

DAFTAR PUSTAKA

- Baedlowi, H. (2015) 'Hubungan Stadium Risser Sign Dengan Umur Kronologis, Besar Sudut dan Indeks Fleksibilitas Pasien Adolescenta Idiopathic Scoliosis di RS Orthopaedi Prof. Dr. R. Soeharso Surakarta'. UNS (Sebelas Maret University).
- Bizzoca, D. et al. (2023) 'Gender-Related Factors Influence the Subjective Perception of Deformity in Patients Undergoing Surgery for Idiopathic Scoliosis', *Journal of Personalized Medicine*, 13(11). Available at: <https://doi.org/10.3390/jpm13111585>.
- Bunnell, W.P. (1984) 'An objective criterion for scoliosis screening.', *JBJS*, 66(9), pp. 1381–1387.
- Chowdhuri, S. et al. (2019) 'A study for estimation of age according to risser's sign in regional indian (bengali) population', *Indian Journal of Forensic Medicine and Toxicology*, 13(2), pp. 7–12. Available at: <https://doi.org/10.5958/0973-9130.2019.00076.8>.
- Daniel, A., Zarkos, J., Bowet, A.J. (2020) 'Current Concepts in the Diagnosis and Management of Lymphedema', *Advances in Skin and Wound Care*, 33(11), pp. 570–580. Available at: <https://doi.org/10.1097/01.ASW.0000717220.39931.7a>.
- Dimeglio, A., Canavese, F. and Charles, P. (2011) 'Growth and adolescent idiopathic scoliosis: When and how much?', *Journal of Pediatric Orthopaedics*, 31(1 SUPPL.), pp. 28–36. Available at: <https://doi.org/10.1097/BPO.0b013e318202c25d>.
- Febriani, Y. (2021) 'Edukasi Akan Dampak Penggunaan Tas Ransel Yang Salah', *Empowering Society Journal*, 2(2), pp. 155–160. Available at: <https://ojs.fdk.ac.id/index.php/ESJ/article/view/1477/pdf>.
- Harkitasari, S. et al. (2020) 'Beban Tas Siswa di Sekolah Dasar Saraswati 5 Denpasar', *Jurnal Ergonomi Indonesia (The Indonesian Journal of Ergonomic)*, 6(2), p. 152. Available at: <https://doi.org/10.24843/jei.2020.v06.i02.p09>.
- Ismiyasa (2023) 'Gambaran berat badan tas pada sekolah menengah pertama di depok', 7(1), pp. 8–11.
- Jeon, K. and Kim, D. (2021) 'Low Body Mass Index Levels and Idiopathic Scoliosis in', *Children*, 8(7), p. 570.
- Khalid, A. et al. (2022) 'Use of Single Shoulder Handling Bag: Scoliosis and Musculoskeletal Pain in School Going Children. "A Cross Sectional Study"',

- Journal of Aziz Fatimah Medical & Dental College*, 4(2), pp. 14–19. Available at: <https://doi.org/10.55279/jafmdc.v4i2.219>.
- Kim, S. et al. (2020) ‘Low Body Mass Index for Early Screening of Adolescent Idiopathic Scoliosis: A Comparison Based on Standardized Body Mass Index Classifications’, *Asian Nursing Research*, 14(1), Pp. 24–29. Available At: <https://doi.org/10.1016/j.anr.2019.12.003>.
- Komang-Agung, I.S., Dwi-Purnomo, S.B. and Susilowati, A. (2017) ‘Prevalence rate of adolescent idiopathic scoliosis: Results of school-based screening in surabaya, Indonesia’, *Malaysian Orthopaedic Journal*, 11(3), pp. 17–22. Available at: <https://doi.org/10.5704/MOJ.1711.011>.
- Krekoukias, G. et al. (2022) ‘Study on the Reliability and Accuracy of Scolioscope, a New Digital Scoliometer’, *Diagnostics*, 12(1), pp. 1–12. Available at: <https://doi.org/10.3390/diagnostics12010142>.
- Kurniati, R.F. et al. (2023) ‘Deteksi Dini Skoliosis Pada Siswi Kelas 3 Di SD IT Ar’, 9, Pp. 525–528.
- Legiran, L., Suciati, T. and Pratiwi, M.R. (2018) ‘Hubungan antara penggunaan tas sekolah dan keluhan muskuloskeletal pada siswa sekolah dasar’, *Jurnal Kedokteran dan Kesehatan Publikasi Ilmiah Fakultas Kedokteran Universitas Sriwijaya*, 5(1), pp. 1–9. Available at: <https://doi.org/10.32539/jkk.v5i1.6120>.
- Lokaj, G. (2020) ‘Adolescent Idiopathic Scoliosis (AIS) Non-operative Treatment in HUCSK of Kosova- a 7 Month Study’, *medRxiv*, p. 2020.08.11.20172627. Available at: <https://www.medrxiv.org/content/medrxiv/early/2020/08/12/2020.08.11.20172627.full.pdf>.
- Mahdani, N.P. and Pahlawi, R. (2022) ‘Combination Of Schroth Exercise With Brace On Acceleration Of Cobb Angle Changes In Case Of Scoliosis : Literature Review’, *Jurnal Keperawatan Dan Fisioterapi (Jkf)*, 5(1), pp. 27–35. Available at: <https://doi.org/10.35451/jkf.v5i1.1176>.
- Mathieu, H. et al. (2021) ‘Genetic variant of TTLL11 gene and subsequent ciliary defects are associated with idiopathic scoliosis in a 5-generation UK family’, *Scientific Reports*, 11(1), pp. 1–15. Available at: <https://doi.org/10.1038/s41598-021-90155-0>.
- Nabilah, N.D. et al. (2022) ‘Hubungan Karakteristik Dengan Kejadian Skoliosis Pada Siswa Sekolah Menengah Pertama Swasta Al Muslimin Pandan’, *Jurnal Kesehatan dan Fisioterapi*, 2, pp. 26–34.
- Nugraha, R., Halimah, A., Tang, A., B. (2023) “Analisis Kejadian Skoliosis Pada Anak Sekolah Dasar Di Kelurahan Sudiang Tahun 2023”, 15(2), Pp. 22–

- 28.
- Pelealu, J., Angliadi, L.S. and Angliadi, E. (2014) 'Rehabilitasi Medik Pada Skoliosis', *Jurnal Biomedik (Jbm)*, 6(1), pp. 8–13. Available at: <https://doi.org/10.35790/jbm.6.1.2014.4157>.
- Purba, Y.S. and Lestari, P.W. (2021) 'Berat beban tas dengan keluhan musculoskeletal pada siswa SMA', *Holistik Jurnal Kesehatan*, 14(4), pp. 606–614. Available at: <https://doi.org/10.33024/hjk.v14i4.3061>.
- Puspasari, S. and Dwinigsih, F. (2018) 'Pengetahuan Dan Sikap Remaja Tentang Skoliosis Di Sma Angkasa Lanud Husein Sastranegara Bandung', *Jurnal Ilmiah JKA (Jurnal Kesehatan Aeromedika)*, 4(1), pp. 1–8. Available at: <https://doi.org/10.58550/jka.v4i1.24>.
- Putu, D. et al. (2023) 'Gambaran Pengetahuan Postur Tubuh yang Baik Pada Remaja di Desa Pelaga', *Indonesian Journal of Physiotherapy Research and Education IJOPRE*, 4(1), pp. 41–44.
- Ratih, S.N. Saraswati, N.L.P.G.K., Antari, N.K.A.J., Negara, A.A.G.A.. (2023) 'Yang Menggunakan Teknik', *Majalah Ilmiah Fisioterapi Indonesia*, 11(1), pp. 42–47.
- Setiawan, C., Griadhi, I.P.A. and Primayanti, I.D.A.I.D. (2021) 'Gambaran Postur Dan Karakteristiknya Pada Mahasiswa Kedokteran Umum', *E-Jurnal Medika Udayana*, 10(4), p. 13. Available at: <https://doi.org/10.24843/mu.2021.v10.i4.p03>.
- Syabariyah, S., Anesti, R. and Alfin, R. (2022) 'Kemaknaan Lengkung Kurvatura dan Rib Hump pada Skrining Risiko Skoliosis', *Buletin Ilmu Kebidanan dan Keperawatan*, 1(02), pp. 53–62. Available at: <https://doi.org/10.56741/bikk.v1i02.125>.
- Widjaya, I.F. et al. (2023) 'Profil Kelainan Radiologi Pada Remaja Dengan Skoliosis', *Malahayati Health Student Journal*, 3, Pp. 3248–3255.
- Winata (2014) 'Hipermobilitas Sendi pada Anak-anak dengan Idiopatik Skoliosis Tinjauan Pustaka Winata dengan Idiopatik Skoliosis Hipermobilitas Sendi pada Handy Anak-anak', 20(52), pp. 28–35.
- Yasa, I.M.A., Kartika, Y.D. and Cahyani, G.A.S.W. (2022) 'Peran Orang Tua Dalam Meningkatkan Kualitas Penyampaian Materi Guru Melalui Media Belajar Via Daring', *Kumarottama: Jurnal Pendidikan Anak Usia Dini*, 1(2), pp. 159–176. Available at: <https://doi.org/10.53977/kumarottama.v1i2.404>.
- Zou, Y. et al. (2022) 'The Prevalence of Scoliosis Screening Positive and Its Influencing Factors: A School-Based Cross-Sectional Study in Zhejiang Province, China', *Frontiers in public health*, 10, p. 773594. Available at:

<https://doi.org/10.3389/fpubh.2022.773594>.

LAMPIRAN

Lampiran 1 Surat Izin Observasi



**KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,
RISET DAN TEKNOLOGI**
UNIVERSITAS HASANUDDIN
FAKULTAS KEPERAWATAN
PROGRAM STUDI SI FISIOTERAPI
 JL. PERINTIS KEMERDEKAAN KAMPUS TAMANLANREA MAKASSAR 90245 FAKULTAS KEPERAWATAN LANTAI 2
 email : keperawatan.unhas.ac.id

Nomor : 3765/UN4.18.8/DL.16/2023
 Perihal : Permohonan izin Observasi.

14 Desember 2023

Kepada
 Yth. : Kepala Sekolah SMP-IT Ar-Rahmah Pajaiyyang
 di
 Makassar

Dengan hormat, kami sampaikan bahwa untuk kelancaran proses belajar mengajar Mahasiswa Program Studi SI Fisioterapi Fakultas Keperawatan Universitas Hasanuddin, khususnya terkait penyelesaian Tugas Akhir (Skripsi), maka kami mohon perkenan Bapak/ibu kiranya dapat mengizinkan mahasiswa kami untuk melakukan observasi dalam rangka mendapatkan data awal yang berhubungan dengan Judul Skripsi mahasiswa yang bersangkutan.

Adapun data mahasiswa tersebut, adalah sebagai berikut :

1. Nama : CLARISSA ELISABETH SUMBONGI
 NIM : R021201001
 Prodi/Fakultas : SI Fisioterapi Fakultas Keperawatan Unhas
 Judul Skripsi : Hubungan Beban Tas Dengan Forward Head Posture Pada Siswa/Siswi SMP-IT Ar-Rahmah Pajaiyyang Makassar.
2. Nama : SITI NURAFIFAH
 NIM : R021201054
 Prodi/Fakultas : SI Fisioterapi Fakultas Keperawatan Unhas
 Judul Skripsi : Hubungan Beban Tas Dengan Skoliosis Pada Siswa/Siswi SMP-IT Ar-Rahmah Pajaiyyang Makassar.

Demikian penyampaian kami, atas perhatian, bantuan serta kebijaksanaannya kami ucapan terima kasih.



Lampiran 2 Lembar Informed Consent

LEMBAR PERSETUJUAN PENELITIAN
INFORMED CONSENT

Yang bertanda tangan di bawah ini:

Nama : Wahyuna Nur
 Jabatan : Wakasek Kurikulum
 Satuan : SMP-IT Ar-Rahmah Makassar

Setelah mendapatkan penjelasan dari peneliti terkait pemeriksaan yang akan diberikan, saya menyetujui penelitian yang berjudul "Analisis Faktor Risiko Skoliosis pada Siswa SMP-IT Ar-Rahmah Makassar" yang akan dilakukan oleh Sitti Nurafifah (R021201054) mahasiswa Program Studi S1 Fisioterapi Fakultas Keperawatan Universitas Hasanuddin Makassar.

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

Makassar, 2024



Yang Menyatakan

Penanggung jawab penelitian:
 Nama : Sitti Nurafifah
 Alamat: Perumahan Puri Taman Sari Blok A.16 No.14
 Tlp/Hp : 082256220324
 E-mail : sittinurafifah599@gmail.com

Lampiran 3 Izin Penelitian



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.sulseprov.go.id> Email : ptsp@sulseprov.go.id
 Makassar 90231

Nomor : **4479/S.01/PTSP/2024**
 Lampiran : -
 Perihal : **Izin penelitian**

Kepada Yth.
 Ketua Yayasan SMP-IT Ar-Rahmah
 Kota Makassar

di-
Tempat

Berdasarkan surat Dekan Fak. Keperawatan UNHAS Makassar Nomor : 00625/UN4.18/PT.01.04/2024 tanggal 26 Februari 2024 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a	:	SITI NURAFIFAH
Nomor Pokok	:	R021201054
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 :

" ANALISIS FAKTOR RISIKO SKOLIOSIS PADA SISWA SMP-IT AR-RAHMAH MAKASSAR "

Yang akan dilaksanakan dari : Tgl. **26 Februari s/d 26 Maret 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 26 Februari 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 4 Surat Keterangan Lolos Kaji Etik



**KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,
RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEPERAWATAN
KOMITE ETIK PENELITIAN KESEHATAN**
 Sekretariat : Lantai 2 Fakultas Keperawatan UHN
 Jl. Perintis Kemerdekaan Kampus Tamalanrea Km.10 Makassar 90245
 Laman : kepk_bepuh@unhas.ac.id

REKOMENDASI PERSETUJUAN ETIK

Nomor : 546/UN4.18.3/TP.01.02/2024

Tanggal: 15 Maret 2024

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

No Protokol	UH2403008	No Sponsor Protokol	
Peneliti Utama	Sitti Nurafifah	Sponsor	
Judul Peneliti	Analisis Faktor Risiko Skoliosis Pada Siswa SMP-IT Ar-Rahmah Makassar		
No Versi Protokol	1	Tanggal Versi	04 Maret 2024
No Versi PSP	1	Tanggal Versi	04 Maret 2024
Tempat Penelitian	SMP-IT Ar-Rahmah Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa berlaku 15 Maret 2024 sampai 15 Maret 2025	Frekuensi review lanjutan
Ketua KEPK	Nama : Dr. KadekAyu 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 5 Surat Keterangan Selesai Penelitian



Yang bertandatangan di bawah ini :

Nama	:	Najma S Limonu, S.S., S.Pd
NIP	:	-
Jabatan	:	Kepala Sekolah

Berdasarkan Surat Nomor : 4479/S.01/PTSP/2024 Perihal Permohonan Izin Penelitian dalam rangka penulisan Skripsi kepada mahasiswa :

No	Nama Mahasiswa	Nomor Pokok	Program Studi
1.	SITI NURAFIFAH	R021201054	Fisioterapi

Benar yang tersebut namanya diatas telah melaksanakan penelitian di **SMPIT AR-RAHMAM MAKASSAR** dengan judul "**ANALISIS FAKTOR RESIKO SKOLIOSIS PADA SISWA SMPIT AR-RAHMAM MAKASSAR**".

Demikian surat keterangan ini dibuat dengan sebenarnya untuk dapat dipergunakan sebagaimana mestinya.

Makassar, 22 April 2024



Dipindai dengan CamScanner

Website: www.sit-arrahmah.sch.id

Facebook: [smpsmaitarrahmah_mks](https://facebook.com/smpsmaitarrahmah_mks)

Instagram: [smpsmaitarrahmah_mks](https://instagram.com/smpsmaitarrahmah_mks)

Lampiran 6 Lembar Kuesioner Data Responden

LEMBAR KUESIONER DATA SISWA

1. Nama :
2. Kelas : IX
3. Usia : 15 Tahun
4. Jenis Kelamin : Perempuan
5. Hobi : Menggambar
6. Berat Badan : 45 kg
7. Tinggi Badan : 161 cm
8. Indeks Massa Tubuh (IMT) : 17,36
9. Aktivitas di Luar Sekolah : Bimbel

10. Berat Beban Tas

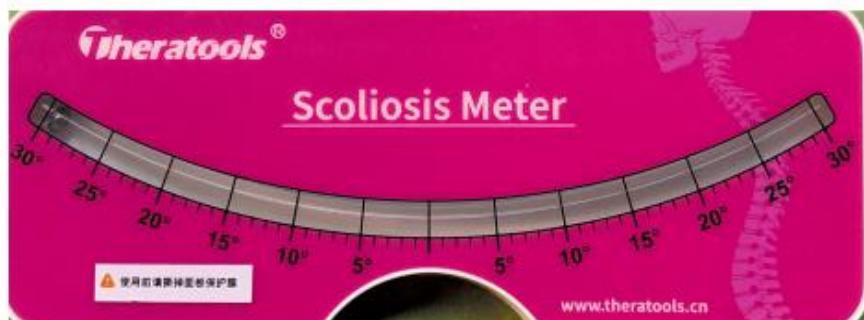
Hari	Cara Penggunaan Tas (Satu Sisi/Dua Sisi)	Jenis Tas (Ransel/Selempang)	Berat Beban Tas (Kg)
Senin	Dua Sisi	Ransel	2,40
Selasa	Dua Sisi	Ransel	4,35
Rabu	Dua Sisi	Ransel	4,22
Kamis	Dua Sisi	Ransel	3,61
Jumat	Dua Sisi	Ransel	3,14
Rata-Rata Beban Tas :			3,54

11. Riwayat Cedera (jika ada) : -

12. Angle of Trunk Rotation (ATR) : 5°, 5°, 5°, 5°

- Keterangan/ Catatan Tambahan :

Lampiran 7 Gambar Alat Ukur Skoliometer



Skoliometer (Data Primer, 2024)

Lampiran 8 Gambar Timbangan Gantung Digital



Timbangan Gantung Digital (Data Primer, 2024)

Lampiran 9 Hasil Olah Data SPSS

Karakteristik Responden**Kelas**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	7	32	27.6	27.6	27.6
	8	37	31.9	31.9	59.5
	9	47	40.5	40.5	100.0
	Total	116	100.0	100.0	

Usia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12	11	9.5	9.5	9.5
	13	41	35.3	35.3	44.8
	14	44	37.9	37.9	82.8
	15	19	16.4	16.4	99.1
	16	1	.9	.9	100.0
	Total	116	100.0	100.0	

Jenis Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	55	47.4	47.4	47.4
	perempuan	61	52.6	52.6	100.0
	Total	116	100.0	100.0	

IMT

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10-20	66	56.9	56.9	56.9
	20,01-30	45	38.8	38.8	95.7
	30,01-40	4	3.4	3.4	99.1
	40,01-50	1	.9	.9	100.0
	Total	116	100.0	100.0	

Beban Tas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0,5-1	6	5.2	5.2	5.2
	2-3	50	43.1	43.1	48.3
	>4	60	51.7	51.7	100.0
	Total	116	100.0	100.0	

ATR

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4	3.4	3.4	3.4
	2	17	14.7	14.7	18.1
	3	28	24.1	24.1	42.2
	4	37	31.9	31.9	74.1
	5	22	19.0	19.0	93.1
	6	6	5.2	5.2	98.3
	7	2	1.7	1.7	100.0
Total		116	100.0	100.0	

Distribusi Nilai Mean, Min, dan Max pada Karakteristik Responden

		usia	rata rata beban tas	IMT	ATR
N	Valid	116	116	116	116
	Missing	0	0	0	0
Mean		13.63	3.1073	20.4570	3.71
Minimum		12	.97	13.24	1
Maximum		16	8.48	47.42	7

Distribusi Rata-Rata Beban Tas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Normal	109	94.0	94.0	94.0
	Berlebih	7	6.0	6.0	100.0
	Total	116	100.0	100.0	

RR_Beban_Tas * JK Crosstabulation

			JK		Total
			Laki-laki	perempuan	
RR_Beban_Tas	Normal	Count	52	57	109
		Expected Count	51.7	57.3	109.0
		% within RR_Beban_Tas	47.7%	52.3%	100.0%
		% within JK	94.5%	93.4%	94.0%
		% of Total	44.8%	49.1%	94.0%
	Berlebih	Count	3	4	7
		Expected Count	3.3	3.7	7.0
		% within RR_Beban_Tas	42.9%	57.1%	100.0%
		% within JK	5.5%	6.6%	6.0%
		% of Total	2.6%	3.4%	6.0%
Total		Count	55	61	116
		Expected Count	55.0	61.0	116.0
		% within RR_Beban_Tas	47.4%	52.6%	100.0%
		% within JK	100.0%	100.0%	100.0%
		% of Total	47.4%	52.6%	100.0%

RR_Beban_Tas * Usia Crosstabulation

		Usia					Total	
		12	13	14	15	16		
RR_Beba n_Tas	Normal	Count	9	39	42	18	1	109
		Expected Count	10.3	38.5	41.3	17.9	.9	109.0
		% within	8.3%	35.8	38.5	16.5%	0.9%	100.0
		RR_Beban_Tas		%	%		%	%
		% within Usia	81.8%	95.1	95.5	94.7%	100.0	94.0
			%	%		%	%	%
Berlebih		% of Total	7.8%	33.6	36.2	15.5%	0.9%	94.0
			%	%		%	%	%
	Count	2	2	2	1	0	7	
	Expected Count	.7	2.5	2.7	1.1	.1	7.0	
	% within	28.6%	28.6	28.6	14.3%	0.0%	100.0	
	RR_Beban_Tas		%	%		%	%	
Total	% within Usia	18.2%	4.9%	4.5%	5.3%	0.0%	6.0%	
	% of Total	1.7%	1.7%	1.7%	0.9%	0.0%	6.0%	
	Count	11	41	44	19	1	116	
	Expected Count	11.0	41.0	44.0	19.0	1.0	116.0	
	% within	9.5%	35.3	37.9	16.4%	0.9%	100.0	
	RR_Beban_Tas		%	%		%	%	
	% within Usia	100.0	100.0	100.0	100.0	100.0	100.0	
		%	%	%	%	%	%	
	% of Total	9.5%	35.3	37.9	16.4%	0.9%	100.0	
			%	%		%	%	

Distribusi Kategori_IMT

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurus	48	41.4	41.4	41.4
	Normal	53	45.7	45.7	87.1
	BB Berlebih	3	2.6	2.6	89.7
	Obesitas	12	10.3	10.3	100.0
	Total	116	100.0	100.0	

Kategori_IMT * Usia Crosstabulation

Kategori_IMT	Usia						Total
		12	13	14	15	16	
Kurus	Count	6	18	15	8	1	48
	Expected Count	4.6	17.0	18.2	7.9	.4	48.0
	% within	12.5%	37.5%	31.3%	16.7%	2.1%	100.0%
	Kategori_IMT						
	% within Usia	54.5%	43.9%	34.1%	42.1%	100.0%	41.4%
	% of Total	5.2%	15.5%	12.9%	6.9%	0.9%	41.4%
Normal	Count	3	19	23	8	0	53
	Expected Count	5.0	18.7	20.1	8.7	.5	53.0
	% within	5.7%	35.8%	43.4%	15.1%	0.0%	100.0%
	Kategori_IMT						
	% within Usia	27.3%	46.3%	52.3%	42.1%	0.0%	45.7%
	% of Total	2.6%	16.4%	19.8%	6.9%	0.0%	45.7%
BB Berlebih	Count	0	1	1	1	0	3
	Expected Count	.3	1.1	1.1	.5	.0	3.0
	% within	0.0%	33.3%	33.3%	33.3%	0.0%	100.0%
	Kategori_IMT						
	% within Usia	0.0%	2.4%	2.3%	5.3%	0.0%	2.6%
	% of Total	0.0%	0.9%	0.9%	0.9%	0.0%	2.6%
Obesitas	Count	2	3	5	2	0	12
	Expected Count	1.1	4.2	4.6	2.0	.1	12.0

	% within Kategori_IMT	16.7%	25.0%	41.7%	16.7%	0.0%	100.0%
	% within Usia	18.2%	7.3%	11.4%	10.5%	0.0%	10.3%
	% of Total	1.7%	2.6%	4.3%	1.7%	0.0%	10.3%
Total	Count	11	41	44	19	1	116
	Expected Count	11.0	41.0	44.0	19.0	1.0	116.0
	% within Kategori_IMT	9.5%	35.3%	37.9%	16.4%	0.9%	100.0%
	% within Usia	100.0	100.0	100.0%	100.0%	100.0%	100.0%
	%	%					
	% of Total	9.5%	35.3%	37.9%	16.4%	0.9%	100.0%

Kategori_IMT * JK Crosstabulation

			JK		Total
			Laki-laki	perempuan	
Kategori_ Kurus	Count	26	22	48	
	Expected Count	22.8	25.2	48.0	
	% within Kategori_IMT	54.2%	45.8%	100.0%	
	% within JK	47.3%	36.1%	41.4%	
	% of Total	22.4%	19.0%	41.4%	
Normal	Count	23	30	53	
	Expected Count	25.1	27.9	53.0	
	% within Kategori_IMT	43.4%	56.6%	100.0%	
	% within JK	41.8%	49.2%	45.7%	
	% of Total	19.8%	25.9%	45.7%	
BB Berlebih	Count	2	1	3	
	Expected Count	1.4	1.6	3.0	
	% within Kategori_IMT	66.7%	33.3%	100.0%	
	% within JK	3.6%	1.6%	2.6%	
	% of Total	1.7%	0.9%	2.6%	
Obesitas	Count	4	8	12	
	Expected Count	5.7	6.3	12.0	

	% within Kategori_IMT	33.3%	66.7%	100.0%
	% within JK	7.3%	13.1%	10.3%
	% of Total	3.4%	6.9%	10.3%
Total	Count	55	61	116
	Expected Count	55.0	61.0	116.0
	% within Kategori_IMT	47.4%	52.6%	100.0%
	% within JK	100.0%	100.0%	100.0%
	% of Total	47.4%	52.6%	100.0%

Distribusi Kategori_Skoliosis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Normal	49	42.2	42.2	42.2
	Asimetris Sedang	65	56.0	56.0	98.3
	Asimetris Berat	2	1.7	1.7	100.0
	Total	116	100.0	100.0	

Kategori_Skoliosis * Usia Crosstabulation

		Usia						
		12	13	14	15	16	Total	
Kategori_ Skoliosis	Normal	Count	0	18	22	9	0	49
		Expected Count	4.6	17.3	18.6	8.0	.4	49.0
		% within Kategori_Skoliosis	0.0%	36.7%	44.9%	18.4	0.0	100.0%
		% within Usia	0.0%	43.9%	50.0%	47.4	0.0	42.2%
		% of Total	0.0%	15.5%	19.0%	7.8	0.0	42.2%
Asimetris	Sedang	Count	11	21	22	10	1	65
		Expected Count	6.2	23.0	24.7	10.6	.6	65.0
		% within Kategori_Skoliosis	16.9%	32.3%	33.8%	15.4	1.5	100.0%
		% within Usia	100.0	51.2%	50.0%	52.6	100.	56.0%
		% of Total	9.5%	18.1%	19.0%	8.6	0.9	56.0%
Berat	Asimetris	Count	0	2	0	0	0	2
		Expected Count	.2	.7	.8	.3	.0	2.0
		% within Kategori_Skoliosis	0.0%	100.0	0.0%	0.0	0.0	100.0%
		% within Usia	0.0%	4.9%	0.0%	0.0	0.0	1.7%
		% of Total	0.0%	1.7%	0.0%	0.0	0.0	1.7%
Total		Count	11	41	44	19	1	116
		Expected Count	11.0	41.0	44.0	19.0	1.0	116.0
		% within Kategori_Skoliosis	9.5%	35.3%	37.9%	16.4	0.9	100.0%
		% within Usia	100.0	100.0	100.0	100.	100.	100.0%
		% of Total	9.5%	35.3%	37.9%	16.4	0.9	100.0%

Kategori_Skoliosis * JK Crosstabulation

		JK		
		Laki-laki	perempuan	Total
Kategori_Skoliosis	Normal	Count	25	24
		Expected Count	23.2	25.8
		% within	51.0%	49.0% 100.0%
		Kategori_Skoliosis		
		% within JK	45.5%	39.3% 42.2%
		% of Total	21.6%	20.7% 42.2%
	Asimetris	Count	29	36
	Sedang	Expected Count	30.8	34.2
		% within	44.6%	55.4% 100.0%
Berat		Kategori_Skoliosis		
		% within JK	52.7%	59.0% 56.0%
		% of Total	25.0%	31.0% 56.0%
	Asimetris	Count	1	1
	Berat	Expected Count	.9	1.1
		% within	50.0%	50.0% 100.0%
		Kategori_Skoliosis		
		% within JK	1.8%	1.6% 1.7%
		% of Total	0.9%	0.9% 1.7%
Total		Count	55	61
		Expected Count	55.0	61.0
		% within	47.4%	52.6% 100.0%
		Kategori_Skoliosis		
		% within JK	100.0%	100.0% 100.0%
		% of Total	47.4%	52.6% 100.0%

Hubungan Skoliosis * RR_Beban_Tas Crosstabulation

		RR_Beban_Tas		
		Normal	Berlebih	Total
Kategori_Skoliosis	Normal	Count	47	2
		Expected Count	46.0	3.0
		% within	95.9%	4.1%
		Kategori_Skoliosis		100.0%
		% within	43.1%	28.6%
		RR_Beban_Tas		42.2%
		% of Total	40.5%	1.7%
	Asimetris	Count	61	4
		Expected Count	61.1	3.9
		% within	93.8%	6.2%
Berat	Sedang	Kategori_Skoliosis		100.0%
		% within	56.0%	57.1%
		RR_Beban_Tas		56.0%
		% of Total	52.6%	3.4%
	Asimetris	Count	1	1
		Expected Count	1.9	.1
		% within	50.0%	50.0%
		Kategori_Skoliosis		100.0%
		% within	0.9%	14.3%
		RR_Beban_Tas		1.7%
Total		% of Total	0.9%	0.9%
		Count	109	7
		Expected Count	109.0	7.0
		% within	94.0%	6.0%
		Kategori_Skoliosis		100.0%
		% within	100.0%	100.0%
		RR_Beban_Tas		100.0%
		% of Total	94.0%	6.0%
				100.0%

Chi-Square Tests Beban Tas*Skoliosis

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.149 ^a	2	.028
Likelihood Ratio	3.338	2	.188
Linear-by-Linear Association	1.845	1	.174
N of Valid Cases	116		

a. 4 cells (66.7%) have expected count less than 5. The minimum expected count is .12.

Hubungan Beban_Tas * Gabung sel skoliosis Crosstabulation

		Gabung sel skoliosis		Tidak Normal	Total
		Normal	Normal		
Beban_ Tas	Normal	Count	47	62	109
	Berlebih	Expected Count	46.0	63.0	109.0
		% within Beban_Tas	43.1%	56.9%	100.0%
		% within Gabung sel skoliosis	95.9%	92.5%	94.0%
		% of Total	40.5%	53.4%	94.0%
Total	Normal	Count	2	5	7
	Berlebih	Expected Count	3.0	4.0	7.0
		% within Beban_Tas	28.6%	71.4%	100.0%
		% within Gabung sel skoliosis	4.1%	7.5%	6.0%
		% of Total	1.7%	4.3%	6.0%
	Normal	Count	49	67	116
	Berlebih	Expected Count	49.0	67.0	116.0
		% within Beban_Tas	42.2%	57.8%	100.0%
		% within Gabung sel skoliosis	100.0%	100.0%	100.0%
		% of Total	42.2%	57.8%	100.0%

Chi-Square Tests Beban Tas*Skoliosis

			Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
	Value	df			
Pearson Chi-Square	.571 ^a	1	.450		
Continuity Correction ^b	.130	1	.718		
Likelihood Ratio	.595	1	.441		
Fisher's Exact Test				.697	.367
Linear-by-Linear Association	.566	1	.452		
N of Valid Cases	116				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.96.

b. Computed only for a 2x2 table

Hubungan Kategori_IMT * Kategori_Skoliosis Crosstabulation

		Kategori_Skoliosis			Total	
		Norm al	Asimetris Sedang	Asimetris Berat		
Kategori _IMT	Kurus	Count	22	24	2	48
		Expected Count	20.3	26.9	.8	48.0
		% within	45.8%	50.0%	4.2%	100.0
	Kategori_IMT					%
Normal		% within	44.9%	36.9%	100.0%	41.4%
	Kategori_Skoliosi					
		% of Total	19.0%	20.7%	1.7%	41.4%
	Count	19	28	0	47	
		Expected Count	19.9	26.3	.8	47.0
		% within	40.4%	59.6%	0.0%	100.0
	Kategori_IMT					%

	% within Kategori_Skoliosi s	38.8%	43.1%	0.0%	40.5%
	% of Total	16.4%	24.1%	0.0%	40.5%
BB	Count	4	5	0	9
Berlebi	Expected Count	3.8	5.0	.2	9.0
h	% within Kategori_IMT	44.4%	55.6%	0.0%	100.0 %
	% within Kategori_Skoliosi s	8.2%	7.7%	0.0%	7.8%
	% of Total	3.4%	4.3%	0.0%	7.8%
Obesita	Count	4	8	0	12
s	Expected Count	5.1	6.7	.2	12.0
	% within Kategori_IMT	33.3%	66.7%	0.0%	100.0 %
	% within Kategori_Skoliosi s	8.2%	12.3%	0.0%	10.3%
	% of Total	3.4%	6.9%	0.0%	10.3%
Total	Count	49	65	2	116
	Expected Count	49.0	65.0	2.0	116.0
	% within Kategori_IMT	42.2%	56.0%	1.7%	100.0 %
	% within Kategori_Skoliosi s	100.0	100.0%	100.0%	100.0 %
	% of Total	42.2%	56.0%	1.7%	100.0 %

Chi-Square Tests

			Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square			3.912 ^a	6	.689

Likelihood Ratio	4.618	6	.594
Linear-by-Linear Association	.129	1	.719
N of Valid Cases	116		

a. 5 cells (41.7%) have expected count less than 5. The minimum expected count is .16.

Gabung sel Kategori_IMT * Gabung sel skoliosis Crosstabulation

		Gabung sel skoliosis		Total	
Kategori_IMT	Kurus	Count	22	26	48
		Expected Count	20.3	27.7	48.0
		% within Kategori_IMT	45.8%	54.2%	100.0%
		% within Gabung sel skoliosis	44.9%	38.8%	41.4%
		% of Total	19.0%	22.4%	41.4%
Normal		Count	23	33	56
		Expected Count	23.7	32.3	56.0
		% within Kategori_IMT	41.1%	58.9%	100.0%
		% within Gabung sel skoliosis	46.9%	49.3%	48.3%
		% of Total	19.8%	28.4%	48.3%
Gemuk		Count	4	8	12
		Expected Count	5.1	6.9	12.0
		% within Kategori_IMT	33.3%	66.7%	100.0%
		% within Gabung sel skoliosis	8.2%	11.9%	10.3%
		% of Total	3.4%	6.9%	10.3%
Total		Count	49	67	116
		Expected Count	49.0	67.0	116.0
		% within Kategori_IMT	42.2%	57.8%	100.0%
		% within Gabung sel skoliosis	100.0%	100.0%	100.0%
		% of Total	42.2%	57.8%	100.0%

Chi-Square Tests IMT*Skoliosis

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.676 ^a	2	.713
Likelihood Ratio	.684	2	.710
Linear-by-Linear Association	.649	1	.420
N of Valid Cases	116		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.07.

Hubungan Jenis_Kelamin * Kategori_Skoliosis Crosstabulation

		Kategori_Skoliosis			Total
		Norm al	Asimetris Sedang	Asimetris Berat	
Jenis_Kelamin	laki-laki	Count	25	29	1 55
		Expected Count	23.2	30.8	.9 55.0
		% within Jenis_Kelamin	45.5%	52.7%	1.8% 100.0 %
		% within Kategori_Skoliosi s	51.0%	44.6%	50.0% 47.4%
		% of Total	21.6%	25.0%	0.9% 47.4%
	perempuan	Count	24	36	1 61
perempuan		Expected Count	25.8	34.2	1.1 61.0
		% within Jenis_Kelamin	39.3%	59.0%	1.6% 100.0 %
		% within Kategori_Skoliosi s	49.0%	55.4%	50.0% 52.6%
		% of Total	20.7%	31.0%	0.9% 52.6%
	Total	Count	49	65	2 116
		Expected Count	49.0	65.0	2.0 116.0

% within Jenis_Kelamin	42.2%	56.0%	1.7%	100.0%
% within Kategori_Skoliosi	100.0%	100.0%	100.0%	100.0%
% of Total	42.2%	56.0%	1.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.465 ^a	2	.792
Likelihood Ratio	.465	2	.792
Linear-by-Linear Association	.366	1	.545
N of Valid Cases	116		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .95.

Hubungan Jenis_Kelamin * gabung_sel Crosstabulation

		gabung_sel		Total	
		normal	asimetris		
Jenis_Kelamin	laki-laki	Count	25	30	55
	n	Expected Count	23.2	31.8	55.0
		% within Jenis_Kelamin	45.5%	54.5%	100.0%
		% within gabung_sel	51.0%	44.8%	47.4%
		% of Total	21.6%	25.9%	47.4%
	perempuan	Count	24	37	61
n		Expected Count	25.8	35.2	61.0
		% within Jenis_Kelamin	39.3%	60.7%	100.0%
		% within gabung_sel	49.0%	55.2%	52.6%
		% of Total	20.7%	31.9%	52.6%
	Total	Count	49	67	116

	Expected Count	49.0	67.0	116.0
	% within Jenis_Kelamin	42.2%	57.8%	100.0%
	% within gabung_sel	100.0%	100.0%	100.0%
	% of Total	42.2%	57.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.443 ^a	1	.506		
Continuity Correction ^b	.228	1	.633		
Likelihood Ratio	.443	1	.506		
Fisher's Exact Test				.574	.317
Linear-by-Linear Association	.439	1	.508		
N of Valid Cases	116				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 23.23.

b. Computed only for a 2x2 table

Lampiran 10 Dokumentasi**Pengukuran Tinggi Badan****Pengukuran Berat Badan****Pengukuran Beban Tas****Pengukuran Beban Tas**



Pengukuran Skoliosis



Pengukuran Skoliosis

Lampiran 11 Format Daftar Riwayat Hidup

CURRICULUM VITAE

A. Data Pribadi

1. Nama : Sitti Nurafifah
2. Tempat, Tanggal Lahir : Watampone, 5 Agustus 2001
3. Alamat : Perumahan Puri Taman Sari A16/14
4. Kewarganegaraan : Warga Negara Indonesia

B. Riwayat Pendidikan

1. Tamat SD Tahun 2014 di SD Negeri 24 Macanang
2. Tamat SMP tahun 2017 di MTs Al-Ikhlas Ujung
3. Tamat SMA tahun 2020 di MA Al-Ikhlas Ujung

C. Kegiatan Kemahasiswaan yang Pernah Diikuti

1. Kegiatan *Basic Learning Skill and Creativity* (BALANCE) Universitas Hasanuddin pada tahun 2020.
2. Latihan Dasar Kepemimpinan 1 Himafisio F-Kep-UH pada tahun 2021.
3. Bakti Sosial Fisioterapi Himpunan Mahasiswa Fisioterapi Universitas Hasanuddin tahun 2021.
4. Bakti Sosial Fisioterapi Himpunan Mahasiswa Fisioterapi Universitas Hasanuddin tahun 2022.
5. Anggota Hubungan Luar Badan Pengurus Himpunan Mahasiswa Fisioterapi Universitas Hasanuddin pada tahun 2022.
6. Koordinator PSDM Badan Pengurus *Physiotherapy Scientific Forum* Himpunan Mahasiswa Fisioterapi Universitas Hasanuddin pada tahun 2022.