

**CARE AND PHYSIOTHERAPEUTIC INTERVENTION IN THE REHABILITATION
OF ELDERLY PATIENTS ATTENDED IN PRIMARY HEALTH CARE:
EXPERIENCE REPORT**

**CUIDADO E INTERVENÇÃO FISIOTERAPÊUTICA FRENTE A REABILITAÇÃO
COM IDOSOS ATENDIDOS NA ATENÇÃO PRIMÁRIA A SAÚDE: RELATO DE
EXPERIENCIA**

**CUIDADO E INTERVENCIÓN FISIOTERAPÉUTICA FRENTE A LA
REHABILITACIÓN DE PERSONAS MAYORES ATENDIDAS EN LA ATENCIÓN
PRIMARIA DE SALUD: RELATO DE EXPERIENCIA**



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ABSTRACT

Introduction: This study describes the experience of a physiotherapist resident integrated into a multidisciplinary team within the Family Health Strategy (FHS) in the municipality of Quixeramobim, Ceará, Brazil, during the 2019–2020 period. It discusses the role of physiotherapy within the Brazilian Unified Health System (SUS), emphasizing health promotion, disease prevention, and rehabilitation actions carried out in an integrated manner with families and the community. Collective activities included prenatal groups, exercise programs for older adults, postural assessments, and follow-up of individuals with acute respiratory infections, among others.

Objective: To describe the experience of a physiotherapist in managing musculoskeletal pain in older adults participating in a health promotion program.

Methods: This is an experience report conducted over eight months, from August 2019 to March 2020, at the FHS unit Luís Prata Girão, located in the Conjunto Esperança neighborhood in Quixeramobim, Ceará.

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Results: The intervention led to a significant reduction in pain levels, decreased medication use, and improved social and family reintegration among participants.

Conclusion: The multidisciplinary team approach contributed to positive outcomes, high participant adherence, and strengthened comprehensive care. The inclusion of physiotherapy in primary health care proved essential for risk reduction, lifestyle modification, physical and psychosocial development, as well as for enhancing preventive and rehabilitative health actions.

Keywords: Physical Therapy. Primary Health Care. Family Health Strategy. Aged. Musculoskeletal Pain.

RESUMO

Introdução: Este artigo descreve a experiência de uma fisioterapeuta residente inserida em uma equipe multiprofissional na Estratégia Saúde da Família (ESF), no município de Quixeramobim-CE, no biênio 2019–2020. Discute-se o papel do fisioterapeuta no Sistema Único de Saúde (SUS), com ênfase nas ações de promoção da saúde, prevenção de agravos e reabilitação, desenvolvidas de forma integral junto às famílias e à comunidade. No âmbito coletivo, destacam-se atividades como grupos de gestantes, exercícios para idosos, avaliações posturais e acompanhamento de indivíduos com infecções respiratórias agudas, entre outras..

Objetivo: Descrever a vivência de uma fisioterapeuta no manejo da dor musculoesquelética em idosos participantes de um programa de promoção da saúde.

Métodos: Trata-se de um estudo do tipo relato de experiência, desenvolvido ao longo de oito meses, entre agosto de 2019 e março de 2020, na unidade da ESF Luís Prata Girão, localizada no bairro Conjunto Esperança, no município de Quixeramobim-CE.

Resultados: Observou-se redução significativa da dor relatada pelos participantes, diminuição do uso de medicamentos e melhora na reinserção social e familiar dos idosos.

Conclusão: A atuação da equipe multiprofissional contribuiu para resultados positivos, com boa adesão dos participantes e fortalecimento do cuidado integral. A inserção do fisioterapeuta na atenção básica mostrou-se fundamental para a redução de riscos, promoção de mudanças no estilo de vida, desenvolvimento físico e psicossocial, além de potencializar ações de prevenção e reabilitação em saúde.

Palavras-chave: Fisioterapia. Atenção Primária à Saúde. Estratégia Saúde da Família. Idoso. Dor Musculoesquelética.

RESUMEN

Introducción: Este artículo describe la experiencia de una fisioterapeuta residente integrada en un equipo multiprofesional en la Estrategia de Salud de la Familia (ESF), en el municipio de Quixeramobim-CE, durante el bienio 2019–2020. Se discute el papel del fisioterapeuta en el Sistema Único de Salud (SUS), con énfasis en las acciones de promoción de la salud, prevención de enfermedades y rehabilitación, desarrolladas de forma integral junto a las familias y la comunidad. En el ámbito colectivo, se destacan actividades como grupos de gestantes, ejercicios para personas mayores, evaluaciones posturales y seguimiento de individuos con infecciones respiratorias agudas, entre otras.

Objetivo: Describir la vivencia de una fisioterapeuta en el manejo del dolor musculoesquelético en personas mayores participantes de un programa de promoción de la salud.

Métodos: Se trata de un estudio de tipo relato de experiencia, desarrollado a lo largo de ocho meses, entre agosto de 2019 y marzo de 2020, en la unidad de la ESF Luís Prata Girão, ubicada en el barrio Conjunto Esperança, en el municipio de Quixeramobim-CE.

Resultados: Se observó una reducción significativa del dolor reportado por los participantes, disminución del uso de medicamentos y mejora en la reinserción social y familiar de las personas mayores.

Conclusión: La actuación del equipo multiprofesional contribuyó a resultados positivos, con buena adherencia de los participantes y fortalecimiento del cuidado integral. La inserción del fisioterapeuta en la atención primaria se mostró fundamental para la reducción de riesgos, promoción de cambios en el estilo de vida, desarrollo físico y psicosocial, además de potenciar acciones de prevención y rehabilitación en salud.

Palabras clave: Fisioterapia. Atención Primaria de Salud. Estrategia de Salud de la Familia. Persona Mayor. Dolor Musculoesquelético.

1 INTRODUCTION

The Unified Health System (SUS) is based on the Federal Constitution of 1988, which establishes, through article 196, that health is a right of all and a duty of the State. Its organization is based on a decentralized management model, structured at the federal, state and municipal levels, in addition to being organized according to the levels of complexity of primary, secondary and tertiary care (BRASIL, 1990).

In this context, in 1997, the Family Health Program (PSF) was instituted in the state of Ceará, through Decree No. 10,104/97, with the objective of expanding access to health services and reducing inequalities. The program's main characteristic was the reorganization of the work process in primary care, promoting a new logic of care centered on the family and the territory (ESMERALDO, 2009).

Later, in 2006, the PSF was reformulated and was renamed the Family Health Strategy (FHS), consolidating itself as a strategy for the reorganization of primary care, with multidisciplinary actions planned based on local needs (BRASIL, 2008).

With the expansion of the FHS throughout the national territory, driven by incentives from the Ministry of Health, this strategy came to be recognized as the main gateway to the SUS. The FHS plays a fundamental role in the first contact with the user, in the continuity and coordination of care, constituting the basis for the organization of health care networks, with the support of the different levels of care (FAUSTO et al., 2014).

The expansion of the scope of actions in primary care was also strengthened with the creation of the Family Health Support Center (NASF) in 2008, which enabled the inclusion of different professional categories, including physiotherapists, with the aim of expanding the problem-solving capacity and scope of the ESF teams (BRASIL, 2008; GONÇALVES, 2015). However, the NASF was discontinued in 2020, according to Technical Note No. 3 of the Department of Family Health, linked to the Secretariat of Primary Health Care (MASSUDA, 2020).

In this scenario, the physiotherapist assumes an essential role in primary care, acting in the dimensions of health promotion, disease prevention and rehabilitation, in an integral way and articulated with the needs of families and the community. Its activities also extend to the collective sphere, through activities such as groups of pregnant women, exercise programs for the elderly, postural assessments and monitoring of individuals with acute respiratory infections, among other actions (MACIEL et al., 2005).

Specifically in the care of the elderly population, the role of the physiotherapist is essential for maintaining quality of life and functional capacity, respecting the limitations inherent

to the aging process. The implementation of exercises and therapeutic activities contributes to the promotion of autonomy in activities of daily living. Considering that musculoskeletal pain is highly prevalent in this population and directly impacts functionality, it is essential for the professional to have qualified intervention to minimize such problems (MACIEL et al., 2005).

Thus, this article aims to describe the experience of a resident physiotherapist inserted in a multiprofessional team of the Family Health Strategy, in the biennium from 2019 to 2020, addressing her performance in the face of musculoskeletal pain in elderly participants in a health promotion program.

2 METHODS

This is a descriptive study, of the experience report type, which aims to present and reflect on the professional practice developed in the context of primary health care. The experience was lived over eight months, from August 2019 to March 2020, in the municipality of Quixeramobim, located in the state of Ceará.

The setting of the experience was the unit of the Family Health Strategy (FHS) Luís Prata Girão, located in the Conjunto Esperança neighborhood, a territory characterized by demands related to chronic health conditions, social vulnerabilities and high demand for care aimed at rehabilitation and pain management. The experience was conducted by a resident physiotherapist linked to the Family and Community Health Residency Program of the School of Public Health of Ceará, inserted in a multiprofessional team, during the 2019–2021 biennium.

The report is based on working with a group of elderly people monitored by the FHS team, whose referrals occurred mainly due to complaints of musculoskeletal pain, functional limitations and impaired autonomy in activities of daily living. The identification of users and their direction to the group were carried out by the different professionals of the team, such as nurses, psychologists and social workers, based on qualified listening and the assessment of the needs presented during individual and collective care.

The organization of the group occurred in a shared way among the members of the multiprofessional team, with physiotherapy playing a leading role in the planning and execution of interventions aimed at the comprehensive care of the elderly population. Initially, the participants were submitted to an individual evaluation, including detailed anamnesis and kinetic-functional examination, with the objective of identifying limitations, potentialities and specific demands of each individual.

Based on these evaluations, interventions based on physiotherapeutic conducts aimed at health promotion, disease prevention and functional rehabilitation were structured. The

activities included muscle stretching exercises, active-assisted and active exercises, progressively adjusted according to the evolution of the participants, focusing on muscle strengthening, mobility gain, balance improvement and pain reduction. In addition, health education strategies were incorporated, addressing topics such as self-care, posture, fall prevention, and the importance of regular physical activity.

The group also included integrative body practices, fine and gross motor training and recreational activities, aiming not only at the physical aspects, but also at strengthening bonds, socialization and the psychosocial well-being of the participants. This expanded approach sought to consider the elderly in their entirety, respecting their limitations and encouraging their autonomy.

The meetings took place every two weeks, totaling 16 sessions over the period described, with an average duration of 50 minutes each. The activities were conducted by a physiotherapist, with occasional support from the multiprofessional team, and had the average participation of 15 elderly people per meeting.

The systematization of the report was built from observations of practice, records of the activities developed and critical reflections on the care process in the context of primary care, considering the challenges and potentialities of the insertion of physiotherapy in the Family Health Strategy.

3 RESULTS

The performance of Physical Therapy in primary care ranges from health promotion to rehabilitation, with the aim of maintaining and/or returning this functional patient to society. The physiotherapist, when working in primary care within a group, where the participants are functionally limited and have different diagnoses, is challenging for the professional.

The organization was essential for the execution of the project, capturing these patients who are active in the networks, following the flow of care is delicate, as it requires a holistic look to perceive their needs, providing more to those who need more is indispensable when it comes to health, equity is necessary when it comes to a better quality of life.

The participants were monitored in the health devices and through their complaints, the professionals indicated it and referred the group verbally, there was no need for a reference form and counter-reference, leaving the organizational and strategic principles of the SUS, which could lose bonds, interrupting the integrality of care. However, everyone was very assiduous and interested in the group. The services were collective, in a large room, where all the activities were carried out.

In the first contact, we conducted an interview to find out what the main complaints of these patients were and what led them to be interested in participating in the group. During the interview, all of them reported that the drug treatment was not enough and that they had frequent pain that prevented them from performing simple daily activities.

Five of the participants had a clinical diagnosis of depression, were being monitored by a psychologist and psychiatrist. And 10 had a clinical diagnosis of fibromyalgia. All had in common musculoskeletal pain that limited their functions and decreased their independence.

The records were made in the field diary. The greatest relevance is the reduction of pain, increased functionality and autonomy that the patients reported from the third meeting of the group. The exercises of strengthening, gain of amplitude, stretching, balance and coordination were carried out individually through the verbal command and demonstration of the Physiotherapist.

At first, during the evaluation, most participants reported a lot of pain and through the Visual Analogue Scale (VAS), which helps in the quantification of pain, where 0 is no pain and 10 is exacerbated pain, most indicated from 7 to 10 the level of pain and after the third meeting decreased to 4 to 7, Through the participants' reports and the progression of the exercises, we realized that the objectives set were being achieved

4 DISCUSSION

Quality of life, according to Soares et al. (2020), is functional capacity together with the general state of physical and mental health added to social aspects of the context in which the individual is inserted. In view of this, Júnior et al (2019) bring that the promotion of quality of life can be done through collective activities and a mobilizing environment, which can thus preserve their physical, mental, and social capacities.

Inactivity in old age directly impairs the ability and execution of daily activities. In addition to interfering with the quality of life of individuals who will go through situations such as loneliness and associated diseases that generate some negative feedback and/or physical limitations. (SOARES et al., 2020)

The role of the physiotherapist begins with touch, which is the main work tool of physiotherapy, as it incorporates a very intimate relationship with the body, capable of influencing the quality of care, care and treatment of patients. However, their performance also involves the guidance and promotion of their patient's health (JAMARIM, 2016).

The physiotherapy professional helps in the process, whether in terms of assistance, rehabilitation, education and/or with a view to health surveillance in order to minimize the

possible problems caused by the lack of specialized assistance (PEREIRA; GESSINGER, 2014). When a physiotherapist attends a rehabilitation patient, for Logan et al. (2004), the final phase is the most difficult of the process, due to the trauma suffered by these patients in many cases, limiting the performance of several tasks. In this sense, primary care health professionals play a crucial role in controlling the needs of each patient in addition to encouraging them.

Referral and Counter-referral in Health are mechanisms of the Unified Health System (SUS), which favor the exchange of information in the care network, the user's transit in the system and the continuity of care. This is essential in the relationships of the networks (ANDRADE, 2019).

We still witness several challenges faced by the FHS team, with the precariousness of labor relations related to overwork and salaries incompatible with the professionals' wishes. (NOGUEIRA et al., 2019).

During the meetings, we realized that sharing experiences was a primary factor, sometimes even more important than physical activities. In which the act of talking and sharing both with professionals and peers helps in the sense of well-being and general motivation of the users participating in the group. When we opened a conversation circle, those patients previously reported indisposition, pain and incapacity, after conversations, clarifications, welcoming, they left there able to develop their activities, and the study by Rezende et al. (2007) confirms this, the interaction with the patient and the multidisciplinary team has a positive impact, making the therapy more pleasurable, putting humanization into practice, taking into account the entire social context and not only the biological issues.

Peduzzi and Agreli (2018) talk about the importance of welcoming, of talking to the patient during care. It reports the importance of a Physical Therapist identifying and knowing how to understand atypical manifestations, actions, reactions that are persistent during the patient's evaluation and take into account in their conduct.

We professionals evaluate and treat musculoskeletal, neurological, behavioral and related disorders, sometimes not seeing beyond what is seen, the pain that the patient reports, negatively impacting their results. According to Boesch (1977), this occurs because it is the professional's routine to do the same thing every day, leading us to neglect signs, worrying only about solving the complaint about physical limitation, refusing to see the circumstances around and states that this is due to the fact that the professional believes that a good reception and listening is not part of his training.

As shown in their study, Besset et al. (2010), chronic pain has three elements that constitute the psychic: feeling of uselessness, failure to reduce pain, and rejection itself for going

through all this. In the meetings it was possible to notice these 3 elements, the patients talked a lot about not being able to resolve what they felt and still living with the judgment of victimhood, despite not being able to work because the pain made it impossible for them. They also carried the guilt of going through this alone and in the group they were able to see and live with people who were going through the same situation, making them resignify this feeling.

As already discussed above, a significant improvement of patients was perceived in various areas of their lives, social, family, reduction of pain, with consequent improvement in quality of life, corroborating these results with the findings of Silva et al. (2012) where they showed that amplified and humanized care reduced the patient's persecution, pain and the situation in which they found themselves, that actions in groups and directed made them recover their functions and their role in society, identifying themselves in the other contributed to improvement, in addition to the welcoming of the multiprofessional team and interdisciplinary work.

In this way, teamwork is able to resignify health acts, thus making care more committed to the democratization of labor relations and valuing health professionals (SANTOS et al., 2016)

5 FINAL CONSIDERATIONS

After this report of experience and coexistence with this group, the difficulties and limitations that the elderly still face in the twenty-first century in the country in public health were observed. We believe that precisely at this point lies a problem, there is a need for a general understanding that encompasses teams and government, which often do not realize the importance of preventive work with investment of financial and human resources in the old age segment, since we have an increasing picture of an aging population around the world. Family Health professionals make a big difference in terms of care and a broader view, bringing solutions to their daily sufferings for individuals. However, many concerns have permeated during the trajectory of this research on this theme that I will seek to answer in future research.

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