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Occupational therapy interventions to subjects away from work due to RSI/WMSD

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Abstract: This study aimed to report the experience of the Occupational Therapy in undergraduate students in a professional internship at the Federal University of São Paulo – UNIFESP/BS, in the Reference Center of Occupational Health of Santos-SP, during 2011 with subjects away from work due to RSI/WMSD. **Methodology:** The procedures involved medical and other professional referrals of the subjects with RSI/WMSD for individual evaluations, with a pre-elaborated script, analyses and planning for individual and group appointments. **Results:** Twenty-eight subjects (n=28) from both gender participated on the study, with female prevalence, aged between 35 and 55 years old, and with different school level and occupations. There were 178 individuals, and 84 group appointments, two thematic groups and three Therapeutic Workshops. Through the individual and group appointments subjects were more confident and willing, improving self-care and personal perceptions related to abilities and possibilities, being the group interventions fundamental to exchange life experiences. **Conclusion:** The results evidence the importance of occupational therapy interventions for subjects retired from work due to RSI/WMSD, and with chronic pain.

Keywords: *Sick Leave, Occupational Therapy, Repetitive Strain Injury, Occupational Health.*

Intervenções da terapia ocupacional junto aos sujeitos afastados do trabalho por LER/DORT

Resumo: O objetivo deste artigo é relatar a experiência de atendimentos de alunos em estágio profissionalizante do curso de Terapia Ocupacional da Universidade Federal de São Paulo – UNIFESP/BS, no Centro de Referência em Saúde do Trabalhador – CEREST, em Santos-SP, no ano de 2011, junto aos sujeitos em situação de afastamento do trabalho por LER/DORT. **Metodologia:** Os procedimentos envolveram o encaminhamento de médicos e de outros profissionais de sujeitos acometidos por LER/DORT para avaliações individuais, com roteiro pré-elaborado, análises e planejamentos para atendimentos individuais e em grupos. **Resultados:** Participaram deste estudo 28 sujeitos (n=28) de ambos os gêneros, com prevalência do gênero feminino, faixa etária de 35 a 55 anos, de diferentes níveis de escolaridade e profissões. Foram realizados 178 atendimentos individuais e 84 atendimentos em grupos, sendo dois grupos temáticos e três oficinas terapêuticas. Por meio dos atendimentos individuais e em grupos, os sujeitos se mostraram mais confiantes e dispostos, melhorando o autocuidado e as percepções pessoais em relação às habilidades e possibilidades, sendo as intervenções em grupos fundamentais para trocas de experiências e vivências. **Conclusões:** Os resultados evidenciaram a importância da atuação da Terapia Ocupacional junto aos sujeitos em situação de afastamento do trabalho por LER/DORT, e com dores crônicas.

Palavras-chave: *Licença Médica, Terapia Ocupacional, Transtornos Traumáticos Cumulativos, Saúde do Trabalhador.*

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1 Introduction

There were many changes occurred in the workplace with technological advances, globalization, unbridled capitalism, imposing new demands on workers, new power relationships, new contracts for the provision of services, among others, which have been affecting the health of workers in several aspects. The need for constant training or qualification/requalification has been stimulated, and unemployment and other forms of precarious influence, perversely, the positioning of individuals in the workplace (HENNINGTON, 2011). According to the author, there is the idea of partnership and collaboration, as a supposed community of objectives and interests between capital and labor, which in practice it has led to the intensification of work and the subordination of the collective worker to capital.

The transformations of the working world have repercussions on the health of workers in both the physical and mental aspects. The Repetitive strain injuries (RSIs) or work-related musculoskeletal disorders (WMSDs) are among the forms of illness in the contemporary world that continue to grow in the population of workers and often leading them to absence from work. The musculoskeletal system diseases are among the leading causes of benefits granted by the National Institute of Social Security - INSS (WALSH et al., 2004; ALMEIDA; BARBOSA-BRANCO, 2011).

The RSI/WMSD are a set of disorders related to work activities affecting the muscles, fascia muscles, tendons, ligaments, joints, nerves, blood vessels and tegument (YENG et al., 2001). This group of disorders appears and evolves into an insidious character, and complex multifactorial origins (BRASIL, 2001).

In Brazil, over the last ten years, there was high prevalence of musculoskeletal disorders, and there are indications that the expansion of psychological violence is associated with depression pictures in frequent comorbid with cases of RSI/WMSD (ELKELES; SELIGMAN-SILVA, 2010). Among the aspects of risk for RSI/WMSD there are intensification and overload of those who remain in the labor market, increased repetitive movements, fast-paced, inadequate body postures, as well as aspects related to work organization, such as difficulties in the division and relationships among workers, strict hierarchy, power authoritarian relationships, leadership pressure, mistrust and competition among peers, obligation in carrying out overtime, among others (LANCMAN; GHIRARDI, 2002).

The RSI/WMSD has affected men and women in the full production phase, and they have caused numerous sick leave, which nearly all evolves for partial disability and, in some cases, for permanent disability (BUCKLE, 2005). According to Crook and Moldofsky (1995), although some studies bring good prognosis for some cases, musculoskeletal injuries consume considerable resources in health care, absenteeism at work and social security benefits.

The experience of work absenteeism for occupational illness is social and historically marked by the inability to work and insecurity (RAMOS; TITTONI; NARDI, 2008). According to the authors, there is a risk of unemployment and difficulties encountered in the call via crucis legal institutional, where the employee needs to prove the link between his illness and his job to integrate the benefits to his condition. The non-recognition by the INSS of work-related diseases is often with RSI/WMSD (SALERMO; SILVESTRE; SABINO, 2011). There is a difficulty in proving the causation of the disease, although there are many unfavorable conditions at work that may be related to the onset of RSI/WMSDs in workers. It is observed that only 2% of companies make the registration of the Occupational Accident Communication (CAT), hindering to ensure workers´ rights (LEITE; SILVA; MERIGHI, 2007).

Once away from work, individuals live with chronic pain in everyday activities, and they reveal feelings of worthlessness, revolt, resulting from absence from work (GAEDKE; KRUG, 2008; ALENCAR; OTA, 2011).

There are several biopsychosocial impact of WMSDs because they cause chronic pain, physical disability, legal, social, economic and psychological impacts, which require a broad and multidimensional approach, among others (LIN et al., 2001). In subjects with chronic pain, the therapeutic objectives will be to come back to everyday activities, recovering their functions and go out the social isolation, despite the pain staying (LIMA; TRAD, 2007). Physical injury with chronic pain has been considered an indicator for the intervention of Occupational Therapy (SKJUTAR et al., 2010).

The Occupational Therapy in Occupational Health operates both in prevention and in

the promotion and rehabilitation of workers. Occupational therapists begin to compose teams in the Department of Occupational Health and Safety Services and Occupational Medicine of the companies and are collaborating in the prevention of injuries, absenteeism and early retirement, and the perception of risk of accidents or illnesses, etc. (LANCMAN, 2004). According to Watanabe and Nicolau (2001), occupational therapists on Workers´ Health Reference Centers are coordinated with other health actions in a multidisciplinary team, performing in general, three activities: assistance to workers; monitoring of working conditions and jobs in the companies, and health and work education. Occupational therapy has contributed to the approach to the social environment and interpersonal and collective relationships, aiming at worker´s comprehensive care (RODRIGUES; SIMONELLI; LIMA, 2013). Occupational therapy aims to promote autonomy, creating spaces for living and expressing, considering the social relationships as a fundamental part of the rehabilitation process and/or return to work (GUTTERRES; BARKNECHT, 2005).

The Occupational Health Reference Center (CEREST) in the city of Santos is a health care facility established in 1990, aiming to identify, treat and prevent problems and diseases related to work. CEREST is a service of the Unified Health System (SUS), under the Coordination of Health Surveillance of the City of Santos, enabled in 2003 by the Ministry of Health, as a regional reference to the municipalities of Santos, São Vicente and Guarujá.

This article aims at reporting the experience of assistance with the subjects in absence from work situation by RSI/WMSDs during the internship of Occupational Therapy course at the Federal University of São Paulo - UNIFESP/BS in the Occupational Health Reference Center - CEREST in the city of Santos-SP, from January to December 2011.

2 Procedures and methods

The internship was attended by students of the 4th grade of Occupational Therapy course at the Federal University of São Paulo – UNIFESP, Campus Baixada Santista, with activities together with the Occupational Health Reference Center – CEREST/Santos. Individual and group appointments were scheduled with the subject in absence from work situation, with established clinical diagnosis or research processes to RSI/WMSDs.

The internship began in 2009 and, for this experience report, the period of January to December 2011 was randomly chosen.

The internship at this place was held twice a week, lasting nine hours per week. Among some criteria for referral to Occupational Therapy, besides established clinical diagnosis and/or research processes to RSI/WMSDs, chronic symptoms were presented with or without depressive symptoms and/or other mental disorders diagnosed clinically. Initially, referrals to Occupational Therapy were performed by doctors and other health professionals of the unit for initial assessment.

2.1 The individual assessments in Occupational Therapy

The referral subjects were assessed individually by the students under internship supervision, and the evaluations were initially semi-structured interviews with a pre-prepared script, containing general data, such as identification, age, marital status, educational level, with who is currently residing, children, how many children, last profession, attending doctor and hand dominance. The medical record number was also recorded and always consulted to keep up with clinical information.

Some questions were investigated at this time: time of absence, why he was absent, how the illness occurred, how he felt, current situation with the National Institute of Social Security – INSS, together with the clinical diagnosis, the main current complaints, symptoms, body regions affected, symptoms interfering in everyday life, when they occurred, what make them worse, what improved them, among other issues. Even if he had surgery, how long, how he felt about the surgery (recovery), among others. Some records were made at the moment, with paper and pen, with a script in hand.

The student at this time provides a moment of welcome to listen and sought carefully aspects that might be relevant, not fixing, in some cases, to the pre-established script, but to issues related to time and with the subject, aspects also relevant to the learning process. A clinical listening was attempted, where the occupational therapist aimed to find important elements in the manifest and latent content. Many times, it was

necessary two to three meetings for this initial research and planning clinical interventions in Occupational Therapy, always discussed in supervision. As a complement, other assessment tools were used, including the Health Assesment Questionnaire - HAQ (FERRAZ et al., 1990), which investigates on some functional difficulties in basic and instrumental activities of daily living, chosen because many patients had more than one body part affected by pain. The instrument sets a score of 0-3; the higher score indicates greater functional difficulty in activities of daily living, such as dressing, opening and closing faucets, hold standing on the bus or subway, shopping in a neighborhood where he lives, among others.

Questions about how much pain affects the daily lives of the subjects were also elaborated (housework, social activities with friends, other leisure activities, etc.), obtaining semi-open answers and recorded descriptively as expressed, and with pen and paper, to reflect and further analysis with the students in the supervision meetings.

Physical and specific evaluations were performed for the area(s) affected, where it was possible to identify some limitations in movement and references of symptoms, painful or not, for preventive guidelines of injuries in daily life activities and plans of some bodily activities or involving the affected body segments. For these assessments, a script was prepared with descriptions of body parts and their joint movements. The patient was asked to perform active movements and painful symptoms were registered, if present or not in each movement performed. It was not intended here to identify deficits in angular ranges of the joints in detail but only identify general deficits in mobility and other aspects that could be related to joint and functional limitations of everyday life. At this stage, information from the subjects evaluated were obtained about the strategies used and together with the limitations imposed by the disease, to carry out daily life activities.

After the evaluation, the case was analyzed in the supervision and later, next to the patient, the necessity or not of individual assistance was defined, or if he would be forwarded to the group activities. The day and time, the general objectives of the initial stage of interventions in Occupational Therapy and the therapeutic resources to be used were scheduled with the patient.

3 Results and discussion

During the period, the subjects were both referred to Occupational Therapy as for Psychology, 32 of the subjects had a clinical diagnosis established for RSI/WMSDs, and some of them had depressive symptoms. Subjects were scheduled according to the availability of the agenda of professionals and academics. Of the 32 subjects, 28 subjects of both genders attended the Occupational Therapy, who were referred to individual or in groups care. Table 1 shows the overall profile of the subjects.

As noted in Table 1, the prevalence was female subjects. There is in the literature, several authors citing the higher prevalence of females with the RSI/WRSD (SALIM, 2003; STRAZDINS; BAMMER, 2004; ALMEIDA; BARBOSA-BRANCO, 2011). One of the main relationships would be the double shifts (work outside the home and housework), and working conditions. Education ranged from complete and incomplete primary education to complete and incomplete higher education, and among other professions there were teachers, administrative assistants, salesmen, mechanics, among others. Among the main complaints with the patients: carpal tunnel syndrome, tenosynovitis, tendinopathy (infraspinatus, subscapularis, supraspinatus), subacromial bursitis, Quervain tendonitis, among others, and most subjects had more than one clinical diagnosis. The subjects lived in the city of Santos and the Baixada Santista region, and

Table 1. General profile of subjects assisted by the Occupational Therapy.

Data	(N=28)
Age group	30 to 40 years old – 25.0% (n=7) 41 to 51 years old – 42.8% (n=12) Over 51 years old – 32.2% (n=9)
Gender	Female – 78.5% (n=22) Male – 21.5% (n=6)
Education	Basic Education – 25.0% (n=7) Elementary school – 25.0% (n=7) High school - 39.2% (n=11) Higher Education – 10.8% (n=3)
Profession	Cleaning assistant – 32.1% (n=9) Cook – 10.7% (n=3) Fashion designer – 7.2% (n=2) Bank clerk – 7.2% (n=2) Other - 42.8% (n=12)
Time absent of work	Less than two years – 21.4% (n=6) More than two years – 78.5% (n=22)

individual care occurred once a week, with time lasting approximately 55 minutes.

Table 2 shows data obtained from the Instrument Health Assessment Questionnaire – HAQ in initial evaluation by the subjects.

As noted in Table 2, most subjects had a higher score to 1.1, with some functional limitations in activities of daily living, ranging difficulties as appropriate and the affected body regions. The body regions most affected (biggest complaints) and suffering the risk of pain in certain movements were shoulder, elbow, wrist and hand, having more than one body region with painful symptoms in some cases. When thinking about the cases and their functional limitations in the housing situation in the family and socio-economic context should be considered, as well as a history of living and working, and the individual characteristics of personality.

Some data about the influence of pain in the everyday lives highlighted the difficulties in activities of daily living: "*I can no longer extend the laundry on the clothesline, or wash my back in the bath, or sweep the floor* [...]" (A.S., Cleaning Assistant); and "*It affected a lot... I can no longer wipe the dishes, wash the dishes, carry shopping bags* [...]" (C.H., Seller).

By the presence of chronic painful symptoms, the subjects have limitations in some activities of daily living, aspects that require acceptance, adaptations and overcomes. The patient with chronic pain must speak and be heard, and believed in their pain (LIMA; TRAD, 2007). The invisibility of the disease and the possible disbelief of some people can cause suffering. They were advised to avoid certain risky movements and postures – one of the interventions: postural guidelines for disease prevention - which can trigger pain. However, this is not always possible in the daily life of the subjects, since the completion of some tasks depend on the help of others, which involves the recognition of the need to be helped, willingness to help, schedule availability, among other situations and conditions that may arise and hinder the necessary self-care, such as psychic internal conflicts of the sick subject accepting the illness and disability, not having qualified relatives for assistance and not having the financial conditions to pay for the service, and the lack of easy access to public service assistance.

Table 2. Data related to the subjects *score*, obtained in the initial assessment.

HAQ	(N=28)
Score 0 to 1	21.4% (n=6)
Score 1.1 to 2	57.2% (n=16)
Score 2.1 to 3	21.4% (n=6)

There are often relational difficulties in carrying out some household chores and can cause wear and suffering: "*I need my daughter to help make the cleanup activities* [...]" (S.G., Cleaning Assistant). There are many internal conflicts involved, including the difficulty in losing social roles, such as "housewife", for example, compromising the identity of the subjects. Also, "*I have to do things house chores, there's no way... my husband has Alzheimer's and I'm taking care of him* [...]" (M.C. Fashion Designer), highlighting the need to "do what must be done" by the lack of others who could perhaps help them. The subjects often accomplish the tasks, exceeding their possibilities, and in pain after performing them. The recognition and acceptance of their limitations are fundamental and creating strategies to cope with the demands without physical and emotional damage. The International Classification of Functioning, Disability, and Health – CIF highlights the importance of biological, psychological and social aspects involved in integration in human functioning (SAMPAIO; LUZ, 2009). The interaction is complex and highlights the need for action of a multidisciplinary and interdisciplinary team. The physical and vocational rehabilitation needs to be reviewed from a perspective in which they can see the patient's body in full to evoke latent capacities and increase the possibility of participation of these individuals in social contexts in which they live (NEVES; NUNES, 2010).

Many times patients are afraid to make some moves, for fear of triggering pain, known as "kinesophobia". From the psychosocial approach, it is observed that individuals with musculoskeletal pain develop chronic pain syndrome, which is related to the fear of performing activities triggering of pain and/or generating the recurrence of pain (FRANCARO et al., 2013). This can lead to absenteeism or giving up from conventional physical rehabilitation and focused on biomedical models: "*I feel unsafe in movements, afraid of pain* [...]" (E.M., General Service Assistant).

Patients who were referred for individual assistance were generally in a state of anxiety,

depressed mood and often suffering identifiable by their initial statements, and the reception and clinic listening during the first assistance have given some relief, being essential, therefore, this therapeutic procedure. Patients who are depressed by chronic pain and functional limitations can be benefited by the interventions of Occupational Therapy (SKJUTAR et al., 2010). Of the 28 subjects, eight were sent and remained throughout the period in individual care after the initial sessions. All 28 subjects were referred to group activities at scheduled times. Some subjects had to discontinue treatment due to personal issues (financial problems for transportation, return to work, difficulties in scheduling, etc.). There was not 100% attendance, as previously anticipated.

The objectives of individual interventions of Occupational Therapy were developed according to each case, maintaining the uniqueness of the issues and preserving the necessary confidentiality for good trust and therapeutic behaviors. Among the established general objectives, there were: assisting in fighting the disease and leaves; enabling to overcome difficulties and the discovery of new skills; promoting better body awareness; minimizing the limitations in basic and instrumental activities of daily living, promoting autonomy and independence, among others. Students were instructed to develop plans “A”, “B” and sometimes “C”, for the assistance, to deal with certain common situations, for example, the patient has many painful complaints in the day, indisposition for some activities, among others.

In individual assistance and from general objectives established - but not hard, since there is a relational and therapeutic process involved - the activities were planned. The objectives may also change during the process and the planning of activities, being the occupational therapist sensitivity and professional ability to perceive the changes and necessary considerations in this process. Among the therapeutic resources used, there were: therapeutic touch, physical activity, body relaxation, “postural” guidelines, reflective and expressive activities (other therapeutic games), aspects being discussed in supervision. It the theoretical approaches, the ones related to the therapeutic process considered as a triad (therapist/patient/activity) were used, in which the occupation is the medium that allows this interaction, aiming to develop a therapeutic relationship with the participant and achieve the therapeutic goal (HAGEDORN, 1999).

For each assistance by the students, an activity related to the previous one was proposed, to explore conflictive issues, ways, and means of dealing with situations, interpretations. Throughout the process, in general, the subject began to be aware of aspects as never before, and the influences of several aspects involved in the conflicts, and they deal with their interpretations and their ways of being, acting, to relate, as well as cultural, social aspects, among others. This therapeutic process usually is not fast, often lasts a few months, depending on the number of assistance made. During the stage, and later, the patients were referred to group activities, to thematic groups or workshops, to offer an exchange of experiences, and difficulties, and provide a transformative environment of ideas and opinions. Some subjects remained in the group and individual assistance, by the student (trainee) and the perceived need for both, after discussions of cases and supervision needs.

3.1 Group assistance

There were two thematic groups developed, once a week, lasting an hour-and-a-half, with ten to 13 meetings per semester, with about five to six participants and a team of trainees in each group. Participants during the period were all female, from different professions, and the main criterion for participation was interesting in create opportunities for group activities.

In one group, the team consisted of two students of Occupational Therapy course and a student of Psychology, occurring in an interdisciplinary way and with the supervision of the two areas. Coordinator roles, deputy coordinator, and observer have been proposed. The proposal of a deputy coordinator was to assist the coordinator in conducting group activities. The observer had the role in carrying out observations and notes.

It was agreed with each group the importance of participation and the duration. Initially, there was a meeting for general presentation and exploitation of expectations. The meetings were structured around themes, with only the initial theme previously defined, the rest were elaborated from content that emerged in the meetings.

The overall objectives of the group work were: to promote exchanges of space and face the absence situation and disease among the participants to share feelings and experiences; to minimize individual guilt, in some cases; to

assist in the search for strategies to perform basic and instrumental activities of daily living; to promote reflections on new possibilities of life and work, among others. In collective activities, it was sought to activities that promote the expression of expectations, desires, feelings, as well as building strategies for improving the current living situation. Group activities are widely used by occupational therapists in the Worker's Health Reference Centers (WATANABE et al., 2013). Lancman (2004) mentions that the use of expressive activities as facilitators of group dynamics and group processes of reflection are resources traditionally used by occupational therapists. The experience activities, whether bodily, expressive, craft activities, among others, allows workers to know, explore and discover areas of interests, needs, limitations, capabilities and develop skills, independence, thus, widening their perspective for the professional future as well as for other spheres of life (WATANABE et al., 2013).

Over the assistance, some common features were identified. Participants spoke about aspects of work, such as physical demands, few breaks, strict supervision, fast-paced, among others, that generated wear and suffering to the subjects. For the issues were explored, expressive activities were used, such as collages, design, movies, among others, to try to express their feelings and at the same time, they could perceive differences and similarities in certain situations and reactions. From the moment the subject realizes that he is not the only one in context, in some cases, he may feel more relieved, to some extent, sharing with other their condition and their feelings. After each activity, it was designated a time for reflection and discussion, and sometimes it was also an accomplished body relaxation. Group activities aimed at promoting ties and networks of social support.

Before the fact to experience difficulties in everyday life, due to the presence of chronic pain, various activities have been proposed, from experiences or simulations of critical situations in basic or instrumental activities of daily life through theater, with the possibility of propositions "on the scene" (prompt) means and alternative methods, spontaneous or directed, or bodily activities, films and discussions scenes exposure. The occupational therapist must have their repertoire of activities and adapt them to the needs of each group or event, being important and essential to compose these professional work teams.

Reflecting on the "relearning to do" in daily activities, aimed at autonomy and independence, feelings of helplessness and anguish in the face of limitations emerged initially from the subjects. It is observed that one of the major difficulties was related to having to ask for help in the family, acceptance of other´s ways of doing and without imposing their way of doing. There are social roles and activities expected for certain roles, and often the loss or impairment in certain conquered and established social roles generates psychological distress. In these cases, the support and effective collaboration of family members in the performance of household chores can play an important role in the functions restoration process, contributing many times to family relationships.

Many times, there are conflicts and difficulties within the family that directly reflect the personal care and household chores. Thus, during the meetings, some issues needed to be resumed, so that there was further reflection. It is important to be aware not only of the risk of movements, but also the affective and family context involved, which may interfere with certain behaviors and cause risk for the emergence or worsening of pain. The experience of students in attendance led to reflections on these issues, which were discussed in supervision, enriching the learning process. It could be seen at the end of each group, that in general, there was an improvement in self-care and self-worth. From the group, all of them sought alternatives and strategies to leave the place of victims who initially presented, proving more willing and confident.

It is recommended that groups are interdisciplinary, which tends to enrich the discussions and actions, with the suggestion of always exchanging the coordinator, deputy coordinator and observer roles of the team.

3.2 Therapeutic workshops

Some Therapeutic Workshops were held by students, with two students of Occupational Therapy, and lasting about three hours each in unique meetings that occurred every one to two months, depending on the demand and the specific need of the cases. Subjects that were already in individual sessions or thematic groups participated in workshops. There were: "Fuxico handcraft Workshop", "Jewelry Workshop" and "Crafts Workshop". Alencar (2013) describes in more detail on the Jewelry workshop held

with some women who felt unable to perform some household activities involving fine motor movements but given the involvement and link in the group, they could overcome some difficulties such as fear of triggering pain, among others.

3.3 Assistance records

To control the assistance and the frequency of patients, schedules and frequency control schedules have been prepared. In case of more than two consecutive absence, phone calls were made to verify the incident and to know if the patient would keep his attendance. In July, December and January, there were not occupational therapy assistance for not having been the internship activities during these months.

Figure 1 shows the number of assistance, individual and in the group (Thematic Groups and Workshops), conducted in 2011 by Occupational Therapy internship in CEREST - Santos.

As shown, 178 individual consultations were performed in 2011, with 28 subjects throughout the year, most of them being female. Of these, eight subjects effectively remained throughout the year in individual assistance, one male and seven female. It was noted two subjects had clinical diagnosed depression. Some subjects of the total (n=28) were directed to the groups and some of the have left during the process, for personal reasons. Of n=84 assistance in a group, there were four Therapeutic Workshops, lasting about three hours, and the other n=80 assistance were Thematic Groups. Other assistance with other demands also occurred during the internship, which are not reported here by not treating subjects with established clinical diagnosis or research processes to RSI/WMSDs.

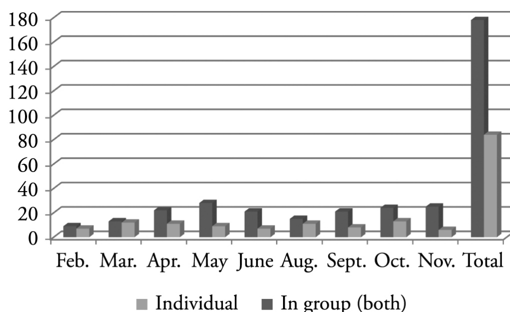

Figure 1. Assistance held by the internship on Occupational Therapy in 2011, at CEREST - Santos.

As an evaluation way of the student and help in the monitoring of cases in supervision, it was asked to do descriptive reports on each individual or group assistance, and asked to write down spontaneous verbal patient records, relevant for analysis and/or the service offered.

4 Final considerations

The individual activities developed with patients provide throughout the therapeutic process, a new perspective at the situation, and new interpretations of the living conditions, contributing to an improvement in the general mood on a daily basis, in autonomy, self-confidence and independence with the patients, among others, with some differences between cases.

Individual activities in Occupational Therapy together with the subjects on sick leave for RSI/WMSDs situation, in general, are necessary for the physical and mental context found, and the issues surrounding the disease processes and working distance. Reporting the experience becomes a way of work dissemination done and this article aims to highlight the need to broaden the discussions and performances with multidisciplinary and interdisciplinary teams together with the rehabilitation processes in RSI/WMSDs, also with holistic approaches, as well as evidencing also the importance of occupational therapist on the team.

With this article, it is expected to encourage research and interventions of Occupational Therapy with these patients.

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