

EDITORIAL

When presenting a new issue of the journal, we are faced with the need to contextualize the theme, so we invited one of the members of the editorial committee to do so in order to explain the approach of the theme "physical activity" to the theoretical and practical knowledge of nursing.

We selected articles that covered the topic of physical activity with specificities related to human development, but also with particularities of health and programs. We also bring for reading various research methodologies and deepening knowledge on the subject.

We believe that it is one of the areas of nursing care that, although part of daily practices in various contexts, has not emerged in publications that represent the workload developed by Rehabilitation Nurses.

The interventions of Rehabilitation Nurses, around physical activity, are covered with particularities of knowledge from related areas, but incorporate specific nursing knowledge, so we consider that rehabilitation nurses have specific skills to intervene in this area in order to add value to people's health, throughout the life cycle and in disease processes.

To better justify the importance of physical activity in the work of Rehabilitation Nurses, Professor Luís Sousa developed an introductory summary to the subject.

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PHYSICAL ACTIVITY AND PHYSICAL EXERCISE: FUNDAMENTALS AND APPLICATIONS IN REHABILITATION NURSING

Roper, Logan and Tierney (1995), and Orem (2001) have based the nursing models in which physical activity and physical exercise are framed as nursing focuses and interventions. Physical activity and physical exercise are currently regulated in two competences, defined by the board of the Nursing College of Rehabilitation of the Ordem dos Enfermeiros, specifically, J2.1.2 – Performing specific DLA training, namely using support products (technical aids and devices compensation), as well as training inherent to physical activity and exercise and J3.1.3 - Teaching, instructing and training on techniques and technologies (including activity and exercise) to be used to maximize performance at the motor, cardiac and respiratory levels, taking into account the individual's individual goals and their health project.

Physical exercise is defined in the International Classification for Nursing Practice (ICNP) version 2011 as the performance of physical and voluntary work of the musculoskeletal and respiratory systems to improve physical fitness, mobility and strength. And activity intolerance as a compromised status: lack of ability or energy to tolerate or complete activities.

In this context, the ICNP version 2015 presents the following diagnoses/results: Adherence to the exercise regimen; Compromised exercise pattern; Attitude towards the difficult exercise regimen; Ability to manage compromised exercise regimen; Knowledge about exercise; Knowledge about physical therapy; Knowledge about exercise regimen; Activity intolerance; Risk of activity intolerance; Effective activity tolerance.

As interventions ICNP version 2015 presents: Assessing the evolution of the psychosocial response to exercise instruction; Assessing knowledge about physical therapy; Assessing exercise pattern; Assessing activity tolerance; Monitoring activity tolerance; Teaching how to increase activity tolerance; Increasing tolerance to activity; Promoting adherence to the exercise regimen; Promoting exercise; Promoting physical mobility; Reinforcing physical therapy regimen and Reinforcing muscle or joint exercise technique. And finally, the following resources are planned: Muscle or joint exercise technique and Activity therapy.

Therapeutic exercise, according to Kisner Colby and Borstad (2017), is characterized by the systematic and planned performance of physical movements, postures or activities designed to provide the patient/client with the means to: mitigate or prevent deficiencies in body functions and structures; restore or enhance activity and participation; prevent or reduce health-related risk factors; optimize overall health and sense of well-being.

The recommendations in the prescription of physical exercise are based on the following criteria: Mode/type of exercise, intensity, volume, exercise order, duration, frequency and progression.

According to Kisner Colby and Borstad (2017), when planning physical exercise, the various dimensions of physical function must be taken into account, namely, muscle performance, cardiovascular endurance, mobility/flexibility, neuromuscular control/coordination, stability and body balance.

Piercy and collaborators in 2018 refer to the benefits of physical activity and exercise in children and adolescents as: improved bone health (between 3 and 17 years-old); weight improvement (ages from 3 to 17 years-old); improvement in cardiorespiratory and muscular fitness (ages from 6 to 17 years-old); improvement in cardiometabolic health (between 6 and 17 years-old); Cognition improvement (ages 6 to 13); reduced risk of depression (between 6 and 13 years-old).

The scientific literature (Novo e Paz in 2012; Meneses-Echávez and collaborators in 2015; Piercy and collaborators in 2018) reports that in adults and elderly people, the benefits are: lower risk of mortality from all causes; lower risk of mortality from cardiovascular disease; lower risk of cardiovascular disease; lower risk of hypertension; lower risk of type 1 and 2 diabetes, with improved insulin sensitivity; lower risk of adverse blood lipid profile; lower risk of cancer of the bladder, breast, colon, endometrium, esophagus, kidney, lung and stomach; reduced fatigue related to breast cancer, improved quality of life and physical function after cancer; improved cognition; reduced risk of dementia (including Alzheimer's disease); better quality of life; anxiety reduction; reduced risk of depression; sleep improvement; weight reduction when combined with reduced caloric intake; improving bone health; improved physical function, lower risk of falls (elderly); lower risk of fall-related injuries (elderly people).

The most appropriate strategies to increase physical activity as well as physical exercise (type, frequency, intensity, duration) should be used; in addition, these strategies will have to be adapted according to people's abilities, needs and desires.

In summary, rehabilitation nurses have skills and hold scientific knowledge that allows them to prescribe physical exercise in special populations, thus contributing to the improvement of their health outcomes, in the context of physical activity and physical exercise.

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