SHOULDER PAIN AND DISABILITY INDEX (SPADI)

NAME: _____   DATE: _____

Pain Scale

HOW SEVERE IS YOUR <u>PAIN</u>… **0 = no pain** **10 = 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 Scale

HOW MUCH <u>DIFFICULTY</u> DO YOU HAVE… **0 = no difficulty** **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 pullover sweater?	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?	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

Minimal Clinically Important Difference (MCID): 10 points   **Total score: _____ ÷ 130 x 100% = _____%**

G-Code: **SPADI**:   0 = CH   1-19 = CI   20-39 = CJ   40-59 = CK   60-79 = CL   80-99 = CM   100 = CN