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The role of dermato-functional physiotherapist in the healing process in burned patients: a literature review

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Abstract: The aim of this research is to investigate what is in the literature about the role that the dermato-functional physiotherapist develops in the healing process in burned patients and what protocols are used. The collection was of scientific articles taken from electronic bases of scientific publications, and the following were identified: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LiLacs), PUBMED and Medline. Through the search in the databases resulted in the identification of 50 articles, being selected only 09 publications in this way, 41 articles were evaluated and excluded for not having theme according to the theme. Thus, it was possible to identify that physiotherapy



2 Melo, J.R.; Tavares, A.K.L.; Cristovão, P.P.; Aguiar, A.C.C.; Silva, P.R.R.; Santana, S.M.C.; Lacerda, S.D.L.; Melo, N.F.B.; Monteiro, B.R.D.A.L.; Santana, A.K.O.; Melo, I.M.A.; Souza, A.C.A. The role of dermato-functional physiotherapist in the healing process in burned patients: a literature review...

develops a very important role in the rehabilitation process and aesthetic procedures in patients who have suffered some burning and may provide a better quality of life and a significant improvement in burn healing.

Keywords: Physiotherapy. Dermato-functional. Burns

1. Introduction

The skin is the largest organ of the human body, is responsible for about 16% of body weight and has as main function isolated the internal structures of the external environment, and consists of three layers: epidermis, dermis and hypodermis or subcutaneous fabric. The outer layer of the skin is the epidermis, being avascular with thickness from 75 to 150 mm, being 0.4 to 0.6 mm thick in the palm sand of the hands and plant of the feet, having as main function, protection against external agents. Consisting of overlapping flattened epithelial cells that are arranged in; germinative or basal, spinous, granules, lucid and cornea (DOMANSKY; *et al.*, 2012).

The burn is an injury of organic tissues due to a trauma of thermal origin, ranging from a small bubble to severe forms, capable of triggering systemic responses proportional to extension and depth. They are injuries

that can lead to disfigurement, disability and even death. There are several ways of classifying a burn injury, among them the one based on the depth of the damaged skin, which will determine the treatment and prognosis of the patient. These lesions are referred to as superficial (previously referred to as 1st degree), partial thickness (known as 2nd degree), or full thickness (referred to as 3rd degree).

The physiotherapeutic intervention plays a primarily preventive role when initiated early. Otherwise, the patient may develop sequelae, mainly due to prolonged immobilization or the remaining antalgic position. The earlier physical therapy is started, the better the results from this intervention (FERREIRA, 2003).

Active exercise is encouraged in all burned areas. All joints, even those of the unburned regions, must undergo active exercises of full amplitude. Assisted passive and active exercises should be initiated if the patient is unable to perform full range of motion with active exercises (KISNER And COLLEY, 2005).

Techniques of neuromuscular facilitation of relaxation contraction (PORTER,2005) can be used with great efficacy.

Electrostimulation has been shown to be effective for tissue regeneration, microcurrent and laser (AsGa) are extremely effective resources for wound healing, and can therefore be used for tissue regeneration of wounds caused by first-degree lesions (BORGES, 2006). Ultrasound can be used in the outpatient phase, at a dosage of 1 to 2W/cm², continuous mode, aiming at lithic effects, acting in the modeling of collagen fibers underlying the scar injury (BORGES, 2006).

Infra-red is also a resource used for pain relief, increased joint mobility and repair of soft tissue lesions. The physiological effects already cataloged by the scholars of this

resource are: vasodilation, increased blood flow, increased leukocytosis, increased phagocytosis, increased metabolism, muscle relaxation and other structures, analgesia and healing acceleration (AGNE, 2008).

Compressive treatment has been used since the 1970s. It is standard for hypertrophic burn scars and first-line option in many burn centers. It is an effective method in the treatment and prevention of hypertrophic scars (FERREIRA & D'ASSUMPÇÃO, 2006). A self-adherent elastic bandage can be used for the hands and toes. It can be used on the dressings before the wound recovers. It can be applied before a glove or as definitive in a baby's hand (O'SULLIVAN, 2004). In Borges' view (2010), compressive robes are part of the outpatient treatment of deep burns of 2°. and 3rd. Degrees, in order to exert continuous pressure on healed and grafted areas, preventing scar hypertrophy. The physical therapist's performance should direct to prescribe, verify model and size, dress the patient for the first time, guiding him/her the best way to do so, guide hygiene aspects, observe stabilization of gains and plan high use of compressive clothing.

The aim of this research is to investigate what is in the literature about the role that the dermato functional physiotherapist develops in the healing process in burned patients and what protocols are used.

2. Methodology

This study retrospectively evaluated research of scientific articles that used the databases: International Literature on Health Sciences (Lilacs), Scientific Electronic Library Online (Scielo), PubMed and Medical Literature Analysis and Retrievel System Online (Medline). The research keywords were: Physiotherapy; Dermato functional; Burns, burns, burns. Finally, the articles were read to filter those that fit or not into the chosen items.

3. Results and Discussion

Added to the terms Dermato functional physiotherapy AND Burn patientes AND Burn healing ("Dermato functional Physiotherapy" "Burned patients" "Healing in burns"), With the operator Boolean. Four databases were used, SCIELO, LILACS, PUBMED and MEDLINE, in total, 12 published were obtained, among these, 7 studies were in English, 8 in Portuguese among esses, 3 were selected to make up the analysis and the proposed distribution para this work. Thus, 9 were evaluated and excluded because they did not present a theme addressed according to the proposed study.

Table 1. Themes of the studies "Dermato functional Physiotherapy", "Burned Patients", "Healing in burns"

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"Dermato functional Physiotherapy", "Burned	N
Patients", "Healing in burns".	
Dermatofunctional Physiotherapy	1
Burned patients	1
Healing in burned	1
Total	3

Source: Prepared by the researcher based on the studies found

Added to the terms Burn patients AND Dermato functional physiotherapy AND Burn healing ("Burned patients """Dermato functional physiotherapy" ""Healing in burns"), With the operator Boolean. Four databases were used, SCIELO, LILACS, PUBMED and MEDLINE, in all, 21 published were obtained, among these, 10 studies were in English, 9 in Portuguese among, 3 were selected to make up the analysis and the proposed distribution para this study. Thus, 18 were evaluated and excluded because they did not present a theme addressed according to the proposed study.

Table 2 - Themes of the studies "Burned Patients", "Dermato functional Physiotherapy", "Healing in burns"

ranetional informerapy; rearing in earns	ranetional injurious app , freating in caring						
"Burned patients", "Dermatofunctional	N						
physiotherapy", "Healing in burns".							
Burned patients	1						
Dermatofunctional physiotherapy	1						
Healing in burned	1						
Total	3						

Source: Prepared by the researcher based on the studies found

Added the terms Burn healing AND Burn patients AND Dermato functional physiotherapy ("Healing in burned" "Burned patients" "Dermato functional physiotherapy"), With the operator Boolean. Four databases were used, SCIELO, LILACS, PUBMED and MEDLINE, in total, 17 published were obtained, among these, 9 studies were in English, 6 in Portuguese among, 3 were selected to make up the analysis and the proposed distribution para this work. Thus, 14 were evaluated and excluded because they did not present a theme addressed according to the proposed study.

Table 3. Themes of the studies "Healing in burns", "Burned patients". "Dermato functional physiotherapy"

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"Dermato functional Physiotherapy", "Burned	N
Patients", "Healing in burns".	
Healing in burned	1
Burned patients	1
Dermatofunctional physiotherapy	1
Total	3

Source: Prepared by the researcher based on the studies found

From this evaluation of the publications, the following articles were obtained for discussion:

 Table 4. Selected Articles

No	Origin	Article title	Authors	Year	Considerations/
11	Origin	Ai ucie uue	Authors	Teat	thematic

01	Biocours es Portal	Early performance of physiotherap y in burned patients.	Moraes, C. E.; Mejia, M.P.D.	2012	Most studies have addressed the use of aerobic physical exercise and endurance, proving that such approaches significantly reduce the loss of lean body mass as well as muscle strength so common in burn patients. Also, these resources contribute to the reduction of scar contractures, avoiding or at least minimizing the restriction in range of motion, reducing the need for functional release surgeries, besides improving cardiovascular capacity and respiratory variables by providing increased resistance of respiratory muscles.
02	Digital Magazin e. Buenos Aires	Physiotherap eutic procedures in burned patients: literature review	Agne, E.J.; Antunes, B.D.	2012	Most studies have addressed the use of aerobic physical exercise and endurance, proving that such approaches significantly reduce the loss of lean body mass as well as muscle strength so common in burn patients. Also, these resources

4 Melo, J.R.; Tavares, A.K.L.; Cristovão, P.P.; Aguiar, A.C.C.; Silva, P.R.R.; Santana, S.M.C.; Lacerda, S.D.L.; Melo, N.F.B.; Monteiro, B.R.D.A.L.; Santana, A.K.O.; Melo, I.M.A.; Souza, A.C.A. The role of dermato-functional physiotherapist in the healing process in burned patients: a literature review...

					contribute to the						Brazilian health		
					reduction of scar								
					contractures,								
					avoiding or at								
					least minimizing the restriction in								
											Although there		
					range of motion, decrease the						a great variation		
					need for						of the lesion		
					functional						regarding the		
					release surgeries,						depth and origin		
					in addition to						of burns,		
					improving			DI : .			location, age o		
					cardiovascular			Physioterape			the patient,		
					capacity and			utic evaluation of	Marques,		among other		
					respiratory		Brazilian		G.M.C,;		clinical		
					variables by	04	Journal	healing of burn	Dutra, R.	2015	conditions, the		
				1	providing		of Burns	injuries:	L.; Tibola,		is still a need t		
				1	increased			literature	J.		find protocols		
					resistance of			review			and tools that		
					respiratory			ICVICW			present		
				1	muscles						standardizatio		
					Because it is a	it is a					and reliability		
					very recent area						for an evaluation		
					of activity, the						of reproducible		
					scientific						healing and		
					research carried						accurately.		
		Health Magazin e physiotherap y in burned patients- Literature Pres B.1			out by						The performan		
					professionals						of		
					who work there						dermatofunction		
					is still scarce.						al physiothera		
					However, this						specifically in		
			lermatofunct ional		bibliographic						burn victims, h		
					survey allowed						increased, as h		
					us to observe						the number o		
					that there is a						professionals		
	Dom				basis in the scientific					committed an			
	Alberto									interested in t			
3	Health			rned B.R.		2013	literature to			Dermatofunc			practical
	Magazin		y in burned B.R. patients- Literature			justify the choice		Brazilian	tional	Gonçalves		application o	
					of the various	Journal	physiotherap	, C.A.;	2016	new technique			
					resources used in	-	of Burns	y in the	Guirro,		and therapeut		
	review	riew		burned patients			treatment of	O.C		resources. Th			
				encompassed by			burn victims			number of			
		1	this area of						related scienti				
			physiotherapy. There is a need						studies has als				
										increased1-3			
			1	to expand the number of						Finally, the go			
				number of scientific						of rehabilitation			
				research, thus						of the burned			
				1	1						individual is t		
				1	consolidating dermatofunction						facilitate the		
										return to the			
				1	al physiotherapy as a relevant area						highest possib		
					i as a icicvani afca		i	Ī					

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					with independence and quality of life.
06	Uningá Magazin e	Performance of dermatofunct ional physiotherap y in the rehabilitatio n of burned patients: an integrative literature review.	Fernandes, S.I.M.	2019	Laser is a valuable alternative in the treatment of burns, ability to speed up the process of rapid and organized healing, potentiating the proliferation of reparative cells.
07	Open Juornal Systems	The burned patient: A panorama and therapeutic perspectives	Pechara, B. B.	2019	The specific treatment of the burn depends on the depth, extent of the lesions and the technical ability of the responsible physician, in addition to the non-pharmacological treatment with hypnosis and virtual reality techniques, being approached by a multidisciplinary team.
08	Journal research in physioth erapy	Use of LED in burn healing:syste matic review of the literature	Araújo, S.J.M.; Martins, B.G.	2019	From the articles analyzed in this review, it was observed that LED light is beneficial for burn scar repair in animals and improves histological aspects in treated tissues. However, the number of articles related to the applicability

					of these
					resources for
					scar treatment in
					burn injuries is
					still limited and
					other studies
					should be
					conducted
					aiming at
					stronger
					scientific
					evidence to
					establish
					appropriate
					protocols and to
					prove the
					efficiency of this
					therapy to assist
					in the
					rehabilitation of
					burned patients.
					To achieve the
					goals proposed
					for the treatment,
					physiotherapy
					resources are
	Darenacti	aranati	Cardoso,		used, such as:
	Perspecti ve	Physiotherap			Positioning in
		ist's			bed, Use of
09t	Magazin	performance	K. É.;	2020	orthotics,
h		e: in severely	Silva,	2020	Kinesiotherapy,
	Science	burned	L.S.T.		Massage,
		and patients Health			Respiratory
	Health				Physiotherapy,
					Electrotherapy
					and Cryotherapy.
					and Cryotherapy.
					<u> </u>

4. Conclusions

The present study showed how important physiotherapy has a role in the treatment in patients who suffered some type of burn regardless of the degree of injury. Through physiotherapy the patient will receive treatment so that his motor functions are reestablished performing exercises that aim to gain ROM and muscle strength and in view of the dermato functional specialty that exists within physiotherapy, the same power through the use of existing resources in this area, improve the appearance of the scar generated by the burn bringing better well-being to the patient. Therefore, physiotherapy plays a key role in returning a better quality of life to the patient and making sure that he can return his ADI's as soon as possible.

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