



## **The physiotherapist in primary health care: Perception of patients treated at the physiotherapy outpatient clinic in the city of Pinheiros - ES**

### **O fisioterapeuta na atenção primária à saúde: Percepção dos pacientes atendidos no ambulatório de fisioterapia da cidade de Pinheiros - ES**

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#### **ABSTRACT**

Introduction: For a long time, Physical Therapy was summarized as rehabilitation, after many discussions, the physical therapist becomes a professional active in prevention and health promotion, starting to be part of primary health care, focusing on analyzing the reports of patients who are treated in primary care and how the applicability of possible methods existing within the profession is being. Objective: The objective of the present study was to analyze the perception of patients treated at the Physical Therapy outpatient clinic in the city of Pinheiros - ES and to see the importance of the professional's participation in this environment. Methodology: This is a quantitative, exploratory and descriptive research, where the main complaints and perception of Physical Therapy patients in the public sector of the city of Pinheiros - ES were studied. Results: It was observed that (56%) of the patients perceive little improvement with the treatment, that (28%) they prefer to receive the physiotherapist at their home, that the physiotherapist always clarifies the patients' doubts (68%), that the patients feel safe with the physiotherapeutic conducts (76%), but that they do not see much improvement with the treatment, (96%) of the patients consider the physiotherapist kind and treats them with respect. Conclusion: It is concluded that the perception of users who undergo Physical Therapy in the public sector is positive, even if they see few improvements in their treatment, due to the few sessions, but it ends up leaving something to be desired in terms of the physical therapist clearly explaining the treatment that will be performed.



**Keywords:** NASF, Physiotherapy, Primary care, Rehabilitation.

## 1 INTRODUCTION

Primary care is a project implemented within the Brazilian Unified Health System (SUS), with the aim of valuing and organizing the system, thus generating promotion and quality of the service provided. In 2008, the Family Health Support Center (NASF) was established, which enriched primary care and has provided support to the working teams, thus generating good results (FONSECA, *Et. Al.*, 2016).

For a long time, Physiotherapy was summarized as rehabilitation, after many discussions and analyses recognized the physiotherapist as a professional active in prevention and health promotion. The physiotherapist then became part of primary health care. During their academic training, it is mandatory that their curriculum contains information about social, preventive and collective health physiotherapy, so that they have sufficient preparation to generate qualified professionals for the work (RODRIGUES *Et. Al.* 2013).

For a long time, the performance of the physiotherapist in public support networks was considered indispensable, however, with the epidemiological, demographic, and geographical changes, among others, and with the great advancement of the professional's performance, the need for the implementation of Physiotherapy in these units was analyzed. There are many municipalities that have not yet made this change, however, it is an advance (RODRIGUES *Et. Al.* 2013).

As mentioned above, Physical Therapy has participated more frequently in Brazilian public health programs, which generates greater visibility and opportunities for the profession. However, it is a process, many still believe that Physical Therapy is only about recovery, based on this issue, many studies have been carried out to prove the contribution and results of Physical Therapy in primary care (NOVAIS and BRITO, 2011).

## 2 PHYSIOTHERAPY IN THE UNIFIED HEALTH SYSTEM (SUS)

In the twentieth century, the training of physical therapists followed the molds of medical education, with a focus on disease and little emphasis on prevention and health promotion. The proposition of the SUS and the debate about the expanded concept of health in the 1980s brought to light the need to change the focus of professional training, which is no longer centered only on the disease and is now directed to the various instances of production of life and the prevention of pathologies (BORGES, 2018).



The Family Health Strategy (FHS) is the most important initiative for the organization of Primary Health Care (PHC) in the Unified Health System (SUS), so that the focus of care is no longer directed only on the disease, but on prevention, giving more attention to the promotion and maintenance of health (DE SOUZA and BERTONINI, 2019).

The SUS guidelines are not only concerned with individual health, but also with the well-being of a group of people. The intervention of the physiotherapist directly benefits several sectors of society, as some activities are peculiar to him, such as: evaluations of musculoskeletal and ergonomic functions; interpretation of exams; prognosis; prescription of therapeutic approach; planning of intervention strategies, defining objectives, conducts and procedures; participation in the development of quality of life programs and especially health education, proposing changes in lifestyle habits (DA SILVA MAIA *et. al.*, 2015).

## 2.1 MAIN METHODS AND TECHNIQUES USED IN THE REHABILITATION OF PATIENTS TREATED AT THE PHYSIOTHERAPY OUTPATIENT CLINIC

Nowadays there is a large number of resources and techniques used in the rehabilitation of each patient cared for in the Unified Health System (SUS), among which the following stand out: manual therapies, electrotherapy, thermotherapy, kinesiotherapy, cryotherapy (DOS SANTOS OLIVEIRA *et. al.*, 2018).

### 2.1.1 Manual Therapy as a Resource to Relieve Patient Pain

Manual therapy aims to relieve pain, increase mobility, and normalize joint functions. It consists of techniques that use accessory movements for treatment, with traction, which aims to increase joint space and promote analgesia, sliding from one surface to another, passive mobilizations, massages, and soft tissue mobilizations (DE AMORIM *et. al.*, 2014).

In addition, the pain relief and muscle relaxation promoted by manual techniques cause the reestablishment of muscle function and consequently improving the pattern of muscle contraction, suggesting that the presence of pain may lead to lower recruitment of motor units (SANTOS and PEREIRA, 2016).

The neurophysiological effects of manual therapy depend on the technique applied, as each receptor responds to a certain stimulus and generates a specific effect (NOGUEIRA, 2008).

Myofascial trigger points (PMGs) are points found in myofascial soft tissues that present hypersensitivity, tight bands, and referred pain, which can occur spontaneously or at digital pressure (SANTOS *et. al.*, 2012).



The application of cupping therapy in PGMs aims to regulate the blood circulation of body fluids, consists of inactivating PG (Trigger Points) and interrupting the vicious cycle of pain (CAMPOS and SANTOS, 2015).

### **2.1.2 Electrotherapy as therapeutic purposes**

Electrotherapy consists of the use of electric current for therapeutic purposes promoting analgesia, resulting in the activation of the pain suppressor system and producing a sensation that interrupts its perception. This effect can persist for long periods, leading to the disappearance of pain. TENS comes from the English Transcutaneous Electrical Nerve Stimulation and the Portuguese Transcutaneous Electrical Nerve Stimulation (FLORENTINO *et. al.*, 2012).

Transcutaneous electrical nerve stimulation, known via its abbreviation as TENS, is a low-frequency current that is used for analgesic interventions. The application of TENS has been gaining recognition due to its low cost and for having very rare contraindications. In the midst of clinical practices, four types of different TENS modalities are observed, which are: Conventional, brief and intense, burst and acupuncture, where what differs in these modalities are the frequencies used, pulse widths, duration of analgesia and the patient's perception employed by the intensity of the current (BORDIAK *et. al.*, 2013).

Ultrasound (US) used in physical therapy is a relatively low-intensity technique that uses high-frequency sound waves to speed up joint recovery. In this technique, there is a stimulation to increase the repair effects of cells during the inflammatory response (PEREIRA, 2017).

### **2.1.3 Kinesiotherapy as pain prevention and control**

Kinesiotherapeutic exercises contribute to the promotion of biomechanical adaptations, maintenance of spinal posture, prevention and control of stress and pain in the lumbar and pelvic segment, thus resulting in physical and psychic balance, promoting health, well-being and quality of life (DALVI *et. al.*, 2010).

Early kinesiotherapy, through stretching exercises, active-free and active-assisted exercises of the upper limb (MS) and lower limb (LL) helps in the prophylaxis and treatment of pain symptoms, being an indispensable tool for the reestablishment of the physical function of each individual (RETT *et. al.*, 2012).

The Pilates method is known to stimulate circulation, improve physical conditioning, increase flexibility, stretching, postural alignment, levels of body awareness and motor coordination (COMUNELLO, 2011).



#### **2.1.4 Thermotherapy as a resource for pain relief**

Thermotherapy is the oldest known procedure in the practice of physical rehabilitation. Heat has a relaxing effect on musculoskeletal tone. The local application of heat relaxes the muscles along the skeletal system (FELICE AND SANTANA, 2009).

Thermotherapy is a modality that enables vasodilation, muscle relaxation, improved metabolism, local circulation and reduced inflammation. Superficial heat thermotherapy can be performed through the use of thermal bags, contrast baths, paraffin baths, infrared, (FLORENTINO *et. al.*, 2012).

Some studies suggest that the application of cold aims to reduce the inflammatory process, with a consequent decrease in swelling of the injured region, muscle spasm, with consequent analgesia and increased muscle strength, causing the injured tissue to return to normal conditions more quickly (FREITAS and LUZARDO, 2017)

There are many therapeutic forms in cryotherapy, some of them being ice immersion; cold gel pack; ice packs; artificial ice cube packs; chemical cold compresses; ice massage, ice packs with compression and elevation (LIMA and MARSAL, 2016).

### **3 ROLE OF THE PHYSICAL THERAPIST IN PRIMARY HEALTH CARE**

With the Federal Constitution of 1988 and the regulation of the Unified Health System (SUS), from the 90s onwards, representative institutions began to encourage the participation of physical therapists in primary health care. With the initial objectives of ensuring a space at this level of care (PORTES *et. al.*, 2011).

Primary Care (PC) in Brazil is developed with a high degree of decentralization, guided by the principles of universality, accessibility, bonding, continuity, care, comprehensiveness of care, accountability, humanization, equity and social participation (CARVALHO *et. al.*, 2011).

Physical therapy, which, by conceptual aspects, emerged as a profession exclusively for the rehabilitation of sequelae, evolves within the process of restructuring health models in which comprehensive care and humanization of care are fundamental precepts of health care (WERLE *Et. al.*, 2019).

The activities developed by Physical Therapy in the context of primary care emphasize individual and collective care, both at the level of prevention and rehabilitation, with different audiences. However, the difficulty in the work carried out in this primary care suffers from the insufficient number of professionals, the lack of resources and infrastructure, the difficulty of teamwork and the need for changes in professional training (FONSECA *et. al.*, 2016).



### 3.1 FAMILY HEALTH STRATEGY (FHS) AND THE PHYSICAL THERAPIST.

The Family Health Strategy (FHS) should continuously seek integration with social institutions and organizations through partnerships and should also carry out a situational diagnosis to direct the priority activities identified. These actions must occur in an agreement with the community and be based on an active posture of collaboration, seeking individual and family care (SANTIAGO *et. al.*, 2012).

It is a fact that, over the last few years, the FHS has contributed significantly to the improvement of health indicators in the country, changing the morbidity and mortality profile of the population, in addition to reducing unnecessary hospitalizations. Thus, the evaluation of the quality of care provided by the FHS is fundamental, as it enables new investments in improving the quality of services offered within each health territory, new forms of management and care, and more accessible, problem-solving and humanized actions for users (LIMA *et. al.*, 2016).

In Brazil, the preventive work of physical therapists within the FHS reveals that their work generates satisfaction among the benefited population, which requires the expansion of this service, where the physical therapist is one of the most requested professionals in the Family Health Strategy by the population (MAIA *et. al.*, 2015).

The Expanded Family Health Center (NASF) was created in 2008 and represents the gateway for Physical Therapists in Primary Health Care. The Physical Therapist plays an important role in the NASF and his work is broad and focused on health promotion and disease prevention (SILVA *et. Al.*, 2021).

The implementation of the NASF, as a public policy, seeks to go beyond the conventional models of care delivery, which aim at curative, specialized, fragmented and individual care; the NASF advocates interdisciplinary actions, with a view to comprehensiveness (ALVES and ARCOS, 2021).

The constitution of this program (NASF) varies according to the epidemiological profile of the population and the priorities of the municipality, and may include social workers, physical educators, pharmacists, physiotherapists, speech therapists, nutritionists, psychologists and occupational therapists, among others. The role of these professionals is to act in consonance with FHS professionals and contribute to the comprehensiveness of health care through clinical practice and education actions for the enrolled population (VIANA *et. Al.*, 2021).



#### **4 PUBLIC PHYSIOTHERAPY SERVICE AND USER ACCESSIBILITY**

The evaluation of the quality of health services can be based on three aspects: structure, process and results. The evaluation of the structure concerns the physical, material and human resources (quantitative) existing in the field of health care; the evaluation of the process encompasses the activities and/or procedures employed, i.e., the work process and the evaluation of the results emphasizes the effects of the actions and procedures on the user's health status as a result of the care received (MACHADO and NOGUEIRA, 2008).

Thus, when evaluating quality, patients make comparisons between the performance of the service and their expectations, and the results are pleasant when the perceived quality is achieved. This quality can be noticed through palpable factors (that which is of a personal nature) and impalpable factors (linked to external relationships). Overall, it is observed that the users' perception is based more on individual aspects than on technical ones. As patient satisfaction may or may not interfere in the creation of bonds, in the care process, in the perception of quality and in its final outcome, it is necessary to increase research aimed at evaluating the services provided (RIBEIRO and BRAVO, 2020).

#### **5 METHODOLOGICAL PROCEDURES**

This is a quantitative, exploratory and descriptive research, where the perception of Physical Therapy patients in the public sector of the city of Pinheiros – ES was studied.

The sample consisted of 25 patients treated at the Physical Therapy sector in the city of Pinheiros. The questionnaire with 10 objective questions was applied from May 15 to 26, 2023. Of the inclusion criteria, patients who were present at the service on the date described were analyzed. Patients who were not present or who did not want to participate in the study were excluded.

As a research instrument, the Questionnaire (perception of patients treated in the Physical Therapy sector) was used to analyze their perception of physical therapy care and physical therapist conduct. A questionnaire containing 10 objective questions was used, in which the respondent marked the option that suited him. All respondents filled out the Free and Informed Consent Form, which contains the necessary information in relation to the research. The subjects are protected by the confidentiality of professional ethics required by COFFITO (Federal Council of Physical Therapy and Occupational Therapy).

## 6 RESULTS AND DISCUSSION

As shown in Table 1, it is observed that: 68% of the patients reported that the physiotherapist always clarifies their doubts during the consultation, 20% reported that they sometimes and 12% reported that the physiotherapist never clarifies their doubts. The reassurance conveyed by the physiotherapist during the treatment was that 76% of the patients always felt safe and 24% only sometimes felt safe. Regarding being able to express their opinion during treatment, 56% answered that they always do, 40% sometimes and 4% that they can never express their opinion. Regarding the physiotherapist being kind and treating the patient with respect, 96% answered that they always and 4% sometimes. Regarding the physiotherapist giving clear explanations about the treatment in the first contact with the patient, 40% answered that they always did, 44% sometimes and 16% answered that they never received clear explanations about their treatment. Regarding the frequency of consultations, 60% answered that it always and 40% answered that sometimes it is satisfactory. Regarding the duration of physical therapy care, 68% answered that it always and 32% answered that it sometimes satisfies their expectations. Regarding receiving Physiotherapy at home, 28% answered that they always do, 28% sometimes and 44% answered that they should never receive a physiotherapist at home.

Table 1: Patients' perception of the physical therapist's performance.

	Never (%)	Sometimes (%)	Always (%)
Does the Physiotherapist clarify your doubts?	12%	20%	68%
Does the Physiotherapist give you security during treatment?	0%	24%	76%
Are you able to express your opinion during treatment?	4%	40%	56%
Is the Physical Therapist kind and treats you with respect?	0%	4%	96%
Did the Physiotherapist give clear explanations about your treatment at the first contact?	16%	44%	40%
Is the frequency of the Physiotherapist's care satisfactory?	0%	40%	60%
Is the duration of physical therapy care meeting your expectations?	0%	32%	68%
For you, would it be more important to receive Physiotherapy at your home?	44%	28%	28%

Source: Survey data

The evaluation of the user's satisfaction with the care offered is an important component of the evaluation with regard to the quality of care received.

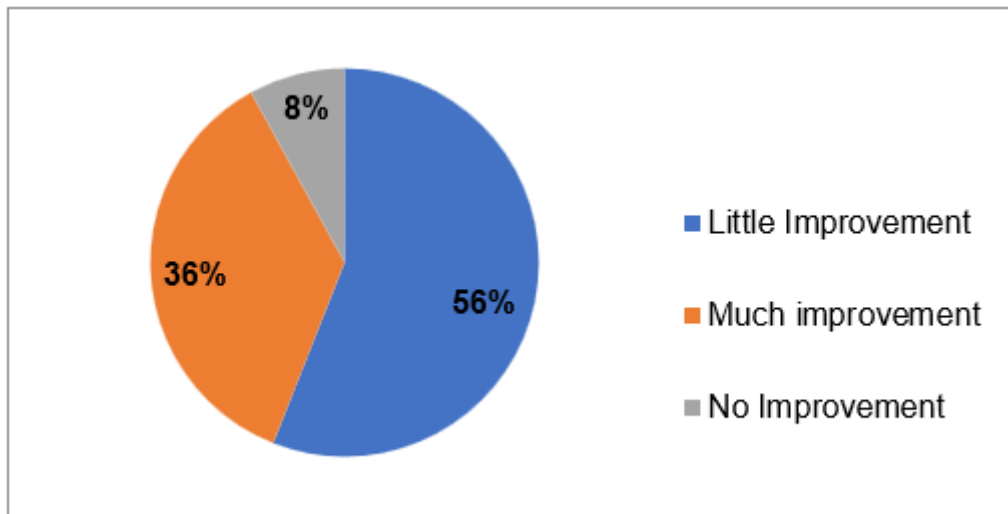
Studies show that user satisfaction has become increasingly common, especially after the redemocratization in the 1980s, when there was an increase in demands for quality services.

Nowadays, satisfaction surveys are also seen as a strategic method in participating, defending and protecting users' rights in relation to services (DO NASCIMENTO *Et. al.*, 2021).

Problem-solving refers to the capacity necessary for an individual who seeks assistance or when a health problem of collective impact arises, the corresponding service to be competent to address and solve it, even if it involves specific complexities. Therefore, it is necessary for the community to be open to receive this care, so the better treated patients feel, the expectation is that they will be more receptive. (CASTRO *et. al.*, 2006).

We can affirm that there are potential educational strategies for health professionals. For example, an initiative conducted in the state of Rio Grande do Sul, Brazil, involving 38 primary health care professionals, demonstrated that conducting pedagogical workshops offers the opportunity to reflect on listening approaches and establishing links with patients. This type of training can be effective in further increasing the percentage of patients who feel safe with care. (FERREIRA *et. al.*, 2020).

Graph 1 – Response to physical therapy treatment



Source: Survey data

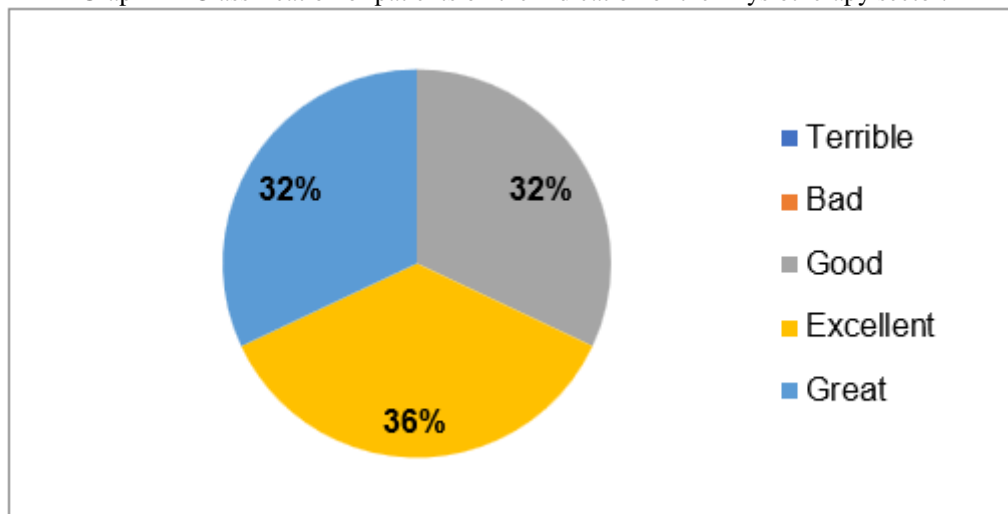
Regarding the patient having noticed some improvement with the treatment, 56% of the patients reported that they felt little improvement, 36% reported that they noticed a lot of improvement and 8% of the patients reported no improvement with the treatment.

In this sense, embracement involves the humanization of interactions between health professionals and their patients. When these individuals meet, it occurs at a point of intersection, where a relationship of listening and accountability is established. From this point on, bonds and commitments are formed, guiding the action plans. This space allows health professionals to use

their knowledge, considering the patient as a subject with his or her own rights. The goal of this approach is to alleviate the patient's suffering or promote health (RAMOS and LIMA, 2003).

Therefore, one of the possible reasons for some patients to feel little or no improvement is the lack of an effective humanized bond between patient and professional. Therefore, if the physiotherapist is not able to fully access the patient's complaints, or if the patient does not feel welcomed to open up about these symptoms, the service may be unhelpful.

Graph 2 – Classification of patients on the indication of the Physiotherapy sector.



Source: Survey data

Regarding the patient's recommendation to friends or relatives, the patient would classify it as: 32% good, 36% as excellent and 32% as excellent as shown in the graph below.

Physical therapy has a number of characteristics that influence patient satisfaction: interaction with the patient always takes longer than a doctor's appointment, therapy involves greater physical contact, often requires the active participation of the patient – and therapy can cause pain and be seen as a physical threat. Therefore, it is a challenge for the physiotherapist to be able to make the patient comfortable in some sessions that involve pain or greater proximity. (SUDDAH *et. al.*, 2009).

In addition, the good evaluation of patients does not depend only on the financial resources provided by the health unit. Namely, in some basic health services, even with adequate waiting space, no solutions have been found to eliminate queues. Sometimes, the physical conditions are good, and the intention is to provide quality service, but the reception staff do not have the proper training. On the other hand, in some places, an effective reception, triage and pre-consultation service has been established, but the service during the consultation itself is of low quality, resulting in impersonal, inhumane and disinterested interactions. Thus, the results that show a



satisfied majority of patients are an indication of the great success of the teams from reception to final care (RAMOS and LIMA, 2003).

In addition, it is crucial for physiotherapy professionals to keep their technical skills in excellent condition and know how to effectively manage personal stress, so as to contribute in a positive way to the climate in the hospital and promote even more positive care. To achieve this goal, it is vital to understand the reality faced by these professionals in the institution where they work, in order to implement initiatives that promote a more positive hospital environment and improve the quality of patient care (MALAGRIS and FIORITO, 2006).

## 7 CONCLUSION

The objective of this study was to analyze the perceptions of patients treated in the public Physical Therapy sector in the city of Pinheiros - ES, Brazil. Based on the data collected from the questionnaire that was applied, most patients like the services provided by physiotherapists, since 68% of the interviewees evaluated the sector as excellent or excellent.

However, 60% of the people interviewed claim that the physiotherapist did not give sufficiently clear explanations about the procedures that would be taken for the treatment. Thus, it was raised that the development of strategies to stimulate a more humanized care, which enables the generation of a bond between caregiver and patient, can be productive.

In addition, 56% of respondents reported that they feel, sometimes or always, that it would be better if physical therapy care were at home, due to the difficulty that many people have in getting around or because they depend on other people to take them to the health unit. Therefore, one way to improve the service for the population is to start offering the consultation in the homes of citizens.

Regarding the feeling of improvement of symptoms after treatment, 64% of patients reported feeling little or no progress. Certainly, each clinical case must be treated individually, but such a significant number implies the urgent need to increase the quality of physical therapy care. As many treatments require the active participation of the patient, it is of paramount importance that the patient feels safe with the professional to question him whenever possible, as well as to have a receptive posture in relation to physical contact, if necessary, and other uncomfortable aspects of the process. To this end, it is worth emphasizing once again the strengthening of the relationship between physiotherapist and patient, in a humanized way and permeated by dialogue and clear explanations by the professional.



Thus, it is concluded that through this study it can be seen that the Physical Therapy offered by the municipality is of great help to residents who would not be able to afford the costs of a private institution. In general, patients understand the importance of Physiotherapy for their lives and seek relief from their pain. However, there are some points to improve to raise the level of care, since many patients do not feel completely safe and enlightened about their treatment, in addition to many not noticing great improvements in their physical health after physiotherapy sessions.



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