

Shoulder Pain and Disability Index (SPADI)

Name: _____ Date: _____

Please place a mark on the line that best represents your experience during the last week attributed to your shoulder problem.

Pain Scale: How severe is your pain?

Circle the number that best describes your pain where: 0 = no pain and 10 = the worst pain imaginable.

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 = ____%
 (Note: if a person does not answer all questions divide by the total possible score, eg. If 1 question missed, divide by 40)

Disability Scale: How much difficulty do you have?

Circle the number that best describes your pain where: 0 = no difficulty and 10 = so difficult it requires help.

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 in 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 = ____%
 (Note: if a person does not answer all questions divide by the total possible score, eg. If 1 question missed, divide by 70)

Office Use Only: Total SPADI Score: ____/130 points (MDC: 13 points; No Disability = 0)
 Number of PT Sessions: ____ Gender: M F Age: ____
 ICD-9 Code: _____ PT Initials: _____