

## THE CHALLENGES OF OCCUPATIONAL THERAPY IN PUBLIC HEALTH

---

***Paula Tanara Boroski Lunardi***

Occupational Therapist

Postgraduate student in ABA

Behavior Analysis Applied by the Faculdade  
Venda Nova do Imigrante - FAVENI

Novo Hamburgo – RS

<http://lattes.cnpq.br/0011535985653560>

***Alexandre Boroski Lunardi***

Undergraduate in Dentistry at the Sociedade  
Brasileira Para o Ensino e Pesquisa Ltda –  
SOBRESP

Santa Maria – RS

<http://lattes.cnpq.br/7259278310515467>

***Fernando Boroski Lunardi***

Massage Therapist and Nursing Technician in  
the Gaucho Education System (SEG)

Escola de Educação Profissional de Novo  
Hamburgo

Novo Hamburgo – RS

<http://lattes.cnpq.br/8226133616250780>

***Priscila da Silva***

Neuropsychologist and Specialist in Autism  
Spectrum Disorder - TEA

Ivoti – RS

<http://lattes.cnpq.br/5662843442902100>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



***Camila de Oliveira***

Social Worker

Master's student in Cultural Diversity and Social Inclusion by the Federação de Estabelecimentos de Ensino Superior em Novo Hamburgo - FEEVALE

Estância Velha – RS

<http://lattes.cnpq.br/2957082692911188>

***Bruna Tainá Bordin Camponogara***

Occupational Therapist

Master's student in Gerontology at the Universidade Federal de Santa Maria - UFSM Santa Maria – RS

<http://lattes.cnpq.br/2957082692911188>

**Abstract:** This study was developed through an explanatory, exploratory, selective, analytical and basic bibliographic qualitative research. The objective of the study is to show the advantages of the contribution of the Occupational Therapist (OT) with the Basic Health Unit (UBS) team in the care of patients, to make known the Occupational Therapy interventions at the primary level of health care in the Basic Unit of Health and understand the areas of action of Occupational Therapy in promoting independence in Activities of Daily Living (ADLs) of patients treated at the Basic Health Unit, through the analysis of articles published in the national territory. The reading and detailed analysis of articles resulting from the selection made it possible to structure and map the information and significant concepts existing in the articles, which allowed solving the research problem. The final considerations of this study show us that Occupational Therapists (OT) face challenges when they are inserted in various contexts of people's health care and create new forms of intervention, facing obstacles to the accomplishment of the fulfillment of their work, in some regions. of the country, and finally, the study proves that the Occupational Therapist seeks to show the relevance of having this professional integrating the UBS teams, attending patients at the primary level of health care and contributing to an improvement in the quality of life of individuals.

**Keywords:** Occupational therapy, Activities of Daily Living, Primary Health Care, Basic health Unit.

## **INTRODUCTION**

The strengthening and reorganization of the Primary Care model at the primary level of health is considered one of the main proposals of current public policies to comply with the Federal Constitution of 1988 (FURLAN, OLIVEIRA, 2017), in which

it proposed “health as a right” (FURLAN, OLIVEIRA, 2017). of all and a duty of the State”, a principle regulated by Laws No. 8,080 and Law No. 8,142 25, which was published in 1990 (BRASIL, 2018).

These organizational models caused several conflicts in some places between municipal administrations, professionals and work processes, regarding the qualification and training of health workers, causing the expansion of services and decentralization in the Unified Health System (SUS), which resulted in participatory management, with the construction of collective spaces favored by the inclusion of several professionals in the teams, also allowing the participation of users as helpers, in some locations (FURLAN, OLIVEIRA, 2017).

The concern with the expansion and structure of Primary Health Care (PHC) in health policies became a concern for several countries from the second half of the 1990s onwards (ROCHA, SOUZA, 2011). In Brazil, many programs, studies and government incentives with new fields of knowledge and technology are aggregated at this level of health care, as well as there is a great effort on the part of several professionals to affirm their profession in the actions of Primary Health Care, mainly in rehabilitation, for interventions aimed at socio-participative aspects, autonomy and independence of people, groups and formation of social support networks (ROCHA, KRETZER, 2008; ROCHA, SOUZA, 2011).

All team professionals must have as their main objective to assist individuals in obtaining quality of life and well-being, within what they want and need to have, and not merely fighting diseases (ROCHA et al, 2012). In this search for quality of life, the processes of autonomy and empowerment are consolidated, the need to strengthen possibilities and increase the desire to

transform their context and themselves, so that changes in functionality and diseases do not prevent them from living in a pleasant way and acquiring new experiences in life that bring them satisfaction and joy, even with the presence of impediments and limits (BRASIL, 2009; ROCHA et al., 2012).

This way, it is understood that the Primary Health Care (PHC) team prioritizes the strengthening of work from an interdisciplinary perspective, in an integral and planned way, with activities developed together, triggering the interrelation with all the professionals involved. and from all areas, integrating a set of efforts that aim at a single objective, believing that multiprofessional work is only powerful when it takes into account the principles of intersectoriality and interdisciplinarity, according to the ideal for Primary Health Care (PHC) and collective health in general (ROCHA et al., 2012).

In this perspective, the problem of the study is whether the insertion of the Occupational Therapist (OT) in the multiprofessional teams of Primary Health Care (PHC) of the Basic Health Units (UBS) is important to improve the health and quality of life of patients and if municipal health managers will become aware of the relevance of the Occupational Therapist in the multidisciplinary health team.

The study provides a reflection on the reasons why some health managers do not include Occupational Therapy in their effective staff and can contribute to promoting practical changes in the sector, making it a professional with more visibility and known for its technical performance.

Therefore, this study aims to show the advantages of the Occupational Therapist (OT) contribution with the Basic Health Unit (UBS) team in patient care, making known the complexity of Occupational Therapy interventions at the primary level of health care in the Basic Health Unit and understand

the areas of action of Occupational Therapy in promoting independence in Activities of Daily Living (ADLs) of patients treated by the UBS team, through reflection carried out from the analysis of articles published in the national territory.

## **METHODOLOGY**

This study was developed through an explanatory, exploratory, selective, analytical and basic bibliographic qualitative research. This research is qualitative bibliographic explanatory because for its realization, it sought to gather data and information that served as a basis in the construction of the investigative proposal on the chosen theme and reflection of the universe of its meanings, its deep relationships in a space of processes and phenomena, worrying about with aspects of reality, focusing on the explanation and understanding of social relations, and seeking to recognize determining facts that contribute to the connection of ideas and the perception of events to concatenate with the proposed objective (MINAYO, 2007); it is considered a selective, analytical and exploratory study because it proposes knowledge of the problem, at the same time, seeks hypotheses for its resolution and makes it understandable; and has a basic nature because it aims to promote renewed and necessary knowledge for the population, in addition to contributing to the area of health, academia and science, having data collection as a procedure used and embracing truths, inclinations and universal interests, even that does not have an application forecast (MINAYO, 2003; GERHARDT, SILVEIRA, 2009).

In order to carry out this study, a data collection was carried out in the Medical Literature Analysis and Retrieval System Online (MEDLINE) and Nursing Database (BNENF), Latin American and Caribbean Health Sciences Literature (LILACS)

databases. and Scientific Electronic Library Online (SciELO). The studies that were taken into account in the search were those that were available between the months of July and August 2018 on the platform.

The theme that the researched articles must address is Occupational Therapy and Primary Health Care, they must be produced in Brazilian territory and in the Portuguese language, since it is intended to reflect on Occupational Therapy professionals within Basic Health Units, in Primary Health Care; have been published in the period from 2008 to 2018; and having the descriptors "Occupational Therapy", "Public Health", "Primary Health Care" and "Primary Health Care".

A crossing of the descriptors adjusted according to the database was carried out so that the precision of the results was greater and more relevant to the research, then a quick exploratory reading was carried out in order to have an overview of the articles found, and at this stage of the study, 50 articles were selected. After a thorough and in-depth reading based on the titles and abstracts of the articles, some of them were selected for approaching the topic of study and meeting the criteria related to the subject in question.

Finally, an investigation was carried out in full of the texts resulting from the selection to only then structure and map all the information considered significant existing in the articles to summarize the conceptions that allowed solving the research problem.

## **OCCUPATIONAL THERAPY AND ITS PERFORMANCE**

Occupational Therapy actions are directly linked to the occupational performance of ADLs and people with limitations and impairments in their day-to-day tasks, as they will analyze and qualify their performance and assist in rehabilitation according to

individual need, extending this assistance also for productive and work activities, and leisure activities and games, exceptionally, because according to Pedretti and Early: "Occupational performance refers to the ability to perform tasks that allow the performance of occupational roles in a satisfactory and appropriate way. to the individual's stage of development, culture and environment" (2005, p. 4).

The occupational therapist works fundamentally with individuals related to their daily work, even when there are limits and restrictions to carry out daily activities, since Occupational Therapy is a profession focused on performing ADLs, regardless of their obstacles (MAXIMINO, LIBERMAN; 2015).

Despite Occupational Therapy being a profession with more than one hundred years, originating in Europe, in the 19th century, and Brazil, in the beginning of the 20th century, many health managers and the population in general, are unaware of the complex form of intervention and treatment of patients. various health problems that the Occupational Therapist provides, which could help many individuals in the promotion, prevention and treatment of diseases (LANCMAN, BARROS, 2011; SOUZA, 2014; FURLAN, OLIVEIRA, 2017).

The Occupational Therapist has several intervention techniques that help the patient to have a life with well-being and satisfaction, which are used with the objective of improving the quality of life, alleviating or solving existing problems, or preventing new ones from arising. damage to their health (ROCHA, SOUZA, 2011; ROCHA et al., 2012; CORDEIRO et al., 2015; CABRAL, BREGALDA, 2017; FURLAN, OLIVEIRA, 2017).

Among the intervention techniques that Occupational Therapists use most are

therapeutic workshops; group services; prioritization of activity as a way to promote social participation and autonomy; use of technological devices; guides environmental changes that facilitate the execution of tasks in an effective, safe, comfortable and pleasant way; training and adaptation, when necessary, of activities of daily living (ADLs) and instrumental activities of daily living (IADLs); strength, cognitive, coordination, visual perception skills training, among others; guidance and prescription for the purchase of self-help equipment, such as prostheses, custom-made wheelchairs; advice for seeking services; qualified listening; basic self-care tasks such as hygiene, feeding and walking; making orthoses; among many ways of working with the subject; that assists you in carrying out activities that you are interested in carrying out and that are relevant to your overall functional recovery with the aim of developing or promoting people's independence and autonomy (ALMEIDA, TREVISAN, 2010; CASTRO, TAMANINI, 2017).

The Occupational Therapist can work in different areas of health, with people who have been restricted or damaged in the subject's affective, cognitive and physical abilities, taking into account the characteristics of their occupation and their physical, social, cultural, attitudinal or any other environment. that brings you satisfaction and is positive in the laws, focusing actions on the possibility for people to transform their person, their work, their environment, thus expanding their occupational participation (CREFITO3, 2014; CREFITO4, 2015; COFFITO, 2018).

The work of Occupational Therapy professionals seeks to take into account the principles and guidelines of the Unified Health System (SUS) and their actions take place at different levels of health care, whether primary or not, acting according to the

fundamental complexity for each demand, need and convenience of that individual who wants to help (REIS, VIEIRA, 2013).

Thus, the Occupational Therapist uses actions to detect, weaken and control the main risk factors of diseases, focusing on disease prevention and mechanisms to attack and fight it, when it already exists, improving the quality of life of the patient. individual (JARDIM et al., 2008; ALMEIDA, TREVISAN, 2010; REIS et al., 2012).

## **OCCUPATIONAL THERAPY AND ITS INSERTION IN PUBLIC HEALTH**

According to Furlan and Oliveira (2017), the Occupational Therapist, through the debate of democratic management actions and health training, participates in the changes that have taken place in the health management models of the SUS, causing a new way of managing through health care. decentralization of responsibilities and services. Despite being part of these debates, the Occupational Therapist (OT) is encouraged to reflect on their performance in Primary Health Care, because according to the results of this action there is an interdisciplinary and multidisciplinary look, which integrates the knowledge of the most varied fields inserted. in this new context of Primary Care management (RIBEIRO, 2016; FURLAN, OLIVEIRA, 2017).

The difficulties encountered by Occupational Therapists (OT) is understandable in parts, as the Ministry of Health, through Ordinance GM n° 154 of January 2008 (BRAZIL, 2008) created the Family Health Support Center (NASF) that were constituted by teams in which different professionals from various areas were part, including the Occupational Therapist (OT), who worked together with other professionals and other health teams in order to expand the purpose and resolution of care given to its users (JARDIM et al., 2008;

FIGUEIREDO, 2011; BARBA et al., 2012; CARVALHO, 2013; CABRAL, BREGALDA, 2017). This ordinance allowed the insertion of the Occupational Therapist (OT) in Primary Health Care (ABS) in the national territory, and, according to records, in 2015 there were 913 Occupational Therapists inserted in the level of care, with the highest concentration of them in the regions Southeast and Northeast (BRASIL, 2010; ROCHA, SOUZA, 2011; BRASIL, 2015; CABRAL, BREGALDA, 2017).

Despite the still small number of Occupational Therapists (OT) in Primary Health Care (ABS), in the places where it is introduced, it is responsible for occupational therapeutic actions developed in the Basic Health Unit (UBS), in spaces for social participation and in homes. of patients, providing support for all teams of Basic Units and in actions related to the population served, regarding disabilities, global developmental changes, daily activities, rehabilitation, among others (ROCHA et al., 2012; CABRAL, BREGALDA, 2017; FURLAN, OLIVEIRA, 2017).

In general, the action of the Occupational Therapist in Public Health, especially in Primary Health Care, is satisfactorily inserted in the territory as it works, among other things, with the daily life of the community and the incitement of the processes of social inclusion of individuals., which constitutes objects of action of their attributions and work specificities (JARDIM et al., 2008; LANCMAN, BARROS, 2011).

## **PUBLIC HEALTH AND PRIMARY HEALTH CARE**

According to historians, Public Health had a religious philanthropic nature, since the health care of the Brazilian people was related to charity and people were cared for by doctors and philanthropic institutions, as the State only carried out some health actions

in the face of large epidemics, such as the smallpox vaccination campaign that took place at the end of the 19th century and the beginning of the 20th century, promotion of basic sanitation actions in Rio de Janeiro, and taking care of intervention in some neglected diseases, for example, leprosy, tuberculosis, mental illness, and others (CARVALHO, 2013).

In 1992, the Pan American Health Organization (PAHO) reformulated this concept to adapt it to a more current context, in which essential functions are based on collective action by civil society and the State to improve and protect health. of people, with many discussions about innovative proposals with technicians and communities, when the Unified Health System (SUS) was implemented and resulted in the Health Reform Project (CARVALHO, 2013; SOUZA, 2014). After the Alma-Ata Conference, Primary Health Care (PHC) became a highlight in the world, making this type of health care a priority and remaining a central theme in the discussions and elaboration of strategies for expansion and implementation (CASTRO, 2009; ROCHA, SOUZA, 2011; BASSI et al., 2012; CABRAL, BREGALDA, 2017). The official declaration of the Conference considers that Primary Health Care (PHC) promotes health care for individuals in communities, constituting the core of the national health system, and must be based on the relevant and main health problems of communities, providing care of prevention, promotion, curatives and health rehabilitation (NORONHA et al., 2008; FERNANDES, 2014; FURLAN, OLIVEIRA, 2017).

The Federal Constitution of 1988 incorporates a new logic of management and organization of health actions, based on concepts and principles, which assume health as a universal right of a social public character, in which it institutes the Unified

Health System (SUS) and makes that the so-called Basic Health Care stands out and is now considered as the structuring basis of the system, predicting that around 70% to 80% of the population's health-related problems would need to be solved in their community, close to their residence, through of a regionalized and decentralized network, at the primary level of care (JARDIM et al., 2008; MALFITANO, FERREIRA, 2011; BASSI et al., 2012).

The first strategy to strengthen Primary Health Care (ABS) actions in the SUS, in the 1990s, occurred with the creation of the Community Agents Program (PACS), then the implementation of the Family Health Program (PSF), known as the Family Health Strategy (ESF), and currently, considering the SUS guidelines that structured it, it is the main program in force throughout the country (BRASIL, 2010; BASSI et al., 2012; RIBEIRO, 2016).

In 1996, the Family Health Program (PSF) was standardized, followed by the Family Health Strategy (ESF), reorienting the care model operationalized through the implementation of multidisciplinary teams in Basic Health Units (UBS) with environmental actions., starting to have an expanded and integral health concept (GIOVANELLA, MENDONÇA, 2008; RIBEIRO, 2016). The Family Health Strategy (ESF) promotes changes in the organizational dimension in the care model when it establishes the multiprofessional Family Health Team as responsible for the health care of the population of a given territory, with professionals close to the community, acting directly on the determinants of the health and disease process, as it was created with the objective of promoting the strengthening of primary health care (PHC) (BRASIL, 2011; BASSI et al., 2012; OLIVER et al., 2012; REIS, VIEIRA, 2013; ).

Primary Health Care is considered the gateway to all health services, characterized by a grouping of actions, both collectively and individually (as it acts according to the needs of the environment and subject), which ranges from promotion to health protection (CONASS, 2011).

In 2008, the Ministry of Health created the Family Health Support Centers (NASF) with the purpose of increasing the scope and purposes of primary care actions in support of the incorporation of the Family Health Strategy (ESF) in the national territory (BRAZIL, 2008).

The Family Health Support Center (NASF) seeks to implement comprehensive care for the individual based on the complementarity and qualification of prevention, promotion, rehabilitation and health care actions, in addition to organizing and coordinating the care network, longitudinally monitoring users of the system to increase resolution and reduce the number of referrals to other levels of care (BRASIL, 2008; BRASIL, 2009).

To this end, the Family Health Support Center (NASF) is composed of several professionals from different categories, who work in a shared way according to the joint demands of the territory for which they are responsible and which are previously defined by the local health management (BRAZIL, 2009). The professionals who are part of the teams of the Family Health Support Center (NASF) are physical educators, pharmacists, nutritionists, speech therapists, physiotherapists and occupational therapists, who have various professional attributions, organized according to the theme and areas of activity, having as the main work methodology, the matrix, aiming to guarantee the specialized back-up of the Family Health Strategies (ESF) (BRASIL, 2009; REIS, 2012; REIS et al., 2012; REIS, VIEIRA, 2013; CORDEIRO et al., 2015).

## FINAL CONSIDERATIONS

The Occupational Therapist's (OT) field of action encounters new challenges when it is inserted in various contexts of people's health care and creates new forms of intervention, with a more accurate look, which makes him perceive in the demands not only a sick subject, and yes, many times, a group of subjects that share similar realities and need attention and care, being necessary to find collective solutions to solve, and for that the professional must overcome this challenge and another one correlated with this one, which is to make others professionals who are inserted in Primary Health Care and Primary Health Care (PHC) understand or assume that the problems of individuals can be collective problems.

The challenges and difficulties that Occupational Therapists (OT) face in order to carry out their work, in some regions of the country, are still great due to the lack of information from managers and other health professionals about their performance, since within the context of Primary Health Care (PHC), it is a relatively new profession and the population itself, which needs it, is often unaware of its forms of intervention, thus lacking clarification, so that this professional has greater visibility and better absorption in the labor market.

In this perspective, this study proves that the Occupational Therapist seeks, permanently, to show how relevant it is to have this professional integrating the UBS teams, assisting patients at the primary level of health care, doing health promotion and/or prevention work., providing specialized care, helping, intervening or influencing the population assisted by the same, and, this way, contributing to an improvement in the quality of life of individuals, according to their needs and respecting the uniqueness of each person.



## REFERENCES

ALMEIDA, D. T.; TREVISAN, E. R. Estratégias de intervenção da Terapia Ocupacional em consonância com as transformações da assistência em Saúde Mental no Brasil. **Interface – Comunicação, Saúde, Educação**, Botucatu, v. 15, n. 36, p. 299-307, jan./mar, 2011.

BARBA, P. C. S. D.; SILVA, R. F.; JOAQUIM, R. H. V. T.; BRITO, C. M. D. Formação inovadora em Terapia Ocupacional. **Rev. Interface Comunicação, Saúde, Educação**, Botucatu, v.16, n.42, p.829-42, jul./set. 2012.

BASSI, B. G. C.; MALFITANO, A. P. S.; BIANCHI, P. C. O Terapeuta Ocupacional na Atenção Básica em Saúde: a representatividade em revistas e nos congressos brasileiros da área. **Cad. Ter. Ocup. UFSCar**, São Carlos, v. 20, n. 3, p. 443-454, 2012.

BRASIL. Ministério da Saúde. **Portaria 154, de 24 de janeiro de 2008**. Cria os Núcleos de Apoio à Saúde da Família – NASF. Brasília; 2008. Disponível em: [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2008/prt0154\\_24\\_01\\_2008.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2008/prt0154_24_01_2008.html) Acesso em: 10 set. 2018.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. **Política Nacional de Humanização da atenção e Gestão do SUS**. Redes de produção de Saúde. Brasília: Ministério da Saúde, 2009. Disponível em: [http://bvsmms.saude.gov.br/bvs/publicacoes/redes\\_producao\\_saude.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/redes_producao_saude.pdf) Acesso em: 12 set. 2018.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. **Diretrizes nacionais para a atenção integral à saúde de adolescentes e jovens na promoção, proteção e recuperação**. Brasília: Ministério da Saúde, 2010. Disponível em: [http://bvsmms.saude.gov.br/bvs/publicacoes/diretrizes\\_nacionais\\_atencao\\_saude\\_adolescentes\\_jovens\\_promocao\\_saude.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/diretrizes_nacionais_atencao_saude_adolescentes_jovens_promocao_saude.pdf) Acesso em: 12 set. 2018.

BRASIL. Ministério da Saúde. Portaria nº 2.488, de 21 de outubro de 2011. Dispõe sobre a Política Nacional de Atenção Básica. **Diário Oficial da República Federativa do Brasil**, Poder Executivo, Brasília, DF, 24 out. 2011. Seção 1. Disponível em: [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2011/prt2488\\_21\\_10\\_2011.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2011/prt2488_21_10_2011.html) Acesso em: 15 set. 2018.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. **Cadastro Nacional de Estabelecimentos de Saúde - CNES**. Brasília, 2015. Disponível em: <http://datasus.saude.gov.br/cadastro-nacional-de-estabelecimentos-de-saude> Acesso em: 15 set. 2018.

BRASIL. Ministério da Educação. Conselho Nacional de Educação. Diretrizes Curriculares Nacionais do Curso de Graduação em Terapia Ocupacional. **Diário Oficial da República Federativa do Brasil**, Brasília, DF, 2018. Disponível em: <http://portal.mec.gov.br/observatorio-da-educacao/323-secretarias-112877938/orgaos-vinculados-82187207/12991-diretrizes-curriculares-cursos-de-graduacao> Acesso em: 18 set. 2018.

CABRAL, L. R. S.; BREGALDA, M. M. A atuação da terapia ocupacional na atenção básica à saúde: uma revisão de literatura. **Cad. Ter. Ocup. UFSCar**, São Carlos, v. 25, n. 1, p. 179-189, 2017.

CARVALHO, G. Saúde Pública. **Rev. Estudos Avançados**, São Paulo, v. 27 n. 78, p. 6-26, 2013.

CASTRO, A. L. B. **A condução federal da política de atenção primária à saúde no Brasil: continuidades e mudanças no período de 2003 a 2008**. Rio de Janeiro, 2009. **Dissertação de Mestrado em Saúde Pública**-Escola Nacional de Saúde Pública, Fundação Oswaldo Cruz, Rio de Janeiro, 2009. 215 p.

CASTRO, A. L. C.; TAMANINI, R. A. V. A importância da Terapia Ocupacional na promoção da saúde de idosos para a manutenção da qualidade de vida: uma revisão da literatura. **Rev. Ling. Acadêmica**, Batatais, v. 7, n. 7, p. 99-111, jul./dez. 2017.

COFFITO. Conselho Federal de Fisioterapia e Terapia Ocupacional. **Definição de Terapia Ocupacional**. 2018. Disponível em: [https://www.coffito.gov.br/nsite/?page\\_id=3397](https://www.coffito.gov.br/nsite/?page_id=3397) Acesso em: 15 set. 2018.

CONASS. BRASIL - **Conselho Nacional de Secretários de Saúde**. Sistema Único de Saúde/Conselho Nacional de Secretários de Saúde. – Brasília: CONASS, 2011. Disponível em: [http://www.conass.org.br/bibliotecav3/pdfs/colecao2011/livro\\_1.pdf](http://www.conass.org.br/bibliotecav3/pdfs/colecao2011/livro_1.pdf) Acesso em: 15 set. de 2018.

CORDEIRO, R. R.; MADEIRA, A. M. F.; VILLELA, L. C. M. **Ações do Terapeuta Ocupacional na atenção primária à saúde**, in: IV CONGRESSO ONLINE - GESTÃO, EDUCAÇÃO E PROMOÇÃO DA SAÚDE. V. 3, 2015, São Paulo, SP. **Anais do evento ISSN 2317-0441**, São Paulo, SP, Nov., 2015. p. 1-18. Disponível em: [http://www.convibra.org/upload/paper/2015/58/2015\\_58\\_11282.pdf](http://www.convibra.org/upload/paper/2015/58/2015_58_11282.pdf) Acesso em: 16 set. 2018.

CREFITO-3. Terapeuta Ocupacional e o SUS. **Conselho Regional de Fisioterapia e Terapia Ocupacional da 3ª Região**. São Paulo, SP, 2014, p. 1-8. Disponível em: <http://www.crefito3.org.br/dsn/> Acesso em: 15 set. 2018.

CREFITO 4. Conselho de Fisioterapia e Terapia Ocupacional da 4ª Região. **Definição de Terapia Ocupacional**. 2018. Disponível em: [http://www.crefito4.org/to\\_definicao.php/](http://www.crefito4.org/to_definicao.php/) Acesso em: 15 set. 2018.

FERNANDES, M. R. **Terapia Ocupacional na Atenção Básica: Uma Revisão de Literatura**. Ceilândia, DF, 2014. **Trabalho de Conclusão de Curso** – Universidade de Brasília, Faculdade de Ceilândia, Ceilândia, DF, 2014, 41 p.

FIGUEIREDO, E. N. **A Estratégia Saúde da Família na Atenção Básica do SUS**. UMA-SUS/UNIFESP, Universidade Aberta do SUS. Universidade Federal de São Paulo, São Paulo, SP, 13 abr. 2012. Disponível em: [https://www.unasus.unifesp.br/biblioteca\\_virtual/esf/2/unidades\\_conteudos/unidade05/unidade05.pdf](https://www.unasus.unifesp.br/biblioteca_virtual/esf/2/unidades_conteudos/unidade05/unidade05.pdf) Acesso em: 15 set. 2018.

FURLAN, P. G.; OLIVEIRA, M. S. Terapeutas ocupacionais na gestão da atenção básica à saúde. **Cad. Ter. Ocup. UFSCar**, São Carlos, v. 25, n. 1, p. 21-31, 2017.

GERHARDT, T. E.; SILVEIRA, D. T. Métodos de Pesquisa. **Planejamento e Gestão para o Desenvolvimento Rural da SEAD/UFRGS**. Editora da UFRGS, Porto Alegre, RS, p. 31-42, 2009.

GIOVANELLA, L.; MENDONÇA, M. H. M. Atenção Primária à Saúde. In: GIOVANELLA, L. (Org.). **Políticas e Sistema de Saúde no Brasil**. Rio de Janeiro: Editora Fiocruz, p. 575-625, 2008.

JARDIM, T. A.; AFONSO, V. C.; PIRES, I. C. A terapia ocupacional na Estratégia de Saúde da Família – evidências de um estudo de caso no município de São Paulo. **Rev. Ter. Ocup. Univ. São Paulo**, v. 19, n. 3, p. 167-175, 2008.

LANCMAN, S.; BARROS, J. O. Estratégia de saúde da família (ESF), Núcleo de Apoio à Saúde da Família (NASF) e terapia ocupacional: problematizando as interfaces. **Rev. Ter. Ocup. Univ. São Paulo**, v. 22, n. 3, p. 263-269, set./dez. 2011.

MALFITANO, A. P. S.; FERREIRA, A. P. Saúde pública e terapia ocupacional: apontamentos sobre relações históricas e atuais. **Rev. Ter. Ocup. Univ. São Paulo**, v. 22, n. 2, p. 102-109, maio/ago. 2011.

MAXIMINO, V.; LIBERMAN, F. **Grupos e Terapia Ocupacional: Formação, pesquisas e ações**. Ed. Summus, São Paulo, SP, p. 7-26, 2015.

MINAYO, M. C. S.; MINAYO-GOMÉZ, C. Dífceis e possíveis relações entre métodos quantitativos e qualitativos nos estudos de problemas de saúde. In: GOLDENBERG, P.; MARSIGLIA, R. M. G.; GOMES, M. H. A. (Orgs.). **O Clássico e o Novo: tendências, objetos e abordagens em ciências sociais e saúde**. Rio de Janeiro: Fiocruz, 2003. p.117-42.

MINAYO, M. C. S. O desafio do conhecimento. **Pesquisa Qualitativa em Saúde**. São Paulo: HUCITEC, 2007.

NORONHA, J. C.; LIMA, L. D.; MACHADO, C. V. O Sistema Único de Saúde-SUS. In: GIOVANELLA, L. et al. (Org.). **Políticas de Saúde no Brasil**. Rio de Janeiro: Fiocruz, 2008. p. 435-472.

OLIVER, F. C.; PIMENTEL, A.; FIGUEIREDO, L. R.; NICOLAU, S. M. Formação do terapeuta ocupacional para o trabalho na Atenção Primária à Saúde (APS): contribuições para o debate. **Cad. Ter. Ocup. UFSCar**, São Carlos, v. 20, n. 3, p. 327-340, 2012.

PEDRETTI, L. W.; EARLY, M. B. Terapia Ocupacional: Capacidades Práticas para Disfunções Físicas. Ed. Rocca, São Paulo, SP, 2005, p.4.

REIS, F. Terapia Ocupacional no apoio à equipe de saúde da família: como superar os desafios iniciais na implantação das ações? **Revista Baiana de Terapia Ocupacional**, Salvador, v. 1, n. 1, p. dez. 2012.

REIS, F.; GOMES, M. L.; AOKI, M. Terapia ocupacional na Atenção Primária à Saúde: reflexões sobre as populações atendidas. **Cad. Ter. Ocup. UFSCar**, São Carlos, v. 20, n. 3, p. 341-350, 2012.

REIS, F.; VIEIRA, A. C. V. C. Demandas, construções e desafios vivenciados por Terapeutas Ocupacionais na atenção primária à saúde. **Rev. Bras. Promoc. Saúde**, Fortaleza, v. 26, n. 3, p. 356-364, jul./set., 2013.

RIBEIRO, J. A. Terapia Ocupacional no núcleo de atenção à saúde da família: uma prática em construção- Ceilândia- DF. Brasília, DF, 2016. **Trabalho de Conclusão de Curso** – Universidade de Brasília, Faculdade de Ceilândia, Brasília, DF, 2016, 25 p.

ROCHA, E. F., KRETZER, M. R. **Avaliação da implantação das ações de reabilitação no Programa de Saúde da Família (PSF) da Fundação Zerbini e Secretaria Municipal de Saúde de São Paulo** – Região Sudeste – Sapopemba/Vila Prudente – período 2000/2006. Relatório Técnico - Edital MCT-CNPq / MS-DAS/SAS – Nº 49/2005; Processo nº402234/05-7. 2008.

ROCHA, E. F.; PAIVA, L. F. A.; OLIVEIRA, R. H. Terapia ocupacional na Atenção Primária à Saúde: atribuições, ações e tecnologias. **Cad. Ter. Ocup. UFSCar**, São Carlos, v. 20, n. 3, p. 351-361, 2012.

ROCHA, E. F.; SOUZA, C. C. B. X. Terapia Ocupacional em reabilitação na Atenção Primária à Saúde: possibilidades e desafios. **Rev. Ter. Ocup. Univ. São Paulo**, São Paulo, v. 22, n. 1, p. 36-44, jan./abr. 2011.

SOUZA, L. E. P. F. Saúde Pública ou Saúde Coletiva? **Revista Espaço para a Saúde**, Londrina, PR, v. 15, n. 4, p. 01-21, out/dez., 2014.