



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

IMPORTANCE OF PHYSICAL THERAPY IN THE FAMILY HEALTH STRATEGY: INTEGRATIVE REVIEW

IMPORTÂNCIA DA FISIOTERAPIA NA ESTRATÉGIA SAÚDE DA FAMÍLIA: REVISÃO INTEGRATIVA

IMPORTANCIA DE LA FISIOTERAPIA EN LA ESTRATEGIA SALUD DE LA FAMILIA: REVISIÓN INTEGRADORA

Karen Moura Duarte¹, Vanessa da Silva Duarte², Vitor Engrácia Valenti³, Milena Nunes Alves de Sousa⁴,
Ankilma do Nascimento Andrade Feitosa⁵, Elisangela Vilar de Assis⁶

ABSTRACT

Objective: to analyze the importance of physical therapy in the Family Health Strategy (FHS). **Methodology:** integrative literature review, guided by the research question << *What is the importance of physical therapy in the FHS?* >>. The survey was conducted in the Virtual Health Library and in the website Google Scholar in November and December 2012. The inclusion criteria were: fully available scientific study, published between 2007 and 2012, with free access, and having at least one of the DeCS selected in the title. **Results:** we found out that the importance of physical therapist's action at the FHS has been recognized both by professionals included in the teams and users of health care units, showing that, by means of the physical therapist's preventive and clinical action, the costs and demands in the tertiary care can be reduced. **Conclusion:** the population and the professionals recognize the physical therapist's positive impact on the FHS. **Descriptors:** Physical Therapy; Work; Primary Health Care; Family Health Program.

RESUMO

Objetivo: analisar a importância da fisioterapia na Estratégia Saúde da Família (ESF). **Metodologia:** revisão integrativa, norteadada pela questão de pesquisa << *Qual é a importância da fisioterapia na ESF?* >>. A busca foi realizada na Biblioteca Virtual em Saúde e no website Google Acadêmico em novembro e dezembro de 2012. Os critérios de inclusão foram: estudo científico, disponível na íntegra, publicado entre 2007 e 2012, com acesso livre e gratuito, com ao menos um dos DeCS selecionados no título. **Resultados:** constatou-se que a importância da atuação do fisioterapeuta na ESF vem sendo reconhecida tanto por profissionais vinculados às equipes como pelos usuários das unidades de saúde, mostrando que, por meio da ação preventiva e assistencial do fisioterapeuta, os custos e as demandas no atendimento terciário podem ser reduzidos. **Conclusão:** a população e os profissionais reconhecem o impacto positivo do fisioterapeuta na ESF. **Descritores:** Fisioterapia; Trabalho; Atenção Primária à Saúde; Programa Saúde Da Família.

RESUMEN

Objetivo: analizar la importancia de la fisioterapia en la Estrategia Salud de la Familia (ESF). **Metodología:** revisión integradora, guiada por la cuestión de investigación << *¿Cuál es la importancia de la fisioterapia en la ESF?* >>. La búsqueda fue realizada en la Biblioteca Virtual en Salud (BVS) y en el sitio web Google Académico en noviembre y diciembre de 2012. Los criterios de inclusión fueron: estudio científico, disponible en su totalidad, publicado entre 2007 y 2012, con acceso gratuito, con al menos uno de los DeCS seleccionados en el título. **Resultados:** se constató que la importancia de la actuación del fisioterapeuta en la ESF ha sido reconocida tanto por profesionales vinculados a los equipos como por los usuarios de las unidades de salud, mostrando que, por medio de la acción preventiva y asistencial del fisioterapeuta, los costes y las demandas en la atención terciaria pueden ser reducidos. **Conclusión:** la población y los profesionales reconocen el impacto positivo del fisioterapeuta en la ESF. **Descriptor:** Fisioterapia; Trabajo; Atención Primaria de Salud; Programa Salud de la Familia.

¹Physiotherapist. Specialist in Family Health from Faculdade Santa Maria (FSM).Cajazeiras (PB). Email: kmd_uira@hotmail.com;

²Physiotherapist. Specialist in Family Health from FSM. Cajazeiras (PB). Email: vanessinhasduarte@hotmail.com; ³Nurse. MS in Health Sciences from Universidade Cruzeiro do Sul (UNICSUL). PhD student at the Graduate Program in Health Promotion at Universidade de Franca (UNIFRAN). Professor at FSM and at Faculdades Integradas de Patos (FIP). Cajazeiras (PB), Brazil. Email: minualsa@hotmail.com;

⁴Nurse. MS from the Graduate Nursing Program (PPGEnf) of Universidade Federal da Paraíba (UFPB). PhD student in Health Sciences at Faculdade de Medicina do ABC (FMABC). Professor at FSM. Cajazeiras (PB), Brazil. Email: ankilmar@hotmail.com; ⁵Physiotherapist. PhD in Sciences from Universidade Federal de São Paulo (UNIFESP). Professor at Universidade Estadual Paulista "Julio de Mesquita Filho" (UNESP). Marília (SP), Brazil. Email: Vitor.valenti@gmail.com; ⁶Physiotherapist. MS in Nutrition Sciences from UFPB. PhD student in Health Sciences at FMABC. Professor at FSM. Cajazeiras (PB), Brazil. Email: ely.vilar@hotmail.com

INTRODUCTION

For over two decades, Brazil has been redefining the health system profile. In the 1990s, the roles and functions of governmental agencies with regard to the provision of services were reformulated, having in mind the management of health care units.¹ Regulated by the 1988 Brazilian Constitution and by complementary laws (Laws number 8,080/90 and 8,142/90), the Unified Health System (SUS) is anchored in the definition that health is a fundamental human right, and the State shall provide the crucial conditions to fully comply with it.

The consolidation of SUS has as one of its primary foci reorienting the clinical model to change the Brazilian population's life and health pattern. Having primary health care (PHC) as a structuring basis and family health as a priority strategy for implementing the model, the practices and actions taken by health professionals need to achieve fundamental principles, such as the guarantee of integrality in care production, a multiprofessional, interdisciplinary, and intersectorial work.^{2,3}

The Family Health Strategy (FHS) gathers the PHC perspective and the integral dimension, i.e. it recognizes and acts on the risk conditions observed in the community and looks for resources consistent with the social, economic, and cultural context of this community. Therefore, the health team, multiprofessional and interdisciplinary, regarded as an important tool for reorganizing the work process, aiming at a more integral and effective care, deriving from professional practices with different epistemic approaches and clinical actions, in face of the challenge of providing responses to the actual users' health needs.

Anchored in these principles, the Family Health Program (FHP), or FHS, was created by the Ministry of Health in 1994 and the document which sets the foundations of this program highlights that, unlike the traditional model, focused on disease and the hospital, it should prioritize health protection and promotion actions along with the individuals and the family, both adults and children, sick or healthy, in a continued and integral way. The FHS favors the establishment of new relationships, in which each party is a subject in the process. The trend is that, over time, the patient ceases to be an object for action, while the professional, in any instance, starts understanding her/him as a political and social, psychobiological and cultural being,

contextualized in the environment where she/he lives.⁴

Although the basic multiprofessional team consists in, at least, a physician, a nurse, a nursing assistant, and community health workers, the way how the work process unfolds in the FHS has shown the incipient incorporation of practices by other professionals who are not from the medical or nursing fields, such as the pressing need for the physiotherapist, since, contradicting her/his primary training, grounded on the patients' recovery and rehabilitation³, today, through the redefinition of her/his study object, this professional started incorporating the population's health promotion and prevention into her/his action field.

With the growing importance of physical therapy in the PHC services, the inclusion of this professional is an ongoing process. The inclusion of physiotherapists in the family health teams could contribute to obtain integrality in SUS, since the and epidemiological reality show that non-communicable diseases and health problems constitute the leading cause of morbidity and mortality in our country.²

Physical Therapy, regulated by Decree-Law 938/69, Law 6,316/75, by resolutions from the Federal Council of Physical Therapy and Occupational Therapy (COFFITO), by Decree 9,640/84, and Law 8,856/94, is defined as: a health science which studies, prevents, and treats the intercurrent kinetic functional disorders in organs and body systems. This definition excludes previous doubts with regard to this professional's ability to be included into the basic health care. However, it is known that, in Brazil, physical therapy did not have a tradition associated to the basic health care; unlike, it has historically focused actions on the secondary care (regarding diagnosis and treatment of diseases) and tertiary (responsible for reducing health problems and rehabilitation) levels.

Contrary to its origin, in face of a broader conception of health, associated to social production and quality of life, this profession has been expanding. Thus, gradually, the physiotherapist includes her/himself into basic health care, expanding her/his scope of action for health promotion and prevention of diseases.⁵

At the 12th National Health Conference (CNS), held in December 2003, the plenary assembly approved the multiprofessional team composition, including physiotherapists, in order to support the FHS units, according to local needs, further increasing the various job

opportunities with regard to the community's health. The Bill 4,261/2004 includes the physical therapy professionals into the FHP; however, the way how this inclusion has been effected is put into question, and an alternative put into practice by the Ministry of Health are the Integral Health Centers (IHCs).

These nuclei consist of three modalities, physical activity and health, mental health, and rehabilitation, and there is also a value for funding the IHCs, which varies according to the composition and the action modalities implemented. The document studied by the Ministry of Health for implementing the IHCs brings out the principle of integrality, which may be defined as a health team effort to translate and meet the best possible way the health care needs, that have to be identified during their individual expression.⁶

Physiotherapists are able to develop their professional practice at all health care levels, according to the purpose of their training and legal duties of the profession. Then, physical therapy in SUS is set through this model for organizing the health care services. This strategy allows including the physiotherapist into the family health teams, working in the network of health care services, according to the objectives of the FHS. At the secondary level, throughout the country, there is specialized care in outpatient physical therapy units or physical rehabilitation centers providing assistance to cases which require intervention through more advanced technological resources. Finally, the work of this professional at the tertiary level is conducted in accordance with the demands arising at this level, such as in-hospital assistance.⁷

Based on this set of information, we notice the evolution of the FHS units, however, the continued need for this growth becomes clear, both in terms of physical structure and access, qualification, and professional diversity. And, in an attempt to better meet the population's needs, the Ministry of Health has included a greater number of professions in the FHS, such as, for instance, physical therapy. However, there are several obstacles which still hinder the expansion of the physiotherapist's action field. Among them, the demand for physical therapy from the population stands out, and it only resorts to the service due to needs regarded as urgent and immediate, such as: sequelae of cerebrovascular accident (CVA) or acute back pain. So, despite the government induction to include physiotherapists into the FHS, official documents make no allusion to what could be the specific duties of this professional group in the teams. Given the

above, the following question arose: "What is the importance of physical therapy in the FHS?".

Therefore, this study aimed to analyze the importance of physical therapy in the FHS.

METHOD

Integrative literature review which emerges as a methodology providing a synthesis of knowledge and the incorporation of significant study results to the practice, constituting a tool for evidence-based practice (EBP), whose origin is related to the work by the epidemiologist Archie Cochrane, being characterized by an approach aimed at clinical care and teaching based on knowledge and quality of evidence. It involves, this way, defining the clinical problem, identifying the information needed, searching for studies in the literature and evaluating them in a critical way, identifying the applicability of data from publications, and determining its applicability to the patient.⁸

The integrative literature review must follow 6 steps. The 1st step is identifying the theme and selecting the research question, which serves as guide for constructing an integrative review. The 2nd step is establishing the inclusion and exclusion criteria, which must be clear and objective, but they may be reorganized during the search for articles and during the preparation of the integrative review.⁹ The 3rd step is identifying the pre-selected and the selected studies; at this stage, there is a carefully reading of titles, abstracts, and keywords of all full publications located by means of the search strategy, in order to check their suitability to the Inclusion criteria of the study. The 4th step is categorizing the selected studies, which aims to summarize and document the information extracted from the scientific papers found in the earlier phases. The 5th step is analyzing and interpreting the results; it refers to the discussion of texts analyzed in the integrative review. The 6th step is presenting the review/synthesis of knowledge, which consists in preparing the document, that must include the description of all phases covered by the researcher, in a judicious manner, as well as present the main results obtained.

The research was carried out in November and December 2012. It started with the theme choice, then, there was the search according to descriptors in health sciences (DeCS), namely: physical therapy, work, primary health care, and Family Health Program. Subsequently, there was a search for reference literature in the Virtual Health Library (VHL), which contains sources from

the following databases: Latin American and Caribbean Health Science Literature (LILACS), Scientific Electronic Library Online (SciELO), National Library of Medicine (MedLine), and Cochrane Library.

The total results for the descriptor physical therapy in all indices was 2,534 full texts, where 2,511 were articles, 22 theses, 21 project documents, 8 congress and conference papers, and 1 monograph; in turn, in title there were 258 full texts, with 248 articles, 10 theses, and 3 project documents.

Regarding work in all indices, there were 52,196 full texts, where 47,875 were articles, 1,870 monographs, 1,842 theses, 889 congress and conference papers, 934 project documents, 38 unconventional papers, and 33 audios; in turn, in title there were 2,484 full texts, with 2,174 articles, 207 theses, 93 monographs, 61 project documents, 39 congress and conference papers, 10 unconventional papers, and 6 audios.

With primary health care in all indices, there were 10,549 full texts, where 9,495 were articles, 852 monographs, 186 congress and conference papers, 23 papers projects, 3 unconventional papers, and 3 audios; in turn, in title there were 195 full texts, with 171 articles, 2 monographs, 21 theses, 10 project documents, and 1 unconventional paper.

And with Family Health Program, there were 1,780 full texts, where 1,531 were articles, 50 monographs, 190 theses, 5 congress and conference papers, 69 project documents, 9 unconventional papers, and 7 audios; in turn, in title there were 468 full texts, with 412 articles, 6 monographs, 47 theses, and 3 congress and conference papers.

With the isolated DeCS we notice numerous publications, thus, there is a need for a crossing between them. With the crossing between the terms physical therapy *and* work in all indices, there were 245 full texts, where 239 were articles and 6 theses; in turn, in title there was 1 full text, and it was an article.

Regarding physical therapy *and* primary health care in all indices, there were 30 full texts, where 29 were articles and 1 thesis; in turn, in title, there was no full text.

With physical therapy and Family Health Program in all indices, there were 11 full texts, where 10 were articles and 1 thesis; in turn, in title there was 1 full text, and it was a thesis.

With physical therapy *and* work *and* primary health care in all indices, there were 9 full texts, all of them articles; in turn, in title, there was no full text.

With physical therapy *and* work *and* Family Health Program in all indices, there were 4 full texts, with 3 articles and 1 thesis; in turn, in title, there was no full text.

With physical therapy *and* primary health care *and* Family Health Program in all indices, there were 3 full texts, all of them articles; in turn, in title, there was no full text.

And with physiotherapy *and* work *and* primary health care *and* Family Health Program, both in all indices and in title, there was no full text.

We found 59 articles by crossing the DeCS; out of them, only 8 met the inclusion criteria of the research. We also conducted searches in the website Google Scholar, with the identification of 2 more articles which met the inclusion criteria.

The inclusion criteria were: scientific study, available in full text, published between 2007 and 2012, with free access, with the presence of at least one of the selected DeCS in the title. In turn, the exclusion criteria were: repeated publications and works available only in the form of abstract.

Thus, we obtained 8 studies which met the outlined criteria.

RESULTS AND DISCUSSION

According to the search criteria, we obtained the following results: 1 article (10%) is from 2012, 5 (50%) are from 2011, 1 (10%) is from 2010, 1 (10%) is from 2009 and 2 (20%) are from 2007. Regarding the database, 8 (80%) are from LILACS, 5 (50%) are from SciELO, and 1 (10%) is from MedLine, and 5 (50%) are both from LILACS and SciELO, 1 (10%) is from the 3 databases (LILACS, SciELO, MedLine), and 3 (30%) are only from LILACS. And in the variable journal, 3 (30%) are from *Ciência & Saúde Coletiva*, 1 (10%) is from *Interface: Comunicação Saúde, Educação*, 1 (10%) is from *Fisioterapia e Movimento*, 2 (20%) are from *Atenção Primária à Saúde*, 1 (10%) is from *Espaço para a Saúde*, 1 (10%) is from *Revista Inspirar*, and 1 (10%) is from *Revista Brasileira de Ciências da Saúde*.

The databases searched showed to be of paramount importance to the scientific research because they gather various publications, in a multidisciplinary and interdisciplinary way.

Analyzing the results, it is possible to find out that LILACS constitutes the most important and comprehensive index of the Latin America and Caribbean scientific and technical literature; this database has contributed for 27 years to increase the

visibility, access, and quality of health information in the region. Today, it comprises 27 countries, 848 journals, 623,899 records, 507,233 items, 80,921 monographs, 29,134 theses, and 238,754 full texts.¹⁰

However, it was also found out that SciELO is an electronic library which covers a selected collection of Brazilian scientific journals whose aim is developing a common methodology for the preparation, storage, dissemination, and evaluation of scientific literature in electronic format. It is the result of a research project of the Foundation for Research Support of the State of Sao Paulo (FAPESP), in partnership with the Latin American and Caribbean Center on Health Sciences Information (BIREME), and since 2002 the project has the support of the National Council for Scientific and Technological Development (CNPq).¹¹

We also found out that MedLine is the largest component of PubMed and it designates the most important online database aimed at scientific journals in the biomedicine field, sponsored by the National Library of Medicine (NLM) of the USA. It is internationally used to provide access to world literature of the biomedical field. About 5,000 titles are indexed and included in the MedLine database, as well as around 5,400 journals published in the USA and more than 80 other countries are currently indexed in this database. A distinctive feature of this database is that the records are indexed through the controlled vocabulary NLM, from the Medical Subject Headings (MeSH®).¹²

As for the journals in which the articles were published, the top was *Ciência & Saúde Coletiva*, edited by the Brazilian Association of Collective Health (ABRASCO), which was created in the end of 2006, constituting a scientific space for discussions, debates, presentation of researches, exhibition of new ideas, and controversies in the area. Since its early days, *Ciência & Saúde Coletiva* has faithfully met the requirements of periodicity and normalization for scientific publication, following the rules of the Vancouver Convention, which are usually used for the medicine and public health areas. Currently, the journal *Ciência & Saúde Coletiva* is indexed in several databases, such as the Directory of Open Access Journals (DOAJ), in LILACS, MedLine, SciELO, in the database on bibliographic reference of the scientific, technical, and medical literature (SCOPUS), among others. The Qualis concept assigned by CAPES to the journal is B1.¹³

Another journal which stood out was *Revista de Atenção Primária à Saúde* (APS), a

publication by the Center for Advisement, Training, and Health Studies (NATES) and the MS Program in Collective Health of Universidade Federal de Juiz de Fora (UFJF), in partnership with the Brazilian Society of Family and Community Medicine (SBMFC) and the Network of Popular Education and Health (REDEPOP). It is indexed in LILACS and in Network of Support to Medical Education of the Brazilian Association of Medical Education (RAEM), among others.¹⁴

It was possible to find out in the objectives that most works aimed to analyze the importance of the physiotherapist in the family health teams, besides showing the improved quality of health services provided to the population with the inclusion of this professional into the teams.

As for the methodology adopted, with regard to the study type, 2 (20%) are qualitative researches, 3 (30%) are quantitative, 2 (20%) are qualitative, 1 (10%) is a systematic review, and 2 (20%) did not specify the study type.

It was observed that most studies used in this research has a qualitative nature, because their study objects are complex, since this typology is characterized as comprehensive, holistic, ecological and suited for the detailed analysis of complexity, being sensitive to the context in which the events under study occur and attentive to the phenomena of exclusion and marginalization.

In analogy to the information above, some scholars say that the qualitative research, being a comprehensive and interpretative method par excellence, allows the creation of a model for understanding which enables the possibility of attributing meaning to the relevant phenomena. This way, other researchers, when referring to the qualitative research on health, indicate a set of theoretical and methodological schools which, dialectically overcoming traditional models, is interested in hearing the viewpoints of the various social actors and concerned with the possible outcomes, but, beyond measurement, it appreciates understanding the complex subjective and symbolic processes underlying them.^{15,16}

The qualitative research on health allows the researcher to avoid restricting her/himself to the choice of techniques and the observation of formal procedures, so that we can focus on the theoretical and methodological foundations of the qualitative research, derived from the social sciences. One of these foundations is the closeness between the researcher and the researched individual, a condition adopted by the

researches following the qualitative methodology, where, more than in any other, ethical issues are raised due to its implications.¹⁷

As for the way how collecting the data needed for the research, this should be chosen and applied by the researcher according to the research context and always evaluating the advantages and disadvantages which exist in all data collection techniques. The information may be obtained through the researcher her/himself (personally), the so called primary sources, since the data are collected and recorded firsthand. Here, the main collection techniques are: interview, questionnaire, form, and observation.

Thus, with regard to the data collection instrument adopted, it was found out that 1 (10%) applied a questionnaire, 2 (50%) conducted an interview, 1 (10%) obtained its data by means of the Primary Care Information System (SIAB), 1 (30%) through the database of the VHL (LILACS and SciELO) – among these, 1 (10%) also used the website Google Scholar.

It is known that in the works of human sciences, regardless of having a qualitative or quantitative nature, the most commonly used data collection instrument is the interview, as it is a social interaction process, in which the interviewer has the purpose of obtaining information from the respondent. It may be spoken (through a tape or video recorder) or written, with or without a previous script, and we must maintain neutrality and observe the vocabulary, style, and possible contradictions in the respondents' answers. These interviews may be structured, non-structured or open, and semi-structured.

Corroborating the statement, another study claims that the interview is an important working tool in the various fields of science and this is, in fact, a face to face conversation, which provides the interviewer with the information she/he needs.^{18,19}

Referring to the results found in the studies, we ascertained that there is, in all articles used, a large number and various problems faced by the physiotherapists. We may highlight the lack of material resources, the physical space for providing care, the high demand of patients for a small number of professionals who are responsible for more than one unit, thus generating a delay in care.

We emphasize the studies 2 and 5; the study 2 emphasizes as difficulties: the lack of material resources and physical space to providing care, in addition to the existence of a great demand of patients for a small number

of professionals, who are responsible for up to 5 basic health units (BHUs), working for only one period per week in each unit. In turn, the study 5 shows that, among the 31 towns studied, 8 did not provide the physical therapy service, leading the users who needed the service to go to the reference centers, something which goes against the whole principle of physical therapy proposed, taking into account that the pathologies requiring treatment, usually, involve pain and physical disability, and that the number of sessions required and needed for a prompt recovery is large.

It was also possible to find out that the importance of the physiotherapist's work in the FHS has been recognized both by professionals included in the teams and the users of the units. The studies 2 and 9 stand out; they emphasize the importance of including the physical therapy in the FHS, showing that, through the preventive and clinical care provided by the physiotherapist costs and demand in the tertiary care may be reduced, and even if this inclusion solve the problem of delay in physical therapy, this service is related to the town's health council, i.e. the referral comes from the FHP, passes through the council, and then arrives at the physical therapy service.

In this sense, the physiotherapist's work is not limited to the curative and rehabilitation sector, thus, her/his action field has expanded to health prevention, promotion, and education, which are essential to improve the population's quality of life and, also, interventions in home care that may lead to positivity in the patient's relation to the environment, both physical and social.^{2,4,20,21}

We highlight as the object of action by physical therapy in the FHP the human movement aiming at the individuals' functional health in health promotion and recovery, prevention of diseases and health problems, and rehabilitation; the overall purpose of its action is promoting the individual's quality of life, in all life cycles, having the integrity of movement as its expression and essence, by means of kinesiotherapy and physical and natural resources in the FHP.

As for the final remarks of the articles listed, there is, also, a large number of authors emphasizing the importance of physical therapy in the FHS, as well as the awareness that the inclusion of physiotherapists in the teams is a process that is under construction at a slow pace, even bringing many benefits to the population served. The authors also warn this group of

professionals, emphasizing that it is up to them to continue the process of constructing new kinds of knowledge and practices for consolidating a professional practice which goes beyond the traditional fragmented health care, consistent with the principles of the guidelines of SUS.

The bill providing for the mandatory physical therapy by the FHS units is still pending. And, despite the efforts of various parties and the government induction to include the physiotherapist in the FHS, official documents make no mention to what would be the specific duties of this professional in the FHS, a fact resulting from various factors, such as: lack of harmony between academic training and professional practice and low level of reflection on the basic concepts in public health on the part of the physiotherapists.^{3,22,23}

According to the authors mentioned, the inclusion of physiotherapists in the teams would contribute to the achievement of integrality in SUS, since the demographic and epidemiological reality show that non-communicable diseases and health problems represent the leading cause of morbidity and mortality in Brazil, many of these conditions make necessary a greater population's access to services provided by other health professionals, including the physiotherapists.

Similarly, scholars claim that the professionals in the field, whether physicians, nurses, dentists, physiotherapists, or others, should conduct actions according to the integral health care model proposed by SUS, actively participating in its construction. However, what is observed is that, since the academic training, this practice has not been implemented, directing the work of these professionals to predominantly curative and rehabilitative activities, not allowing to put into practice the model proposed by the system (biomedical model). However, there is a shortage of documents both from official sources (ministries) and from the professional category itself, indicating the space for the physiotherapist's work in the family health team or even in SUS.⁶

FINAL REMARKS

This paper aimed to analyze the importance of physical therapy in the FHS. This way, by means of this research it was possible to find out the small amount of published studies related to physical therapy in the FHS, where the crossing of DeCS enabled the identification of 59 studies, out of which only 8 were used.

In general, in the publications available on the theme, the approach to the physiotherapist's role in the FHS (when this professional participates in it) is aimed at rehabilitation, not being included into the health promotion and disease prevention actions based on the concepts of interdisciplinarity and multiprofessionalism. There are a few possible definitions when we address the specific work object of this professional in the program, a fact which increases the difficulties observed with regard to the inclusion of the physiotherapist into the teams.

However, we found out that the importance of the physiotherapist's work in the FHS has been recognized both by professionals included into the teams and by users of the units. We emphasize the importance of including this professional into the FHS, showing that, through the preventive and clinical action by the physiotherapist, costs and demand in the tertiary care may be reduced. We suggest, here, the need for further studies about this theme.

REFERENCES

1. Delai KD, Wisniewski MSW. Inserção do fisioterapeuta no Programa Saúde da Família. Ciênc & Saúde Coletiva [Internet]. 2011 [cited 2013 July 17];16(Suppl 1):1515-23. Available from: <http://www.scielo.br/pdf/csc/v16s1/a87v16s1.pdf>.
2. Neves LMT, Aciole GG. Desafios da integralidade: revisitando as concepções sobre o papel do fisioterapeuta na equipe de saúde da família. Interface Comun Saúde Educ [Internet]. 2011 Apr-June [cited 2013 July 17];15(37):551-64. Available from: <http://www.scielo.br/pdf/icse/v15n37/aop1011.pdf>.
3. Naves CR, Brick VS. Análise quantitativa e qualitativa do nível de conhecimento dos alunos do curso de fisioterapia sobre a atuação do fisioterapeuta em saúde pública. Ciênc & Saúde Coletiva [Internet]. 2011 [cited 2013 July 17];16(Suppl 1):1525-34. Available from: <http://www.scielo.br/pdf/csc/v16s1/a88v16s1.pdf>.
4. Carvalho STRF, Caccia-Bava MCGG. Conhecimentos dos usuários da Estratégia Saúde da Família sobre a fisioterapia. Fisioter Mov [Internet]. 2011 Oct-Dec [cited 2013 July 17];24(4):655-64. Available from: <http://www.scielo.br/pdf/fm/v24n4/09.pdf>.
5. Silva DJ, Da Ros MA. Inserção de profissionais de fisioterapia na equipe de

saúde da família e Sistema Único de Saúde: desafios na formação. *Ciênc & Saúde Coletiva* [Internet]. 2007 [cited 2013 July 17];12(6):1673-81. Available from: <http://www.scielo.br/pdf/csc/v12n6/v12n6a26.pdf>.

6. Sousa ARB, Ribeiro KSQS. A rede assistencial em fisioterapia no município de João Pessoa: uma análise a partir das demandas da atenção básica. *Rev Bras Ciênc Saúde* [Internet]. 2011 [cited 2013 July 17];15(3):357-68. Available from: periodicos.ufpb.br/ojs/index.php/rbcs/article/download/10836/6829.

7. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. *Einstein (São Paulo)* [Internet]. 2010 [cited 2013 July 17];8(1):102-6. Available from: http://apps.einstein.br/revista/arquivos/PDF/1134-Einsteinv8n1_p102-106_port.pdf.

8. Botelho LLR, Cunha CCA, Macedo M. O método da revisão integrativa nos estudos organizacionais. *Gestão e Sociedade* [Internet]. 2011 May-Aug [cited 2013 July 17];5(11):121-36. Available from: www.gestoesociedade.org/gestoesociedade/article/download/1220/906.

9. Literatura Latino-Americana e do Caribe em Ciências da Saúde. Lilacs em números [Internet]. 2012 [cited 2012 Dec 5]. Available from: <http://lilacs.bvsalud.org/blog/2010/10/08/lilacs-em-numeros/>.

10. Scientific Electronic Library Online. SciELO [Internet]. 2012 [cited 2012 Dec 5]. Available from: http://www.scielo.br/scielo.php?script=sci_home&lng=pt&nrm=iso.

11. United States National Library of Medicine. MedLine, PubMed, and PMC (PubMed Central): How are they different? [Internet]. 2012 [cited 2012 Dec 3]. Available from: http://www.nlm.nih.gov/pubs/factsheets/dif_med_pub.html.

12. Associação Brasileira de Saúde Coletiva. *Ciência & Saúde Coletiva*: história da revista [Internet]. 2012 [cited 2012 Dec 5]. Available from: <http://www.cienciaesaudecoletiva.com.br/sobre/index.php>.

13. Revista de Atenção Primária à Saúde. Indexação e classificação [Internet]. 2012 [cited 2012 Dec 5]. Available from: <http://www.aps.ufjf.br/index.php/aps/index>.

14. Oliveira ALO, Campos RO, Severo AKS, Ferreira AR, Marques CC, Carlos DM, et al. Sobre fazer ciência na pesquisa qualitativa:

um exercício avaliativo. *Rev Saúde Pública* [Internet]. 2012 [cited 2013 July 17];46(2):392-4. Available from: <http://www.scielo.br/pdf/rsp/v46n2/3968.pdf>.

15. Camargo JR KR, Bosi MLM. Metodologia qualitativa e pesquisa em saúde coletiva. *Physis (Rio J)* [Internet]. 2011 [cited 2013 July 17];21(4):1187-90. Available from: <http://www.scielo.br/pdf/physis/v21n4/a00v21n4.pdf>.

16. Silva CRC, Mendes R, Nakamura E. A dimensão da ética na pesquisa em saúde com ênfase na abordagem qualitativa. *Saúde Soc* [Internet]. 2012 [cited 2013 July 17];21(1):32-41. Available from: <http://www.scielo.br/pdf/sausoc/v21n1/05.pdf>.

17. Barros AJS, Lehfeld NAS. Fundamentos de metodologia científica. 3. ed. São Paulo: Person Prentice Hall; 2007.

18. Albuquerque MAL, Carvalho VCP. O papel do fisioterapeuta no Programa Saúde da Família. *Revista Inspirar* [Internet]. 2009 Aug-Sep [cited 2013 July 17];1(2):15-9. Available from: http://www.inspirar.com.br/revista/wp-content/uploads/2010/04/revista_cientifica_inspirar_edicao_2_2009.pdf.

19. Baena CP, Soares MCF. Subsídios reunidos junto à equipe de saúde para a inserção da fisioterapia na Estratégia Saúde da Família. *Fisioter Mov* [Internet]. 2012 Apr-June [cited 2013 July 17];25(2):419-31. Available from: <http://www.scielo.br/pdf/fm/v25n2/v25n2a20.pdf>.

20. Loures LF, Silva MCS. A interface entre o trabalho do agente comunitário de saúde e do fisioterapeuta na atenção básica à saúde. *Ciênc & Saúde Coletiva* [Internet]. 2010 [cited 2013 July 17];15(4):2155-64. Available from: <http://www.scielo.br/pdf/csc/v15n4/a29v15n4.pdf>.

21. Novais BKLO, Brito GEG. Percepções sobre o trabalho do fisioterapeuta na atenção primária. *Rev APS* [Internet]. 2011 Oct-Dec [cited 2013 July 17];14(4):424-34. Available from: <http://www.aps.ufjf.br/index.php/aps/article/viewFile/1245/554>.

22. Portes LH, Caldas MAJ, Paula LT, Freitas MS. Atuação do fisioterapeuta na atenção básica à saúde: uma revisão da literatura brasileira. *Rev APS* [Internet]. 2011 Jan-Mar [cited 2013 July 17];14(1):111-9. Available from: <http://www.aps.ufjf.br/index.php/aps/article/view/960/452>.

Duarte KM, Duarte VS, Valenti VE et al.

Importance of physical therapy in the family...

23. Trelha CS, Silva DW, Lida LM, Fortes MH, Mendes TS. Fisioterapeuta no programa de saúde da família em Londrina (PR). Espaço Saúde [Internet]. 2007 June [cited 2013 July 17];8(2):20-5. Available from: http://www.ccs.uel.br/espacoparasaude/v8n2/Art%203%20_v8%20n2_.pdf. .

Submission: 2013/07/23

Accepted: 2013/09/30

Publishing: 2013/12/01

Corresponding Address

Ankilma do Nascimento Andrade
Rua Sousa Assis, 78 – Centro
CEP: 58900-000 – Cajazeiras (PB), Brazil