



The Importance of the Physical Therapist's Performance in the Family Health Support Center

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Introduction: Created from Brazilian social and sanitary movements, the Unified Health System (SUS) has changed the concept of health, its management, and how society should actively participate in this process. Portrait n. 154, dated January 24, 2008, created the Family Health Support Centers (NASF), and with it emerged the need to organize the professional practices of Physical Therapy in all actions of its responsibility, through the Health Strategy of the family. Physical Therapy in Basic Health Care is a process under construction that faces challenges since the physiotherapist is trained for rehabilitation.

Objective: To demonstrate significantly the importance of the physiotherapist in the Family Health Support Center.

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Materials and Methods: This is a qualitative bibliographic review with an exploratory design, carried out through a bibliographical survey related to the theme The Importance of Physical Therapist Performance in the Family Health Support Center, published since 2006, in the Portuguese language. The descriptors were: Physiotherapist; Family Health; Primary Health Care; Public health for search. The exclusion attributes were: publications inferior to the year 2006 and that flee from the selected theme. The surveys will be carried out in the following databases, Medline, VBS, Lilacs, Scielo, Google Scholar, and Official Sites of the Government of Brazil.

Conclusion: The physiotherapist when inserted within the NASF (Family Health Support Nucleus) team is a fundamental piece, fulfilling its role in primary care investing in the promotion and prevention of diseases and their diseases, recovery, rehabilitation and quality improvement of life of the population, with an integral practice that per passes by the education in health, reception, individual attendance. The literary shortage when the subject is Basic Attention mainly in what concerns the NASF, making difficult the understanding of the importance and the role of preventive Physiotherapy in this context. For physiotherapy to be increasingly recognized, the training of professionals capable of acting in this area should be encouraged.

Keywords: Physiotherapist; family health; primary health care; public health.

1. INTRODUCTION

Created from Brazilian social movements and sanitarians, the Unified Health System (SUS) changed the concept of health, its management, and how society should actively participate in this process created from Brazilian social movements and sanitarians.

The pillars of the SUS were founded taking into account its basic principles such as universality, equity, and resolution, associated with the guidelines existing in Article 198 of the Federal Constitution: decentralization, comprehensive health care, and social participation, thus generated a broad health network that served as a model for many countries [1].

In the context, Primary Health Care (PHC) is included part of the primary health care (PHC) being characterized by organizational strategies aimed at meeting the collective needs of the social environment that has as main objective to insert health promotion actions that ensure an impact of the efficiency of the system for the population, as well as solve simple and complex problems of a population, promoting actions that will strengthen the system and equity in health, aiming at the prevention of injuries, treatment, and rehabilitation [2].

Considered the Brazilian aspect of PHC the Family Health Strategy (FHS), it has become a priority gateway for the SUS constitutionally, founded on the right to health and equity, hierarchizing and regionalization, thus causing a

change important in our country's health care model. To support the insertion of the Family Health Strategy in the network of, resolution, territorialization, regionalization, as well as the expansion of PHC actions in Brazil, the Ministry of Health created Centers for Support for Family Health (NASF), through Ordinance GM No. 154, of January 24, 2008 [3].

The NASF has its composition defined by municipal managers in conjunction with the FHS, using criteria defined from the priorities identified in its place of operation, not constituting the gateway of the system for users more than support to the FHS. The NASF is composed of a team of professionals from different areas of knowledge, working together with the professionals of the Family Health teams, sharing and supporting health practices in the territories under the responsibility of the FHS. Its performance should be within some guidelines related to PHC, which are: Interdisciplinary and intersectoral action; permanent health education of professionals and the population; development of the notion of territory; comprehensiveness, social participation, popular education; health promotion and humanization. In addition, its nine strategic areas should be taken into account: Child/adolescent and youth health; mental health; rehabilitation/integral health of the elderly; food and nutrition; social work; women's health; pharmaceutical assistance; physical activity/body practices; integrative and complementary practices [4].

The participation of physiotherapists in the NASF represents a first formal approximation of

physiotherapy with Primary Care, for health policy. The insertion of Physiotherapy in primary health care becomes feasible with the creation of the NASF, but also a challenge, since the NASF Ordinance leaves at the discretion of the manager the inclusion or not of the physiotherapist professional [5].

The physiotherapist has been gaining increasing importance in primary health care services [6]. The insertion of this professional in the service becomes feasible with the creation of the NASF, but also a challenge, since the NASF Ordinance leaves at the discretion of the manager the inclusion or not of this specialist. Therefore, it became necessary to organize professional practices in all actions of their responsibility to assist the FHS, thus facilitating the interest in the inclusion of this professional [7,8].

The physiotherapist working in the NASF should carry out his actions according to some guidelines related to Primary Health Care, such as interdisciplinary and Intersectoral actions [9], the process of permanent health education of professionals and the population, the development of the notion of territory, integrality,

social participation, popular education, health promotion, and humanization [10].

Although the FHP increasingly assumed a multi-professional character from the inclusion and valorization of non-medical professions in teams, few studies describe the specific performance of physiotherapy. Therefore, this work aims to identify and characterize the performance of physiotherapy in the Family Health Program (FHP) and the Family Health Support Center (NASF).

2. MATERIALS AND METHODS

The literature review was conducted from the online databases Medline (Online System of Searches and Analysis of Medical Literature), VBS (Virtual Health Library) Lilacs (Latin American and Caribbean Literature in Health Sciences), Scielo (Online Electronic Scientific Library), Google Academic. The following keywords were used: Physiotherapist; Family Health; Primary Health Care; Public Health. Fifty articles were analyzed, but only 34 met the inclusion criteria: Brazilian articles published between 2006 and 2016 and being complete and original texts.

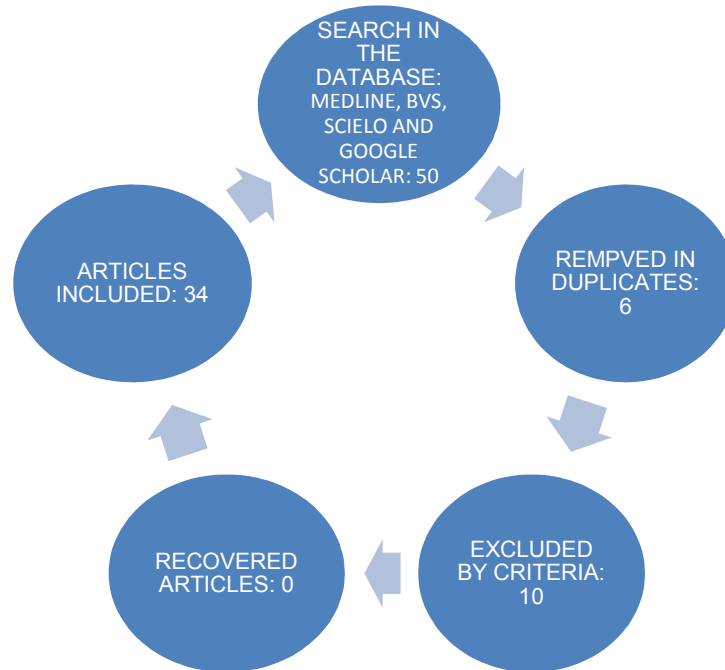


Fig. 1. Flowchart of identification and selection of articles. (Prepared by the authors, 2020)

3. RESULTS

3.1 Primary Health Care

Primary Care is characterized by a set of health actions, in the individual and collective sphere, covering health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, and health maintenance, integrating preventive and curative measures. It is the gateway to the health system and is guided through the principles of universality, equity, accessibility and coordination of care, social participation and bond between the health team and the community, to establish trust, understand and experience the difficulties and conflicts of it, becoming a part responsible for the rise in the quality of life of people [11].

3.2 Family Health Support Center (NASF)

The NASF, created in 2008 by the Ministry of Health (Table 1), is composed of health professionals who work directly with the Family Health Teams (FHS) and other services of the

care network, in an integrated way and having communication the predominant factor for the search for the development of a common project. It is the responsibility of the family health support center (NASF) team to actively participate in discussions and planning of intersectoral actions; interdisciplinary, permanent education process, educational groups, home visits, and activities aimed at health promotion and humanization [12].

3.3 Physical Therapist's Performance in the Family Health Program (FHP) through the Family Health Support Center (NASF)

Since its emergence as a professional class, physiotherapy has focused its actions mainly on secondary levels, referring to specialized care in outpatient clinics or rehabilitation centers, and at the tertiary level providing assistance in outpatient services, general and specialized hospitals. The role of physiotherapy was focused exclusively on the treatment of the disease and its possible sequelae [13].

Table 1. Organization of the Family Health Care Center (NASF)

Family Health Care Nucleo (NASF)	Professionals
<p>NASF 1</p> <ul style="list-style-type: none"> - Have at least five professionals with university education; - Be linked to at least eight and a maximum of twenty Family Health teams, except in the States of the Northern Region, where the minimum number becomes five. 	<ul style="list-style-type: none"> Psychologist Social Worker Pharmacist Physical therapist Audiologist Physical education professional Nutritionist Homeopathic physician, gynecologist, acupuncturist, pediatrician, and psychiatrist Occupational therapist
<p>NASF 2</p> <ul style="list-style-type: none"> - Have at least three professionals with university education; - Be linked to at least three Family Health teams. 	<ul style="list-style-type: none"> Psychologist Social Worker Pharmacist Physical therapist Audiologist Physical education professional Nutritionist Occupational therapist
<p>NASF 3</p> <ul style="list-style-type: none"> - Be linked to at least four and a maximum of seven Family Health teams. 	

* Concierge N° 2843, 2010

Given a more comprehensive conception of health, which has been concerned with the quality of life of the population and reorientation of the health care model, the performance of physiotherapy expanded to primary care. Currently, the physiotherapist integrates with it, with the adoption of measures aimed at health promotion and disease prevention. Physiotherapy contributes to a resolution to the functional health of the population through preventive and educational actions that include the adoption of healthy habits, in order to prevent the installation of certain diseases, reduce the morbidity rate, number of hospital beds, time, and costs for the treatment of the population [14,15].

It is the responsibility of the physiotherapist to serve users who need rehabilitation care, guide them, and accompany them according to the specific need of each. In addition to conducting home visits to instruct the patient and the people involved in his care about the adoption of measures responsible for improving the functional performance of the same and consequently, autonomy [16].

The Family Health Program (FHP) aims to reorient the care model of the SUS through the adoption of surveillance measures, health promotion and disease prevention, referring to practices adopted in Primary Care. To enable these actions, there is a need for the participation of a multidisciplinary team that obtains technical, epidemiological and social health knowledge, acting actively with the population in coping with the problems present in the community [17].

The physiotherapy professional plays a relevant role in Primary Care, ensuring the efficacy and resolvability of the problems of the assisted community, through the adoption of practices aimed at disease prevention and health promotion. The direct attention provided includes the individual, family, and community, proposing education and guidance that promote the improvement of quality of life [18,19]. However, studies such as those conducted by Pontes and Medeiros [20] and Brugger, et al. [21], proved that the actions developed by physiotherapists in Primary Care are not always existing.

Considering this information, Viana and Cicotoste [22] Pontes and Medeiros [20] and Bar-Bosa, et al. [3], emphasized the need to change the concept that the work of the physiotherapist is restricted to the care area,

labeling it as the handler and rehabilitator. The authors also focused on the importance of discussing in undergraduate the various areas of physical therapy coverage, including Primary Care, and of empowering future professionals to work with health promotion and disease prevention, through the practical implementation of curricular internships.

The lack of knowledge and misinformation of managers, population, and even professionals involved in the Family Health Program, about the actions developed by the physiotherapist in Primary Care, are some of the factors that restrict the performance of the same in the PSF [3,21]. In addition to the differentiated workload when compared to that of the team, and the scarcity of material resources in the Family Health Support Center [1,23]. However, Duarte, et al. [24] demonstrated in a review study that understanding of physiotherapeutic practices at various levels of care has been changing over the years. Professionals and users of health units are increasingly recognizing the performance of the professional in question, valuing him and recognizing him as an integral part of a prevention program.

Despite the gradual change in the concept of physiotherapy in the FHP, Costa, et al. [25] and Duarte, et al. [24] confirmed through articles that the small portion of physiotherapists present in the team is still a reality. The authors described the influence of this situation in obtaining favorable results in the provision of service to individuals and the community since the Family Health Program represents a model of social organization that values comprehensive care centered on the prevention and qualification of health care.

The results described by Costa, et al. [25] and Duarte, et al. [24] corroborate those presented by Trelha, et al. [26] and Lorenzo and Drumond [27], which confirmed that the great demand of patients in primary care services for a limited number of physiotherapy professionals increases the volume of care provided at the levels of greater complexity since there is a restriction of the provision of comprehensive care to the community. The physical therapist's performance is relevant in the context of public health and responsible together with the team, for developing actions aimed at promoting, preventing, accessibility, recovery and rehabilitation, consequently reducing the morbidity and mortality rate in the assisted population [28].

Despite the difficulties encountered by the physiotherapy professional, studies pointed out that they, referring to the insufficient number of physiotherapists in the Family Health Program associated with un-favorable working conditions were not to change the perception of users regarding the care provided. The population was satisfied reinforcing the importance of insertion of the physiotherapist in the [3,16,25].

Currently, the great challenge of physiotherapy is to work in a primary health care network increasing the resolution and integrality of care, in addition to contributing to the improvement of health services as proposed by the Health Program of Family [29].

4. DISCUSSION

The NASF, in its work process, aims to qualify and support the work developed by the Family Health Teams, acting in a participatory manner and collaborating to supplant the fragmented care that still takes place in the current health model, contributing to the structuring of care networks capable of achieving the integrality of care to users. Thus, the main challenge of the professions that work in the NASF is to develop and work as a team, integrated and intersectoral, based on the networks between workers and incorporating the participation of users, reflecting the expanded concept of health currently assumed by the SUS [30].

In a literature review included in the study, an account was made of the role of physiotherapy in the NASF, which includes actions of prevention and health promotion, emphasizing all aspects related to both collective and individual health, modifying the vision of physiotherapy focused on rehabilitation. According to the authors, this is a new reality since health in the country has been shifting its focus to primary care [31]. According to NASF guidelines, the assistance program together with the FHS should be the gateway to the SUS facilitating assistance to the population and taking into account aspects of each region where the program is inserted [8].

In his study, Souza [1] says that the physiotherapist, when inserted in the Family Health Support Center, assumes total responsibility for what it refers to collective health, facing the problems that contribute to the health service, having as guiding axes the exercise of his professional autonomy, the development of creative interventions, the bond

with the community, taking into account the user's rights, the technological options available and the needs of the community of belonging.

Belletti, et al. [32], also concluded that the physiotherapist has an important role within the NASF team with the use of educational lectures, preventive actions, and the performance in groups, all within primary care. Also in the study is highlighted by the existence of great demand of physiotherapists in the market, among them draws attention to the specialties of Neurology, Orthopedics, and Geriatrics.

The performance of Physiotherapy in Primary Care has expanded over the last few years and that the creation of the NASF was an important milestone in the inclusion of this professional in Primary Care demystification the vision of Physiotherapy as a rehabilitating profession and demonstrating its importance as a gateway to the Unified Health System, however, there are still many doubts about its role in the team that needs to be better disseminated, either with professional training focused on PHC, as well as inclusion and dissemination of Physiotherapy within the Family Health Support Centers for patients, managers, and professionals from other health areas. Another point to be taken into account is the literary scarcity when the subject is Primary Care, especially concerning the NASF, making it difficult to understand the importance and role of preventive physiotherapy in this context. For physiotherapy to be increasingly recognized, the training of professionals able to work in this area should be encouraged and invest in the performance of scientific work with good methodological quality, which will contribute to the insertion of Physiotherapy in the Primary Care not only through the NASF but also in the complex network that composes primary care within the SUS [33].

In recent years there has been a growing expansion of physiotherapy's performance in Primary Care in Brazil through NASF [34]. However, this reality is not yet properly measured by scarcity in academic literature [1,2].

Thus, it is clear in the study that there is a need for a greater presence of the physiotherapist in the construction of the therapeutic projects developed, especially within the NASF, needing to discuss existing public policies, expanding knowledge among professionals and users about their praxis, which would allow a discussion in

their training and the tools used to contemplate comprehensive and resolute care.

Another point to be taken into account is the literary scarcity when the subject is Primary Care, especially about the NASF, making it difficult to understand the importance and role of preventive physiotherapy in this context. For physiotherapy to be increasingly recognized, the training of professionals able to work in this area should be encouraged.

5. CONCLUSION

The physiotherapist, when inserted within the NASF (Family Health Support Center) team, is a fundamental piece, fulfilling its role in primary care investing in the promotion and prevention of diseases and their injuries, recovery, rehabilitation, and improvement of the quality of life of the population, with an integral practice that permeates health education, reception, individual care. Where through educational lectures, special groups, home visits, and individual care always aim at improving the quality of life of users of the Unified Health System (SUS). Thus showing the importance of this work, going far beyond the rehabilitating profile.

CONSENT

As per international standard or university standard, patient's written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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