

EHR Report

Generated: 2025-11-26 04:30:20

As a clinical decision-support tool, I am designed to assist licensed healthcare professionals by integrating and interpreting EHR data. I must emphasize that I do not provide diagnoses. Instead, I will present the clinician's documented assessment from the EHR and summarize the objective findings that support it.

Clinical Decision Support Report: Michael Rodriguez

****Patient Demographics:****
* ****Name:**** Michael Rodriguez
* ****MRN:**** 00291837
* ****DOB:**** 1975-04-22 (Age: 49 years)
* ****Sex:**** Male
* ****Encounter Date:**** 2025-05-01 (Outpatient with Dr. Aisha Patel)

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

****Clinical Assessment (from EHR):****
The clinician, Dr. Aisha Patel, has documented the assessment as ****Chronic mechanical low back pain****.

****Supporting Clinical Data from EHR:****

- **History of Present Illness:****
 - * ****Duration:**** Pain for 3 months, indicating chronicity.
 - * ****Aggravating Factors:**** Worse when sitting, suggestive of positional mechanical stress.
 - * ****Absence of Trauma:**** No reported acute traumatic event.
 - * ****Absence of Radicular Symptoms:**** No numbness or tingling, which decreases the likelihood of significant nerve root compression (e.g., disc herniation with radiculopathy) as the primary cause.
- **Physical Examination (Musculoskeletal):****
 - * ****Tenderness:**** Localized tenderness over L4-L5, consistent with a specific area of spinal or paraspinal involvement.
 - * ****Range of Motion:**** Limited forward flexion, indicating restricted spinal mobility often seen in mechanical back pain.
- **Past Medical History:****
 - * Hypertension, Hyperlipidemia (Managed with Amlodipine and Atorvastatin). These are comorbidities and do not appear directly related to the back pain etiology based on available data.
- **Vitals:****
 - * Blood Pressure: 132/84 mmHg
 - * Heart Rate: 78 bpm
 - * Temperature: 36.7°C
 - * SpO2: 98%
 - * All vital signs are within normal limits, suggesting no acute systemic inflammatory process or severe distress.
- **Current Management Plan (from EHR):****
 - * Physiotherapy referral
 - * Core strengthening exercises
 - * NSAIDs PRN
 - * Follow-up in 4 weeks

These interventions are standard initial approaches for managing chronic mechanical low back pain.

****Uncertainty/Missing Information:****
* ****Imaging:**** No spinal imaging (e.g., X-ray, MRI) is documented in the provided EHR. While not routinely indicated for uncomplicated mechanical low back pain, imaging may be considered if symptoms persist, worsen, or develop red flags.
* ****Pain Characteristics:**** Specific quality of pain (e.g., aching, sharp), radiation pattern (if any), and severity (e.g., VAS score) are not detailed beyond "worse when sitting."
* ****Functional Impact:**** No detailed information regarding the impact of pain on daily activities or quality of life is explicitly stated.
