PERFORMANCE OF PHYSICAL EDUCATION IN MULTIPROFESSIONAL HEALTH RESIDENCY

A atuação da educação física nas residências multiprofissionais em saúde

La actuación de la educación física en las residencias multiprofesionales en salud

Description or assessment of methods, techniques, procedures and instruments

ABSTRACT

Objetive: To present the activities under the competence of physical education and its performance in the multidisciplinary residences in health and the difficulties involved in this experience. **Data synthesis**: The study presented the activities of competence and the performance in the Unified Health System (Serviço Único de Saúde - SUS) of the Hospital Multiprofessional Integrated Residency Program with emphasis on Adults' Cardiometabolic Healthcare (Residência Integrada Multiprofissional Hospitalar - RIHMAS) and the Multiprofessional Residency Program in Family Health (Residência Multiprofissional em Saúde da Família - RMSF), supervised by the Commission of Multidisciplinary Residences (Comissão das Residências Multiprofissionais - COREMU), both with two-year duration, aiming healthcare for SUS users. As regards the actions of residents, all activities take place at the University Hospital of the Federal University of Rio Grande (FURG); in their first year in RIMHAS, the activities are developed in the Emergency room, Medical and Surgical Clinic; in the second one, they occur in the Integrated Center for Diabetes and Physical Rehabilitation Centre. In RMSF there is a dip in the Family Health Strategy, carrying out activities in a Basic Health Unit, in addition to internships in other health services. **Conclusion**: The study shows that experiences that link the academic training of the Physical Education core and the SUS contribute to open a channel of dialogue between individuals acting in multiprofessional residency programs.

Descriptors: Physical Education and Training; Health Promotion; Allied Health Personnel; Unified Health System.

RESUMO

Objetivo: *Apresentar as atividades de competência e atuação da Educação Física nas residências multiprofissionais em saúde e as dificuldades dessa experiência.* **Síntese dos dados:** *Apresentam-se as atividades de competência e atuação no Sistema Único de Saúde (SUS) da Residência Integrada Multiprofissional Hospitalar com Ênfase na Atenção à Saúde Cardiometabólica do Adulto (RIMHAS) e da Residência Multiprofissional em Saúde da Família (RMSF), supervisionadas pela Comissão das Residências Multiprofissionais (COREMU), ambas com atenção à saúde dos usuários do SUS e duração de dois anos. No que diz respeito à atuação dos residentes, no primeiro ano na RIMHAS, as atividades são desenvolvidas no Hospital Universitário da Universidade Federal do Rio Grande (FURG), no Serviço de Pronto Atendimento, Clínica Médica e Clínica Cirúrgica; no segundo, ocorrem no Centro Integrado de Diabetes e Centro de Reabilitação Física. Na RMSF, há uma imersão em uma equipe de Estratégia de Saúde da Família, com atuação em uma Unidade Básica de Saúde, além da realização de estágios em outros serviços.* **Conclusão:** *O estudo mostra que experiências que articulam a formação acadêmica do núcleo da Educação Física e o SUS contribuem para a construção de um canal de diálogo entre indivíduos atuantes nas residências multiprofissionais.*

Descritores: *Educação Física e Treinamento; Promoção da Saúde; Pessoal Técnico de Saúde; Sistema Único de Saúde.*

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RESUMEN

Objetivo: *Presentar las actividades de competencia y actuación de la Educación Física en las residencias multiprofesionales en salud y las dificultades de esa experiencia.* ***Síntesis de los datos:*** *Se presentan las actividades de competencia y actuación en el Sistema de Salud (SUS) de la Residencia Integrada Multiprofesional Hospitalario con Énfasis en la Atención a la Salud Cardiometabólica del Adulto (RIMHAS) y de la Residencia Multiprofesional en Salud de la Familia (RMSF), supervisionadas por la Comisión de las Residencias Multiprofesionales (COREMU), ambas con atención a la salud de los usuarios del SUS y duración de dos años. Respecto la actuación de los residentes, en el primer año de la RIMHAS, las actividades son desarrolladas en el Hospital Universitario de la Universidad Federal de Rio Grande (FURG), en el Servicio de Pronta Asistencia, Clínica Médica y Clínica Quirúrgica. En el segundo año las actividades se dan en el Centro Integrado de Diabetes y Centro de Rehabilitación Física. En la RMSF hay una inmersión en un equipo de Estrategia de Salud de la Familia con actuación en una Unidad Básica de Salud, además de la realización de prácticas en otros servicios.* ***Conclusión:*** *El estudio muestra que las experiencias que involucran la formación académica del núcleo de Educación Física y el SUS contribuyen para la construcción del dialogo entre los individuos de las residencias multiprofesionales.*

Descriptores: *Educación y Entrenamiento Físico; Promoción de la Salud; Técnicos Medios en Salud; Sistema Único de Salud.*

INTRODUCTION

Multiprofessional health residencies are guided by the principles and guidelines of the *Sistema Único de Saúde – SUS* (Brazil's Unified Health System) based on local and regional needs and reality. They include healthcare professions: Biomedicine, Physical Education, Nursing, Pharmacy, Physiotherapy, Speech, Language and Hearing Sciences, Nutrition, Dentistry, Psychology, Social work, Occupational therapy, and others[1].

Multiprofessional residencies emerge in a moment of changes in health care, in which aspects like health promotion, decentralization of medical care and multiprofessional work are aggregated to the health care know-how in an attempt to contribute to the comprehensive health care of individuals. The multiprofessional residencies operate in a context that is different from the one cited by those who are in favor or against its proposal[2], constituting a new reality for SUS.

Regarding the insertion of physical education workers in the multiprofessional health residency programs, it seems to be a unique opportunity for having these professionals exert one more relevant social function in addition to being an alternative that can contribute to reducing the distance between the academic world and the professional performance[3].

Given the recent emergence of residencies with the inclusion of physical education workers, it is important to disclose this experience in order to contribute to other centers and new courses so they can become a reference in helping and contributing to its constitution as the literature on this issue is scarce.

The present study aimed to present competence and performance activities of Physical Education in multiprofessional residencies and the difficulties of this experience.

DATA SYNTHESIS

There are two multiprofessional health residencies in the *Universidade Federal do Rio Grande – FURG* (Federal University of Rio Grande): the *Residência Integrada Multiprofissional Hospitalar com Ênfase na Atenção à Saúde Cardiometabólica do Adulto – RIMHAS* (Hospital Multiprofessional Integrated Residency Program with emphasis on Adults' Cardiometabolic Healthcare) and the *Residência Multiprofissional em Saúde da Família – RMSF* (Multiprofessional Residency Program in Family Health), both providing health care to users of SUS.

The multiprofessional residency programs of the FURG are supervised by the *Comissão das Residências Multiprofissionais – COREMU* (Commision of Multiprofessional Residencies), an organ that also represents the university in the *Comissão Nacional de Residência Multiprofissional em Saúde* (National Commission of Multiprofessional Health Residency). The management of residencies is shared with the Municipal Health Secretariat. These residencies aim to perform *lato sensu* post-graduation activities, characterized by the service training, and involve professionals of Physical Education, Nursing and Psychology.

About the specific activities of Physical Education residents in RIMHAS

Residents in the first year are called R1 and in the second year R2. They develop their practical activities in different areas of the *Hospital Universitário da FURG – HU/FURG* (University Hospital of FURG) under the supervision of Physical Education preceptors holding a Master's degree who were hired to supervise the practical activities developed by the residents and also be responsible for their insertion in the health teams and their integration into other services and the population[4]. They are also responsible for the development of the health care service provided to cardiometabolic patients and for the residents'

activities in their working areas while they are involved in theoretical activities.

During the first year of residency, R1 are inserted in the working environments of general practice, where they exert functions in the *Serviço de Pronto Atendimento – SPA* (Emergency services), Clinical Medicine, Clinical Surgery and Post-discharge follow-up. The primary reason for training in these areas is to implement multiprofessional residency in strategic areas of SUS, encouraging the multiprofessional teamwork and contributing to the qualification of specialized human resources in order to ensure comprehensive health care – which meets the guidelines of the *programa Nacional de Reestruturação dos Hospitais Universitários Federais – ReHUF* [5] (National Program for the Restructuring of Federal University Hospitals).

In hospitals, the routine of Physical Education residents enables the acquisition of experiences with regards to the functioning of a university hospital, where they follow the line of patient's care and the places where they will receive the adequate treatments. Additionally, the resident is expected to develop a holistic view of the Brazilian public health problems. Besides that, the multiprofessional work allows the patient to be fully treated – and not only treated for the reason he was hospitalized – by providing a comprehensive health care.

The first year of residency includes two semesters and students are divided into two teams, one of them will work in areas of Clinical Surgery and SPA and the other will work in areas of Clinical Medicine. These teams swap places at the end of the semester. The SPA works 24 hours a day and is most of times the patient's gateway to hospital (in urgency cases and/or uncontrolled pathology). Clinical surgery is the sector in which patients are hospitalized for surgeries; therefore, hospitalized patients are attended before and after surgery.

In the aforementioned sectors, the work of residents is developed when patients are referred by the multiprofessional team (doctors, physiotherapists, nurses and psychologists) or through the assessment of hospitalized patients. In case there are no referrals, residents conduct embracement, care (preconizing the listening in patient care, so they can be treated based on personhood and individuality) and health education activities with patients and their family. Basically, they carry out a conversation in hospital rooms about lifestyle and also a conversation with the multiprofessional team so they can align the improvement in patient's life as a common goal.

Residents also carry out physical examination and physical rehabilitation activities with patients who need them. Depending on the case, they can continue the treatment they started during hospitalization through the patient's post-discharge follow-up program. As for physical rehabilitation, after carrying out the anamnesis and discussing with the doctor about the medicines, they prescribe the physical exercise based on the length of hospitalization.

In the second year of residency, the work of R2 takes places in two environments: *Centro Integrado ao Diabetes – CID* (Integrated Center for Diabetes) and *Centro de Reabilitação Física e Cardiometabólica HU-FURG – CRFC* (Physical and Cardiometabolic Rehabilitation Center). They perform outpatient consultations comprising physical examination and health education in addition to therapeutic communication in an attempt to know the users, their history, their likes, and provide them with decent care and embracement. The physical examination comprises: anthropometrics, hemodynamics (blood pressure, heart rate, oxygen saturation), strength, flexibility, balance, cardiorespiratory assessment, and also questionnaires to determine the cardiovascular risk and the intensity of physical activity. This procedure aims to guide their work, which is discussed in a multiprofessional context, and check for any needs for complementary exams such as electrocardiogram (ECG) and stress ECG in order to start or not the physical rehabilitation.

The physical rehabilitation program takes place in the CRFC with a major focus on high risk cardiometabolic patients. The work developed by the residents is supported by the *Política Nacional de Humanização – PNH*[6] (National Program for Humanization) and has a technical and scientific character as they perform evidence-based activities[7-11]. It is important to mention that the idea of multiprofessional rehabilitation does not always refer to the cure, but to the non-fragmentation of the individual, seeking patient's physical, emotional and social independence, maximizing his functional potential and improving his quality of life[12]. It seeks a satisfactory outcome, considering not only the biological rehabilitation, but also the satisfactory integration of the cardiometabolic individual into family, social and professional routine.

The physical exercise program developed in the CRFC generally lasts six months depending on the severity of the disease and the evolution of the patient. The weekly frequency of rehabilitation sessions ranges from two to three times a week. In the period from May 2012 to July 2013, the Physical Education preceptors and residents of the RIMHAS performed 5,200 consultations.

About the specific activities of Physical Education residents in RMSF

Given the organization proposed by the Political and Pedagogical Project of the RMSF of FURG[13], the first year of training of residents consists of an "immersion"

in a Family Health Strategy (FHS) team, which implies an intense contact with the team, the population and the territory in which they work. During the second year, the resident continues his work in a *Unidade Básica de Saúde da Família – UBSF* (Basic Family Health Center) and also starts an internship in other services such as the *Centro de Atendimento Psicossocial – CAPS* (Psychosocial Care Center), *Núcleos de Apoio à Saúde da Família – NASF* (Family Health Support Centers), Management, Sanitation Surveillance, and others.

The Physical Education working process in primary care is still unknown and healthcare teams are still unaware of the possibilities of Physical Education work in health care, promotion, prevention and rehabilitation[14-16]. Until now, there is not a specific demand for Physical Education in the health field; therefore, there is uncertainty and unawareness. When there is a demand for Physical Education, it is restricted to issues involving weight loss and the “fight” against hypertension and diabetes[17].

In order to clarify the real work possibilities of Physical Education, a constant dialogue with the UBSF should be carried out in order to create new “flows” and ways through which the user and/or the resident can access a care space. Such flows have been primarily designed based on discussions of cases carried out with the team, which will indicate whether individuals will be invited to participate in an embracement activity or in a specific group that will be assisted by the Physical Education residents of the RMSF. The team is constantly encouraged to invite users to participate in health promotion spaces whose functioning is variable and intrinsic to the resident’s work, such as the tai chi chuan and weight loss groups. Additionally, there is also a spontaneous demand in the UBSF that needs an embracement different from the one that is already offered by the team and that will be provided by the Physical Education resident, sometimes together with psychologists or nurses.

During the embracement, the team along with users formulate health care strategies that look at their health problems in a broader way. Some of these embracement activities result in individual follow-up of users – not in the sense of a directed physical training, which is very common in Physical Education, but in a sense based on the practice of public health services. This space was powerful to the establishment of bonds, receptive listening, comprehensive view of patients and body-based interventions. The sum of these intentions aimed to cope with the subject’s health problem both through a curative approach, when necessary, and the creation of new possibilities for more harmonious and healthy living. Individual approaches were used in the health center and in the subjects’ homes. In general, the cases that were followed up individually belonged to subjects that for some reason were not indicated to participate in a group due to the inability to go to the center, very specific demands or relationship difficulties; therefore, they required, in a first moment, an individual approach.

In addition to individual follow-ups, the Physical Education resident promoted a group of tai chi chuan, which constituted a health promotion space open to sick and healthy individuals. They also promoted a support group with the help of their colleagues, a space for sharing daily suffering of individuals that aims to establish support networks and fraternal bonds through activities involving body practices. In addition to these initiatives, the resident also participated in the maintenance of the medicinal plant garden and the condiment and vegetable crop, which is located next to the UBSF and was created by the first class of residents. It is a space for establishing relationships and sharing seeds and knowledge about condiment and medicinal plants.

Other work possibilities of Physical Education residents – already institutionalized by the Brazilian State and by the local management initiatives – are the work in the NASF team, in which they engage with the logic of matrix support, or even the participation in the *Projeto Vida Ativa* (Active Life Project), through which the UBSFs of the municipality offer walking and gymnastics activities for hypertensive and diabetic subjects. Residents participate in social control activities, attending the meetings of the Municipal Health Council. In the local scene of UBSF, they participated in the creation and strengthening of the Local Health Council of the UBSF São Miguel I. They also performed a small community diagnosis in order to obtain community perceptions of the UBSF with regards to access and quality of care. The diagnosis did not present the accuracy of the objectivity of the instruments, but the results were presented at a meeting of the UBSF team. It also became evident the lack of social living spaces, leisure spaces and community organization, and the little diffusion of the ideas of “social control” as a tool for the construction of SUS given the clear remoteness of the community and the decision-making in the health services.

Management-related experiences in the first year of residency were more intense in the micropolitical processes of the UBSF, a space of intense conflicts whose interventions sought to contribute to the organization of the team work process and the strengthening of bonds, mutual respect, fraternity and trust. During the second year, they are given the chance of having a macro view of the municipal scenario based on the experience in the coordination of the family health strategy.

Depending on the mind of the professionals who make up the political scenario, there is a greater or lesser possibility of intervention. It was possible, with the help

of the Municipal Health Secretariat, to contribute to the creation of the *Política Municipal de Práticas Integrativas e Complementares* (Municipal Policy on Integrative and Complementary Practices) which has as one of its actions to be implemented the integrative body practices (yoga, tai chi chuan, lian gong, body therapies, biodance etc. .).

Although it is not an isolated or specific assignment of the resident, the shared management of the RMSF in these early years is configured as a space of management and exchange of experiences between teachers of FURG, City Hall servers and residents. Thus, it was necessary to rethink the organization and the time spent on activities and the conflicts between the two management bodies (university and city hall); therefore, this space permeates the training of the resident, which results from the capacities and incapacities of the different bodies in designing a new trajectory: to train residents to work in family health.

Another important instance of intervention and training of residents are the permanent education actions, which involved the participation in events such as the *II Extremos do Sul - Diálogos entre Educação Física e Saúde* (II Extremes of South - Dialogues between Physical Education and Health), the theoretical training of RMSF, videoconferences etc. The resident has the opportunity to actively participate in the spaces and to propose issues to be worked on, like the *Formação de Facilitadores em Lian Gong* (Facilitators Training in Lian Gong), a Chinese gymnastics, offered to professionals working in the UBSFs of the municipality in order to expand this practice within the health system.

The intervention/experience, even if following the stages of the training[18], varies a lot depending on the profile of each resident, their knowledge and what they identify with. It also varies according to the epistemology identified during the graduation course, which originates the participation of Physical Education. This "non-stiffening" of the performance can highlight weaknesses, but carries a rich potential of creation and freedom for strong, representative and symbolic trainings, which exposes different truths, making room for experimentation and unique experiences in the routine of SUS.

About the recent advances and difficulties

Working leads one to identify the difficulties of this process. There are many elements causing this inaccuracy: the academy, the political management, the difficulties to advance collective work, a training that is still very disciplinary and heavily grounded in occupational and competence schemes, private disputes of Physical Education and the SUS inability to be effected.

The way this section is prepared does not have an academic disposition and it is not rooted in a formal assessment; however, it says a lot about a given reality and a way of know-how particular to the core of Physical Education in extreme Southern Brazil. It does not intend to create that same sense in other realities, but this knowledge is shared in order to find a certain resonance. Residents are generally contacted to become affiliated to the Physical Education Council, and this practice has received some support from the Ministry of Education, despite efforts to ensure the autonomy of training courses, especially the course of Physical Education of FURG, which provides a Licentiate degree. The idea of further discussion on these aspects is so real that the Ordinance 256, of March 11, 2013[19], establishes that the NASF acknowledges the physical education professional as a teacher and a bachelor, only to stay on the sidelines of this huge growing debate. In every discussion there is the commitment that the SUS cannot be seen as a market to receive professional, but a public sphere with a quite unique sense of action.

The management of the residency, shared between the university and the city hall, raises another question: are professionals sufficiently informed about what is the role of the resident in health care? It has been noted that there is a certain reductionism in terms of a strictly technical work in a way that residents are received to ease the high demand of activities, which is not the case. Given the characteristic of residents' training in the service, it is important to advocate their immersion in order to provoke an accurate understanding of the reality and the distance, which shows the capacity of formulation to overcome the limits of the service and broaden of the concept of health.

CONCLUSION

Given the above, it is possible to notice that there are differences in the approaches adopted by Physical Education with regards to RMSF and RIMHAS actions; however, these spaces have, within their specificities, become potential scenarios for the interlocution of Physical Education, be it in primary or secondary health care of users of SUS.

REFERENCES

1. Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução nº 287, de 08 de outubro de 1998. Relacionar as categorias profissionais de saúde de nível superior para fins de atuação do Conselho. Diário Oficial da União [Internet]. 1998 [cited 2013 Ago 6]. Available from: http://portal.mec.gov.br/index.php?option=com_content&id=12501&Itemid=813_

2. Dallegrave D, Kruse MHL. No olho do furacão, na ilha da fantasia: a invenção da residência multiprofissional em

saúde. Interface Comun Saúde Educ. 2009;13(28):213-37.

3. Loch MR, Florindo AA. A Educação Física E As Residências Multiprofissionais Em Saúde. Rev Bras Ativ Fís Saúde. 2012;17(1):81-2.

4. Ministério da Educação (BR), Secretaria de Educação Superior, Comissão Nacional De Residência Médica Multiprofissional em Saúde. Resolução nº 2, de 13 de abril de 2012. Dispõe sobre Diretrizes Gerais para os Programas de Residência Multiprofissional e em Profissional de Saúde. Diário Oficial da União, Brasília, 2012 Abr, n. 73 – Seção 1, p. 24-5

5. Presidência da República (BR), Casa Civil, Subchefia para Assuntos Jurídicos. Decreto nº 7.082, de 27 de janeiro de 2010. Institui o Programa Nacional de Reestruturação dos Hospitais Universitários Federais-REHUF, dispõe sobre o financiamento compartilhado dos hospitais universitários federais entre as áreas da educação e da saúde e disciplina o regime da pactuação global com esses hospitais. Diário Oficial da União, Brasília, 2010 Jan 27, Edição Extra.

6. Ministério da Saúde (BR), Secretaria-Executiva, Núcleo Técnico da Política Nacional de Humanização. HumanizaSUS - Política Nacional de Humanziação: a humanização como Eixo Norteador das Práticas de Atenção e Gestão em Todas as Instâncias do SUS. Brasília: Ministério da Saúde; 2004.

7. American College of Sports Medicine. Diretrizes do ACSM para os testes de esforço e sua prescrição. Rio de Janeiro: Guanabara Koogan; 2010.

8. Sociedade Brasileira de Cardiologia / Sociedade Brasileira DE Hipertensão / Sociedade Brasileira DE Nefrologia. VI Diretrizes brasileiras de hipertensão. Arq Bras Cardiol. 2010; 95(1 Supl 1):1-51.

9. Sociedade Brasileira de Diabetes. Diretrizes da Sociedade Brasileira de Diabetes 2013-2014 [cited 2014 Fev 2]. Available from: http://www.diabetes.org.br/diretrizes-idf

10. Sociedade Brasileira de Cardiologia. Diretriz de reabilitação cardiopulmonar e metabólica: aspectos práticos e responsabilidades. Arq Bras Cardiol. 2006;86(1):76-82.

11. Sociedade Brasileira de Cardiologia. Diretriz de Reabilitação Cardíaca. Arq Bras Cardiol. 2005;84(5):431-40.

12. Mendes EV. O modelo de atenção às condições crônicas na ESF. In: Mendes EV. O cuidado das condições crônicas na atenção primária à saúde: o imperativo da consolidação da estratégia da saúde da família. Brasília: Organização Pan-Americana da Saúde; 2012. p. 142-3.

13. Universidade Federal do Rio Grande. Projeto Político Pedagógico da Residência Multiprofissional em Saúde da Família. Rio Grande: Universidade Federal do Rio Grande; 2010.

14. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Portaria nº 154/2008 [Internet]. Brasília: Ministério da Saúde, 2013 [cited 2013 Ago 6]. Available from: http://www3.dataprev.gov.br/sislex/paginas/66/MPS/2008/154.htm

15. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Secretaria de Atenção à Saúde. Política nacional de promoção da saúde. Brasília: Ministério da Saúde; 2006.

16. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Portaria nº 719/2011 [Internet]. Brasília: Ministério da Saúde, 2013 [cited 2013 Ago 6]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt0719_07_04_2011.html

17. Bagrichevsky M, Palma A, Estevão A. Saúde Coletiva e Educação Física: aproximando campos, garimpando sentidos. In: Bagrichevsky M, Palma A, Estevão A, Rosa M. A saúde em debate na educação física. Blumenau: Nova Letra; 2006. p. 21- 43. v. 3.

18. Luz MT. Novos saberes e práticas em saúde coletiva: estudos sobre racionalidades médicas e atividades corporais. 3ª ed. São Paulo: Hucitec; 2007.

19. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Portaria nº 256/2013 Brasília: Ministério da Saúde; 2013 [cited 2013 Ago 6]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/sas/2013/prt0256_11_03_2013.html

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