EHR Report

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**Clinical Report: Michael Rodriguez**

**Date of Report:** 2025-05-01
**Patient:** Michael Rodriguez (MRN: 00291837, DOB: 1975-04-22, Sex: Male)
**Clinician:** Dr. Aisha Patel
**Encounter Type:** Outpatient

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**1. Chief Complaint**
Chronic lower back pain.

**2. Documented Clinical Assessment (from EHR)**
The primary assessment documented in the EHR is: **Chronic mechanical low back pain.**

**3. Supporting Clinical Rationale and Interpretation**

*   **History of Present Illness:**
    *   The patient reports lower back pain for 3 months, classifying it as chronic.
    *   Pain is described as being worse with sitting, which is a common characteristic of
mechanical back pain related to disc or facet joint irritation.
    *   Crucially, the absence of trauma, numbness, or tingling helps rule out acute injury and
significant radicular pain or neurological compromise, supporting a mechanical etiology.
*   **Physical Examination:**
    *   Musculoskeletal exam reveals tenderness over L4-L5, which aligns with common sites of
mechanical back pain and potential facet or muscular involvement in the lumbar spine.
    *   Limited forward flexion further supports musculoskeletal restriction, consistent with a
mechanical cause rather than a systemic or inflammatory condition.
*   **Absence of Red Flags:**
    *   The provided EHR data does not indicate any 'red flag' symptoms that would suggest a more
serious underlying pathology (e.g., fever, unexplained weight loss, nocturnal pain, severe or
progressive neurological deficits, bowel/bladder dysfunction, saddle anesthesia, history of
cancer, IV drug use, immunosuppression, acute severe trauma). This further supports the
assessment of mechanical low back pain.
*   **Vitals:**
    *   Vital signs (BP 132/84, HR 78, Temp 36.7C, SpO2 98%) are stable and within normal limits,
not suggesting an acute inflammatory or infectious process.
*   **Past Medical History/Medications:**
    *   Hypertension and hyperlipidemia are managed with Amlodipine and Atorvastatin,
respectively, and are not directly contributing to the acute presentation of back pain. No
allergies are noted.

**4. Differential Considerations (Consistent with Documented Assessment)**
Based on the provided EHR data, the documented assessment of "Chronic mechanical low back pain"
is well-supported. The clinical picture, characterized by chronic pain exacerbated by position
(sitting), localized tenderness, limited movement on examination, and the absence of neurological
symptoms or systemic red flags, strongly aligns with a diagnosis of mechanical low back pain.
This assessment implicitly differentiates from conditions such as:
    *   Lumbar radiculopathy (ruled out by absence of numbness/tingling, specific dermatomal
pain).
    *   Serious spinal pathology (e.g., fracture, infection, malignancy, cauda equina syndrome),
which are less likely given the absence of red flag symptoms.
    *   Inflammatory arthropathies, as there are no systemic symptoms or specific inflammatory
markers (not provided).

**5. Uncertainty and Missing Information**
*   No specific pain scale score is provided for the current encounter.
*   Detailed neurological examination findings (e.g., motor strength, reflexes, sensation in
lower extremities) are not provided beyond the general statement of "no numbness/tingling."
*   Imaging studies (e.g., X-ray, MRI) of the lumbar spine are not documented in the provided EHR
data.
*   While NSAIDs PRN are part of the plan, the patient's specific pain intensity and impact on
daily activities are not fully quantified.

**6. Current Plan (from EHR)**
*   Physiotherapy referral.
*   Core strengthening exercises.
*   NSAIDs PRN.
*   Follow up in 4 weeks.
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