Lumbar Spine MRI Chart Set (1-20)

# **Chart 1**

## **History of Present Illness:**

44F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

Fibromyalgia, Allergic Rhinitis, Migraines

## **Medications:**

Acetaminophen PRN, Cyclobenzaprine 10 mg HS, Sumatriptan PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, reflexes 2+, sensation intact, SLR negative. Gait: Normal gait.

## **Assessment:**

44F with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 2**

## **History of Present Illness:**

39M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, GERD

## **Medications:**

Lisinopril 10 mg daily, Omeprazole 20 mg daily, Acetaminophen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, reflexes 2+, sensation intact, SLR negative. Gait: Normal gait.

## **Assessment:**

39M with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 3**

## **History of Present Illness:**

57F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, reflexes 2+, sensation intact, SLR negative. Gait: Normal gait.

## **Assessment:**

57F with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 4**

## **History of Present Illness:**

48M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. She jokes the pain started while wrestling with a stubborn IKEA bookshelf — 'the bookshelf won.' Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, reflexes 2+, sensation intact, SLR negative. Gait: Normal gait.

## **Assessment:**

48M with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 5**

## **History of Present Illness:**

82M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

CHF, Lumbar Stenosis, HTN

## **Medications:**

Furosemide 20 mg daily, Lisinopril 10 mg daily, Metoprolol 25 mg BID, Acetaminophen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, sensation mildly decreased L5 distribution, Achilles reflex 1+ L, 2+ R. Gait: Gait mildly antalgic, improves with leaning forward.

## **Assessment:**

82M with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 6**

## **History of Present Illness:**

90F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

COPD, OA, HLD

## **Medications:**

Tiotropium daily, Albuterol PRN, Atorvastatin 20 mg nightly, Acetaminophen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, sensation mildly decreased L5 distribution, Achilles reflex 1+ L, 2+ R. Gait: Gait mildly antalgic, improves with leaning forward.

## **Assessment:**

90F with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 7**

## **History of Present Illness:**

77M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, sensation mildly decreased L5 distribution, Achilles reflex 1+ L, 2+ R. Gait: Gait mildly antalgic, improves with leaning forward.

## **Assessment:**

77M with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 8**

## **History of Present Illness:**

80F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. He reports the pain began after trying to keep up with his kids' TikTok dance challenge — 'never again.' Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, sensation mildly decreased L5 distribution, Achilles reflex 1+ L, 2+ R. Gait: Gait mildly antalgic, improves with leaning forward.

## **Assessment:**

80F with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 9**

## **History of Present Illness:**

46M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Moderate distress with movement. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor 5/5 but pain-limited, reflexes symmetric, SLR positive at 30-40° on affected side. Gait: Antalgic gait.

## **Assessment:**

46M with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 10**

## **History of Present Illness:**

52F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Moderate distress with movement. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor 5/5 but pain-limited, reflexes symmetric, SLR positive at 30-40° on affected side. Gait: Antalgic gait.

## **Assessment:**

52F with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 11**

## **History of Present Illness:**

49M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor 5/5 but pain-limited, reflexes symmetric, SLR positive at 30-40° on affected side. Gait: Antalgic gait.

## **Assessment:**

49M with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 12**

## **History of Present Illness:**

54F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. She notes her pain flared after sneezing three times while holding her cat, who was 'absolutely no help.' Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor 5/5 but pain-limited, reflexes symmetric, SLR positive at 30-40° on affected side. Gait: Antalgic gait.

## **Assessment:**

54F with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 13**

## **History of Present Illness:**

78M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

OA, Hypothyroidism, DM2

## **Medications:**

Levothyroxine 75 mcg daily, Lisinopril 20 mg daily, Atorvastatin 20 mg nightly, Prednisone taper (5 days), Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Moderate distress with movement. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor 3-4/5 dorsiflexion left foot, decreased sensation in L5 dermatome, Achilles reflex 1+, unable to heel walk. Gait: Gait abnormal, drags left foot.

## **Assessment:**

78M with acute radiculopathy and neuro deficit. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 14**

## **History of Present Illness:**

70F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

DM2, HLD

## **Medications:**

Levothyroxine 75 mcg daily, Lisinopril 20 mg daily, Atorvastatin 20 mg nightly, Prednisone taper (5 days), Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Moderate distress with movement. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor 3-4/5 dorsiflexion left foot, decreased sensation in L5 dermatome, Achilles reflex 1+, unable to heel walk. Gait: Gait abnormal, drags left foot.

## **Assessment:**

70F with acute radiculopathy and neuro deficit. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 15**

## **History of Present Illness:**

66M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

DM2, HLD

## **Medications:**

Levothyroxine 75 mcg daily, Lisinopril 20 mg daily, Atorvastatin 20 mg nightly, Prednisone taper (5 days), Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor 3-4/5 dorsiflexion left foot, decreased sensation in L5 dermatome, Achilles reflex 1+, unable to heel walk. Gait: Gait abnormal, drags left foot.

## **Assessment:**

66M with acute radiculopathy and neuro deficit. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 16**

## **History of Present Illness:**

73F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. He admits he aggravated his back trying to deadlift a Costco-sized pack of water bottles. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

DM2, HLD

## **Medications:**

Levothyroxine 75 mcg daily, Lisinopril 20 mg daily, Atorvastatin 20 mg nightly, Prednisone taper (5 days), Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor 3-4/5 dorsiflexion left foot, decreased sensation in L5 dermatome, Achilles reflex 1+, unable to heel walk. Gait: Gait abnormal, drags left foot.

## **Assessment:**

73F with acute radiculopathy and neuro deficit. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 17**

## **History of Present Illness:**

55F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, reflexes 2+, sensation intact, SLR negative. Gait: Normal gait.

## **Assessment:**

55F with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 18**

## **History of Present Illness:**

60M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, reflexes 2+, sensation intact, SLR negative. Gait: Normal gait.

## **Assessment:**

60M with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 19**

## **History of Present Illness:**

59F presents with low back pain progressively worsening over several weeks. This female reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, reflexes 2+, sensation intact, SLR negative. Gait: Normal gait.

## **Assessment:**

59F with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.

# **Chart 20**

## **History of Present Illness:**

62M presents with low back pain progressively worsening over several weeks. This male reports pain interfering with sleep, daily activities, and mobility. Tried conservative measures (Tylenol, NSAIDs, PT) with limited relief. She laughed that her back pain started the day after bragging about her perfect yoga attendance streak. Denies fever, weight loss, saddle anesthesia, or bowel/bladder changes.

## **Past Medical History:**

HTN, HLD, OA

## **Medications:**

Lisinopril 10 mg daily, Atorvastatin 10 mg nightly, Acetaminophen PRN, Baclofen PRN

## **Review of Systems:**

Constitutional: No fever, chills, weight loss. Neuro: No new weakness or numbness unless noted. GI/GU: No bowel/bladder changes. MSK: Reports stiffness and pain worse with sitting or activity.

## **Physical Examination:**

Vitals: BP 126/78, HR 74, Temp 98.4F. General: Well-appearing. Back: Paraspinal tenderness, normal alignment, no step-off. ROM: Flexion limited to 40° due to pain. Neuro: Motor strength 5/5, reflexes 2+, sensation intact, SLR negative. Gait: Normal gait.

## **Assessment:**

62M with low back pain. Presentation consistent with lumbar pathology. No systemic red flags. MRI warranted given persistence and/or neuro findings.

## **Plan:**

Order MRI lumbar spine. Continue current pain regimen with adjustments as needed. Encourage gentle mobility and PT. Reviewed red flag symptoms. Follow up in 2-4 weeks or sooner if worsening.