

ABSTRACT**THE DIFFERENCES IN EXERCISE RANGE OF MOTION (ROM) PASSIVE AND ACTIVE RANGE IMPROVEMENT OF JOINT MOTION TO STROKE PATIENTS IN TANGGUL SUB-DISTRICT JEMBER DISTRICT**

By: Murtaqib

Stroke is one of the causes of death and major neurological disability in Indonesia. Stroke often causes paralysis or disability than death. Deficit long term ability of the most common is because stroke is hemiparesis (Lewis, 2007). Eightypercent of patients experienced stroke hemiparesis and 39% of patients experienced hemiparesis after suffering a stroke during 1 year (Watkins, 2002). This study uses experimental research. The research designs used in this study were Experiment with this type of design Two Group Pretest-Posttest. In this study conducted two exercises are passive ROM exercises (P1) and active ROM exercises (P2) of the different samples. Analysis of data to determine the differences in ROM exercises to increase range of motion in stroke patients is by using ANOVA test with confidence level is 95% ($\alpha = 0,05$). The results are there differences in range of motion in flexion and extension passive ROM and active ROM in Tanggul Community Health Center Jember, with p value=0,001 ($p < 0,05$). The results of the analysis of the difference obtained before and after the measurement range of flexion at 16,07 degrees for passive ROM group and 11,40 degrees to the active ROM. The results of the analysis of the difference obtained before and after measurements obtained extension difference of -4,93 degrees to the passive ROM and a difference of -19.80 degrees for active ROM group. Thus, passive ROM more influence than active ROM.

Keywords: Flexion, Extension, Range of Motion (ROM)