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Review article

THE INCLUSION OF THE PHYSIOTHERAPIST IN THE FAMILY HEALTH PROGRAM: LITERATURE REVIEW

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ABSTRACT

Introduction: Physical therapy is relevant to the life of the population. When the physiotherapist is included in the Family Health Strategy, new forms of prevention and health promotion arise, removing the burden of other professionals who make up family health teams, thus facilitating community care. Objective: To inquire about the insertion and performance of the physiotherapist in the Family Health Program. Methodology: This is a descriptive study through a systematic literature review. Result: the insertion of the physiotherapist in the Family Health Strategy was the objective found in 2 of the selected articles, while the remaining objectives were related to the analysis of the performance of the physical therapist, users' knowledge about the performance of the physical therapist and the professional training of the physical therapist to work in Family Health Program. The inclusion of the physiotherapist in the family health program has been troubled and has challenges: insufficient number of physiotherapists, lack of resources, lack of disclosure by the physiotherapists about the work they perform when inserted in primary care and lack of knowledge of the population and managers about the role of the physical therapist in primary care. Conclusion: The implementation of more physical therapy services in family health depends not only on the political will of managers but on a process of transformation of academic and professional physiotherapy practices, prioritizing a biopsychosocial model of health care and with greater participation in the collegiate bodies of the family. SUS.

KEYWORDS: Physiotherapy, Family Health Program, Primary Care.

INTRODUCTION

Physical therapy has a historic role in rehabilitation and healing. Since its regulation in 1969, it has been expanding its area of activity due to technological development and new demands at the individual and collective level. Physiotherapy professionals are able to work in primary care because they have general clinical training in all levels of health care (primary, secondary and tertiary). It also works in several areas, such as: the health of the elderly, women's and children's health, family and worker health, thus enabling them to act in health promotion and disease prevention (1).

In Brazil, research points to the participation of the physiotherapist in the Family Health Strategy (FHS) in some cities, namely: Teresópolis-RJ, Sobral-CE, Belo Horizonte-MG e João Pessoa-PB. Despite this, there are few studies mentioning the role of the physiotherapist in the Family Health Strategy (2).

The Family Health Program (FHP), created in 1994, emerged in Brazil as a strategy to reorient the care model from primary care, in compatibility with the principles of the Brazil's Unified Health System (UHS). The FHP is a new way of working with health, with the family as the center of attention, acting in prevention, bringing professionals closer to people, families and communities, providing assistance to the population according to their needs (3).

When the physiotherapist is included in the Family Health Program, he/she can capture a repressed demand, that is, the population that does not have access will be able to take advantage of his physiotherapy services. The acting of the physiotherapist in the FHP can bring benefits such as reducing public spending, the volume and complexity of health care, preventing the worsening of diseases while limiting the damage and sequelae already installed (4).

The Family Health Support Center (FHSC) was created in 2008 by Ordinance No. 154 of the Ministry of Health with the main objective of supporting the inclusion of the FHS in the service network. This expanded the scope and project of Primary Care actions, strengthening the health regionalization process (5).

Physiotherapy is not included in the minimum basic public health care team, but it has the possibility of acting in the support teams, according to the needs of each municipality, depending on the perception of municipal managers (6). Providing education, prevention, and collective assistance in Primary Health Care (PHC) is a

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function of the physiotherapist, as well as integrating multidisciplinary teams aimed to plan, program, control and execute projects and programs. Defining the physiotherapist's role in primary care will require efforts, since there is little experience at this level of care (7).

It is known that there is a need for a greater presence of the physiotherapist in the construction of therapeutic projects developed, mainly within the scope of the FHSC. It is necessary to review existing public policies, to expand knowledge among professionals and users about their practice. This would allow a discussion about professional training and the tools used to provide comprehensive and resolutive care (8).

The inclusion of the physiotherapist in primary care is a process under construction, as it is considered an element dedicated to rehabilitation. However, this is just a small part of their work, which is to treat diseases and their consequences, in addition to preparing the individual for the adaptation process. For a long time, this conception ruled out physiotherapy services from the basic health system, creating great difficulty for the population to access physiotherapy care, also limiting the work of professionals in family health units (8).

This review article aims to reflect on the physiotherapy service in primary health care and in the family health program in Brazil: its insertion, performance, and relevance.

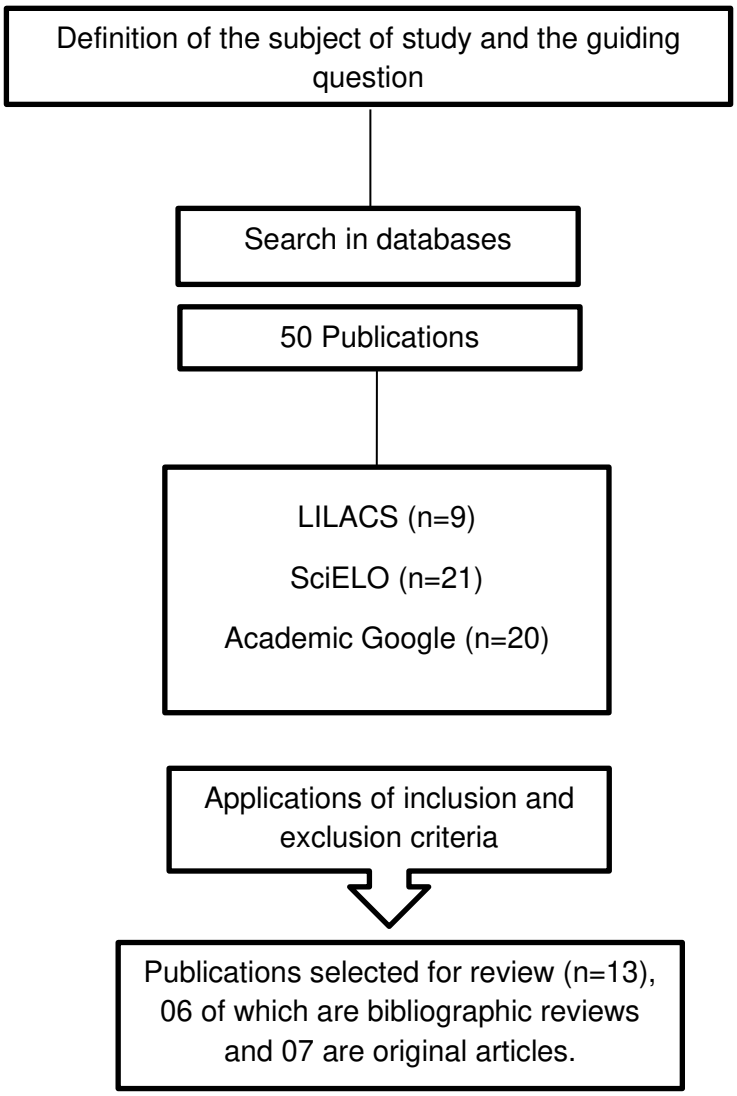
METHOD

A descriptive study was carried out, through a systematic review of the literature, adopting as inclusion criteria: original articles published in Portuguese with free access, restricted to the period 2019 to 2000. Studies involving repetitions of themes, articles that do not address the role of the physiotherapist in primary care and literature review articles.

Articles published in Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS) and academic google were searched. The following descriptors were used: "Physiotherapy", "Family Health Program", "Implementation of the Physical Therapist in the FHP", "Primary Care", "Family Health Strategy". Combinations of all descriptors and combinations of pairs were performed using the "and" operator.

The articles were independently evaluated and selected by four (04) reviewers, removing duplicates (study published in two or more databases). Based on titles and abstracts, papers that were unrelated to the review topic were excluded. From this pre-selection, the evaluators analyzed the texts in full, considering the defined criteria. The flowchart shown in Figure 1 represents the article selection phase.

Figure 1 – Flowchart of selection and exclusion of articles.



RESULTS

Selected articles were organized into folders by year and name of the main author. After this organization, they were placed in a spreadsheet for categorization by year, author, title, objective, methodology, results. After analysis by the inclusion criteria, seven papers were selected, which were grouped into four categories, according to the general objective, as shown in Table 1.

Table 1 - Objectives of works on the inclusion of physiotherapists in the period from 2019 to 2000.

Category	Objective	Total
I	Investigate the professional physiotherapist performance in the FHS	01
II	Check the users' knowledge about the role of the Physical Therapist in the FHS	02
II	To analyze professional training for physiotherapeutic activities in the FHS	01
IV	Observe the insertion of the physiotherapist in the FHS	03
	TOTAL	**07**

Table 2 - Articles selected after inclusion criteria.

Category	Year	Authors	Title	Objective	Methods	Results
I - Professional performance.	2018	Oliveira; Medeiros	Physiotherapy in multiprofessional residency in family health: experience report.	To describe the experience of a physical therapist residing in a multidisciplinary team of the Family Health Strategy (FSH).	Experience report, with a retrospective and descriptive character.	Physiotherapy is included in basic health care with specific action and as a team, assuming a preventive role in rehabilitation and health promotion.
II - Users' knowledge about physiotherapy.	2011	Carvalho; Caccia-Bava	Knowledge of Family Health Strategy users about physiotherapy.	Investigate the knowledge of PSF users about physiotherapy	Quiz, 275 users.	Knowledge focused on rehabilitation.
	2019	Costa; Pinho; Filgueiras; Oliveira et al.	Physiotherapy in the Family Health Program: users' perceptions.	To describe the perception of users regarding the performance of physiotherapy in the family health team.	Interview with 15 individuals	In the municipality of Maracanaú there are only three physiotherapists hired to work in basic units and at home. During three months of research, 15 patients aged between 50 and 90 years were followed. The analysis resulted in three theoretical categories of statements: Benefits of physiotherapy had a positive impact, Access to physiotherapy guaranteed access at home, reports point to failure about the frequency of care.
III - Professional qualification	2016	Lima; Oliveira	Physical therapist performance in the Family Health Program in the Federal District - a documentary research.	To analyze the training of the physiotherapist.	Research in the documents made available, mainly, in the “Transparency in Health” space on the website of the State Department of Health of the Federal District	Physiotherapy has a precise academic training, as it presents in its curricula disciplines that provide its action in the prevention of diseases, promotion and education in health, complying with the principles of the Unified Health System (UHS), promoting a better quality of life for people, but this new UHS model was not implemented as it should have been in the Federal District and, as a result, it is still necessary to include physiotherapists in that location.

IV - Professional insertion.	2011	Delai; Wisniewski	Insertion of the physiotherapist in the Family Health Program.	Map the insertion of the physiotherapist in the Family Health Program (FHP) of the municipalities that make up a Regional Health Coordination (RHC) in Rio Grande do Sul.	Questionnaires	In the municipalities under study, no physiotherapist is included in the FHP. There are municipalities that do not provide the physiotherapy service.
	2013	Souza; Bomfim; Souza; Batista et al.	Physiotherapy and Family Health Support Center: Knowledge, Tools and Challenges.	Understanding the challenges of the physiotherapist's praxis in the family health support center (FHSC)	Interviews with 14 individuals	In a village of Bahia state, a semi-structured interview was conducted with 14 individuals, divided into: group 1, managers; group 2, health workers; and group 3, users registered at the family health unit. It was found that the lack of infrastructure in the FHSC hinders the development of practices with clients, requiring guidance and continuous monitoring by the physiotherapist in the home environment. However, the lack of resources may be linked to the difficulty of accessing the unit in order to solve their problem, as they are far from their geographic reference, making it impossible for them to be linked to the service.
	2015	Ribeiro; Flores-Soares	Challenges for the insertion of physiotherapists in primary care: the view of managers.	Identify how the physiotherapist is included in primary care and the view of health managers of the role and insertion of this professional in the health team.	Interviews with 22 individuals	In the 3rd Regional Health Coordination of the State of Rio Grande do Sul, there are 45 physiotherapists inserted in primary care. Of these, only one in the Family Health Strategy (FHS) and two in Family Health Support Centers (FHSC), 13 managers mentioned the physiotherapist as being the only rehabilitation professional, others still claim that he has technical level training.

Quantitative data were then analyzed using descriptive statistics, while qualitative data were configured as subsidies for discussing the role of physiotherapists in the family health program.

DISCUSSION

It is possible to notice that the observation of the insertion of the physiotherapist in the FHS was the objective found in two of the selected articles. The rest of the objectives were related to the analysis of the physiotherapist's performance, users' knowledge about the role of the physiotherapist and the professional training of the physiotherapist to work in the FHS. For better organization, the discussion of the results will be treated according to the categories described in Table 1.

I - Professional role of the physiotherapist

In one of the surveys (9), the authors described the experience of a physical therapist residing in a multidisciplinary team of the Family Health Strategy (FHS) through a retrospective and descriptive learning report. They proposed a different look in relation to physiotherapeutic care, focusing not only on individual care, but also on collective care, with the support of a multidisciplinary team. As a result, they observed that in all Basic Health Units (BHU) the health teams sought to prioritize only curative actions and daily tasks, leaving aside disease prevention and health promotion activities, claiming lack of time and excessive work.

In the quest to understand the challenges of physiotherapist practices in the Support Center for Family Health (SCFH), another article (10) carried out a qualitative approach based on an interview with 14 individuals, divided into three groups: group I was composed of managers, group II by health professionals and group III by users. It could be observed that there is a shortage of human resources in the FHSC: few physiotherapists for the demand of patients. This fact generates a difficulty of access by the user.

II - Knowledge of users about the role of the Physical Therapist

By applying questionnaires to 275 users of a family health unit in Ribeirão Preto city, (São Paulo state), with one person from each family selected at random, researchers investigated the knowledge of FHP users about Physiotherapy (2). As a result, they observed that there is still a limitation in the knowledge of the actual performance of physiotherapy. They also observed that the population's lack of knowledge about the role of the physiotherapist may be one of the main reasons for limiting the community's search for these services.

Costa et al. described the perception of users regarding the performance of physiotherapy in the family health team with a descriptive study of a qualitative approach through interviews recorded in users' homes in the Maracanaú city, Ceará state (11). Fifteen caregivers and patients cared for at home participated in the survey. The results show that the community's access to physiotherapeutic care through the FHP was facilitated, but there are still some difficulties, such as: the insufficient number of active professionals, the delay in carrying out home visits, the lack of structural, material, and technological resources, in addition to the lack of disclosure by the physiotherapist professionals themselves regarding the work they perform when inserted in primary care. It is believed that structural problems can be solved with greater investment in health by State and Municipal Departments in the region.

III - Professional training of physiotherapists to work in primary care

A documentary research was carried out in order to analyze the training of the physiotherapist to demonstrate its usefulness in the Basic Health Units (6). As a result, the authors observed that physiotherapy has a broad academic background by presenting in its curriculum, disciplines that provide a role in disease prevention, health promotion and education, in compliance with the principles of the Unified Health System (UHS). However, this new UHS model was not implemented as it should have been in the Federal District (FD) and, as a result, there is still a need to include physiotherapists in this location. The Family Health Program has little space in the health system of the FD, where the traditional model still predominates, and the managers seems not been interested in inserting the physiotherapist in the

program, even in the small portions of the territory in which the Family Health Strategy was implemented. Family.

IV - Insertion of the Physical Therapist in Family Health

Ribeiro & Flores-Soares sought to identify how the physiotherapist is included in primary care (PC) and the view of health managers on the role and insertion of this professional in the health team (12). In this work, a qualitative study was used as a methodological tool in 22 cities of the 3rd Regional Health Coordination in the state of Rio Grande do Sul, from August 2011 to September 2012. The study was carried out through a previously defined semi-structured questionnaire on the structure of public care in physiotherapy existing in the municipalities. As a result, it was found that 45 physiotherapists work in primary care. Most (n=25) act as outsourced service providers in the municipality, 08 are public servants and 04 perform their role through a contract with the City Hall.

The study by Ribeiro & Flores-Soares showed some of the managers still have a deeply rooted view of the role of the physiotherapist only in tertiary care or rehabilitation. An interesting measure to correct this would be greater involvement of the Federal Council of Physiotherapy and Occupational Therapy (FCPOT), as well as its regional offices, in the dissemination of scientific advances in physiotherapy, as well as the expansion and details of its activities in all levels of health care. The creation of a society or association of physiotherapists focused on Primary Care could also be a strategy that would strengthen the role of this professional.

Another research tried to map the insertion of the physiotherapist in the Family Health Program (FHP) of the municipalities that make up a Regional Health Coordination (CRS) in Rio Grande do Sul (13). A quali-quantitative study was carried out focusing on physiotherapists operating in 31 municipalities through questionnaires sent to each physiotherapy professional by e-mail, mail, or hand-delivered. Of 39 questionnaires sent, only 24 were returned. As a result, it was identified that, among the 31 municipalities, 8 do not provide the physiotherapy service. As a result, patients who need physiotherapeutic treatment end up going to the reference center in another city, making it difficult to monitor correctly and even the individual's evolution during therapy.

After analyzing the articles selected for this work, it can be noted that some authors point out that the lack of knowledge about the role of the physiotherapist in basic health units can be due to disinterest of managers and other professionals included in the FHSC. In addition, there is also a lack of disclosure by the physiotherapist professionals themselves about the work they perform when inserted in primary care (11).

When applying 275 questionnaires to users of a family health unit in Ribeirão Preto, researchers observed that the population's knowledge about the work performed by the physiotherapist turned only to rehabilitation, indicating that the physiotherapist only works in hospitals, with people with physical disabilities, not carrying out educational actions (2).

It could be noticed that the community's lack of knowledge regarding the work performed by the physiotherapist in primary care is one of the main reasons for the low demand from the community for educational and preventive actions provided by the physiotherapist in the family health program.

CONCLUSION

The inclusion of the physiotherapist in the family health program has been troubled and with great challenges. There is little accumulated experience of physiotherapists in primary care, especially when the historical reference point of this professional is rehabilitation and secondary care, although this has been changing with the course of new understandings of the concept of health and the increase in life expectancy.

It could be seen, throughout the studies described, that when the physiotherapist is included in the FHSC, they continue to prioritize curative actions. Since, in some cases, the physiotherapy professionals themselves put obstacles to create solutions that would make the actions viable, even though they were aware of their need. Among the justifications presented by these professionals were from lack of time to excessive work.

Among the reported difficulties are the insufficient number of professionals working, delay in carrying out home visits, lack of structural, material, and technological resources, in addition to the lack of disclosure by the physiotherapist professionals themselves regarding the work they perform, when inserted in the care primary.

The population's lack of knowledge about the role of physiotherapists in primary care and even managers was mentioned as a factor that reduces patient adherence to physiotherapy programs and insufficient number of physiotherapists hired in the FHSC. However, it is plausible to consider that society's lack of knowledge, from patients to managers, about the physiotherapist's role in primary care may be associated with the cultural reality of Brazilian physiotherapy care, which prioritizes secondary and tertiary care levels and still demands a lot of planning and experience. to disseminate physiotherapeutic assistance in primary care.

According to Federal Law no. 8,142, of December 28, 1990, Health Conferences must be held every four years in all spheres of government, assessing the health situation, with the participation of users and professionals, in order to promote health improvements. The collegiate instances of the Unified Health System are the Health Conference and the Health Council, as provided for in the law. Such instances are of great importance in determining the fate of social policies, supporting the implementation of the UHS. In other words, these are decisions taken

between the population, health workers, entities that train human resources for health, public and private institutions, providers of health services to the UHS, in addition to institutions responsible for managing the UHS. Such decisions are intended to develop actions to solve problems related to the local health system, organizing health services, meeting the priority needs of the population, in addition to controlling and supervising the proper use of resources destined for health.

The inclusion of the physiotherapist and the implementation of more FHSC and basic family health units do not depend only on the political will of the managers, but on a process of transformation of the understanding of the biopsychosocial model by the physiotherapists. Higher education in Physical Therapy should involve the participation of students in collegiate instances of the UHS, especially in Municipal Health Conferences, as well as encouraging more research involving this topic, since there are few works on this topic.

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