

Physiotherapy undergraduates' knowledge and expectations of professional practice in primary health care

Conhecimento e expectativas de acadêmicos de fisioterapia sobre a atuação profissional na atenção primária à saúde

Conocimientos y expectativas de estudiantes de fisioterapia sobre la actuación profesional en la atención primaria de salud

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ABSTRACT | The consolidation of SUS led to a new concept of health no longer focused on the absence of diseases. The strengthening of actions at the primary level was necessary, therefore the National Policy of Primary Care was created to promote, protect and rehabilitate people's health. Physiotherapy had to undergo a series of adjustments in order to fit the primary care system and, according to the National Curriculum Guidelines, undergraduate courses should observe the new models of health care. The objective was to assess the knowledge and expectations of Physiotherapy undergraduate students in the Porto Alegre and surrounding cities about the physiotherapist's role in primary care. The study was descriptive, observational, and cross-sectional. An online survey was conducted with 13 objective and dissertation questions. The chi-square test was used to verify associations and significance was found when $p \leq 0.05$. A total of 171 Physiotherapy undergraduate students (90.53% females, aging between 18 and 55 years) agreed to participate. A minority of participants correctly registered four activities to be developed and four places of practice for physiotherapists in primary care. Unspecific terms like "promotion" and "prevention" were used to describe the activities, while "Healthcare Units" was the most frequently cited place. Among our sample, 43.2% stated feeling prepared to act in primary care

and 53.25% considered as an option to work in primary care. In conclusion, although participants showed limited knowledge about primary care, they mostly feel satisfied with the knowledge acquired on this topic.

Keywords | Primary Health Care; Unified Health System; Professional Training.

RESUMO | A promulgação do SUS apontou uma nova concepção de saúde não mais focada na ausência de doenças. Fez-se necessário o fortalecimento de ações no nível primário sendo elaborada a Política Nacional de Atenção Básica para promover, proteger e reabilitar a saúde dos indivíduos e coletividades. A Fisioterapia precisa se adequar para se aproximar da Atenção Primária à Saúde (APS) e aos novos modelos de atenção à saúde, o que é recomendado pelas Diretrizes Curriculares Nacionais do Curso de Fisioterapia. O objetivo do estudo é investigar o conhecimento e as expectativas de acadêmicos e Cursos de Fisioterapia de Porto Alegre e região metropolitana sobre a atuação do fisioterapeuta na Atenção Primária à Saúde. Foi realizado estudo observacional, descritivo, transversal, com questionário on-line composto por 13 questões, objetivas e dissertativas. Para verificar as associações, utilizou-se o teste qui-quadrado e adotou-se significância de 5%. 171 acadêmicos de Fisioterapia (90,53% do sexo feminino,

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com idades entre 18 e 55 anos) participaram do estudo. A minoria dos participantes registrou corretamente as quatro atividades e locais de atuação da Fisioterapia na APS. Para as atividades, foram utilizados termos amplos como “promoção” e “prevenção”; “Unidade de Saúde” foi o local mais frequentemente citado. Do total, 43,2% apontaram se sentirem preparados.

Descritores | Atenção Primária à Saúde; Sistema Único de Saúde; Capacitação Profissional.

RESUMEN | La promulgación del Sistema Único de Salud (SUS) apuntó a una nueva concepción de salud que ya no se centra en la ausencia de enfermedades. Fue necesario fortalecer las acciones en el ámbito primario con el desarrollo de la Política Nacional de Atención Primaria para promover, proteger y rehabilitar la salud de las personas y las comunidades. La fisioterapia necesita adaptarse para acercarse a la Atención Primaria de Salud (APS) y los nuevos modelos de atención sanitaria, según lo recomendado por los Lineamientos Curriculares Nacionales para la Carrera

en Fisioterapia. El objetivo de este estudio fue identificar los conocimientos y expectativas de universitarios y Carreras de Fisioterapia de Porto Alegre y región metropolitana sobre el rol del fisioterapeuta en la Atención Primaria de Salud. Se trata de un estudio observacional, descriptivo, transversal, que aplicó un cuestionario *on line* compuesto de 13 preguntas, tanto de elección única como de ensayo. Para verificar las asociaciones se utilizó la prueba de chi-cuadrado, y se adoptó un nivel de significancia del 5%. En el estudio participaron 171 estudiantes de fisioterapia (el 90,53% mujeres con edades entre 18 y 55 años). La minoría de los participantes contestaron correctamente las cuatro actividades y locales de actuación de la fisioterapia en la APS. Para las actividades, se utilizaron términos amplos como “promoción” y “prevención”; y el local de actuación más citado fue “Unidad de Salud”. Del total, el 43,2% afirmaron sentirse preparados.

Palabras clave | Atención Primaria de Salud; Sistema Único de Salud; Capacitación Profesional.

INTRODUCTION

The democratization of health actions and services after the enactment of the Unified Health System (SUS) pointed to a new concept of health, no longer focused on the absence of diseases¹. In view of this new conception, it became necessary to develop actions at the primary level so that the individual care would happen in a comprehensive and preventive manner, and not only when some disease has already occurred. As such, the Family Health Program (PSF) was instituted by the Ministry of Health in 1994, prioritizing integral and continuous health promotion and protective actions, with the family unit as an intervention object². In view of the care demands generated by different health needs and learned by the PSF multidisciplinary teams, it was observed the importance of inserting other professionals in addition to those who already constituted the minimum teams, and the full coverage of Primary Health Care would be possible. Thus, in 2008 the Ministry of Health proposed the development of Family Health Support Centers to act interposed to the PSF teams³, aiming at a greater effectiveness of care⁴.

Aiming to strengthen the development of actions in a decentralized manner, the National Primary Health Care Policy (PNAB) was created in 2013, with the

objective of promoting, protecting and rehabilitating health both individually and collectively. Primary Health Care (PHC) should be the individuals' preferred access to health services through the Health Units, and must be aligned with SUS principles, such as: comprehensive care, universality, longitudinal monitoring, decentralization, and humanization.

Physiotherapy was excluded from Primary Health Care for a long time, as, since its origin, the practice has been done, fundamentally, in the area of rehabilitation, intervening in diseases that were already established⁵. In view of the changes to the care model, it is necessary to adapt Physiotherapy care, so that it comes closer to health promotion, acting mainly in the control of disease risks and adopting the healthy individual also as an object of intervention⁶. Physiotherapy practices in PHC have to be developed with an interdisciplinary team, besides interacting with other areas of knowledge for a truly integral assistance to the subject⁷. In this context, the physiotherapist's duties consist of individual assistance, home visits, collective activities aimed at health education, physical exercise, and planning and development of actions together with the community and teams, giving space for those who are responsible for caring and not relying only on professionals, as well as work organization activities with the Health Units, such as territorialization and matrix support⁸.

In order to obtain the necessary training for physiotherapist's performance in PHC, Higher Education Institutions (HEI) must be adapted to these practice perspectives. To this end, the National Curriculum Guidelines of the Physiotherapy Undergraduate Course⁹ state that training should aim to deliver knowledge for the exercise of health care, involving actions of prevention, promotion, protection, and rehabilitation at the individual and collective levels. However, in view of the rehabilitation profession paradigm, it is necessary to investigate whether the Physiotherapy undergraduate student's knowledge and expectations regarding professional practice in Primary Health Care are in line with the changes in the health system, with the intention of subsidizing the Physiotherapy training adaptation, if necessary.

Thus, this study aims to investigate the knowledge and expectations of the Physiotherapy undergraduate students from the city of Porto Alegre and the Metropolitan Region regarding their professional practice in Primary Health Care.

METHODS

This is an observational and cross-sectional study, approved by the Research Ethics Committee of the Universidade Federal de Ciências da Saúde de Porto Alegre (CAAE: 2,084,728). Participants read and agreed (electronically) with the Informed Consent Form before answering the questionnaire.

The inclusion criteria considered were individuals over 18 years of age, who were attending a Physiotherapy undergraduate course in some HEI in the city of Porto Alegre or Metropolitan Region. Study divulgation and participant recruitment were carried out on social networks. Those who did not answer the questions proposed in the questionnaire were excluded.

An online anonymous self-administered questionnaire was developed by the authors, considering that no existing instrument was found that addressed all the desired information. The questionnaire was previously tested on a pilot with four Physiotherapy undergraduate students to ensure understanding of the questions.

The questionnaire was composed of 13 multiple-choice and essay questions, in addition to questions for sampling characterization. The multiple-choice questions asked whether the institution delivered knowledge of SUS and the Physiotherapy practice in Primary Health Care,

as well as the student's satisfaction with this knowledge; if the student had already taken an internship in this area; if he/she considered working in PHC after finishing the course, and at what care levels the physiotherapist should act. The essay questions were about the names of subjects and curricular internships that the student had already carried out in Collective Health/Primary Health Care area; whether the student felt prepared to work in PHC and why; his/her order of priority if the student considered working in PHC as an option, and four places of practice and four activities that can be developed by the physiotherapist. The full questionnaire is described in Appendix 1.

We researched the participants' curricula regarding workloads of theoretical subjects, practice and internships in Primary Health Care, Public Health, Community Health, Public Health or the Unified Health System. These were added and considered as the total workload of the institution in the area. The students were divided into two groups, called Stage 1 (those who attended less than half the workload in Collective Health of their institution) and Stage 2 (those who had already attended half the workload or more).

For the "students' knowledge" item, there were multiple-choice and essay questions. The multiple-choice questions considered the participant's perception of the knowledge delivered by the institution in relation to SUS and PHC, as well as satisfaction regarding this knowledge. Responses were grouped into three possibilities: "no," "relatively" and "yes." In the essay questions, which asked the student to mention four activities and places of Physiotherapy practice in Primary Care, responses were classified as "correct" or "incorrect" by the authors, based on official documents from the Health Care Secretariat and the Ministry of Health.

The "students' expectations" item was analyzed through three questions: an essay question, which asked whether the student felt prepared to work in PHC and why; a multiple-choice question, about whether the participant considered working in PHC an option after finishing the course, in which results were grouped into "no," "relatively" and "yes"; and, if so, in what order of priority he/she would place it.

For data analysis, means and standard deviation were used to describe the participants' age, and occurrence frequency was expressed in absolute and percentage values for categorical variables. To check the association between knowledge/expectations and stage of the course, Pearson's Chi-square test was used. A 5% significance was adopted, and SPSS 17.0 software was used for all analyses.

RESULTS

From June to September 2017, a total of 171 Physiotherapy students from Porto Alegre and the Metropolitan Region answered the proposed questionnaire. After excluding two individuals because they were not taking a Physiotherapy Course at a Higher Institution in Porto Alegre or in the Metropolitan Region, 169 respondents were included in the analysis. The sample included students from ten institutions in Porto Alegre and the Metropolitan Region, with a minimum of two and a maximum of 60 participants per institution. The workloads in Public Health ranged from 30 hours to 660 hours. The participants' demographic characteristics are described in Table 1.

The data for the multiple-choice questions regarding students' knowledge of SUS and PHC, as well as their satisfaction with this knowledge, are represented in Figures 1 and 2. There was no association between knowledge of SUS and the stage of the course. On the other hand, there

was an association between satisfaction with knowledge of SUS and the stage of the course ($p=0.000$). An association was observed between knowledge of PHC and the stage of the course ($p=0.004$), and between satisfaction with knowledge of PHC and the stage of the course ($p=0.000$).

Table 1. Sampling characterization (n=169)

Variables	n (%)
Gender	
Female	153 (90.53)
Male	16 (9.47)
Type of Higher Education Institution	
Private	96 (56.8)
Public	73 (43.2)
Semester	
1st to 5th	64 (37.87)
6th to 10th	105 (62.13)
Stage of the course	
Stage 1	81 (47.93)
Stage 2	88 (52.07)
Age	Mean (\pm SD)
	24.45 (5.45)

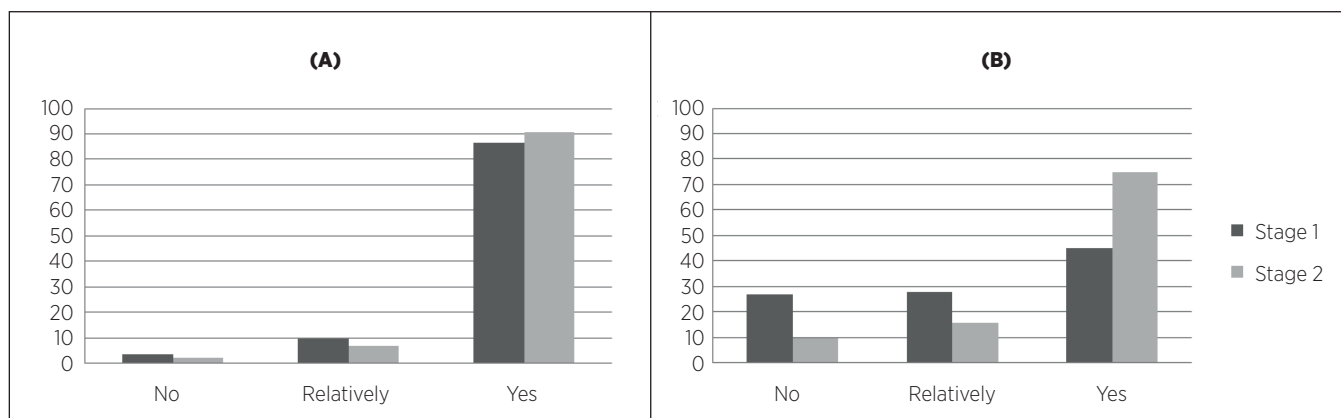


Figure 1. Occurrence of knowledge of the SUS delivered by the institution (A) and satisfaction with the knowledge (B), separated into stages of the course, and in percentage values.

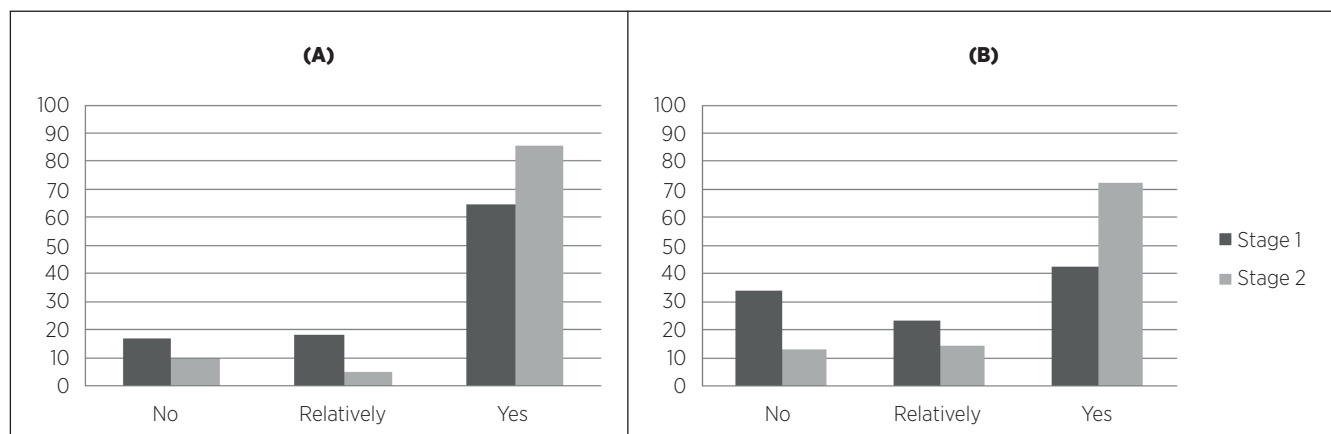


Figure 2. Occurrence of knowledge of Physiotherapy practice in PHC (A) and satisfaction with the knowledge (B) delivered by the institution, separated into stages of the course, and in percentage values

Still in relation to the “students’ knowledge” item, 10.2% of the participants adequately registered four activities to be developed, and 2.4% indicated four places of Physiotherapy practice in PHC, regardless of the stage of the course. The number of correct responses per stage is described in Table 2, and there was no association between these variables. Regarding the students who answered that the institution delivered knowledge of Physiotherapy practice in PHC, 7.5% of those in Stage 1 and 18% in Stage 2 correctly indicated four activities developed by the physiotherapist in PHC, and 1.9% of those in Stage 1 and 2.8% in Stage 2 indicated four places of physiotherapist’s practice in PHC.

Table 3 shows the students’ responses about the Physiotherapy activities and places of practice in PHC. Due to the great diversity, the terms that were similar were grouped (as, for example, “Family Health Program” and “Family Health Strategy”) for better table data visualization

and interpretation. The “others” category was composed of possibilities mentioned only once and/or that were considered less usual. The “invalid” category comprised possibilities that did not characterize any activity or place (for example, “*women’s health*,” “*cardiovascular*”).

Regarding the “students’ expectations” item, 43.2% said they felt prepared to work in PHC, and another 3.7% said they had doubts. As for those who denied preparation (53.1%), the main reasons mentioned were the lack of knowledge of the area and the lack of practical experience. When asked whether they considered PHC an option for professional practice, 53.3% of participants answered “yes” and 17.2%, “relatively.” PHC was cited as the first option for practice in an order of priorities for 16.7% among those who considered this alternative. Most respondents (55%) indicated that the physiotherapist should preferably work at the three care levels, however, the primary level was the most cited among the responses (86.4%).

Table 2. Occurrence of correct responses about the activities developed by the physiotherapist in PHC and places of practice, separated into stages of the course, and in absolute and percentage values.

	Activities in PHC				Places of practice			
	Stage 1		Stage 2		Stage 1		Stage 2	
	n	%	n	%	n	%	n	%
1 correct response	18	22.0	13	15.5	37	45.7	41	49.4
2 correct responses	26	31.7	24	28.6	17	21.0	15	18.1
3 correct responses	21	25.6	24	28.6	7	8.6	12	14.5
4 correct responses	4	4.9	13	15.5	2	2.5	2	2.4
All responses incorrect	3	3.7	5	6.0	8	9.9	9	10.8
Does not know/ no response	10	12.2	5	6.0	10	12.3	4	4.8

Table 3. Description of the responses to the essay questions about Physiotherapy activities and places of practice in Primary Health Care in absolute and percentage values

Activities	N (%)	Locations	N (%)
reception	3 (1.78)	Gyms	2 (1.18)
Outpatient	7 (4.14)	First Aid Post	7 (4.14)
Evaluation	9 (5.33)	Rest home	5 (2.96)
Education	42 (24.85)	Community centers	7 (4.14)
Referral	1 (0.59)	Clinic/office	10 (5.92)
Ergonomics	4 (2.37)	Community	14 (8.28)
Stimulus to NPMD*	4 (2.37)	Home	3 (1.78)
Laboratory examinations	3 (1.78)	Emergency	3 (1.78)
Management	5 (2.96)	Company	7 (4.14)
Groups	52 (30.77)	School/nursery	36 (21.3)
Matrix support	2 (1.18)	ESF/PSF [§]	7 (4.14)
Guidance	45 (26.63)	Hospital	27 (15.98)
Lecturing	9 (5.33)	Educational institution	1 (0.59)
Prevention	93 (55.03)	Community locations	6 (3.55)
Promotion	46 (27.220)	Ministry of Health	1 (0.59)
Rehabilitation	41 (24.26)	NASF	38 (22.49)

(continues)

Activities	N (%)	Locations	N (%)
Intensive therapy	1 (0.59)	Town Hall	3 (1.78)
Urgency and emergency	2 (1.18)	<i>Programa Melhor em Casa</i> [Better at Home Program]	1 (0.59)
Home visits	21 (12.43)	Health Units	116 (68.64)
Others	39 (23.08)	Emergency care unit	15 (8.88)
Does not know/ no response	17 (10.06)	Others	19 (11.24)
Invalid	7 (4.14)	Does not know/ no response	12 (7.1)
		Invalid	25 (14.79)

*NPMD: Neuropsychomotor Development; *ESF: Family Health Strategy, PSF: Family Health Program, NASF: Family Health Support Centers

DISCUSSION

To date, this is the first study that contemplated Physiotherapy undergraduate students from Higher Education Institutions in Porto Alegre and the Metropolitan Region in order to investigate their knowledge and expectations of Physiotherapy practice in Primary Health Care. Although there are other studies on this theme in Brazil, this research stands out due to its sample size.

Most participants reported that their institution delivered knowledge of SUS and PHC during the undergraduate course, in addition to feeling satisfied with this knowledge and considering PHC an option for professional practice. However, few participants were able to adequately indicate Physiotherapy activities and places of practice in PHC.

It was observed that the students in the first stage reported less satisfaction with the knowledge of SUS and PHC delivered by the institution when compared to those in the second stage. Also, the students of the first stage were those who had the lowest percentage of correct responses in questions regarding Physiotherapy activities and places of practice in PHC. This result demonstrates that it is throughout the course that students feel more prepared and acquire knowledge of that area. Silva and Ros¹⁰ observed that Physiotherapy undergraduate students from Santa Catarina had practical contact with the Public Health field only during the supervised internships and in an insufficient manner, as the Pedagogical Project did not present activities that included students in the field. In addition, the course professors were not sufficiently prepared to work in the area. These findings are in line with this study, which indicates that the preparation to work in PHC seems to occur more often at the end of the course, which emphasizes the importance of having a transversal teaching axis throughout the academic training.

Most of the responses about the activities to be developed by physiotherapists in PHC were limited to broad terms such as “prevention,” “promotion” and

“education,” without specifying these perspectives. Responses that addressed activities in groups with specific conditions (such as, for example, pregnant women and smokers) for physical exercise and home visits occurred with high frequency, and there was a small number of responses that referred to rehabilitation. It is worrying that a high percentage of cited practice descriptions were to such a limited degree and only with generic terms being mentioned. This may be related to a training strategy mostly focused on the theoretical field, with little practical performance, which makes it difficult to visualize these activities. However, the findings also demonstrate the students’ tendency to consider activities that involve health promotion and disease prevention, and not just recovery, which expresses the broadening of students’ perspectives on the role of physiotherapists beyond secondary and tertiary levels. It is worth highlighting that this is in line with the main objectives of PHC³.

When asked about the places of practice, the locations most frequently mentioned were Basic Health Units, Health Centers and Family Health Strategies, in addition to schools and at home, possibly due to the greater practical experience occurring in these places¹¹. On the other hand, Emergency Care Units were mentioned several times. Most of the students mentioned Family Health Support Centers as a place of practice; however, it does not constitute a physical place of work, since its professionals work, mostly, in Family Health Strategy.

The lack of knowledge of this area may be the result of the scarcity of physiotherapists inserted in Primary Care and multidisciplinary teams, as mentioned by some of the participants in this study. Although students have experience in PHC, this happens in the unit’s minimal team, through participation in collective activities and identification of other demands related to Physiotherapy. This possibly reflects the limitations when referring to the possibilities of the physiotherapist’s practice, in terms both of locations and of activities, since the student does not experience, in practice, the monitoring of this professional

working in PHC. This insufficiency in the number of physiotherapists working in PHC was confirmed when analyzing family health teams in Porto Alegre in the year in which the study was developed¹²: regarding the seven existing teams, only two had physiotherapists, two in one of the teams, and one in the other. Both teams carried out their activities linked to a total of seven Family Health Strategy units, each being responsible for up to 4,000 people¹³. In addition, there were district regions in the municipality that had no network professional. An even more worrying scenario was that in the third quarter of 2019 there was a decrease in the number of teams, from seven to five, allocated in four regions¹⁴. The decrease goes against the evidence¹⁵ of the need for a greater number of teams in view of the insufficiency of those that already exist in meeting the demands of the population, and aggravates the situation of lack of professional references to students in this context.

Added to this and possibly contributing to the lack of knowledge of the area, it appears that there is a scarcity of studies related to Physiotherapy in PHC, especially in Southern Brazil. Portes et al.¹⁶ concluded that, despite the identification of the physiotherapist in PHC, studies lack performance diversification and detail.

Most of the sample in this study did not feel prepared to work in PHC, and the reasons most often cited to justify unpreparedness were the lack of knowledge and lack of practical experiences. Despite this, most of them saw the field as an option for professional practice, which demonstrates the need to strengthen experiences in the practical field during the undergraduate course. A similar result was found in a study by Alves et al.¹⁷, where students who had not yet had practical experience in PHC during the supervised internships intended to work in the public health sector, but considered that they did not have the necessary preparation for this, even if they had already taken the subjects that addressed Public Health and Community Physiotherapy. The interest in acting professionally in PHC, even without feeling capable, may be due to a devaluation of the area, assuming the false belief that training would not be necessary for this. Another consideration might be related to the professional and financial stability that is the right of the public servant who has passed the civil service examination¹⁸, allowing for a longer stay in the service.

The findings of this study suggest that higher education on Physiotherapy is not directed at primary health care, which may lead to the profession's centralization in the biomedical model of care, although the National Curricular

Guidelines of the Physiotherapy Undergraduate Course advise that physiotherapist students should be trained to work at all health care levels⁹. For this reason, the Brazilian Physiotherapy Education Association¹⁹ sought to reformulate these guidelines, with the objective of expanding comprehensive health care and inserting a transversal axis throughout the professional training process, in view of the advances that have occurred in the profession and the health system.

As limitations of this study it is possible to mention the following: different number of respondents from each institution, which may have generated some bias in the data analysis; no analysis of the syllabus of the subjects, which may have interfered with the survey of subjects related to the topic of interest, and the fact that workloads related to Collective Health in general, and not specifically to PHC, were included in the research. For this reason, it is recommended that other studies should be performed in the area, analyzing the curriculum matrices in a more detailed and specific manner for PHC, in addition to a more in-depth investigation of the students' knowledge, so that it is possible to identify where the limitations are.

FINAL CONSIDERATIONS

Most Physiotherapy undergraduate students from Porto Alegre and the Metropolitan Region who participated in this study have restricted knowledge of Physiotherapy activities and places of practice in Primary Health Care, despite believing that their Higher Education Institutions delivered knowledge of the area. Moreover, the participants believe that they are not prepared to work in Primary Health Care, but consider this an option for professional practice.

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APPENDIX

Physiotherapy Undergraduate Students' knowledge and Expectations of Professional Practice in Primary Health Care

PERSONAL DATA

Age:

Higher Education Institution:

Current semester:

Gender: () Male () Female

QUESTIONS:

1. Has your Higher Education Institution (HEI) delivered knowledge of the Unified Health System (SUS)?
() Absolutely not () No, not much () Relatively () In general, yes () Yes, certainly
2. Are you satisfied with the knowledge of the SUS delivered by the institution?
() Dissatisfied () Not very satisfied () Neither satisfied nor dissatisfied () Satisfied () Very satisfied
3. Has your HEI delivered knowledge of Physiotherapy practice in Primary Health Care?
() Absolutely not () No, not much () Relatively () In general, yes () Yes, certainly
4. Are you satisfied with the knowledge of Physiotherapy practice in Primary Health Care delivered by the institution?
() Dissatisfied () Not very satisfied () Neither satisfied nor dissatisfied () Satisfied () Very satisfied
5. Have you already attended an internship that includes knowledge of Primary Health Care?
() Yes () No
6. If you answered affirmatively to the previous question, please write the name of the internship (s):
7. Do you feel prepared to work in Primary Health Care? Why?
8. Do you consider working in Primary Health Care in the Unified Health System an option after finishing the undergraduate course?
() Absolutely not () No, not much () Relatively () In general, yes () Yes, certainly
9. If the response for question 8 is affirmative, which is the order of priority for this option?
10. At what health care level do you think the physiotherapist should preferably act?
() primary () secondary () tertiary
11. Mention up to four activities that can be performed by physiotherapists in Primary Health Care:
12. Mention up to four places of physiotherapists' practice in Primary Health Care:
13. Cite the subjects in which the content of Primary Health Care was included in your undergraduate course so far.