

EHR Report

Generated: 2025-11-26 05:34:51

Likely Diagnosis

Objective Data from EHR:

- * **Chief Complaint:** Chronic lower back pain.
- * **History of Present Illness:** Pain for 3 months, worse when sitting, no trauma, no numbness/tingling.
- * **Physical Exam:** Tenderness over L4-L5, limited forward flexion.
- * **Assessment:** Chronic mechanical low back pain.

Clinical Interpretation and Reasoning:

Based on the provided EHR data, the patient's likely diagnosis is **Chronic Mechanical Low Back Pain (CLBP)**. This diagnosis is explicitly stated in the EHR's assessment section.

Supporting this assessment:

- * The **chief complaint** of chronic lower back pain, persistent for 3 months, aligns with the definition of chronic pain.
- * The **history of present illness** indicating pain worse with sitting is a common exacerbating factor for mechanical low back pain, as noted in the provided literature ("often exacerbated by prolonged sitting and poor posture").
- * **Physical exam findings** of tenderness over the lumbar region (L4-L5) and limited forward flexion are classic presentations of chronic mechanical low back pain, directly corroborated by the literature: "Patients with chronic mechanical low back pain often present with tenderness over the lumbar region, limited forward flexion, and discomfort when sitting for extended periods."
- * The **plan of care** including physiotherapy referral, core strengthening exercises, and NSAIDs PRN is consistent with recommended management for CLBP, as outlined in the literature which emphasizes "non-pharmacologic interventions, such as physiotherapy and core strengthening exercises" and mentions "Pharmacologic treatment may include non-steroidal anti-inflammatory drugs (NSAIDs) as needed for pain control."