

The role of physiotherapists in CFH-PC: possibilities and challenges

Atuação do fisioterapeuta no NASF-AB: possibilidades e desafios

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Abstract

Background: Physiotherapists are present in all CFH-PC in Belo Horizonte, promoting health to the population through multidisciplinary work. Knowing the profile and role of this professional in the program is essential for planning health actions. Objective: To characterize the main activities performed and challenges encountered during the work of physical therapists at CFH-PC. Methods: Cross-sectional observational study whose sample consisted of 46 physical therapists linked to the centers of Belo Horizonte who participated in the survey through an electronic questionnaire on the professional profile and role in the program. Results and discussion: After analyzing the data, individual care was identified as the main activity performed by the physiotherapist, despite the majority participating in four or more health promotion groups. For professionals, the assistance dimension is the one that most contributes to the work of the tFH. The challenges for assisting the population and carrying out matrix support were lack of adequate infrastructure and materials, insufficient workload and poorly qualified discussions. One of the ways to overcome some of these difficulties is to organize actions in the service and encourage the improvement of professionals through continuing and permanent education. Conclusion: Participating physiotherapists work in the care and technical-pedagogical dimensions, with greater difficulty in the latter. Among the challenges, aspects of matrix support, infrastructure and high labor demand stand out. The results showed differences in the physical therapists' work processes, reinforcing that the complexity and heterogeneity of health territories pose different challenges to their role.

Keywords: primary health care; physiotherapy; unified health system.

Resumo

Introdução: O Fisioterapeuta está presente em todos os NASF-AB de Belo Horizonte promovendo a saúde da população por meio do trabalho multiprofissional. Conhecer o perfil e a atuação desse profissional no programa é fundamental para o planejamento das ações de saúde e educação. Objetivo: Caracterizar as principais atividades realizadas e desafios encontrados durante o trabalho do fisioterapeuta no NASF-AB. Métodos: Esta pesquisa foi um estudo observacional de corte transversal cuja amostra foi composta por 46 fisioterapeutas vinculados aos núcleos de Belo Horizonte que participaram da pesquisa por meio de um questionário eletrônico sobre o perfil profissional e a respectiva atuação no programa. Resultados e discussão: Após análise dos dados, identificou-se o atendimento individual como principal atividade realizada pelo fisioterapeuta apesar da maioria participar

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de quatro ou mais grupos de promoção à saúde. Falta de infraestrutura adequada e materiais, carga horária insuficiente e discussões pouco qualificadas constituíram desafios para assistência à população e realização do matriciamento. Uma das formas de superar algumas dessas dificuldades é por meio do aperfeiçoamento dos profissionais mediante educação continuada e permanente. Em relação à qualificação das reuniões de apoio matricial, estratégias como a organização das ações no serviço e qualificação dos profissionais podem ser empregadas. Conclusão: Os principais desafios encontrados foram na dimensão técnico-pedagógica. Um mesmo aspecto foi apontado como facilitador por parte dos participantes e por outros como barreira, demonstrando a complexidade e heterogeneidade dos territórios de saúde.

Palavras-chave: atenção primária à saúde; fisioterapia; atenção básica.

Background

The Expanded Center for Family Health and Primary Care (CFH-PC), formerly named the Family Health Support Center (NFH), was created on January 24, 2008, to support the Family Health Strategy (FHS) and expand the actions of Primary Care (PC) in Brazil^{1,2}. The objective of this program is to promote multidisciplinary care according to the priority and health needs of the population in a given region.

After 13 years since its creation, it can be said that the NFH-PC is still an innovative and necessary proposal for PC. In Minas Gerais, the implementation of the program took place at different periods in the municipalities. In Belo Horizonte, the Centers were implemented in 2008, the same year that Ministerial Decree No. 1541 was published, and several expansions have taken place since. Currently, this municipality has 82 CFH-PC teams made up of health professionals with different training from those who are part of the family health team (tFH). The constitution of this program varies according to the epidemiological profile of the population and the priorities of the municipality, and may include a social worker, physical educator, pharmacist, physiotherapist, speech therapist, nutritionist, psychologist and occupational therapist, among others^{2,3}. The role of these professionals is to act in line with the FHS professionals and contribute to the comprehensiveness of health care through

clinical work and educational actions for the enrolled population⁴.

Among the challenges posed to the full and effective role of CFH-PC professionals, researchers point out difficulties in providing matrix support^{4,5} and understanding the work dynamic⁶, in addition to the need to manage the workload to respond to the high demand for care^{5,7}.

Physiotherapists, together with other professionals from the CFH-PC, play an important role in PC based on comprehensiveness, territorial understanding, humanization, interdisciplinarity and intersectoriality⁶. Thus, they perform health promotion, rehabilitation and disease prevention actions through individual, collective and home care within or outside the Basic Health Unit (BHU)⁸. The role of physical therapists at CFH-PC arouses the interest of researchers, especially due to the rehabilitative nature that gave rise to the profession, leaving this professional excluded from PC for a long time. The current proposal for professional training of physical therapists is broader and should prepare them to act as generalists, assuming responsibility for preventive and health promotion actions, in addition to diagnosis, treatment and rehabilitation in all life cycles⁵.

Given the above, this study aimed to characterize the role of physiotherapists linked to CFH-PC in the city of Belo Horizonte, identifying the main activities performed and difficulties encountered while working in PC.

Materials and Methods

Sample and type of study

This was an observational cross-sectional study approved by the Research Ethics Committee under numbers 13319719.4.3001.5140 and 13319719.4.0000.5137. The convenience sample consisted of all physiotherapists from the CFH-PC in the city of Belo Horizonte, totaling 82 professionals.

Research design

Data were collected from October 2019 to March 2020 with a semi-structured electronic questionnaire consisting of 33 items related to the profile and role of physiotherapists in the CFH-PC. The questionnaire was prepared by the researchers themselves and contained two parts. The first, part A, addressed the sociodemographic and occupational characteristics of physiotherapists in 12 multiple-choice questions, while part B consisted of 22 questions about the professionals' role in the CFH-PC, four of which were discursive.

The self-administered questionnaires were sent electronically to the professionals, with the consent of the competent health department. Seven days after the form was sent, reminders were sent by email, with an interval of seven days between them.

Inclusion and Exclusion Criteria

Physical therapists active in the role during the data collection period (October 2019 to March 2020), who agreed to participate in the research, were included.

Statistical Analysis and Procedures

After obtaining the completed questionnaires, the data were computerized and analyzed using the statistical program SPSS (Statistical Package for Social Science, version 22.0). Descriptive analysis was performed with measures of central tendency (mean, median), dispersion (standard deviation), frequency

and percentage to characterize the sample and Student's T test for bivariate analysis (alpha considered equal to 0.05). Discursive questions were analyzed through thematic analysis, following the steps: reading and familiarization with the data to identify possible themes and patterns of occurrence; data reduction and creation of categories for analysis; search for themes that confer meaning; review and refinement of themes and detailed analysis based on theoretical assumptions⁹.

Results

In all, 82 questionnaires were sent to physiotherapists, of which 46 were answered, which represented a response rate of 56.0%. The final study sample included 46 professionals working at the CFH-PC in Belo Horizonte.

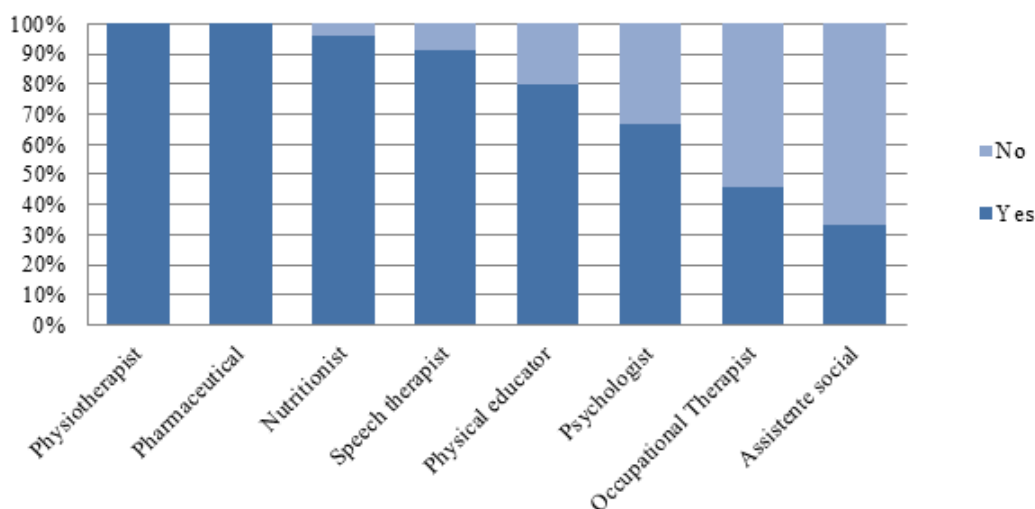
Regarding the sociodemographic and occupational profile, there was a predominance of females (91.0%) and ages ranged from 26 to 58 years, with a mean value of 37.7 years ($SD=\pm 5.9$). As for marital status, 67.0% of physiotherapists reported being married or in a stable relationship. Years since graduation varied between 3 and 29, and 59.0% of the participants graduated from a private institution. Regarding academic degrees, 72.0% of professionals had a specialization and/or residency in physiotherapy, 15.0% a *stricto sensu* post-graduation (masters or doctorate) and 13.0% only an undergraduate degree. The average time working at the CFH-PC was 6.7 years ($SD=\pm 4.0$), with the following values: minimum less than 1 year and maximum 12 years. There was a predominance of a 20-hour workweek (74.0% of cases) and approximately half of the professionals worked elsewhere as physiotherapists. The monthly net income varied according to the degree, reaching higher values for professionals with a *stricto sensu* graduate degree. The results showed that physiotherapists with a master's or doctoral degree working at the CFH-PC in Belo

Horizonte have, on average, a net monthly income 31% higher compared to the others (p=0.023).

Regarding the constitution of the CFH-PC, data analysis showed that in addition to the physiotherapists, the most represented professionals are pharmacists (100.0%), nutritionists (96.0%) and speech therapists (91.0%). When asked which

professional is most needed at the CFH-PC, the physiotherapists answered occupational therapists. The composition of the CFH-PC in relation to the professional class can be seen in Graph 1. It is worth emphasizing that this distribution considered the research participants and may not represent the totality of CFH-PC in the city.

Graph 1 – Composition of CFH-PC in relation to professional class



Legend: CFH-PC: Expanded Center for Family Health and Primary Care.
Source: prepared by the authors

Considering work-related aspects, almost 60.0% of CFH-PC teams work in two BHU and support five to ten tFH (Average=8; SD=±2.2). In 54.0% of the Centers, the total workload of physiotherapy amounts to 40 hours per week, which indicates the importance of these professionals in view of the

population's health needs. Generally, a monthly matrix meeting with the CFH-PC is planned for each tFH supported, and physiotherapists participate in an average of 65.0% of the meetings, which is equivalent to 4.6 meetings per month. Information regarding the organization of the CFH-PC was compiled in Table 1.

Table 1 – Characteristics of the work of Physiotherapists at CFH-PC.

| Variable | Minimum | Maximum | Mean (DP) |
|--|---------|---------|------------|
| Weekly workload of CFH-PC professionals | 120 | 280 | 174 (47,8) |
| Number of supported tFH | 5 | 10 | 7,6 (1,3) |
| Scheduled matrix meetings per month | 3 | 10 | 7 (1,9) |
| Number of meetings with the participation of the physiotherapist | 1 | 10 | 4,6 (2,8) |

Abbreviations: CFH-PC: Expanded Center for Family Health and Primary Care
Source: prepared by the authors.

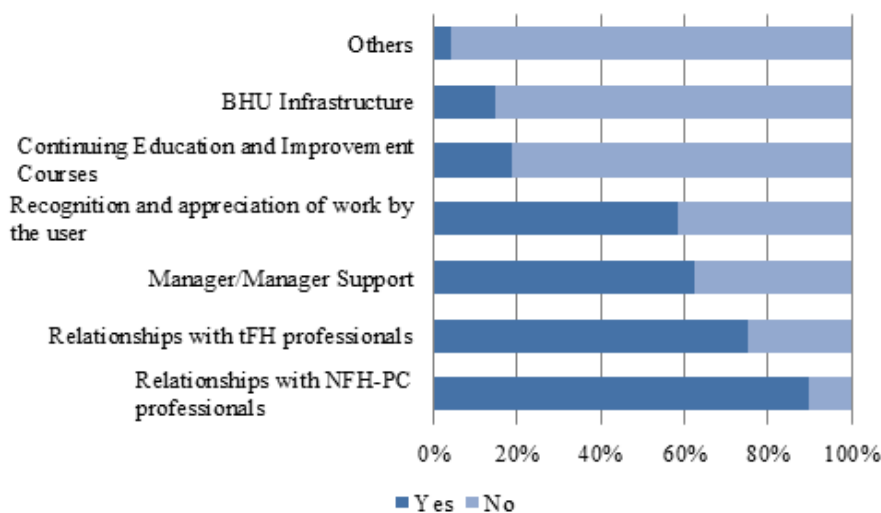
Professionals were asked about the most common care activity in clinical practice, and individual care was the most mentioned modality (59.0% of cases). Shared care is part of the physiotherapists daily work, occurring at least once a month (for 72.0% of the sample). The service is most commonly shared with professionals from the CFH-PC itself (in all cases), and in 52.0% of the reports, with professionals from the tFH. In the interviewees' perception (87.0%), the tFH professionals recognize the role of physiotherapists in PC.

Although individual consultations occupy a considerable part of the schedule, physiotherapists also work in various groups. Most professionals (63.0%) coordinate or participate in four or more health promotion groups. Most

physiotherapists (65.0%) said they had space to develop collective actions and almost 90.0% said they felt able to act in accordance with the principles and guidelines of the Brazilian Unified Health System (SUS).

When the professionals were asked which dimension the CFH-PC contributes most to the work of the FHS, 91.0% indicated assistance (individual, collective and home care), while the others mentioned the technical pedagogical dimension (matrix meetings). All participants considered that the work of the CFH-PC enhances the work of the tFH. Graph 2 represents the opinion of physical therapists on the facilitating elements of their work at the CFH-PC. The relationship with professionals from the team itself and from the tFH was highlighted.

Graph 2 - Facilitators of work at CFH-PC in the perception of physiotherapists



Abbreviations: BHU: Basic Health Unit, eSF: Family Health Team, CFH-PC: Expanded Center for Family Health and Primary Care

Source: prepared by the authors

In addition to the objective questions, the electronic questionnaire also had discursive questions, among them three that addressed the barriers and facilitators present in the assistance to the population and the challenges to develop technical-pedagogical actions. Qualitative analysis of the responses showed the existence of structural barriers that hinder assistance actions, such as lack of materials and inadequate infrastructure. As an example, the absence of rooms or offices for individual care and inadequate physical space to develop group activities were mentioned: *"Lack of physical structure at the BHU"* (interviewee no. 32); *"Lack of physical space for assistance" (offices or spaces for collective practices)* (interviewee no. 02) and *"Lack of material resources"* (Interviewee no. 35).

Another challenge concerns the size and workload of the CFH-PC teams in view of the demands of the tFH. According to respondent no. 33, *"the demand is higher than the capacity to serve it (insufficient weekly hours)"*. In addition to the workload, difficulties were mentioned to participate in matrix support meetings and to work as a team, as shown in the following statement: *"Difficulty for the NFH team to work with tFH and even with the NFH professionals themselves in promotion and prevention actions"*. (Interviewee no. 14).

According to the interviewees, the influence of the biomedical model on the work of tFH and NASF-AB professionals is a barrier to the development of care actions for the population: *"Currently, the work is much more focused on curative (individual care) than preventive (groups)"*, (interviewee no. 12). Also in relation to the care dimension, the displacement between health clinics and the lack of managerial support were identified as obstacles. Some professionals elucidated aspects inherent to the population that affect care, such as: social

context, beliefs, level of education, difficulty in accessing health services and absenteeism in care: *"there is a lack of commitment in the assisted population, as they do not show for many group and individual consultations"*, (interviewee no. 18).

Although there are many challenges for care in the perception of physiotherapists, the results are interesting as the same aspects identified as barriers were also appreciated and classified as facilitators by other professionals. The professional profile required for working, support from the manager and the FHS, as well as the population's adherence facilitated the work process at the CFH-PC according to some physiotherapists, demonstrating that there are differences in the perception and, probably, in the context of performance of the Centers. In addition to these, other facilitators were highlighted, such as appreciation of the service by the population, physical space for the development of actions, professional autonomy and recognition of the work developed by the CFH-PC.

Regarding the technical pedagogical dimension, part of the sample (N=17) does not recognize challenges to carry out matrix support, while most face difficulties in carrying it out due to insufficient time and incompatibility of workload, which in turn compromise the construction of the singular therapeutic project: *"Impossibility to participate in all matrix meetings due to my 20-hour workload"* (Interviewee no. 32); *"Insufficient time for the tFH and the NFH teams to work on single therapeutic plans (I never participated in the elaboration)"* (interviewee no. 33)". Another challenge to the realization of matrix support was the limitation of the physiotherapists, who struggle to understand what matrix support is and how to do in practice. In addition, the lack of appreciation by the FHS, which attaches little importance to this support,

was also considered a challenge: “Often, teams just want to transfer the problem or demand without getting to know patients” (Interviewee no. 18); “there is little interest in discussing cases” (Interviewee no. 11). The lack of a link between users and tFH and the poorly qualified and superficial discussion of the cases undermines the quality of the meetings, also hindering matrix support.

Discussion

In Brazil, the implementation of the CFH-PC took place at different times and the configuration of its teams did not follow the same pattern in all regions, as it is influenced by the epidemiological profile of the population and priorities of each municipality^{2,3}. In March 2018 there were 5,221 active centers in the country with a large presence of physiotherapists, nutritionists and psychologists¹⁰. In Belo Horizonte, the significant participation of pharmacists in the CFH-PC is due to the fact that Pharmaceutical Assistance was one of the 20 themes recommended in the Municipal Health Plan for the period 2018 to 2021. The goal for 2021 was to guarantee the presence of pharmacists (40 hours a week) in the pharmacies of all BHU¹¹, and these professionals were then linked to the CFH-PC teams. Physical Education professionals were also linked to the CFH-PC, but perform their activities mainly in 79 gyms in the city, with a focus on physical activity groups. Psychologists and social workers, with less representation, are professional groups that already existed and worked in Primary Health Care (PHC). Therefore, the implementation of the CFH-PC in Belo Horizonte increased these groups, so that their number in the CFH-PC does not correspond to all professionals linked to PHC.

As recommended in the regulatory documents of the CFH-PC, individual, collective and home care for users is part of the daily life of physiotherapists. In this

study and others, professionals indicated individual care as the most frequent activity^{5,12}. Factors such as work overload and lack of specific training for group care can cause the reproduction of traditional practices and hinder the organization and development of groups¹³.

Collective practices are important means of health promotion and disease prevention, constituting actions that aim not only to meet demands, but also to provide spaces for socialization, psychological support, shared learning and group planning. These practices aim to make subjects autonomous and responsible for their health and, consequently, to prevent illness². Group activities contribute to accessibility to public health, as they provide popular participation based on their specificities and customs¹⁴. The users' positive view of these activities expresses the impact and capacity of these actions, which meet the wishes and demands of the participants, as demonstrated by the welcoming, bonding and care¹⁴ that favor the construction of learning and the exchange of experiences.

It should be considered that the interviewed sample, despite feeling prepared to work in PHC in accordance with the principles of the SUS mentioned the high demand of the FHS as a factor of overload, in addition to the lack of infrastructure and materials. In a qualitative study with professionals from the Family Health team in the city of Ribeirão Preto, the lack of interest of professionals, work overload, low user adherence and limitations of physical space and materials were aspects that made it difficult to carry out the group practices¹³. As it is an essential tool in health promotion and education, the guidelines proposed for the NFH place groups as priority actions in PC². Therefore, organizing the schedule with time slots shared with the team and intended for group planning emerges as a recommendation to professionals, combined with continuing education and

approximation with community leaders to identify social facilities that respond to local infrastructure demands. Thus, it is plausible to think that the increase in the offer of collective actions will have a positive impact on the physiotherapists' work process, with a reduction in the demands for individual assistance.

Most physiotherapists stated that their academic training was carried out in line with SUS guidelines, helping to make them able to work in PC. The National Curriculum Guidelines (NCG) of the Undergraduate Course in Physiotherapy, an important milestone for the transformation of teaching¹⁵, published in 2002, defines a generalist, humanistic and critical training, in a way that allows the physiotherapist to act at all levels of care¹⁶. The academic training of health professionals based on the skills required by the SUS is reaffirmed in the NCG and each Higher Education Institution (HEI) has the flexibility to develop and adapt training profiles through the transformations and needs of society¹⁷. Thus, teaching with a focus on the SUS should not only be included in planning, but also in the curriculum and teaching methods¹⁷.

Several interventions and strategies were carried out to provide changes in undergraduate degrees in health and bring students closer to the SUS, namely EducarSUS, AprenderSUS, VER-SUS, Training Courses for Facilitators of Permanent Health Education and Activation of Change¹⁸, National Policy of Continuing Health Education (PNCEH)¹⁹, Pró-Saúde, PET Saúde and Professional residencies¹⁸. Many advances were achieved in the training of physiotherapists towards a broader view of health, however, there are still issues to be improved and debated on the subject^{5,20,21}.

Some participants reported the influence of the biomedical model on the role of professionals of the CFH-PC and the tFH in providing assistance to the population, with an emphasis on the

disease, defined as a disarrangement or failure of the body to adapt to the environment²². With the reformulation of PC, centered on the FHS, there is an action model that favors health promotion and disease prevention actions centered on the individual and groups²³. This modality is based on the social determinants of the health-disease process²³. Thus, understanding the biopsychosocial logic is essential for working in PHC and not perpetuating biomedical actions.

In this study, the challenges to the work of the physiotherapist in the CFH-PC were addressed by work dimensions and their results are in line with most findings in the literature^{4,5,6,7,8,20,13,24,25,26}. One of the ways to overcome these difficulties is by improving professionals through continuing education, which consists of the continuous acquisition of scientific knowledge and permanent education that reflects and allows a constant reflection on work in healthcare. Both favor the acquisition of new knowledge and skills, providing professional training, assistance, process renewal and work organization²⁷.

The main challenge for the assistance to the population was the lack of infrastructure and materials, which, in part, is justified by the fact that the health clinics were not planned to receive teams from CFH-PC. According to the program guidelines, the resources allocated to the program must meet the demands of physical space, transport and adequate materials for carrying out the actions at the BHU or in community locations². After the publication of Technical Note 03-2020²⁸, municipalities became responsible for providing these resources to CFH-PC. It is noteworthy that the work developed in PC must be carried out prioritizing the use of light technologies such as reception, bonding and qualified listening^{6,24}. However, it is understood that the availability of spaces positively influences the performance of the service, as well as the bond with the community and the support of the manager, which appear as a

possibility of expanding opportunities in relation to the physical space.

Another challenging point highlighted in this study refers to the quality of matrix support meetings, which are essential for pedagogical technical support²⁹. Factors such as the professional's unpreparedness, lack of perceived benefit of the meetings by the FHS, the weakness of the bond between the FHS and users and the number of FHS supported in relation to the workload, in the perception of physiotherapists, compromise the pedagogical technical dimension. In the studies by Formiga and Ribeiro⁵ and Braghini, Ferreti and Ferraz⁷, the physiotherapists' working hours were also considered insufficient to meet the demands for assistance to the population and matrix support. Regarding the weekly workload at the CFH-PC, there are professionals with 20 and 40 hours, but physiotherapists are in the first group because, by law, their weekly working hours must have a maximum of 30 hours³⁰. To meet the needs of the city, it is common for two physiotherapists to work 20 hours a week at the same CFH-PC. This conformation highlights the importance of communication between team members so that cases are properly discussed and shared even in the absence of any member^{31,32}.

It is believed that the recent creation of the CFH-PC is another challenge to the realization of matrix support as recommended, in addition to the specificities of each territory and the team. The quality of matrix support requires the interaction between CFH-PC and tFH which, in turn, cannot be determined by the workload, and must be based on professional aspects such as multidisciplinary, bonding, comprehensive care, accessibility, solution capacity and longitudinality³³. The meetings between these teams expand the scope of the actions that will be developed^{2,34} as matrix support provides and encourages a space for active

communication and knowledge sharing between the reference team and that of supporters³¹. On the other hand, it is known that the meeting is not the only space for exchange and professionals from both teams can take advantage of other contact opportunities to interact and share experiences. Therefore, matrix support should not remain in the background, but instead be blended with care, resulting in an action based on social and intrinsic issues of users² and capable of increasing the resolution of the population's health problems.

The organization of the actions developed in the service³⁴ and the qualification of professionals through improvement courses²⁹, for example, the course offered by the Ministry of Health to improve matrix support in PC², are mechanisms that qualify the meetings, as well as the hiring of new professionals to increase availability in the teams' schedules²⁹. Other ways to improve matrix support occur by using instruments in the interaction with teams and users, guaranteeing the workload for its realization³⁵, flexibility in the elaboration of the professionals' schedules (MELO et al. 2018), evaluation of practices and results obtained^{35,29}, constancy in meetings and institutionalized spaces for them²⁹. To all the factors mentioned, there is the need for professionals to have a comprehensive look at the health-disease process based on the biopsychosocial model³⁶. In a study on the challenges of CFH-PC in its 10 years of existence, strategies are cited such as the expansion of permanent education according to the configuration of each team and territory inserted, discussion of the NFH theme and matrix support in residency programs, elaboration of evaluation tools and studies that show the results of the CFH-PC for the consolidation of the matrix support and of the Centers¹⁰.

The territory is considered a unique geographical area of decentralized elaboration, where health promotion,

disease prevention, surveillance and health recovery interventions are carried out³⁷. Territories have specific forms of illness, but generally their health determinants arise from a general scope³⁸. Thus, it is necessary to consider the different contexts and specificities of each region, understanding its dynamism and not being restricted to geographic delimitation³⁹. In the same perspective, one must consider the differences in role between professionals at the CFH-PC according to individual skills and specificities². When analyzing the different perceptions reported by physiotherapists about the barriers and facilitators present in their role in the researched context, it was evident that the heterogeneity in the responses is related to the specificities of each researched region, characteristics of the tFH and CFH-PC, in addition to distinct profiles of professionals. Given the above, it is important to emphasize that recent changes in the regulations of the CFH-PC can compromise the continuity of the program. In November 2019, the publication of Ordinance No. 2.97940, and later of Technical Note No. 3/2020-DESF/SAPS/MS28, released regulations regarding the operation of the CFH-PC and a new situation came into effect. One of the changes concerns the composition of teams, which are no longer related to the typology of the program, with the municipal manager being responsible for defining their operation: workload, composition of teams (NFH-tFH), financing and methods. It is understood that the way in which managers handle the structuring and agreements is a conditioning factor for the role of the CFH-PC¹⁰. Thus, this Technical Note²⁸ imposed a new challenge on the permanence of the CFH-PC and the consequent role of physiotherapists and all other professionals who are part of the program.

This was the first study to investigate the role and challenges faced by physical therapists at the CFH-PC in Belo Horizonte and has limitations of

sample representativeness, as in six of the nine health districts in the city, 40% or less was obtained. Participation of physiotherapists, which can influence the results found, as the potential and obstacles of each territory are different. Another point refers to the size of the electronic questionnaire, apparently extensive for having 34 questions, which may have contributed to more objective and less in-depth answers in the discursive questions.

Conclusion

Physiotherapist are inserted in PC through the CFH-PC and in the city of Belo Horizonte they have worked in the care and technical-pedagogical dimensions, with greater difficulty in the latter. Despite providing home and collective care through groups, the predominant activity in practice is individual care, often shared with other CFH-PC professionals. In the perception of physical therapists, there is difficulty in multidisciplinary work, performing matrix support itself and articulation between work demand and workload. In addition, although less mentioned, other barriers were the prevalence of the biomedical model in the form of professional practice and the scarcity of material resources and infrastructure.

As work facilitators, the support of the manager and the FHS, professional profile and autonomy, availability of physical space and appreciation of their work by the population were highlighted. The results showed heterogeneity in the responses regarding the facilitators and barriers existing in the physiotherapist's work, demonstrating the complexity and specificity of health territories and the different professional profiles. Knowing the challenges present in the practice of physiotherapists at CFH-PC can contribute to improvements in their performance and that of other professionals, in addition to collaborating with permanent qualification processes. Finally, after recent changes in

the functioning of the program, it is necessary to understand that the barriers to the roles of physical therapists go beyond

intrinsic aspects of work at the CFH-PC and are also related to decisions taken by the three levels of government.

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