Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

CASE REPORT ARTICLE

DIAGNOSIS OF VULNERABILITIES OF MEN WHO PLAY FOOTBALL AND NURSING: CASE STUDIES

DIAGNÓSTICO DE VULNERABILIDADES DE HOMENS QUE JOGAM FUTEBOL E A ENFERMAGEM: RELATO DE EXPERIÊNCIA

DIAGNÓSTICO DE VULNERABILIDADES DE HOMBRES QUE JUGAN FÚTBOL Y ENFERMERÍA: ESTUDIOS DE CASO

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ABSTRACT

Objectives: reporting the experience to develop the diagnosis of vulnerability and propose nursing actions among a group of men playing football in Niterói/RJ, Brazil. ***Method:*** a descriptive study of type experience report. It was used as a strategy the access to social and epidemiological database and a social meeting with a group of men, considering the dimensions: social and health conditions, access to services, environment and lifestyle. The articulation of these dimensions allowed diagnosing vulnerabilities in health and proposing nursing actions. ***Results:*** men who play football show vulnerability for: skin changes, musculoskeletal disorders, work fatigue, stomach disorders and traffic accidents. The actions proposed have been prepared based on problem-based pedagogy. ***Conclusion:*** the activity consisted of important teaching and learning strategy for graduate, signaling that the nurses' performance is not limited to institutional walls. ***Descriptors:*** Health Vulnerability; Men's Health; Nursing.

RESUMO

***Objetivos*:** relatar a experiência de desenvolver o diagnóstico de vulnerabilidade e propor ações de enfermagem junto a um grupo de homens que jogam futebol em Niterói/RJ, Brasil. ***Método*:** estudo descritivo, do tipo relato de experiência. Utilizou-se como estratégia o acesso à base de dados sociais e epidemiológicos e um encontro social com um grupo de homens, considerando as dimensões: condições sociais e de saúde, acesso a serviços, meio e estilo de vida. A articulação destas dimensões permitiu diagnosticar vulnerabilidades em saúde e propor ações de enfermagem. ***Resultados*:** os homens que jogam futebol apresentam vulnerabilidade para: alterações dermatológicas, distúrbios osteomusculares, fadiga no trabalho, transtornos gástricos e acidentes automobilísticos. As ações propostas foram elaboradas fundamentadas na pedagogia problematizadora. ***Conclusão*:** a atividade consistiu em importante estratégia de ensino-aprendizagem para graduandos, sinalizando que atuação do enfermeiro não se limita a muros institucionais. ***Descritores*:** Vulnerabilidade em Saúde; Saúde do Homem; Enfermagem.

RESUMEN

Objetivos: presentar la experiencia para desarrollar el diagnóstico de la vulnerabilidad y proponer acciones de enfermería entre un grupo de hombres que juegan al fútbol en Niterói/RJ, Brasil. ***Método:*** estudio descriptivo del tipo de informe de experiencia. Fue utilizada como una estrategia el acceso a la base de datos sociales y epidemiológicos y una reunión social con un grupo de hombres, teniendo en cuenta las dimensiones: condiciones sociales y de salud, el acceso a los servicios, el ambiente y estilo de vida. La articulación de estas dimensiones permite diagnosticar las vulnerabilidades en materia de salud y proponer acciones de enfermería. ***Resultados:*** los hombres que juegan al fútbol presentan vulnerabilidad para: cambios en la piel, trastornos musculoesqueléticos, fatiga laboral, trastornos estomacales y accidentes de tránsito. Las acciones propuestas se han elaborado sobre la base de la pedagogía basada en problemas. ***Conclusión:*** la actividad consistió en importante estratégia de la enseñanza y aprendizaje para pregrado, lo que indica que el rendimiento de las enfermeras no se limita a las paredes institucionales. ***Descriptores:*** Vulnerabilidad en Salud; Salud de los Hombres; Enfermería.

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INTRODUCTION

The man has some characteristics related to gender that are present in the culture of many countries. Among these, it can be identified, for example, the demonstration signals representing its non fragility.[1] Thus, and in a perspective of social construction, the man "it is thought invulnerable, a situation that contributes to less care of himself and expose him to more risk situations".[1:6]

With this understanding, the man claims to take care of himself, mostly for lack of time, after all, it has the socially constructed responsibility of being the provider, that is responsible for providing resources to support the family. This "responsibility", designed mostly male, has been changed over the years, because of the constant inclusion of women in the labor market.[2]

From this perspective, it is clear the paradox: even the woman with various tasks in everyday life, often with double shifts, can take care of her health and the man not.[3] Do not take care of their own health implies and results in access to health services through the medium or high complexity.[1] In addition, health services "favor the actions directed to children, adolescents, women and the elderly",[1:6] not there most of the time the focus in health man. In practice, man is inserted into the actions directed to the elderly (when it has aged from 60 years old) and in the monitoring and control actions of some serious health hazard envisaged in program activities, as noted in Nursing Protocols in Primary health.[4]

Considering the set of previously addressed questions, linked with high rates of mortality and morbidity of the male population, mainly due to: violence, alcoholism and smoking, accidents related to transportation, tumors (particularly of the digestive system, device respiratory, and prostate cancer), and cardiovascular diseases[1] were factors behind the creation of the National Policy for Integral Attention to Men's Health (PNAISH).

In PNAISH is planned to carry out "a set of promotion, prevention, care and recovery of health, performed at different levels of attention",[1:37] with emphasis on health promotion and disease prevention, especially "in primary care with a focus on the Family Health Strategy".[1:37] So focusing on the Family Health Strategy, it can be said that the responsibility to carry out all of the above actions is the health team, the nurse being one of his participants.[5] So for these professionals take actions with a focus on health promotion and disease prevention, it is necessary to have clarity of the design of each of them. In this sense, objectively, the concept of health promotion is the "community empowerment process to work on improving their quality of life and health, including greater participation in control of this process",[6:19] and disease prevention means avoiding illness or prevent it evolve.[7]

One of the forms of action aimed at promoting health and preventing disease is the diagnosis of vulnerability. The vulnerability "considers the chance of exposure of people to illness as the result of a number of aspects not only individual but also collective [...]".[8:123] Soon, diagnose the vulnerability requires identifying a set of conditions: social and health conditions, access to services, environment and lifestyle; that articulated over time point to the possibility of certain population groups to present health problems. Thus, focusing on the male population, it is important for nurses to perform the diagnosis of vulnerabilities,[9] so that they anticipated the events that may lead to occurrence of diseases.[8] So when vulnerabilities are identified, emerge from the social and health needs, "extrapolate identifiable categories at the individual level and seek to discern universal and global needs".[10]

Given these notes, the established objective to report the experience to develop the diagnosis of vulnerability and proposed nursing actions among a group of men playing football in Niterói - RJ.

METHOD

This is a descriptive study of type experience report, experienced by nursing students of the 7th grade who attended the course of "Nursing in Attention to Population Health" in the Alfredo Pinto Nursing School (EEAP) of the Federal University of Rio State January (UNIRIO).

The activities proposed by the teacher responsible for discipline allowed the experience to develop the diagnosis of vulnerability and nursing actions proposed, providing opportunities for the choice on the part of academics, population group and setting for the diagnosis of vulnerability. This opportunity for decision making is expected in the Curricular Guidelines of the Graduate Course of Nursing,[11] highlighting the importance of being able to submit academic skills and abilities to assess, organize and decide the most appropriate conduct. Thus, scholars chose the background of a football field, for "the football fields are collective

sociability places occupied by men".[1:9] Thus, for the diagnosis of vulnerabilities it was used for the first time as a strategy for gathering information through research in the database, and the second time held a social conversation with each member of the group of men.

The research in 12 databases aimed to seek for information related to the environment in which the study population is inserted. The data collected allowed the characterization of Niterói as: population, households, leisure, health services and mortality.

Social conversation was conducted to capture different aspects related to lifestyle, as well as further information about social and health conditions, access to services and the environment.

Social conversations occurred in March 2013 along with 19 men aged 18-60 years old. Obtaining information was through a roadmap addressing four topics corresponding to the dimensions of vulnerability.

After the search in databases and social conversation with group of men, it was carried out the diagnosis of vulnerabilities and then there were proposed nursing actions to reduce identified vulnerabilities.

RESULTS AND DISCUSSION

The experience of nursing students in obtaining information in the database to recognize the environment in which the group of men playing football is entered, provided learning in operationalizing the search in databases. These are critical tools for planning actions in health services, and also encouraged them to think critically about the population of reality, focusing on the living conditions and health.

Thus, identified that in Niterói reside 487.562 people, most quantity of females (53,7%), color or white (63,5%) and aged 18-59 years old (62,2%). The economically active population corresponds to 51, 2%, mostly men (52,5%).[12]

In Niterói the average of residents per household is of 2,87. They rely on the water supply from different methods of obtaining, they are: 97,3% from the general distribution network, 1,6% of wells or springs on the property and 0,2% outside the property 0.6% use car tanker, rainwater stored in tanks or stored otherwise, river, pond, lake or stream or other non-mentioned forms.[12]

In addition to the water supply, which is a basic service, 99,9% of households have access to electricity.[12] Another basic service that fits be mentioned is garbage collection, where it found that 83% are collected by housekeeping, 15,9% are deposited into buckets to be collected later by the cleaning service, 0,7% are thrown into wasteland, 0,4% are burned or buried on the property, thrown in river, lake or sea or still have another destination.[12]

Still, in Niterói regarding education has 10,5% of the population attending primary school, 0,6% attending education for youth and adults corresponding to the elementary school, 3,6% high school, 6,5 % higher education, 1,4% attending course graduate (specialization, master's or doctorate).[12]

In Niterói there are as options for leisure: theaters, cinemas, cultural centers, museums, parks, squares, orchards, beaches. And it has the full 350 "Health Establishments",[13] which 280 are private establishments and 70 are public, that is, belonging to the National Health System.[13] It is noticed the discrepancy in numbers that exists between the private sector and the public sector, mainly regarding access to health care as a right of the citizen.

With regard to the mortality data in 2010 there were 1.122 deaths, of which 52,5% are men and 47,5% women.[13]

Social conversations allowed to capture that the group of men shows how social and health conditions, mainly: university education; employment; average monthly income of R$ 1.731,10; They have 0-1 people depending on their income; spend 30 minutes to 1 hour of travel from their homes to the football field; and use as a means of transport the car.

On access to services are characterized by having health care by the health plan; in case of accidents or injuries related to soccer practice men "treat themselves at home" (personal care); and they have had to move away from football games due to injuries and accidents occurred during this sport.

With regard to lifestyle, perform three to four meals a day, with predominance of carbohydrates; They have the habit of eating preferably fatty foods, fried foods, fast food and candy three to four times a week; daily water intake from 2 liters of water (with 1 min to 1,5 liters); playing soccer 1 to 2 times per week for over 11 years; practice other physical activity, especially weight training and running; They have the pleasure (besides football) collective activities such as ballads, concerts, bars, and not socialize with colleagues outside the football games of the environment; they make use of liquor, two to three times a week; they have 6-7 hours of sleep per night, which did not consider sufficient, and do not rest during the day;

exposed to the sun during the games, with up to one hour exposure time and do not use any form of sun protection during the games and not in everyday life.

Concerning the physical environment it was conducted by direct observation graduates. Concerning the football field, this is no protection from sunlight; the grass is synthetic and is presented in perfect condition, good quality and without irregularities. Players have an area for rest, covered with "awning" with chairs, sink and grill, to also use as a recreational area; however, it was observed that most of the players rest, between one game and another, sitting on the same lawn on the side of the field, without coverage and without chairs.

There are two locker rooms, one is open and the other closed, having shower with cold water. There are two bathrooms, one male and one female, both featuring good condition, toilets with sewage and sink with running water for hand washing. The club where the soccer field is located does not have kitchen, dining and health care post; it has only one canteen.

It was verbalized that the group of men play in the same football match regardless of the age difference between them, there is no group of divisions by age group. There is a treasurer (chosen by the group) that collects money from all players to pay the rent of the club. Each player is responsible for washing his vest, and, in some Group divisions the vest and there is collective relay responsible for washing all vests.

With all the information obtained in the different aspects related to the dimensions of social and health conditions, access to services, environment and lifestyle, it was possible to perform diagnostics of vulnerabilities and proposed nursing actions, aimed at reducing them.

As shown in Figure 1, the articulating aspects of the environment and life style, point to the diagnosis of vulnerability to skin changes.

Diagnosis of vulnerability	Place	Life style
Vulnerability to dermatological changes	- Field without cover.	- Sun exposure during the games; - Sun exposure time up to 1 hour; - Do not use sunscreen during the games and even day to day.

Figure 1. The joint representation of the things that point to the diagnosis of vulnerability for dermatological changes.

It recognizes the photoprotection the main form of prevention against skin changes.[14]

So if it drafted as nursing actions proposed:

- problematize and lead the group of men to reflect on their behavior during football matches, particularly in relation to sun exposure and no protection. From this reflection it was intended to propose quality improvement strategies of life and health, with the use of sunscreen (and reapply every two hours) in all games (including daily), choose the football match of schedule preferably in the early morning or late afternoon, and use of appropriate clothing.
- propose to the Group the possibility to change the place of football matches to one that has covered field or the cover of the field itself which are already entered upon financial resources of their own players and the club.

As shown in Figure 2, the articulation of aspects relating to access to services and lifestyle point to the diagnosis of vulnerability to musculoskeletal disorders.

Diagnosis of vulnerability	**Access to services**	**Life style**
Vulnerability to musculoskeletal disorders	- Conduct in case of accidents or injuries related to football: at home (personal care); - Football clearance due to accident/injury in football.	- Plays football 1 to 2 times a week for over 11 anos; - Performs other physical activities, especially weight training and race.

Figure 2. The joint representation of the things they point to diagnose vulnerability to musculoskeletal disorders.

Football is currently regarded as one of the sports where the risk of injury is higher.[15] Many predisposing factors for injuries in football are personal such as age and previous

injuries; however, factors that influence the collective as the quality of the field, equipment appropriate to the game site, and violations of the rules of the game (such as excessive absences and violent moves) are also important causes of injuries.

In view of this vulnerability diagnosed, it was elaborated as nursing actions proposed:

- Enabling the group to identify and evaluate situations during athletic activity requiring professional intervention, as well as recognition of the annual medical monitoring as an important practice for injury prevention and health maintenance.
- Encourage reflection through educational practices (if possible with a physical educator) about injury prevention in sports, covering topics such as the use of proper protective equipment to the field of play, respect for the rules of the game and realization of exercise heating (preferably specific to football) before the games. For this, it is suggested addressing aspects of "FIFA 11+ Manual", which is aimed at preventing specific soccer injuries to amateur players.
- Advise on the importance of the occurrence of injuries, wait for the full recovery from injury before returning to sporting activity and the occurrence of pain suggestive of injury during play, stop immediately so there is no aggravation.

According to Figure 3, the articulation of aspects related to social and health conditions and lifestyle point to the diagnosis of vulnerability to fatigue at work.

Diagnosis of vulnerability	Social and health conditions	Life style
Vulnerability to fatigue at work	- Have employment.	- Perform: 3 to 4 meals a day; - Preference for fried food/Fat/Fast Food and sweets; - 6 to 7 hours of sleep per night; - Do not consider enough hours of sleep per night; - Do not take rest during the day.

Figure 3. The joint representation of the things they point to diagnose vulnerability to fatigue at work.

This vulnerability could cause irritability during the work, conflicts, and lack of concentration, inattention, delay, unwillingness, non-compliance tasks, and even termination of employment.

Considering this vulnerability diagnosed, it was elaborated as nursing actions proposed:

- Providing guidance to encourage the importance of developing coping strategies (protective factors to fatigue at work), such as maintenance and regular physical activities that give pleasure, other forms of leisure (besides football) both individually and collective, healthy eating, increasing the number of daily meals and reducing the consumption of fatty foods, fried foods, fast food and sweets (especially close to the nightly sleep time).
- Discussing with the group of men evaluation of their working conditions, function and workload, workload, and, of their labor rights set out in the "Trusteeship General Standards of Labor", in particular Article 66 which states: "between two (2) working days there will be a minimum of eleven (11) consecutive hours for rest."
- Assisting the group of men to develop the organization of their daily activities to better management of working time and rest (recreation) in order to improve the yield and performance of their daily tasks and conditions for sleep.

Based on Figure 4, the articulation of aspects relating to social conditions and health and lifestyle, point to the diagnosis of vulnerability for gastric disorders.

Diagnosis of vulnerability	Social and health conditions	Life style
Vulnerability to gastric disorders	-Have job.	- Perform 3 to 4 meals a day; - Carbohydrate nutrition; - Preference for fried food/Fat/Fast food and candy, with a frequency of 3 to 4 times a week.

Figure 4. The joint representation of the things they point to diagnose vulnerability to gastric disorders.

Lack of time due to work (employment) in urban life makes people realize fewer meals, choose quick and little nutritious meals and have no time to rest after meals. As a result of these situations they have stomach/digestive problems.

Considering this vulnerability diagnosed, it was elaborated as a nursing action proposal:

• Supporting them in building a meal plan (if possible with the support of professional nutritionist), working together with them the possible times for food and assisting in choosing healthy foods, considering so, autonomy and financial resources of each.

According to Figure 5, the articulation of aspects relating to social conditions and health and lifestyle, point to the diagnosis of vulnerability to car accidents.

Diagnosis of vulnerability	Social and health conditions	Life style
Vulnerability to car accidents	- Means of transport used in the offset to the club car.	- Type of entertainment: collective (ballad, shows, bars, etc.); - Use of psychoactive substance, alcoholic beverage type, often 2 to 3 times a week.

Figure 5. The joint representation of the things they point to diagnose vulnerability to auto accidents.

There are projections that highlight traffic accidents (automobile) may occupy third place in the general causes of death worldwide in 2020.[16]

Considering this vulnerability diagnosed, it was elaborated as nursing actions proposed:

- Discussing with the group of men issues involving consumer association of alcohol and the direction of automotive vehicles and the implications that this association might entail.
- Identifying with the group of men leisure preferences, recording the lines of each so that they are visible to everyone. Ask in each one there is the consumption of alcohol, if any, get along with them alternatives to no association with the direction of vehicles.

CONCLUSION

This experience to develop the diagnosis of vulnerability and proposed nursing actions among a group of men playing football in Niterói - RJ strengthened to academics that nursing work is not limited to institutional walls and not the planned activities only in programmatic actions. The work of nurses takes place from the moment that there is an individual or group or even the community.

With this understanding it was critically analyzed that health is not just absence of signs and symptoms, but rather the result of feeding conditions, housing, education, income, environment, work, transportation, employment, leisure, freedom, access and land tenure and access to health services. Thus, and considering the wider definition of health, the approach of vulnerability diagnosis proves more appropriate and unifying with a view to a systematization of assistance aimed

at promoting health and disease prevention. Thus, the experience strengthened the understanding that when you have methods and tools to know the concrete reality of a given population group and nursing plans and develops actions based on this set of information, these tend to be more effective, by specifically focusing vulnerabilities diagnosed and consequently the health needs of a population group.

It becomes relevant that the proposals developed actions were built based on problem-based pedagogy that is an indispensable activity for the work of nurses, especially in the field of Public Health.[18] This pedagogical perspective was also a key strategy for learning because it helped to put into practice the body of knowledge acquired in the theoretical part of the course through assigned readings, group discussions and individual reflection. Therefore, and based on the empowerment and the empowerment of the individual, nursing must to act integrated community making use of the problem-teaching tools, so that health education be given horizontalized, actively contributing bilateral and dialogue for better quality life and health of the population.

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Submission: 2015/05/07
Accepted: 2015/08/20
Publishing: 2015/12/15

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