

Shoulder Pain and Disability Index (SPADI)

Patient's full name:

Date submitted:

Clinician's full name:

Instructions:

Please rate yourself between 0 - 10 for each item based on how they apply to you.

PAIN: How severe is your pain?

Tick the number that best describes your pain. 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

DISABILITY: How much difficulty do you have?

Tick the number that best describes your experience. 0 = no difficulty, and 10 = so difficult that you need help.

Washing your hair?

0 1 2 3 4 5 6 7 8 9 10

Washing your back?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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Putting on an undershirt or jumper?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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Putting on a shirt that buttons down the front?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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Putting on your pants?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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Placing an object on a high shelf?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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Carrying a heavy object of 10 pounds (4.5 kilograms)?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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Removing something from your back pocket?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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Total Pain Score:

(Total Score _____ ÷ 50) x 100 = _____ %

If the patient does not answer all questions under this section, divide by the total possible score. So, if the patient didn't answer one question, the total score will be divided by 40 instead of 50.

Total Disability Score

(Total Score _____ ÷ 80) x 100 = _____ %

If the patient does not answer all questions under this section, you'll do the same thing as the previous section, which is divide by the total possible score. So, if the patient didn't answer one question, the total score will be divided by 70 instead of 80.

Total SPADI Score

(Total Score _____ ÷ 130) x 100 = _____ %

Same thing as the previous two: divide by the total possible score based on how many questions they didn't answer. So, if the patient didn't answer one question, the total score will be divided by 120 instead of 130.

A total SPADI score of **0 means "best"** and **100 means "worst."** Higher scores mean that the patient's shoulder pain is terrible, which impacts certain activities of daily living to a horrible degree.

Reference:

Roach KE, Budiman-Mak E, Songsiridej N, Lertratanakul Y. Development of a shoulder pain and disability index. *Arthritis Care Res.* 1991 Dec;4(4):143-9.