


Assistance provided by a Specialized Rehabilitation Center: an analysis of the care offered per modality and specialties

Produção assistencial de um Centro
Especializado em Reabilitação: análise de
atendimentos por modalidade e especialidades

Producción asistencial de un Centro
Especializado de Rehabilitación: análisis de
la atención por modalidad y especialidades

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Abstract

Introduction: assistance to people with disabilities in Brazil has been expanded over the years, from the advancement of discussions on Human Rights, and legislation published by the Ministry of Health. **Objective:** to analyze the care production of a Specialized Center in Rehabilitation. **Methods:** this is an observational, descriptive, cross-sectional study, conducted with secondary data of outpatient production from April 2019 to March 2020. **Results:** it was possible to observe a greater number of users assisted in the auditory modality, later in the physical, intellectual and visual modality, there was a higher proportion of multidisciplinary care in the intellectual and physical modality; female gender, except in the intellectual modality; and children, except in the auditory mode. As for the minimum teams, in the auditory modality the speech therapist was the professional who performed the highest number of consultations; in physics the physiotherapist; in the intellectual the physiotherapist, followed by the

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speech therapist and occupational therapist; in visual rehabilitation the occupational therapist. There was a statistically significant difference when comparing the visual and intellectual modalities in relation to gender; and the number of visits by specialties when compared to age group. **Conclusion:** the study portrays the structure and offer of multidisciplinary care provided to people with disabilities, who attend a specialized service in rehabilitation.

Keywords: Disabled Persons; Health Services; Rehabilitation Centers; Health Evaluation.

Resumo

Introdução: a assistência à pessoa com deficiência no Brasil vem sendo ampliada ao longo dos anos, a partir do avanço das discussões sobre os Direitos Humanos e legislações publicadas pelo Ministério da Saúde. **Objetivo:** analisar a produção assistencial de um Centro Especializado em Reabilitação. **Métodos:** trata-se de estudo observacional, descritivo, transversal, realizado com dados secundários de produção ambulatorial do período de abril de 2019 a março de 2020. **Resultados:** foi possível observar maior número de usuários assistidos na modalidade auditiva, posteriormente na modalidade física, intelectual e visual. Houve maior proporção de atendimentos multidisciplinares na modalidade intelectual e física; ao sexo feminino, exceto na modalidade intelectual; e a crianças, exceto na modalidade auditiva. Quanto às equipes mínimas, na modalidade auditiva, o fonoaudiólogo foi o profissional que realizou maior número de atendimentos; na física, o fisioterapeuta; na intelectual, o fisioterapeuta, seguido pelo fonoaudiólogo e terapeuta ocupacional; na reabilitação visual, o terapeuta ocupacional. Houve diferença com significância estatística quando comparadas as modalidades visual e intelectual em relação ao sexo; e o número de atendimentos por especialidades quando comparado à faixa etária. **Conclusão:** o estudo retrata a estrutura e oferta de atendimentos multidisciplinares realizados para as pessoas com deficiência que frequentam um serviço especializado em reabilitação.

Palavras-chave: Pessoas com Deficiências; Serviços de Saúde; Centros de Reabilitação; Avaliação em Saúde.

Resumen

Introducción: la asistencia a las personas con discapacidad en Brasil se ha ampliado a lo largo de los años, a partir del avance de las discusiones sobre Derechos Humanos y la legislación publicada por el Ministerio de Salud. **Objetivo:** analizar la producción asistencial de un Centro Especializado em Reabilitación. **Métodos:** se trata de un estudio observacional, descriptivo, transversal, realizado con datos secundarios de producción ambulatoria de abril de 2019 a marzo de 2020. **Resultados:** fue posible observar un mayor número de usuarios atendidos en la modalidad auditiva, posteriormente en la modalidad física, intelectual y visual, hubo una mayor proporción de atención multidisciplinaria en la modalidad intelectual y física; género femenino, excepto en la modalidad intelectual; y niños, excepto en el modo auditivo. En cuanto a los equipos mínimos, en la modalidad auditiva el logopeda fue el profesional que realizó mayor número de consultas; em física el fisioterapeuta; em el intelectual el fisioterapeuta, seguido por el logopeda y el terapeuta ocupacional; em rehabilitación visual el terapeuta ocupacional. Hubo una diferencia estadísticamente significativa al comparar las modalidades visuales e intelectuales em relación con el género; y el número de visitas por especialidades em comparación con el grupo de edad. **Conclusión:** el estudio retrata la estructura y la oferta de atención multidisciplinaria prestada a las personas con discapacidad, que asisten a un servicio especializado em rehabilitación.

Palabras clave: Personas con Discapacidad; Servicios de salud; Centros de Reabilitación; Valoración de Salud.

Introduction

Assistance to people with disabilities in Brazil has become more comprehensive over the years, thanks to discussions on Human Rights and laws promulgated by the Ministry of Health. In 2012, it proposed the implementation of Care Networks for People with Disabilities and the accreditation of the Specialized Rehabilitation Centers (CER, in Portuguese) and Orthopedic Workshops as part of the Unified Health System (SUS)^{1,2}.

Between 2012 and 2020, 217 CER and 39 Orthopedic Workshops were accredited in all geographical regions of the country³. Research projects are being developed to visualize the scenario of the network and contribute to scientific, and technological development and innovation in terms of the health of people with disabilities.

Program and policy assessment is essential to planning and redefining priorities and actions, as little is known about advancements, difficulties, and the impact of the services on the population's health^{4,5}.

It is important to know the profile of people assisted at health centers, as professionals who provide such services need information on the demands around them. Hence, knowing how healthcare is administered helps improve the service⁶.

This study aimed to analyze the assistance provided in the first year of operations of a specialized rehabilitation service for people with disabilities. Assistance analysis is an important tool for administration and professionals because it assesses the technical capacity of the service and identifies specialties with greater demands within each rehabilitation modality and the behavior towards goals defined by the public policy.

Methods

This study was approved by the institution's Research Ethics Committee under evaluation report no. 3.903.587.

This cross-sectional, descriptive, observational study was based on secondary data on outpatient service provided between April 2019 and March 2020 at a CER IV in its first year of operations and accreditation by the Ministry of Health.

The CER IV involved in this study is located in Contagem and covers a Health Region of the

state of Minas Gerais, comprising three municipalities (Contagem, Ibirité, and Sarzedo), with an estimated total of 788,210 inhabitants⁷. According to data from the Brazilian Institute of Geography and Statistics (IBGE)⁷, 31.76% of the total population in this Health Region have disabilities. The most reported prevalence is of people with visual impairment (19.84%), followed by physical disabilities (5.84%), hearing impairment (4.76%), and intellectual disabilities (1.31%).

CER is an outpatient center specializing in the rehabilitation/habilitation of people with hearing, physical, visual, intellectual, and multiple disabilities, focusing on disability rehabilitation and prevention interventions and social inclusion. It ensures functional assessment, disability diagnosis, guidance to caregivers, companions, and families, selection, prescription, concession, fitting, and maintenance of orthoses, prostheses, and auxiliary locomotion material, and individual and group rehabilitation/habilitation.

It must ensure assessment, diagnosis, the concession of assistive technology, and multidisciplinary therapy for people with hearing, physical, intellectual, and/or visual disabilities. It can be organized into three formats, according to the type and number of specialized services, as follows: CER II – comprising two rehabilitation modalities; CER III – comprising three rehabilitation modalities; CER IV – comprising four rehabilitation modalities².

The study was based on information collected from monthly records at a CER IV, validated by the municipal regulatory department⁸ – which is part of the SUS administration, with specific human resources, facilities, equipment, and work processes to coordinate and operationalize a set of actions to ensure users' fair, timely, and comprehensive access to their assistance needs.

The analysis encompassed data on the number, sex, and age of patients assisted at the service and the number of multidisciplinary treatments provided by the minimum teams in the physical, intellectual, hearing, and visual modalities. Patients that were present in more than one modality were characterized as having multiple disabilities.

Each CER type has a minimum obligatory multidisciplinary team. In CER IV, the minimum physical, intellectual, hearing, and visual modality teams have rehabilitation professionals in common: physical, speech-language-hearing, and

occupational therapists, psychologists, and social workers. Diagnostic support is provided by physicians: neurologists and orthopedists in the physical modality; otorhinolaryngologists in the hearing modality; psychiatrists in the intellectual modality; and ophthalmologists in the visual modality.

A database was developed in Excel, and descriptive and bivariate analyses were performed. Descriptive data analysis was performed through frequency distribution of the categorical variables and measures of central tendency and dispersion of the continuous variables. The Mann-Whitney test was used for the association analysis. The test was chosen after verifying whether the variables (service modality and professionals) had a normal distribution with the Kolmogorov-Smirnov and Shapiro-Wilk tests. In all analyses and tests, p-values were ≤ 0.001 , which indicates a non-normal distribution.

Ages were grouped as follows for a better association analysis: a) children and adolescents were addressed as “children/adolescents”, and b) adults and older adults, as “adults/older adults”. Sex and age were the explanatory variables, whereas modalities and specialties were the response variables. Data were recorded, processed, and analyzed in SPSS, version 25.0.

Results

Research findings demonstrate that the service treated 1,900 patients in 39,373 visits in the hearing, visual, physical, intellectual, and multiple disability modalities between April 2019 and March 2020. There were more patients assisted in hearing, than physical, intellectual, and visual modalities. The intellectual one had the most multidisciplinary visits, followed by the physical modality (Table 1).

Table 1. Number of patients and multidisciplinary visits conducted at CER IV Contagem in 2019/2020

Variables	Patients				Visits				
	N	Total	Mean	SD	Median	Minimum	Q1	Q3	Maximum
Hearing modality	1,114	5,681	1.82	1.16	1.00	1.00	1.00	2.00	10.00
Visual modality	76	1,736	3.63	2.56	3.00	1.00	1.00	5.00	14.00
Physical modality	369	13,083	5.58	3.77	5.00	1.00	3.00	8.00	23.00
Intellectual modality	254	15,239	6.75	3.78	6.00	1.00	4.00	9.00	26.00
Multiple disabilities	87	3,634	7.28	4.57	7.00	1.00	3.00	11.00	21.00

Caption: N = number of patients; SD = standard deviation; Q = quartile

Females predominated in multidisciplinary visits – except for the intellectual modality, in which males predominated (Table 2).

The analysis of the number of multidisciplinary visits classified per age group showed a predominance of children in all modalities, except for the hearing one, which had more older people (Table 3).

Table 2. Number of multidisciplinary visits per modality and sex at CER IV Contagem in 2019/2020

Variables	Visits	Mean	SD	Median	Minimum	Maximum
Hearing						
Males	2,799	2.16	1.18	2.00	1.00	8.00
Females	2,866	2.09	1.03	2.00	1.00	7.00
Visual						
Males	780	2.88	2.38	2.00	1.00	10.00
Females	956	2.65	2.26	1.50	1.00	8.00
Physical						
Males	6,306	3.26	2.79	2.00	1.00	15.00
Females	6,776	3.64	3.42	2.00	1.00	16.00
Intellectual						
Males	11,143	5.25	3.59	5.00	1.00	15.00
Females	4,093	4.43	3.64	3.00	1.00	16.00
Mult. Disabilities						
Males	1,757	6.57	4.74	5.50	1.00	21.00
Females	1,820	5.36	4.08	5.00	1.00	19.00

Caption: SD = standard deviation; Mult.= Multiple

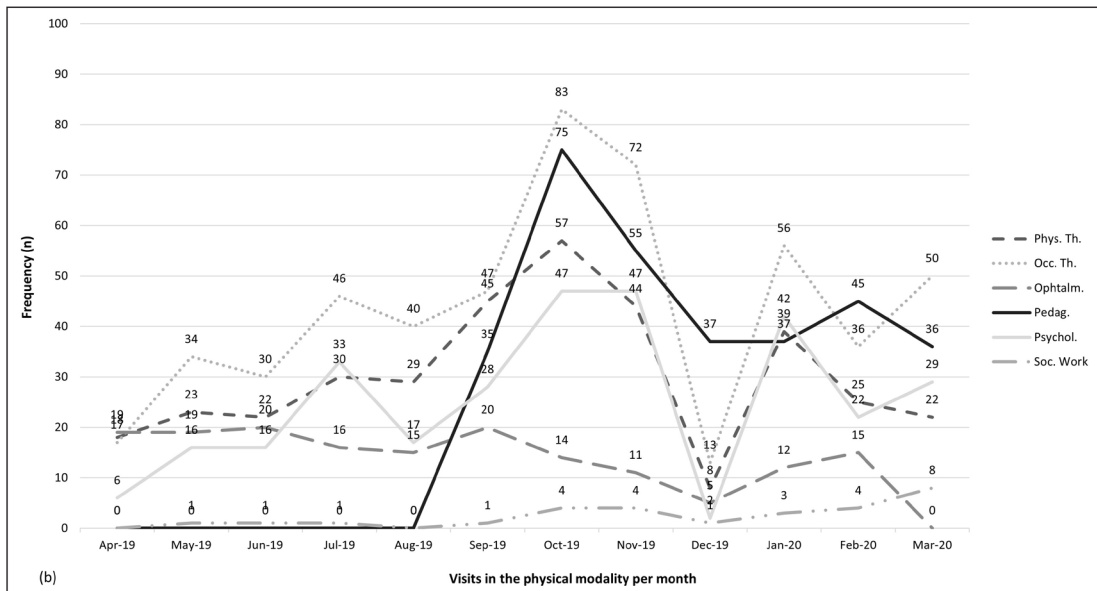
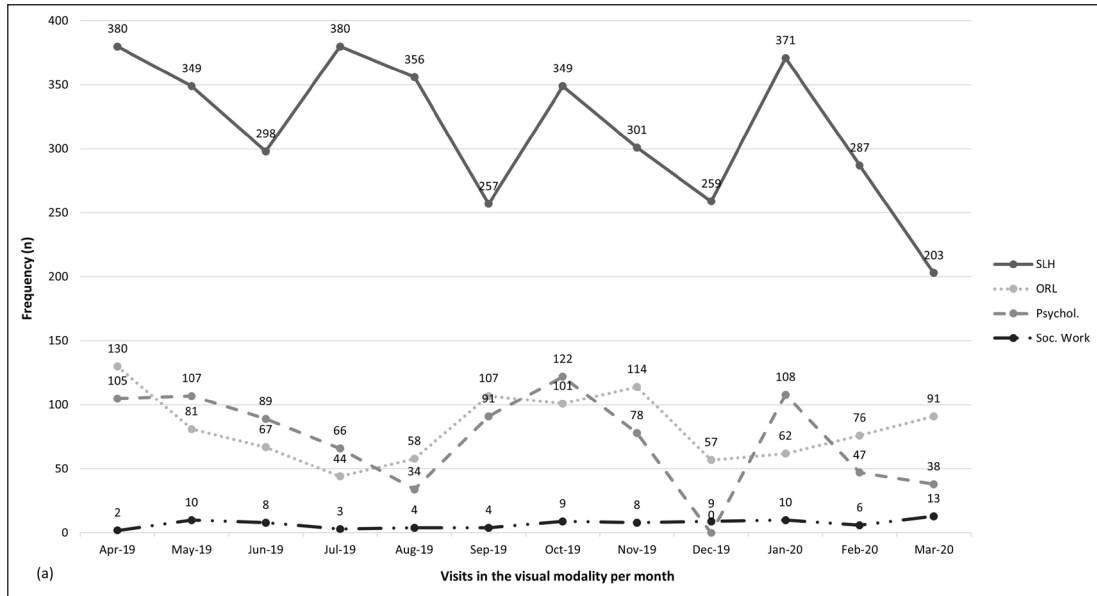
Table 3. Number of multidisciplinary visits per modality and age group at CER IV Contagem in 2019/2020

Variables	Visits	Mean	SD	Median	Minimum	Maximum
Hearing						
Children	1,224	2.62	2.35	2.00	1.00	7.00
Adolescents	335	2.77	1.84	2.50	1.00	7.00
Adults	1,215	2.12	1.10	2.00	1.00	7.00
Older adults	2,870	2.03	1.01	2.00	1.00	8.00
Visual						
Children	1,143	2.71	2.63	1.00	1.00	8.00
Adolescents	96	4.00	1.07	4.00	1.00	6.00
Adults	293	3.39	2.75	2.50	1.00	10.00
Older adults	204	2.25	1.73	1.00	1.00	7.00
Physical						
Children	4,249	3.70	3.16	2.00	1.00	16.00
Adolescents	1,286	3.33	2.92	2.00	1.00	12.00
Adults	4,100	3.21	2.89	2.00	1.00	14.00
Older adults	3,447	3.53	3.38	2.00	1.00	15.00
Intellectual						
Children	12,756	5.00	3.60	4.00	1.00	15.00
Adolescents	1,768	5.92	3.07	6.00	1.00	13.00
Adults	664	3.41	4.74	1.00	1.00	16.00
Older adults	48	5.00	0.00	5.00	1.00	11.00
Mult. Disabilities						
Children	2,650	6.20	4.30	6.50	1.00	17.00
Adolescents	204	8.88	3.48	9.00	3.00	14.00
Adults	353	4.71	2.94	4.00	1.00	10.00
Older adults	370	5.88	5.57	4.00	1.00	21.00

Caption: SD = standard deviation; Mult.= Multiple

The total number of monthly multidisciplinary visits with the minimum hearing team shows that speech-language-hearing therapists predominated in

all months. Also, all professionals in the minimum team provided healthcare since the service began operations – i.e., in April 2019 (Figure 1).



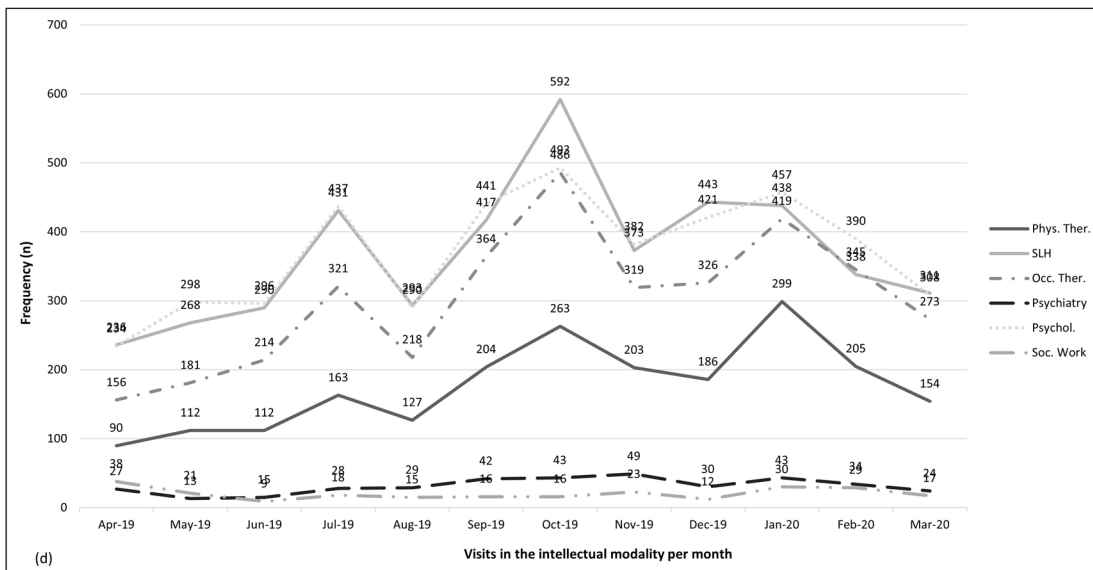
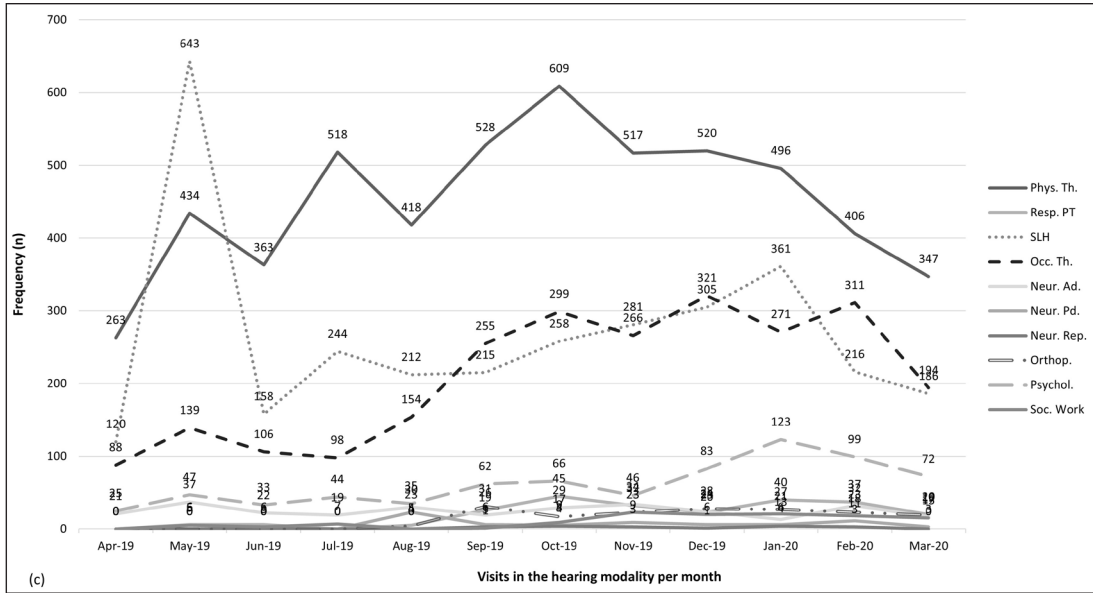


Figure 1. Chart with monthly multidisciplinary visits with the minimum hearing (a), visual (b), physical (c), and intellectual (d) teams at CER IV Contagem in 2019/2020

The total number of multidisciplinary visits with the minimum visual team showed that occupational therapists predominated – except for December 2019 and February 2020, in which pedagogy predominated. This specialty began attending in September 2019, while the other ones were already present since the service began operations. Social workers had the fewest visits, despite being active since the center opened (Figure 1).

In the physical modality, there were more visits with physical therapists – except for May 2019, when speech-language-hearing therapists predominated. Pediatric neurologists, reporting neurologists, and orthopedists began attending in August 2019 (Figure 1).

In the intellectual modality, physical, speech-language-hearing, and occupational therapists had the most visits (Figure 1).

There were statistically significant differences in sex between the visual and intellectual modalities (Table 4). There was a higher mean of visits of females in the visual modality ($p = 0.010$) and a higher median and mean of males in the intellectual modality ($p \leq 0.001$).

There was a statistically significant difference in age between the number of visits per specialty. Respiratory physical therapy ($p = 0.005$), speech-language-hearing therapy ($p \leq 0.001$), occupational therapy ($p \leq 0.001$), and psychology ($p \leq 0.001$) had higher medians and means in the comparison of children/adolescents. There were also statistically significant differences in nutritionists ($p \leq 0.001$), with a higher mean in comparison to adults/older adults (Table 4).

Table 4. Association analyses of multidisciplinary visits per modality and specialty according to sex and age group at CER IV Contagem in 2019/2020

Variables	Males			Females			p-value
	Mean	SD	Median	Mean	SD	Median	
Hearing	1.86	1.45	1.00	1.79	1.11	1.00	0.161
Visual	3.33	2.44	3.00	3.92	2.65	3.00	0.010
Physical	5.52	3.75	5.00	5.65	3.80	5.00	0.412
Intellectual	7.02	3.87	7.00	6.11	3.50	6.00	≤ 0.001
Mult. Disabilities	6.94	4.44	6.00	7.64	4.68	7.00	0.103

Variables	Children/Adolescents			Adults/Older Adults			p-value
	Mean	SD	Median	Mean	SD	Median	
Physical therapy	2.71	1.42	3.00	2.86	1.59	3.00	0.072
Respiratory phys. ther.	2.46	1.50	2.00	1.84	1.03	1.00	0.005
SLH therapy	2.62	1.28	3.00	1.53	0.98	1.00	≤ 0.001
Occupational therapy	2.73	1.19	3.00	2.41	1.15	2.00	≤ 0.001
Psychology	2.75	1.31	3.00	1.53	0.92	1.00	≤ 0.001
Otorhinolaryngology	1.07	0.24	1.00	1.04	0.22	1.00	0.091
Adult Neurology	1.05	0.06	1.00	1.10	0.11	1.00	0.079
Ophthalmology	1.05	0.22	1.00	1.03	0.17	1.00	0.428
Orthopedy	1.06	0.23	1.00	1.06	0.28	1.00	0.834
Psychiatry	1.02	0.15	1.00	1.03	0.24	1.00	0.703
Social Work	1.09	0.36	1.00	1.10	0.41	1.00	0.600
Nursing	1.22	0.97	1.00	1.16	0.53	1.00	0.433
Pedagogy	2.21	0.95	2.00	2.00	1.03	2.00	0.085
Nutrition	1.21	0.43	1.00	1.51	0.54	1.00	≤ 0.001

Mann-Whitney test. Caption: SD = standard deviation; Mult. = multiple; phys. ther. = physical therapy; SLH = speech-language-hearing; values in bold = p -value ≤ 0.005

Discussion

Accrediting specialized rehabilitation services is an important stage in the public policy of the Care Network for People with Disabilities, as they provide comprehensive care, bridging an assistance gap often fragmented in individual outpatient care, with no network communication or multiprofessional perspective.

This study analyzed data on the outpatient service provided in its first year of operations, showing a greater number of patients assisted in the hearing modality, followed by the physical, intellectual, and visual ones. The high number of patients assisted in the hearing modality may be justified by the dynamics of the service, where most patients are older people, who do not remain long in multiprofessional care after having the hearing aid fitting, making room to assess other patients.

The total number of multidisciplinary visits with the minimum visual team showed a predominance of the occupational therapist – except for December 2019 and February 2020, in which pedagogy predominated. This specialty began treating them there in September 2019, while the other ones were already attending since the service opened. Social workers had the fewest visits, although they were already active since the beginning of operations.

In the physical modality, physical therapists had the most visits – except for May 2019, when speech-language-hearing therapists predominated. Pediatric neurologists, reporting neurologists, and orthopedists began attending in August 2019.

In the intellectual modality, physical, speech-language-hearing, and occupational therapists had the most visits in all months.

CER IV professionals have the following workloads: physical therapists, speech-language-hearing therapists, and psychologists: 240 h/week; occupational therapists: 160 h/week; pedagogues: 40 h/weeks; physicians: 80h/week; social workers: 120 h/week. Municipal administrators are autonomous to define the number of professionals needed to meet the workload. Also, they must comply with specific laws and regulations applicable to each professional category⁹. This study addressed the initial period of activity of the service and found that the teams grew larger as patients were assisted.

In the multidisciplinary intellectual and physical visits, there was a greater proportion of

females (except for the intellectual modality) and children (except for the hearing modality). The speech-language-hearing minimum team had the most visits in the hearing modality, as well as physical therapy in the physical modality; physical therapy, followed by speech-language-hearing and occupational therapy in the intellectual modality, and occupational therapy in the visual modality.

There were statistically significant differences in respiratory physical therapy, speech-language-hearing therapy, occupational therapy, and psychology in the comparison of children/adolescents, with higher means and medians. Likewise, nutrition visits, in the comparison of adults/older adults, with higher means. This evidence may indicate that the modalities have different demands for the various age groups.

All modalities had a minimum multidisciplinary team. However, the intellectual one had a greater proportion of visits, followed by the physical modality. The rehabilitation action strategies at CER must be based on individual needs, to promote and ensure better, comprehensive, and independent adaptation, quality of life, autonomy, and performance in activities and skills. This study found that the physical and intellectual modalities require more visits with the multiprofessional team. This can be explained by the complex and multiple actions needed to reintegrate these people with physical disabilities and manage the care for people with intellectual disabilities.

The visual modality had the fewest patients and visits, below the indicated by the Ministry of Health⁹. The impairments of people with visual disabilities are temporary or permanent; progressive, regressive, or stable; intermittent or continuous, which interact with various barriers and can hinder their full and effective participation in society in equal conditions with other people. The few visits may be justified by the difficult referral flow of subnormal sight for rehabilitation.

The Rehabilitation Guidelines of the Ministry of Health⁹ recommend the following mean number of users treated per month for each rehabilitation modality: hearing rehabilitation: 150 patients; physical rehabilitation: 200 patients; intellectual rehabilitation: 200 patients; visual rehabilitation: 150 patients. These numbers must include patients in the assessment and rehabilitation process.

A study aimed to identify the referral pattern for subnormal sight care and the causes of referrals



being lost in a tertiary ophthalmological healthcare center¹⁰; it concluded that they were lost due to flaws or non-referral, patients' non-acceptance of the services, loss at the place of treatment, and treatment follow-up. Even though the said study addressed referrals to tertiary services, it can be compared with the present one as it reports the same target public for referrals. Moreover, the few visits in the visual modality may indicate that this population has difficult access to specialized rehabilitation services.

At CER, the intellectual modality assists people with cognitive deficits, with a predominance of children with autism spectrum disorder¹¹. This study corroborates the findings of research conducted at CERs^{11,12} in autists, with a prevalence of males; a study conducted at a Psychosocial Care Centers for Children and Youth¹², which addressed general data on the care provided to children and adolescents with autism in the Rio de Janeiro metropolitan area; and a study conducted in the United States¹⁴, which reported the prevalence of males among children with autism in 11 American states in 2016.

The most visits in the physical, visual, and intellectual modalities were of children. Child rehabilitation requires attention¹⁵, as it is the phase when the first skills are acquired and maintained for their whole lives. Children begin expressing themselves and communicating with their bodies, using gestures and sounds. When this does not happen due to the disability, support mechanisms are needed for their development to be as thorough as possible, ensuring their independence and quality of life¹⁶. Moreover, the promulgation of national child healthcare policies and implementation of the network for people with disabilities integrated primary with specialized healthcare and created clearer assistance flow between them, improving this population's access to the services.

A study on the prevalence of physical disabilities in Brazil¹⁶ reported considerably more children than adults attending rehabilitation services. This may be due to family health actions, which monitor child development conditions. Parental adherence may be another factor, as they understand that the attention of rehabilitation services and families brings countless benefits to the recovery and stimulation of child development.

The present study demonstrated that in the hearing modality, there was a greater proportion of

visits among older adults and females. This result is similar to that of a study conducted at a CER of SUS in Salvador, Bahia⁶, which aimed to describe the demographic, clinical, and rehabilitation profile of hearing-aid users attended at that center, as well as other studies conducted at hearing rehabilitation services^{17,18} of the Hearing Healthcare Network of Minas Gerais, which described its users' self-perception of health and the epidemiologic profile of a population with hearing impairment.

As for the minimum teams, speech-language-hearing was the specialty with the most visits in the hearing modality. These therapists participate in hearing rehabilitation in all stages of the process, including diagnostic audiological assessment, ear pre-molding, molding, hearing aid selection according to the test, and fitting^{19,20}. Hence, it is concluded that in the organizational structure of hearing rehabilitation services, speech-language-hearing therapists provide care in greater proportion than other professionals.

Hearing service must ensure individual or group speech-language-hearing therapy, according to the team assessment. These therapists must provide early stimulation to children up to 3 years old with hearing loss to develop their hearing skills and promote language acquisition. In children 3 to 12 years old, the objective of therapy is to develop language and academic performance. As for adults and older adults after selecting, indicating, and fitting hearing aids, speech-language-hearing therapists must provide communicative strategies to improve hearing perception⁹.

The total numbers of monthly visits with the minimum visual team demonstrate that occupational therapists had the most visits. A study on visual disability²¹ reported that people with visual disability have expectations about rehabilitation results, with a predominance of orientation and mobility (76%), the hope of beginning or resuming occupational activities (72%), and learning to wear prescribed lenses (60%). Expectations may be related to training activities of daily living by occupational therapists, which explains the greater number of visits with this specialty.

Physical therapists had the most visits in the minimum physical team. Research conducted in Belo Horizonte, Minas Gerais²², aiming to outline the profile of users of public rehabilitation services and learn their needs, concluded that most of them were women, with a mean age of 57 years, whose



greatest needs were for physical therapists (89%) and psychologists (14%); 77% were indicated to begin treatment in primary healthcare, and 21%, in specialized care. Physical therapists were the most indicated to begin the treatment, which was justified by the greater number of complaints related to possible musculoskeletal issues, pain, discomfort, and mobility, cited as functioning barriers. Despite the contextual differences with the present study, it is similar and consonant with the physical therapy provided. Furthermore, a study²³ on specialized rehabilitation services at the SUS Care Network for People with Disabilities demonstrated that physical therapists were the most present and had the greatest workload per attention post, followed by speech-language-hearing therapists.

In the intellectual modality, physical therapists had the most visits, followed by speech-language-hearing and occupational therapists. This demonstrates the inter- and intradisciplinary nature of the modality, in which diagnosis is reached by a psychiatrist, and follow-up is conducted by various professionals^{24,25}. The multiprofessional team addresses motor, functional, and occupational aspects, helping the patient improve in communication, social interaction, and language¹¹.

Data analysis demonstrated higher means and medians in respiratory physical therapy, speech-language-hearing therapy, occupational therapy, and psychology visits of children/adolescents. A study on Pediatric Physical Rehabilitation at an outpatient center in Fortaleza²⁶ demonstrated the participation of a multiprofessional team in the rehabilitation of children with neuromotor dysfunction. Besides the motor impairment, some children had other associated health conditions, such as speech changes and dysphagia. Children knowingly need to be treated by multidisciplinary teams (nurses, physical, speech-language-hearing, and occupational therapists, and so on).

There was a statistically significant difference regarding nutritionists, with a higher mean number of visits by adults/older adults. A study on the importance of assessing older people's nutritional status²⁷ describes that such assessment must be present in all geriatric consultations because nutritionists can assess their physiological need for nutrients adequate to the organism composition and verify risk factors for falls, chronic diseases, sarcopenia, and conditions that require greater attention.

Conclusion

The results revealed the assistance provided at a CER in relation to public policies, which aims to broaden the care provided to people with disabilities in Brazil. It was demonstrated that the structure of the service is organized according to standards indicated by the Ministry of Health in terms of minimum teams' makeup per modality and multiprofessional care.

The beginning of activities at a health service is characterized by challenges, adjustments, and discoveries, which appear as patients are treated. The number of multidisciplinary visits that took place notoriously increased over the months.

It is important to advance in research on health services by investigating the impact of rehabilitation on the everyday life of people with disabilities in the various regions, as CERs are implemented.

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