

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i64p5628-5639>

Physiotherapy and NASF: knowledge of graduates from the first and second decade of the XXI century

Fisioterapia y NASF: conocimiento de los graduados de la primera y segunda década del siglo XXI

Fisioterapeuta e NASF: conhecimentos de graduados da primeira e segunda década do século XXI

ABSTRACT

Objective: To verify the knowledge among professionals trained in the 1st and 2nd decades of the XXI century regarding the physiotherapist's duties in the family health support center. **Method:** Quantitative, cross-sectional study, comprising 35 physiotherapists from the city of Porto Velho, with active registration, divided into two groups (1st and 2nd decade). The professionals answered a questionnaire with dichotomous questions about the physiotherapist's performance through the Google Forms platform. **Results:** There was no statistical significance between the groups, however, in a more synthetic discussion in a descriptive form of percentages due to the differences in samples in the groups, facilitating the risk of bias, it was found that the 2nd decade group has more knowledge in relation to the other group. **Conclusion:** During academic training there are disciplines aimed at working in primary care, but the focus on the tertiary area, allows a large part of professionals to link their work to the rehabilitation role.

DESCRIPTORS: Physiotherapy; Primary Health Care; Family Health Strategy; Knowledge;

RESUMEN

Objetivo: Verificar el conocimiento de los profesionales formados en la 1ª y 2ª décadas del siglo XXI sobre las funciones del fisioterapeuta en el centro de apoyo a la salud familiar. **Método:** Estudio cuantitativo, transversal, compuesto por 35 fisioterapeutas de la ciudad de Porto Velho, con registro activo, divididos en dos grupos (1ª y 2ª década). Los profesionales respondieron un cuestionario con preguntas dicotómicas sobre el desempeño del fisioterapeuta a través de la plataforma Google Forms. **Resultados:** No hubo significación estadística entre los grupos, sin embargo, en una discusión más sintética en forma descriptiva de porcentajes debido a las diferencias en las muestras en los grupos, facilitando el riesgo de sesgo, se encontró que el grupo de 2da década tiene más conocimiento en relación con el otro grupo. **Conclusión:** Durante la formación académica existen disciplinas orientadas a trabajar en atención primaria, pero el enfoque en el área terciaria, permite a una gran parte de los profesionales vincular su trabajo con el rol rehabilitador.

DESCRIPTORES: Fisioterapia; Atención Primaria de Salud; Estrategia de Salud de la Familia; Conocimiento.

RESUMO

Objetivo: Verificar o conhecimento entre profissionais formados na 1ª e na 2ª década do século XXI quanto as atribuições do fisioterapeuta no núcleo de apoio à saúde da família. **Método:** Estudo quantitativo, transversal, composto por 35 fisioterapeutas do município de Porto Velho, com registro ativo, divididos em dois grupos (1ª e 2ª década). Os profissionais responderam um questionário com perguntas dicotômicas acerca da atuação do fisioterapeuta através da plataforma Google Forms. **Resultados:** Não se verificou significância estatística entre os grupos, contudo, em uma discussão mais sintética de forma descritiva de percentuais decorrente das diferenças de amostras nos grupos, facilitando o risco de viés, verificou-se que o grupo da 2ª década detém mais conhecimento em relação ao outro grupo. **Conclusão:** Durante a formação acadêmica existem disciplinas voltadas para a atuação na atenção básica, porém o foco na área terciária, possibilita que grande parte dos profissionais atrelem suas atuações ao papel reabilitador.

DESCRIPTORIOS: Fisioterapia; Atenção Primária à Saúde; Estratégia Saúde da Família; Conhecimento.

RECEIVED ON: 12/15/2020 APPROVED ON: 01/08/2021



Fábrio Bruno de Souza Santos

Graduated in Physiotherapy (Inter-American Faculty of Porto Velho/UNIRON) 2020.

ORCID: 0000-0003-4521-6879

Samuel da Silva Souza

Graduated in Physiotherapy (Inter-American Faculty of Porto Velho/UNIRON) 2020.
ORCID: 0000-0002-0325-6525

Geiferson Santos do Nascimento

Graduated in Physiotherapy (Faculdade Interamericana de Porto Velho / UNIRON) 2016; Specialist in Orthopedics and Traumatology (Inter-American Faculty of Porto Velho / UNIRON) 2017; Specialist in Adult Neurofunctional Physiotherapy (UNIMINAS) 2020; Specialist in Social Work and Collective Health (ESTRATEGICO) 2020; Master's student in Psychology (UNIR) 2019.
ORCID: 0000-0003-1726-0936

Isabella Naiara de Almeida

Graduated in Physiotherapy (Faculdade São Lucas) 2007; Specialist in Hospital Physiotherapy (UNOESTE) 2009; Specialist in Pedagogical Management in Higher Education (Faculdade Interamericana de Porto Velho/UNIRON) 2013; Master in Intensive Care (SOBRATI) 2017.
ORCID: 0000-0003-0853-9150

INTRODUCTION

In Brazil, Primary Health Care (PHC) began to be noticed in 1994 with the creation of the Family Health Program (PSF - Programa de Saúde da Família) to reorganize and reorient primary care actions, thus in 2006 it became known as the Family Health Strategy (FHS). In view of the extent of assistance and difficulties in interdisciplinarity during the actions of the ESF, the Family Health Support Center (NASF - Núcleo de Apoio à Saúde da Família) is created by Ordinance GM No. 154, of January 24th, 2008, to contribute with care and management health in primary care. The NASF was created with the objective of increasing the performance of the PC under new perspectives of the FHS's performance, giving greater resoluteness and qualities of health care. Among the professionals who make up the NASF, the physiotherapist is one of them, since it is a trained professional to work in the field of health promotion, prevention, treatment and rehabilitation. ⁽¹⁾

Fonseca ⁽²⁾ in an integrative literature review found that there is a diversity in relation to the target audience and the performance of the physiotherapist in the NASF, in which there is a redirection of their performance to tertiary care due to inadequate physical and economic conditions, and the lack of knowledge of team members and users.

Since the recognition of the profes-

In Brazil, Primary Health Care (PHC) began to be noticed in 1994 with the creation of the Family Health Program (PSF - Programa de Saúde da Família) to reorganize and reorient primary care actions, thus in 2006 it became known as the Family Health Strategy (FHS).

sion, the physiotherapist has focused his assistance exclusively on the treatment of diseases, driven by the historical context of the creation of the profession through Decree-Law 938/69, when defining as a private activity of the physiotherapist, executing methods and techniques in order to restore, develop and maintain the patient's physical capacity. ⁽³⁾ With the need to review the professional profile within Primary Care (PC), the basic curricular guideline for the physiotherapy course appears in 2002, published by the National Education Council, defining skills and competences at the end of graduation, such as performance at all levels of health care. ⁽⁴⁾ However, even with the curricular guidelines of 2002, it was only after the creation of the NASF in 2008, that the path of academic training began to have directions for acting with AB. However, few professionals act or know their attributions in AB, which go beyond physical-functional rehabilitation, since professional training has been focused for a long time on the execution of techniques in order to restore the patient's physical capacity and the ordinance No. 154 of 2008, whose design delimits municipal public managers of the public administration the opportunity and convenience in implementing the use of physical therapy practice in the NASF. ^(5;6)

Thus, the objective was to verify whether there is a discrepancy in knowledge among professionals trained in the first

and second decade of the 21st century and the guiding question of the research was: Is there a difference in knowledge about physical therapy in primary care between professionals trained before and after GM Ordinance No. 154/2008 – Ministry of Health?

METHOD

It is a study of quantitative approach, of the descriptive type and transversal character.⁽⁷⁾

The study universe consisted of 35 (thirty-five) physiotherapists, divided into two groups, selected according to the training period, with a group consisting of 11 (eleven) professionals, 2 (two) of whom were male and 9 (nine) female, with training completed between January 2000 to December 2008 and another group formed by 24 (twenty-four) professionals, 6 (six) male and 18 (eighteen) female, with training completed between January of 2009 and December of 2018.

It is noteworthy that the professionals

included in the research had as criteria to be registered in CREFITO⁽¹⁸⁾, to have worked in the field of physiotherapy with

It is noteworthy that the professionals included in the research had as criteria to be registered in CREFITO...

a minimum period of 06 (six) months, and that they were present in the urban center of the city of Porto Velho (RO) in the data collection period.

Those who did not meet the requirements for formalizing academic research and those who were not in the places visited for data collection were subtracted, in addition to those who were physically and/or mentally disabled due to past memories, tiredness or even due to negative experiences on the topic.

The researchers went to meet the professionals from the research by public hospitals and the private initiative, physiotherapy clinics, basic health units in the period from October to November 2019. A Samsung J5 Prime cell phone was used as a collection tool, connecting to Google servers that provide the Google Forms application free of charge, for data collection and generation of graphs/tables. The participants accepted to participate in the research through the Free and Informed Consent Term (ICF) and accessed the questionnaire of action in the NASF (ANNEX I). The research followed the requirements of Resolution No. 466/2012-CNS and was approved by the Ethics and Research Committee of Faculdade Integradas Aparício Carvalho (FIMCA) under No. 54669416.1.0000.0012.

The data were tested for normality distribution using the Shapiro Wilk test and for data analysis, categorical variables were presented in absolute and relative frequencies, used for comparison between the groups of the first and second decade, the Pearson's Chi-square test. The analyzes were performed using the SPSS 22.0 program, and the statistical significance was set at 5%.

RESULTS

The analysis of categorical variables after statistics showed that there was no significance between the groups, as shown in Table 1.

For an effective discussion of the topics covered within the question-

Table 1. Absolute frequency of answers regarding the 15 questions from both groups.

QUESTIONS/ GROUPS	GROUP 2000-2008			GROUP 2009-2018			TOTAL	P
	NO	YES	TOTAL	NO	YES	TOTAL		
Question 1	4	7	11	6	18	24	35	0,490
Question 2	0	7	7	0	18	18	25	-
Question 3	5	2	7	17	1	18	25	0,112
Question 4	3	4	7	9	9	18	25	0,748
Question 5	0	7	7	1	17	18	25	0,524
Question 6	1	6	7	3	15	18	25	0,884
Question 7	0	7	7	2	16	18	25	0,358
Question 8	0	7	7	4	14	18	25	0,174
Question 9	1	6	7	3	15	18	25	0,884
Question 10	5	2	7	14	4	18	25	0,739
Question 11	0	7	7	1	17	18	25	0,524
Question 12	2	5	7	8	10	18	25	0,467
Question 13	3	4	7	3	15	18	25	0,169
Question 14	5	2	7	15	3	18	25	0,504
Question 15	1	6	7	2	16	18	25	0,826

P= meaningfulness.
 Source: Author

naires, the questions were divided into subgroups and then grouped to perform a more synthetic analysis of the results obtained in the form of percentages (%).

DISCUSSION

Analyzing Table 2, the percentages of the groups, it is clear that professionals with training after 2008, have greater knowledge about the insertion of the physiotherapist in the NASF, as well as

the importance of this professional at this level of care.

Being a profession under construction, completing in 2019, 50 years old, it shows that physical therapists undergo constant changes. One of these transformations is the insertion of the physiotherapist within the PHC since 2008, through NASF regulation.⁽⁸⁾

The class council in 2009, through Resolution No. 363/2009, recognizes collective health as a specialty of physiotherapy, demystifying the idea of a fully

trained professional for the rehabilitation role.⁽⁹⁾

However, there is resistance from the professional's performance in the PC arising from academic training, making it difficult to access the service and the knowledge of both physiotherapists and society about the professional's duties.

When analyzing the results of the second grouping of questions, there is a difference between the opinions of the groups, where group 2, a large part of the participants demonstrated knowledge about the performance and attributions of the physiotherapist within PHC, different from that found in group 1, most of them still verify these attributions and functions linked to the role of a rehabilitation professional.

Knowledge of the professional's duties and competences in PHC has also been disseminated in higher education institutions, since even with the provision in the Course Curricular Guidelines⁽¹⁰⁾, only after the creation of the NASF did the educational institutions begin to foster this field of action, thus facilitating the professionals trained after this period to have greater knowledge about their performance in this level of health.⁽¹¹⁾

Checking the results, it was noticed in both groups that there is an agreement that during the training process there are disciplines aimed at the performance of the physiotherapist in PHC, but with a focus on rehabilitation. They also presented a similarity of thoughts regarding their preparation to work at this level in health and that the modality of distance education in physical therapy does not contribute to the training of this professional for the level of primary area.

The advances in teaching physiotherapy in PHC have had great results, mainly with the opening of internship fields for the practical experiences of this reality of performance.⁽¹²⁾ These experiences can be camouflaged or even extinguished with the emergence of distance learning where the absence of direct contact with patients, disciplines with a greater theoretical than

Table 2. Relative frequency in relation to the questions that address the insertion of the physiotherapist in the NASF.

QUESTIONS/GROUPS	GROUP 2000-2008 (1)		GROUP 2009-2018 (2)	
	YES	NO	YES	NO
Question 2	100%	0%	100%	0%
Question 4	57,1%	42,9%	50%	50%
Question 6	88,7%	14,3%	83,3%	16,7%

Source: Author

Table 3. Relative frequency in relation to the questions that address the performance of the physiotherapist in the NASF.

QUESTIONS/GROUPS	GROUP 2000-2008 (1)		GROUP 2009-2018 (2)	
	YES	NO	YES	NO
Question 3	28,6%	71,4%	94,4%	5,6%
Question 5	100%	0%	94,4%	5,6%
Question 8	100%	0%	77,8%	22,2%
Question 9	85,7%	14,3%	83,3%	16,7%
Question 10	28,6%	71,4%	77,8%	22,2%
Question 11	100%	0%	94,4%	5,6%
Question 12	71,4%	28,6%	55,6%	44,4%

Source: Author

Table 4. Relative frequency in relation to the questions that address academic training to work in the NASF.

QUESTIONS/GROUPS	GROUP 2000-2008 (1)		GROUP 2009-2018 (2)	
	YES	NO	YES	NO
Question 1	20%	17,1%	11,4%	51,4%
Question 7	100%	0%	88,9%	11,1%
Question 13	57,1%	42,9%	83,3%	16,7%
Question 14	28,6%	71,4%	16,7%	83,3%
Question 15	85,7%	14,3%	88,9%	11,1%

Source: Author

practical focus, can set new precedents so that this area of activity, which is still growing, can have all its minimized or even outdated potential due to incomplete training of new professionals.⁽¹³⁾

CONCLUSION

The statistical result of the study demonstrated the lack of significance between the groups, however, in a more synthetic analysis of the results in the form of absolute frequencies, differences of knowledge between the participants of the research were perceived in relation to the insertion, the importance of the physiotherapist and its attributions in the NASF, being that

these attributions often not defined in ministerial decree, are performed in a matrix support way, developed in condition of management of the FHS and allowing a multidisciplinary approach.

Even in the face of the differences found between the groups, it was still possible to verify a similarity of knowledge in relation to the training profile, in which even though there are disciplines aimed at working in PHC, the participants still link the attributions and functions of this professional to individual rehabilitation, clearly demonstrating that the vision of the professional in this field of continuous performance in a cast, with advances in basic knowledge of the possi-

bility of professional existence, but with limitations on the actions and skills aimed at the physiotherapist.

However, it appears that this performance of the physiotherapist in PHC has been undergoing a constant evolution, since there is a deconstruction of the rehabilitation profile after the inclusion of this professional in the NASF, for this it is necessary scientific advances that demonstrate in a statistical way the approaches and effectiveness of this professional in PHC, studies that aim to expand improvements in the quality of academic training, with the consequence of promoting better experiences and overcoming still existing paradigms. ■

REFERENCES

1. Fernandes SC, Ros MA. Desconstruir para transformar: o perfil do fisioterapeuta para o Núcleo de Apoio à Saúde da Família. *Fisioterapia Brasil*, 2018;19(2):249-25. Disponível em: http://docs.bvsalud.org/biblioref/2018/08/911298/desconstruir-para-transformar-o-perfil-do-fisioterapeuta-para-o_gsCUXAj.pdf
2. Fonseca JMA, Rodrigues MTP, Mascarenhas MDM, LIMA LHO. A fisioterapia na atenção primária à saúde: uma revisão integrativa. *Revista Brasileira em Promoção da Saúde*, Fortaleza, 29(2): 288-294, abr./jun., 2016. Disponível em <https://periodicos.unifor.br/RBPS/article/view/4593/pdf>
3. Bispo JPJ. Fisioterapia e saúde coletiva: desafios e novas responsabilidades profissionais. *Ciênc. saúde coletiva*, Rio de Janeiro, v. 15, supl. 1, p. 1627-1636, Junho 2010. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232010000700074&lng=en&nrm=iso
4. Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES nº 4, de 19 de fevereiro de 2002. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Fisioterapia. *Diário Oficial da União*, Brasília, 4 de março de 2002. Seção 1, p. 11. Disponível em: <http://portal.mec.gov.br/cne/arquivos/pdf/CE5042002.pdf>
5. Braghini CC, Ferretti F, Ferraz L. Atuação do fisioterapeuta no contexto dos núcleos de apoio à saúde da família. *Fisioterapia em movimento*. Curitiba, v. 30, n. 4, p. 703-713, Dec. 2017 Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-51502017000400703
6. Conselho Federal de Fisioterapia e Terapia ocupacional (COFFITO). Resolução COFFITO nº 363, de 20 de maio de 2009. Reconhece a Fisioterapia em Saúde Coletiva como especialidade do profissional Fisioterapeuta e dá outras providências. Brasília: COFFITO, 2014. Disponível em: <https://www.coffito.gov.br/nsite/?p=3126>
7. Fontelles JM, Simoes MG, Farias SH, Fontenelle RGS. Metodologia da pesquisa científica: diretrizes para a elaboração de um protocolo de pesquisa. Núcleo de Bioestatística Aplicado à pesquisa da Universidade da Amazônia, UNAMA, 2009. Disponível em: https://ciencias-saude.medicina.ufg.br/up/150/o/Anexo_C8_NONAME.pdf
8. Brasil. Ministério da Saúde. Portaria Nº 154, de 24 de janeiro de 2008. Cria os Núcleos de Apoio à Saúde da Família (NASF). Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2008/prt0154_24_01_2008.html
9. Conselho Federal de Fisioterapia e Terapia ocupacional (COFFITO). Resolução COFFITO nº 363, de 20 de maio de 2009. Reconhece a Fisioterapia em Saúde Coletiva como especialidade do profissional Fisioterapeuta e dá outras providências. Brasília: COFFITO, 2014. Disponível em: <https://www.coffito.gov.br/nsite/?p=3126>
10. Formiga NFB, Ribeiro KSQS. A inserção do fisioterapeuta na atenção básica: uma analogia entre as experiências acadêmicas e a proposta dos Núcleos de Apoio à Saúde da Família (NASF). *Revista Brasileira de Ciências da Saúde*. Disponível em: <https://periodicos.ufpb.br/ojs2/index.php/rbcs/article/view/10639>
11. Bispo JPJ. Formação em fisioterapia no Brasil: reflexões sobre a expansão do ensino e os modelos de formação. *História, Ciências, Saúde*. Rio de Janeiro, 2009. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-59702009000300005
12. Seriano KN, Muniz VRC, Carvalho, MEIM. Percepção de estudantes do curso de fisioterapia sobre sua formação profissional para atuação na atenção básica no Sistema Único de Saúde. *Fisioterapia e pesquisa*. 2013. Disponível em: http://www.scielo.br/scielo.php?pid=S1809-29502013000300009&script=sci_abstract&tlng=pt
13. Brenner F, Pianesser R, Espindola, DB; Pinto I, Musa M, Gouvêa A, et all. *Revisão Sistemática da Educação a Distância: um estudo de caso da EAD no Brasil*. ESUD, 2014 – XI Congresso Brasileiro de Ensino Superior à Distância. Florianópolis, 05-08 de agosto de 2014. UNIREDE. Disponível em: <http://esud2014.nute.ufsc.br/anais-esud2014/files/pdf/128187.pdf>

ANNEX I

Quiz

1. Do you know the NASF (Family Health Support Center)?
 Yes
 No
- If the answer is yes, continue.
2. Is the physiotherapist an important professional in the composition of the NASF, since the nucleus acts in primary health care?
 Yes
 No
3. Does the physiotherapist within the rules of the NASF act only in physical rehabilitation and in preparation for childbirth?
 Yes
 No
4. Before the creation of the NASF, could the physical therapist work in primary care?
 Yes
 No
5. Does the physiotherapist within the NASF participate in the discussion of clinical cases with the other professionals in the nucleus?
 Yes
 No
6. With the creation of the NASF in 2008, did the professional get greater support and visibility to work in primary care?
 Yes
 No
7. During your academic training, did you have subjects that addressed the physiotherapist's performance in primary care?
 Yes
 No
8. Within the NASF, does the physiotherapist participate in the collective planning of the nucleus' actions?
 Yes
 No
9. Are lectures and guidelines for continuing education of the population the competence of physiotherapists?
 Yes
 No
10. Are physical therapy services within the NASF restricted to the home environment with users restricted to the bed or who require physical rehabilitation care?
 Yes
 No
11. Are prevention actions through lectures and guidelines also physical therapist skills and competences in the NASF?
 Yes
 No
12. Does the physiotherapist at NASF carry out actions of integrative and complementary practices, such as acupuncture and body practices?
 Yes
 No
13. Does academic training in physical therapy focus on physical rehabilitation?
 Yes
 No
14. Does the distance education teaching method in physiotherapy assign skills and competencies to work in Primary Care?
 Yes
 No
15. Do you feel prepared to act on the NASF?
 Yes
 No