

Physiotherapeutic performance in the family health support centers in Teresina, Piauí

Atuação do fisioterapeuta nos núcleos de apoio à saúde da família em Teresina, Piauí

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ABSTRACT | INTRODUCTION: The physiotherapist's performance goes far beyond rehabilitation, as this is inserted in the entire care production process, thus, it plays an important role in primary care. **OBJECTIVE:** To analyze the role of the physiotherapist in the Family Health Support Centers in Teresina, Piauí. **MATERIALS AND METHODS:** This is a descriptive study, with a cross-sectional design and quantitative approach. With approval by the Research Ethics Committee, data collection took place through the application of a semi-structured questionnaire with all physical therapists who work at NASF-AB in Teresina-PI. **RESULTS:** All professionals perform individual care at the Basic Health Unit, and the most commonly found disorders are related to the areas of Traumatology (100%), neurology (83.33%), rheumatology (50%) and respiratory physiotherapy (33.33%). Most physical therapists perform group activities, preventive actions and health education focused on the health of children and adolescents, women's health, men's health and the health of the elderly. 100% of the professionals stated that they carry out home follow-ups. Among the most common activities, guidelines for patients and family members, prescription of auxiliary walking devices and prescription of home exercises stand out. In addition, most participants were dissatisfied with the interdisciplinarity and interaction between the teams. **CONCLUSION:** It is concluded that the professionals provide care both individually and collectively and the care takes place both in the basic health unit and at home. However, it is still common to relate their activities to clinical and care practice.

KEYWORDS: Physiotherapy. Primary Health Care. Health promotion.

RESUMO | INTRODUÇÃO: A atuação do fisioterapeuta vai muito além do reabilitar, pois este está inserido em todo o processo de produção de cuidado, dessa forma, desempenha um importante papel na atenção básica. **OBJETIVO:** Analisar a atuação do fisioterapeuta nos Núcleos de Apoio à Saúde da Família em Teresina, Piauí. **MATERIAIS E MÉTODOS:** Trata-se de um estudo descritivo, com delineamento transversal e abordagem quantitativa. Com aprovação pelo Comitê de Ética em Pesquisa, a coleta de dados se deu por meio da aplicação de um questionário semiestruturado com todos os fisioterapeutas que trabalham no NASF-AB de Teresina-PI. **RESULTADOS:** Todos os profissionais realizam atendimentos individuais na Unidade Básica de Saúde, e as disfunções mais comumente encontradas estão relacionadas às áreas de Traumatologia (100%), neurologia (83,33%), reumatologia (50%) e fisioterapia respiratória (33,33%). A maioria dos fisioterapeutas realizam atividades em grupo, ações preventivas e educação em saúde voltada para saúde da criança e adolescentes, saúde da mulher, saúde do homem e saúde do idoso. 100% dos profissionais afirmaram realizar acompanhamentos domiciliares, dentre as atividades mais comuns destacam-se as orientações para pacientes e familiares, prescrição de dispositivos auxiliares de marcha e prescrição de exercícios domiciliares. Além disso, a maioria dos participantes mostrou-se insatisfeito quanto à interdisciplinaridade e interação entre as equipes. **CONCLUSÃO:** Conclui-se que os profissionais realizam atendimentos tanto individual, como de forma coletiva e os atendimentos ocorrem tanto na unidade básica de saúde como no domicílio. No entanto, ainda é comum relacionarem suas atividades à prática clínica e assistencialista.

PALAVRAS-CHAVE: Fisioterapia. Atenção primária à saúde. Promoção da saúde.

Introduction

Aiming to improve the care and guarantee the population's right to health in an integral way, in 1994, the Ministry of Health created the Family Health Program (FHP), which later, with the expansion of the program and the proposal to reorganize Primary Care in Brazil, became the Family Health Strategy (FHS)¹.

In this perspective, in order to strengthen the primary care network and improve the quality of care, through GM Ordinance n. 154, of January 24, 2008, the Family Health Support Center (NASF) was created, which is the program that allows inserting physiotherapy in primary care, whose main objective is to support the teams of the FHS²⁻⁴. Recently, the new National Policy for Primary Health Care (PNAB) was approved, which, despite not changing the NASF structurally, changed its nomenclature, which became the Expanded Family Health and Primary Care Center (NASF-AB)⁵.

The NASF-AB consists of three to five professionals for each FHS team, being the local manager responsible for choosing those professionals, according to the population's needs. Those professionals' work is based on comprehensive care and focused on individual and collective demands for health care⁵. Moreover, the professional's practice should be guided by the basic principles recommended by the program, in order to ensure better care to users, greater articulation between the FHS teams, autonomy of individuals and collectives, and consequently better effectiveness at services^{6,7}.

Historically, physiotherapy was seen as a strictly rehabilitative profession, because it originated as a profession linked exclusively to the field of rehabilitation, which aimed, above all, at the rehabilitation of people with physical injuries resulting from wars, and this idea of a curative model lasted for a few years². However, this conception has changed over the years, since, to correspond to changes in the healthcare context and the logic of organization of the Unified Health System (UHS), the need for these professionals in primary care is increasing, in addition, the contribution of this category to collective

health has aroused a new perspective about their performance⁸.

The physiotherapist's work goes far beyond rehabilitation, for being inserted in the entire process of care production, thus playing an important role in primary care. The insertion of this professional in the health team should be seen as a strategy to strengthen that care level, contributing to a greater problem-solving capacity and guarantee of comprehensive care⁹. Among the numerous attributions of physiotherapy in primary care, we highlight the identification of the presence of kinetic-functional disorders, postural orientations, incentive to community participation in issues related to health, continuing education, as well as guidance regarding healthy environments and lifestyle¹⁰.

In general, the professionals who make up the NASF-AB team still experience some obstacles that hinder the work process, and consequently a more effective performance. Those obstacles include difficulty in implementing more effective actions regarding disease prevention and health promotion, in addition to the scarcity in the practice of planning those actions, resistance on the part of professionals to the matrix support model, and persistence of the logic of outpatient action¹¹. Associated with this, a complicating factor still reported by professionals who experience this reality is the lack of training to work in this field, as well as the lack of resources for the development of activities and adequate physical infrastructure³.

In this sense, knowing the reality of those professionals' work, as well as the facilities and challenges in the primary care work, is a viable proposal, since it can provide data that can identify whether the proposals and guidelines recommended by NASF-AB are actually being developed, and thus contribute to a better planning of the activities developed by those professionals, as well as serve as a comparison for other regions of the country, in which the program is in execution. Therefore, this study aimed to analyze the physiotherapist's work in the Family Health Support Centers in Teresina, Piauí.

Materials and methods

This is a descriptive study, with a cross-sectional design and quantitative approach, whose subjects were all physiotherapists linked to the teams of the Family Health Support Center, located in the city of Teresina (PI).

To confirm the sample quantity, there was a visit to the Municipal Health Foundation of the municipality studied, in order to verify the number of active NASF-AB in the city and, among these, which have the physiotherapist as a team member. Currently, the city of Teresina has three NASF-AB, which assist 26 Family Health Teams, and each NASF-AB team has two physiotherapists, whose employment relationship occur through a public tendering¹².

One of the methodological limitations of this study refers to the size of the population studied for a cross-sectional study; however, as previously mentioned, the study scenario only had those professionals.

Data collection occurred between November 2018 and February 2019. To this end, a previous contact was made with the six physiotherapists linked to the three NASF-AB teams existing in Teresina-PI, registered with the Municipal Health Foundation, scheduling time and place to present the research objectives, as well as risks and benefits. Subsequently, data collection was agreed, through the application of a semi-structured questionnaire, adapted from the studies of Candido¹³ and Sousa¹⁴, all participants chose to answer the questionnaire at the Basic Health Unit (BHU) where they worked on the scheduled day, and the questionnaires were immediately answered and delivered to the head researcher.

The questionnaire was organized and divided into sections. The first section requested information to characterize the sample, such as gender, age, time working in the NASF-AB and qualifications, without the participant's identification. From the second section, the questionnaire consists of questions about individual care in the health unit, home care, and questions about performing activities focused exclusively on child and adolescent health, women's health, men's health and elder health. The last section of the questionnaire aimed to assess the

satisfaction of professionals regarding working conditions, concerning infrastructure and ambience, and interaction between teams.

Another methodological limitation that can be pointed out is in relation to the use of an adapted collection instrument. Nevertheless, that questionnaire was chosen as it covers all groups that should theoretically be assisted by the physiotherapist in primary care, as well as evaluates the professional's performance at this level of attention, thus it allowed grasping the relevant questions of the researched context to which the study is proposed.

For statistical evaluation of the collected data, the analysis was descriptive, in which the content of the questionnaire was organized and tabulated through the Microsoft Excel Software and the Statistical Package for the Social Sciences (SPSS) software, in which the variables were presented as mean and standard deviation and categorical variables, as frequencies and percentages.

According to resolution 466/12 of the National Health Council, the research was submitted to ethical appreciation by the Research Ethics Committee at the State University of Piauí (UESPI), through Plataforma Brasil, being approved on April 26, 2018, opinion n. 2.624.036, CAAE 84685318.0.0000.5209, with the participant signing two copies of an Informed Consent Form, one staying with the participant and the other with the head researcher. Furthermore, the researchers were responsible for ensuring confidentiality, autonomy, anonymity and non-use of information to the detriment of the research subjects.

Results

Of the six physiotherapists, five were female and one was male, whose mean age was equal to 33.16 ± 2.91 years, with an average working time in the NASF of 5.6 years, five had postgraduate degrees, of whom only one physiotherapist had a master's degree in epidemiology and public health, the others specialized in intensive care.

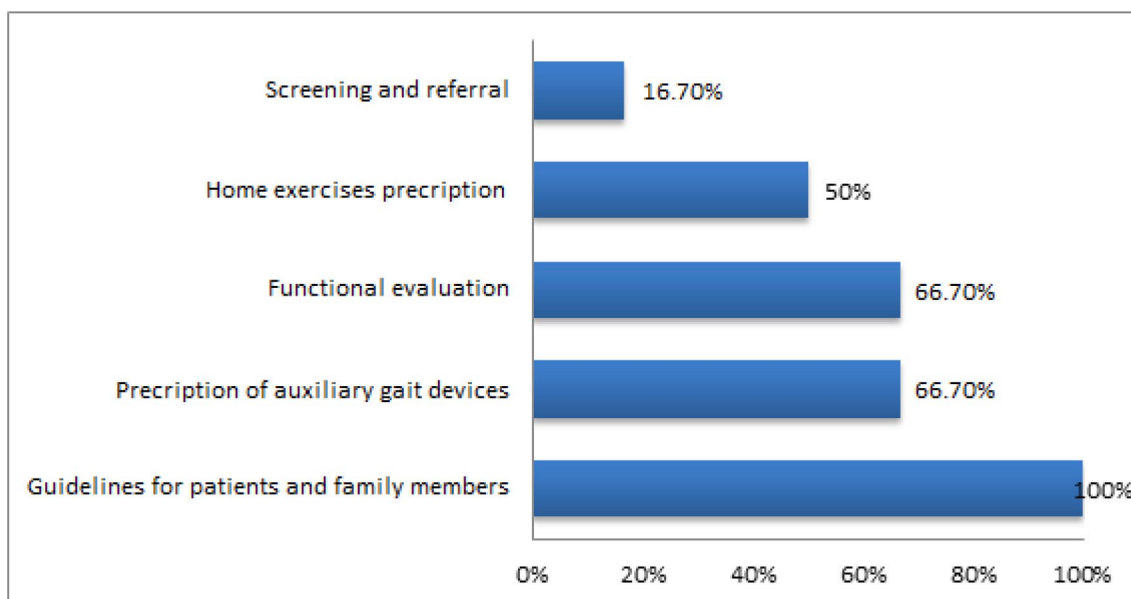
The physiotherapists were asked if they provided individual care in the basic health unit, and, in positive case, what the main demand was, 100% of the professionals mentioned performing care in the basic health units. In which the most commonly found dysfunctions are related to the areas of orthopedic traumatology (100%), neurology (83.33%), rheumatology (50%) and respiratory physiotherapy (33.33%).

Regarding the performance of home care, 100% of the interviewees perform this type of activity, being performed together with the team members or individually, and concerning the main diseases/functional limitations that are treated in individual home care, the most cited were Cerebrovascular Accident-CVA (100%), followed by arthrosis (33.33%), postoperative fractures (33.33%), sequelae of Traumatic Brain Injury-TBI (33.33%), and Leprosy (33.33%).

In relation to the performance of activities aimed exclusively at the health of children and adolescents, 83.33% stated that they performed group activities, preventive actions and health education with this public; 100% of the interviewees mentioned performing group activities, preventive actions and health education aimed at women's health. In relation to men's health and elder health, 83.33% of the professionals cited the performance of group activities with this public, on the other hand, the development of preventive actions and health education were mentioned by 100% of the interviewees.

When asked about the main specific procedures performed in home care, 100% of the professionals stated providing guidelines for patients and family members; on the other hand, only 50% mentioned prescribing home exercises (Figure 1).

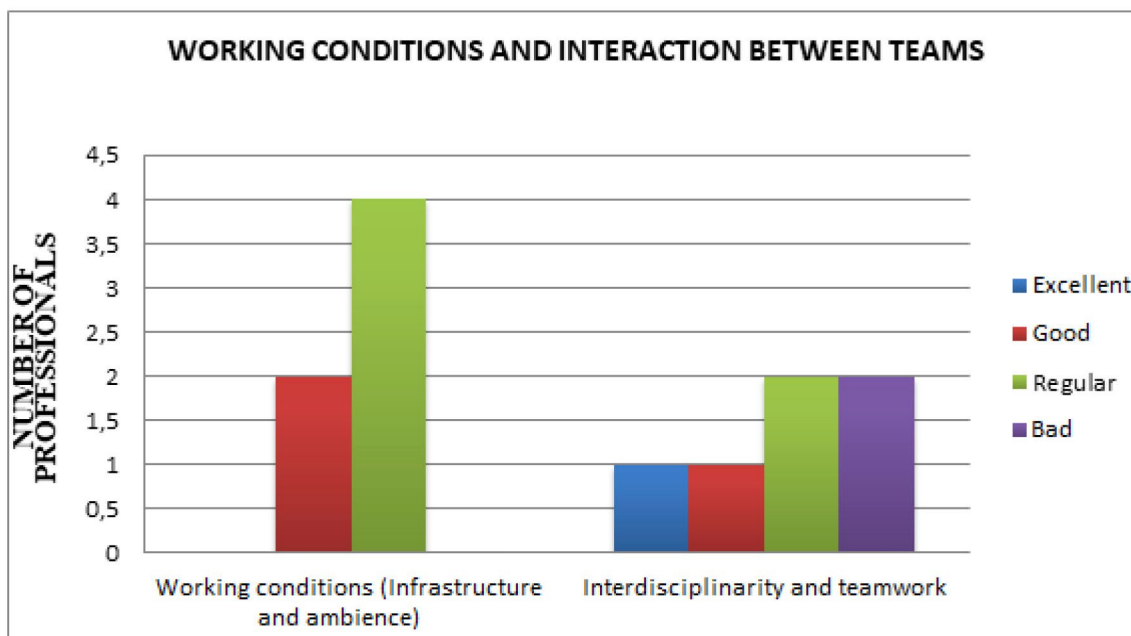
Figure 1. Main specific procedures performed in home care by physiotherapists at NASF-AB in Teresina, PI



Source: Research data, year 2019.

In the last section of the questionnaire, the physiotherapists answered questions that aimed to verify their level of satisfaction with working conditions, regarding infrastructure and ambience, as well as the level of interaction between the teams, obtaining that most of them classified as regular the working conditions, and as good the space available for care, when necessary (Figure 2).

Figure 2. Satisfaction level of NASF-AB physiotherapists in Teresina, PI, regarding working conditions and interaction between teams



Source: Research data, year 2019.

Discussion

The professionals who compose the NASF-AB should guide their practice in the expanded concept of health, directed to health promotion and disease prevention, through actions shared with the FHS. Furthermore, those professionals have the power to contribute in specific thematic areas, thus also being able to act directly in clinical or collective actions with users, when necessary, in an integrated and co-responsible manner⁶.

In this sense, when asked about the performance of individual visits at the BHU, all professionals stated providing individual care at the unit, and the most common dysfunctions are related to the areas of orthopedic traumatology and neurology. Many of these complaints and symptoms can be prevented or mitigated with the presence of the physiotherapist at this care level. These findings are in agreement with those of Trindade et al.¹⁵, who evaluated the prevalence of musculoskeletal complaints in adults of a basic health unit in the region of Butantã-SP, verifying, in the results, that this was the second most frequent search reason, behind only the request for reports/sick notes. Moreover, spontaneous demand for neurological and respiratory problems has also been reported.

Also in relation to the most common dysfunctions by areas of care, Langoni et al.¹⁶ also show that, of the users of five health units that provided individual care with physiotherapists, there is a predominance of demand due to disorders of the musculoskeletal system.

Home care is a common activity in the routine of physiotherapists who make up the NASF-AB of the studied municipality, and, according to the results of this study, the CVA is the most common disease in home care. These findings corroborate the data from the study by Faria et al.¹⁷, which described the profile of the care provided by the physiotherapists of the NASF-AB to post-CVA patients, and reported that the physiotherapists were the team members who first saw and provided care to most patients, and that most physiotherapy visits occurred at home, in addition to guidelines to patients and family members being among the most common services offered by physiotherapists.

Another very common disease, especially in the elderly, and that requires physical therapy intervention is arthrosis, which was also cited by the professionals of the present study as one of the most common diseases in home care. This finding was also evidenced in the study by Silva and Sirena¹⁸, who,

upon characterizing the clinical profile of primary health care users in Porto Alegre-RS referred to physical therapy, identified that osteoarthritis is among the most prevalent dysfunctions in this public.

Also in relation to the most common diseases in home care cited by physiotherapists in Teresina, there is a similarity with the clinical profile found in the city of Porto Alegre-RS, as shown in the results of the study by Pereira and Gessinger¹⁹, in which the most reported diseases at this care level include arthrosis, postoperative lower limbs fracture, and sequelae of a CVA, which further emphasizes the need for home follow-up to have the presence of the physiotherapist.

Among the activities developed by the interviewed professionals, there is the performance of group care at the BHU, and specific individual care. In relation to women's health-oriented care, all professionals (100%) stated providing care in the described area, through physiotherapeutic techniques and preventive actions. In line with the study of Bispo-Junior¹⁰ regarding women's health, one of the groups benefited in relation to postural orientations is the group of pregnant women, since, during this period, there are a series of changes, and consequent discomfort for the patient. For this, the performance of physiotherapy is of paramount importance during this phase through postural orientations, stretching and relaxation techniques, exercises that favor circulation, breathing exercises, in addition to encouraging breastfeeding.

Concerning activities focused on men's health, 83.33% of the professionals claim to provide care with this group, but stress the difficulty of the male population in adhering to the activities performed, especially preventive ones. This population segment is still little worked in primary care, since they only seek health services when the disease is already installed or those who attend are those with a more advanced age, who are in a phase of life in which health tends to weaken and makes them dependent on the service²⁰.

Another group addressed was elder health, and most professionals stated that they performed group activities with this public. Furthermore, all mentioned developing preventive actions and health education. In line with these findings, the study by Aveiro et al.²¹ points to the need for physiotherapist to work with

the care of the elderly in the scope of primary care, in both prevention of injuries and health promotion as health recovery. In practice with this public, it is common to provide individual care that can be at the unit or home, group activities in the primary care unit, with kinesiotherapy and physical activity practices, and guidelines.

Physiotherapy in primary care is also intended for the health of children and adolescents, and, when questioned, most professionals confirmed providing care to this public in both individual outpatient care and preventive action activities. According to a review study conducted by David et al.²², the most common diseases in pediatric patients requiring physical therapy are cases of respiratory and motor disorders. In addition, they also mention complications related to delay in child motor development. Another competence of the professional is the work in school environments due to the numerous pain complaints and postural changes of schoolchildren and adolescents. The interviewees of the present study mentioned those proposals as activities performed by professionals in primary care.

All professionals interviewed mentioned home care as one of their at that care level, and this finding correlates favorably with the practice of physiotherapists of the Multiprofessional Residency Program in Family and Community Health (PRMSFC) of the city of Fortaleza (CE) who work with the home visit, because, for them, this is a way to meet the real demands of the population, since professionals have a direct contact not only with the patient, but with the whole family environment where he/she is inserted, thus being possible to observe not only physical conditions, but also social and emotional problems²³.

Regarding the main activities performed by the physiotherapists interviewed in the context of home care, the following stand out: guidelines for patients and family members (100%), prescription of auxiliary gait devices (66.70%), and prescription of home exercises (50%). In line with these findings, the study by Pereira and Gessinger¹⁹ identified that the profile of patients receiving home physical therapy services is predominantly composed of elderly people with chronic diseases, accompanied by caregivers who are mostly family members. Among the main activities developed, the main ones are activities to improve

functionality, preventive actions, guidelines to patients and their caregivers, guidelines on the performance of therapeutic exercises performed by caregivers and family adherence to the treatment process.

Moreover, according to a study conducted by Vega-Ramírez et al.²⁴, the main techniques applied in home care in patients with motor impairment consist mainly of functional exercises, caregiver education and guidance. Data from this study also emphasize that important improvements were obtained in terms of functional capacity with the performance of physiotherapy at this care level. These results are in accordance with the practice performed by physiotherapists in Teresina-PI.

Still in relation to the procedures and activities performed by these professionals, according to the findings of the present study, the prescription of auxiliary gait devices is not seen as a difficulty for professionals of the NASF-AB of Teresina, since the majority (66.70%) reported prescribing these devices. Nevertheless, this reality is different from that pointed out by primary care physiotherapists in a municipality in inland São Paulo, who pointed to the difficulty of prescribing orthotics, even though it is the responsibility of the physiotherapist to prescribe prostheses and orthotics when necessary²⁵.

The insertion of physiotherapy in primary health care has made great advances; however, one of the limitations for more effective action includes working conditions, concerning infrastructure and ambience, since, when asked about this theme, most professionals (66.66%) characterized working conditions as regular, and, in relation to interdisciplinarity and teamwork, most professionals were dissatisfied, as they still have difficulties related to the articulation between the teams. Those findings are supported in previous studies. According to Amorim et al.²⁶ and Antonio et al.²⁵, physiotherapists working at the NASF-AB have difficulties in obtaining adequate physical space, lack of technological resources/equipment and lack of interaction between teams.

Among the possible contributing factors for this dissatisfaction of professionals regarding the lack of interdisciplinarity and interaction between the teams, the low number of NASF-AB teams and the high

number of FHS teams in the studied municipality are believed to be one of the reasons. Moreover, this lack of interaction between the teams may be related to the fact that many FHS professionals are unaware of the functions of NASF-AB professionals, as well as the real purpose of this program, since they tend to associate it with clinical and care practice, contributing to a mismatch and lack of interdisciplinarity, generating dissatisfaction on the part of professionals, and thus disjointed practices²⁷.

Although NASF-AB professionals do not have as a priority individual care and independent physical space, for not being considered as the entrance door of the system, they can use the BHU's own space and the territory attached for the development of activities⁶. However, the lack of support material for the development of playful activities, added to the lack of an adequate place for the execution of those activities, is still a frequent challenge in the practice of the professionals who make up the NASF-AB, restricting the performance of these professionals and generating dissatisfaction²⁸.

It is worth mentioning that, in relation to the questioning about working conditions, as it is a small sample, there might be a potential source of bias, as participants could be afraid to reveal the context of work management and its organization and, therefore, omit the real conditions, since the publication of the study would make it easy to identify the informants. However, it is believed that there was no such condition, since, at no point, this study identified the participants, in addition, there was no intimidation on the part of the professionals in exposing the reality experienced, since they are tendered employees, so that the context of work management would not bring any conflict.

As previously mentioned, the small number of NASF-AB in the city of Teresina is a factor that should be taken into consideration and placed as a point of discussion, since this amount is insufficient to meet the population's demand, since, according to IBGE data (2019)²⁵, the city has an estimated population of 864,845 people. With the small number of NASF-AB, the physiotherapist's access to performance at this level of attention becomes limited²⁹.

As a result, it is essential that there be a greater discussion about this subject on the part of managers, since, as previously evidenced, it is shown as an effective strategy for assistance to the FHS and subsequent resolution of the demands at this care level. Furthermore, investments in health promotion and prevention should be considered as a priority, especially with groups of people with chronic diseases, in addition to the proportional increase of elderly people in Teresina, which is one of the groups most benefited from these services.

Given the above, it is evident the need to expand the NASF-AB in the city of Teresina, as well as the need for greater investments in materials for the development of activities with community groups, investments in permanent and ongoing education for professionals already inserted, and an increase in the number of multiprofessional residencies in the state of Piauí.

Conclusion

The present study allowed concluding that physiotherapists working in the NASF-AB of Teresina-PI provide both individual and collective care, which occurs at both the BHU and home, depending on the demand, physical condition of patients and available resources. In relation to collective care, the activities are carried out both inside and outside the BHU, and among the existing groups, the one of greater support focuses on women's health and elder health.

Home care is performed in conjunction with team members or individually, among the activities performed by this professional in the home environment, the main ones are guidelines for patients and family members, prescription of auxiliary gait devices and prescription of home exercises. In relation to group activities, during these actions, various themes are discussed, according to the profile of each group.

Moreover, even at the primary care level, these professionals still tend to relate their activities to clinical and care practice. The professional's training probably has an influence on this outcome, since only one physiotherapist has training linked to public health, the others focused on training in other specialties. In addition, the professionals point out the lack of interdisciplinarity and shared actions with

other professionals, and this is one of the main work characteristics at the NASF-AB, the matrix support.

More studies in other Brazilian states and municipalities are necessary to know the reality of these professionals' actions in the various regions of the country, and thus better outline their role at that care level.

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Author contributions

Silva AD participated in the conception, design, search and statistical analysis of the research data, interpretation of the results, bibliographic survey and writing of the scientific article. Nogueira LT guided the study, participated in the design and writing of the scientific article. Silva HGN participated in the interpretation of the results and statistical analysis. Frota SCM participated in the bibliographic survey. All authors participated in the critical review and final approval of the manuscript.

Competing interests

No financial, legal or political conflict involving third parties (government, companies and private foundations, etc.) has been declared for any aspect of the work submitted (including, but not limited to grants and financing, participation in advisory board, study design, manuscript preparation, statistical analysis, etc.).

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