

EHR Report

Generated: 2025-11-26 05:19:32

Clinical Report: Michael Rodriguez

Patient Information:

* **Name:** Michael Rodriguez
* **DOB:** 1975-04-22 (Age: 50 years at encounter)
* **Sex:** Male
* **MRN:** 00291837

Encounter Details:

* **Date:** 2025-05-01
* **Type:** Outpatient
* **Clinician:** Dr. Aisha Patel

Chief Complaint:

* Chronic lower back pain for 3 months.

Documented Clinical Assessment (from EHR):

* Chronic mechanical low back pain

Supporting Clinical Interpretation (Based on EHR Data):

1. **History of Present Illness (HPI) Analysis:**

* **Duration:** The pain has been present for 3 months, aligning with the "chronic" designation.
* **Aggravating Factors:** Worsening with sitting is a common feature of mechanical back pain, often related to disc or facet joint loading.
* **Absence of Trauma:** No reported trauma makes acute injury less likely as the primary cause of chronic pain.
* **Absence of Neurological Symptoms:** Crucially, the absence of numbness or tingling reduces the likelihood of radiculopathy or significant nerve root compression.

2. **Physical Examination Findings Analysis:**

* **Localization:** Tenderness over L4-L5 segments directly corresponds to a common anatomical area for mechanical back pain.
* **Range of Motion:** Limited forward flexion is consistent with musculoskeletal restriction and pain exacerbated by movement, characteristic of mechanical back issues.
* **Absence of Neurological Deficits:** The EHR does not report motor weakness, sensory deficits, or reflex abnormalities, which further supports the interpretation of non-radicular, mechanical pain.

3. **Vitals & Past Medical History:**

* **Vitals:** All vital signs (BP 132/84, HR 78, Temp 36.7C, SpO2 98%) are within normal limits, not indicating acute systemic illness.
* **PMH & Meds:** Hypertension and hyperlipidemia are noted and managed with Amlodipine and Atorvastatin, but these conditions are not directly related to the reported low back pain.

Differential Considerations (Non-Diagnostic):

The provided data strongly supports the clinician's assessment of chronic mechanical low back pain. Other etiologies for chronic low back pain, such as radiculopathy (due to disc herniation), spinal stenosis, inflammatory arthropathies, or malignancy, are less likely given the absence of neurological symptoms, systemic symptoms (e.g., fever, unexplained weight loss), or specific red flag findings in the EHR. The localized tenderness, movement-related pain, and lack of trauma history are highly suggestive of a mechanical origin.

Current Management Plan (from EHR):

* Physiotherapy referral
* Core strengthening exercises
* NSAIDs PRN
* Follow up in 4 weeks

Uncertainty/Missing Information:

* Specific pain severity score (e.g., using a VAS scale).
* Impact of pain on daily activities and quality of life.
* Details regarding previous treatments attempted and their efficacy.
* Baseline functional status and specific activity limitations.