

Shoulder Pain and Disability Index (SPADI)

INSTRUCTIONS: Please answer the following questions by writing a number from 0 - 10 in the blank provided. If you feel a question does not pertain to you, put NA (not applicable) in the space. We will ask you to repeat this index in order to help our facility keep track of our treatment outcomes. Thank You.

PAIN SCALE: How severe is your pain? 0 = no pain-----> 10 = worst pain imaginable	
1. At its worst?	
2. When lying on the involved side?	
3. Reaching for something on a high shelf?	
4. Touching the back of your neck?	
5. Pushing with the involved arm?	

DISABILITY SCALE: How much difficulty do you have... 0 = no pain-----> 10 = worst pain imaginable	
6. Washing your hair?	
7. Washing your back?	
8. Putting on an undershirt or pullover sweater?	
9. Putting on a shirt that buttons down the front?	
10. Putting on your pants?	
11. Placing an object on a high shelf?	
12. Carrying a heavy object of 10 pounds?	
13. Removing something from your back pocket?	

Pain Scale Score =

Disability Scale Score =

Total Score =

Scoring: Summate the scores and divide by the highest possible score (130 if all questions answered). If an item applicable, no score is calculated. Multiply the total score by 100.

Therapist to complete:

Circle one: Initial / Re-eval / Discharge

Diagnosis: _____

Date: _____

Therapist Signature: _____

Source: Adapted from Lewis, C, Wilk, K, Wright, R. The Orthopedic Tool Box. Virginia: Learn Publications

CAPITAL MEDICAL CENTER
SHOULDER PAIN & DISABILITY INDEX