

## DAFTAR PUSTAKA

- James R. Hupp, Ellis E, Tucker MR., 2014. Contemporary oral and maxillofacial surgery. Ebook. Philadelpian, USA
- Laxmi Kandel , Ravish Mishra , Deepak Yadav , Shashank Tripathi , Snigdha Shubham, Pradip Chhetri., 2020 Impacted of Mandibular Third Molars on Angle Fractures. Department of Oral and Maxillofacial Surgery, Universal College of Medical Sciences, Bhairahawa, Nepal. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/edt.12608>
- James R. Hupp., 2019. Contemporary Oral and Maksilofacial Surgery. Ebook. Philadelpian, USA
- Schenkel JS, Jacobsen C, Rostetter C, Grätz KW, Rücker M, Gander T., 2016. Inferior alveolar nerve function after open reduction and internal fixation of mandibular fractures. J Cranio-Maxillofacial Surg, University Hospital of Zurich, Frauenklinikstrasse 24, CH-8091 Zurich, Switzerland. Available at: <https://pubmed.ncbi.nlm.nih.gov/27085984/>
- Son D, Yoon Y, Kwon H, An C, Lee S., 2021 Automatic Detection of Mandibular Fractures in Panoramic Radiographs Using Deep Learning. Journal. Suzuki. Japan Available at: <https://pubmed.ncbi.nlm.nih.gov/34067462/>
- Subbaiah MT, Ponnuswamy IA, David MP., 2015. Relationship between mandibular angle fracture and state of eruption of mandibular third molar: A digital radiographic study. J Indian Acad Oral Med Radio. Available at: <https://www.researchgate.net/publication/283536598>
- Bohluli B, Mohammadi E, Oskui I zoljanah, Moaramnejad N., 2019. Treatment of Mandibular Angle Fracture: Revision of The Basic Principles. J Traumatol. Chinese. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6488520/>
- Rajandram R K, Nabil S, Shareif M S, Ishak I, Marhazlinda J, Nordin R, et al., 2013. Mandibular third molar and angle of mandible fractures: An unsolved clinical dilemma. Sains Malaysiana. Universitas Kebangsaan Malaysia. Available at: <https://www.researchgate.net/publication/262565538>
- Mansuri S, Abdulkhayum AM, Gazal G, Hussain MA., 2014. Treatment of mandibular angle fracture with a 2 mm, 3 dimensional rectangular grid compression miniplates: A prospective clinical study. J Int Oral Health. India. Available at: <https://pubmed.ncbi.nlm.nih.gov/24453452/>
- Raymond F. Fonseca., 2018. Fonseca Oral and Maxillofacial surgery. Book. North Carolina. USA
- Behnam Bohluli, Ebrahim Mohammadi, Iman zoljanah Oskui, Nima Moaramnejadd., 2019. Treatment of mandibular angle fracture: Revision of the basic principles. Journal. a Department of Oral and Maxillofacial Surgery, University of Toronto, Canada. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6488520/>
- Chen CL, Zenga J, Patel R, Branham G., 2018. Complications and Reoperations in Mandibular Angle Fractures. JAMA Facial Plast Surg. Department of Otolaryngology–Head and Neck Surgery, Washington University School of Medicine in St Louis, St Louis, Missouri. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5876800/>

- Lee JH., 2017. Treatment of Mandibular Angle Fractures. Arch Craniofacial Surg. Department of Plastic and Reconstructive Surgery, College of Medicine, The Catholic University of Korea, Seoul, Korea. Available at: <https://pubmed.ncbi.nlm.nih.gov/28913310/>
- Andersson L, Kahnberg K.E, Pogrel M.S, 2012. Oral and Maxillofacial Surgery. Book. Wiley-Balckwell, Chichester. England
- Francesco Giovacchini, Daniele Paradiso, Caterina Bensi, Stefano Belli, Giuseppe Lomurno, Antonio Tullio., 2018. Association between third molar and mandibular angle fracture: A systematic review and meta-analysis. Journal. J. Crano-Maxillo-Facial Surgery xxx, Perugia, Italy Available at: <https://pubmed.ncbi.nlm.nih.gov/29459187/>
- Bruno Ramos, Chrcanovic & Antônio Luís Neto Custódio., 2010. Considerations of mandibular angle fractures during and after surgery for removal of third molars: a review of the literatur. Article. Springer-Verlag . Horizonte, Brazil. Available at: <https://pubmed.ncbi.nlm.nih.gov/20091416/>
- Andersson L, Kahnberg KE, Pogrel MA., 2010. Oral and maxillofacial surgery. Ebook. London. England
- Perry M. Mandibular fracture., 2011. Operative oral and maxillofacial surgery. Ebook. London. England
- Bock, J. J., Odemar, F. & Fuhrmann, R. A. W. 2009. Assessment of quality of life in patients undergoing orthognathic surgery. Article. J. Orofac. Orthop, USA. Available at: <https://pubmed.ncbi.nlm.nih.gov/19997999/>
- Murphy, C., Kearns, G., Sleeman, D., Cronin, M. & Allen, P. F., 2011. The clinical relevance of orthognathic surgery on quality of life. Article. Int. J. Oral Maxillofac. Surg, USA. Available at: <https://pubmed.ncbi.nlm.nih.gov/21616638/>
- Rzewuska A, Kijak E, Halczy-Kowalik L. 2021. Rehabilitation in the Treatment of Mandibular Condyle Fractures. Article. Dent Med Probl USA. Available at: <https://pubmed.ncbi.nlm.nih.gov/33847468/#:~:text=Background%3A%20The%20objective%20of%20rehabilitation,mastication%20muscles%20or%20pain%20sensations>
- García-Guerrero I, Ramírez JM, Gómez de Diego R, Martínez-González JM, Poblador MS, Lancho JL., 2018. Complications in the treatment of mandibular condylar fractures: Surgical versus conservative treatment. Journal, Spain. Available at: <https://pubmed.ncbi.nlm.nih.gov/29223659/>
- Schenkel JS, Jacobsen C, Rostetter C, Grätz KW, Rücker M, Gander T., 2016. Inferior alveolar nerve function after open reduction and internal fixation of mandibular fractures. J Cranio-Maxillofacial Surg. Switzerland. Available at: <https://pubmed.ncbi.nlm.nih.gov/27085984/>
- Yuen HW, Hohman MH, Mazzoni T., 2022. Mandibular Fracture. Book, USA
- Magalhães TG, Andrade GS, Mello M de JR, Carvalho CG de S., 2018. Condyle Fractures: Impact of Surgical and Conservative Approaches on Oral Health. J Craniofac Surg. Available at: <https://pubmed.ncbi.nlm.nih.gov/30052606/>
- Apriza E, Hasan CY., 2020. Quality of Life Patients After Treatment of Mandibular Fractures with ORIF in Oral Surgery. Departement of Dr . Sardjito General Hospital. Maj Kedokt Gigi Indones.
- Naik K, Lee KC, Torroni A. Does., 2020. Open Reduction and Internal Fixation Provide a Quality-of-Life Benefit Over Traditional Closed Reduction of Mandibular Condyle Fractures? J Oral Maxillofac Surg, Published by Elsevier Inc. on behalf of the American Association of Oral, Available at: <https://pubmed.ncbi.nlm.nih.gov/32777245/>

- Bhardwaj B, Singh J, Mahajan S., 2020. Transbuccal Approach in Management of Mandible Angle Fracture. Indian J Otolaryngol Head Neck Surg, Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7544778/>
- Naeem A, Gemal H, Reed D., 2017. Imaging in Traumatic Mandibular Fractures. Quant Imaging Med Surg. Australia, Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5594017/>
- Lee JH., 2017. Treatment of Mandibular Angle Fractures. Arch Craniofacial Surg. Department of Plastic and Reconstructive Surgery, College of Medicine, The Catholic University of Korea, Seoul, Korea, Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5556899/>
- Lim HY, Jung TY, Park SJ., 2017. Evaluation of Postoperative Complications According to Treatment of Third Molars in Mandibular Angle Fracture. J Korean Assoc Oral Maxillofac Surg, Korean, Available at: <https://pubmed.ncbi.nlm.nih.gov/28280708/>
- Boljevic T, Vukcevic B, Pesic Z, Boljevic A., 2019. The Quality of Life of Patients with Surgically Treated Mandibular Fractures and the Relationship of the Posttraumatic Pain and Trismus with the Postoperative Complications: A Prospective Study. Montenegro, Available at: <https://pubmed.ncbi.nlm.nih.gov/30999698/>
- Stahli C, Eliades T, Papageorgiou SN., 2021. Functional Appliance Treatment for Mandibular Fractures: A Systematic Review with Meta-Analyses. J Oral Rehabil, Switzerland, Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8362118/>
- Ferrer Ursula MJ, Sanfrutos SB, Clavero MAG, Sanz MVS, Bouthelier TU, Cristobal BN., 2019. Epidemiological Study of the Socioeconomic Impact of Mandible Fractures in a Spanish Tertiary Hospital: Review of the Literature. J Maxillofac Oral Surg, Spain, Available at: <https://pubmed.ncbi.nlm.nih.gov/30996541/>
- Kevin U. Omeje, DDS, Majeed Rana, MD, DDS, Adetokunbo R. Adebola , DDS, Akinwale A. Efunkoya , DDS, Hector O. Olasoji, DDS, Nicolai Purcz, MD, DDS, Nils-Claudius Gellrich3, MD, DDS, Prof., Madiha Ran., 2014. Quality of life in treatment of mandibular fractures using closed reduction and maxillomandibular fixation in comparison with open reduction and internal fixation. Journal of Craniomaxillo-Facial Surgery, Germany, Available at: <https://pubmed.ncbi.nlm.nih.gov/25052733/>
- Galuh Dwinta Sari, Aulia Azizah.,2022. Analysis of quality of life dental and oral health in the elderly. Jurnal. Lambung Mangkurat University. Banjarmasin
- Bouchard C, Mansouri M., 2017. Open Reduction with Internal Fixation of Mandibular Angle Fractures: A Retrospective Study. J Can Dent Assoc
- Rzewuska A, Kijak E, Halczy-Kowalik L., 2021. Rehabilitation in the Treatment of Mandibular Condyle Fractures. Dent Med Probl
- Liu Y feng, Fan Y ying, Jiang X feng, Baur DA. A., 2017. Customized Fixation Plate with Novel Structure Designed by Topological Optimization for Mandibular Angle Fracture Based on Finite Element Analysis. Biomed Eng Online.
- Sinha A, Natarajan S., 2021. Comparative Evaluation of Clinical and Radiological Outcomes of Retromandibular Transparotid and Transoral Endoscopic-Assisted Approach for Surgical Management of Mandibular Subcondylar Fractures. Craniomaxillofac Trauma Reconstr. .
- Anggayanti NA, Sjamsudin E, Maulina T, Iskandarsyah A,, 2020. The Quality of Life in The Treatment of Maxillofacial Fractures Using Open Reduction: A Prospective Study. Bali Med J.

Brucoli M, Boffano P, Pezzana A, et al., 2019. The "European Mandibular Angle" Research Project: The Epidemiologic Results From a Multicenter European Collaboration. *J Oral Maxillofac Surg.*

Kuang SJ, He YQ, Zheng YH, Zhang ZG., 2019. Open Reduction and Internal Fixation of Mandibular Condylar Fractures: A National Inpatient Sample Analysis, *Medicine (Baltimore)*.

## ETIK PENELITIAN

 <p style="font-size: small; margin: 0;"> <b>KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET, DAN TEKNOLOGI</b>  <b>UNIVERSITAS HASANUDDIN</b>  <b>FAKULTAS KEDOKTERAN GIGI</b>  <b>RUMAH SAKIT GIGI DAN MULUT PENDIDIKAN</b>  <b>KOMITE ETIK PENELITIAN KESEHATAN</b>  <i>Sekretariat : JL.Kandeo No. 5 Makassar Lantai 2, Gedung Lama RSGM Unhas</i>  <i>Contact Person: drg. Muhammad Ikbal, Sp.Pros/Nur Aedah AR TELP. 081342971011/08114919191</i> </p> 			
<b>REKOMENDASI PERSETUJUAN ETIK</b> Nomor: 0033/PL.09/KEPK FKG-RSGM UNHAS/2024			
Tanggal: 19 Februari 2024			
Dengan ini menyatakan bahwa protokol dan dokumen yang berhubungan dengan protokol berikut ini telah mendapatkan persetujuan etik:			
No. Protokol	UH 17121045	No Protokol Sponsor	
Peneliti Utama	drg. La Ode Akhmad Tahir	Sponsor	Pribadi
Judul Penelitian	Kualitas hidup pasien fraktur angulus mandibula dengan tatalaksana orif : Studi retrospektif di makassar tahun 2021 – 2023		
No. Versi Protokol	1	Tanggal Versi	05 Februari 2024
No. Versi Protokol		Tanggal Versi	
Tempat Penelitian	1. RSGMP Unhas, 2. RSPTN Unhas, 3. RS Labuang baji, 4. RS Plamonia, 5. RS Bhayangkara, 6. RS Ibnu sina		
Dokumen Lain			
Jenis Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 19 Februari 2024-19 Februari 2025	Frekuensi Review Lanjutan
Ketua Komisi Etik Penelitian	Nama: Dr. drg. Marhamah, M.Kes	 Tanda Tangan	Tanggal 08 Januari 2024
Sekretaris Komisi Etik Penelitian	Nama: drg. Muhammad Ikbal, Sp.Pros	 Tanda Tangan	Tanggal 08 Januari 2024
<p><b>Kewajiban peneliti utama:</b></p> <ul style="list-style-type: none"> <li>▪ Menyerahkan Amandemen Protokol untuk persetujuan sebelum diimplementasikan</li> <li>▪ 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.</li> <li>▪ Menyerahkan laporan kemajuan (<i>progress report</i>) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah.</li> <li>▪ Menyerahkan laporan akhir setelah penelitian berakhir.</li> <li>▪ Melaporkan penyimpangan dari protokol yang disetujui (<i>protocol deviation/violation</i>)</li> <li>▪ Mematuhi semua aturan yang berlaku.</li> </ul>			

## SURAT IZIN PENELITIAN



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,  
RISET, DAN TEKNOLOGI  
UNIVERSITAS HASANUDDIN  
FAKULTAS KEDOKTERAN GIGI  
Jalan Perintis Kemerdekaan Km. 10, Makassar 90245  
Telepon (0411) 586012, Faximile (0411) 584641  
Laman [www.unhas.ac.id](http://www.unhas.ac.id) Email [fdhu@unhas.ac.id](mailto:fdhu@unhas.ac.id)

Nomor : 05329/UN4.13/PT.01.04/2023  
Hal : Izin Penelitian

15 Desember 2023

Yth.

1. Direktur Rumah Sakit Gigi dan Mulut Pendidikan (RSGMP) Universitas Hasanuddin
2. Direktur Utama Rumah Sakit Perguruan Tinggi Negeri (RSPTN) Universitas Hasanuddin
3. Direktur Rumah Sakit Ibnu Sina
4. Direktur Rumah Sakit Pelamonia
5. Direktur Rumah Sakit Umum Daerah (RSUD) Labuang Baji
6. Direktur Rumah Sakit Bhayangkara

Makassar

Dengan hormat kami sampaikan bahwa mahasiswa **Program Studi Pendidikan Dokter Gigi Spesialis (PPDGS) Bedah Mulut dan Maksilofasial** Fakultas Kedokteran Gigi Universitas Hasanuddin bermaksud untuk melakukan penelitian.

Sehubungan dengan hal tersebut, mohon kiranya dapat diberikan izin penelitian kepada peneliti di bawah ini:

Nama / NIM : La Ode Akhmad Tahrir / J045201005  
Waktu Penelitian : 2021 s.d. 2023  
Tempat Penelitian : Rumah Sakit Gigi dan Mulut Pendidikan (RSGMP) Universitas Hasanuddin, Rumah Sakit Perguruan Tinggi Negeri (RSPTN) Universitas Hasanuddin, Rumah Sakit Ibnu Sina, Rumah Sakit Pelamonia, Rumah Sakit Umum Daerah (RSUD) Labuang Baji, dan Rumah Sakit Bhayangkara  
Pembimbing : 1. Prof. Dr. M. Hendra Chandha, drg., M.S.  
2. Abul Fauzi, drg., Sp.BM.M., Subsp. T.M.T.M.J (K).  
Judul Penelitian : Kualitas Hidup Pasien Fraktur Angulus Mandibula dengan Tatalaksana Orif : Studi Retrospektif di Makassar Tahun 2021 - 2023

Demikian permohonan kami, atas perhatian dan kerjasama yang baik diucapkan terima kasih.

a.n. Dekan,  
Wakil Dekan Bidang Akademik dan Kemahasiswaan



Acing Habibie Mude, drg., Ph.D., Sp.Pros., Subsp. OGST(K).  
NIP 198102072008121002

Tembusan:

1. Dekan FKG Unhas;
2. Kepala Bagian Tata Usaha FKG Unhas.



- X1 : Apakah anda membatasi jenis atau jumlah maknan yang anda makan karena masalah pada gigi atau rahang anda?
- X2 : Apakah anda mengalami kesulitan menggigit atau mengunyah maknaan apapun, seperti daging keras atau apel?
- X3 : Apakah anda dapat menelan dengan nyaman?
- X4 : Apakah gigi atau kawat menghalangi anda?
- X5 : Apakah anda bisa makan apa saja tanpa merasa tidak nyaman?
- X6 : Apakah anda membatasi kontak dengan orang lain karena kondisi gigi atau rahang anda?
- X7 : Apakah anda tidak senang dengan penampilan gigi, gusi atau rahang anda?
- X8 : Apakah anda menggunakan obat untuk menghilangkan rasa sakit atau ketidaknyamanan disekitar mulut anda?
- X9 : Apakah anda khawatir dengan masalah gigi, gusi, atau rahang anda?
- X10 : Apakah anda merasa gugup atau minder karena masalah pada gigi, gusi atau rahang anda?
- X11 : Apakah anda merasa tidak nyaman makan di depan orang banyak karena masalah pada gigi anda?
- X12 : Apakah gigi atau gusi anda sensitive terhadap panas, dingin atau manis?

## KUISIONER

No	Dampak fungsional	1	2	3	4	5
1	Apakah anda membatasi jenis atau jumlah makna yang anda makan karena masalah pada gigi atau rahang anda?					
2	Apakah anda mengalami kesulitan menggigit atau mengunyah makna apapun, seperti daging keras atau apel?					
3	Apakah anda dapat menelan dengan nyaman?					
4	Apakah gigi atau kawat menghalangi anda?					
5	Apakah anda bisa makan apa saja tanpa merasa tidak nyaman?					
6	Apakah anda membatasi kontak dengan orang lain karena kondisi gigi atau rahang anda?					
7	Apakah anda tidak senang dengan penampilan gigi, gusi atau rahang anda?					
8	Apakah anda menggunakan obat untuk menghilangkan rasa sakit atau ketidaknyamanan disekitar mulut anda?					
9	Apakah anda khawatir dengan masalah gigi, gusi, atau rahang anda?					
10	Apakah anda merasa gugup atau minder karena masalah pada gigi, gusi atau rahang anda?					
11	Apakah anda merasa tidak nyaman makan di depan orang banyak karena masalah pada gigi anda?					
12	Apakah gigi atau gusi anda sensitive terhadap panas, dingin atau manis?					
1 = Tidak pernah. 2 = Jarang. 3= Kadang-kadang. 4 = Sering. 5. Selalu.						

# DATA STATISTIK

## KAPPA COHEN

Penilai 1 – Penilai 2

**Rater1 \* Rater2 Crosstabulation**

Count

		Rater2				Total
		1.00	2.00	4.00	5.00	
Rater1	1.00	8	0	1	0	9
	2.00	0	1	0	0	1
	5.00	0	0	0	2	2
Total		8	1	1	2	12

**Symmetric Measures**

	Value	Asymptotic	Approximate T <sup>b</sup>	Approximate Significance
		Standard Error <sup>a</sup>		
Measure of Agreement	Kappa	.821	.167	.000
N of Valid Cases		12		

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Penilai 1 – Penilai 3

**Rater1 \* Rater3 Crosstabulation**

Count

		Rater3				Total
		1.00	2.00	3.00	5.00	
Rater1	1.00	8	0	1	0	9
	2.00	0	1	0	0	1
	5.00	0	0	0	2	2
Total		8	1	1	2	12

**Symmetric Measures**

	Value	Asymptotic	Approximate T <sup>b</sup>	Approximate Significance
		Standard Error <sup>a</sup>		
Measure of Agreement	Kappa	.821	.167	.000

N of Valid Cases	12		
------------------	----	--	--

- a. Not assuming the null hypothesis.  
 b. Using the asymptotic standard error assuming the null hypothesis.

### Penilai 2 – Penilai 3

#### Rater2 \* Rater3 Crosstabulation

Count

		Rater3				Total
		1.00	2.00	3.00	5.00	
Rater2	1.00	8	0	0	0	8
	2.00	0	1	0	0	1
	4.00	0	0	1	0	1
	5.00	0	0	0	2	2
	Total	8	1	1	2	12

#### Symmetric Measures

	Value	Asymptotic	Approximate T <sup>b</sup>	Approximate Significance
		Standard Error <sup>a</sup>		
Measure of Agreement	Kappa	.840	.134	.000
N of Valid Cases		12		

- a. Not assuming the null hypothesis.  
 b. Using the asymptotic standard error assuming the null hypothesis.

## KARAKTERISTIK

### RS

Valid	RS PTN	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	RS PTN	10	33.3	33.3	33.3
	RSGM	4	13.3	13.3	46.7
	RS Ibnu Sina	1	3.3	3.3	50.0
	RS Labuang Baji	11	36.7	36.7	86.7
	RS Plamonia	3	10.0	10.0	96.7
	RS Bhayangkara	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

### Pendidikan

Cumulative

Frequency	Percent	Valid Percent	Cumulative Percent
-----------	---------	---------------	--------------------

Valid	SD	2	6.7	6.7	6.7
	SMP	1	3.3	3.3	10.0
	SMA	12	40.0	40.0	50.0
	S1	15	50.0	50.0	100.0
	Total	30	100.0	100.0	

### Jenis\_Kelamin

Valid		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	25	83.3	83.3	83.3
	Perempuan	5	16.7	16.7	100.0
	Total	30	100.0	100.0	

### Pekerjaan

Valid		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Belum Ada	16	53.3	53.3	53.3
	IRT	1	3.3	3.3	56.7
	Wiraswasta	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

### Umur

Valid		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5 - 11 tahun	2	6.7	6.7	6.7
	12 - 25 tahun	24	80.0	80.0	86.7
	26 - 45 tahun	2	6.7	6.7	93.3
	>46 tahun	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

## DESKRIPSI

### A.Pre Test

#### X1

Valid		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Jarang	6	20.0	20.0	20.0
	Kadang-kadang	14	46.7	46.7	66.7

Sering	10	33.3	33.3	100.0
Total	30	100.0	100.0	

**X2**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	1	3.3	3.3	3.3
	Jarang	18	60.0	60.0	63.3
	Kadang-kadang	10	33.3	33.3	96.7
	Sering	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

**X3**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Jarang	2	6.7	6.7	6.7
	Kadang-kadang	17	56.7	56.7	63.3
	Sering	11	36.7	36.7	100.0
	Total	30	100.0	100.0	

**X4**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	30	100.0	100.0	100.0

**X5**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	4	13.3	13.3	13.3
	Jarang	21	70.0	70.0	83.3
	Kadang-kadang	5	16.7	16.7	100.0
	Total	30	100.0	100.0	

**X6**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	20	66.7	66.7	66.7
	Jarang	10	33.3	33.3	100.0

Total	30	100.0	100.0	
-------	----	-------	-------	--

### X7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kadang-kadang	15	50.0	50.0	50.0
	Sering	15	50.0	50.0	100.0
	Total	30	100.0	100.0	

### X8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	19	63.3	63.3	63.3
	Jarang	10	33.3	33.3	96.7
	Kadang-kadang	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

### X9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Jarang	4	13.3	13.3	13.3
	Kadang-kadang	18	60.0	60.0	73.3
	Sering	8	26.7	26.7	100.0
	Total	30	100.0	100.0	

### X10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	2	6.7	6.7	6.7
	Jarang	13	43.3	43.3	50.0
	Kadang-kadang	14	46.7	46.7	96.7
	Sering	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

### X11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	20	66.7	66.7	66.7

Jarang	10	33.3	33.3	100.0
Total	30	100.0	100.0	

**X12**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	22	73.3	73.3	73.3
	Jarang	8	26.7	26.7	100.0
	Total	30	100.0	100.0	

### Post Test

**X1**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	26	86.7	86.7	86.7
	Jarang	4	13.3	13.3	100.0
	Total	30	100.0	100.0	

**X2**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	24	80.0	80.0	80.0
	Jarang	5	16.7	16.7	96.7
	Kadang-kadang	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

**X3**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Selalu	30	100.0	100.0	100.0

**X4**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	23	76.7	76.7	76.7
	Jarang	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

**X5**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sering	2	6.7	6.7	6.7
	Selalu	28	93.3	93.3	100.0
	Total	30	100.0	100.0	

**X6**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	30	100.0	100.0	100.0

**X7**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	29	96.7	96.7	96.7
	Jarang	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

**X8**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	27	90.0	90.0	90.0
	Jarang	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

**X9**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	11	36.7	36.7	36.7
	Jarang	18	60.0	60.0	96.7
	Kadang-kadang	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

**X10**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	29	96.7	96.7	96.7

Jarang	1	3.3	3.3	100.0
Total	30	100.0	100.0	

**X11**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	30	100.0	100.0	100.0

**X12**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Pernah	29	96.7	96.7	96.7
	Jarang	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

## WILCOXON

### A.Parsial

#### 1. Dimensi Fungsi Fisik

**Ranks**

		N	Mean Rank	Sum of Ranks
X1_Posttest - X1_Pretest	Negative Ranks	30 <sup>a</sup>	15.50	465.00
	Positive Ranks	0 <sup>b</sup>	.00	.00
	Ties	0 <sup>c</sup>		
	Total	30		
X2_Posttest - X2_Pretest	Negative Ranks	26 <sup>d</sup>	14.88	387.00
	Positive Ranks	2 <sup>e</sup>	9.50	19.00
	Ties	2 <sup>f</sup>		
	Total	30		
X3_Posttest - X3_Pretest	Negative Ranks	0 <sup>g</sup>	.00	.00
	Positive Ranks	30 <sup>h</sup>	15.50	465.00
	Ties	0 <sup>i</sup>		
	Total	30		
X4_Posttest - X4_Pretest	Negative Ranks	0 <sup>j</sup>	.00	.00
	Positive Ranks	7 <sup>k</sup>	4.00	28.00
	Ties	23 <sup>l</sup>		

	Total	30		
a. X1_Posttest < X1_Pretest				
b. X1_Posttest > X1_Pretest				
c. X1_Posttest = X1_Pretest				
d. X2_Posttest < X2_Pretest				
e. X2_Posttest > X2_Pretest				
f. X2_Posttest = X2_Pretest				
g. X3_Posttest < X3_Pretest				
h. X3_Posttest > X3_Pretest				
i. X3_Posttest = X3_Pretest				
j. X4_Posttest < X4_Pretest				
k. X4_Posttest > X4_Pretest				
l. X4_Posttest = X4_Pretest				

  

Test Statistics <sup>a</sup>				
	X1_Posttest - X1_Pretest	X2_Posttest - X2_Pretest	X3_Posttest - X3_Pretest	X4_Posttest - X4_Pretest
Z	-4.863 <sup>b</sup>	-4.353 <sup>b</sup>	-4.919 <sup>c</sup>	-2.646 <sup>c</sup>
Asymp. Sig. (2-tailed)	.000	.000	.000	.008

a. Wilcoxon Signed Ranks Test  
 b. Based on positive ranks.  
 c. Based on negative ranks.

  

### Dimensi Penilaian Gejala

  

Ranks				
	N	Mean Rank	Sum of Ranks	
X5_Posttest - X5_Pretest	Negative Ranks	0 <sup>a</sup>	.00	.00
	Positive Ranks	30 <sup>b</sup>	15.50	465.00
	Ties	0 <sup>c</sup>		
	Total	30		
X8_Posttest - X8_Pretest	Negative Ranks	8 <sup>d</sup>	4.50	36.00
	Positive Ranks	0 <sup>e</sup>	.00	.00
	Ties	22 <sup>f</sup>		
	Total	30		
X12_Posttest - X12_Pretest	Negative Ranks	7 <sup>g</sup>	4.00	28.00
	Positive Ranks	0 <sup>h</sup>	.00	.00
	Ties	23 <sup>i</sup>		
	Total	30		

- a. X5\_Posttest < X5\_Pretest
- b. X5\_Posttest > X5\_Pretest
- c. X5\_Posttest = X5\_Pretest
- d. X8\_Posttest < X8\_Pretest
- e. X8\_Posttest > X8\_Pretest
- f. X8\_Posttest = X8\_Pretest
- g. X12\_Posttest < X12\_Pretest
- h. X12\_Posttest > X12\_Pretest
- i. X12\_Posttest = X12\_Pretest

**Test Statistics<sup>a</sup>**

	X5_Posttest - X5_Pretest	X8_Posttest - X8_Pretest	X12_Posttest - X12_Pretest
Z	-4.964 <sup>b</sup>	-2.714 <sup>c</sup>	-2.646 <sup>c</sup>
Asymp. Sig. (2-tailed)	.000	.007	.008

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.
- c. Based on positive ranks.

## Dimensi Aspek Psikologi

**Ranks**

		N	Mean Rank	Sum of Ranks
X6_Posttest - X6_Pretest	Negative Ranks	10 <sup>a</sup>	5.50	55.00
	Positive Ranks	0 <sup>b</sup>	.00	.00
	Ties	20 <sup>c</sup>		
	Total	30		
X7_Posttest - X7_Pretest	Negative Ranks	30 <sup>d</sup>	15.50	465.00
	Positive Ranks	0 <sup>e</sup>	.00	.00
	Ties	0 <sup>f</sup>		
	Total	30		
X9_Posttest - X9_Pretest	Negative Ranks	26 <sup>g</sup>	13.50	351.00
	Positive Ranks	0 <sup>h</sup>	.00	.00
	Ties	4 <sup>i</sup>		
	Total	30		
X10_Posttest - X10_Pretest	Negative Ranks	27 <sup>j</sup>	14.00	378.00
	Positive Ranks	0 <sup>k</sup>	.00	.00
	Ties	3 <sup>l</sup>		
	Total	30		

X11_Posttest - X11_Pretest	Negative Ranks	10 <sup>m</sup>	5.50	55.00
	Positive Ranks	0 <sup>n</sup>	.00	.00
	Ties	20 <sup>o</sup>		
	Total	30		

- a. X6\_Posttest < X6\_Pretest
- b. X6\_Posttest > X6\_Pretest
- c. X6\_Posttest = X6\_Pretest
- d. X7\_Posttest < X7\_Pretest
- e. X7\_Posttest > X7\_Pretest
- f. X7\_Posttest = X7\_Pretest
- g. X9\_Posttest < X9\_Pretest
- h. X9\_Posttest > X9\_Pretest
- i. X9\_Posttest = X9\_Pretest
- j. X10\_Posttest < X10\_Pretest
- k. X10\_Posttest > X10\_Pretest
- l. X10\_Posttest = X10\_Pretest
- m. X11\_Posttest < X11\_Pretest
- n. X11\_Posttest > X11\_Pretest
- o. X11\_Posttest = X11\_Pretest

#### Test Statistics<sup>a</sup>

	X6_Posttest - X6_Pretest	X7_Posttest - X7_Pretest	X9_Posttest - X9_Pretest	X10_Posttest - X10_Pretest	X11_Posttest - X11_Pretest
Z	-3.162 <sup>b</sup>	-4.916 <sup>b</sup>	-4.552 <sup>b</sup>	-4.667 <sup>b</sup>	-3.162 <sup>b</sup>
Asymp. Sig. (2-tailed)	.002	.000	.000	.000	.002

- a. Wilcoxon Signed Ranks Test
- b. Based on positive ranks.

## Keseluruhan

#### Ranks

		N	Mean Rank	Sum of Ranks
Dimensi_Fisik_Posttest - Dimensi_Fisik_Pretest	Negative Ranks	22 <sup>a</sup>	12.89	283.50
	Positive Ranks	3 <sup>b</sup>	13.83	41.50
	Ties	5 <sup>c</sup>		
	Total	30		
Dimensi_Psikologi_Posttest - Dimensi_Psikologi_Pretest	Negative Ranks	30 <sup>d</sup>	15.50	465.00
	Positive Ranks	0 <sup>e</sup>	.00	.00

	Ties	0 <sup>f</sup>		
	Total	30		
Dimensi_Gejala_Posttest - Dimensi_Gejala_Pretest	Negative Ranks	1 <sup>g</sup>	1.50	1.50
	Positive Ranks	29 <sup>h</sup>	15.98	463.50
	Ties	0 <sup>i</sup>		
	Total	30		
Keseluruhan_Posttest - Keseluruhan_Pretest	Negative Ranks	29 <sup>j</sup>	15.00	435.00
	Positive Ranks	0 <sup>k</sup>	.00	.00
	Ties	1 <sup>l</sup>		
	Total	30		

- a. Dimensi\_Fisik\_Posttest < Dimensi\_Fisik\_Pretest
- b. Dimensi\_Fisik\_Posttest > Dimensi\_Fisik\_Pretest
- c. Dimensi\_Fisik\_Posttest = Dimensi\_Fisik\_Pretest
- d. Dimensi\_Psikologi\_Posttest < Dimensi\_Psikologi\_Pretest
- e. Dimensi\_Psikologi\_Posttest > Dimensi\_Psikologi\_Pretest
- f. Dimensi\_Psikologi\_Posttest = Dimensi\_Psikologi\_Pretest
- g. Dimensi\_Gejala\_Posttest < Dimensi\_Gejala\_Pretest
- h. Dimensi\_Gejala\_Posttest > Dimensi\_Gejala\_Pretest
- i. Dimensi\_Gejala\_Posttest = Dimensi\_Gejala\_Pretest
- j. Keseluruhan\_Posttest < Keseluruhan\_Pretest
- k. Keseluruhan\_Posttest > Keseluruhan\_Pretest
- l. Keseluruhan\_Posttest = Keseluruhan\_Pretest

#### Test Statistics<sup>a</sup>

	Dimensi_Fisik_Posttest - Dimensi_Fisik_Pretest	Dimensi_Psikologi_Posttest - Dimensi_Psikologi_Pretest	Dimensi_Gejala_Posttest - Dimensi_Gejala_Pretest	Keseluruhan_Posttest - Keseluruhan_Pretest
Z	-3.302 <sup>b</sup>	-4.815 <sup>b</sup>	-4.872 <sup>c</sup>	-4.718 <sup>b</sup>
Asymp. Sig. (2-tailed)	.001	.000	.000	.000

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

c. Based on negative ranks.

## MANN WHITNEY

#### Ranks

Kelompok	N	Mean Rank	Sum of Ranks
----------	---	-----------	--------------

Dimensi_Fisik	Perlakuan	30	23.68	710.50
	Kontrol	15	21.63	324.50
	Total	45		
Dimensi_Psikologi	Perlakuan	30	25.12	753.50
	Kontrol	15	18.77	281.50
	Total	45		
Dimensi_Gejala	Perlakuan	30	23.37	701.00
	Kontrol	15	22.27	334.00
	Total	45		
Keseluruhan	Perlakuan	30	25.22	756.50
	Kontrol	15	18.57	278.50
	Total	45		

### Test Statistics<sup>a</sup>

	Dimensi_Psikol			
	Dimensi_Fisik	Ogi	Dimensi_Gejala	Keseluruhan
Mann-Whitney U	204.500	161.500	214.000	158.500
Wilcoxon W	324.500	281.500	334.000	278.500
Z	-.565	-1.713	-.364	-1.680
Asymp. Sig. (2-tailed)	.572	.087	.716	.093

a. Grouping Variable: Kelompok

## LEMBAR IC



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI  
UNIVERSITAS HASANUDDIN  
**RUMAH SAKIT GIGI DAN MULUT PENDIDIKAN**  
Jl. Kande No. 5, Makassar 90156  
Tlp 0411-3616336/3622423, Fax 0411-3635302, Careline: 0811-4429191  
Laman: <http://rsgm.unhas.ac.id/>, Email: care.rsgmp@unhas.ac.id

---

### **SURAT PERNYATAAN KESEDIAAN MENJADI SUBYEK PENELITIAN**

Dengan ini saya,

Nama Pasien : .....

Nama Wali : .....

Umur : .....

Jenis Kelamin : Laki-laki / Perempuan

Setelah mendapat penjelasan secukupnya mengenai manfaat dan resiko penelitian dengan judul :

### **KUALITAS HIDUP PASIEN FRAKTUR ANGULUS MANDIBULA DENGAN TATALAKSANA ORIF : STUDI RETROSPEKTIF DI MAKASSAR TAHUN 2021-2023**

Dengan ini menyatakan bahwa saya bersedia dengan suka rela berpartisipasi menjadi subjek penelitian tersebut.

Demikian pernyataan ini saya buat dengan sebenarnya dengan penuh kesadaran dan tanpa paksaan.

Makassar, 2023

Peneliti,

Yang Berpartisipasi,

(drg. La Ode Akhmad Tahir )

(.....)

## **RIWAYAT HIDUP**

### **Data Pribadi**



Nama : La Ode akhmad Tahrir  
Tempat, tanggal lahir : Lendeo, 12 Februari 1984  
Jenis kelamin : Laki-laki  
Agama : Islam  
Kewarganegaraan : Indonesia  
Alamat : Royal setraland BTP Makassar Telepon / HP 085394711112  
Email : [laode471drg@gmail.com](mailto:laode471drg@gmail.com)

### **PENDIDIKAN FORMAL**

2020 – sekarang : Program Studi Spesialis Bedah Mulut dan Maksilofasial Fakultas Kedokteran Gigi, Universitas Hasanuddin, Makassar  
2002 – 2010 : Program Dokter Gigi, Fakultas Kedokteran Gigi, Fakultas Kedokteran Gigi, Universitas Hasanuddin, Makassar  
1999 – 2002 : Sekolah Menengah Atas Negeri 2 Raha  
1996 – 1999 : Sekolah Menengah Pertama Negeri 1 Raha  
1996 – 1990 : Sekolah Dasar Negeri No. 17 Raha