

# EHR Report

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\*\*Patient:\*\* Michael Rodriguez (MRN: 00291837)

\*\*Encounter Date:\*\* 2025-05-01

\*\*Clinician:\*\* Dr. Aisha Patel

\*\*Likely Diagnosis:\*\*

Based on the provided EHR data, the likely diagnosis for Mr. Rodriguez is \*\*Chronic Mechanical Low Back Pain\*\*. This diagnosis is explicitly stated in the EHR's "Assessment" section.

\*\*Supporting Data from EHR:\*\*

\*    \*\*Chief Complaint & History of Present Illness (HPI):\*\* Mr. Rodriguez presents with "Chronic lower back pain" that has been ongoing for "3 months," consistent with the definition of chronic pain. The pain is described as "worse when sitting," and there is "no trauma, no numbness/tingling," which points towards a mechanical etiology rather than radicular pain or acute injury.

\*    \*\*Physical Exam:\*\* Musculoskeletal exam findings include "Tenderness over L4-L5" and "limited forward flexion." These are common objective findings in patients with mechanical low back pain.

\*    \*\*Past Medical History (PMH):\*\* The patient's history includes "Hypertension" and "Hyperlipidemia." While not directly causative, these are noted comorbidities that may influence overall patient management.

\*    \*\*Vitals:\*\* Blood pressure (132/84), heart rate (78), temperature (36.7C), and SpO2 (98%) are within expected limits, not suggesting an acute inflammatory or systemic process.

\*    \*\*Plan:\*\* The recommended plan includes "Physiotherapy referral," "Core strengthening exercises," "NSAIDs PRN," and "Follow up in 4 weeks," which are all standard interventions for chronic mechanical low back pain.

\*\*Clinical Interpretation and Literature Context:\*\*

The EHR data aligns well with the information provided in `literature\_example.pdf` regarding Chronic Low Back Pain (CLBP). The literature describes CLBP as a prevalent condition often exacerbated by prolonged sitting and poor posture. The physical exam findings of "tenderness over the lumbar region" and "limited forward flexion" in Mr. Rodriguez's EHR are directly mentioned in the literature as common presentations for patients with chronic mechanical low back pain. Furthermore, the literature notes "comorbidities such as hypertension and hyperlipidemia are common," which is consistent with Mr. Rodriguez's past medical history. The treatment plan, including physiotherapy, core strengthening programs, and NSAIDs for pain control, is also in line with the non-pharmacologic and pharmacologic interventions recommended in the provided literature.