

90 - PRESENTATION OF A FLUXOGRAMA WITH A PROPOSE OF PREVENTIVE STRATEGY TO THE OCCURRING OF INJURIES BY REPETITIVE EFFORTS/ BONE MUSCULAR DISTURB RELATED TO THE JOB (LER/DORT).

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1-INTRODUCTION

In Brasil since the 80's some worker's unions started to denounce the occurring of LER/DORT between typers. Since 1984/85, with the redemocratization of the country and face to the increasing social pressure done by union movements, the Social Security starts recognizing the existence of the problem and permits the first Social Security's benefits.

In the end of 1991, the LER/DORT started being regarded as a group of injuries that attac the upper limbs, and no more related to the typers. According to the 375/91 Decree, second paragraph, article 140, from the Daily News (Executive Power, 09/12/1991), the diagnosys indicates total or partial lack of capacity for work as a result of the professional activity.

As a consequence, in 1991 they elaborated a document about the LER, from the Technical Law of the Incapacity Avaliation, in the Social Security and Assistance Department, with the enlargement of the LER nosologia fiel, incorporates:

[...] the injuries that can affect tendon, sinovies, muscles, ligaments, isolated or not, with or without tissue damage, affecting not only the upper muscles escapular and neck area, due to the respective use odf some muscular groups, forced use of some of them, and maintenance of incorrect posture(MPAs 1993).

In 1997 by the review of the Technical Law of Incapacity Avaliation of 1993, the National Institute of Social Security propose changing the name Repetitive Efforts Injuries (LER) to Bonemuscular Disturbs Related to the Job (DORT), introducing new elements at the INSS medical analysis about the process of getting sick.

Due to the high costs that the LER/DORT cause, it gets a worry not only from the government but also the employees' one. According to studies done by São Pulo University (USP) 2001, by the economist José Pastore, the brasilian governments spends around R\$ 20 billion with accidents and illnes related to the work and according to the O'Nei and Morás (2001) the companies waste about R\$ 15 billion a year! (ORSO et. al., 2001).

Several studies try to delimitate its causes as the example of ORSO et. al. (2001), that considers the organization of the capitalist work the hardest cause (uniformly recognized by the studios). The search of a better performance demands from the worker harder dedication increasing the hours of working and decreasing the time off, in order to live up to the organizations expactations. Besides the high physical effort there is also the mental and emotional one, wich most of times take the worker under stress getting them more vulnerable to the occupational illnes. We also can't forget to talk about the importance of the social relation at the place of work that permits some kind of influence that interfere at the worker labor activity.

In spite of the problems created by the LER/DORT it is still possible to find several companies that "cose their eyes" to the questions elated to the occuoational illnes, not taking importance that the prevention could bring them less damages. On the other hand, there are also those ones that try to insert programs of prevention, but without success. This, most of times, is explained by the lack of information and interest of both parts: company-employee. In the same poin of view, Gould (1993), Satto (2002) comment that in order to get success when inserting a program of prevention, this should be elaborated by a negotiation between employers and employees in a sense of setting up iniform characteristics of action in every aspects related to the arising of the occupational illnes (organization, content and place of work). Silva (2004), in this same sense, suggests that the necessity of the workers should be considered, the true responsible ones for the positive results.

However, face to the problems that involve the question here mentioned, the present study has the goal of presenting a propose of preventive strategy that uses the professionals responsible for the elaboration of preventive programs of LER/DORT at the occupational places, helping to guarantee the importance of it. By believing hat the information is the start to get the interest in preventing, and that this should be repassed in a clear form to cause impact at the involved people, this study shows a fluxograma developed based on this aspects. Through this, the company, when putting it in a place of high circulation of workers, is giving a huge step so that the preventive program gets success. Besides, when adopting this rule, the company will show its interest in preserving the health of its employee and this one, felling himselfe valued, is going to have a good impression of the company where he works, and is going to contribut making a profit to the company.

The directions that this fluxograma contains, first of all, relating to the companies, will make it allert about the occurring of the first LER/DORT symptoms, and that it takes to some damages. Talking about the employees, those ones will get conserved about the consequences in their professional life. So, two ends are presented: the first, has a shorter and successful way. The other, a longer way, but more difficult and with a not desirable end.

Like that, the importance of this work, in a short time, becomes acceptable when it permits this preventive propose to be easy in application by the company and that it can contribut so that health occupational professionals have one more strategy of LER/DORT prevention in hands, and that it can complement its preventive programs in order to guarantee the importance wanted.

2- THE LER/DORT

There are many names to the LER/DORT found in the literature. We give relevance to the kuorinka and Forcier (1995), merlo et. Al. (2003) ones.

The LER/DORT by definition, involve clinical sets of the muscle-skeleton adquired by the worker under some conditions of work (KUORINKA e FORCIER, 1995). They are characterized by several symptoms generally in the upper limbs like: parastesy, feeling of weight and fatigue (MERLO et. al. , 2003).

According with Settini et. Al. (2000) the presence of a risk factor in the job is not enough to take the LER/DORT, considering for its appearence should be necessary a determined degree of importance and some more factors. This authors believe the risk factor have three main characteristic: intensity, frequency and duration. More intense and frequent the risk, higher is the risk.

In the exposition of the risks, the MPAS (1998) shows some important elements like: the exposed anatomic area to the risk factors, the intensity of the risk factors, the duration of the labor activity and pauses.

We can find in the literatur, for example Couto (1994), Miranda e Dias (2003), Settini at. al. (2000) Maeno et. al. (2003), Assunção (1995), the following risk factors: degree of adaptation of the place of work to the area of vision and attention; the bonemuscle load, the cold, the vibration and the local pressures in the tissues, the incorrect postures, the invariable tasks, the cognitive demands, the factors of organization, sex, before traumas, before activities, psychological profile, environment factors.

3- THE FLUXOGRAMA

The fluxograma apresentado is developed from the steps of LER/DORT evolution according to the MPAS (1993):

LEVEL I - feeling of weight and lack of comfort of the affected limb. Pain in the upper limbs, sometimes with sharp pains that don't interfere in the work done. Its generally light and gets better when relaxing.

LEVEL II - the pain is more intense and comes up when working. They can stand it but there is a decrease of the productivity. The pain is located followed by heat besides some disturbs in the sensitivity. Is more difficult to recuperate and even if relaxing is possible to feel pain.

LEVEL III - the pain is persistent and stronger. The relax generally gets the pain stronger, not ever desapareing. Its frequent the lack or muscle power.

LEVEL IV - in this level the pain is strong, continuous, sometimes impossible to tolerate, taking the patient to suffer. The moviments get the pain more intense, that spreads to all the member. There is lack of moviments control. The invalid situation is characterized by the impossibility to do a regular work.

According to the sistem presented the worker is oriented to search the possible solutions.

Face to the appearance of the initial symptoms (Level I), witch the diagnosys considered is good, recomend look for the company doctor to give the initial diagnosys. According to Assunção (1995) the diagnosys of the LER/DORT injury is generally clinical and is based on the physical exams, and on the analysis of the conditions of work.

The occupational amnese is described by Merlo et. al. (2003) like a fundamental element to orient the investigation of the LER/DORT. These authors consider the verification of the existance of the exposition like the initial point to the diagnosys. Concerning about the complemental exams, they believe they are necessary only after the previous analysis of the case, and should be assigned after the first formulation. Face to the results the worker is oriented to do the therapeutic conducts that the doctor indicates.

Still talking about the level its necessary to reevaluate the palces of work and the motor conducts of the workers. Related to the analysis of the work, miranda e Dias (2003) orso et. al. (2001) recomend to observe some aspects of the organization of the job like duration, content of the activity, pauses during the work, and the demand or not of the productivity. After, is necessary to observe the aspects of the place of work, including the furniture, the room, and equipments. Besides, recomend study if the conditions of light, temperature and noise are according to the activity done. The necessary things done to correct the olace of work, is necessary to guide the worker motor conducts. He should be oriented to reduce the intensity of the moviments and efforts, coresct ousture, and take up physical activities like streching, before and after the beggining of the repetitive activities. Concluding the things mentioned, come back to work.

Face to the appearance of the symptoms of Levels II, III and IV, depending on the diagnosys and its prognostic, done after the occupational amnese of the labor doctor, the worker will be able to take a longer and less sucessful way.

The worker, needing to stop working for less than 15 days, shoul take the medical certificate (CID) or description of the injury to the company. The process of analstis of the place of work and the orientation about the worker conducts should also be done. In this case, the financial damages of the company became visible, and the bad results, from several sorts, bio social, bio psycho, or emotional, bio moral or human, start showing the first signs.

If the worker stops working for 15 days or more, besides the things mentioned, the worker must ask The comunication of labor Accidents (CAT) for the company doctor, and after, take it to the INSS to ask the benefet and schedule the appointment. this fase, is generlly the begining of a serie of problems to the worker.

People who have these injuries relate a bad treatment by the doctors. Satto et. al (2003), Bammer (1990), Borges (1999), Verthein & Minayo-Gomez (2000), Verthein (2001), coment that they try to guilt the workers when they show the illnes, associating the appearance to psychological causes. The psychologist is regarded as a pretender, and that the illnes desaparees whenever the people want. According to these authors, this explanation seem to have the power of discart what the epidemiological founds say, that the people with LER/DORT did occupational activities that demanded repetitive efforts.

In most of cases, after the illnes, stars another process that takes the worker to suffer, thai is the sarch for the institutions of health, and face a burocratic and long process to retire.

Due to this several doubts, many workers look for ways of proving their estate of health wich make them suffer more. This situation make them refuse the illnes, and they look for help only when they have almost no chance for recuperating.

According to Satto (2001) the professional recuperation and the reinserion at the job market are consequences to the person who has LER/DORT, and the fact of being sick, to this author, make more difficult the fact of coming bck to work.

Back to what is necessary to be done by the worker after the INSS avaliation, they ask for the benefit, wellfare. If the INSS finds necessary, they ask for one more avaliation, and proved the necessity, they retire the worker. Devices are permitted. If the analysis is negative, the worker can come back to the job, also permitting device. If desagree with the INSS, ask for a new CAT and apelate. (fluxograma exposed after the bibliographic references, p. 13).

4- FINAL CONSIDERATIONS

The LER/DORT are occupational illnes, that despite being frequently studied, are still a reality in the brasilian places of work.

Many companies still didn't realized that the prevention is going to bring less damages, than the occurring of these illnes in their occupational places. But, on the other hand, is possible to find companies that ivest in the LER/DORT prevention, but not always these programs are successful. The suggestion to be successful is a consense between employer and employee, taking importance to the workers necessity.

According to the things exposed, we remember that this article started from the necessity of presenting a preventive propose wich could be easy to be done by the company and could help the health professionals, and all people who look for the end of these occupational illnes. Contributing for the importance of it, when eliminating this kind of injuries in the place of work. This strategy consisted in the elaboration of a fluxograma, with the goal is give information and show the way to be followed face to the LER/DORT symptoms, and alerting the companies and the employees.

The methodology used was the bibliographic study and documental analysis. Like that, it contributed to the formulation of the goal of this present work the thoughts of some authors like : Silva (2004), Assunção (1995), Miranda e Dias (2003), Settimi (2000) and others, and documents related to this subject given by MPAS (1993, 1998).

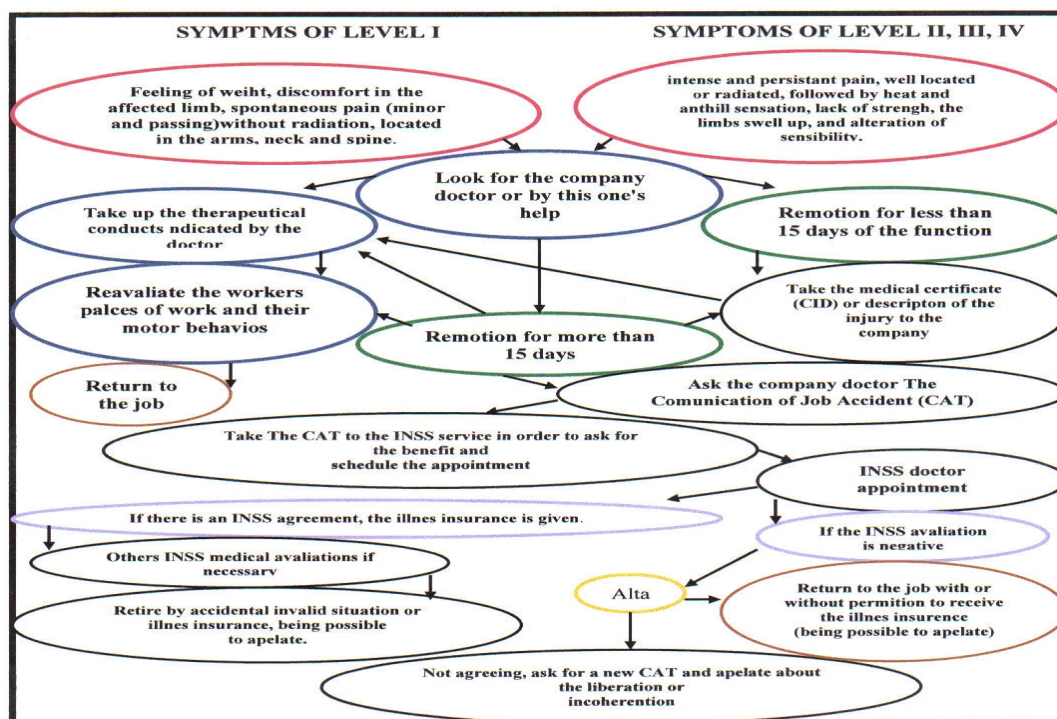
This work is concluded by demontrating that, anyway, it contributed at least in part to decrease the problem that was the inspiration of it, presented a strategy of prevention wich contains simple, straight, and relevant informations, that when used by the health occupational professionals associated with other strategies, can give origin to successful preventive programs.

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Fluxograma 1-Ways to be gone round face to the occurring of the symptoms of LER/DORT

PRESENTATION OF A FLUXOGRAMA WITH A PROPOSE OF PREVENTIVE STRATEGY TO THE OCCURRING OF INJURIES BY REPETITIVE EFFORTS/ BONE MUSCULAR DISTURB RELATED TO THE JOB (LER/DORT).

ABSTRACT

Although ntaking attention due to the bad consequences that causes to several industrial and company fields, workers, Social Security, insurance agencies, Internal Comitee of Accident prevention (CIPAs), Regional Work Sation (DRT), and work unions, the LER/DORT still keep happening in a large number at brasilian job places. Because of that, its end is still a challenge. Studies are frequently done and several solutions are presented but unfortunately there are few companies that invest at the worker health or that are successful with the elaboration and practice of their prevention programs. Believing its

necessary to have the involvement and the commitment as basic principles, both of the companies and the employees, and that the grounding of this involvement is the information, this study finds its main objective: presenting a preventive proposal of an easy application at the companies, and takes more than anything, simple and straight information.

That causes both at the employee and at the employer the interest and desire of preventing. Like that, is also hoped that it can contribute so that the professionals that dedicate themselves to prevent the occupational illnesses here mentioned can use them in their preventive programs, with one more triumph to get the success of it. The fluxograma to be presented as a strategy of prevention, guides the company and the workers about ways to be gone round face to the occurring of the symptoms of LER/DORT and the alert to follow the most successful way. As the theoretical fundamentation, it used the study and opinion of some authors such as Silva (2004), Assunção (1995), Miranda e Dias (2003), Settini (2000) and more. The methodology used was the bibliographic research and documental analysis.

KEY WORDS: LER/DORT, FLUXOGRAMA, STRATEGY OF PREVENTION

PRÉSENTATION D'UN FLUXOGRAMME COMME UNE SUGGESTION DE STRATÉGIE PREVENTIVE DANS L'OCCURRENCE DES LESIONS PAR DES EFFORTS REPETÉS / TROUBLES OSTEO-MUSCULAIRES AYANT RAPPORT AU TRAVAIL(LER/DORT)

Le RÉSUMÉ

Malgré attirer de l'attention, à cause les mauvaises conséquences qu'ils entraînent à plusieurs segments industriel et directorial, aux ouvriers, au Bien-être Social, aux compagnies d'assurances, aux Ordres Internes de Prévention d'Accidents (CIPAs), aux Bureaux Régionaux du Travail (DRT) et syndicats, les LER/DORT surviennent encore avec une grande fréquence dans les places du travail Brésiliennes. Par cette raison, son éradication continue à être un défi. Des études sont fréquemment accomplies et plusieurs solutions sont présentées, mais, malheureusement, il y a peu de compagnies qui investissent efficacement dans la santé de l'ouvrier ou qui obtiennent du succès avec l'élaboration et entraînement de leurs programmes de prévention. En croyant avoir besoin, comme point de départ, de la participation et de l'engagement, ainsi des compagnies comme de leurs employés, et en considérant que la base de cette participation est l'information, cette étude a pour objectif principal présenter une suggestion préventive de facile application dans les compagnies, laquelle puisse surtout amener des informations simples et directes. Qu'il puisse réveiller, aussi dans le patron comme dans l'employé, le désir de et l'intérêt à prévenir. De cette façon, on attend aussi que puisse contribuer, avec les professionnels qui se consacrent à la prévention des maladies professionnelles ici discutées (abordées); qu'ils puissent l'utiliser dans leurs programmes préventifs, comme un avantage en plus pour atteindre le succès de cela. Le fluxogramme, qui doit être présenté comme stratégie de prévention, guide la compagnie et l'ouvrier par rapport aux chemins à suivre, face à l'occurrence des symptômes caractéristiques des LER/DORT et, les alerte à suivre la route la plus prometteuse. On a utilisé, comme fondements théoriques de l'étude, la pensée des auteurs tels que Silva (2004), Assunção (1995), Miranda e Dias (2003), Settini (2000) parmi d'autres. La méthodologie utilisée a été la recherche bibliographique et l'analyse documentaire.

Le MOT-CLEF: LER/DORT, FLUXOGRAMME, STRATÉGIE DE PRÉVENTION.

PRESENTACIÓN DE UN FLUJOGRAMA COMO UNA PROPUESTA DE ESTRATEGIA PREVENTIVA DE LA OCURRENCIA DE LAS LESIONES CAUSADAS POR ESFUERZOS REPETITIVOS, DISTURBIOS OSTEOMUSCULARES RELACIONADOS AL TRABAJO (LER/DORT)

SINTESIS

Pese a que despierte atención debido a las malas consecuencias que acarrear a varios seguimientos industriales y empresariales, a trabajadores, a Seguridad Social, a las aseguradoras, a Comisiones Internas de Prevención de Accidentes (CIPAs), a las Comisarías Regionales del Trabajo (CRT) y a los sindicatos, las LER/DORT aún siguen ocurriendo en gran cantidad en los puestos de trabajo brasileños. Por esta razón, su erradicación sigue siendo un reto. Estudios son realizados frecuentemente, y varias soluciones son presentadas pero, infelizmente, son pocas las empresas que invierten eficazmente en la salud del trabajador o que obtengan éxito con la elaboración y práctica de sus programas de prevención. Creyendo ser necesario tener, como principio básico, el involucramiento y el comprometimiento tanto de las empresas como de sus empleados; y, considerando que la base de este involucramiento es la información, este estudio tiene como objetivo principal presentar una propuesta preventiva de fácil aplicación en las empresas, lo cual lleve, ante todo, informaciones simples y directas que despierten tanto en el empleador como en el empleado el deseo y el interés en prevenir. De esta forma, se espera también que esta investigación pueda contribuir para que los profesionales que se dedican a la prevención de las enfermedades ocupacionales aquí tratadas puedan utilizarla en sus programas preventivos como siendo un trunfo más para que se obtenga el éxito de los mismos. El flujoograma, siendo presentado como una estrategia de prevención, orienta la empresa y el trabajador en cuanto a los caminos que deben ser seguidos frente a la ocurrencia de los síntomas característicos de las LER/DORT y más, los advierte a que sigan el camino más seguro. Se utilizó, como fundamentación teórica del estudio, el pensamiento de autores como Silva (2004), Assunção (1995), Miranda e Dias (2003), Settini (2000) entre otros. La metodología utilizada fue la pesquisa bibliográfica y de análisis documental.

PALABRAS-CLAVE: LER/DORT, FLUJOGRAMA, ESTRATEGIS DE PREVENCIÓN.

APRESENTAÇÃO DE UM FLUXOGRAMA COMO UMA PROPOSTA DE ESTRATÉGIA PREVENTIVA À OCORRÊNCIA DAS LESÕES POR ESFORÇOS REPETITIVOS / DISTÚRBIOS OSTEOMUSCULARES RELACIONADOS AO TRABALHO (LER/DORT)

RESUMO

Apesar de despertar atenção devido às más conseqüências que acarreta a diversos seguimentos industriais e empresariais, a trabalhadores, a Previdência Social, às seguradoras, a Comissões Internas de Prevenção de Acidentes (CIPAs), às Delegacias, Regionais do Trabalho (DRT) e sindicatos, as LER/DORT ainda continuam ocorrendo em grande incidência nos postos de trabalho brasileiros. Por este motivo, sua erradicação continua sendo um desafio. Estudos são freqüentemente realizados e várias soluções são apresentadas, mas, infelizmente, são poucas as empresas que investem eficazmente na saúde do trabalhador ou que obtêm sucesso com a elaboração e prática de seus programas de prevenção. Acreditando ser necessário ter, como princípio básico, o envolvimento e o comprometimento, tanto das empresas como de seus funcionários, e considerando que a base deste envolvimento é a informação, este estudo vai de encontro ao seu objetivo principal: apresentar uma proposta preventiva de fácil aplicação nas empresas, a qual leve, acima de tudo, informações simples e diretas. Que desperte, tanto no empregador quanto no empregado, o desejo de e o interesse em prevenir. Desta forma, espera-se também que a estratégia preventiva aqui apresentada, possa contribuir para que os profissionais que se dedicam à prevenção das LER/DORT a utilizem em seus programas preventivos, como mais um trunfo para se alcançar o êxito dos mesmos. O fluxograma, a ser apresentado como estratégia de prevenção, orienta a empresa e o trabalhador quanto aos caminhos a serem percorridos diante da ocorrência dos sintomas característicos das LER/DORT e, como acréscimo alerta-os a seguirem o caminho mais promissor. Utilizou-se, como fundamentação teórica do estudo, o pensamento de autores como Silva (2004), Assunção (1995), Miranda e Dias (2003), Settini (2000) dentre outros. A metodologia utilizada foi a pesquisa bibliográfica e de análise documental.

PALÁVRAS-CHAVE: LER/DORT, FLUXOGRAMA, ESTRATÉGIA DE PREVENÇÃO.