

EHR Report

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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:

1. **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.

2. **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.

3. **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.

4. **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.

5. **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.
