**FORM PEMERIKSAAN *SHOULDER PAIN AND DISABILITY***

***INDEX (SPADI)***

1. Lingkari angka yang paling menggambarkan rasa sakit Anda di mana : 0 = tidak ada rasa sakit dan 10 = nyeri terburuk yang tidak bisa dibayangkan.
2. Seberapa parah nyeri yang anda rasakan?

**Skala Nyeri**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sangat nyeri?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Ketika posisi tiduran sisi yang** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **terkena?** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Meraih sesuatu di rak tinggi?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Menyentuh ke bagian belakang** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **leher anda?** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Mendorog dengan tangan yang** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **sakit?** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Skala Disabilitas**

1. Berapa besar kesulitan yang Anda miliki?
2. Lingkari angka yang paling menggambarkan pengalaman Anda di mana: **0** = tidak ada kesulitan dan **10** = sangat sulit dan membutuhkan bantuan.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mencuci rambut anda?** |  |  | 0 | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Menggosok punggung anda?** |  |  | 0 | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mengenakan baju?** |  |  | 0 | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Memakai kemeja dengan kancing** |  |  | 0 | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| **didepan?** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Memakai celana anda ?** |  |  | 0 | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Menempatkan benda ke rak yang tinggi?** |  | 0 | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Membawa benda berat 10 pounds (4,5** |  | 0 | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| **kg)** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mengambil sesuatu dari saku belakang** |  | 0 | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| **anda?** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **a.** | **Jumlah skor nyeri** | : | / 50 x 100 = |  |  |  | % |  |  |  |  |  |
| **b.** | **Jumlah skor disabilitas** | : | / 80 x 100 = |  |  |  | % |  |  |  |  |  |
| **c.** | **Jumlah skor spadi** | : | / 130 x 100 = |  |  | % |  |  |  |  |  |