

## DAFTAR PUSTAKA

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doi: 10.1016/j.jpain.2009.03.010



# LAMPIRAN

## LAMPIRAN 1

FMA

(Fugl Meyer Assessment)

### FUGL-MEYER ASSESSMENT UPPER EXTREMITY (FMA-UE) Assessment of sensorimotor function

ID:  
Date:  
Examiner:

Fugl-Meyer AR, Jääskö L, Leyman I, Olsson S, Steglind S: The post-stroke hemiplegic patient. A method for evaluation of physical performance. Scand J Rehabil Med 1975; 7:13-31.

A. UPPER EXTREMITY, sitting position		
I. Reflex activity		
Flexors: biceps and finger flexors (at least one)	none	can be elicited
Extensors: triceps	0	2
Subtotal I (max 4)		
II. Volitional movement within synergies, without gravitational help		
Flexor synergy: Hand from contralateral knee to ipsilateral ear. From extensor synergy (shoulder adduction/ internal rotation, elbow extension, forearm pronation) to flexor synergy (shoulder abduction/ external rotation, elbow flexion, forearm supination). Extensor synergy: Hand from ipsilateral ear to the contralateral knee	Shoulder retraction	0 1 2
	elevation	0 1 2
	abduction (90°)	0 1 2
	external rotation	0 1 2
	Elbow flexion	0 1 2
	Forearm supination	0 1 2
Shoulder adduction/internal rotation Elbow extension Forearm pronation	Shoulder adduction/internal rotation	0 1 2
	Elbow extension	0 1 2
	Forearm pronation	0 1 2
	Subtotal II (max 18)	
III. Volitional movement mixing synergies, without compensation		
Hand to lumbar spine hand on lap	cannot perform or hand in front of ant-sup iliac spine hand behind ant-sup iliac spine (without compensation) hand to lumbar spine (without compensation)	0 1 2
Shoulder flexion 0°- 90° elbow at 0° pronation-supination 0°	immediate abduction or elbow flexion abduction or elbow flexion during movement flexion 90°, no shoulder abduction or elbow flexion	0 1 2
Pronation-supination elbow at 90° shoulder at 0°	no pronation/supination, starting position impossible limited pronation/supination, maintains starting position full pronation/supination, maintains starting position	0 1 2
Subtotal III (max 6)		
IV. Volitional movement with little or no synergy		
Shoulder abduction 0 - 90° elbow at 0° forearm neutral	immediate supination or elbow flexion supination or elbow flexion during movement abduction 90°, maintains extension and pronation	0 1 2
Shoulder flexion 90° - 180° elbow at 0° pronation-supination 0°	immediate abduction or elbow flexion abduction or elbow flexion during movement flexion 180°, no shoulder abduction or elbow flexion	0 1 2
Pronation/supination elbow at 0° shoulder at 30°- 90° flexion	no pronation/supination, starting position impossible limited pronation/supination, maintains start position full pronation/supination, maintains starting position	0 1 2
Subtotal IV (max 6)		
V. Normal reflex activity assessed only if full score of 6 points is achieved in part IV: compare with the unaffected side		
Biceps, triceps, xors	2 of 3 reflexes markedly hyperactive 1 reflex markedly hyperactive or at least 2 reflexes lively maximum of 1 reflex lively, none hyperactive	hyper lively normal
Subtotal V (max 2)		
Total A (max 36)		



B. WRIST support may be provided at the elbow to take or hold the starting position, no support at wrist, check the passive range of motion prior testing			none	partial	full
Stability at 15° dorsiflexion elbow at 90°, forearm pronated shoulder at 0°	less than 15° active dorsiflexion dorsiflexion 15°, no resistance tolerated maintains dorsiflexion against resistance	0	1	2	
Repeated dorsiflexion / volar flexion elbow at 90°, forearm pronated shoulder at 0°, slight finger flexion	cannot perform volitionally limited active range of motion full active range of motion, smoothly	0	1	2	
Stability at 15° dorsiflexion elbow at 0°, forearm pronated slight shoulder flexion/abduction	less than 15° active dorsiflexion dorsiflexion 15°, no resistance tolerated maintains dorsiflexion against resistance	0	1	2	
Repeated dorsiflexion / volar flexion elbow at 0°, forearm pronated slight shoulder flexion/abduction	cannot perform volitionally limited active range of motion full active range of motion, smoothly	0	1	2	
Circumduction elbow at 90°, forearm pronated shoulder at 0°	cannot perform volitionally jerky movement or incomplete complete and smooth circumduction	0	1	2	
<b>Total B (max 10)</b>					

C. HAND support may be provided at the elbow to keep 90° flexion, no support at the wrist, compare with unaffected hand, the objects are interposed, active grasp			none	partial	full
Mass flexion from full active or passive extension			0	1	2
Mass extension from full active or passive flexion			0	1	2
<b>GRASP</b>					
a. Hook grasp flexion in PIP and DIP (digits II-V), extension in MCP II-V	cannot be performed can hold position but weak maintains position against resistance	0	1	2	
b. Thumb adduction 1-st CMC, MCP, IP at 0°, scrap of paper between thumb and 2-nd MCP joint	cannot be performed can hold paper but not against tug can hold paper against a tug	0	1	2	
c. Pincer grasp, opposition pulpa of the thumb against the pulpa of 2-nd finger, pencil, tug upward	cannot be performed can hold pencil but not against tug can hold pencil against a tug	0	1	2	
d. Cylinder grasp cylinder shaped object (small can) tug upward, opposition of thumb and fingers	cannot be performed can hold cylinder but not against tug can hold cylinder against a tug	0	1	2	
e. Spherical grasp fingers in abduction/flexion, thumb opposed, tennis ball, tug away	cannot be performed can hold ball but not against tug can hold ball against a tug	0	1	2	
<b>Total C (max 14)</b>					

D. COORDINATION/SPEED, sitting, after one trial with both arms, eyes closed, tip of the index finger from knee to nose, 5 times as fast as possible			marked	slight	none
Tremor			0	1	2
Dysmetria	pronounced or unsystematic slight and systematic no dysmetria		0	1	2
			$\geq 6s$	2 - 5s	< 2s
Time start and end with the hand on the knee	6 or more seconds slower than unaffected side 2-5 seconds slower than unaffected side less than 2 seconds difference		0	1	2
<b>Total D (max 6)</b>					

**TOTAL A-D (max 66)**



<b>H. SENSATION</b> , upper extremity eyes closed, compared with the unaffected side		<b>anesthesia</b>	<b>hypoesthesia or dysesthesia</b>	<b>normal</b>
Light touch	upper arm, forearm palmar surface of the hand	0 0	1 1	2 2
		less than 3/4 correct or absence	3/4 correct or considerable difference	correct 100%, little or no difference
<b>Position</b> small alterations in the position	shoulder elbow wrist thumb (IP-joint)	0 0 0 0	1 1 1 1	2 2 2 2
<b>Total H</b> (max12)				

<b>I. PASSIVE JOINT MOTION</b> , upper extremity. sitting position, compare with the unaffected side			<b>J. JOINT PAIN</b> during passive motion, upper extremity			
	only few degrees (less than 10° in shoulder)	decreased	normal	pronounced pain during movement or very marked pain at the end of the movement	some pain	no pain
<b>Shoulder</b>						
Flexion (0° - 180°)	0	1	2	0	1	2
Abduction (0°-90°)	0	1	2	0	1	2
External rotation	0	1	2	0	1	2
Internal rotation	0	1	2	0	1	2
<b>Elbow</b>						
Flexion	0	1	2	0	1	2
Extension	0	1	2	0	1	2
<b>Forearm</b>						
Pronation	0	1	2	0	1	2
Supination	0	1	2	0	1	2
<b>Wrist</b>						
Flexion	0	1	2	0	1	2
Extension	0	1	2	0	1	2
<b>Fingers</b>						
Flexion	0	1	2	0	1	2
Extension	0	1	2	0	1	2
<b>Total</b> (max 24)				<b>Total</b> (max 24)		

<b>A. UPPER EXTREMITY</b>	/36
<b>B. WRIST</b>	/10
<b>C. HAND</b>	/14
<b>D. COORDINATION / SPEED</b>	/ 6
<b>TOTAL A-D (motor function)</b>	/66

<b>H. SENSATION</b>	/12
<b>I. PASSIVE JOINT MOTION</b>	/24
<b>J. JOINT PAIN</b>	/24



**FUGL-MEYER ASSESSMENT  
LOWER EXTREMITY (FMA-LE)  
Assessment of sensorimotor function**

ID:  
Date:  
Examiner:

Fugl-Meyer AR, Jaasko L, Leyman I, Olsson S, Steglind S: The post-stroke hemiplegic patient. I. a method for evaluation of physical performance. Scand J Rehabil Med 1975; 7:13-31.

<b>E. LOWER EXTREMITY</b>		
<b>I. Reflex activity</b> , supine position		none      can be elicited
Flexors: knee flexors Extensors: patellar, Achilles (at least one)		0      2 0      2
		Subtotal I (max 4)
<b>II. Volitional movement within synergies</b> supine position		none      partial      full
Flexor synergy: Maximal hip flexion (abduction/external rotation), maximal flexion in knee and ankle joint (palpate distal tendons to ensure active knee flexion).  Extensor synergy: From flexor synergy to the hip extension/adduction, knee extension and ankle plantar flexion. Resistance is applied to ensure active movement, evaluate both movement and strength (compare with the unaffected side)	Hip flexion	0      1      2
	Knee flexion	0      1      2
	Ankle dorsiflexion	0      1      2
	Hip extension: adduction	0      1      2
Knee extension	0      1      2	
Ankle plantar flexion	0      1      2	
		Subtotal II (max 14)
<b>III. Volitional movement mixing synergies</b> sitting position, knee 10cm from the edge of the chair/bed		none      partial      full
Knee flexion from actively or passively extended knee	no active motion less than 90° active flexion, palpate tendons of hamstrings more than 90° active flexion	0      1      2
Ankle dorsiflexion compare with unaffected side	no active motion limited dorsiflexion complete dorsiflexion	0      1      2
		Subtotal III (max 4)
<b>IV. Volitional movement with little or no synergy</b> standing position, hip at 0°		none      partial      full
Knee flexion to 90° hip at 0°, balance support is allowed	no active motion or immediate, simultaneous hip flexion less than 90° knee flexion and/or hip flexion during movement at least 90° knee flexion without simultaneous hip flexion	0      1      2
Ankle dorsiflexion compare with unaffected side	no active motion limited dorsiflexion complete dorsiflexion	0      1      2
		Subtotal IV (max 4)
<b>V. Normal reflex activity</b> supine position, assessed only if full score of 4 points is achieved in part IV, compare with the unaffected side		hyper      lively      normal
Reflex activity knee flexors, Patellar, Achilles,	2 of 3 reflexes markedly hyperactive 1 reflex markedly hyperactive or at least 2 reflexes lively maximum of 1 reflex lively, none hyperactive	0      1      2
		Subtotal V (max 2)
		<b>Total E (max 28)</b>



<b>F. COORDINATION/SPEED</b> , supine, after one trial with both legs, eyes closed, heel to knee cap of the opposite leg, 5 times as fast as possible			marked	slight	none
Tremor			0	1	2
Dysmetria	pronounced or unsystematic slight and systematic no dysmetria		0	1	2
			$\geq 6\text{s}$	$2 - 5\text{s}$	$< 2\text{s}$
Time	6 or more seconds slower than unaffected side 2-5 seconds slower than unaffected side less than 2 seconds difference		0	1	2
<b>Total F (max 6)</b>					

<b>H. SENSATION</b> , lower extremity eyes closed, compare with the unaffected side		anesthesia	hypoesthesia or dysesthesia	normal
Light touch	leg foot sole	0 0	1 1	2 2
		less than 3/4 correct or absence	3/4 correct or considerable difference	correct 100%, little or no difference
Position small alterations in the position	hip knee ankle great toe (IP-joint)	0 0 0 0	1 1 1 1	2 2 2 2
<b>Total H (max 12)</b>				

<b>I. PASSIVE JOINT MOTION</b> , lower extremity supine position, compare with the unaffected side				<b>J. JOINT PAIN</b> during passive motion, lower extremity			
	only few degrees (<10° hip)	decreased	normal	pronounced pain during movement or very marked pain at the end of the movement	some pain	no pain	
Hip	Flexion Abduction External rotation Internal rotation	0 0 0 0	1 1 1 1	2 2 2 2	1 1 1 1	2 2 2 2	
Knee	Flexion Extension	0 0	1 1	2 2	0 0	1 1	2 2
Ankle	Dorsiflexion Plantar flexion	0 0	1 1	2 2	0 0	1 1	2 2
Foot	Pronation Supination	0 0	1 1	2 2	0 0	1 1	2 2
<b>Total (max 20)</b>				<b>Total (max 20)</b>			

<b>E. LOWER EXTERMTY</b>	/28
<b>F. COORDINATION / SPEED</b>	/6
<b>TOTAL E-F (motor function)</b>	/34

<b>H. SENSATION</b>	/12
<b>I. PASSIVE JOINT MOTION</b>	/20
<b>J. JOINT PAIN</b>	/20



Data mentah penelitian bisa didapatkan pada link dibawah:

[https://docs.google.com/spreadsheets/d/1urK-MU3DEMZEWLSWh6p6WtfbH\\_a5mmoU/edit?usp=drive\\_link&ouid=113740720102471568795&rtpof=true&sd=true](https://docs.google.com/spreadsheets/d/1urK-MU3DEMZEWLSWh6p6WtfbH_a5mmoU/edit?usp=drive_link&ouid=113740720102471568795&rtpof=true&sd=true)

