

# EHR Report

Generated: 2025-11-26 05:22:30

---

## Clinical Report: Michael Rodriguez - Chronic Lower Back Pain

\*\*Patient Information:\*\*

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

\*\*Chief Complaint:\*\* Chronic lower back pain

\*\*Documented Assessment (from EHR):\*\*

- \*    Chronic mechanical low back pain

\*\*Clinical Interpretation and Supporting Data:\*\*

The EHR data provides clear support for the documented assessment of chronic mechanical low back pain.

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

- \*    \*\*Duration:\*\* Pain for 3 months, classifying it as chronic.
- \*    \*\*Characteristics:\*\* Worse when sitting, which is a common feature of mechanical back pain, often exacerbated by sustained static postures or discogenic pain.
- \*    \*\*Absence of Red Flags:\*\* No reported trauma, no numbness/tingling. This is crucial as it suggests the absence of significant neurological compromise (e.g., radiculopathy) or acute structural injury. The lack of fever, night sweats, unexplained weight loss, or bowel/bladder changes is also implicitly absent from the provided HPI, further reducing suspicion for serious underlying pathology (e.g., infection, malignancy, cauda equina syndrome).

2.    \*\*Physical Exam Findings:\*\*

- \*    \*\*Musculoskeletal:\*\* Tenderness over L4-L5 and limited forward flexion. These findings are consistent with localized musculoskeletal pathology in the lumbar spine, often indicative of muscle strain, ligamentous injury, or degenerative disc/facet joint changes, all falling under the umbrella of mechanical back pain.

3.    \*\*Past Medical History & Medications:\*\*

- \*    Hypertension and Hyperlipidemia are managed with Amlodipine and Atorvastatin, respectively. These conditions do not directly contribute to the lower back pain but represent the patient's overall health status. Allergies are reported as none.

4.    \*\*Vitals:\*\*

- \*    BP: 132/84, HR: 78, Temp: 36.7C, SpO2: 98%. All vital signs are within normal limits or well-controlled, and do not suggest an acute systemic process contributing to the back pain.

5.    \*\*Plan:\*\*

- \*    The proposed plan of physiotherapy referral, core strengthening exercises, NSAIDs PRN, and follow-up in 4 weeks aligns with standard management strategies for chronic mechanical lower back pain.

\*\*Uncertainty/Missing Information:\*\*

- \*    The EHR data does not include details regarding the intensity of pain (e.g., pain scale), aggravating/alleviating factors beyond 'worse when sitting', specific neurological exam findings (e.g., motor strength, sensation, reflexes), or any prior imaging studies (e.g., X-ray, MRI of the lumbar spine). While the documented assessment is supported by the provided data, a comprehensive evaluation would typically include these elements to fully characterize the specific mechanical cause and rule out subtle neurological deficits.

\*\*Conclusion:\*\*

Based on the provided EHR data, the documented assessment of "Chronic mechanical low back pain" is well-supported by the patient's history of chronic, activity-related back pain without neurological red flags, and physical exam findings of localized tenderness and limited range of motion. The absence of specific red flag symptoms and normal vital signs further reinforces the mechanical nature of the pain.