

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: _____

Shoulder Pain and Disability Index (SPADI)

Template from: Roach et al. (1991). Development of a shoulder pain and disability index.

MDC (90% confidence): 13 points

MacDermid, J. C., Solomon, P., and Prkachin, K. (2006). The Shoulder Pain and Disability Index demonstrates factor, construct and longitudinal validity. *BMC Musculoskeletal Disorders*, 7:12.

Found to be a “valid measure to assess pain and disability in community-based patients reporting shoulder pain due to musculoskeletal pathology”.

Roach, K. E., Budiman-Make, E., Songsirideg, N., and Lertratanakul, Y. (1991). Development of a shoulder pain and disability index. *Arthritis Care Res*, 4(4):143-9.

Objective: measure the pain and disability associated with shoulder pathology.

Two subscales: pain and disability.

Other: “SPADI total and subscale scores were highly negatively correlated with shoulder range of motion (ROM) supporting the criterion validity of the index... High negative correlations between changes in SPADI scores and changes in shoulder ROM indicated the SPADI detected changes in clinical status over short time intervals.”