



Physical activities and body practice: in the SUS, does the order of factors change the product?

Práticas corporais e atividades físicas: no SUS, a ordem dos fatores altera o produto?

AUTHORS

Fabio Fortunato Brasil de Carvalho¹
Leonardo Araújo Vieira^{2,3}

1 Ministério da Saúde, Instituto Nacional de Câncer (INCA), Rio de Janeiro, Rio de Janeiro, Brazil.

2 Prefeitura Municipal de Vitória, Serviço de Orientação ao Exercício, Vitória, Espírito Santo, Brazil.

3 Universidade Federal do Espírito Santo, Centro de Educação Física e Desportos, Vitória, Espírito Santo, Brazil.

CORRESPONDING

Fabio Fortunato Brasil de Carvalho

fabiofbcarvalho@gmail.com

Rua Marquês de Pombal 125, 5º andar. Centro, Rio de Janeiro, Rio de Janeiro, Brazil.

Zip Code: 20230-240.

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ABSTRACT

Introduction: In Brazil, especially within the policies, programs, and actions of the Unified Health System (Sistema Único de Saúde - SUS) that link human body movement to health, we witness a debate about the convergences and divergences between the terms/concepts of “body practice” and “physical activities”. **Objective:** To reflect on these convergences and divergences, since such practices are strategic actions for health promotion and comprehensive care within the Unified Health System (SUS), which was done in an essay performed by presenting some concepts, followed by a discussion of possible synergies and complementarities. **Development:** This reflection is linked to Collective Health, particularly the underlying field of Policy, Planning, and Management, as it seeks to understand how this conceptual and terminological debate reverberates in the daily actions of the Brazilian healthcare system. Both concepts, “body practice” and “physical activities”, have undergone changes considering the temporality between the seminal concepts and their reinterpretations, as they came into contact with other frameworks and were questioned and criticized. In the national context, the conceptual debate resulted in using a distinct term – body practice, while internationally, the proposed changes retained the original denomination – physical activity. **Final considerations:** Regardless of the term used, within SUS policies, programs, and actions must signify a catalyst for different dimensions of the relationship between human bodily movement and health, integrating the biological, social, cultural, and economic perspectives to reduce inequities and expand access to such practices for the Brazilian population.

Keywords: Health promotion; Exercise; Health policy; Terminology.

RESUMO

Introdução: No Brasil, principalmente nas políticas, programas e ações do Sistema Único de Saúde (SUS) que relacionam o movimento corporal humano à saúde, há um debate sobre as aproximações e distanciamentos entre os termos / conceitos “práticas corporais” e “atividades físicas”. **Objetivo:** Refletir sobre as referidas aproximações e distanciamentos, já que tais práticas são ações estratégicas de promoção da saúde e cuidado integral no SUS, o que foi feito em um ensaio que apresentou alguns conceitos e em seguida foram debatidas possíveis sinergias e complementaridade. **Desenvolvimento:** Esta reflexão vincula-se ao campo da Saúde Coletiva, notadamente o subcampo de Política, Planejamento e Gestão, ao buscar compreender como este debate conceitual e terminológico reverbera nas ações cotidianas no sistema de saúde brasileiro. Ambos os conceitos, “práticas corporais”, “atividades físicas”, passaram por mudanças considerando a temporalidade entre os conceitos seminais e suas releituras, ao entrarem em contato com outros referenciais, ao serem questionados e criticados. No contexto nacional o debate conceitual resultou no emprego de um termo distinto – práticas corporais, enquanto no internacional as mudanças propostas mantiveram a denominação inicial – atividade física. **Considerações finais:** Independente do termo usado, nas políticas, programas e ações do SUS ele precisa significar um catalisador de diferentes dimensões da relação entre o movimento corporal humano e a saúde a partir da integração entre a perspectiva biológica, social, cultural e econômica com vistas a subsidiar ações com a finalidade de reduzir as iniquidades e ampliar o acesso a prática para a população brasileira.

Palavras-chave: Promoção da saúde; Exercício; Política de Saúde; Terminologia.

Introduction

Human body movement and health in the Unified Health System

The field of Health related to human body movement recognizes numerous benefits based on scientific evidence primarily grounded on epidemiological knowledge, particularly in preventing and managing chronic

health conditions. It also encompasses broader issues such as well-being, quality of life, building connections through social interaction, and other aspects not limited to preventing or treating these conditions.

In Brazil, especially in the policies, programs, and actions of the Unified Health System (*Sistema Único de Saúde* - SUS), we witness an ongoing debate about the

convergences and divergences between the terms/concepts related to human body movement: “body practice” and “physical activities”. Although related literature includes other terms such as “humanized physical activity”¹, “physical and sports activity”², and “collective physical activity”³.

This debate began in SUS with the National Health Promotion Policy, which established these practices as part of the Brazilian healthcare system^{4,5}. Notably, the National Health Promotion Policy revealed terminological variations in its different versions. The initial version launched in 2006 employed the term “body practice/physical activity”, where as the current revised version (2014) adopted the term “body practice and physical activities”. Additionally, the removal of the term “body practice” and the predominance of “physical activity” in materials from the Ministry of Health between 2019 and 2021 indicates that this debate remains unresolved⁶. More recently, a new round of discussions emerged in the movement advocating for creating a National Body Practice and Physical Activities Policy in SUS^{7,8}.

From this perspective, the present essay acknowledges that some authors seek to draw these terms/concepts closer, arguing that they can be complementary - including proposals to expand the concept of physical activity^{9,10}. Others understand that the differences and tensions between these terms/concepts are fundamental in defining the interface between Physical Education and Health, as they reflect a clash of social theories and societal projects that reverberate in knowledge production and find in Public Health policies an explicit marker of this dispute^{11,12}. Some also argue that the debate over such differences or convergences is distant from the daily reality of healthcare services, where these practices occur^{13,14}.

The idea of a supposed demarcation, as mentioned above, seems to frame the discussion as a kind of “good versus evil” – that is, by aligning with one term/concept or the other, a given health action involving body movement would, from the outset and regardless of any other factors, either contribute or not to expanded health, care production, and other objectives generally understood as SUS goals. Thus, this essay is justified by the need to problematize such an understanding.

Accordingly, this essay aimed to reflect on the convergences and divergences between body practice and physical activities as a strategic action for health promotion and comprehensive care in the SUS. To this end, some physical activity and body practice concepts were presented, followed by a discussion of possible synergies

and complementarities. Finally, a conceptual framework was proposed to show these practices as complementary rather than antagonistic. Indeed, we did not intend to settle the debate but contribute to and delve deeper into it, to make human body movement – regardless of the terminology used – an important ally in the health of the Brazilian population.

The relevance lies in emphasizing that the conceptual analysis of these terms is directly linked to health actions and their historical development. In other words, through the actions conducted over the years, particularly in SUS, this conceptual discussion unfolds in a dialogical relationship: acting to think and thinking to act in health. Since healthcare professionals also produce thought, we should also discuss how they think and act¹⁵.

The reflection sought in this essay is linked to the field of Collective Health, particularly the underlying field of Policy, Planning, and Management, as its authors include two technical professionals working in SUS management who seek to understand how this conceptual and terminological debate reverberates in the daily actions of the Brazilian healthcare system. The ultimate purpose of this text was to contribute to advances in actions and programs that relate human body movement to health, even, in a provocative way, promoting “body practices and physical activities” or whatever name it may be given, as a public health policy.

Concepts and definitions

Below, we present some concepts and definitions found in the literature without claiming they are the only or most relevant ones. No extensive literature review was conducted to exhaust the topic. However, these concepts provide an overview of the intended debate.

Physical activity

In a seminal 1985 article aimed to differentiate terms that represent distinct concepts – “exercise” and “physical fitness” – that were being used interchangeably (limiting the comparison of scientific reports and hindering progress in the field), Caspersen, Powell, and Christenson defined physical activity as any bodily movement produced by skeletal muscles that results in energy expenditure¹⁶.

Since then, physical activity has been recognized as a complex behavior that can be intentional or compulsory, with varying intensities and determinants across subcategories. Consequently, these subcategories could be linked to specific health aspects, requiring different

intervention and promotion strategies. However, the primary focus remained on caloric expenditure, which was to be cumulatively measured¹⁶.

Caspersen, Powell, and Christenson also proposed the definition of exercise – as a subcategory of physical activity – one that is planned, structured, repetitive, and purposeful, aiming to maintain or improve one or more physical fitness components¹⁶. Since exercise is a specific goal-oriented form of physical activity, we believe it can be discussed alongside physical activity for this debate.

Another important point for this discussion is that the authors explicitly stated that the underlying motivation for engaging in physical activity (or exercise) was not addressed, as it would not be appropriate to incorporate the reason for doing it into the definition of the concept¹⁶.

In 2020, 35 years later, a period marked by a significant increase in both research and social recognition of the relationship between physical activity and better health indicators, Piggin¹⁷ notes that only minor variations had been made to Caspersen, Powell, and Christenson's definition. These variations, however, remained focused on bodily movement, skeletal muscles, and energy expenditure. Thus, the definition continued to be heavily rooted in biomedical values and failed to adequately account for physical activity outside the context of epidemiological studies¹⁷.

Piggin defined physical activity as a set of actions in which people move, act, and express themselves in culturally specific spaces and contexts, influenced by a unique range of interests, emotions, ideas, instructions, and relationships¹⁷. Recognizing an apparent inadequacy in existing dominant definitions to explain the complexity of physical activity, Piggin advocated for a broader definition, arguing that conceptual definitions matter in different contexts (educational, research, and policy) because interventions depend on how the problem is understood¹⁷.

Piggin further argued that policy shapes the provision and structure of physical activity, from state-funded public spaces to traditional ways it is delivered or promoted. He questioned: Which ideas gain prominence and are emphasized, and which are marginalized or omitted in policy discussions and decisions?¹⁷

Additionally, Piggin contended that the traditional definition by Caspersen, Powell, and Christenson – focusing on “energy expenditure” and “skeletal muscles” frames physical activity as a mechanistic act. While widely accepted in academia and embedded in policies

worldwide, this definition, he argued, is confined to epidemiological discourse, heavily laden with biomedical values that emphasize anatomical and physiological elements while excluding many others. He acknowledged that disease prevention is relevant and that there is room to recognize health-related aspects of physical activity. However, suppose the concept is hegemonically reduced to disease management potential. In that case, other possibilities are ignored or marginalized – since attention is directed not at people but at skeletal muscles or energy expenditure, disregarding or undervaluing complexity, environment, and human experience¹⁷.

Piggin also highlighted that, beyond anatomical and physiological aspects, physical activity involves psychological/emotional/affective, social, and gender dimensions shaped by cultural values, economic conditions, physical settings, and politics¹⁷.

In 2021, the Physical Activity Guide for the Brazilian Population conceptualized physical activity as “a behavior involving voluntary bodily movements, with energy expenditure above resting levels, promoting social and environmental interactions, which can occur during leisure time, transport-related, at work or school, and household chores¹⁸.” According to Benedetti et al.¹⁹, this definition advanced by encompassing broader, more diverse social contexts, to include different populations – a characteristic of Brazil. They argued that this concept distinguishes the Physical Activity Guide for the Brazilian Population from guidelines in other countries, which tend to focus more on a biological view of the relationship between physical activity and health.

More recently, in 2024, an editorial²⁰ led by Hallal and co-authored by Powell—one of the original authors of the seminal 1985 definition, some argued that the concept of physical activity should exceed bodily movement, skeletal muscles, and energy expenditure, also encompassing government responsibility in facilitating choice to incorporate it into daily lives and the access to enjoyable, safe, healthy, equitable, and purposeful physical activity should be a social priority²⁰. For, as the authors argue, over the past 40 years, efforts in the field of physical activity have predominantly focused on individual-level behavioral change, despite accumulating evidence underscoring the critical role of environmental, social, and political determinants in achieving population-wide increases in physical activity practice²⁰.

Additionally, current evidence suggests that health benefits are primarily associated with leisure-time physical activity²¹⁻²³. This supports advocacy for promoting

physical activity in leisure-time or transport-related (when chosen voluntarily) settings, especially in low- and middle-income countries like Brazil, ensuring that practice is an option rather than a necessity or obligation^{24,25}. Figure 1 summarizes the elements present in different physical activity concepts.

Thus, based on the presented physical activity concepts, we should recognize different perspectives:

- a) Biological – It focuses on the relationship with health through biological aspects, emphasizing muscle contraction and energy expenditure;
- b) Social and cultural – It considers individual motivations and the influence of environmental conditions;
- c) Contextual – It addresses practice across different domains (leisure time, transport-related, at work or school, and household chores) but emphasizes leisure time or transport-related as an option rather than a necessity or obligation;
- d) Relational – It advocates for practices that are enjoyable, safe, healthy, equitable, and purposeful;

- e) Political – It highlights government responsibility and social priority in facilitating access.

Given the intersections, convergences, and divergences among these concepts – spanning nearly 40 years from the first to the most recent definition – it is evident that physical activity is understood through multiple complementary perspectives on the relationship between human bodily movement and health. Therefore, we can assert that physical activity is as biological as social, cultural, and economic. Consequently, there is no hierarchy among different motivations or purposes for engaging in it.

Body practice

The term “body practice”, often used alongside “physical activity” in SUS policies, programs, and actions, was defined by Carvalho in 2006 as components of people’s bodily culture. This practice concerns human movement, gestuality, and bodily expression, encompassing diverse ways humans manifest themselves through the body. Movement is ascribed to values, meanings, and significance, potentially integrating with healthcare²⁶.

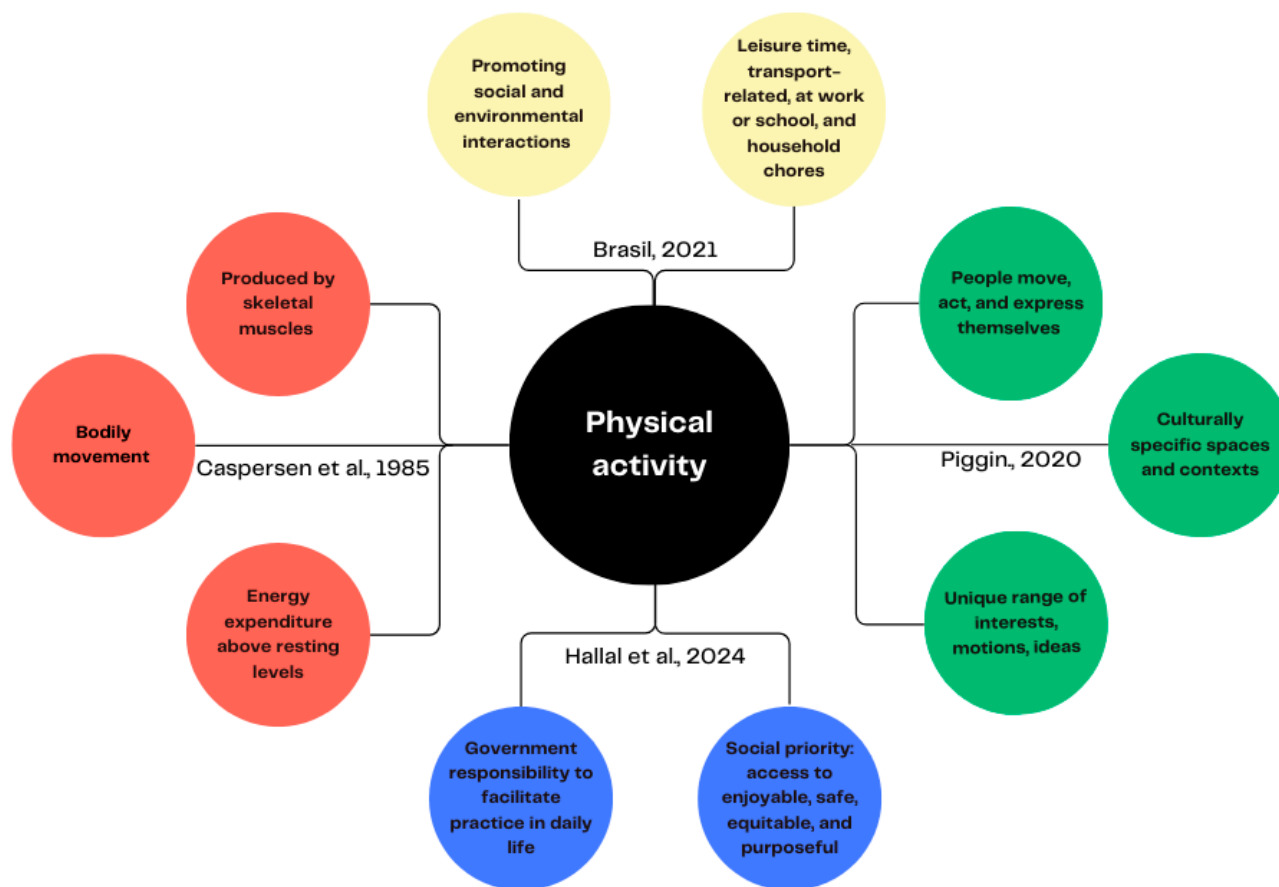


Figure 1 – Synthesis of Key Elements in Different Concepts of Physical Activity

Source: Prepared by the authors based on Caspersen et al.¹⁶, Piggin¹⁷, Brazil¹⁸, and Hallal et al.²⁰.

Carvalho²⁶ further argues that body practice expand possibilities for meeting, listening to, observing, and mobilizing individuals experiencing illness. Through body-centered care, they foster autonomous, innovative, and socially inclusive relationships, enhancing public spaces (parks, squares, streets) as sites for health production. Thus, body practice broadens the understanding of human movement concerning health and other life aspects. Beyond individual and collective health benefits, it is crucial to grasp the meanings individuals attach to this practice based on their life histories and contexts²⁷.

Later, in a 2013 publication by the Brazilian Ministry of Health, body practice was defined as individual or collective body movement expressions arising from knowledge and experience in games, dance, sports, martial arts, and gymnastics – whether systematically organized (e.g., in schools) or unstructured (e.g., leisure). These bodily culture manifestations carry group-specific meanings and should incorporate playful and culturally organized experiences. They can be practiced through recreational, sporting, cultural, and everyday activities²⁸.

In 2014, Silva, Lazzarotti Filho, and Antunes²⁹ noted that the term body practice has been used since the 1990s, emphasizing dimensions like theoretical conception, professional practice, and social movements with political repercussions. They highlight that this practice involves enjoyment, body, and movement, transcending immediate organic effects to include subjective, individual, and collective aspects. They oppose biological reductionism as cultural events, prioritizing the meanings practitioners attribute to them. This practice occur in leisure time (non-work domains – not being one of the domains of physical activity), emerges from social interactions, and possesses ludic (playful) features²⁹.

Dahlke and Vaz³⁰ observe that the connection between health and physical activity long relied on a strictly biological perspective – assuming that mere body movement ensured health. With the expansion of the health concept following Brazil's Health Reform, the term body practice was introduced to broaden this narrow view. Manske¹⁴, in 2022, notes that many studies now employ body practice in health discussions to distance themselves from biologicistic approaches to physical activity, albeit sometimes incorporating them. The term carries varied meanings in scientific texts and public policies, marked by ambiguity and polysemy.

Recently, Pasquim et al., in 2024, framed body practice as contextualized actions that mobilize corporeality, intentionally promoting health as part of care strategies.

This practice improves public spaces and strengthens community participation, emphasizing cultural production, health rights, and body awareness to overcome reductionist views that are limited to the mechanical and physical act, that equate health merely with the absence of disease. Figure 2 summarizes the elements present in different body practice concepts.

The concepts of bodily practices also reflect distinct perspectives:

- a) Biological – It seeks to move beyond organic effects by transcending a purely mechanical/physical view, broadening the understanding of body movement and health;
- b) Sociocultural – It considers historical, cultural, and socioeconomic factors, fostering components of corporeal culture among groups;
- c) Contextual – It encompasses subjective (values, meanings) and collective dimensions of practice in leisure/non-work time;
- d) Relational – It promotes social interactions through bodily expression, movement, and gestuality, as well as ludic experiences and enjoyment.
- e) Political – It is linked to the right to health, intentionally aiming to advance it.

Body practice is thus defended as a care technology that contributes to comprehensive health. It mobilizes communities, empowers users, and strengthens social bonds through solidarity, shared life moments, and an expanded concept of health – seated in culture, pleasure, leisure, and individual/collective interests and needs^{27,30,32}.

Consensus and necessary complementarities in SUS policies

After presenting key concepts from the literature, even a preliminary analysis reveals that while physical activity enjoys broader social and scientific acceptance² and body practice have been embedded in SUS policies, programs, and actions since their inception, we hypothesize that this reflects an epistemological alignment with Collective Health. Thus, emphasizing divisions between these terms may be counterproductive in SUS policy debates.

Piggin¹⁷ notes that critiques of the dominant definition of physical activity are scarce, likely due to the scientific community's satisfaction with its biomedical focus or a lack of interest in holistic perspectives. However, this

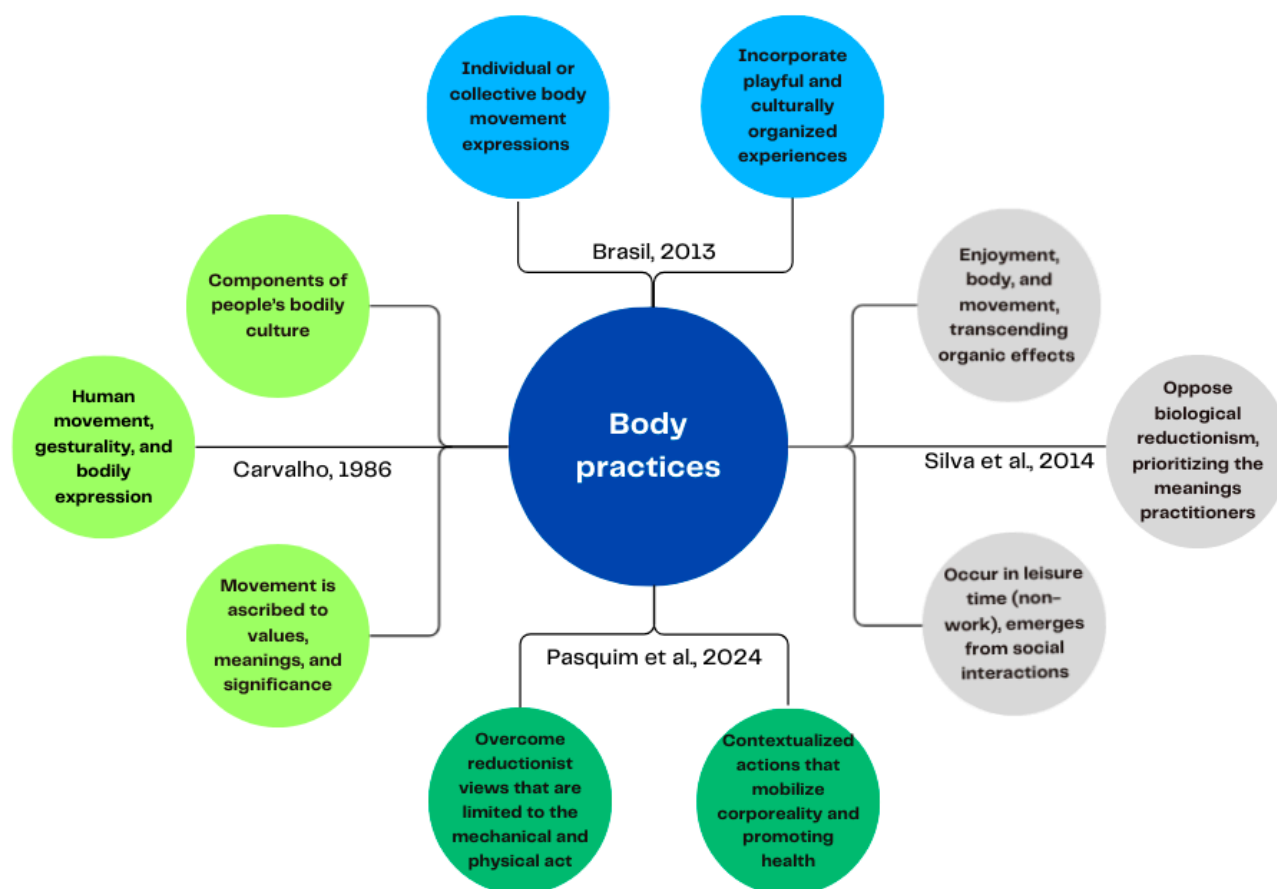


Figure 2 – Synthesis of Key Elements in Different Concepts of Bodily Practices

Source: Prepared by the authors based on Carvalho²⁶, Brazil²⁸, Silva et al.²⁹, and Pasquim et al.³¹.

observation may overlook Portuguese-language literature, where Brazilian scholars – bridging Physical Education and Collective Health³³ – have long challenged reducing physical activity to “energy expenditure from muscle contractions¹⁶.” For over 30 years, Brazilian discourse has emphasized cultural, subjective, and social dimensions of human movement, criticizing its decontextualized framing as merely beneficial or harmful to the organism, decontextualized from cultural manifestations³⁴.

We emphasize that the term “body practice” is still incipient in the international literature, considering the Health Sciences Descriptors (DeCS), a structured and multilingual vocabulary with a unique language for indexing academic production³⁵. Its inclusion occurred recently, in 2021, as an alternative term to the descriptor “physical exercise.” In the Medical Subject Headings (MeSH) of the U.S. National Library of Medicine (NLM) – similar to the aforementioned but using English as its primary source – body practice appears as a descriptor, translated from “Bodywork”, which is an alternative term for “Musculoskeletal Manipulations” (information received via email from BIREME in July

2021). This usage is entirely divergent from its application in Brazil. Understanding and debating the specific reasons for these discrepancies between descriptors and their implications are important. However, they will not be the focus of this text.

According to Piggin¹⁷, several aspects inherent to physical activity have been subjugated in favor of anatomical and physiological dimensions, requiring a definitional shift away from reductive simplicity toward embracing complexity. While he acknowledges that the newly proposed definition may represent progress, he does not regard it as definitive, arguing instead for the value of a plurality of definitions.

Similarly, Dellacasa and Oliver³ advocate for “Collective Physical Activity” as a collective action where people gather and engage with one another, actively experiencing democratic and civic practices. This approach can bring meaning and joy to people’s lives while contributing to a fairer society. The authors argue that such practices can drive change toward more equitable, inclusive, and sustainable socioeconomic systems, fostering both individual and communal well-being in the present moment.

Dellacasa and Oliver³ recognize that being physically active does not solve broader social and environmental issues, such as poverty or the climate crisis. However, they emphasize that the benefits of an active lifestyle can help make bodies and minds more resilient in the face of adversity³. This shows an understanding that goes beyond the purely organic level. By highlighting meaning, pleasure, and collective action as key aspects of this approach, it aligns closely with what is revealed in the concept of body practice.

We argue that the conceptual shift proposed by Piggin¹⁷, aimed at embracing complexity, has already occurred in Brazilian literature. The difference between this author's proposal¹⁷ and discussions about body practice is that the former suggests creating a new definition for physical activity, while the latter proposes an entirely distinct concept. However, based on what has been presented so far, there is an important intersection between them. It is relevant to highlight that both "body practice" and "physical activity" consider contexts, interests, emotions, and conditions.

At this point, we should revisit the seminal concept of physical activity formulated by Caspersen, Powell, and Christenson¹⁶, which recognized it as complex behavior, potentially intentional or not, with underlying motivations for practice. These elements were not sufficiently valued, as the focus became almost exclusively centered on human biology, reduced to muscle contractions requiring energy expenditure.

A decade ago, in 2013, Damico and Knuth¹³ an analysis of body practice and physical activities within the field of health examined the scientific disputes between them and revealed that despite the dominant discourse established by science, human interactions are not confined to the rigidity of governmental prescriptions and mandates. They concluded that rather than choosing between one term or the other, it was more crucial to question the moral implications of these terms and remain open to the unexpected, discovering the meaning of radical alterity through user-centered encounters between professionals and individuals¹³.

Thus, we should underscore the convergences between these terms/concepts, particularly based on what has been produced and debated in recent years despite the persistence of oppositional interpretations. For instance, as in Manske¹⁴, who discusses the combined use of these terms in SUS policies, physical activity is framed strictly by biological bias. In contrast, body practice incorporates humanistic and social dimensions. Conse-

quently, their objectives, scope, and purposes differ significantly, leading the author to describe their joint usage as an arbitrary binomial.

For example, in a discussion about cancer prevention, a context that could easily lend itself to a more traditional, biologically focused understanding of physical activity, Carvalho, Pinto, and Knuth³⁶ argue that broadening the conceptualization of physical activity could increase participation, offering protection against chronic health conditions while also acknowledging non-biological health benefits. Though framing physical activity as a protective factor against disease, the authors emphasize understanding bodily movement beyond energy expenditure and organic benefits. While these biological aspects remain relevant, they argue they should be considered alongside the subjective meanings and enjoyment people derive from movement, potentially enhancing everyday inclusion and adherence³⁶.

The U.S. Physical Activity guidelines³⁷ explicitly state that health benefits are not the sole reason people engage in physical activity. Instead, it provides opportunities for enjoyment, social connection with friends and family, and outdoor engagement, highlighting that people should be active for any reason meaningful to them. This aligns with Dellacasa and Oliver's perspective³ and, as the U.S. guidelines clarify, nothing in their recommendations implies health benefits should be the exclusive or primary motivation³⁷. Here, we see a move beyond framing health merely as the absence of disease (from a biological standpoint) or as the sole or dominant motivation for physical activity.

Pasquim et al.³¹, while not disputing the well-established association between low physical activity levels and disease risk, caution against adopting a universal, context-free understanding of this relationship. Their critique targets the reductionist view that human movement's health benefits depend solely on meeting standardized weekly duration and intensity targets (measured in minutes per week). This perspective obscures numerous contextual barriers preventing people from engaging in or enjoying such practices. Notably, even epidemiological research now acknowledges nuances that challenge this rigid framework. Evidence shows that health benefits can occur at activity levels below official recommendations while recognizing that context matters profoundly, as the health impacts of physical activity may vary significantly depending on the domain (e.g., leisure time, transport-related, and at work) in which it occurs^{24,38}. This emerging understanding reveals concep-

tual fluidity between previously considered mutually exclusive categories: physical activity versus body practice.

Thus, Carvalho³⁹ identified two polarized positions in the current debate: the energy-quantification approach, which necessarily strips movement of its subjective meaning for individuals, or the subjectivity/culture-based perspective, which assumes playful movement requires no energetic expenditure. From our standpoint, grounded on the reality of the Brazilian Unified Health System services, we propose a more productive convergence between “physical practice” and “body activities” (or body practice and physical activities) as integrated health promotion strategies, care, and quality of life. This approach emphasizes three fundamental principles:

- i) Recognition of movement practice as a social right, implementing through public policies ensuring safe, enjoyable, and accessible participation opportunities;
- ii) Simultaneous acknowledgment that all movement involves muscular contractions and energy expenditure and carries cultural/social/political meaning. These dimensions exist in an inseparable dialectical relationship;
- iii) Prioritize playful, meaningful experiences when possible, and be critical about the fact that purely mechanical movement (solely for organic benefits) may reduce adherence and potentially harm holistic health and quality of life.

Figure 3 illustrates this conceptual convergence between body practice and physical activities, showing how their integration can.

Rocha⁴⁰ argues that an expanded vision of health that recognizes social determinants and embraces intersectoral clinical approaches cannot be paralyzed by false dilemmas. This perspective requires understanding that health promotion should be grounded on socio-environmental approaches, foster emancipatory practices and contexts, and transcend traditional dichotomies such as clinical care vs. public health, scientific vs. traditional knowledge, economic vs. social development, and macro vs. micro-level policies.

While Rocha⁴⁰ does not explicitly address body practice and physical activities, this framework applies directly to this debate. The perceived dichotomy between these concepts represents precisely the kind of false dilemma that hinders progress in human movement and health initiatives. Some perspectives suggest that SUS frontline actions would lose value if framed under one term or the

other, a counterproductive stance. We emphasize their convergences and synergies; the same human movement can simultaneously prevent/treat health conditions through dose parameters (frequency, duration, intensity) and exist as meaningful practice independent of these metrics⁴¹.

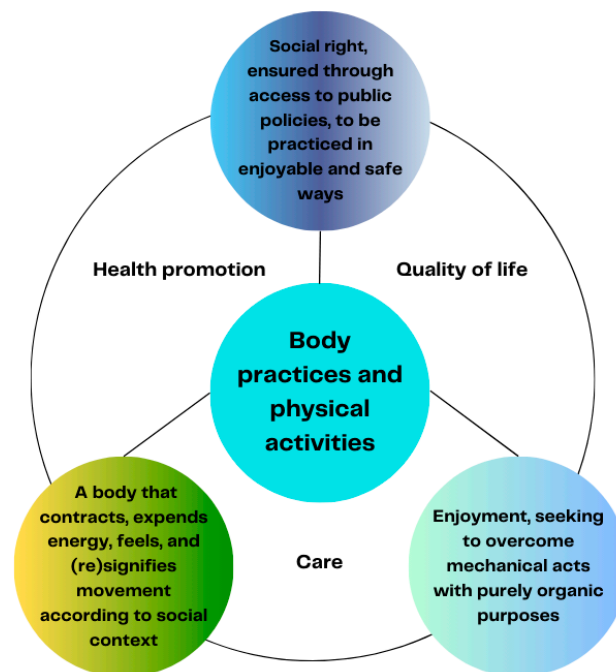


Figure 3 – Potential convergences between body practice and physical activities
Source: Original authorship.

Final considerations

Both concepts, body practice and physical activities, have undergone significant transformations since their original formulations, evolving through critical engagement with diverse theoretical frameworks and contextual debates. Notably, these conceptual shifts have been shaped by their geographic and epistemological “location”; in Brazilian scholarship, the debate led to adopting a distinct term – body practice; in international discourse, proposed revisions have retained mainly the original terminology – physical activity.

Thus, when examining body practice, physical activities, or body practice and physical activities, we should frame them as a social right, a complex, multidetermined event demanding an integrated understanding of human movement that centers people and their lived contexts. In our position, whether in the context of specific SUS policies (e.g., National Body Practice and Physical Activities Policy) or broader theoretical reflection, choice of terminology, or even provocative reversals like physical practice and bodily activities, the order of the factors should not

alter the product and should not overshadow the ultimate goal: convergence of efforts aimed at making such practices more accessible to Brazilians of all ages and social conditions, so that they have the opportunity to enjoy their benefits: biological, sociocultural, relational, etc. Thus, the priority must be transcending terminological debates to focus on accessibility, inclusivity, and integrating biological, sociocultural, relational, and economic dimensions.

In summary, our stance and proposal is that regardless of the term used, it must signify a catalyst for different dimensions of the relationship between human body movement and health, integrating biological, social, cultural, and economic perspectives without necessarily erasing one term or the other. The time has come for different shades of thought to converge toward building a common point, whether calling it one or the other, joining them with 'and' or separating them with '/' or even changing the order of the terms within public health policies, to formulate programs and actions aimed at reducing inequities and expanding access to practice for the Brazilian population.

Conflict of interest

The authors declare no conflict of interest.

Author's contributions

Carvalho FFB e Vieira LA: Conceptualization; Methodology; Formal analysis; Investigation; Writing – original draft; Writing – review & editing; Approval of the final version.

Declaration regarding the use of artificial intelligence tools in the article writing process

The authors did not use artificial intelligence tools for preparation of the manuscript.

Availability of research data and other materials

The contents underlying the research text are contained in the manuscript.

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Átila Alexandre Trapé 
Universidade de São Paulo, Ribeirão Preto,
São Paulo, Brazil.

Section editor

Sueyla Ferreira da Silva dos Santos 
Universidade Estadual Paulista, Presidente
Prudente, São Paulo, Brazil.

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Reviewers' assessment

The reviews of this article were originally conducted in Portuguese. This version has been translated using ChatGPT and subsequently reviewed by the Chief Editors.

Reviewer A

Anonymous

Comments to the authors

Dear authors,
Below is the full review:

General comment

- This is a theoretical essay that aims to discuss the similarities and differences between the concepts of bodily practices and physical activities in the context of the Brazilian Unified Health System (SUS), while linking this analysis to the field of Public Health. The proposal is highly relevant and well-founded, being pertinent for a conceptual deepening both for public policy formulation and for professional practice in the SUS. However, some points are outlined below with the intention of helping to make the text more cohesive and robust.

Specific comments

- The manuscript is appropriate in terms of length, and complies with RBAFS guidelines for the abstract length, number of illustrations, and number of references. I suggest graphical adjustments to the figures as indicated throughout the review and a brief grammatical revision to ensure proper punctuation use (specifically the use of commas).

Title

- Regarding the title, although it is creative and provocative as it stands, it could cause ambiguity and make it difficult to establish the terminology, which is still unsettled in the field of Physical Education, despite ongoing discussion and usage in the area of Public Health and policy-making.
- The final considerations reinforce the article's proposal well, emphasizing the need for an integrative view of the concepts that were well discussed throughout the text. However, the conclusions in the abstract and in the manuscript itself—as well as the justification at the end of the introduction—seem to leave open the usage of the term that appears in the title, which could contribute to mis-

communication within our field if some people began to use “physical practices” and/or “bodily activities,” for example.

- I agree that the provocative title can encourage a reading that aims for discussion and a rapprochement between perspectives and ways of promoting bodily practices and physical activities. However, if you believe the title is truly appropriate and that this provocation is valid, I strongly recommend stating explicitly that the use of this terminology would not be recommended, or that the present text itself does not do so.

Abstract

- The objective presented in the abstract diverges from that in the introduction. It is important to state in the abstract—whether in the methods section or the objective—that this is a theoretical essay. The development adequately supports the essay's rationale, which is introduced at the end of the introduction and is part of the authors' working practice in the health system. A grammar review is also needed to correct punctuation (commas). Considering the previous comments, I suggest a brief reformulation of the conclusion to reinforce the use of the appropriate concept.

Introduction

- p. 3, l. 21: insert a comma after “different versions.”
- p. 4, l. 4: likewise, insert a comma after “thus.”
- p. 4, l. 21: improve the wording of the sentence.

Discussion

- I suggest a grammatical review with attention to punctuation (some commas are missing).
- Before presenting Piggin's (2020) definition of physical activity, I suggest inserting a very brief update on what happened between 1985 and 2020 to justify presenting a new concept after Caspersen, Powell, and Christensen. One sentence connecting these two historical points would suffice.
- p. 7, l. 7: replace the word “this,” as the argument was already presented.
- p. 7, l. 11: who emphasizes this? The sentence is am-

biguous and could confuse readers.

- I think the authors could explore Hallal et al.'s (2024) definition of physical activity a bit more, especially since one of its authors was also part of the original 1985 concept.
- Figure 1: Is there a reason why the side lines connect to the elements/perspectives of the concepts presented in the figures? The lines in the illustrations do not seem to contribute to the understanding of the relationships between the elements/perspectives discussed by the authors. It would make more sense to present a surrounding circle rather than connecting, for example, the "energy expenditure above resting levels" perspective from Caspersen (1985) with "governments are responsible for facilitating practice in everyday life" from Hallal (2024). Even though the term "intersections" appears at the end of the section on physical activity, this theoretical essay does not establish intersections between these elements/perspectives; therefore, the lines could misleadingly imply intersections between only those elements/perspectives/bubbles in the illustration.
- Figure 2: The same issue raised about Figure 1 applies here.
- p. 9, l. 24: check the spelling of "co-responsibility."
- p. 10, l. 14: I suggest referencing the publications mentioned to better help the reader.
- p. 14, l. 16: the beginning of this paragraph feels

disconnected. Please mention at the start of the sentence that this excerpt still refers to Dellacasa and Oliver.

- p. 14: check the spelling. Consider using "A decade ago" or restructuring the first sentence. Also, cite the missing reference or the authors to facilitate understanding.
- Figure 3: I suggest removing "etc." even in item ii) of the points of convergence between bodily practices and physical activities; in the figure's circle, I see no reason to highlight only the cultural nuance. Finally, standardize the circle shapes' fills, as one of them is gradient, which may imply a difference or highlight undue importance.
- p. 19, l. 20: replace "ã" with "a."

References

- Review the standardization (some are abbreviated – 19; others list the full journal name).
- Finally, congratulations on this important and relevant manuscript, which will undoubtedly contribute to broadening the discussion on promoting bodily practices and physical activity within the SUS.

Final Decision

- Minor revisions required.

Reviewer B

Did not authorize publication.