

# EHR Report

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**\*\*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."