

## Occupational Therapeutic Process in A Hospital Context: An Experience Report with a Post-Covid Patient<sup>1</sup>

**Aline Lopes da Silva Bridi<sup>1\*</sup> and Taiuani Marquine Raymund<sup>2</sup>**

<sup>1</sup>*Occupational Therapist, Trained at the Federal University of Paraná, Brazil*

<sup>2</sup>*Professor and Researcher at the Department of the Occupational Therapy Course at the Federal University of Paraná, Brazil*

**\*Corresponding Author:** Aline Lopes da Silva Bridi, Occupational Therapist, Trained at the Federal University of Paraná, Brazil.

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### Abstract

The Occupational Therapy process according to AOTA is the delivery of services in our profession, so there is a clear need for constant improvement of the steps that make up this structure. For this, it is essential to experience this theoretical and practical process in supervised internships, where, above all, it clarifies our professional identity. Occupational therapists are involved with clinical reasoning, where they combine assessments, analysis of activity and occupations, defining a problem to be solved and, finally, planning and executing your care plan. There is no process that is not in symbiosis with theory, as this structure occurs within the domain of occupational therapy, intrinsic to its formation, from elements of the person to contextual and environmental aspects. This study contemplates the occupational therapeutic process in the hospital context, in the current challenge of the public health crisis that was experienced in the COVID-19 pandemic and what is the individual impact through the presentation of an experience report of a clinical case of an experienced, supervised internship and guided by the Occupational Therapy course at the Federal University of Paraná, which took place in a general hospital in the city of Curitiba - PR. This clinical case demonstrates that an outlined occupational therapeutic process brings security to academic training, such as professional recognition, the demonstration of evidence of the results achieved, above all, in the recovery of the person's occupational performance.

**Keywords:** *Occupational Therapeutic Process; Hospital Context; COVID-19; Academic Formation*

### Introduction

The occupational therapy process is the therapeutic problem-solving method used by professionals to help clients improve their occupational performance. It consists of six main components: theory, assessment, problem definition, treatment planning, treatment execution, and reassessment [1]. The theory that circles all stages of the process. During the assessment, professionals systematically collect and organize data on occupational performance. During problem definition, these data are synthesized to formulate a profile of

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<sup>1</sup>Clinical case that comes from the supervised internship of Occupational Therapy - Federal University of Paraná, with the practice developed in a Municipal Hospital.

the client's capabilities and disabilities that must be addressed by occupational therapy treatment. During treatment planning, specific occupational therapy strategies and modalities are proposed to alleviate the problems addressed [1].

Resolution No. 429 of COFFITO (Federal Council of Physiotherapy and Occupational Therapy) on the work of the Occupational Therapist in a hospital context, it is understood that the actions are the planning and execution of the therapeutic-occupational intervention with patients, family members and companions and/or caregivers, in an inpatient and outpatient setting, as well as to workers and managers in different contexts: inpatient units; outpatient clinics of hospital or similar units; emergency units; surgery Center; intensive care centers and units; semi-intensive units; day hospital; specialized units; playroom; among others [2].

Article 8 of the same resolution highlights the role of the Occupational Therapist in Hospital Contexts, where it aims at the protection, promotion, prevention, recovery, rehabilitation and Palliative Care, of the individual and the community, based on the concept of integrality and humanization of health care. It is carried out through the therapeutic diagnosis occupational, as well as with the choice, execution and use of methods, techniques and resources that are relevant and adequate to hospital contexts. Carry out treatment and intervention planning - consisting of a series of actions that involve both the selection, and the indication and application of occupational therapeutic methods, techniques and procedures, appropriate and relevant to the needs and characteristics of the patient/client/user of the family members, caregivers and groups, monitoring their performance in different occupational areas, particularly in AVDS, AIVDS, productivity, leisure and social participation [2].

According to a survey carried out in 2010 with Occupational Therapists in general and specialized hospitals, the most used procedures are assessment, guidance, ADL training, assistive technology (AT) and cognitive and psychosocial intervention. The researchers emphasize that the procedures are directly related to programs offered by the hospital or the needs of the clientele, as is the case of lactation management and sensorimotor stimulation [3].

Update on the pandemic - post-COVID patients - occupational therapy performance in rehabilitation. After the World Health Organization declared an international public health emergency, in Brazil, the COVID- 19 pandemic brought many changes in the daily life of the population, since disease control and prevention measures, at the individual, environmental and community levels, are being implemented. being prepared and reviewed by health authorities [4]. In this context, the occupational therapist, who is a professional known for adapting the subject to the demands of a new imposed reality, saw his practice permeated by new demands. The occupational therapist has his gaze directed towards the establishment of a satisfactory daily life for the subject, helping him in his adaptation or readaptation in the face of illness (mental, physical, social) or as now, the COVID- 19 pandemic [5].

### Clinical Case Presentation

Patient A.Z.G<sup>2</sup>, female, 58 years old, June 30<sup>th</sup> SRAG<sup>3</sup> COVID - 19 Detectable, post COVID-19 syndrome<sup>4</sup>, was referred to the ward (TQT<sup>5</sup> on July 23<sup>rd</sup>) after bed in the ICU (IOT<sup>6</sup> respiratory failure on July 6<sup>th</sup>), where stayed for 18 days. Occupational Therapy Professional performed treatment while A.Z.G was in the ICU until she was discharged to the ward where there was a request for continuity in rehabilitation. It has previous history prior to hospitalization, including: DM<sup>7</sup>, hypothyroidism, hypercholesterolemia, breast cancer and schizophrenia.

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<sup>2</sup>Acronyms to respect anonymity.

<sup>3</sup>Severe acute respiratory syndrome.

<sup>4</sup>It is the name given to a set of health problems, recurrent or continuous, that have been pointed out by up to 70% of patients who have had COVID-19. The sequelae of COVID-19 can be haematological, cardiological, neurological, dermatological or psychological in nature.

<sup>5</sup>Tracheostomy.

<sup>6</sup>Orotracheal intubation.

<sup>7</sup>Diabetes mellitus.

**The steps of the occupational therapeutic process**

**The use of theory in the process**

The phenomenon that makes occupational therapy unique is occupational performance. This performance is related to the way we appropriate the theory, which is part of the domain to which Occupational Therapy professionals belong. Therefore, our training and knowledge lead us to professional competence. Mastering and/or looking for factors that may influence the patient’s occupational performance (AOTA, 2015). The perspective realized in my experience of applying the process in occupational therapy is that of occupational performance, which is based on the person-task-environment negotiation (PTA). A performance negotiation, the PTA, implies a negotiation between three factors: person’s capabilities (P), task demands (T), and environmental demands (A). The task, be it writing, expressing, creating, painting, assembling, playing, organizing materials, planning is central to the built process and thus essential to the PTA [1]. And in this way, the hospital environment has the perspective of the shorter stay of the patient, for this to occur, it is necessary to primarily contemplate self-care and family reception and guidance. The autonomy and independence of this patient in the hospital context directly influence their hospitalization period.

In addition, we owe the theoretical domain to professional reasoning, which reinforces the importance of theory for the construction of practice.

Types of Professional Reasoning	Scientific	Narrative	Pragmatic	Ethical	Interactive
Questions according to the clinical case presented	What are the common post- COVID disabilities?	What is the patient’s life story?	Who referred the patient? or who requested the Occupational Therapy service?	Does this patient need Occupational Therapy services?	How can I better relate to the patient?

*Table 1: Types of reasoning. Source: Schell (2007), adapted.*

**The evaluation**

To evaluate means to examine and form an opinion about it. Examining involves systematically obtaining information about a client’s occupational performance. Opinion formation involves combining the information obtained with professional knowledge and judgment to: describe the client’s occupational profile, define the client’s performance problems (discrepancies), propose hypotheses about the causes of these problems, establish the occupational outcome(s) to be achieved through treatment and determining the “best” treatment to achieve established outcomes [1].

Task demands are identified through task analysis, which consists of the analytical process of breaking tasks into distinct sequential steps (Creighton, 1992; Cynkin, 1979). Task analysis identifies the actions that clients must take on objects [1].

In the table 2 below the application of the analysis of the activity.

Therefore, some evaluations were carried out to add to the analysis of the task.

**Problem definition (diagnosis)**

Well-done problem identification sheds light on the performance issue as well as provides useful information to guide problem resolution, i.e. treatment. As noted, problem definition incorporates two levels of assessment: assessment of the performance problem and assessment of the etiology of the performance problem. Problem definition lies at the interface between assessment and treatment [1].

Six steps of analysis of the task of separating staples	
<b>Description:</b> In the hospital bed of the appropriate patient ward in a posture (inclined), with the clips on her lap and a clipboard held by the therapist, the patient should take the clothes clips (plastic) with her hands and separate them by color. You will have to use tweezers to fit them on the drawing board.	
Action	Object
1. Catch	The clothespin over the lap
2. Squeeze	Staple rods with thumb and forefinger
3. Keep	The clamp in opening
4. Find and choose	The artboard and preview one side for each color.
5. Close\drop	The clip on the clipboard
6. Repeat	The steps with the other clips for each color
Result: Patient without visual and/or cognitive deficits. Procedural and finalized as in the steps. However, the patient has reduced tone, little strength in the shoulder abductor, elbow flexor, wrist extensor and pinch. Need for muscle assessments and activities that encourage muscle strengthening.	

**Table 2:** Six stages of task analysis. Source: Rogers; Holm [1] Adapted.

Assessment	Objective	Result
Initial inter-view	Questions and investigation about the patient’s life history and occupational itinerary.	The patient is a mother and grandmother, she was independent in all Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). At the time, she worked at home with domestic activities. Patient was once a cook in a restaurant. He used to go to the gym (bodybuilding). Patient is evangelical and likes to listen to gospel music. It has a dog. Lives with her daughter. Characteristics of religious motivation that help in the motivation and perspective for change. Its support network is for daughters, granddaughters and the religious community. Before hospitalization, the patient liked to cook, walk, take care of her dog, go for walks. At the time of the interview, the patient and family members reported concerns about feeding themselves and possible difficulties in walking again.
E.V.A	The Visual Analogue Scale - VAS consists of helping to measure the intensity of pain in the patient, it is an important instrument to verify the patient’s evolution during treatment and even at each visit, in a more reliable way.	Patient scores the pain as grade 7. The pain is located in the sacral region where he has a pressure ulcer (PPL).
CAM-ICU	The Confusion Assessment Method in an Intensive Care Unit (CAM-ICU) is used to diagnose delirium in critically ill patients.	Yes. According to this assessment, the patient was presenting with delirium.

KATZ	Standardized assessment used to evaluate and measure the level of independence in activities of daily living, in the dimensions of bathing, dressing, toileting, transfers, continence and feeding. Score of 0 (very dependent), 4 (moderately independent) and 6 (independent).	Patient scores 0 in this assessment, that is, very dependent on activities of daily living. Patient takes bed bath, needs nursing to dress, without strength and/or clinical conditions for transfer alone, uses diaper and uses nasogastric tube to feed.
MRC (Partial: shoulder, elbow and wrist)	Medical Research Council (MRC), an assessment to score the level of muscle strength. where 0 is paralysis full, 1 minimal contraction, 2 no active movement against gravity, 3 weak contraction against gravity, 4 active movement against gravity and resistance, and 5 normal strength.	Right shoulder abductors: 4 Left shoulder abductors: 4 Right elbow flexors: 4 Right elbow flexors: 4 Right wrist extensors: 3 Left wrist extensors: 3 Patient has tremors and weak contraction against gravity of both wrists.

**Table 3:** Evaluation structures.

From the evaluations highlighted above, the following problem was identified and structured for possible treatment planning and execution.

Problem identification structure			
Descriptive sentence	Explanatory sentence	Indication phrase	Pathological phrase
Unable to perform self-care activities such as bathing, dressing, going to the bathroom, transferring and feeding, spatial and temporal orientation and emotional regulation (problematic tasks) without physical help, cognitive tips and professional help (parameter of concern).	In relation to neuropathy that causes deficits in muscle function. As well as in relation to delirium and the routine of the hospital context.	As evidenced with patient in applied assessments. Where it presents difficulties in the motor skills of positioning, reach, prehension, manipulation, coordination, fluidity and resistance. It also presents difficulties in orientation, thinking and social interaction.	Due to SARS COVID-19 Detectable, post-COVID-19 syndrome, with prolonged hospitalization in ICU and ward. As well as due to a past history of schizophrenia.

**Table 4:** Problem identification structure. Source: Rogers; Holm [1], Adapted.

### Occupational therapeutic diagnosis and justification of the intervention

Reduced motor skills in the strength and muscle tone components due to a previous hospital clinical condition, with emphasis on wrist flexion and extension, gripping and pinching. Preventing active motives for eating (patient’s main complaint). In addition to foot hyperflexion (muscle stiffness) an impediment to ambulation. It also presents difficulties in cognitive and executive functions that can restrict occupational engagement in the offered treatment plan.

**Treatment planning (interventions performed)**

After defining the occupational performance problem, professionals seek a solution to the problem, decide on the treatment and carry out the treatment. Assessment data is combined with occupational therapy knowledge to create a future client profile - a profile that will be achieved by occupational therapy treatment [1].

Performance discrepancies occur because of a mismatch between the client’s performance capabilities, task demands, and environmental demands. To obtain a better or optimal person- task-environment fit, the person’s capabilities may need to change, the task demands may change, or the environmental demands may need to be modified [1].

Occupational therapeutic planning	
<b>Main objective:</b> Minimize the impact generated by hospitalization, especially the effects of the period in the ICU, from the deprivation of sensory-motor, cognitive and socio-emotional capacities.	
	<b>Objective specific</b>
<b>Cognitive</b>	<ul style="list-style-type: none"> <li>-Advise on date, time, place and identity of team members and family members;</li> <li>-Clearly guide each intervention, care and daily schedule within the hospital routine;</li> <li>-Properly stimulate the environment, such as lighting and temperature control, to facilitate patient safety</li> <li>- Favor activities according to the patient’s interests and clinical situation.</li> <li>-Perform cognitive activities to maintain and stimulate expression, communication, interaction, attention and management of delirium.</li> </ul>
↑	
<b>Expressive:</b>	
	<ul style="list-style-type: none"> <li>- Motivate the realization of significant occupations; -Address psychosocial aspects and thus promote the patient’s mental health such as anxiety; -Use sound resources such as music to stimulate the expression of feelings and therapeutic relationship; Using expression as a way of handling emotional regulation, based on painting with paints, in addition to stimulating communication and muscle functionality; ↓</li> </ul>
<b>Muscular</b>	<ul style="list-style-type: none"> <li>-Promote participation and performance in activities of daily living in a safe way, preventing the reduction of dyspnea and fatigue in carrying out activities, through graduation;</li> <li>-Encourage functional independence using energy conservation techniques, passive and active mobilization, simplify tasks and support adaptation strategies.</li> </ul>
<b>Family welcome and guidance</b>	<ul style="list-style-type: none"> <li>-Mediate communication between the patient, family and team;</li> <li>- Addressing psychosocial aspects and promoting the mental health of patients and caregivers;</li> <li>-Contribute to the planning and preparation of hospital discharge, with security and support from caregivers\ family members.</li> </ul>
<b>Shared service</b>	<ul style="list-style-type: none"> <li>-Request shared care with physiotherapy, speech therapy and nursing whenever possible, to understand what care and stimuli are being developed and thus promote the restoration of self-care activities.</li> </ul>

**Table 5:** Planning and structuring of expected results.

Execution of planning (treatment)

Daily service plan	
Date	Description of services
1 <sup>st</sup> service - August 18, 2021	Therapeutic contract, I clarify and guide the patient and family/caregiver who I am, what services will be performed, period of care. I perform active listening to understand how the patient feels and I welcome the family member. I carry out assessments. Readjustment of positioning to prevent injuries and LPP and help with occupational performance, at first the patient needs help to position himself. I stimulate active mobilization of the upper limbs, asking the patient to repeat the shoulder abduction, elbow flexion and wrist extension movements, to help restore motor skills, the patient performs difficult movements.
2 <sup>nd</sup> service - August 19, 2021	Active listening. Passive readjustment of positioning to favor the reduction of pain and performance in motor and cognitive activities. Visual perception and language activities were carried out to stimulate cognition. Spatial and temporal orientation activities for delirium management. I left a calendar in the room. I perform tactile pressure stimulation and stretching to decrease foot hyperflexion. I perform auditory stimulation with gospel music to favor engagement and therapeutic relationship. I perform joint mobility activities to aid range of motion. I perform upper limb motor activity with resistance through elastic bands to restore strength and favor their future performance in feeding themselves. I provide guidance to family members about the process of interventions and improvements that the patient has been presenting.
3 <sup>rd</sup> service - August 20, 2021	Readjustment of positioning in bed in an active way, he tried to use the lower limbs to raise the trunk, but there was weakness for the bridge movement with the hip, the patient uses upper limbs to help with the movement. Attendance was carried out with guidance from the physiotherapy
	professional. I perform an activity with a plastic accordion toy to help strengthen handgrip. I do an activity with large plastic clothespins to train pincer strength. Motor activity in active upper limbs with resistance through elastic bands to help restore strength. Tactile pressure stimulation and stretching to decrease foot hyperflexion. I perform expressive activity in order to evaluate and stimulate functional active movements of MMS, expression, communication, emotional and therapeutic bond.
4 <sup>th</sup> service - August 23, 2021	Request from the team for care because the patient had an anxiety attack over the weekend. I listen, patient reports anxiety to leave, cries when talking about grandchildren. I highlight to the patient how much she has evolved and that her prognosis is very good to return to independence and autonomy in her activities.
5 <sup>th</sup> service - August 24, 2021	I play with a small ball, with the aim of stimulating motor coordination of the arms and body perception. Activity was carried out with clamps with the aim of strengthening and restoring fine motor coordination movements (pinch and grip). Activity was carried out with colored stones in order to evaluate and stimulate visual, comparison and assimilation components, as well as active functional stimulation of the tweezers. Tactile pressure stimulation and stretching to decrease foot hyperflexion. The patient performs some active flexion and extension movements, but still has muscle stiffness. Performed with patient painting activity with a significant image (dog) in order to favor emotional, expressive and communicative components. As well as evaluating and stimulating active MMSS movements. I guide the patient and her daughter about the evolution since discharge from the ICU, in order to favor the perception of occupational performance and motivation for the continuity of interventions.



6 <sup>th</sup> service - August 25, 2021	Activity carried out with the aim of strengthening and restoring active movements of fine motor coordination. Satisfactory performance with active motifs. Activity carried out with the aim of stimulating cognitive components of assimilation and comparison of symbols. I perform tactile stimulation and stretching on the feet. Patient maintains partial foot flexion and extension performance. Training\feeding simulation was carried out together with a speech therapist. Patient able to feed herself and good acceptance of the diet.
7 <sup>th</sup> service - August 27, 2021	Fine motor coordination activity was carried out with the aim of stimulating, strengthening and restoring skills and performance. Activity performed with a ball to stimulate global and body schema movements. Training\simulation of combing hair and brushing teeth was carried out, with the objective of evaluating and stimulating occupational performance. I guide the family and the patient about post-discharge care: plantar stimulation, energy conservation techniques, home safety and risk of falls, highlighting tasks that the patient should and can perform alone.

Table 6: How to execute the planning.

**Discharge and results**

The patient was discharged from the hospital on August 31, 2021.

Results comparison table		
	Initial Assessment 18\08\21	Reevaluation 31\08\21
Pain scale	Grade 7. LPP sacral region.	Grade 0. Scarring process inthe LPP in the sacral region
CAM	Yes. According to this assessment, the patient was presenting with delirium.	No. No delirium according to this assessment.
KATZ	0, that is, totally dependent on IADLs.	4 on reassessment. Moderate independence. (Toilet and transfer help).
MRC (MMSS)	Shows tremors and weak contraction against gravity of both wrists.	It has no tremors. Grade 5 strength in shoulder abductors and elbow flexors, indicating restoration of normal strength. Grade 4 wrist extender.

**Discussion and Final Considerations**

I would like to highlight the conditions in which the patient was discharged, with moderate independence, communicating verbally, without the help of oxygen, without a nasogastric tube and with much of her upper limb strength restored. The space created in academic training together with the hospital practice of Occupational Therapy together with the multidisciplinary team, allowed for several reflections, including clinical, functional, physical, social, emotional aspects and the most important and challenging of all, the existential and subjective form of experiences in life trajectories (Slade, 2012).

It is important to develop a space that encourages the training of professional skills, as well as the simulation of the patient’s daily life, even in a context far from the usual routine. possible. This experience brought an understanding of the importance of constant communication of the occupational therapeutic process with the patient\client\user, team members, preceptor and academic advisor.

This structured internship experience establishes an organization that results in professional identity, developing practices of experimenting, practicing possibilities with the patient and favoring her performance and my knowledge. Expressive activity has been this source of discovery for patients in the recovery phase, as it is a means of self-perception.



In the beginning, with the search for the definition of the problem in the practice of the internship, it was built from theory with professional reasoning. And when questioning what are the impacts of post-COVID-19 syndrome on occupational performance, it was possible to list evidence-based practice.

The patient is in a new routine with habits and routines around the hospitalization process. And this involves temporality and space, meaning, sensations, emotions, cognition, motor skills, which come with occupying an environment. The outcomes I would like to achieve center not only on activities that are meaningful to the patient in her living environment, such as work and leisure, but perspectives that encompass the body components and performance skills that the patient uses to perform these functions.

Occupational therapy treatments require clients' active participation in developing skills and habits necessary for daily living. The development of the problem process was the first result achieved in practice. The description of the problem is essential for a treatment and solution to achieve specific results desired by all [1]. The practice of occupational therapy in the hospital context, the definition of the problem needs to be expanded to include potential problems, to be able to understand the reasons for the motor, cognitive, emotional changes and finally to be able to overcome it, right there.

With that, the need to develop activities that exercise skills and capabilities, which when experienced by the patient and completed, undoubtedly generate volition to start new tasks. There was engagement in occupation and reward for this engagement. Satisfying these needs confers a sense of purpose, satisfaction, and fulfillment: occupation as well-being. This was the main result achieved and surpassed [7].

Finally, I would like to describe how Larrosa [8] that the experience lived in this hospital reality and here I transform it into a report and into scientific knowledge, becomes outside of us and that makes sense because it configures with my personality and sensitivity, my way of being in the world, my ethics (a way of behaving). Therefore, no one can learn from another's experience unless that experience is somehow revived and made his own. It is necessary to be available to experiment in our own way with the professionalism that we carry from the academy and share our experiences with each other, discuss them and relearn, relive. Without expecting to go through exactly what the other went through, but above all to feel your own path [9,10].

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