

PHYSICAL THERAPY IN PRIMARY HEALTH CARE: AN INTEGRATIVE REVIEW

A fisioterapia na atenção primária à saúde: uma revisão integrativa

La fisioterapia en la atención primaria de salud: una revisión integrativa

Review Article

ABSTRACT

Objective: To analyze physical therapy activities carried out in primary health care. **Methods:** Integrative literature review carried out in SciELO, LILACS and MEDLINE databases using the descriptors physiotherapy, physical therapy and primary health care in May and June 2015. We searched for articles on the physical therapist's work in primary care fully available in English, Portuguese or Spanish regardless of the year of publication. The articles were selected and analyzed based on the following variables: activities developed, main results and the difficulties faced. **Results:** Seven articles were analyzed. Activities focused on individual and collective care, both at the preventive and rehabilitation levels, of different populations and showed satisfactory results with a positive impact on health and reduced individual and collective costs. However, they face challenges such as the insufficient number of professionals, lack of resources and infrastructure, teamwork problems, and the need for changes in vocational training. **Conclusion:** The activities, despite being incipient and facing obstacles, present good results. This finding demonstrates the importance of physical therapy in primary health care and contributes to the dissemination and effective performance of the professional at this level of care.

Descriptors: Physical Therapy Specialty; Primary Health Care; Public Health.

RESUMO

Objetivo: Analisar as atividades desenvolvidas pela fisioterapia na atenção primária à saúde. **Métodos:** Revisão integrativa da literatura realizada nas bases SciELO, LILACS e MEDLINE usando os descritores *physiotherapy*, *physical therapy* e *primary health care*, em maio e junho de 2015. Buscaram-se artigos sobre a atividade do fisioterapeuta na atenção primária, disponíveis na íntegra, em inglês, português ou espanhol sem restrição de ano de publicação. Os artigos foram selecionados e analisados mediante as seguintes variáveis: atividades desenvolvidas, principais resultados e dificuldades enfrentadas. **Resultados:** Sete artigos foram analisados. As atividades enfatizaram atenção individual e coletiva tanto em nível preventivo quanto de reabilitação junto a diferentes públicos e apresentaram resultados satisfatórios com impacto positivo na saúde e redução de custos individuais e coletivos. No entanto, enfrentam desafios como o número insuficiente de profissionais, a falta de recursos e infraestrutura, a dificuldade de trabalho em equipe e a necessidade de mudanças na formação profissional. **Conclusão:** As atividades, apesar de incipientes e dos entraves enfrentados, apresentam bons resultados. Tal constatação demonstra a importância da fisioterapia na atenção primária à saúde e contribui para a difusão e efetiva atuação do profissional nesse nível de atenção.

Descritores: Fisioterapia; Atenção Primária à Saúde; Saúde Pública.

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RESUMEN

Objetivo: Analizar las actividades desarrolladas por la fisioterapia en la atención primaria de salud. **Métodos:** Revisión integrativa de la literatura realizada en las bases de datos SciELO, LILACS y MEDLINE utilizando los descriptores *physiotherapy*, *physical therapy* y *primary health care* entre mayo y junio de 2015. Se buscó artículos sobre la actividad del fisioterapeuta en la atención primaria, disponibles en su totalidad en los idiomas inglés, portugués o español sin restricción del año de publicación. Los artículos fueron elegidos y analizados mediante las siguientes variables: actividades desarrolladas, principales resultados y dificultades afrontadas. **Resultados:** Siete artículos fueron analizados. Las actividades enfatizaron la atención individual y colectiva en nivel de prevención y rehabilitación junto a públicos distintos y presentaron resultados satisfactorios con impacto positivo en la salud y reducción de costes individuales y colectivos. Sin embargo, hay desafíos como el número insuficiente de profesionales, la falta de recursos e infraestructura, la dificultad de trabajo en equipo y la necesidad de cambios en la formación profesional. **Conclusión:** A pesar de las trabas afrontadas y aunque sean actividades incipientes, las mismas presentan buenos resultados. Tales resultados demuestran la importancia de la fisioterapia en la atención primaria de salud y contribuye para la difusión y actuación efectiva del profesional de ese nivel de atención.

Descriptor: Fisioterapia; Atención Primaria de Salud; Salud Pública.

INTRODUCTION

In Brazil, with the implementation of the Unified Health System (*Sistema Único de Saúde - SUS*) the health care model has been redesigned by entering primary care with the aim of reorienting the system and strengthening health promotion and disease prevention⁽¹⁾.

In order to strengthen this model of care, the Ministry of Health encompassed, in 1994, the Family Health Strategy (*Estratégia Saúde da Família - ESF*) in which, through a community-centered, comprehensive and multidisciplinary attention, the primary care has reaffirmed its insertion into the health network. More recently, in 2008, the Family Health Support Centers (*Núcleos de Apoio à Saúde da Família - NASF*) were created, aimed at providing assistance to the ESF teams and expanding the supply of care at the primary level, reaffirming the system comprehensiveness, quality and resolvability^(2,3).

Physiotherapy, as a potential member of NASF's multidisciplinary team, also needs to be reshaped, so that the rehabilitation dedicated to its study object can share space with activities of promotion, health education and risk prevention, in order to shift the paradigm of assistance

limited to the tertiary care level and approach the primary care^(2,4-7).

Thus, the knowledge of actions undertaken by physical therapy in primary care becomes important, in order to elucidate how its insertion into the primary level is being built, and also to spread this professional field of activity. In this sense, this study aimed at analyzing the activities developed by physical therapy in primary health care.

METHODS

This is an integrative literature review developed from the guiding question: Which activities are carried out by physical therapy in primary health care?

To develop the study, these steps were followed: selection of the guiding question; establishment of keywords, inclusion and exclusion criteria and literature search; evaluation of studies included in the integrative review; definition of information to be extracted; interpretation of results and presentation of a synthesis of the knowledge produced⁽⁸⁾.

The searches were conducted in the databases SciELO (Scientific Electronic Library Online), LILACS (Latin American and Caribbean Health Sciences) and MEDLINE (National Library of Medicine) by using the descriptors *physiotherapy*, *physical therapy* and *primary health care*, according to the health terminology DeCS (*Descritores em Ciências da Saúde*) of the Virtual Health Library (*Biblioteca Virtual em Saúde*). To systematize the searches, Boolean operators were used in the following scheme: (*physiotherapy* OR *physical therapy* AND *primary health care*).

The eligibility criteria were: articles on the physiotherapist activity in primary health care, available in full, in English, Portuguese or Spanish language, without limitation regarding year of publication. Literature reviews, theses and monographs, action proposals or papers describing academic activities were excluded.

The search was conducted in May and June 2015 by two researchers, independently.

RESULTS

The search initially led to 315 articles. After reading titles and abstracts, and conducting classification according to the inclusion criteria, seven items were selected. The search and selection of the works are presented following the instrument PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analyses) (Figure 1).

The review included seven studies, then characterized by year of publication, the city where it was developed, type

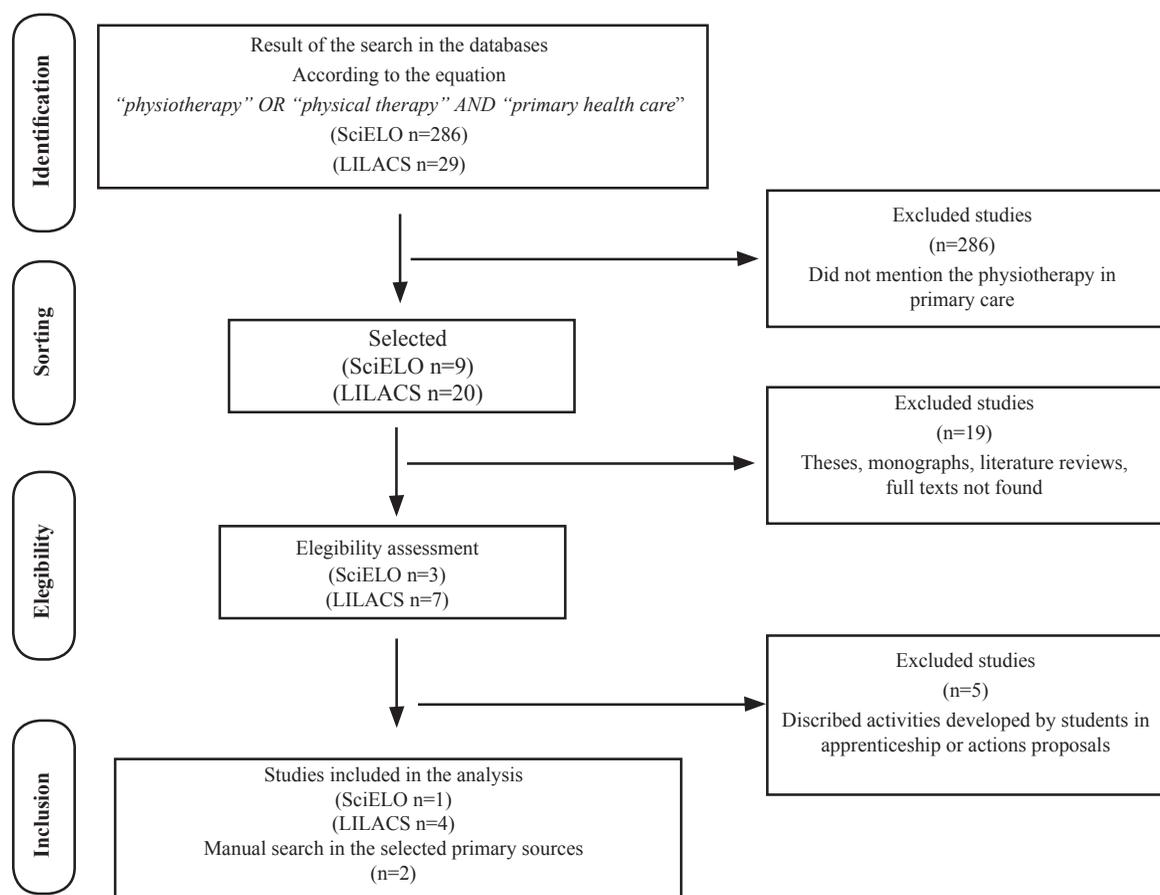


Figure 1 - Flowchart of the studies selection process. Teresina, PI, Brazil, 2015.

Chart I - Characterization of the selected studies. Teresina, PI, Brazil, 2015.

Authors	Year	Local	Team	n	Target Audience
Dibai Filho, Aveiro ⁽⁵⁾	2012	Arapiraca, AL	NASF	8	Elderly
Trelha, Silva, Lida, Fortes, Mendes ⁽¹⁰⁾	2007	Londrina, PR	PSF	4	Predominantly bedridden patients.
Rocha, Kretzer ⁽¹¹⁾	2009	São Paulo, SP	ESF	3	Patients with impairments or disabilities.
Brasil, Brandão, Silva, Gondim Filho ⁽¹²⁾	2005	Sobral, CE	PSF	4	Individuals with a variety of conditions, ranging from neurological to gynecological and obstetrical.
Yonamine, Trelha ⁽¹³⁾	2009	Londrina, PR	USF RMSFC	1	Predominantly patients with musculoskeletal and respiratory disorders.
Langoni, Valmorbida, Resende ⁽¹⁴⁾	2012	Porto Alegre, RS	UAPS RMSFC	2	Users undergoing follow-up, with limited mobility, neurological and psychomotor developmental delay, musculoskeletal disorders, urinary incontinence or respiratory disorder.
Figueiredo, Baracho, Vaz, Sampaio ⁽¹⁵⁾	2012	Belo Horizonte, MG	UBS	2	Female employees of basic health unit and patients with urinary incontinence complaint.

n: Number of active physiotherapists in the evaluated teams. CE: Ceará. PSF: Programa Saúde da Família (*Family Health Program*). PR: Paraná. USF: Unidade de Saúde da Família (*Family Health Unit*). RMSFC: Residência Multiprofissional em Saúde da Família e Comunidade (*Multidisciplinary Residency in Family and Community Health*). SP: São Paulo. ESF: Estratégia Saúde da Família (*Family Health Strategy*). AL: Alagoas. NASF: Núcleo de Apoio à Saúde da Família (*Family Health Support Center*). RS: Rio Grande do Sul. UAPS: Unidade de Atenção Primária à Saúde (*Primary Health Care Unit*). MG: Minas Gerais. UBS: Unidade Básica de Saúde (*Basic Health Unit*).

Chart II - Activities developed by physical therapy in primary health care. Teresina, PI, Brazil, 2015.

Author/Year	Developed activities	Main results	Difficulties
Dibai Filho, Aveiro, 2012 ⁽⁵⁾	Emphasis on educational, preventive and health promoting actions, through lectures, group activities; home visits; referral to services of higher complexity.	Elderly care at NASF regarded positive. However, despite the educational and preventive actions in practice, conventional actions still remain, considering the elderly as an sick individual and turning to drug therapy.	Training, materials and infrastructure.
Trelha, Silva, Lida, Fortes, Mendes, 2007 ⁽¹⁰⁾	Individual assistance, in groups and home visits, with guidance to caregivers; referral to specialized services. Preventive and educational activities through lectures.	The interviewees emphasized the importance of physiotherapy in the PSF because, through its preventive and therapeutic practice, costs and demand in tertiary care can be reduced.	Resources and infrastructure.
Rocha, Kretzer, 2009 ⁽¹¹⁾	Appointments in the basic health unit, in the household or in community settings. Development of therapeutic care, building support networks and educational activities.	Importance of strategies that facilitate the incorporation of rehabilitation actions in the ESF, with accountability on the part of all health professionals for users with impairments or disabilities.	Specific training for interdisciplinary work.
Brasil, Brandão, Silva, Gondim Filho, 2005 ⁽¹²⁾	Group activities and household follow-up of individuals with various conditions, from neurological to gynecological and obstetrical.	Emphasis on the importance of the preventive work of the physiotherapist. Their practice generates satisfaction among the beneficiary population that requires the expansion of the service.	Lack of professionals, structure and materials; population and managers lacking knowledge about the Physiotherapist's functions.
Yonamine, Trelha, 2009 ⁽¹³⁾	Multidisciplinary activities, such as constitution of health groups and creation of reflection and health promotion spaces, in addition to individual assistance and home care.	Reflection on the reorganization of the physiotherapy service and suppressed demand, seeking more humanized and comprehensive care, and accountability of professionals and users. RMSF highlighted the importance of teamwork, given the complexity found in primary care.	Implementation and strengthening of changes in professional training.
Langoni, Valmorbidia, Resende, 2012 ⁽¹⁴⁾	Weekly individual guidance and assistance, in the units, for users in need of follow-up; difficulty walking; neurological and psychomotor developmental delay in childhood; musculoskeletal disorders; urinary incontinence or respiratory disorders.	Successful initiative. Reduction in symptoms, use and amount of drugs, which can reduce public and individual costs. The assistance results were greater to users who followed the orientations, highlighting the importance of health education by encouraging self-care and co-accountability for health.	Need for changes in professional training
Figueiredo, Baracho, Vaz, Sampaio, 2012 ⁽¹⁵⁾	Educational program with basic health unit employees about physical therapy care in urinary incontinence to enable them to conduct, more properly, the referral of users to the service.	The program trained the employees to develop self-care and to identify the users' needs for assistance. Reflection on professional education in health services, particularly in primary care.	Unawareness of the work of physical therapy on urinary incontinence

NASF: Núcleo de Apoio à Saúde da Família (*Support Center for Family Health*). PSF: Programa Saúde da Família (*Family Health Program*). ESF: Estratégia Saúde da Família (*Family Health Strategy*). RMSFC: Residência Multiprofissional em Saúde da Família e Comunidade (*Multidisciplinary Residency in Family and Community Health*).

of primary care team in which the physiotherapist developed the activities, number of physiotherapists participating, and target-audience of the activities.

Chart I shows the characteristics of the studies included in the integrative review.

According to the variables selected for analysis, presented in Chart II, the activities emphasized individual and collective attention, both at the preventive and the rehabilitation level, directed at different audiences, and showed satisfactory results, with positive impact on health and reduction of individual and collective costs. Nevertheless, their accomplishment is challenged by issues such as the insufficient number of professionals, lack of resources and infrastructure, the difficulty of teamwork, and the need for changes in professional training.

DISCUSSION

The activities developed by physical therapy in the context of primary care emphasizes individual and collective attention, both at the preventive and the rehabilitation level, directed at different audiences. It was found that the results of actions were satisfactory. However, difficulties related to the work implemented were listed, such as the insufficient number of professionals, lack of resources and infrastructure, the difficulty of teamwork and the need for changes in professional training.

Although the search was performed without any restrictions on the location or year of publication of the articles, all of them address experiences in Brazilian municipalities within the last ten years. It is noteworthy that, in this period, there was the development of strategies that enabled the effective implementation of primary health care in the country. Such strategies had as initial milestone the Family Health Program (*Programa Saúde da Família - PSF*) launched in 1994, and the Family Health Support Center (NASF), which has been operating since 2008⁽⁵⁾.

These teams develop multidisciplinary activities in the communities. However, not always the physical therapy is included in its constitution, which can be evidenced by the small number of professionals participating in the teams of the studies analyzed.

Physical therapy does not appear as a participant profession in the PSF, whose team is composed by doctors, nurses, dentists, nursing assistants and community health workers⁽⁹⁾. However, some PSF teams, because of the demand to which they are submitted according to the local needs of their territory of practices, include physiotherapists in their teams, which explains, for example, the inclusion of physiotherapists in the PSF of Londrina⁽¹⁰⁾, Sao Paulo⁽¹¹⁾ and Sobral⁽¹²⁾.

Only NASFs include the physiotherapist in their team, but do not ensure the complete integration of this professional into the primary care, since this inclusion is a responsibility of the city manager, who decides on listing them as members according to his perception of the local needs⁽⁵⁾.

In this sense, because the process to insert the physiotherapist at the primary care level is still under construction, it is experienced in various work teams. Besides PSF and NASF teams, physiotherapists also comprise the teams of Multidisciplinary Residency in Family Health (*Residência Multiprofissional em Saúde da Família - RMSF*), working in the Basic Health Units.

The RMSFs, created by the Ministry of Health in 2002, aim at better qualifying health professionals to work in primary care, as well as the strengthening of the multidisciplinary team^(13,14). Thus, they add to the technical knowledge acquired during their undergraduate studies the sensitivity to deal with the community, considering its peculiarities and needs.

A study shows that in the multidisciplinary residency the physiotherapist participates in collective constructions by means of meetings with mentors, tutors and residents of other health areas and, in joint decisions, set goals to be achieved in relation to the management and care for the people under their responsibility⁽¹³⁾.

In addition to the diversity of teams where the physiotherapist develops activities, the target audience of the interventions also proved varied. Some studies were focused on prevention and promotion activities^(5,15), while others addressed these two health care levels, combining individual clinical care and educational activities directed at specific groups^(10,14).

This entire scope of activities is contemplated by the physiotherapist, who can work in primary care, by promoting preventive care and guidance for users' accountability, as well as in secondary and tertiary care, through treatment and rehabilitation of health problems⁽¹⁴⁾. Furthermore, the audience and age range diversity demonstrates the importance of physical therapy in all cycles of life^(12,13).

Individual care and educational lectures were predominant. This finding corroborates the duality remaining to date in the physical therapy activity in the primary care level, which, despite attempts to become in line with prevention and health promotion, is redirected to tertiary care, due to the existing demand.

It was also observed that, in primary care, the physiotherapist conducts home visits and guidance to caregivers. Home care enables knowledge of the patient's social, economic, cultural and family reality, thereby allowing better conduct and guidance on the care and the importance of continuing the treatment⁽¹⁰⁾.

It is emphasized that home visits must be conducted with a family approach, rather than focusing only on the individual affected by the illness, but promoting accountability of all members instead, seeking more efficient solutions that do not leave the health conditions in a dependent situation regarding the professional, and empower the individuals for them to become responsible for producing health for themselves and for the collective context in which they live^(2,14).

Actions directed at groups were constant in the work of physical therapy in primary care. Among the main audiences, the groups of pregnant women, posture groups, leprosy disability prevention groups, elderly groups, groups of workers, diabetic and hypertensive groups, and prosthesis and orthosis users⁽¹⁶⁾. The activities also contemplated specific groups, such as the elderly⁽⁵⁾, patients with urinary incontinence^(14,15), and disabled individuals⁽¹¹⁾.

Another noticeable activity was the professional education through actions to promote health and quality of life of health workers⁽¹⁵⁾. Information directed at the demand in primary care services for physical therapy of patients with urinary incontinence was provided.

As for the place of performance of activities, rehabilitation care occurred not only in the basic health units and households, but also in community spaces closer to homes, facilitating the user commuting and access to health services⁽¹¹⁾.

All studies emphasized the importance of the activities carried out by physical therapy in primary health care, showing satisfactory results of this professional's performance. The literature shows that, in addition to prevention, physical therapy at the primary level facilitates the access of users who find in it a therapeutic alternative, thereby promoting quality of life among the population already affected by some illness⁽¹⁴⁾.

In primary care, physical therapy also constitutes a first contact, in order to conduct the referral of cases in need for specialized services. Thus, it reaffirms the need to provide health care for people with impairments and disabilities, which should take place at different levels of the health system, as provided by the Brazilian Unified Health System (SUS). However, this care is predominantly linked to the actions of secondary or tertiary level, which hinders access by imposing objective limits to comprehensive care for these users⁽¹¹⁾.

Thus, the working process faces difficulties to its accomplishment. Among those cited are the insufficient number of professionals, lack of resources and infrastructure, the difficulty of teamwork, lack of knowledge of the physiotherapist's activity on the part of other health professionals, and the need for change in professional training^(5,10-14).

Despite the growing expansion, in primary care, of the assistance provided by the physical therapy, the emphasis on curative and rehabilitative practices still persists in training, as well as the rehabilitator stigma, as regarded by other health professionals^(12,17).

Also for not being officially included in the ESF, the physiotherapy has no adequate infrastructure in the basic health unit⁽¹⁰⁾. Therefore, it is important that measures be taken by managers, in order to ensure resources for the role of the physiotherapist in primary care, thus improving the care provided to the population⁽⁵⁾.

In this regard, the importance knowing the activities carried out by the other members of the multidisciplinary team stands out, to allow interaction through the peculiarities of each area and build interdisciplinary actions that address individuals and communities in a comprehensive manner.

As a study limitation, one can point the lack of detailing regarding some of the activities reported in the articles analyzed, which prevented further investigation. Nevertheless, the analysis showed general characteristics that made it possible to have a broad view of the reality concerning the physiotherapy in primary health care.

CONCLUSION

The activities developed by physical therapy in primary health care contemplate several audiences through different strategies. The full performance of the physiotherapist in this level of attention is hindered because of physical and economic conditions, sometimes inadequate for the accomplishment of the actions, the staff's unawareness of the activities developed by the physical therapy in the context of primary care, the small number of professionals working in this care level, and the emphasis, still prevalent in undergraduate programs, on curative and rehabilitating practices.

It was possible to observe that the actions developed have shown good results, demonstrating the importance of physiotherapy in primary health care, which contributes to spreading this field of activity.

In this sense, it is recommended the monitoring of activities, in addition to its dissemination through scientific publications to foster the experiences and enhancement of actions, viewing to achieve the effective inclusion of physiotherapy in this level of care.

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