

Name: _____ Date: _____ Initial _____ Final _____

Shoulder Pain and Disability Index (SPADI)

Please base your determination on what best represents your experience during the last week attributable to your shoulder problem.

Pain scale How severe is your pain?

Check the box that best corresponds with your pain level. 0 = no pain and 10 = the worst pain imaginable.

	0	1	2	3	4	5	6	7	8	9	10
At its worst?	0	1	2	3	4	5	6	7	8	9	10
When lying on the involved side?	0	1	2	3	4	5	6	7	8	9	10
Reaching for something on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Touching the back of your neck?	0	1	2	3	4	5	6	7	8	9	10
Pushing with the involved arm?	0	1	2	3	4	5	6	7	8	9	10

Total pain score: _____ /50 x 100 = _____ %

Disability scale

How much difficulty do you have?

Check the box that best corresponds with your difficulty level. 0 = no difficulty and 10 = so difficult it requires help.

	0	1	2	3	4	5	6	7	8	9	10
Washing your hair?	0	1	2	3	4	5	6	7	8	9	10
Washing your back?	0	1	2	3	4	5	6	7	8	9	10
Putting on an undershirt or jumper?	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down the front?	0	1	2	3	4	5	6	7	8	9	10
Putting on your pants?	0	1	2	3	4	5	6	7	8	9	10
Placing an object on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Carrying a heavy object of 10 pounds (4.5 kilograms)	0	1	2	3	4	5	6	7	8	9	10
Removing something from your back pocket?	0	1	2	3	4	5	6	7	8	9	10

Total disability score: _____ /80 x 100 = _____ % disability

Total SPADI score _____ Pain + _____ Disability/2 = _____ % Disability