

ADVANCE PHYSICAL THERAPY

Patient Name _____ Date _____

Shoulder Pain & Disability Index (SPADI)

Pain Scale: How severe is your pain?

0 _____ 10
 No Pain Worst Pain Imaginable

For each question below, circle the number that best describes your pain based on the scale above

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 difficulty do you have?

0 _____ 10
 No Difficulty Unable to Perform

For each question below, circle the number that best describes your difficulty based on the scale above

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
Pain Scale Score: ____ /50 x 100 = ____ % Disability Scale Score: ____ /80 x 100 = ____ %	TOTAL SCORE: ____ /130 x 100 = ____ %										

Scoring: Summate the scores and divide by the number of scores possible. If an item is deemed not applicable, no score is calculated. Multiply total score by 100. The higher the score, the greater the impairment.