

Physical Therapy in Occupational Health is recognized as a specialty by COFFITO and the Ministry of Labor/CBO: A victory for physical therapy and occupational health

O reconhecimento da especialidade em fisioterapia do trabalho pelo COFFITO e Ministério do Trabalho/CBO: Uma conquista para a fisioterapia e a saúde do trabalhador

In mid-1998, a group of physical therapists working with occupational health set out to create the National Association of Physical Therapy in Occupational Health, with the aim of organizing and regulating the growing field in Brazil. In 2003, the Federal Council of Physical Therapy and Occupational Therapy (COFFITO) issued Resolution 259/03 recognizing Physical Therapy in Occupational Health as an area of practice and referring to the occupational health procedures used by physical therapists. From then on, more groups rallied behind that objective, which culminated in the creation of the Brazilian Association of Physical Therapy in Occupational Health (ABRAFIT) during the 2006 2nd Brazilian Congress of Physical Therapy in Occupational Health (Fisiotrab) in Curitiba, PR. As the sole entity representing this specialty in Brazil, ABRAFIT was founded on the ideal of union and recognition with a vision of strengthening the bond of the existing groups at the time and promoting the acknowledgement of the physical therapy in occupational health professionals.

As the number of physical therapists working with occupational health grew, ABRAFIT counselors from across the country concentrated efforts to achieve recognition as a specialty by COFFITO and to raise business awareness of the importance, advantages and skills of these professionals. On July 13, 2008, these efforts bore fruit and COFFITO approved Resolution 351/08 recognizing Physical Therapy in Occupational Health as a specialty. After this important achievement, the next step was to have the Brazilian Ministry of Labor (MTE) introduce the Brazilian market to this specialty through the Brazilian Classification of Occupations (CBO), which describes in detail the established practices in the field and distinguishes the areas of activity, skills and resources of the specialist. CBO inclusion was attained between June and July 2008, when ABRAFIT was invited by the MTE/CBO to assist in this description because of its market presence and long-time practice of Physical Therapy in Occupational Health specifically. The description was performed with the DACUM Process, in which step-by-step procedures are defined and subdivided.

The description issued by the MTE/CBO highlights the activities of the physical therapist in occupation health: perform client and patient assessments (evaluate musculoskeletal functions, ergonomic conditions, quality of life at work); make physical therapy diagnoses (collect data, request further testing, interpret test results, prognosis, prescribe therapy, identify occupational causal links); plan intervention strategies (define objectives, methods and procedures, frequency and length of intervention and epidemiological indicators of accidents and incidents); prepare functional physical activity programs and quality of life programs); implement intervention programs (interpret epidemiological indicators of accidents and incidents; implement educational and corrective actions;

analyze work flow; provide consultation; adapt work conditions to worker abilities; adjust work flow, environment and stations; implement compensatory break programs; organize task rotation; promote improvements in morphofunctional performance; reintegrate workers, apply occupational exercise); educate workers on health issues (promote changes in life habits; give advice to clients, patients, family members and caregivers; educate workers on work habit; correct work habits, implement an ergonomics culture, develop prevention and health promotion programs), manage health services (prepare eligibility criteria; prepare projects; set up and evaluate hiring processes; supervise internship; analyze costs); execute technical and scientific activities; follow safety procedures; communicate (record procedures and client and patient progress; give advice to workers; issue reports, technical reports, certificates and specialist reports on occupational causal links). This description, developed by MTE/CBO and registered under number 2236-60, refers to the Physical Therapy Specialist in Occupational Health, and businesses can now use definite work contracts for this specialty/specialist.

With all of these achievements, ABRAFIT is preparing a working agreement with COFFITO and the Brazilian Association of Physical Therapists (AFB) to certify physical therapy specialists in occupational health. The certification criteria have been developed and await the approval of the working agreement to be formalized. Thus, ABRAFIT will begin accrediting professionals with proven experience and specialist qualifications in occupational health or related fields during the Association's first conference, ABRAFIT-2009, to be held on August 26 to 28 of this year. Additional criteria will be published on www.abrafit.fst.br.

The field of occupational health is growing rapidly, not only in Brazil but in several other countries, and has been very rewarding to the professionals who chose it. It is a different reality to that of other areas of physical therapy because, in addition to the skills developed during undergraduate training, the therapist has a work contract with businesses and must have business management skills, well-structured strategic thinking and great knowledge of ergonomics, occupational biomechanics, labor law and insurance legislation. There is still a long road ahead in which physical therapists in occupational health must unite in an organized fashion to continue seeking legal and scientific recognition to achieve their due credit from businesses, government bodies, society and most importantly from the workers who are the focus of this specialty.

Lucy Mara Baú

ABRAFIT Institutional Relations Coordinator

Alison Alfred Klein

ABRAFIT President