



## Primary care physiotherapists' performance in the fight against COVID19: an experience report

### *Atuação do fisioterapeuta na saúde primária no enfrentamento da COVID19: relato de experiência*

### *Actuación del fisioterapeuta en la atención primaria de salud para el afrontamiento de la COVID19: relato de experiencia*

**Eduardo Augusto Barbosa Figueiredo** 

Federal University of the Valleys of Jequitinhonha and Mucuri (Universidade Federal dos Vales do Jequitinhonha e Mucuri) - Diamantina (MG) - Brasil

**Keity Lamary Souza Silva** 

Federal University of the Valleys of Jequitinhonha and Mucuri (Universidade Federal dos Vales do Jequitinhonha e Mucuri) - Diamantina (MG) - Brasil

**Hiago Daniel Herédia Luz** 

Federal University of the Valleys of Jequitinhonha and Mucuri (Universidade Federal dos Vales do Jequitinhonha e Mucuri) - Diamantina (MG) - Brasil

**Fábio Luiz Mendonça Martins** 

Federal University of the Valleys of Jequitinhonha and Mucuri (Universidade Federal dos Vales do Jequitinhonha e Mucuri) - Diamantina (MG) - Brasil

**Márcio Alves Marçal** 

Federal University of the Valleys of Jequitinhonha and Mucuri (Universidade Federal dos Vales do Jequitinhonha e Mucuri) - Diamantina (MG) - Brasil

**Débora Fernandes de Melo Vitorino** 

Federal University of the Valleys of Jequitinhonha and Mucuri (Universidade Federal dos Vales do Jequitinhonha e Mucuri) - Diamantina (MG) - Brasil

**Henrique Silveira Costa** 

Federal University of the Valleys of Jequitinhonha and Mucuri (Universidade Federal dos Vales do Jequitinhonha e Mucuri) - Diamantina (MG) - Brasil

#### ABSTRACT

**Objective:** To report the experience of public health physiotherapy residents in the multidisciplinary fight and development of actions against the coronavirus disease 2019 (COVID-19). **Data synthesis:** This is an experience report on the practical work developed by the residents during the COVID-19 pandemic in two cities, Datas and Presidente Kubitschek, located in countryside of Minas Gerais, Brazil. The activities took place from March to June 2020. The activities consisted of guidelines, conversation circles, video calls, and flyers. The proposals summarized: Disease prevention actions; Health workers' mental and physical health care; Health Education for workers in other sectors of city halls; Monitoring of chronic patients; and Permanent education of community health workers. The activities contributed to the residents' clinical practice and allowed them to partner up with the health care team for the development of proposals for safely tackling and managing COVID-19. **Conclusion:** The proposals developed at the beginning of the pandemic allowed acting to help the Family Health Team to tackle COVID-19. The residents' experience contributed to the development of knowledge and management experience in tackling the pandemic, thus contributing to the residents' training.

**Descriptors:** Coronavirus Infections; Public Health; Health Education; Physical Therapy Specialty.

#### RESUMO

**Objetivo:** Relatar a experiência de residentes de fisioterapia em saúde coletiva no enfrentamento multidisciplinar e desenvolvimento de ações frente à coronavirus disease 2019 (COVID-19). **Síntese dos dados:** Trata-se de um relato de experiência a partir da vivência prática dos residentes, em decorrência da pandemia da COVID19, em duas cidades, Datas e Presidente Kubitschek, no interior de Minas Gerais, Brasil. As atividades ocorreram de março a junho de 2020. As ações foram realizadas por meio de orientações, roda de conversa, atendimento por videochamadas e folders. As propostas sintetizaram: Ações de prevenção à saúde; Atenção à saúde mental e física dos trabalhadores da saúde; Educação em saúde aos trabalhadores de outros setores das prefeituras; Monitoramento de pacientes crônicos; e Educação permanente dos agentes comunitários de saúde.



This Open Access article is published under the a Creative Commons license which permits use, distribution and reproduction in any medium without restrictions, provided the work is correctly cited

Received on: 06/22/2020

Accepted on: 08/19/2020

As atividades colaboraram com a prática clínica dos residentes, permitindo a construção com a equipe de saúde de propostas para um enfrentamento seguro no manejo da COVID19. **Conclusão:** As propostas elaboradas no início da pandemia permitiram realizar ações que auxiliaram a atuação da equipe de Saúde da Família no enfrentamento à COVID19. A experiência dos residentes contribuiu para a construção dos saberes e da experiência de gestão no enfrentamento da pandemia, colaborando para a formação dos residentes.

**Descritores:** Infecções por Coronavirus; Saúde Pública; Educação em Saúde; Fisioterapia.

## RESUMEN

**Objetivo:** Relatar la experiencia de residentes de fisioterapia en salud colectiva para el afrontamiento multidisciplinar y el desarrollo de acciones contra el coronavirus disease 2019 (COVID-19). **Síntesis de los datos:** Se trata de un relato de experiencia a partir de la práctica de los residentes decurrente de la pandemia de la COVID19, en dos ciudades, Datas y Presidente Kubitschek del interior de Minas Gerais, Brasil. Las actividades se dieron entre marzo y junio de 2020. Se realizaron las acciones a través de orientaciones, rueda de conversación, atención por video-llamadas y folletos. Las propuestas sintetizaron: Acciones de prevención a la salud; Atención a la salud mental y física de los trabajadores sanitarios; Educación en salud para los trabajadores de otros sectores de los ayuntamientos; Monitoreo de pacientes crónicos; y Educación permanente de los agentes comunitarios de salud. Las actividades colaboraron con la práctica clínica de los residentes permitiendo la construcción de propuestas para el afrontamiento seguro del manejo de la COVID-19 con el equipo de salud. **Conclusión:** Las propuestas elaboradas en el principio de la pandemia permitieron la realización de acciones que ayudaron la actuación del equipo de Salud de la Familia para el afrontamiento de la COVID19. La experiencia de los residentes ha contribuido para la construcción de los saberes y de la experiencia de gestión para el afrontamiento de la pandemia contribuyendo para la formación de los residentes.

**Descriptores:** Infecciones por Coronavirus; Salud Pública; Educación en Salud; Fisioterapia.

---

## INTRODUCTION

The new coronavirus is a zoonotic virus called SARS CoV 2 (severe acute respiratory syndrome coronavirus 2), discovered by Chinese scientists, which causes the disease called COVID-19, through viral infection (coronavirus disease 2019)<sup>(1)</sup>, first reported in Wuhan / China in late December 2019 and spread quickly to other countries<sup>(1)</sup>. The respiratory system is the most affected one by the disease and can also develop systemic manifestations, including neurological, cardiovascular, gastrointestinal, and musculoskeletal disorders<sup>(1-3)</sup>. COVID-19 was classified as a pandemic and declared, on January 30, 2020, as a public health emergency by the World Health Organization<sup>(4)</sup>.

The clinical manifestation of COVID-19 is wide, ranging from no symptoms to pneumonia and death<sup>(2)</sup>. When there are symptoms, it can be characterized as a flu-like syndrome, with fever, cough, muscle pain, fatigue, hemoptysis, headache, dyspnoea<sup>(1,2)</sup>, and, in severe cases, there may be severe acute respiratory syndrome. For the detection of COVID-19, testing by laboratory exams is necessary, or when these are not available, a clinical and epidemiological diagnosis can be performed, with confirmed cases being mandatorily notified<sup>(1)</sup>.

The first case of COVID-19 in Brazil and South America<sup>(4)</sup> was registered in February 2020 in São Paulo. The number of cases increased due to the high transmissibility<sup>(1)</sup>.

The multi-professional residency programs in PHC aim to expand the performance of the Family Health Strategy (FHS); and multi-professional work since the work in Brazil's Unified Health System (SUS) requires new professional configurations, which guarantee the implementation of the guidelines and principles proposed for the proper functioning of SUS<sup>(5)</sup>, due to the integrality of the actions. Among the professionals inserted in the PHC, there is a constant increase in the number of physiotherapists in the teams<sup>(6)</sup>.

The physiotherapist, during graduation, acquires skills and abilities that enable him to act at all levels of attention; however, currently, there has been a bigger concern with the training of a professional with a profile focused on PHC. The FHS guidelines direct the competence of health professionals, including physiotherapists, to develop actions and develop services for treatment and rehabilitation and also to act in the control of risks and damages in their territory, preventing injuries and promoting health through actions at the individual level, in groups and collectively<sup>(7)</sup>.

Thus, health professionals need to build skills and abilities to exercise these changes in the health sector and the public health paradigm. Therefore, actions involving comprehensive, timely, continuous, and quality health practices for the population are necessary<sup>(5)</sup>. Thus, the residents' performance needs to be integrated with the teaching-service-community tripod through the dialogue between university preceptors, the population, and management.

The COVID-19 pandemic led to the reorganization of work processes at all levels of health care. At PHC, the work is based on stopping dissemination due to the preventive and health-promoting characteristics related to the health scope<sup>(7)</sup>, since 80% of COVID-19 cases, considered mild, will be handled by the PHC professionals because it is the gateway to SUS<sup>(7,8)</sup>.

It is noteworthy that the professionals inserted in the PHC must develop actions to fight and cope with diseases, according to the Brazil's National Health Promotion Policy<sup>(9)</sup>, that is, to carry out actions that contribute to the prevention of contamination by the virus and possible injuries, the insertion of the community in the current context to combat the pandemic, with the health team, for the entire population present in the municipalities during this period. Another relevant factor is to act according to the National Contingency Plan for Human Infection for the new Coronavirus COVID-19<sup>(10)</sup>, with actions ranging from surveillance to management. In the current scenario of the pandemic, it is necessary to promote quick and efficient actions and responses, especially in the Basic Health Units (UBS), primarily responsible for the screening and monitoring of suspected cases. Thus, the close relationship between actions to combat COVID-19 and Primary Health Care (PHC) is considered of higher relevance.

Given this context, the relevance of this study is to experience as physiotherapy residents in public health on actions aimed at combating the infection of COVID-19 in PHC, aiming to contribute to the actions of preventive measures of the disease, in the clinical direction of working professionals, in the integration with the team and the community, and obtain learning from each experience described.

Therefore, this article aims to report the experience of physiotherapy residents in public health in multidisciplinary coping and development of actions against coronavirus disease 2019 (COVID-19).

## DATA SYNTHESIS

It is an experience report obtained through actions to combat COVID-19 experienced by physiotherapy residents in public health at a Federal University, located in the Vale do Jequitinhonha region, which has the city of Diamantina as a health macro-region, in Minas Gerais, Brazil, the cities of Datas and Presidente Kubitschek belonging to this macro-region. The actions were carried out from March to June 2020, with the participation of residents, university tutors, and the respective emergency operations centers to respond to the new coronavirus in each municipality, as foreseen by the Ministry of Health, for a coordinated management, in response to the national contingency plan, composed of health managers (municipal health secretary, primary care coordinator, multidisciplinary professional team and municipal health counselors), who developed health promotion and prevention actions for the community and city hall workers, support to the health professionals mental and physical health, in addition to training community agents to update in the face of the evolution of COVID-19 in the municipalities.

The conducts consisted of: Health prevention actions; Attention to the mental and physical health of health workers; Health Education for workers in other sectors of city halls; Monitoring of chronic patients; and Permanent Education of Community Health Agents. The usual actions of the operative groups needed to be suspended as a way of preventing contagion.

### Health prevention actions

The main form of transmission of the coronavirus appears to be human mobility<sup>(11)</sup>, as asymptomatic and symptomatic people, when transiting between regions, transmit the virus through secretion of saliva droplets without any restrictions<sup>(1)</sup>. Based on this, the installation of sanitary barriers has become an important action to stop the spread of the virus through prevention, and is considered a potentially effective tool in the monitoring of COVID19 cases<sup>(11,12)</sup>.

This protective measure was implemented in both municipalities mentioned above with the residents acting to assist in planning, which involved meeting with the local team to develop strategies, through discussion and debate of ideas, aimed at prevention and health promotion through the dissemination of information about the new coronavirus. The prevention methodology was a direct active search; that is, vehicles would be approached by the professionals present at the barrier (all health professionals). In this approach, there would be a request for the driver to lower the window glass, when the health professional, with the appropriate protective measures, presented himself and provided the instructions available for preventing COVID-19, filled out the screening form with possible signs and symptoms, in addition to the identification data, of interest to the city, with the following variables: age, profession, sex and reason for entering the municipality, by questioning the driver and, subsequently, disinfection product would be applied to the vehicle.

Each vehicle that crossed the barrier received, through oral information and brochures, instructions on what COVID-19 disease was, the forms of contagion and its prevention (with the use of masks, social distancing, and frequent

hand washing), information on clinical signs and symptoms, as well as the flow of care in case of contamination<sup>(1)</sup>. These themes were explained by residents in a clear, succinct, and popular language, reinforcing the information obtained in the educational brochures made available by each municipality.

Due to the performance of physiotherapy residents at sanitary barriers, it was possible to identify the travelers who entered the municipalities, whether to visit family members or to perform services in the municipalities or other activities. However, for the preventive objective of virus transmission through the placement of the barrier to be achieved, it was important to carry out the control and monitoring of visitors or residents, which could be done by filling in the form during the approach. These data were used for subsequent monitoring by telephone call, aimed at the segment of the general health status of each individual, ensuring the safety of the municipality. This experience was considered unique for residents who had never been in a similar situation to this one.

Telephone calls were made from seven to fourteen days after filling out the forms, considering that the virus transmissibility occurs, on average, seven days after infection<sup>(13)</sup>. Therefore, this constant monitoring ensures the municipality the early screening of possible COVID-19 cases. If any signs or symptoms of COVID-19 were reported, such as fever, cough, muscle pain, fatigue, hemoptysis, headache, or dyspnoea<sup>(1,2)</sup>, the person was instructed to look for the Basic Health Unit responsible for the area of their residence.

Besides that, suspected cases (people who show signs or symptoms of COVID-19 infection; but who do not have a laboratory test)<sup>(13)</sup> were monitored every 48 hours to observe the evolution of symptoms and possible contagion. In each call, preventive measures were reinforced (social isolation, wearing masks and periodic handwashing)<sup>(1)</sup> and respiratory etiquette, protecting yourself with the individual, preferably disposable handkerchiefs, mouth and nose when coughing and sneezing, to prevent the spread of droplets (main means of contagion), or if the handkerchief is impossible, cover the face with the elbow region<sup>(14)</sup>, as well as which health flow should be followed according to the Coronavirus Clinical Management Protocol provided by the Ministry of Health<sup>(7)</sup>.

It is believed it was possible to carry out safe and effective monitoring and that the assistance of residents was very relevant, given that there were more participants in the action with health professionals. The barrier strategy allowed for the early identification and targeting of suspected cases and safety management, following what is recommended nationally, making it possible to carry out health promotion and disease prevention.

### **Attention to the mental and physical health of health workers**

Health professionals are directly linked to the fight against coronavirus, increasing their chance of contagion. Thus, maintaining these workers' mental health is a challenge in the context of collective health, requiring a more comprehensive look at the environment in which the workers are inserted<sup>(15)</sup>.

The worker's health care proposal arose from a demand indicated by the Regional Health Department of Diamantina. From that, the Health Departments of these municipalities and the residents gathered to plan the possible solutions to the demand. In both municipalities, the planning and methodological actions diverged, but both used exercises that stimulate self-stretching, activation of blood circulation, and breathing pattern techniques.

In the municipality of Datas, the activity took place outside the UBS, as it has enough physical structure and technical apparatus to distance professionals during the activity performed face-to-face form. In the municipality of Presidente Kubitschek, it was done through video calls, with rooms created through apps, twice a week, lasting fifty minutes and counting the participants. All the activities carried out were planned and scheduled in advance, and the access address was provided to those who showed interest in participating, thus leading to greater adherence and participation.

Being aware of the psychological and physical conditions of health workers has become extremely important, especially in this pandemic moment, as it has made it possible to develop individual and collective measures to reduce the negative effects of work for these professionals<sup>(15)</sup>.

Physical activity is a positive strategy in the mental health scope because, besides improving body dynamics and inducing relaxation<sup>(16)</sup>, it has been widely discussed as a positive intervention for the mental health of individuals. After all, it improves social participation, has body benefits, increases the quality of life, and minimizes signs and symptoms of psychiatric disorders, such as anxiety and depression or chronic diseases<sup>(17)</sup>.

Thus, the residents' participation in this health-promoting action enabled them to demonstrate how exercise is an ally for bodily health and a cause of well-being. It is noteworthy that there was a good adhesion, with an increase in the number of participants over the days and a positive return from the professionals, and this action allowed the strengthening and narrowing of the bond with the health team.

## Health education for workers in other sectors of city halls

Health education is a relevant tool that should guide the health practice of professionals and aims to develop capacities at the collective level on improving the living conditions of a community<sup>(18)</sup>. Therefore, during a team meeting created to face COVID-19, it was established the need to carry out health education actions with workers in the urban cleaning and recycling sector in the municipality of Presidente Kubitschek to answer questions about the coronavirus as the form of contagion, prevention and self-care measures, as the urban cleaning service is essential for human and environmental health and contributes to assisting in the prevention and transmission of the coronavirus<sup>(19)</sup> since combating the pandemic requires intersectoral actions<sup>(20)</sup>.

For this approach to be accepted by workers, the dynamics of the conversation circle were chosen, as it allowed the opening of space for dialogues and interactions of the participants, expanding the perceptions about the subject and allowing reflection of the manifestations presented<sup>(21)</sup>. The action occurred at the city hall building, in the urban cleaning room and the recycling plant, out of servers' working hours with all employees participate in the sector. In this conversation circle, discussions were also directed to guide possible adjustments that could be made during the work process, minimizing the possibility of contagion during the service and contamination of family members. The correct use of personal protective equipment (PPE)<sup>(15)</sup>, the wrapping of masks, and the suggestion of a specific uniform for the job, besides a place of hygiene for professionals before returning to their homes.

Then, the health team felt the need to schedule a meeting with the managers responsible for each sector of public cleaning, to pass on the same information that was discussed with the sector employees. It is believed that, after talking with the servers and managers, the work process could be understood and adapted to both parties, in addition to establishing and emphasizing the importance of protecting workers to performing safe work in the face of the coronavirus pandemic, providing contagion prevention and health promotion through health education that was built with this strategy of debates and discussions within the community that intended to reach.

The safe handling of the waste produced requires the active participation of the community; when there are suspected or confirmed cases<sup>(19)</sup>; because it changes the behavior of the generation of infectious waste, requiring identification and correct management to minimize the possibilities of mass contagion of workers<sup>(20)</sup>. As a result, there was also the elaboration of announcements about the importance of the correct and indicated handling of garbage – how to use masks during the separation of residues, pestle and pack in two plastic bags identified as “infected garbage”<sup>(20)</sup>, that were reproduced by informant sound cars and educational brochures to be distributed to the population in the entire urban area, with the intention of making a contribution from city residents in the correct disposal of garbage (including masks and gloves) at the time of collection, as well as in the separation of recyclable waste from ordinary waste, minimizing the chances of contagion of urban cleaning workers and their families.

This moment experienced by the residents shows a relevant principle of SUS, the principle of intersectionality, a movement to overcome the fragmented vision and practices, being, still, a strategy of increasing production of articulations between different segments, both internally and externally<sup>(22)</sup>.

These experiences can guide the resolution of some of the health problems, such as the case of public cleaning workers, as the health sector's commitment is to make it increasingly visible that the health-illness process is composed of multiple aspects – pertinent to the various governmental, private and non-governmental sectors –, which should arrange their agendas when they are to constitute their specific actions and policies to guarantee health as a human right and citizenship issue<sup>(23)</sup>.

## Monitoring of chronic patients

Chronic patients with pre-existing conditions, such as systemic arterial hypertension, diabetes mellitus, chronic obstructive pulmonary disease, heart disease, and circulatory disorders, in addition to the elderly and immunosuppressed, are classified as risk groups and vulnerable to the advanced stages of COVID-19, it is necessary to reduce the physical presence of these users in health centers, preferably opting for the call center<sup>(24)</sup>.

However, due to the socioeconomic precariousness of the municipalities of Vale do Jequitinhonha, telemarketing is hampered. Because of this reality, strategies for monitoring people with chronic diseases were rethought and developed at the Public Health Emergency Operations Center for the new Coronavirus (<https://portal.fiocruz.br/noticia/ministerio-da-saude-lanca-protocolo-de-tratamento-do-covid-19>) to minimize the exposure of these users of the health system in the extra-home environment. To this end, a script was created for the team's exclusive use of possible clinical signs and symptoms that suggest signs of clinical changes in the pre-existing pathology, to be followed during the visit, as about 90% of cases of cardiovascular events and other health conditions show clinical

signs or symptoms before they get worse, in addition to contributing to the active search for respiratory symptoms present in the community.

During the home visit, the physiotherapist resident collaborated with his role as a health-transforming agent through education and information, since he is a professional qualified to work with the prevention of general diseases and bad habits that can harm the individual's health<sup>(25)</sup> since in the city there was no confirmation of infection by the new coronavirus through clinical diagnosis or laboratory examination. As a result, during the visit, the messages about COVID-19 infection (contagion prevention, self-care, and community protection measures) were disseminated and reinforced by all professionals.

This care plan for the chronically ill occurred during the home visit with guidance from the CHA. Visits were carried out as recommended by the Ministry of Health<sup>(24)</sup>, with a distance between people of two meters, the use of a mask and in the home environment, obtaining positive responses in the early referral of patients with clinical complaints, evaluation of drug interaction and monitoring of clinically stable patients.

Control and regular information provided an overview of the health status of individuals. Thus, after the visit carried out in the patients' homes with previous pathologies, the fixed telephone number or the individual (who may also be responsible, if necessary) was updated to correct the data and clinical information. From then on, with regular frequency, people received periodic calls to collect information about the pathology and current health condition for effective monitoring, to make the displacement of a trained team at home, or guide them to seek the FHS by appointment, when necessary. Through the prevention of health problems, with health education and reinforcement by users for the surveillance of the current health condition, this method allowed physiotherapy residents to understand the importance of care for chronic patients and how important is the clinical stability of these users.

### **Permanent education of community health workers**

Community health agents (CHA) know the community well where they work, however; like all PHC professionals, they must have the training to improve the work process<sup>(26)</sup>, which also contribute to the valorization of previous knowledge, the exchange of experiences, the help in the identification of situations in the community and positively influence the planning of actions<sup>(27)</sup>. Through permanent education, it is possible to qualify the professional in the work process and allow the construction of safe professional practice<sup>(24)</sup>, which is necessary to allow good structuring and service to the community in the work of the CHA<sup>(27)</sup>.

Therefore, after discussion with the team of the Public Health Emergency Operations Center for the new Coronavirus; a proposal was created to train health agents, using permanent education, to understand the work process in the current context of the COVID-19 pandemic and to elucidate themes that could bring significance and arouse the interest of agents in the educational process. From this, weekly, the CHA group met with residents and the primary care coordinator in a conversation circle, creating space for discussions and reflections<sup>(21)</sup> on knowledge about health promotion in the face of the new coronavirus pandemic. The CHA was encouraged to bring on the circle what they experienced during visits about the coronavirus and, from these cases, conversations flowed. Besides, the Ministry of Health booklet was used as supporting material with the recommendations that adapted the actions of the CHA because of the current epidemiological situation regarding COVID-19<sup>(28)</sup>. The conversation circle facilitated the discussion of the booklet and promoted a welcoming environment for everyone to actively participate in the discussion and for there to be a greater problematization of the booklet, because this is an essential step in the communication process and allows a greater exchange of knowledge and experiences through interaction with oneself, with others and with the world<sup>(29)</sup>.

This action made possible for residents to understand how frequent discussions with CHAs are necessary, to understand the desires, and create solutions with them so that there are effective responses to the demands created by them and by users. Performing the role of collaborator in training contributed to the resolution of demands, in addition to allowing for a closer relationship between physiotherapists resident and CHA, as both created and shared common ideas through effective dialogue. We saw the importance and enriching experience of the physiotherapist's participation in PHC at this time of the pandemic of the new coronavirus. Until the end of the present study, the Jequitinhonha Valley region, where the cities of Datas and Presidente Kubitscheck are located, was one of the regions with the lowest number of confirmed COVID-19 cases and the only one in the state without confirmed deaths<sup>(30)</sup>.

Although the physiotherapist's role is not explicit in the literature in a consolidated manner, until 2018, there was a growing increase in the insertion of these professionals in PHC, through university internships, residency programs, and, mainly, through the Family Health Support Centers<sup>(6)</sup>. Therefore, the qualified contribution of these professionals in the context of PHC is reinforced, but it is worth reflecting after Technical Note No. 3/2020-DESF /

SAPS / MS, which extinguishes and decouples the NASF from primary care<sup>(31)</sup> from the loss and difficulty of inserting physiotherapists and other professionals in PHC, in the current context, making room for an insufficient service for the population, in addition to hindering the realization of the principles SUS.

It is known that the Brazil's National Health Promotion Policy (PNPS) has as main objectives to promote health and reduce risks to individual and community health<sup>(9)</sup>. In this sense, all the experiences described in favor of the worker and the community aimed to achieve the main objective of the PNPS.

## CONCLUSION

The actions carried out by the residents, in partnership with the municipalities studied, allowed the exchange of knowledge, the partnership between the university and the municipal management, and support in this delicate moment for collective health, allowing the theoretical knowledge obtained at the university could, through practice, be experienced in the community with higher quality and safety.

It is reinforced the relevance of the physiotherapist insertion in the multi-professional team in PHC, since the actions of prevention and health promotion were elaborated considering the integration with the multi-professional team, in the dialogue with a scientific basis, contributing to the formation and training of professionals. experience of resident physiotherapists in health education.

## ACKNOWLEDGMENTS

To the municipal health secretariats of the municipalities of Datas and Presidente Kubitscheck, in Minas Gerais.

## CONTRIBUTIONS

**Eduardo Augusto Barbosa Figueiredo, Keity Lamary Souza Silva and Hiago Daniel Herédia Luz** contributed to the acquisition, analysis and interpretation of data; and the writing and / or revision of the manuscript. **Fábio Luiz Mendonça, Márcio Laves Marçal, Débora Fernandes de Melo Vitorino and Henrique Silveira Costa** contributed to the writing and / or revision of the manuscript.

## REFERENCES

1. Ministério da Saúde (BR). Diagnóstico e Tratamento da COVID-19 [Internet]. 2020 [accessed on 2020 Ago 13]. Available from: <https://sbim.org.br/images/files/notas-tecnicas/ddt-covid-19-200407.pdf>
2. Wu D, Wu T, Liu Q, Yang Z. The SARS-CoV-2 outbreak: what we know. *Int J Infect Dis* [Internet]. 2020 [accessed on 2020 Ago 13];94:44-8. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1201971220301235>
3. Liu PP, Blet A, Smyth D, Li H. The science underlying COVID-19. *Circulation* [Internet]. 2020 [accessed on 2020 Ago 13];142(1):68-78. Available from: <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.120.047549>
4. Biscayart C, Angeleri P, Lloveras S, Chaves TSS, Schlagenhaut P, Rodríguez-Morales AJ. The next big threat to global health? 2019 novel coronavirus (2019-nCoV): What advice can we give to travellers? – Interim recommendations January 2020, from the Latin-American society for Travel Medicine (SLAMVI). *Travel Med Infect Dis* [Internet]. 2020 Jan [accessed on 2020 Ago 13];33:101567. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S147789392030017X>
5. Ministério da Saúde (BR), Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação na Saúde Brasil. *Residência Multiprofissional em Saúde: experiências, avanços e desafios*. Brasília: Ministério da Saúde; 2006.
6. Tavares LRC, Costa JLR, Oishi J, Driusso P. Inserção da fisioterapia na atenção primária à saúde: análise do cadastro nacional de estabelecimentos de saúde em 2010. *Fisioter Pesqui* [Internet]. 2018 Mar [accessed on 2020 Ago 13];25(1):9-19. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1809-29502018000100009&lng=pt&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1809-29502018000100009&lng=pt&tlng=pt)
7. Ministério da Saúde (Brasília). *Protocolo de manejo clínico da Covid-19 na Atenção Primária à saúde: versão*

- 9 [Internet]. 9th ed. 2020 [accessed on 2020 Ago 13]. Available from: <https://portaldeboaspraticas.iff.fiocruz.br/biblioteca/protocolo-de-manejo-clinico-do-coronavirus-covid-19-na-atencao-primaria-a-saude/>
8. Vitória ÂM, Campos GWS. Só com APS forte o sistema pode ser capaz de achatar a curva de crescimento da pandemia e garantir suficiência de leitos UTI. Frente Estamira CAPS [Internet]. 2020 [accessed on 2020 Ago 13];25(1). Available from: <https://frenteestamira.org/2020/04/02/so-com-aps-forte-o-sistema-pode-ser-capaz-de-achatar-a-curva-de-crescimento-da-pandemia-e-garantir-suficiencia-de-leitos-uti/>
9. Ministério da Saúde (BR). Política Nacional de Promoção da Saúde [Internet]. 3rd ed. 2010 [Accessed on 2020 Ago 13]. Available from: [https://bvsms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_promocao\\_saude\\_3ed.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_promocao_saude_3ed.pdf)
10. Oliveira WK. Plano de Contingência Nacional para Infecção Humana pelo novo Coronavírus COVID-19 [Internet]. Brasília: Ministério da Saúde; 2020 [accessed on 2020 Ago 13]. Available from: [www.saude.gov.br/bvs%0Ahttps://portalarquivos2.saude.gov.br/images/pdf/2020/fevereiro/13/plano-contingencia-coronavirus-COVID19.pdf](http://www.saude.gov.br/bvs%0Ahttps://portalarquivos2.saude.gov.br/images/pdf/2020/fevereiro/13/plano-contingencia-coronavirus-COVID19.pdf)
11. Ferreira SC. Sobre a eficiência de barreiras sanitárias restritivas para conter o avanço da COVID-19: uma modelagem matemática simples [Internet]. São Paulo: UPS; 2020 [accessed on 2020 Ago 13]. doi: 0000-0001-7159-2769
12. Governo do Estado de Minas Gerais. Orientações sobre medidas de restrição de locomoção e Barreiras Sanitárias locais no Estado [Internet]. 2020 [accessed on 2020 Ago 13]. Available from: <https://www.cosemsg.org.br/site/Arquivos/PDF/notacoesbarreira.pdf>
13. Governo do Estado de Mato Grosso do Sul. Manual de orientações: manejo clínico dos pacientes suspeitos e confirmados de Covid-19 [Internet]. 2nd ed. 2020 [accessed on 2020 Ago13]. Available from: <https://www.coronavirus.ms.gov.br/wp-content/uploads/2020/05/Manejo-Clínico-de-Pacientes-suspeitos-e-confirmados-de-Covid-19-1.pdf>
14. Governo de Santa Catarina. Orientações para prevenção de contágio por Coronavírus (Covid-19) em alojamento para hospedagem temporária de trabalhadores sob responsabilidade do empregador [Internet]. 2017 [accessed on 2020 Ago13]. Available from: <https://www.saude.sc.gov.br/coronavirus/arquivos/ntc-010-2020.PDF>
15. Jackson JM Filho, Assunção AÁ, Algranti E, Garcia EG, Saito CA, Maeno M. A saúde do trabalhador e o enfrentamento da COVID-19. Rev Bras Saúde Ocup [Internet]. 2020 [accessed on 2020 Ago13];45. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0303-76572020000100100&tIng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0303-76572020000100100&tIng=pt)
16. Lourenço BS, Peres MAA, Porto IS, Oliveira RMP, Dutra VFD. Atividade física como uma estratégia terapêutica em saúde mental: revisão integrativa com implicação para o cuidado de enfermagem. Esc Anna Nery [Internet]. 2017 [accessed on 2020 Ago13];21(3):1-8. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452017000300801&Ing=en&tIng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452017000300801&Ing=en&tIng=en)
17. Santos NC, Santos LS, Camelier FWR, Maciel RRBT, Portella DDA. Tecnologias aplicadas à promoção da saúde do trabalhador: uma revisão sistemática. Rev Bras Med do Trab [Internet]. 2017 [accessed on 2020 Ago13 n];15(1):113-22. Available from: <http://www.rbmt.org.br/details/219/pt-BR/tecnologias-aplicadas-a-promocao-da-saude-do-trabalhador--uma-revisao-sistematica>
18. Machado AGM, Wanderley LCS. Educação em Saúde [Internet]. 2009 [accessed on 2020 Ago13]. Available from: [https://www.unasus.unifesp.br/biblioteca\\_virtual/esf/2/unidades\\_conteudos/unidade09/unidade09.pdf](https://www.unasus.unifesp.br/biblioteca_virtual/esf/2/unidades_conteudos/unidade09/unidade09.pdf)
19. Associação Brasileira de Empresas de Limpeza Pública e Resíduos Especiais. Recomendações para a Gestão de Resíduos Sólidos Durante a Pandemia de Coronavírus (Covid-19)[Internet]. 2020 [accessed on 2020 Ago13]. Available from: <https://abrelpe.org.br/abrelpe-no-combate-a-covid-19/>
20. Takayanagui AMM, Santos CV, Souza RMGL. Gerenciamento dos resíduos gerados nos cuidados com a Covid-19 nos domicílios [Internet]. São Paulo: ABES-SP; 2020 [accessed on 2020 Ago13]. Available from: [https://www.sigam.ambiente.sp.gov.br/sigam3/repositorio/506/documentos/gerenciamento\\_residuos\\_covid19.pdf](https://www.sigam.ambiente.sp.gov.br/sigam3/repositorio/506/documentos/gerenciamento_residuos_covid19.pdf)
21. Melo MCH, Cruz GDC. Roda de conversa: uma proposta metodológica para a construção de um espaço de diálogo no Ensino Médio. Imagens Educ [Internet]. 2014 May 16 [accessed on 2020 Ago13];4(2):31. Available from: <http://periodicos.uem.br/ojs/index.php/ImagensEduc/article/view/22222>



22. Inojosa R. Sinergia em políticas e serviços públicos: desenvolvimento social com intersectorialidade. *Cadernos Fundap*. 2011;22:102-10.
23. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde. Política Nacional de Promoção da Saúde. Brasília: Ministério da Saúde; 2006.
24. Ministério da Saúde (BR). Nota técnica: aeração a pessoas com doenças crônicas na APS diante da situação de Pandemia de Covid-19 (Coronavírus). Brasília: Ministério da Saúde; 2020.
25. Sales RDC. O papel do fisioterapeuta residente multiprofissional em saúde da família: um relato de experiência. *Rev APS [Internet]*. 2017 [accessed on 2020 Ago 13];19(3):500-4. Available from: <https://aps.uff.br/emnuvens.com.br/aps/article/view/2301/1028>
26. Barbosa VBA, Ferreira MLSM, Barbosa PMK. Educação permanente em saúde: uma estratégia para a formação dos agentes comunitários de saúde. *Rev Gaúcha Enferm [Internet]*. 2012 Mar [accessed on 2020 Ago 13];33(1):56-63. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1983-14472012000100008&lng=pt&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472012000100008&lng=pt&tlng=pt)
27. Queiroz DM, Silva MRF, Oliveira LC. Educação permanente com agentes comunitários de saúde: potencialidades de uma formação norteada pelo referencial da Educação Popular e Saúde. *Interface Comun Saúde Educ [Internet]*. 2014 Dez [accessed on 2020 Ago 13];18(suppl 2):1199-210. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-32832014000601199&lng=pt&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832014000601199&lng=pt&tlng=pt)
28. Ministério da Saúde (BR). Recomendações para adequação das ações dos agentes comunitários de saúde frente à atual situação epidemiológica referente ao covid-19 Brasília/DF [Internet]. 2020 [accessed on 2020 Ago 13]. Available from: [http://189.28.128.100/dab/docs/portaldab/documentos/20200324\\_recomendacoes\\_ACS\\_COVID19\\_ver001\\_final.pdf](http://189.28.128.100/dab/docs/portaldab/documentos/20200324_recomendacoes_ACS_COVID19_ver001_final.pdf)
29. Catavi H Sobrinho, Silva LMF, Porto BS. Comunicação dialógica e ciência da informação: modelo para a organização e representação do conhecimento. *ISKO Bras [Internet]*. 2019 [accessed on 2020 Ago 13];6(120810–20191003112057):19-27. Available from: <https://brapci.inf.br/index.php/res/v/123168>
30. Secretaria de Estado de Saúde de Minas Gerais. Informe epidemiológico coronavírus [Internet]. 2020 [accessed on 2020 Ago 13]. Available from: <https://www.saude.mg.gov.br/component/gmg/story/12686-informe-epidemiologico-coronavirus-13-05-2020>
31. Ministério da Saúde (BR), Secretaria de Atenção Primária à Saúde, Departamento de Saúde da Família Brasil. Núcleo Ampliado de Saúde da Família e Atenção Básica (NASF-AB) e Programa Previne Brasil [Internet]. 2020 [accessed on 2020 Ago 13]. Available from: [http://189.28.128.100/dab/docs/portaldab/documentos/NT\\_NASF-AB\\_Previne\\_Brasil.pdf](http://189.28.128.100/dab/docs/portaldab/documentos/NT_NASF-AB_Previne_Brasil.pdf)

**Mailing address:**

Eduardo Augusto Barbosa Figueiredo  
Universidade Federal dos Vales do Jequitinhonha e Mucuri  
Rodovia MGT 367, Km 583, 5000  
Bairro: Alto da Jacuba  
CEP: 39100-000 - Diamantina - MG - Brasil  
E-mail: eduuabf@gmail.com

---

**How to cite:** Figueiredo EAB, Silva KLS, Luz HDH, Martins FLM, Marçal MA, Vitorino DFM, et al. Primary care physiotherapists' performance in the fight against COVID 19: an experience report. *Rev Bras Promoç Saúde*. 2021;34:11164.

---