer



2. Instrumen Penelitian

2.1. Informed Consent



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INFORMED CONSENT

Saya residen ortopedi dan traumatologi Fakultas Kedokteran Universitas Hasanuddin bermaksud mengadakan penelitian mengenai **“Hasil Klinis Fungsional Giant Cell Tumor of The Bone pada Distal Radius Campanacci 3 setelah Rekonstruksi Pasca Eksisi dengan Arthrodesis Pergelangan Tangan dengan Translokasi Ulna”**. Disini kami memohon kesediaan Saudara untuk menjadi responden penelitian.

Translokasi ulna sendiri belum menjadi Teknik terpilih untuk kasus yang saudara alami. Adapun penelitian ini bertujuan untuk membuktikan bahwa Teknik ini dapat menjadi Teknik yang terpilih untuk kasus serupa dengan yang saudara/i alami.

Dalam penelitian ini, penulis akan memohon kesediaan untuk melihat data rekam medis peserta pada kontrol per triwulan pasca operasi yang telah peserta alami. Wawancara akan dilakukan pada saat kunjungan ini untuk mendapatkan data hasil klinis terakhir pasca operasi Anda. Partisipasi ini bersifat sukarela dan semua informasi yang Saudara berikan akan dijaga kerahasiaannya. Tidak ada keharusan untuk berpartisipasi dalam penelitian ini. Meskipun demikian, penulis mengharapkan kesediaan Saudara untuk menjadi responden dalam penelitian ini.

Setelah membaca lembar ini, saya yang bertanda tangan di bawah ini:

Nama :
Umur :
Alamat :
No. Telp :

Dengan ini, menyatakan bahwa saya dengan penuh kesadaran dan tanpa paksaan dari siapapun bersedia untuk menjadi responden dalam penelitian ini. Adapun bila terdapat kekurangan data terlampir, saya bersedia untuk dihubungi lebih lanjut.

Atas kesediaan dan partisipasi Saudara dalam menjadi responden, kami ucapkan terima kasih.

Makassar,2022

Yang menyatakan,

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2.2. MSTs Score



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The Musculoskeletal Tumor Society Scoring system (MSTS) - Upper Extremity -

Nama Responden :
 Tanggal lahir :
 Alamat :
 Nomer Telfon :

***Lingkarkan penjelasan yang sesuai di bawah ini: (diisi oleh peneliti)**

Score	Pain	Function	Emotional acceptance	Hand positioning	Manual dexterity	Lifting ability
5	No pain	No restriction	Enthused	Unlimited	No limitations	Normal load
4	(Intermediate)	(Intermediate)	(Intermediate)	(Intermediate)	(Intermediate)	(Intermediate)
3	Modest/non-disabling	Recreational restriction	Satisfied	Not above shoulder	Loss of fine movements	Limited (minor load)
2	(Intermediate)	(Intermediate)	(Intermediate)	(Intermediate)	(Intermediate)	(Intermediate)
1	Moderate/intermittently disabling	Partial occupational restriction	Accepts	Not above waist	Cannot pinch	Helping only (cannot overcome gravity)
0	Severe/continuously disabling	Total occupational restriction	Dislikes	None	Cannot grasp	Cannot move

Pain :
 Function :
 Emotional acceptance :
 Hand positioning :
 Manual dexterity :
 Lifting ability :

Total Score :

2.3. DASH

DISABILITIES OF THE ARM, SHOULDER AND HAND

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Write.	1	2	3	4	5
3. Turn a key.	1	2	3	4	5
4. Prepare a meal.	1	2	3	4	5
5. Push open a heavy door.	1	2	3	4	5
6. Place an object on a shelf above your head.	1	2	3	4	5
7. Do heavy household chores (e.g., wash walls, wash floors).	1	2	3	4	5
8. Garden or do yard work.	1	2	3	4	5
9. Make a bed.	1	2	3	4	5
10. Carry a shopping bag or briefcase.	1	2	3	4	5
11. Carry a heavy object (over 10 lbs).	1	2	3	4	5
12. Change a lightbulb overhead.	1	2	3	4	5
13. Wash or blow dry your hair.	1	2	3	4	5
14. Wash your back.	1	2	3	4	5
15. Put on a pullover sweater.	1	2	3	4	5
16. Use a knife to cut food.	1	2	3	4	5
17. Recreational activities which require little effort (e.g., cardplaying, knitting, etc.).	1	2	3	4	5
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5
19. Recreational activities in which you move your arm freely (e.g., playing frisbee, badminton, etc.).	1	2	3	4	5
20. Manage transportation needs (getting from one place to another).	1	2	3	4	5
21. Sexual activities.	1	2	3	4	5

DISABILITIES OF THE ARM, SHOULDER AND HAND

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
22. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? (circle number)	1	2	3	4	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
23. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem? (circle number)	1	2	3	4	5

Please rate the severity of the following symptoms in the last week. (circle number)

	NONE	MILD	MODERATE	SEVERE	EXTREME
24. Arm, shoulder or hand pain.	1	2	3	4	5
25. Arm, shoulder or hand pain when you performed any specific activity.	1	2	3	4	5
26. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
27. Weakness in your arm, shoulder or hand.	1	2	3	4	5
28. Stiffness in your arm, shoulder or hand.	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (circle number)	1	2	3	4	5

DASH DISABILITY/SYMPTOM SCORE = _____ ([(sum of n responses / n) - 1] x 25, where n is the number of completed responses.)

A DASH score may not be calculated if there are greater than 3 missing items.

3. Bukti Pelaksanaan Penelitian

