

EXPERIENCE OF RESIDENT PHYSIOTHERAPISTS IN PRIMARY HEALTH CARE: EXPERIENCE REPORT

*VIVÊNCIA DO FISIOTERAPEUTA RESIDENTE NA ATENÇÃO PRIMÁRIA À
SAÚDE: RELATO DE EXPERIÊNCIA*

*EXPERIENCIA DE FISIOTERAPEUTAS RESIDENTES EN ATENCIÓN PRIMARIA
DE SALUD: REPORTE DE EXPERIENCIA*

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ABSTRACT

To report the experience of the physiotherapist-resident in primary family and community health care in the city of Icapuí through an experience report. This is an experience report, developed based on the work/experience process by the professional, in the municipality of Icapuí in the state of Ceará, in two primary care units (UAPS), from March 2022 to December 2023. It was possible to identify the potential and importance of the residency, as well as the insertion of professional physiotherapists in the ESF, as they work broadly in primary care, knowing the challenges and potential of their work, which will result in an improvement in the quality of the service provided as well as their professional qualifications. It is necessary to include and value the physiotherapist in primary care, for a comprehensive system guaranteeing accessibility for users with physiotherapeutic assistance, as a health promoter together with a qualified and trained team, ensuring greater resolution of health problems.

Keywords: *Primary Care; Physiotherapy; Multidisciplinary Residency.*

RESUMO

Relatar a vivência do fisioterapeuta residente na Atenção Primária à Saúde da Família e Comunidade no município de Icapuí, por meio de um relato de experiência. Trata-se de um relato de experiência, desenvolvido a partir do processo de trabalho/vivência profissional no município de Icapuí, no estado do Ceará, em duas Unidades de Atenção Primária (UAPS), no período de março de 2022 a dezembro de 2023. Foi possível identificar a potencialidade e a importância da residência, como também a inserção do profissional fisioterapeuta na ESF, visto que este atua de forma ampla na Atenção Primária, conhecendo os desafios e potencialidades da sua atuação, o que resultará em melhoria na qualidade do serviço prestado como também na sua qualificação profissional. Faz-se necessária a inclusão e a valorização do fisioterapeuta na Atenção Primária à Saúde (APS), para a constituição de um sistema integral, garantindo a acessibilidade dos usuários à assistência fisioterapêutica, vista como elemento promotor da saúde, juntamente com uma equipe qualificada, garantindo maior resolutividade dos problemas de saúde.

Descritores: *Atenção Primária; Fisioterapia; Residência Multidisciplinar.*

RESUMEN

Relatar la experiencia del fisioterapeuta residente en atención primaria de salud familiar y comunitaria en la ciudad de Icapuí a través de un relato de experiencia. Se trata de un relato de experiencia, desarrollado a partir del proceso de trabajo/experiencia del profesional, en el municipio de Icapuí, en el estado de Ceará, en dos unidades de atención primaria (UAPS), de marzo de 2022 a diciembre de 2023. Se logró identificar el potencial e importancia de la residencia, así como la inserción de fisioterapeutas profesionales en la ESF, ya que actúan extensamente en atención primaria, conociendo los desafíos y potencialidades de su trabajo, lo que redundará en una mejora en la calidad del servicio prestado así como en su calificación profesional. Es necesario incluir y valorar al fisioterapeuta en la atención primaria, para un sistema integral que garantice la accesibilidad de los usuarios a la asistencia fisioterapêutica, como promotor de la salud junto a un equipo calificado y capacitado, garantizando una mayor resolución de los problemas de salud.

Descriptores: *Atención Primaria; Fisioterapia; Residencia Multidisciplinaria.*

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INTRODUCTION

Multidisciplinary residency programs are a type of postgraduate health training, focusing on different levels of health care, aiming at specialization through permanent education, seeking to guarantee integral care and humanization, in accordance with the principles of the Unified Health System (UHS)¹. Included in this system, Primary Health Care (PHC) is central to this model, being considered the coordinator of the health care network and the main gateway to the SUS. In PHC, resolution methods such as the Family Health Strategy (FHS) and the Expanded Family Health Center (EFHC) stand out, in addition to the current eMULT².

The FHS aims to reorganize care practices, being composed of doctors, nurses, nursing assistants/technicians and community health agents, and may include oral health professionals and, recently, physiotherapists, in accordance with the National Primary Care Policy³. Over the years, the strategy has undergone changes, since its defunding, through technical note n° 3/2020-DESF/SAPS/MS, of January 2020, which revokes financial support; until GM/MS Ordinance No. 635, of May 22, 2023, which defines and once again creates a federal incentive for multi-team (eMULT) modalities composed of different professionals. The implementation of the program occurs at different times in different regions, operating in a complementary and integrated manner with the network⁴.

In the context of health transformation, in 2021, law no. 14,231, of October 28 of that year, decrees the inclusion of professional physiotherapists and occupational therapists as part of the team that makes up the FHS, but their inclusion depends on local managers, the financing and need. The duties of the physiotherapist resident at PHC include promotion, disease prevention, collective and individualized assistance, including home care for users with mobility limitations⁵.

Despite the importance of physiotherapists in PHC, there are challenges such as lack of infrastructure and difficulties in interprofessional work and management. However, addressing these challenges can result in improvements in health and care services. Given this, this discussion arose from the health work process, seeking to highlight the activities developed in PHC, to contribute to the planning of professional practice and the strengthening of the UHS. Furthermore, the objective was to report the experience of the physiotherapist resident in Primary Care in Family and Community Health, through an experience report.

METHODS

The article was developed based on the work process/professional experience allocated to the emphasis on Family and Community Health in the municipality of Icapuí, in the state of Ceará, with activities in two Primary Care units (PCU): the Pedro Rebouças unit and the Antonieta Brasil unit, in the period of March 2022 to December 2023.

The municipality has eight health units, with 10 complete Family Health teams, 2 multidisciplinary teams and 2 groups of multidisciplinary residents. The teams of residents are divided into two groups, each of which is responsible for two different units, being responsible for 4 units in total, and each professional on the eMULTI team is also responsible for 2 different units.

The present experience took place as follows: the first moment, with the contextualization of the proposed theme, seeking to portray the Brazilian reality and the

experience of the professional physiotherapist, with the purpose of introducing the theme. The second moment began, describing the experience carried out by the author, when points experienced during the residency period were mentioned, in which promotion, prevention and recovery activities were carried out, using strategies used in PHC, such as the School Health program and the individual rehabilitation services, involving users of different age groups and different genres.

It is important to highlight that, in this work, no analytical or theoretical categories were used for the systematization of this free experience report, considering that it is a qualitative description, it is the experience and perception in the units that portray the considerations and arguments that guide the report.

RESULTS

The residency begins with territorialization, which consists of a tool that resident professionals go through, which allows them to get to know and experience the territory in which they operate, allowing them to understand beliefs, histories and their values. It is also part of identifying weaknesses and potential. From there, the team is able to characterize the population and detect intersectoral partnerships, enabling action planning. It is noteworthy that territory is a unique space, which continually changes based on the individual's interaction with the environment.

The physiotherapist was included in the team along with other resident professionals, namely: psychologist, nutritionist, social worker, nurse, dentist, veterinarian and physical education professional, forming minimal and multidisciplinary teams, working together with professionals from the municipality, allocated in 2 units, with the proposal to offer assistance in a multi- and inter-professional way, offering work in a shared or individual way, according to users' demand, acting in different ways, described below.

When starting the work process, it was identified that the units, teams and users advocated curative actions and individual care, not valuing prevention and health promotion activities, presenting as justification the lack of time, excessive work and non-adherence due to part of users, even knowing the importance of carrying out these actions. The inclusion of physiotherapists in PHC allows the demystification of rehabilitators, giving visibility to their collective work.

The workflow took place in the following ways: Individualized (2x per week in one unit and 2x in another), 3 or 4 patients per shift, and when necessary shared care with another category. At the end of the physiotherapeutic treatment, the individual was referred to a physical education professional, when necessary to continue practicing the activity. Given the precariousness of the healthcare system, we encounter challenges in care, such as being faced with a work environment with few physical resources, from the room to work and assist, as well as the scarcity of material resources specific to the category, such as dumbbells, elastic bands, shin guards and others.

In this process, home visits were carried out for users with mobility restrictions upon their arrival at the PCU. Although the municipality has a home care service, this does not cover the entire population, placing an overload on the units' physiotherapists. Home care was provided weekly, continuously, but we encountered another challenge, as

the unit's car was unavailable. We also highlight the access barrier to the unit, as the municipality does not have public transport and not all users have their own transport.

The actions and lectures took place according to the need and planning with the team, with themes chosen relating to the months such as: Pink October, Blue November and interprofessional education in schools, favoring the health and education axis. In addition, there was a waiting room with different groups, working on popular education, at which time the resident physiotherapist would discuss topics relevant to his area and/or work in a shared manner with the other professional categories of the residence.

Another experience was popular education with community groups. The groups were developed by resident professionals, in which education and promotion actions and dynamics were carried out with themes suggested by the participants themselves. There were two groups in different communities: the first group formed by women and the second group developed with men; meetings took place biweekly.

In view of the above, it is possible to identify the potential of the residence, as well as the insertion of the physiotherapist professional in the Family Health Strategy, as they work in different ways. Knowing the challenges and potential of this professional's work will result in an improvement in the quality of the service provided to the population, as well as in their professional qualifications.

Experiencing the multidisciplinary residency process as a physiotherapist was a rewarding and arduous process, because, as previously described, specialization and practice were simultaneous, providing physiotherapeutic assistance and specialization with theory, passing two years of practical-theoretical qualification. It is also noteworthy that the community, as a collective, benefited from the work provided by the resident professional, promoting the recovery of people, bringing permanent popular national policy and others.

DISCUSSION

Health care must be developed in a multidisciplinary manner, and it is important to understand the aspects that make the process difficult. In the report made by Costa⁶, physiotherapists consider that poor interpersonal relationships between this professional and the FHS should be considered for joint action, which could lead to impasses. This difficulty may be associated with the initial resistance by FHS professionals in relation to the physiotherapist's work, as well as the lack of interest in multidisciplinary work and the lack of design.

Formiga and Ribeiro⁷ support this report, as the authors highlight an excessive demand for rehabilitative care for physiotherapists, making it important to organize a programmed agenda that includes different planned care and educational actions, including possibilities for multidisciplinary action, as well as work collectively. Hence the importance of continued education with professionals to understand the practice of this professional, as well as for adequate planning.

Collective activity practices are important promotion and prevention tools, as they do not aim to meet individual demands, constituting a space for socialization and reception, working on the psychological axis, developing shared learning and the joint

construction of knowledge. The collective aims to give the subject autonomy and co-responsibility in relation to prevention and good quality of life².

It was possible to identify, through study by Tavares⁸, that the physiotherapist is able and qualified to take care of rehabilitation and prevention, building autonomy and clinical management of users. The author also highlights that, despite the difficulties in services, such as the lack of inputs, it is possible to transform the reality of physiotherapeutic care and that it is necessary to develop studies to understand the challenges and possibilities of this professional.

Group activities favor accessibility to public health, allowing popular participation based on their customs and diversity. These activities reflect positively on the quality of life of users, being expressed in the form of care and bonds created between professionals and the population. In this way, the physiotherapist has complete autonomy to use this tool, acting in prevention and promotion.

In Beletini's research⁹, a review of studies was carried out which concluded that managers, users and other health professionals associate the profession with the biomedical model and are unaware of the possibilities of physiotherapists' work. This image of the rehabilitation profession imposes difficulties in performance, generating expectations that may not be met, as they are not present on the team with this objective.

In a survey carried out through semi-structured interviews with 19 physiotherapists, it was concluded that there is a predominance of individual treatment in PHC, keeping professionals busy due to a high demand for this type of treatment, preventing the majority of them from expanding their options¹⁰.

Physiotherapy, historically, was built on the assistance model aimed at rehabilitation. Therefore, to this day, the profession is still seen in a curative way, which reflects difficulties in its approach to PHC. The EFHC guidelines address the importance of recommending collective activities in addition to rehabilitation services, but one of the biggest challenges is managing the high demand for these services.

In this sense, it is important to understand that the inclusion of physiotherapists in PHC is in the process of being structured, taking into account the functions, responsibilities and the way of working that this professional has in his training process. is increasingly growing. Therefore, it is necessary to report that the professional was recently inserted into the FHS, in addition to the obligation for their presence to be at the mercy of the managers. For this reason, the physiotherapist is most often included in PHC by the current eMULTI.

CONCLUSION

In this way, the importance of professional physiotherapists in PHC is highlighted, highlighting their work in a comprehensive manner from promotion, prevention to rehabilitation, indicating the reduction of overloads at other levels of care. However, this inclusion still faces challenges, as physiotherapeutic assistance is seen as rehabilitation and is little understood by professionals and managers. This inclusion is fundamental for a comprehensive system, guaranteeing users' accessibility to physiotherapeutic assistance as a health promoter, together with a qualified and capable team, guaranteeing greater resolution.

Furthermore, despite the successful experience reported, it has some limitations, such as living in a single municipality, which makes it difficult to generalize the results and compare them with other studies. However, it is believed that this report highlights the work potential of physiotherapists in primary care, in addition to encouraging other studies that strengthen their inclusion and permanence in the UHS.

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