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LAMPIRAN

Lampiran 1. Surat Izin Meneliti

PEMERINTAH PROVINSI SULAWESI SELATAN
DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU
Jl.Bougenville No.5 Telp. (0411) 441077 Fax. (0411) 448936
Website : http://simap-new.sulselprov.go.id Email : ptsp@sulselprov.go.id
Makassar 90231

Nomor : **6787/R.01/PTSP/2024**
Lampiran : -
Perihal : **Izin penelitian**

Kepada Yth.
1. Pimpinan Klinik Physiocenter Makassar
2. Pimpinan Klinik Physiocenter Sorowako
3. Pimpinan Klinik Physiocenter Wawondula

di-
Tempat

Berdasarkan surat Dekan Fak. Keperawatan UNHAS Makassar Nomor : 00728/UN4.18/PT.01.04/2024 tanggal 06 Maret 2024 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a	:	**ZEIN MAULUDIL ADHIM**
Nomor Pokok	:	R021201024
Program Studi	:	Fisioterapi
Pekerjaan/Lembaga	:	Mahasiswa (S1)
Alamat	:	Jl. P. Kemerdekaan Km 10, Makassar

Bermaksud untuk melakukan penelitian di daerah/kantor saudara dalam rangka menyusun SKRIPSI, dengan judul :

" Gambaran Karakteristik Pasien Pasca Rekonstruksi Anterior Crusiate Ligament (ACL) yang Berkunjung Ke Klinik Physiocenter Tahun 2021- 2023 "

Yang akan dilaksanakan dari : Tgl. ***21 Maret s/d 21 April 2024***

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami ***menyetujui*** kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Demikian Surat Keterangan ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar
Pada Tanggal 21 Maret 2024

KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU PROVINSI SULAWESI SELATAN

ASRUL SANI, S.H., M.Si.
Pangkat : PEMBINA TINGKAT I
Nip : 19750321 200312 1 008

Tembusan Yth
1. Dekan Fak. Keperawatan UNHAS Makassar di Makassar;
2. *Pertinggal.*

Lampiran 2. Surat Rekomendasi Etik

KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,
RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEPERAWATAN
KOMITE ETIK PENELITIAN KESEHATAN

Sekretariat : Lantai 2 Fakultas Keperawatan UNHAS
Jl.Perintis Kemerdekaan Kampus Tamalanrea Km.10 Makassar 90245
Laman : kepk_fkepuh@unhas.ac.id

REKOMENDASI PERSETUJUAN ETIK
Nomor : 690/UN4.18.3/TP.01.02/2024

Tanggal: 04 April 2024

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

No Protokol	UH2403041	No Sponsor Protokol	
Peneliti Utama	**Zein Mauludil Adhim**	Sponsor	
Judul Peneliti	Gambaran Karakteristik Pasien Pasca Rekonstruksi *Anterior Crusiate Ligament (ACL)* yang Berkunjung Ke Klinik Physiocenter Tahun 2021-2023		
No Versi Protokol	**1**	Tanggal Versi	**22 Maret 2024**
No Versi PSP	**1**	Tanggal Versi	**22 Maret 2024**
Tempat Penelitian	Klinik Physiocenter Makassar, Klinik Physiocenter Sorowako, Klinik Physiocenter Wawondula		
Jenis Review	[x] Exempted [ ] Expedited [ ] Fullboard	Masa berlaku **04 April 2024** sampai **04 April 2025**	Frekuensi review lanjutan
Ketua KEPK	Nama : **Dr. Kadek Ayu Erika, S.Kep., Ns., M.Kes**	Tanda Tangan	
Sekretaris KEPK	Nama : **Dr. Hastuti, S.Kep., Ns., M.Kes**	Tanda Tangan	

Kewajiban Peneliti Utama :

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komite Etik dalam 24 jam dan dilengkapi dalam 7 hari dan Lapor *Suspected Unexpected Serious Adverse Reaction* (SUSAR) dalam 72 jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko ringgi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah penelitian berakhir
- Melaporkan penyimpangan dari protokol yang disetujui *(protocol deviation/violation)*
- Mematuhi semua peraturan yang ditentukan

Lampiran 3. Surat Keterangan Selesai Meneliti

PHYSIOCENTER

Jalan Pengayoman, Kompleks Ruko MIrah Blok I D.16 Makassar

Telp: 081248450143, E-mail: makassarphysiocenter@gmail.com, IG: physiocenter_mks

SURAT KETERANGAN SELESAI PENELITIAN

Nomor : 09.006/ PHYSIO-MKS/v/2024

Yang bertanda tangan dibawah ini:

Nama : Immanuel Maulang, S.Ft., Physio, M.Kes., Sp.FOR., AIFO.

Jabatan : Pimpinan Klinik

Instansi : Klinik Physiocenter

Dengan ini menerangkan bahwa:

Nama : Zein Mauludil Adhim

NIM : R021201024

Jurusan : Fisioterapi

Instansi : Universitas Hasanuddin

Benar telah melakukan PENELITIAN di Klinik Physiocenter Makassar, Klinik Physiocenter Sorowako, dan Klinik Physiocenter Wawondula pada tanggal 13 s/d 20 Maret 2024 dalam rangka penyusunan skripsi dengan judul "Gambaran Karakteristik Pasien Pasca Rekonstruksi Anterior Crusiate Ligament yang Berkunjung ke Klinik Physiocenter Tahun 2021-2023".

Demikian surat keterangan ini dibuat dengan sebenar-benarnya untuk dipergunakan sebagaimana mestinya

Makasar 13 Mei 2024

Immanuel Maulang, S.Ft., Physio, M.Kes., Sp.FOR., AIFO.

Lampiran 4. *Informed Consent*

LEMBAR PERSETUJUAN PENELITIAN
INFORMED CONSENT

Yang bertanda tangan di bawah ini:

Nama : Immanuel Maulang, S.Ft., Physio., M.Kes., Sp.FOR., AIFO.

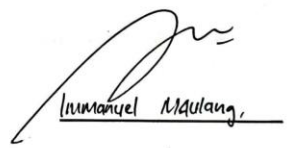
Jabatan : Pimpinan Klinik Physiocenter

No. Hp :

Setelah mendapatkan penjelasan dari peneliti mengenai penelitian tentang "Gambaran Karakteristik Pasien Pasca Rekonstruksi *Anterior Crusiate Ligament* yang Berkunjung Ke Klinik Physiocenter Tahun 2021-2023" yang akan dilakukan oleh Zein Mauludil Adhim (R021201024) Mahasiswa Program Studi S1 Fisioterapi Fakultas Keperawatan Universitas Hasanuddin Makassar, maka dengan ini kami bersedia dan menyetujui dilakukannya penelitian tersebut di Klinik *Physiocenter* Makassar.

Demikian lembar persetujuan ini dibuat dengan penuh kesadaran dan tanpa paksaan dari pihak lain, untuk dipergunakan sebagaimana mestinya.

Makassar, 20 Februari 2024
Yang menyatakan,



Penanggung jawab penelitian:
Nama : Zein Mauludil Adhim
Alamat: Green Harmony, Jl. Perintis Kemerdekaan VII
Tlp/Hp: 0851-6131-1423
E-mail : zm.adhim14@gmail.com

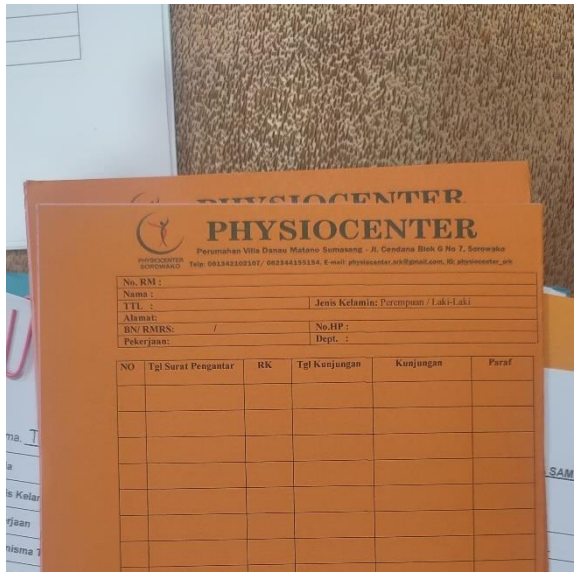
Lampiran 5. *Data Pasien*

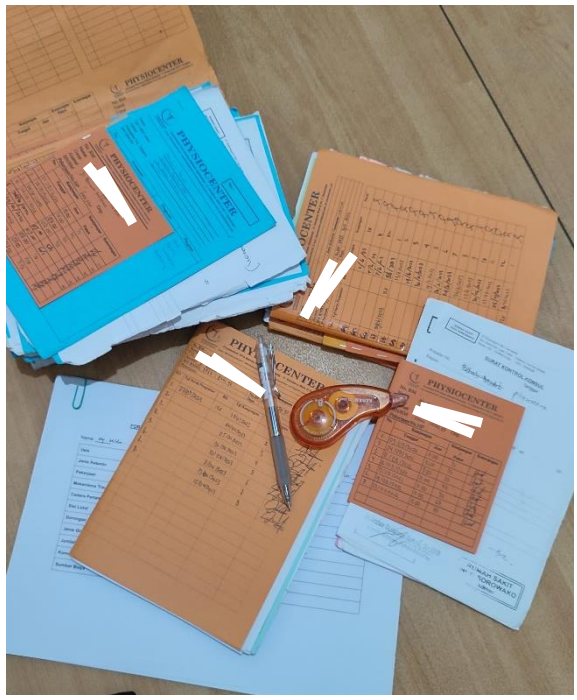
FORM DATA SAMPEL

Nama. [redacted] Tahun: 2021

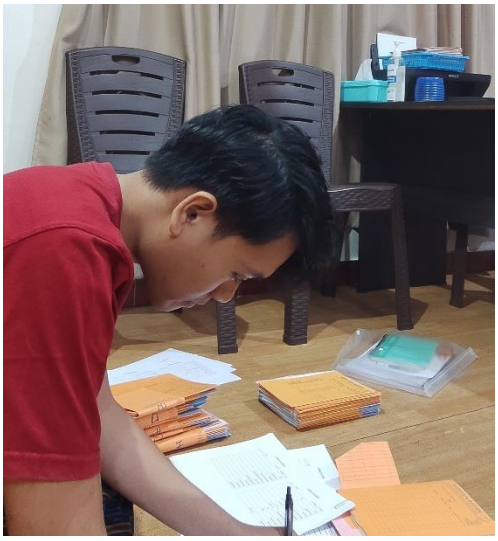
Usia	39
Jenis Kelamin	Lk.
Pekerjaan	Karyawan.
Mekanisma Trauma	Tdk. Langsung.
Cedera Pertama/Berulang	pertama.
Sisi Lutut	kanan.
Dorongan Berkunjung	Δ Dokter.
Jenis Graft	HT
Jumlah Bundle	DB.
Komorbid	Manisan, DA.
Sumber Biaya	Asuransi

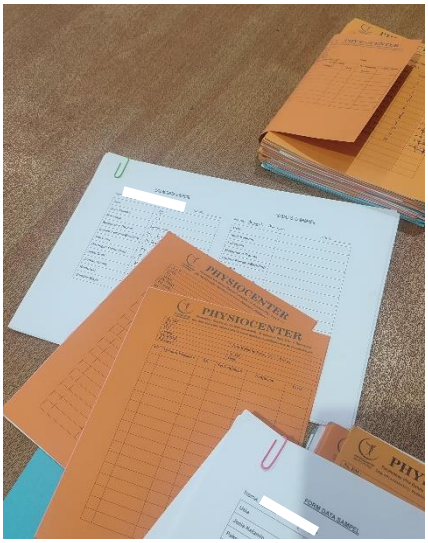
Lampiran 6. Dokumentasi

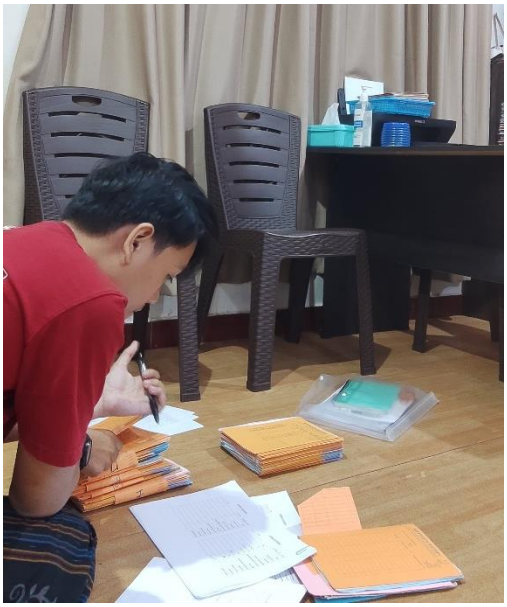




Lembar rekam medik pasien







Proses pengumpulan data pasien

Klinik Physiocenter Makassar

Klinik Physiocenter Sorowako

Klinik Physiocenter Wawondula

Lampiran 7. Riwayat Hidup Peneliti

CURRICULUM VITAE

A. Data Pribadi

1. Nama : Zein Mauludil Adhim
2. Tempat, Tanggal Lahir : Makassar, 14 Mei 2003
3. Alamat : Perumahan Green Harmony
4. Kewarganegaraan : Indonesia

B. Riwayat Pendidikan

1. Tamat SD Tahun 2014 di SD Negeri Pembina Luwuk
2. Tamat SLTP Tahun 2017 di MTs Negeri Luwuk
3. Tamat SLTA Tahun 2020 di MAN Insan Cendekia Kota Palu

C. Kegiatan Kemahasiswaan yang Pernah Diikuti

1. Kegiatan *Basic Learning Skill and Creativity* (BALANCE) Universitas Hasanuddin tahun 2020
2. Latihan Dasar Kepemimpinan 1 Himafisio F-Kep-UH pada tahun 2021.
3. Koordinator Divisi Hubungan Luar Badan Pengurus Harian Himpunan Mahasiswa Fisioterapi Universitas Hasanuddin periode 2022-2023
4. Anggota Departemen Kominfo Ikatan Mahasiswa Fisioterapi Indonesia Wilayah V Periode 2022
5. Anggota Divisi Hubungan Luar Tim Bantuan Fisioterapi Himpunan Mahasiswa Fisioterapi Universitas Hasanuddin periode 2022-2023
6. Anggota departemen Minat dan Bakat Badan Eksekutif Mahasiswa Keluarga Mahasiswa FKEP Universitas Hasanuddin Periode 2023-2024
7. Dewan Tinggi Tim Bantuan Fisioterapi Himpunan Mahasiswa Fisioterapi Universitas Hasanuddin Periode 2023-2024