



# RED RIVER REHAB

## Spine & Orthopedic Center

*Putting people's lives in motion*

Patient Name: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

### Shoulder Pain and Disability Index (SPADI)

Please place a mark on the line that best represents your experience during the last week attributable to your shoulder problem. *Circle the number that best describes your pain: 0 = no pain and 10 = the worst pain imaginable.*

#### **PAIN SCALE: How severe is your pain?**

At its worst?	0	1	2	3	4	5	6	7	8	9	10
When lying on involved side?	0	1	2	3	4	5	6	7	8	9	10
Reaching for something on 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 involved arm?	0	1	2	3	4	5	6	7	8	9	10

Total Pain Score: \_\_\_\_\_/50 x100% = \_\_\_\_\_%

#### **DISABILITY SCALE: How much difficulty do you have with the following activities?**

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?	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons in 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?	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 x100% = \_\_\_\_\_%

Physical Therapist: \_\_\_\_\_

Total SPADI Score \_\_\_\_\_/130 x100% = \_\_\_\_\_%

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

1646 Military Hwy, Pinville, LA 71360

www.RedRiverRehab.com

therapy@redriverrehab.com

Phone: (318) 443-9305

Fax: (318) 443-3143