

# EHR Report

Generated: 2025-11-26 06:27:42

## Clinical Report: Treatment Options for Chronic Lower Back Pain

\*\*Patient Information:\*\*

\* \*\*Name:\*\* Michael Rodriguez  
\* \*\*DOB:\*\* 1975-04-22 (49 years old)  
\* \*\*Sex:\*\* Male  
\* \*\*MRN:\*\* 00291837  
\* \*\*Encounter Date:\*\* 2025-05-01  
\* \*\*Clinician:\*\* Dr. Aisha Patel

---

\*\*1. Clinical Summary (EHR Data):\*\*

\* \*\*Chief Complaint:\*\* Chronic lower back pain (CLBP) for 3 months.  
\* \*\*History of Present Illness:\*\* Pain is worse when sitting; no history of trauma, numbness, or tingling.  
\* \*\*Past Medical History:\*\* Hypertension, Hyperlipidemia.  
\* \*\*Current Medications:\*\* Amlodipine 5mg daily, Atorvastatin 20mg daily.  
\* \*\*Vitals:\*\* BP 132/84, HR 78, Temp 36.7C, SpO2 98%. (Within generally acceptable limits, Blood Pressure is elevated but controlled by medication based on the literature's guidance for monitoring).  
\* \*\*Physical Exam:\*\* Musculoskeletal exam reveals tenderness over L4-L5 and limited forward flexion.  
\* \*\*Assessment:\*\* Chronic mechanical low back pain.

---

\*\*2. Treatment Options & Clinical Rationale (EHR Plan & Literature Interpretation):\*\*

Based on the patient's presentation of chronic mechanical low back pain (CLBP) and the provided literature ("Core Strengthening and Physiotherapy in Chronic Low Back Pain"), the following treatment plan is indicated:

\* \*\*Physiotherapy Referral & Core Strengthening Exercises:\*\*

\* \*\*EHR Data:\*\* The plan explicitly includes "Physiotherapy referral" and "Core strengthening exercises."  
\* \*\*Clinical Interpretation (Literature Alignment):\*\* The literature states that "Core strengthening programs, including targeted trunk and pelvic floor exercises, have demonstrated improvements in pain intensity and functional outcomes." It also recommends "Physiotherapy interventions focusing on motor control, flexibility, and posture correction" as key non-pharmacologic interventions for CLBP. Given Mr. Rodriguez's complaint of pain worse with sitting and limited forward flexion, these interventions directly address underlying causes and symptoms, aiming to improve spinal stability and restore function.

\* \*\*NSAIDs PRN:\*\*

\* \*\*EHR Data:\*\* The plan includes "NSAIDs PRN."  
\* \*\*Clinical Interpretation (Literature Alignment):\*\* The literature indicates that "Pharmacologic treatment may include non-steroidal anti-inflammatory drugs (NSAIDs) as needed for pain control." This aligns with the patient's chronic pain management strategy to provide symptomatic relief during exacerbations.

\* \*\*Management of Comorbidities:\*\*

\* \*\*EHR Data:\*\* Patient has a history of Hypertension and Hyperlipidemia, for which he is on Amlodipine and Atorvastatin, respectively.  
\* \*\*Clinical Interpretation (Literature Alignment):\*\* The literature highlights that "Comorbidities such as hypertension and hyperlipidemia are common and should be considered in the management plan." While directly treated, their presence necessitates a holistic approach to care, ensuring these conditions are stable, especially when considering physical activity prescription. Mr. Rodriguez's vitals are generally stable, with a blood pressure within an acceptable range, suggesting these are being adequately managed.

\* \*\*Follow-up in 4 weeks:\*\*

\* \*\*EHR Data:\*\* The plan includes "Follow up in 4 weeks."  
\* \*\*Clinical Interpretation (Literature Alignment):\*\* The literature emphasizes that "Follow-up is essential to monitor progress, adjust exercises, and ensure adherence." Regular assessment, including "monitoring vitals (blood pressure, heart rate, oxygen saturation) and consideration of past medical history," guides safe exercise prescription and overall management. This follow-up schedule is appropriate to assess the efficacy of the initiated non-pharmacologic and pharmacologic interventions and make necessary adjustments.

---

**\*\*3. Conclusion:\*\***

The planned treatment for Mr. Michael Rodriguez's chronic mechanical low back pain, integrating physiotherapy, core strengthening, NSAIDs for pain, and close follow-up, is consistent with evidence-based recommendations outlined in the provided literature. The patient's comorbidities of hypertension and hyperlipidemia are acknowledged and managed, aligning with a holistic approach to CLBP management.