

# EHR Report

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## Clinical Summary and Assessment Report

\*\*Patient Information:\*\*

\*    \*\*Name:\*\* Michael Rodriguez  
\*    \*\*DOB:\*\* 1975-04-22 (50 years old)  
\*    \*\*Sex:\*\* Male  
\*    \*\*MRN:\*\* 00291837

\*\*Encounter Details:\*\*

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

\*\*Chief Complaint:\*\*

\*    Chronic lower back pain

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### Clinical Assessment (from EHR)

The clinician's assessment documented in the Electronic Health Record (EHR) is:

\*    \*\*Chronic mechanical low back pain (CLBP)\*\*

### Supporting Clinical Rationale

This assessment is strongly supported by the patient's presentation and is consistent with established clinical understanding and the provided literature.

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

\*    \*\*Objective Data (EHR):\*\* Patient reports pain for 3 months, indicating chronicity. Pain is described as "worse when sitting," which aligns with typical exacerbating factors for CLBP. Importantly, there is "no trauma" and "no numbness/tingling," suggesting a mechanical rather than a traumatic or radicular etiology.

\*    \*\*Clinical Interpretation:\*\* The chronicity (3 months) and mechanical nature of the pain (worse with sitting, no neurological symptoms) are hallmark features of CLBP. The absence of trauma reduces suspicion for acute injury, while the absence of numbness/tingling helps rule out nerve root compression.

\*    \*\*Literature Alignment:\*\* The `literature\_example.pdf` states that CLBP is "often exacerbated by prolonged sitting and poor posture."

\*\*2. Physical Exam Findings:\*\*

\*    \*\*Objective Data (EHR):\*\* Musculoskeletal exam reveals "tenderness over L4-L5" and "limited forward flexion."

\*    \*\*Clinical Interpretation:\*\* Tenderness in the lumbar region and restricted range of motion, specifically forward flexion, are classic physical findings in patients experiencing mechanical low back pain, indicating localized inflammation or muscle spasm.

\*    \*\*Literature Alignment:\*\* The `literature\_example.pdf` notes that patients with CLBP "often present with tenderness over the lumbar region, limited forward flexion, and discomfort when sitting for extended periods."

\*\*3. Past Medical History (PMH) & Current Medications:\*\*

\*    \*\*Objective Data (EHR):\*\* Patient has a history of Hypertension and Hyperlipidemia, managed with Amlodipine 5mg daily and Atorvastatin 20mg daily, respectively.

\*    \*\*Clinical Interpretation:\*\* These comorbidities are common in the adult population and are explicitly noted as frequently co-occurring with CLBP. Their management indicates ongoing medical care.

\*    \*\*Literature Alignment:\*\* The `literature\_example.pdf` highlights that "Comorbidities such as hypertension and hyperlipidemia are common and should be considered in the management plan."

\*\*4. Vitals:\*\*

\*    \*\*Objective Data (EHR):\*\* BP 132/84, HR 78, Temp 36.7C, SpO2 98%.

\*    \*\*Clinical Interpretation:\*\* Vitals are stable and within an acceptable range, indicating no acute systemic distress or infection. The blood pressure is well-controlled with medication.

\*    \*\*Literature Alignment:\*\* The `literature\_example.pdf` mentions "Regular assessment of vitals (blood pressure, heart rate, oxygen saturation) and consideration of past medical history guide safe exercise prescription."

\*\*5. Absence of Red Flags:\*\*

\*    \*\*Objective Data (EHR):\*\* The EHR explicitly notes "no numbness/tingling" and "no trauma."

\*    \*\*Clinical Interpretation:\*\* The absence of neurological symptoms (e.g., numbness, tingling, weakness) helps to de-escalate concerns for radiculopathy or cauda equina syndrome. No history of

trauma suggests a non-acute, degenerative, or musculoskeletal origin.

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### ### Proposed Management Plan (from EHR)

The plan outlined in the EHR aligns with evidence-based approaches for CLBP:

- \* \*\*Physiotherapy referral:\*\* Targeted interventions for motor control, flexibility, and posture correction.
- \* \*\*Core strengthening exercises:\*\* To improve spinal stability, reduce pain, and restore function.
- \* \*\*NSAIDs PRN:\*\* For acute pain control as needed.
- \* \*\*Follow up in 4 weeks:\*\* Essential for monitoring progress, adjusting exercises, and ensuring adherence.

**\*\*Literature Alignment:\*\*** The `literature\_example.pdf` recommends "Physiotherapy interventions focusing on motor control, flexibility, and posture correction," "Core strengthening programs," "NSAIDs as needed for pain control," and emphasizes that "Follow-up is essential to monitor progress."

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### ### Uncertainty/Missing Information

- \* No specific details regarding pain severity (e.g., VAS score) or functional limitations beyond "limited forward flexion" are provided.
- \* The exact duration of exacerbation (e.g., how long "worse when sitting" has been occurring) is not specified, only the overall chronicity of 3 months.
- \* Further imaging or specific diagnostic tests are not mentioned, which may be considered depending on response to initial management or evolving symptoms.

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