The results of this study were as follow: there was a significant increase in severe pain among males compared to females, there was a significant increase in severity of pain in relation to stroke to pain duration (2-6 m). Subluxation was the commonest etiological diagnosis of severe shoulder pain (26.6%) followed by SHS and capsulitis (20% for each).

Cases with mild and moderate pain was significantly associated with mild restriction of SLR (53.3%) while cases with severe pain was significantly associated with severe restriction of SLR (73.3%)

It was found that there was a significant increase in severe pain (71.4%) over mild, and moderate pain (28.6%) in cases with severe spasticity.

Patients with good muscle power (grade 3,4) had a significant mild and moderate pain (85.7%) while patients with poor muscle power (grade 0,1) had a significant severe pain (80%).

The majority of cases with subluxation (85.7%) and shoulder hand syndrome (100%) were associated with grade 0,1 muscle power.

As a consequence of this study we can conclude that: The commonest pathological diagnosis of shoulder pain in chronic hemiplegic patients was capsulitis followed by subluxation and supraspinatus tendinitis.

Patients at highest risk for developing shoulder pain seem to be those with severe upper limb paralysis. The result of our study support the close association of shoulder pain with spasticity and loss of shoulder lateral rotation. So early preventive measures remain the key to minimize the complications of shoulder pain in patients with hemiplegia.