

Aesthetic professional promoting the health and well-being of people with disabilities

Profesional de la estética que promueve la salud y el bienestar de las personas con discapacidad

Profissional esteta na promoção da saúde e bem-estar de pessoas com deficiência

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Abstract

This research aimed to conduct a reflective analysis of the role of the aesthetic professional as an integral part of the health field, highlighting their contribution to the promotion of physical and emotional well-being. In the context of people with disabilities, the work of this professional requires technical adaptations and a humanized approach, oriented towards social inclusion, autonomy, and improved quality of life. The research method was based on critical reflection, supported by scientific evidence obtained through publications indexed in PubMed, Google Scholar, and SciELO databases, with a time frame from 2018 to 2025; the descriptors used in this research were: "Aesthetics," "Social Inclusion," "People with Disabilities," "Health Promotion," and "Rehabilitation." This article analyzed safe practices, benefits, and challenges related to the integration of aesthetics as a complementary resource in the health promotion and rehabilitation of people with disabilities. It has become evident that the work of aesthetic professionals, when guided by appropriate protocols and a humanized approach, contributes to improving quality of life, promoting social inclusion, autonomy, and physical and emotional well-being.

Descriptors: Aesthetics; Social Inclusion; People with Disabilities; Health Promotion; Rehabilitation.

Resumén

Esta investigación tuvo como objetivo realizar un análisis reflexivo del rol del profesional de la estética como parte integral del ámbito de la salud, destacando su contribución a la promoción del bienestar físico y emocional. En el contexto de las personas con discapacidad, el trabajo de este profesional requiere adaptaciones técnicas y un enfoque humanizado, orientado a la inclusión social, la autonomía y una mejor calidad de vida. El método de investigación se basó en la reflexión crítica, respaldada por evidencia científica obtenida a través de publicaciones indexadas en las bases de datos PubMed, Google Scholar y SciELO, con un periodo comprendido entre 2018 y 2025. Los descriptores utilizados fueron: "Estética", "Inclusión Social", "Personas con Discapacidad", "Promoción de la Salud" y "Rehabilitación". Este artículo analizó las prácticas seguras, los beneficios y los retos relacionados con la integración de la estética como recurso complementario en la promoción de la salud y la rehabilitación de las personas con discapacidad. Se evidenció que el trabajo de los profesionales de la estética, guiado por protocolos adecuados y un enfoque humanizado, contribuye a mejorar la calidad de vida, promoviendo la inclusión social, la autonomía y el bienestar físico y emocional.

Descriptores: Estética; Inclusión Social; Personas con Discapacidad; Promoción de la Salud; Rehabilitación.

Resumo

Esta investigação teve como objetivo realizar uma análise reflexiva acerca do papel do profissional esteta como integrante da área da saúde, destacando sua contribuição para a promoção do bem-estar físico e emocional. No contexto das pessoas com deficiência, a atuação desse profissional requer adaptações técnicas e uma abordagem humanizada, orientada para a inclusão social, a autonomia e a melhoria da qualidade de vida. O método da pesquisa fundamentou-se em uma reflexão crítica, apoiada em evidências científicas obtidas por meio de publicações indexadas nas bases PubMed, *Google Scholar* e SciELO, com recorte temporal de 2018 a 2025; os descritores utilizados nesta pesquisa foram: "Estética", "Inclusão Social", "Pessoas com Deficiência", "Promoção da Saúde" e "Reabilitação". Este artigo analisou práticas seguras, benefícios e desafios relacionados à integração da estética como recurso complementar na promoção da saúde e na reabilitação de pessoas com deficiência. Evidenciou-se que a atuação do profissional esteta, quando pautada em protocolos adequados e abordagem humanizada, contribui para a melhoria da qualidade de vida, favorecendo inclusão social, autonomia e bem-estar físico e emocional.

Descritores: Estética; Inclusão Social; Pessoas com Deficiência; Promoção da Saúde; Reabilitação.



Introduction

Social inclusion in aesthetics refers to the adoption of adapted and humanized practices that ensure accessibility and participation of people with disabilities in aesthetic services, promoting autonomy, self-esteem, and well-being. This concept goes beyond the traditional aesthetic dimension, integrating with the promotion of physical, mental, and social health, as advocated by the World Health Organization. The literature indicates that inclusion in care environments contributes to the reduction of social barriers and the appreciation of diversity, strengthening the positive perception of body image and quality of life. In this context, the aesthetic professional plays an important role in implementing safe and individualized protocols, aligned with ethical principles and accessibility guidelines. The integration of Integrative and Complementary Practices (PICs) into aesthetic services highlights their relevance in promoting health and well-being. These practices, such as acupuncture, phytotherapy, and ozone therapy, recognized by the Ministry of Health, are being incorporated into aesthetic procedures to meet not only physical demands but also the psychic and emotional needs of patients^{1,2}.

Aesthetic practice prioritizes an integrative approach to care. However, a significant knowledge gap persists regarding interventions that promote overall well-being through aesthetic procedures. Aesthetics, traditionally associated with valuing appearance, is consolidating itself as an integral area of health, with a significant impact on promoting physical, emotional, and social well-being. In the context of people with disabilities, this role takes on even greater relevance, as it involves not only aesthetic care but also strategies that promote self-esteem, autonomy, and social inclusion. The aesthetic professional's approach should be based on ethical principles, safe protocols, and practices adapted to individual needs, ensuring acceptance and respect for diversity. By integrating aesthetics and health, space for care is created that contributes to quality of life, reducing barriers and strengthening a positive body image, fundamental aspects for promoting comprehensive health^{3,4}.

This study aims to analyze the role of aesthetic professionals in promoting the health and well-being of people with disabilities, emphasizing aspects that are frequently neglected in care and inclusion practices.

Methodology

This study is a reflective study stemming from a critical literature review, aiming to promote a critical analysis of the topic, identify key researchers, and contribute to the reflection and updating of healthcare professionals and the improvement of clinical practice. The descriptors used were: "Aesthetics," "Social Inclusion," "People with Disabilities," "Health Promotion," and "Rehabilitation," with a time frame from 2018 to 2025.

The search and selection of scientific evidence took place between July and September 2025, obtained through publications indexed in the PubMed, Google Scholar, and SciELO databases.

Results and Discussion

Aesthetic Rehabilitation Medicine is characterized by going beyond mere functional recovery, integrating aesthetic procedures and rehabilitation strategies with the aim of promoting physical and psychological well-being, strengthening self-esteem, and fostering social inclusion. This approach highlights the importance of adopting safe protocols and a multidisciplinary approach to ensure effective and humanized results. A literature review on the role of the aesthetic nurse emphasizes their insertion in the field of aesthetics and their contribution to the promotion of health and well-being. The study shows that this professional should act based on safe and ethical protocols, guaranteeing not only aesthetic results but also physical, emotional, and social benefits. The research indicates that aesthetics, when integrated with health practices, promotes self-esteem, quality of life, and prevention of health problems, reinforcing the need for technical and scientific training to ensure humanized and safe care^{3,4}.

The relevance of manual therapy techniques in treating physical discomfort and aesthetic alterations improves the effectiveness of adipose tissue mobilization, scar tissue reorganization, and reduction of localized fat thickness. In short, the study showed the importance of a multidisciplinary approach, providing insights into the potential functional and aesthetic benefits of these interventions⁴.

The findings indicate that, although the biopsychosocial model is advocated in public policies, its implementation in Specialized Rehabilitation Centers remains limited by barriers related to management, professional training, and team integration, resulting in the predominance of the biomedical approach. This limitation compromises the adoption of aesthetic practices as part of the comprehensive care for people with disabilities, since the lack of continuous training restricts the use of complementary techniques, such as manual therapies, minimally invasive procedures, and physical resources, which could promote self-esteem and social inclusion. The fragility in the articulation of the care network and inclusion policies also reduces the supply of services that address not only functionality but also appearance and psychosocial well-being, essential aspects for the quality of life of people with disabilities. Furthermore, the lack of participatory strategies involving users and families in the construction of the therapeutic plan limits the incorporation of aesthetic demands that contribute to social reintegration and the reduction of stigma. In this context, aesthetics should be understood as a component of the biopsychosocial approach, promoting positive self-image, mental health, and citizenship, which reinforces the need for policies and clinical practices that integrate safe and evidence-based aesthetic procedures into rehabilitation, ensuring not only functional recovery but also well-being and inclusion^{5,6}.

The importance of strategies that transcend the functional dimension and incorporate psychosocial aspects into the rehabilitation process is reinforced. This perspective directly relates to the inclusion of aesthetics as a therapeutic component, since interventions focused on appearance and



self-image, as well as playful practices, can promote self-esteem, reduce stigma, and broaden social participation. Both approaches converge on the biopsychosocial model, which values not only physical recovery but also the emotional well-being and citizenship of the person with a disability, consolidating a holistic view of care⁷.

The principles of rehabilitation should go beyond functional recovery, incorporating a biopsychosocial approach that considers physical, psychological, and social aspects to promote quality of life. This perspective is essential for integrating aesthetic practices into the care of people with disabilities, as interventions focused on self-image and appearance can contribute to self-esteem, mental health, and social inclusion. The comprehensive assessment, individualized planning, and interdisciplinary approach, as pointed out by the authors, reinforce the need for strategies that consider not only functionality but also psychosocial well-being, aligning with the concept of aesthetic rehabilitation as part of the therapeutic process. In this way, aesthetics should be understood as a complementary resource within the biopsychosocial model, promoting citizenship and social participation⁸.

The analysis indicates that the inclusion of aesthetic professionals in the biopsychosocial model is a relevant complementary strategy in the rehabilitation of people with disabilities, promoting not only functional gains but also positive repercussions on self-esteem, body image perception, and social inclusion. Evidence-based aesthetic interventions, such as manual techniques (lymphatic drainage, massage therapy), electrothermophototherapeutic resources (microcurrents, radiofrequency, tecar therapy, laser therapy), and minimally invasive procedures (botulinum toxin, hyaluronic acid, carboxytherapy, ozone therapy, platelet-rich plasma), demonstrate potential to optimize quality of life, reduce stigma, and promote mental health. The implementation of these practices should occur in a multidisciplinary context, involving aestheticians, physiotherapists, occupational therapists, psychologists, specialist physicians, and nurses, ensuring comprehensiveness and safety in care. Aligned with health promotion guidelines, this integration expands therapeutic possibilities and consolidates aesthetics as a resource for psychosocial well-being, reinforcing the need for public policies and clinical protocols that recognize its applicability in the rehabilitation of people with disabilities^{9,10}.

The inclusion of people with disabilities (PWD) in the labor market and in society is a fundamental axis for sustainable development and for the promotion of health and well-being. The aesthetic professional, by working with practices that value aesthetics and self-esteem, plays a

strategic role in reducing psychosocial barriers and building more inclusive environments. The UN's 2030 Agenda and the Sustainable Development Goals (SDGs) reinforce the need to guarantee equal opportunities, highlighting that aesthetics is not limited to appearance, but involves quality of life, autonomy, and social integration. Challenges such as prejudice, lack of accessibility, and insufficient public policies persist. To transform invisibility into a priority, it is recommended to strengthen affirmative action policies, invest in professional training, promote inclusive education, and encourage corporate social responsibility. The aesthetic professional's work, aligned with these principles, contributes to restoring self-esteem, promoting inclusion, and consolidating a social aesthetic based on diversity and respect, making the promotion of health an ethical and strategic imperative. Multiprofessional teams (eMulti) were created as a strategy to strengthen Primary Health Care (PHC) in Brazil, offering specialized support to Family Health teams. Among their main strengths are improved care, integration of knowledge, expansion of service offerings, and matrix support. Areas of practice include mental health, rehabilitation, nutrition, and integrative practices. To consolidate eMulti, it is necessary to invest in management, continuing education, and policies that guarantee adequate funding, ensuring greater equity and comprehensiveness in public health^{10,11}.

Final Considerations

Social inclusion in aesthetics represents an innovative and necessary approach to promoting comprehensive health and well-being for people with disabilities. By transcending the traditional dimension of aesthetics, this practice incorporates biopsychosocial principles, valuing not only appearance but also self-esteem, autonomy, and quality of life. The work of the aesthetic professional, based on safe, ethical, and adapted protocols, contributes to reducing psychosocial barriers, strengthening the positive perception of body image, and expanding social participation. The integration of Integrative and Complementary Practices (PICs) into aesthetic services reinforces the therapeutic and humanized character of care, addressing physical, emotional, and social needs. However, challenges persist related to professional training, multidisciplinary collaboration, and the implementation of public policies that recognize aesthetics as a complementary resource in rehabilitation. In this context, consolidating strategies that unite aesthetics, health, and inclusion is imperative to guarantee equity, citizenship, and the promotion of comprehensive health, aligning with the guidelines of the 2030 Agenda and the Sustainable Development Goals (SDGs).

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