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Physiotherapy and multiprofessional teams in Primary Health Care

*Fisioterapia e equipes multiprofissionais na
Atenção Básica*

*Fisioterapia y equipos multiprofesionales en
Atención Primaria*

ABSTRACT

Objectives: To analyze the role of physiotherapists in Primary Health Care and their integration into multiprofessional teams, with emphasis on the Family Health Strategy. **Methods:** An integrative literature review with a qualitative approach was conducted using the Latin American and Caribbean Health Sciences Literature, Scientific Electronic Library Online, and PubMed/Virtual Health Library databases. Studies addressing physiotherapy practice in Primary Health Care or its integration into multiprofessional teams were included. Eleven studies composed the final sample. Findings were subjected to descriptive synthesis and thematic categorization. **Results:** Four thematic axes were identified: multiprofessional team perceptions; access and service organization barriers; health promotion and comprehensive care experiences; and perspectives for strengthening physiotherapy practice. The studies indicated contributions to health promotion, disease prevention, functional rehabilitation, and territory-based care, but also identified structural limitations, difficulties in interprofessional integration, and the persistence of a rehabilitation-centered view. **Conclusion:** Qualified integration of physiotherapists may improve the responsiveness and comprehensiveness of Primary Health Care, particularly when supported by continuing education, organized care pathways, and stronger multiprofessional teamwork.

Keywords: *Physical Therapy Services; Primary Health Care; Patient Care Team.*

RESUMO

Objetivos: Analisar a atuação do fisioterapeuta na Atenção Básica à Saúde e sua integração às equipes multiprofissionais,

com ênfase na Estratégia Saúde da Família. **Métodos:** Revisão integrativa da literatura, de abordagem qualitativa, com buscas nas bases Literatura Latino-Americana e do Caribe em Ciências da Saúde, Scientific Electronic Library Online e PubMed/Biblioteca Virtual em Saúde. Foram incluídos estudos que abordassem a atuação fisioterapêutica na Atenção Básica ou sua integração às equipes multiprofissionais. Onze estudos compuseram a amostra. Os achados foram submetidos à síntese descritiva e categorização temática. **Resultados:** Quatro eixos foram identificados: percepção da equipe multiprofissional; barreiras de acesso e organização do serviço; experiências de promoção da saúde e integralidade do cuidado; e perspectivas para o fortalecimento da atuação fisioterapêutica. Os estudos indicaram contribuições para promoção da saúde, prevenção de agravos, reabilitação funcional e cuidado territorial, mas apontaram limitações estruturais, dificuldades de integração interprofissional e permanência de uma percepção centrada no modelo reabilitador. **Conclusão:** A inserção qualificada do fisioterapeuta pode ampliar a resolatividade e a integralidade do cuidado na Atenção Básica, especialmente quando associada à educação permanente, organização dos fluxos assistenciais e fortalecimento do trabalho multiprofissional.

Palavras-chave: *Serviços de Fisioterapia; Atenção Primária à Saúde; Equipe de Assistência ao Paciente.*

RESUMEN

Objetivos: Analizar la actuación del fisioterapeuta en la Atención Primaria de Salud y su integración en equipos multiprofesionales, con énfasis en la Estrategia de Salud de la Familia. **Métodos:** Revisión integrativa de la literatura con enfoque cualitativo, mediante búsquedas en Literatura Latinoamericana y del Caribe en Ciencias de la Salud, Scientific Electronic Library Online y PubMed/Biblioteca Virtual en Salud. Se incluyeron estudios sobre la actuación fisioterapêutica en Atención Primaria de Salud o su integración en equipos multiprofesionales. Once estudios conformaron la muestra final. Los hallazgos se sometieron a síntesis descriptiva y categorización temática. **Resultados:** Se identificaron cuatro ejes temáticos: percepción del equipo multiprofesional; barreras de acceso y organización del servicio; experiencias de promoción de la salud e integralidad del cuidado; y perspectivas para fortalecer la actuación fisioterapêutica. Los estudios señalaron contribuciones a la promoción de la salud, prevención de enfermedades, rehabilitación funcional y atención territorial, además de limitaciones estructurales, dificultades de integración

interprofesional y persistencia de una visión centrada en la rehabilitación. **Conclusión:** La integración cualificada del fisioterapeuta puede ampliar la capacidad resolutive y la integralidad de la Atención Primaria de Salud, especialmente cuando se articula con educación permanente, organización de los flujos asistenciales y fortalecimiento del trabajo multiprofesional.

Descriptores: *Servicios de Fisioterapia; Atención Primaria de Salud; Grupo de Atención al Paciente.*

INTRODUCTION

Historically, physiotherapy was predominantly associated with rehabilitation; however, changes in the epidemiological profile and in the organization of health care have broadened its scope to include health promotion, disease prevention, and functional care in Primary Health Care (PHC). Reviews and studies of physiotherapy practice at this level of care indicate that this broader scope is consistent with comprehensive care and a biopsychosocial approach.^{1,2}

Within PHC, the Family Health Strategy (FHS) organizes territory-based practices and supports multiprofessional work. In this context, physiotherapy may include individual and collective actions, home visits, health education, and disability prevention. Nevertheless, professionals and users still frequently understand its scope in a restricted manner, with physiotherapy predominantly associated with rehabilitative treatment.²⁻⁴

In addition to limited perceptions of professional responsibilities, the consolidation of physiotherapy in PHC is affected by barriers related to service organization. Brazilian studies describe difficulties such as the need for specific training for territory-based practice, limited resources, and inequalities in access to physiotherapy, indicating that the mere presence of a physiotherapist does not ensure effective integration into team work processes.^{5,6}

In view of this context, the following guiding question was formulated: what does the scientific literature report about the role of physiotherapists in Primary Health Care and their integration into multiprofessional teams? Synthesizing this evidence may help identify convergences, gaps, and challenges related to the participation of physiotherapy in health promotion, disease prevention, rehabilitation, and comprehensive territory-based care.

Thus, this study aimed to analyze the role of physiotherapists in Primary Health Care and their integration into multiprofessional teams, with emphasis on the Family Health Strategy.

METHODS

This is an integrative literature review with a qualitative approach, a method that allows the gathering and synthesis of findings from studies with different designs in order to broaden understanding of a given phenomenon.⁷ The research question was structured using the PICo strategy, considering P (population) - physiotherapists and multiprofessional teams; I (interest) - professional practice and integration; and Co (context) - Primary Health Care.⁸ Based on this structure, the following question was defined: what does the scientific literature report about the role of physiotherapists in Primary Health Care and their integration into multiprofessional teams?

The search was conducted in July 2025 in LILACS, SciELO, and PubMed/Virtual Health Library. Terms in Portuguese, English, and Spanish

related to physiotherapy, Primary Health Care, and multiprofessional teams were combined using the Boolean operators AND and OR. The complete search strategies, filters, and number of records retrieved from each source are presented in Chart 1, allowing reproduction of the identification stage.

Chart 1 – Search strategy.

Database	Search strategy	Filters applied	Records identified
LILACS	(“fisioterapia” OR “physical therapy” OR “fisioterapia en salud”) AND (“atenção básica” OR “primary health care” OR “atención primaria”) AND (“equipe multiprofissional” OR “multidisciplinary team”)	Humans; languages: Portuguese, English, and Spanish	15
SciELO	(“fisioterapia” OR “physical therapy”) AND (“atenção primária” OR “atenção básica”) AND (“interprofissionalidade” OR “multiprofissionalidade”)	Period: 2000–2025	7
PubMed/BVS	(“physical therapy” OR “physiotherapy”) AND (“primary health care” OR “basic care”) AND (“multidisciplinary team” OR “interprofessional collaboration”)	Humans; 2000–2025; Portuguese, English, and Spanish	7

Source: prepared by the authors (2025).

Full-text articles published between 2000 and 2025 in Portuguese, English, or Spanish were included when they addressed physiotherapy practice in Primary Health Care/Family Health Strategy or its integration into multiprofessional teams. Opinion articles, editorials, dissertations, theses, systematic or scoping reviews, duplicate studies, and publications that did not answer the research question were excluded. Selection occurred in two stages: title and abstract screening followed by full-text reading of potentially eligible studies. Two reviewers independently performed the selection, and disagreements were resolved by consensus. Eleven studies comprised the final sample.

Chart 2 – Study selection phases

Research phase	Explanation
Initial search	Records identified in the databases (n = 29); duplicates removed (n = 2).
Screening	Records screened (n = 27); excluded after title and abstract reading (n = 3).
Eligibility	Full texts assessed (n = 24); excluded according to eligibility criteria (n = 13).
Inclusion	Studies included in the review (n = 11).

Source: prepared by the authors (2025).

After full-text reading, data were extracted into a matrix containing author/year, methodological design, participants or sample, objective, and main results. Thematic categorization was conducted through iterative comparison of findings: recurring units of meaning were initially identified; convergent findings were then grouped and differences between studies were recorded; finally, the groupings were consolidated into four axes: multiprofessional team perceptions of physiotherapy; access and service organization barriers; health promotion and comprehensive care experiences; and innovations and perspectives for strengthening physiotherapy practice. The synthesis emphasized convergences, divergences, and implications for Primary Health Care and the Family Health Strategy.

No formal methodological quality assessment using a standardized instrument was performed. Given the heterogeneity of the included designs, which comprised observational and qualitative studies, documentary analyses, and experience reports, the synthesis was interpretive and considered the design and inferential scope of each study. The absence of a formal quality assessment reduces the robustness of the synthesis and was acknowledged as a limitation of this review.

RESULTS

The study selection process was organized according to the identification, screening, eligibility, and inclusion stages of PRISMA 2020.⁹ Twenty-nine records were identified in the databases searched. After removal of 2 duplicates, 27 records proceeded to screening; 3 were excluded after title and abstract reading. Of the 24 full texts assessed, 13 were excluded (6 reviews, 3 dissertations, 2 opinion articles, and 2 unavailable texts), resulting in a final sample of 11 studies.

Chart 3 – Study selection flow.

Stage	Description
Identification	Records identified in the databases (n = 29). Duplicates removed (n = 2).
Screening	Records after screening (n = 27). Excluded after title and abstract reading (n = 3).
Eligibility	Articles assessed in full text (n = 24). Excluded for not meeting the criteria (n = 13).
Included	Final sample (n = 11 articles).

Source: adapted from PRISMA 2020.⁹

The 11 included studies had heterogeneous designs, including cross-sectional and qualitative studies, documentary analyses, and experience reports. This diversity allowed physiotherapy practice to be examined from

complementary perspectives, but it also requires caution when comparing results because the studies differ in population, care context, and inferential scope. Chart 4 summarizes methodological characteristics, whereas Chart 5 presents the main findings and their implications for Primary Health Care and the Family Health Strategy.

Chart 4 – Characteristics of the included studies.

Author/year	Methodological design	Participants/sample	Objective
Assis et al., 2023	Cross-sectional, multilevel study	Data from the Program for Improving Access and Quality	To analyze factors associated with waiting time for physiotherapy
Silveira et al., 2022	Cross-sectional, qualitative-quantitative study	13 physiotherapists	To analyze physiotherapists' practice in the Extended Family Health and Primary Care Center
Mestriner et al., 2022	Academic experience report	Students in a Family Health Strategy internship	To report an interprofessional internship experience
Carvalho et al., 2020	Extension experience report	Multiprofessional team and community	To report an experience involving integrative practices and welcoming care
Lima and Carvalho, 2020	Qualitative study	15 Family Health Strategy professionals	To analyze the team's perception of the physiotherapist's role
Sousa et al., 2018	Residency experience report	Experience in the Family Health Support Center	To describe challenges and strategies of physiotherapists in the Family Health Support Center
Almeida et al., 2018	Academic experience report	Physiotherapy students in Primary Health Care	To report body practices and health education
Santos and Vaz, 2017	Descriptive cross-sectional study	Primary Health Care physicians and nurses	To assess knowledge about therapeutic management of female urinary incontinence
Ribeiro and Soares, 2014	Household cross-sectional study	629 households	To identify situations with potential for physiotherapy practice in the Family Health Strategy

Author/year	Methodological design	Participants/sample	Objective
Souza et al., 2012	Qualitative study	12 Family Health Strategy professionals	To analyze understanding of comprehensive care and physiotherapy in the Family Health Strategy
Rocha and Kretzer, 2009	Documentary analysis	Records of Family Health Strategy actions in São Paulo (2000–2006)	To describe implementation of rehabilitation actions in the Family Health Strategy

Source: prepared by the authors (2025).

Comparison of the findings revealed recurring patterns and relevant differences among the studies. Some investigated professional perceptions and service organization, whereas others described territory-based experiences, educational practices, or the implementation of rehabilitation actions. Chart 5 summarizes the main results, and the subsequent comparative analysis explains how these findings relate across the four thematic axes.

Chart 5 – Main findings of the included studies.

Author/year	Main results	Implications for Primary Health Care/Family Health Strategy
Assis et al., 2023	Waiting time associated with management and social inequalities	Need for more efficient management and equity policies
Silveira et al., 2022	Practice focused on home visits and health promotion, but with insufficient training	Continuing training and institutional integration
Mestriner et al., 2022	Interprofessional internship strengthened integration across programs and collaborative practices	Strengthening multiprofessional education in the Brazilian Unified Health System
Carvalho et al., 2020	Integrative practices strengthened community bonds	Expansion of integrative and complementary practices in Primary Health Care
Lima and Carvalho, 2020	Team still perceives physiotherapy as restricted to rehabilitation	Awareness-building for health promotion and comprehensive care
Sousa et al., 2018	Scarcity of resources and transportation hinders practice	Creative strategies and institutional support are needed
Almeida et al., 2018	Body practices promoted welcoming care and social integration	Strengthen educational and health-promotion actions

Author/year	Main results	Implications for Primary Health Care/Family Health Strategy
Santos and Vaz, 2017	Professionals know physiotherapy but make few referrals	Need for continuing education in Primary Health Care
Ribeiro and Soares, 2014	High prevalence of conditions with potential demand for physiotherapy	Expansion of physiotherapist integration into the Family Health Strategy
Souza et al., 2012	Recognition of the importance of physiotherapy, but limited practical integration	Greater integration of physiotherapy to ensure comprehensive care
Rocha and Kretzer, 2009	Rehabilitation actions expanded access and moved beyond the hospital-centered model	Physiotherapy strengthens the primary rehabilitation network

Source: prepared by the authors (2025).

Multiprofessional team perceptions of physiotherapy in Primary Health Care

The studies investigating professional perceptions converged in showing that, although physiotherapy is recognized as relevant to comprehensive care, its practice remains frequently associated with rehabilitation. Lima and Carvalho identified a restricted understanding of the physiotherapy scope among Family Health Strategy professionals, while Souza et al. observed recognition of the profession's contribution without a corresponding level of practical integration. Santos and Vaz added an important contrast: even when physicians and nurses demonstrated knowledge of the contribution of physiotherapy, referrals remained limited, revealing a gap between recognition and effective incorporation into work processes.¹⁰⁻¹²

Access and service organization barriers

The reported barriers were complementary in nature. Sousa et al. emphasized limitations in resources, transportation, and work organization; Silveira et al. highlighted gaps in training and practices still strongly directed toward clinical and home-care demands; and Assis et al. demonstrated an association between waiting time, management characteristics, and social inequalities. Taken together, the findings indicate that obstacles are not limited to the number of professionals and also involve network organization, training for Primary Health Care, and users' conditions of access.^{5,6,13}

Health promotion and comprehensive care

Experience and training studies converged in showing possibilities for practice beyond individual rehabilitation. Almeida et al. described body practices

and educational activities with potential to foster welcoming care and social integration; Mestriner et al. showed that interprofessional education supports closer collaboration across fields and shared care; and Carvalho et al. reported stronger relationships between teams and communities through collective practices. From a population perspective, Ribeiro and Soares identified a high occurrence of household situations with potential demand for physiotherapy, reinforcing the relevance of preventive and territory-based actions.¹⁴⁻¹⁷

Innovations and perspectives for strengthening practice

Older studies and experience reports show continuity of the same challenge: expanding access without reproducing an exclusively outpatient and hospital-centered model. Rocha and Kretzer observed that the incorporation of rehabilitation actions into the Family Health Strategy expanded access and brought care closer to the territory. Later studies on interprofessional education and collaborative practices identified pathways for broadening the scope of practice, while experiences in the former Family Health Support Center suggested that strategies developed jointly with other professional categories may mitigate organizational limitations. However, because an important portion of this evidence comes from observational studies and experience reports, the findings support the feasibility of these strategies but do not allow their effectiveness to be stated uniformly across different contexts.^{13,15,16,18}

DISCUSSION

The synthesis reveals a recurring tension between the broader potential of physiotherapy in Primary Health Care and its persistence in everyday services under a predominantly rehabilitation-centered logic. This convergence appears both in the included studies and in literature discussing physiotherapy practice in Primary Health Care, where health promotion, disability prevention, and longitudinal care are recognized as possible components of professional practice.¹⁻³ The central finding, therefore, is not a lack of recognition of physiotherapy, but the difficulty of translating this recognition into regular participation in collective and interprofessional actions.

Differences among the studies help refine this interpretation. Qualitative research emphasizes perceptions, work relationships, and limits in understanding professional scope, whereas cross-sectional and service-organization studies highlight waiting time, access conditions, and management characteristics.^{5,6,10,11} These dimensions are not competing explanations; together, they suggest that the integration of physiotherapists simultaneously depends on recognition of their role, available structure, work processes, and articulation with other points in the health care network.

Experiences involving health education, body practices, welcoming care, and interprofessional education show that shared practice may bring

physiotherapy closer to the principles of comprehensiveness and territoriality in Primary Health Care.¹⁴⁻¹⁶ However, the predominance of experience reports within this body of evidence imposes an interpretive limitation: such studies describe possibilities and perceived effects in specific contexts but do not comparably measure clinical effectiveness, sustainability, or population impact. This distinction is important to avoid generalizing promising experiences without further evaluation.

Access was also a consistent dimension over time. Household studies and implementation analyses demonstrate potential demand for physiotherapy and benefits of bringing rehabilitation actions closer to the territory, while experiences from the former Family Health Support Center show that physiotherapy in Primary Health Care had already incorporated groups, educational actions, and shared activities.¹⁷⁻¹⁹ The National Primary Health Care Policy and, more recently, the establishment of multiprofessional teams in Primary Health Care provide organizational frameworks for such integration.^{20,21} Even so, the existence of a regulatory arrangement does not eliminate local inequalities in service availability and organizational capacity.

In this sense, the findings support strengthening continuing education, shared planning, and care pathways that recognize physiotherapy as part of longitudinal care rather than reducing its participation to referral for specialized rehabilitation. At the same time, methodological heterogeneity and the absence of a formal assessment of study quality recommend caution regarding the strength of the conclusions. Comparative and longitudinal studies are needed to evaluate functional outcomes, access, responsiveness, and the impact of physiotherapy integrated into teams, in line with the broader challenge of improving Primary Health Care within the Brazilian Unified Health System.²²

FINAL CONSIDERATIONS

This integrative review showed that physiotherapy practice in Primary Health Care may contribute to health promotion, disease prevention, functional rehabilitation, and comprehensive care. Across the studies analyzed, there was convergence regarding the potential of physiotherapy participation in territory-based and multiprofessional work, but also persistence of an understanding centered on the rehabilitation model.

The main barriers identified involved service organization, available resources, training for Primary Health Care, user access, and effective integration among professionals. In contrast, health education, body practices, collective actions, and interprofessional education indicated concrete possibilities for broadening the scope of physiotherapy and strengthening relationships with the community.

The limitations of this review include heterogeneity of study designs, a substantial presence of experience reports and qualitative studies, restriction to the selected databases, and the absence of a formal methodological quality

assessment of the included studies. Future research should use more robust designs and comparable indicators of access, functionality, and responsiveness. In practice, the findings reinforce the importance of continuing education, organized care pathways, and active participation of physiotherapists in multiprofessional planning in Primary Health Care.

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