of the post-surgical period was significant related to temporomandibular disorder. Post-craniotomy headache based on the International Headache Society criteria was observed in 40% of the patients (acute in 11.0%; chronic in 30.2%). McGill Pain Questionnaire: PRI was positively and significantly related to the intensity of the anxiety and had lower scores in the pterional approach; the number of words chosen was higher in women. SF-36: the scores were significantly lower than the ones found on a large Brazilian urban sample. The presence of anxiety and frontal craniotomy were associated with significant lower scores on bodily pain domain, and higher headache frequencies were significantly associated with lower scores on bodily pain and social functioning.

Conclusion: Post-craniotomy headache had a high incidence, an early beginning, different features and a higher frequency than previous headaches and was associated with temporomandibular disorder, depressive and anxiety symptoms and with a significant repercussion on quality of life. Its frequency decreased with time. Pain was more intense in women, anxious persons and in those with frontal and orbitozygomatic approach.

KEY WORDS: headache/classification, craniotomy, pain/postoperative, pain measurement, temporomandibular joint dysfunction syndrome, intracranial aneurysm, quality of life.

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EFFECT OF RESPIRATORY PHYSICAL THERAPY MANEUVER ON THE CEREBRAL HEMODYNAMIC (ABSTRACT)*. THESIS. CURITIBA, 2006

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The respiratory physiotherapy has an extremely important and recognized role on the appropriate assistance to patients victims of head injury. Knowning the influence of respiratory system on the cerebral hemodynamic, this study proposes to observe the repercussion of respiratory physiotherapy techniques as Vibration and Compression, expiratory flow increase and endotracheal suction on the mean arterial pressure, intracranial pressure, cerebral perfusion pressure, jugular venous oxygen pressure and jugular venous oxygen saturation.

The sample consisted of 20 patients with head trauma, a Glasgow Coma Scale ≤ 8, sedated, paralysed (Ramsay=6), intubated and mechanically ventilated, admitted in Adult Intensive Care Unit of Trabalhador Hospital in Curitiba-PR. There were 18 males (90%) and 2 females (10%), mean age 33.5 (±11.94) years and Apache II score 26.65 (±4.08).

The protocol consisted of physiotherapy techniques application of vibration and compression, expiratory flow increase (5 minutes in each chest wall) during 10 minutes for each technique. After, the suction was made, being preceded by instillation of 5 mL saline and 3 hyperinflations and hyperoxygenations. The variables were recorded after the end of each technique of vibration and compression, expiratory flow increase and suction, besides 10 minutes after the end of suction. Between each technique, happened a 5 minutes period of rest. The data were averaged statistically by ANOVA, Newman-Keuls and t Student tests. The normality condition of data were averaged by Kolmogorov-Smirnov. Values of $p<0.05$, indicate statistically significant. The results show the maintenance of mean arterial pressure, intracranial pressure, cerebral perfusion pressure, jugular venous oxygen pressure and jugular venous oxygen saturation during the techniques of vibration and compression, and expiratory flow increase. However, in relation to suction, there was an increase of mean arterial pressure, intracranial pressure, with maintenance of cerebral perfusion pressure, jugular venous oxygen pressure and jugular venous oxygen saturation and return to baseline mean arterial pressure and intracranial pressure 10 minutes after the end of suction.

Concluding, the respiratory physiotherapy techniques (vibration and compression, expiratory flow increase) do not promote cerebral hemodynamic repercussion, unlike suction, in severe head injury patients, mechanically ventilated, sedated and paralysed.

KEY WORDS: physical therapy, respiratory, brain.

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