

A ODONTOLOGIA DO TRABALHO NA PERCEPÇÃO DE CIRURGIÕES-DENTISTAS

DENTAL SURGEONS' PERCEPTION OF OCCUPATIONAL DENTISTRY

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RESUMO

A Odontologia do Trabalho é a especialidade responsável pelo bem-estar e a qualidade de vida dos trabalhadores. Trata-se de especialidade reconhecida pelo Conselho Federal de Odontologia desde 2001. Contudo, o conhecimento desta especialidade por parte dos dentistas, é ínfimo. Seria esperado que os Cirurgiões-Dentistas que atuam em centros mais desenvolvidos, no sentido cultural e tecnológico como o Vale do Paraíba, conhecessem a Odontologia do Trabalho. Nesse sentido, este estudo objetivou avaliar o conhecimento sobre a especialidade Odontologia do Trabalho da classe odontológica da cidade de Jacareí e São José dos Campos, ambas do Vale do Paraíba, São Paulo. Por meio de entrevistas, o conhecimento de 60 Cirurgiões-Dentistas foi avaliado através de um questionário com 12 questões. Os resultados indicam: 60% dos entrevistados não conhecem a área de atuação; 16% conheciam a atuação do especialista em uma empresa; 82% acreditam que a especialidade possa trazer sobre benefícios ao trabalhador; 62% acreditam que possa contribuir ou aumentar a lucratividade ao empregador; 93% desconhecem instituições que oferecem especialização; 93% desconhecem profissionais que atuam na Odontologia do Trabalho; 93% desconhecem as leis relacionadas à Odontologia de Trabalho; 15% tiveram conhecimento da especialidade durante a graduação. Pôde-se verificar que, mesmo após a promulgação de sua regularização, a especialidade ela não foi bem difundida e compreendida pelos Cirurgiões-Dentistas. Pôde-se concluir da necessidade de maior divulgação para a classe odontológica, sociedade civil e empresas para ressaltar a importância da Odontologia do Trabalho. E, ainda, de apoio às leis relacionadas à Odontologia do Trabalho em trâmite.

Palavras Chave: Odontologia do Trabalho. Saúde Bucal. Odontologia.

ABSTRACT

Occupational dentistry is the specialty responsible for the well-being and quality of life of workers. It is a specialty recognized by the Federal Council of Dentistry since 2001. However, this field area is not well known by the majority of dentists. At first, the present study presumed that dental surgeons who work in more developed centers, with cultural and technological development as Vale do Paraíba, would know about occupational Dentistry. In this sense, this study aimed to evaluate the knowledge of dental surgeons from Jacareí and São José dos Campos, both in Vale do Paraíba, São Paulo, about occupational dentistry. For that, sixty dental surgeons answered a questionnaire with 12 questions about occupational dentistry which 60% declared not to know about occupational dentistry. 16% knew the role of one specialist of occupational dentistry in a company. 82% stated that the specialty could bring benefits to the worker. 62% said that occupational dentistry could contribute to or increase profitability for the employer. 93% are unaware of specialization in this field. 93% were unaware of Occupational Dentistry professionals. 93% were unaware of the laws related to Occupational Dentistry, and only 15% were aware of the field area during graduate school. To summarize, even with legal regularization of the field, occupational dentistry is still not well disseminated and understood by Dental Surgeons. It is necessary to strengthen the laws related to occupational dentistry and spread its importance for the dental community, civil society, and business companies.

Keywords: Occupational Dentistry. Oral Health. Dentistry.

INTRODUCTION

Until the 70s, Dentistry was executed only to prevent illness in Brazil. Generally, people only looked for a dental surgeon to treat a disease or pain. Nowadays, this culture has changed since the prevention field increased when compared to the curative procedures. This change started with the beginning of the fluoride's implementation in the water supply of several cities. Fluoride implementation improved people's oral health from childhood to adulthood.

The delight and joy cannot be eradicated from the work environment because they improve well-being and production. Activities will be performed in the best way if attended these premises. The work's production will decrease when the workers are not satisfied or contented with the environment.

Occupational diseases were reported centuries before Christ. Hippocrates (460-375 BC) pointed out in his treatise "*Air, Waters and Places*" that the work environment could cause lead poisoning (MINAYO-GOMEZ, 1997). Bernardino Ramazzini (1633-1714), the forerunner of Occupational Medicine, categorized occupational diseases in 54 different categories in his book *De Morbis Artificum Diatriba* also, including dental issues (MIDORIKAWA, 1995). "Miners' Sickness" is also a disease caused by lead poisoning. Also, Paracelsus (1493-1541) categorized the illness as an occupational disease. In 1839, Tanquerel thoroughly described this disease based on 1200 illnesses, and it still is referenced today (SADAO, 2002).

Specialty creation

According to the Brazilian Federal Council of Dentistry (2002), article 30 of Section X - Title I of Resolution 22/2001, Occupational Dentistry is a field area that aims to permanently seek compatibility between work activity and the preservation of oral health of the worker. The Occupational Dentistry specialty was recognized by the Brazilian Federal Council of Dentistry in 2001, through Resolution No. 22, of December 27, and Resolution No. 25, of May 28, 2002, and defined the areas of competence for the occupational dentist. In Resolution No. 25/2002 of the Brazilian Federal Council of Dentistry, the occupational dentist competence areas are:

“a) identification, assessment, and surveillance of environmental factors that may pose a risk to oral health in the workplace, at any stage of the production process; b) technical advice and attention in matters of health, safety, ergonomics and hygiene at work, as well as in terms of personal protective equipment, understood to be part of the interdisciplinary occupational health team; c) planning and implementing permanent campaigns and programs to educate workers about occupational accidents, occupational diseases, and health education; d) statistical organization of morbidity and mortality with oral causes and investigation of their possible relations with work activities; e) conducting dental examinations for labor purposes.”

Specialty importance

Occupational dentists are responsible for identifying factors that may compromise workers' health. They can combine the area knowledge and studies with other specialties of Dentistry. Another importance of occupational dentistry is dental services offered by companies. The services can be outsourced, owned by the company, staff hired, or provided by institutions such as the Social Service of Commerce (SESC) and the Social Service of Industry (SESI) (PINTO, 1992).

Occupational dentists must know the company where they work to identify the places or substances that may be harmful to workers' health. An early diagnostic provides better conditions for correcting and restoring health. It reduces absenteeism, risk of accidents and also increases productivity (PASSOS E VILLELA, 1983).

Ide (2001) tried to prove with an experimental study that the environment can influence workers' health. First, the study evaluated oral hygiene orientation and disease prevention. Second, the influence of no guidance or intervention. Findings of the study showed that the environment is the key to improve health, reducing costs in dental treatments and visits to the dentist.

Absenteeism

There are two types of absenteeism. The first one is related to the absence at work due to illness or disability in which medical assistance is necessary. The second one occurred when the worker can perform his activity but under his efficiency caused by systemic diseases. The second type is the most frequent and most opposed since it can lead to accidents (MIDORIKAWA, 2000). Related to oral problems, the most common absenteeism is caused by toothache. Toothache is the third cause of absenteeism, only losing for headache and stomach pain (SANTOS, 2007).

The access route to the digestive system is the mouth. The mouth has several functions such as absorption, retention, and excretion of substances, both toxic or non-toxic to the body. The mouth is also an auxiliary tool for phonation and breathing. Mazzili (2003) considers that occupational illness can have different sources. One is related to the practice of a specific carrier which can develop particular diseases. The other can begin when the professional is performing the job.

According to Hooper (1942), 25% of the absenteeism in North American companies is due to oral conditions. The way of preventing systemic diseases and oral infections is to perform dental prophylaxis. The concern with oral health rests with the worker, the Dental Surgeon, the Occupational Physician, and the Company. In another study, Miller (1978) observed that women tended to absenteeism at work more frequently when related to dental issues. Furthermore, Ferreira (1995) found that 20% of absences and drop of production is due to caries diseases.

Likewise, Resende (2009) observed that absenteeism due to dentistry was directly related to absence from work and a drop in worker productivity. The study pointed out that prevention is paramount since it avoids operational problems. The main reason for absenteeism stated in the study was the loss of teeth due to accidents, extraction, or periodontal disease, followed by impacted teeth.

Harmful factors

Occupational diseases can happen because of the environment in which the worker performs his job. The materials used during work time can also cause illness. Other problems can be related to systemic issues, which can appear as an oral manifestation (CARLI et al., 2012).

Occupational diseases etiologies can be mechanical, physical, chemical, biological, ergonomic, and psychosocial. Biological factors are responsible for the drop in organic resistance. So, the worker becomes more susceptible to develop diseases. It is a common phenomenon in laboratories, hospitals, livestock, and agriculture (ANDREOTTI et al., 2006).

Occupational dentistry benefits

Midorikawa (2000) stated that workers with good oral health are more sociable and outgoing. On the other hand, those who do not have good health suffer discomfort, stress, and feelings of inferiority. The ideal worker is the one that feels good in the company where he works (CARVALHO et al., 2009). He tends to contribute to the reduction of accidents and absenteeism. He also contributes to hire and train new employees. The results are the decrease of burden to the National Institute of Social Security (INSS), enriching the country.

And for the company? Is it lucrative or an avoidable expense?

According to the National Cancer Institute, linked to the Ministry of Health of Brazil, companies that work with health insurance calculate that business plans would cost 40% less if there were no smokers among workers (INSTITUTO NACIONAL DO CÂNCER, 2011). If companies concentrated their efforts on preventive procedures, they could prevent 70% of expenses with health. A healthy workforce is profitable for companies since it does not require many costs with rehabilitation or absenteeism. Also, companies would save more money in hiring and training new employees (JOAKIN and MAZZONI, 2000).

Occupational dentistry legislation

Currently, the chamber of deputies in Brasília proposed three new laws. The first is PL 3520/2004 and obligated companies to maintain occupational dental services for employees; amends Decree-Law no. 5,452, of 1943. The PL 3520/2004 filed PL 422/2007, which amended Decree-Law No. 5,452, of 1943. The second is PL 3707/2018 and established the obligation for the company to maintain specialized services in dentistry for its employees. Amends Decree-Law No. 5,452, of 1943. The PL 3707/2018 is still awaiting the rapporteur's opinion at the constitution, justice, and citizenship commission (CCJC). The third is PL 3707/2008, and it is attached to PL 422/2007 (BRASIL, 2004; BRASIL, 2007; BRASIL, 2008)

How is the dental surgeons' point-of-view about the field area?

Silva (2005) evaluated the perception of graduate students about occupational dentistry. The study found that 89% agreed with creating the field area. Students also showed little knowledge about the field area. The conclusion of the study suggested that occupational dentistry should be better disseminated among dental professionals.

Due to the lack of studies about Occupational Dentistry and the relationship between the field area and the dentist, the present study aimed to evaluate the knowledge of the dental class about occupational dentistry.

MATERIALS AND METHODS

Study design

The proposed study is cross-sectional, qualitative, and quantitative, composed of a questionnaire containing 12 questions.

Research ethics committee

The present study was approved under number 048418/2017 by the Research Ethics Committee of the University of Mogi das Cruzes. All questionnaires had an informed consent term to clarify the purposes of the research. The consent term guaranteed the participants' confidentiality. Also, the consent term contained information

about the authors. The participants were conscious that they could withdraw from the study at any time.

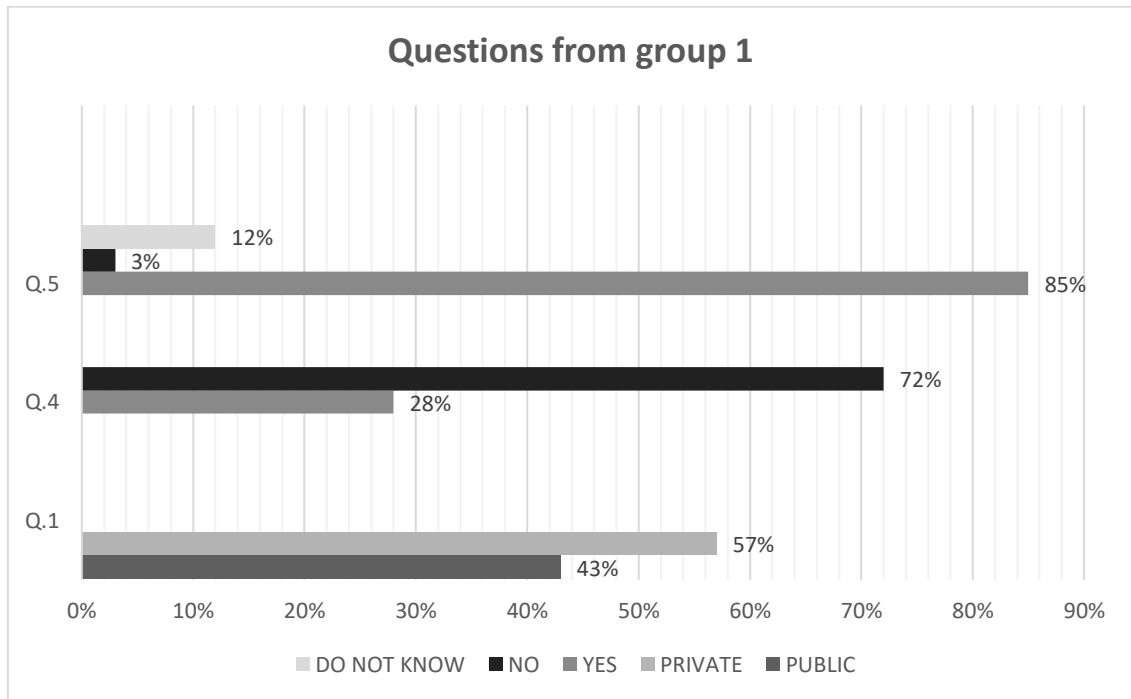
Sample profile

The study was performed in the cities of São José dos Campos and Jacareí, both of the Vale do Paraíba state of São Paulo. These cities have three Dentistry universities, two private and one public. In this sense, a questionnaire with 12 questions evaluated the knowledge of dental surgeons about occupational dentistry. Sixty dental surgeons answered this questionnaire. The participants were randomly selected, and the inclusion criterion was to be a registered dental surgeon at the Regional Dentistry Council of São Paulo. It was necessary to accept and sign the informed consent form and not be a specialist in occupational dentistry. The exclusion criterion was the disagreement with the informed consent form and incomplete questionnaires. There was no pattern choice of dental surgeons about graduation time, gender, or specialties.

RESULTS

The questionnaire had yes/no questions and, based on these answers, was determined a percentage. Also, the questionnaire measured interviewers' familiarity with occupational dentistry' competencies. Then, their written feedbacks were related to the competencies described by the Federal Council of Dentistry. The questions marked with an asterisk indicated that these questions possibly had written complementation.

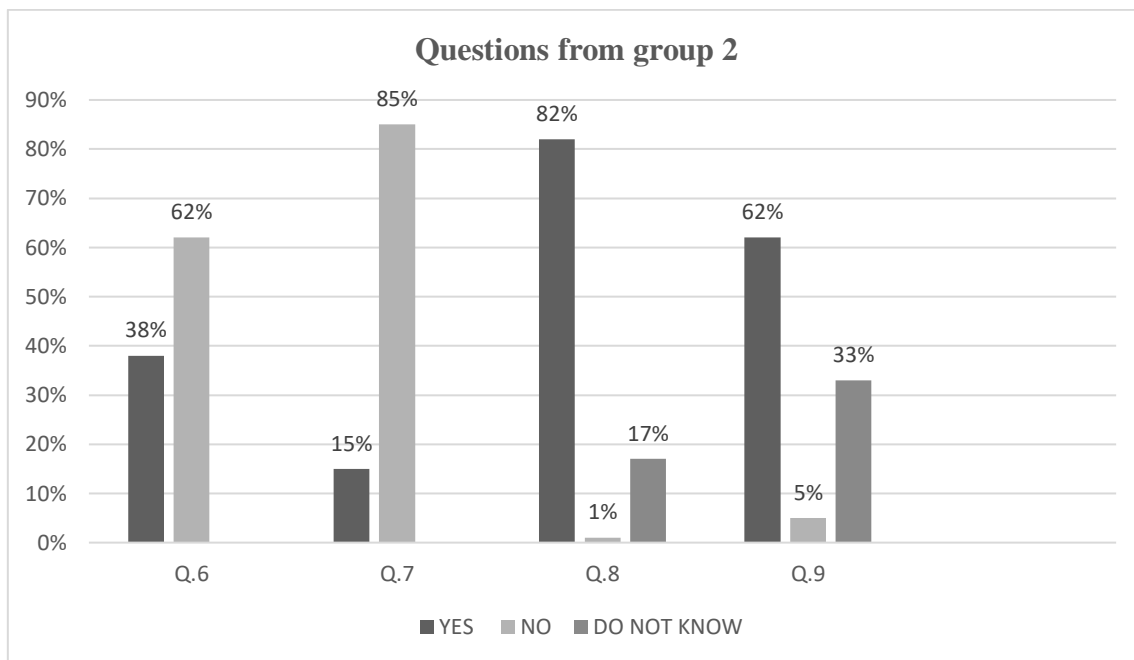
Figure 1 – Graphical representation of the results obtained by questions number 1, 4, and 5.



Subtitle: Q.1 - Did you study in a public or private university? Q.4 - During graduate school, did you have any knowledge about Occupational Dentistry? Q.5 - Do you believe that Occupational Dentistry is relevant?

The questions from group 1 investigated if the lack of knowledge about occupational dentistry could be related to university education.

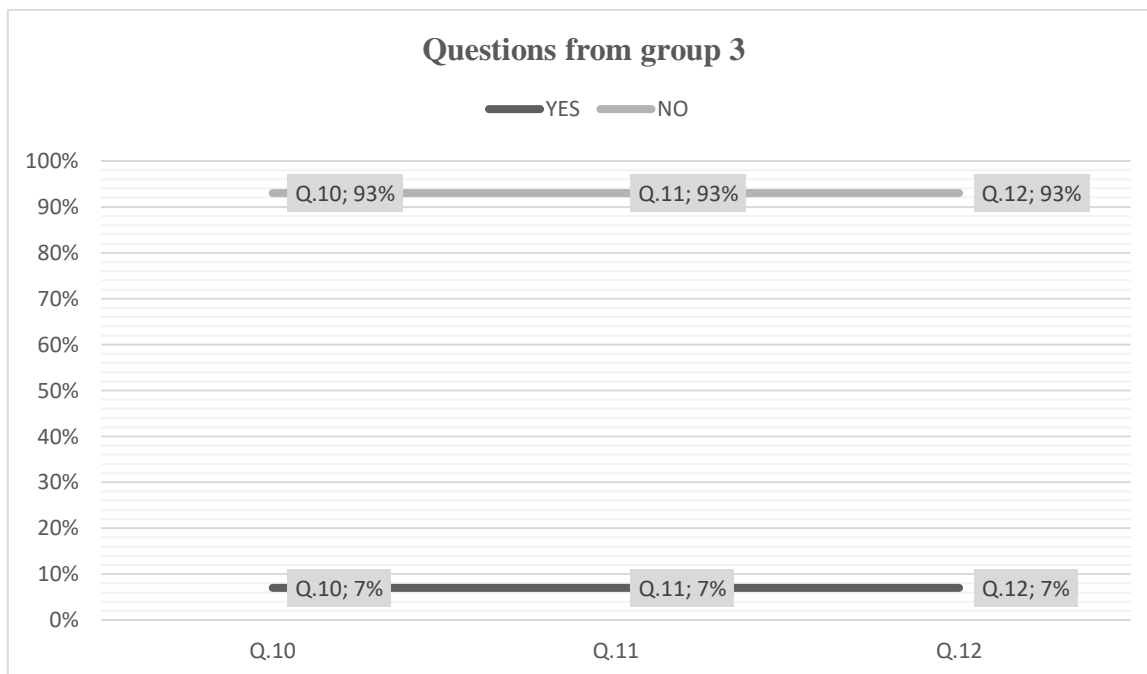
Figure 2 – Graphical representation of the results obtained by questions number 6, 7, 8, and 9.



Subtitle: Q.6 - Do you know the field area of occupational dentistry? Q.7 - What can be done by an occupational dentistry specialist in a company? Q.8 - Do you believe occupational dentistry could benefit workers? Q.9 - Do you believe that occupational dentistry could increase an employer's profitability?

From question 6 to question 9, the study intended to understand the personal opinion of dental surgeons about occupational dentistry since the answer to question 6 was yes. The most used words by the interviewees were prevention, admission exam, and health evaluation during employment bond. In question 7, there was also the option to write down opinions. A few dentists cited words like audit and CIPA's performance.

Figure 3 – Graphical representation of the results obtained by questions number 10, 11, and 12*.



Subtitle: Q.10 - Do you know any institution that has a specialization in Occupational Dentistry? Q.11 - Do you know any specialists in Occupational Dentistry? Q.12 - Do you have knowledge of any law or law project on the subject?

From questions 10 to 12, the study quantified the percentage of dental surgeons who seek information about occupational dentistry.

DISCUSSION

The data obtained revealed that dental surgeons of São José dos Campos and Jacareí seek postgraduate courses in traditional areas. New dental field areas still have minor preferences. Women who participated in the present study were higher when compared to men. There was a balance between the number of people from private and public schools. The statistical analysis did not consider these factors.

Also, the interviewers stated about the teaching of occupational dentistry during graduate school. Although 40% of the interviewed dentists finished graduate school before the specialty legalization, 28% had received some information about the area during their undergraduate years. 72% had never heard about occupational dentistry. The

study performed by Silva (2005) founded similar results. The answers of dentists and undergraduate students matched with the answers in the present study, so Silva concluded that there were many opinions' conflicts.

There is also a question about the relevance of occupational dentistry. 85% of dentists answered yes, 12% did not know how to answer, and 3% answered no. It is worth mentioning that dental surgeons must be able to identify all the agents that may cause some damage to the worker's health. Also, they should know companies' fields to combine work activity and worker's oral health. If the rapporteur of CCJC approved PL 422/2007, general dentists would be able to exercise the role of occupational dentistry. After the deadline stipulated by the PL, only the specialist in the field area may exercise the function (BRASIL, 2007).

The interviewers agreed that the specialty is necessary though only 38% have heard about the area before this study. Still, their knowledge about the field area is superficial. The interviewees described the specialty with the following words: prevention, admission exam, and health promotion. These premises make part of the occupational dentistry area but do not cover the dimension of the specialty. According to Resolution nº 25/2002 of the Federal Council of Dentistry, promoting, protecting, and recovering workers' health are already guaranteed by Law 8,080 / 1990. Since 62% of the interviewers do not know the area, dental graduate schools should reinforce their curriculum. According to Silva (2007), the lack of information has hindered the consolidation of the specialty, mainly due to the unawareness of dental surgeons about occupational health caused by academic negligence during undergraduate school.

Data was collected in Jacareí and São José do Campos. These cities host Embraer, General Motors, Petrobras, Johnson & Johnson, among others. Some of these companies offer or offered Dental Assistance. However, only 15% of the interviewers knew the role of dentists in the companies and knew specialists' performance in these companies according to the Federal Dentistry Council Resolution 25/2002. 85% showed they did not identify the dental surgeons' role in these companies. Although few companies practice occupational dentistry, still few companies have full-time occupational dentists, even though in well-industrialized cities. According to Assis (2004), occupational health

programs must include dentistry. Since most of the population still does not have access to dentistry in Brazil. Dentistry is still private, individualistic, and with a high-cost character.

Question number eight asked the interviewers if Occupational Dentistry would benefit the worker. 82% agreed and believed that the specialty would bring benefits. They pointed out several benefits like promoting health to workers, reducing absenteeism, prevention, and health promotion. Although the interviewers were right about the specialty's advantages, their knowledge lacked information. Occupational dentistry also benefits workers' family members since healthier and happier workers impact everyone surrounding them. It also directly affects positively the company in which they work. Absenteeism rates decrease once the workers are healthy. It also reduces the costs for the company (PIZZATO, 2002). 17% did not know how to answer, and only 1% believed that the specialty did not assist the worker.

Another question was about the increase in companies' profitability granted by occupational dentistry. 62% answered yes because prevention is always better than invasive procedures, 33% that they did not know, and 5% answered no. The ones who answered yes, stated that the decrease in absenteeism reduces the risk of occupational accidents. Workers are more attentive while performing their jobs, so the company also is benefited. When the company takes care of the workers by audits and certifications, they motivate the employees. Then, workers feel that they are part of a company, thus generating a feeling of recognition.

A study founded that employees are encouraged to stay in the company when it guides health awareness. The workers felt that the company cares for them since it protects themselves and their dependents which stimulates their fidelity. (CARVALHO et al., 2009). Some of the interviewees stated that the implementation of occupational dentistry increases the costs for companies. However, Martins et al. (2005) founded that the absenteeism caused by dental and medical issues lasted for one to five days. Also, occupational dentistry prevents psychological effects like lack of concentration and mood changes. In this way, companies would hinder accidents and technical errors (PERES et al., 2003). In another study, Aznar et al. (2016) analyzed two different companies. Both

companies had oral health programs, so workers' oral condition was satisfactory. The employees received free treatment for uncomplicated procedures.

As said, 93% of the interviewees said that they did not know the specialty. There is not occupational dentistry specialization in Vale do Paraíba region. Then, that is possibly why dental surgeons have never heard about the area. Also, it is crucial to point out the lack of interest of dental surgeons in the area, restricting opportunities. The approval of the law projects may increase job open a window of possibilities for the dental community. The number of specialists in occupational dentistry increased, and they were 1157 in 2017, according to the CAD (Registration System) of the Federal Council of Dentistry (Barreto, 2017). This number already surpassed other traditional specialties such as stomatology, radiology, jaw Orthopedics, and Public Health. Only 7% said that they knew occupational dentistry specializations.

7% of the interviewees stated that they know someone working as an occupational dentist. 93% said that they were not acquainted with any dentist of the field area in their network or group of friends. So, it would be of great interest to introduce the occupational dentistry area at conferences. In question 12, 93% stated that they did not any law project related to the field area. 7% answered that they heard something about the laws. Occupational dentistry should be spread since its benefits directly impact workers and society.

CONCLUSIONS

The literature proved that Occupational Dentistry improves workers' quality of life. It increases the profitability of companies, as well as increases the development of society. Occupational Dentistry is still little known and even unknown by dental surgeons. Conferences and scientific reports must disseminate the specialty. Also, its spreading should be done during graduate school, since it plays a decisive role in increasing workers' health. Thus, the competencies' organs should promulgate the PL 422/2007 to improve employees' health at work.

REFERÊNCIAS

1. MINAVO-GOMEZ, C.; THEDIM-COSTA S. M. F. A construção do campo da saúde do trabalhador: percurso e dilemas. *Cad. Saúde Pública*, v. 13, n. 2, p. 21-32, 1997.
2. MIDORIKAWA, E. T., NAGANO, I. N. The importance of the odontology in Occupational Health. In: Simpósio Niso-Brasileiro de Ciência e Tecnologia, 1995, Campos do Jordão. *Anais. Campos do Jordão: ACIESP*, 1995, p. 183-5.
3. SADAQ, M. Intoxicação por chumbo. *Revista de Oxidologia*.v. 1, n. 51, p. 37-42, 2002
4. BRASIL. Conselho Federal de Odontologia. Resolução nº 25, de 16 de maio de 2002. *Diário Oficial da União, Brasília*, 28 de maio de 2002, seção 1, p. 148-9.
5. PINTO, V. G. Saúde Bucal: odontologia social e preventiva. 3. ed. São Paulo: Santos, 1992.
6. PASSOS, A. S.; VILLELA, F. Odontologia na saúde ocupacional. *Vida Odontológica*, São Paulo, v. 6, n. 15, p. 75-80, 1983.
7. IDE, R. Evaluation of oral health promotion in the workplace: the effects of dental care costs and frequency of dental visits. *Community Dentistry and Oral Epidemiology*, Copenhagen, v. 29, p. 213-219, 2001.
8. MIDORIKAWA, E. T. A. Odontologia em saúde do trabalhador como uma nova especialidade profissional: definição do campo de atuação e funções do cirurgião-dentista na equipe de saúde do trabalhador. Dissertação (Mestrado em Odontologia) Faculdade de Odontologia, Universidade de São Paulo, 2000)
9. SANTOS, M. R. O impacto do absenteísmo odontológico na produtividade laboral. [monografia de especialização]. Campinas: S. L Mandic, 2007
10. MAZZILLI, L. E. N. Odontologia do trabalho. São Paulo: Ed. Santos, 2003.
11. HOOPER, H. A. Dental services in industry: observations on their effects in the reduction on absenteeism. *Industrial Medicine*, n. 11, p. 157-62, 1942.
12. MILLER, J. Wast of dental pain. *Int Dent J*, v. 28, n. 1, p. 66-71, 1978.

13. FERREIRA, R. A. O valor da saúde bucal nas empresas. *Revista da Associação Paulista de Cirurgiões Dentistas*, São Paulo, v. 49, n. 2, p. 514-524, 1995.
14. RESENDE, P. R.; COELHO, M. P.; CARVALHO, C. M. Absenteísmo por causas odontológicas em empresa da área de energia elétrica. *Revista Brasileira em Pesquisa em Saúde*. v. 11, n. 4, p. 22-26, 2009.
15. CARLI, B. M. G; CARLI, J. P; SILVA, S. O; LINDEN, M. S. S; TRENTIN, M. S; MEDEIROS, U. V. Doenças ocupacionais com manifestações bucais odontológicas. *Revista do Curso de Odontologia da Faculdade de Saúde da universidade Metodista de São Paulo*, São Paulo, v. 20, n. 40, p. 49-55. 2012
16. ANDREOTTI, M; RODRIGUES, A. N; CARDOZO, L. M. N; FIGUEIREDO, R. A. O; ELUF-NETO, J; WUNSCH-FILHO, V. Ocupação e câncer da cavidade oral e orofaringe. *Cad. Saúde Pública*, Rio de Janeiro, v. 22, n. 3, p. 543-552, 2006.
17. CARVALHO, E. S; HORTENSE, S. R; RODRIGUES, L. M. V; BASTOS, J. R. M; PERES, A. S. Prevenção, promoção e recuperação da saúde bucal do trabalhador. *RGO*, v. 57, n. 3 p. 345-9, 2009.
18. INSTITUTO NACIONAL DO CÂNCER. Funcionários fumantes custam caro para empresas [citado 2011 Abr 25]. Disponível em URL:<http://www.inca.gov.br/tabagismo/atualidades/ver.asp?id=210>.
19. JOAKIN, E.; MAZZONI, R. Patologia oral em exames de la salud. Relación entre incidencia y detección. *Salud Ocupacional*, Buenos Aires, v. 18, n. 77, p. 4-10, 2000.
20. BRASIL. Projeto de Lei 3520/2004. Carlos Nader - PFL/RJ. [Internet]. Disponível em:
<http://www.camara.gov.br/proposicoesWeb/fichadetramitacao?idProposicao=25231>
21. BRASIL. Projeto de Lei 422/2007. Deputado Flaviano Melo/AC. [Internet]. Disponível em:
<http://www.camara.gov.br/proposicoesWeb/fichadetramitacao?idProposicao=34469>

22. BRASIL. Projeto de Lei 3707/2008. Rafael Guerra - PSDB/MG. [Internet]. Disponível em: <http://www.camara.gov.br/proposicoesWeb/fichadetramitacao?idProposicao=404040>
23. SILVA, A. C. B. Odontologia do trabalho: avaliação da percepção e conhecimento de formandos e profissionais sobre a nova especialidade Odontológica. 2005. 43f. Dissertação (mestrado) - Universidade Estadual de Campinas, Faculdade de Odontologia de Piracicaba, Piracicaba, SP.
24. SILVA, A. C. B; LOURENÇO, E. C; PEREIRA, A. C; MENEGHIM, M. C; JANEIRO V. Odontologia do trabalho: avaliação da percepção e conhecimento de formandos e profissionais sobre a nova especialidade odontológica. RFO, mai./ago. v. 12 n. 2, p. 13-9, 2007.
25. ASSIS, V. Odontologia do Trabalho. Jornal do Conselho Federal de Odontologia, Brasília, v.12, n. 61, p. 20, 2004.
26. PIZZATTO, E. A saúde bucal no contexto da saúde do trabalhador: análise dos modelos de atenção [tese]. Araçatuba: Universidade Estadual Paulista “Júlio de Mesquita Filho”, Faculdade de Odontologia de Araçatuba; 2002.
27. MARTINS, R. J; GARBIN, C. A. S; GARBIN, A. J. I; MOIMAZ, S. A. S. Absenteísmo por motivo odontológico e médico nos serviços público e privado. Revista Brasileira de Saúde Ocupacional, São Paulo, v. 30, n. 111, p. 9-15, 2005.
28. PERES, A. S; OLYMPIO, K. P. K; CUNHA, L. S. C; BARDAL, P. A. P. Odontologia do trabalho e sistema único de saúde - uma reflexão. Rev. ABENO, v. 4, n. 1, p. 38-41, 2003.
29. AZNAR, F. D. C; CALZAVARA, B; FREITAS, A. R; AZNAR, F. D. C; SALES-PERES, S. H. C; SALES-PERES, A. Condição bucal de trabalhadores de fábricas de baterias e uso de serviços odontológicos. Rev Bras Med Trab. v. 14, n.2, p. 127-133. 2016.
30. BARRETO, L. Especialista p/ sexo no Brasil [mensagem pessoal]. Mensagem recebida por jonasvmr@gmail.com em 27 set de 2017