

LAMPIRAN



Fakultas Kedokteran dan Ilmu Kesehatan
Universitas Muhammadiyah Yogyakarta

Nomor : 587/EP-FKIK-UMY/XI/2017

KETERANGAN LOLOS UJI ETIK
ETHICAL APPROVAL

Komite Etik Penelitian Fakultas Kedokteran dan Ilmu Kesehatan Universitas Muhammadiyah Yogyakarta dalam upaya melindungi hak asasi dan kesejahteraan responden/subyek penelitian, telah mengkaji dengan teliti protokol berjudul :

The Ethics Committee of the Faculty of Medicine and Health Sciences, University of Muhammadiyah Yogyakarta, with regards of the protection of human rights and welfare in research, has carefully reviewed the research protocol entitled :

**"Gambaran Distribusi Persebaran Kejadian Nyeri Punggung Belakang "Low Back Pain"
Pada Dokter Gigi Di Kota Yogyakarta"**

Peneliti Utama : Damian Abdul
Principal Investigator

Nama Institusi : Program Studi Pendidikan Dokter Gigi FKIK UMY
Name of the Institution

Negara : Indonesia
Country

Dan telah menyetujui protokol tersebut diatas.
And approved the above-mentioned protocol.

Yogyakarta, 01 November 2017

Sekretaris
Secretary

Dr. dr. Titiek Hidayati, M.Kes.

*Peneliti Berkewajiban :

1. Menjaga kerahasiaan identitas subyek penelitian
2. Memberitahukan status penelitian apabila :
 - a. Setelah masa berlakunya keterangan lolos uji etik, penelitian masih belum selesai, dalam hal ini *ethical clearance* harus diperpanjang
 - b. Penelitian berhenti di tengah jalan
3. Melaporkan kejadian serius yang tidak diinginkan (*serious adverse events*)
4. Peneliti tidak boleh melakukan tindakan apapun pada responden/subyek sebelum penelitian lolos uji etik

Kampus:

Jl. Lingkar Selatan, Tamantirto, Kasihan, Bantul, Yogyakarta 55183
Telp. (0274) 387656 ext. 213, 7491350 Fax. (0274) 387658

Muda mendunia

Formulir Identitas

- Nama :
- Umur : th
- Jenis Kelamin :
 Laki – laki Perempuan
- Tinggi Badan : cm
- Berat Badan : kg
- Merokok :
 Ya Tidak
- Intensitas Olahraga per Minggu :
 Tidak pernah 1x – 2x > 2x
- Pengalaman Praktik : th
- Jam Praktik per Hari : jam
- Rata – rata Jumlah Pasien per Minggu :
 < 10 10 – 25 > 25
- Posisi Dominan pada saat Melakukan Prosedur Dental :
(75% rata-rata waktu tindakan / pasien)
 Duduk Berdiri
- Tindakan yang Paling Sering Dilakukan pada saat Melakukan Prosedur Dental :
(75% jumlah pasien / hari) **centang salah satu*
 Restorasi Orthodontisi Ekstraksi Skaling
- Pendampingan Asisten / Perawat Gigi pada saat Melakukan Prosedur Dental :
 Ya Tidak

Lampiran 1. Surat Pengantar Penelitian

Kepada Yth.

Bapak/Ibu Dokter Gigi

di Kota Yogyakarta

Dengan hormat,

Saya yang bertanda tangan di bawah ini :

Nama : Damian Abdul

NIM : 201403400049

Institusi : Program Studi Pendidikan Dokter Gigi Fakultas Kedokteran
dan Ilmu Kesehatan Universitas Muhammadiyah Yogyakarta

Akan melakukan penelitian tentang “Gambaran Distribusi Persebaran Kejadian Nyeri Punggung Belakang pada Dokter Gigi di Kota Yogyakarta” yang bertujuan untuk mengetahui gambaran, karakteristik, faktor predisposisi serta persebaran dan variasi tingkat keparahan pada dokter gigi yang menderita nyeri punggung bawah di kota Yogyakarta. Penelitian ini tidak berisiko medis terhadap dokter gigi responden. Penelitian ini hanya dilakukan pengambilan data melalui pengisian kuisioner bagi responden yang bersedia. Informasi terkait **identitas responden** bersifat rahasia dan tidak untuk disebarluaskan.

Bersama ini saya lampirkan surat pernyataan persetujuan penelitian. Besar harapan peneliti agar Bapak/Ibu berkenan berpartisipasi dalam penelitian ini.

Demikian surat permohonan ini kami sampaikan, atas perhatian dan kerjasamanya kami ucapkan terimakasih.

Yogyakarta, 8 September 2017

Mengetahui,
saya,

Pembimbing Penelitian

Hormat

Peneliti

drg. Arya Adiningrat Ph.D
NIK: 19840923201510173143

Damian Abdul

Lampiran 2. Surat Pernyataan Persetujuan Penelitian

SURAT PERNYATAAN PERSETUJUAN PENELITIAN
(*INFORMED CONSENT*)

Yang bertanda tangan di bawah ini :

Nama :

Tempat / tanggal lahir :

Alamat :

Menyatakan bersedia untuk menjadi responden pada penelitian
“Gambaran Distribusi Persebaran Kejadian Nyeri Punggung Belakang pada
Dokter Gigi di Kota Yogyakarta”

Demikian surat persetujuan pernyataan ini dibuat dengan sebenar-
benarnya dan dapat dipergunakan sebagaimana mestinya.

Yogyakarta, 2017

Dokter Gigi

()

Oswestry Low Back Pain Disability Questionnaire

Instructions

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

Section 1 – Pain intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Section 2 – Personal care (washing,dressing etc)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but manage most of my personal care
- I need help every day in most aspects of self-care
- I do not get dressed, I wash with difficulty And stay in bed

Section 3 – Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on table
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- I can lift very light weights
- I cannot lift or carry anything at all

Section 4 – Walking*

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than 1 mile
- Pain prevents me from walking more than 1/2 mile
- Pain prevents me from walking more than 100 yards
- I can only walk using stick or crutches
- I am in bed most of the time

Section 5 – Sitting

- I can sit in any chair as long as I like
- I can only sit in my favourite chair as long as I like
- Pain prevents me sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

Section 6 – Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing more than 1 hour
- Pain prevents me from standing more than 30 minutes
- Pain prevents me from standing more than 10 minutes
- Pain prevents me from standing at all

Section 7 – Sleeping

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain I have less than 6 hours sleep
- Because of pain I have less than 4 hours sleep
- Because of pain I have less than 2 hours sleep
- Pain prevents me from sleeping at all

Section 8 – Social life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

Section 9 – Travelling

- I can travel anywhere without pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys of less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from travelling except to receive treatment