

The Orthopedic Center

Shoulder Pain and Disability Index

Please place a mark on the line that best represents your experience during the last week attributable to your shoulder problem.

Pain Scale

How severe is your pain?

0 = no pain 10 = the worst 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 the 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?

0 = no difficulty 10 = so difficult is 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 has 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 10lbs or more?	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 the person does not answer all questions divide by the total possible score, eg. If 1 question missed divide by 70)

Total Spadi score: _____ 130 x _____ % (Note: if the person does not answer all questions divide by the total possible score, eg. If 1 question missed divide by 120)

Minimum Detectable Change (90% confidence) = 13 points
(Change less than this may be attributable to measurement error)