
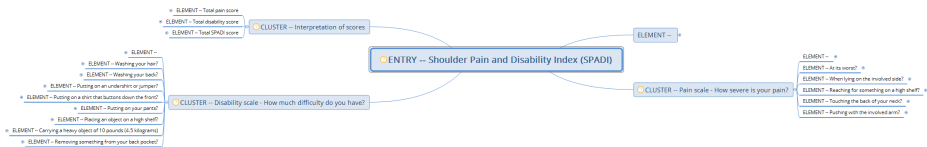


# Shoulder Pain and Disability Index (SPADI)

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	Shoulder Pain and Disability Index (SPADI)												
Clinical Area(s)	Physiotherapy												
Description of Use	Shoulder Pain and Disability Index (SPADI)												
Availability	Yes, full access in Explorer Online												
Explorer Online Screenshot	<div>SHOULDER PAIN AND DISABILITY INDEX (SPADI)</div> <p>Please click a number on the line that best represents your experience during the last week attributable to your shoulder problem.</p> <div>PAIN SCALE - HOW SEVERE IS YOUR PAIN?</div> <p>Please click the number that best describes your pain where: 0 = no pain and 10 = the worst pain imaginable</p> <div>AT ITS WORST? WHEN LYING ON THE INVOLVED SIDE? REACHING FOR SOMETHING ON A HIGH SHELF? TOUCHING THE BACK OF YOUR NECK? PUSHING WITH THE INVOLVED ARM?</div> <div>DISABILITY SCALE - HOW MUCH DIFFICULTY DO YOU HAVE?</div> <p>Click on the number that best describes your experience where: 0 = no difficulty and 10 = so difficult it requires help</p> <div>WASHING YOUR HAIR? WASHING YOUR BACK? PUTTING ON AN UNDERSHIRT OR JUMPER? PUTTING ON A SHIRT THAT BUTTONS DOWN THE FRONT? PUTTING ON YOUR PANTS? PLACING AN OBJECT ON A HIGH SHELF? CARRYING A HEAVY OBJECT OF 10 POUNDS (4.5 KILOGRAMS) REMOVING SOMETHING FROM YOUR BACK POCKET?</div>												
Report Preview	<div>Test TEST  <span>Born 12-Dec-1990 (31y) Gender Unknown 31y at the time of observation</span></div> <table><tr><td colspan="2">Address</td><td>Phone Not recorded</td><td>Medicare No</td></tr><tr><td>Specimen</td><td>Lab No 8A839473-51BE-4156-974C-579F8A35E1AE</td><td>Request Date 13/10/2022 10:16 AM</td><td>Effective Date 13/10/2022 10:16 AM</td></tr><tr><td></td><td></td><td></td><td>Generated Date 13/10/2022 10:15 AM</td></tr></table> <div>Shoulder Pain and Disability Index (E DAY)</div> <p>Please click a number on the line that best represents your experience during the last week attributable to your shoulder problem.</p> <div>PAIN SCALE - HOW SEVERE IS YOUR PAIN?</div> <p>Please click the number that best describes your pain where: 0 = no pain and 10 = the worst pain imaginable</p> <div>At its worst? 0 When lying on the involved side? 1 Reaching for something on a high shelf? 2 Touching the back of your neck? 3 Pushing with the involved arm? 4</div> <div>DISABILITY SCALE - HOW MUCH DIFFICULTY DO YOU HAVE?</div> <p>Click on the number that best describes your experience where: 0 = no difficulty and 10 = so difficult it requires help</p> <div>Washing your hair? 5 Washing your back? 6 Putting on an undershirt or jumper? 7 Putting on a shirt that buttons down the front? 8 Putting on your pants? 9 Placing an object on a high shelf? 10 Carrying a heavy object of 10 pounds (4.5 kilograms) 9 Removing something from your back pocket? 8</div>	Address		Phone Not recorded	Medicare No	Specimen	Lab No 8A839473-51BE-4156-974C-579F8A35E1AE	Request Date 13/10/2022 10:16 AM	Effective Date 13/10/2022 10:16 AM				Generated Date 13/10/2022 10:15 AM
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Mind Map



Excel File /Structure

CEN.ShoulderPainAndDisabilityIndex(SPADI) .v1.xml

Editor Screenshot

