

EHR Report

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Clinical Report: Michael Rodriguez - Chronic Low Back Pain

Patient Information:

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

Chief Complaint: Chronic lower back pain

Likely Diagnosis:

The EHR explicitly states an assessment of **Chronic mechanical low back pain**.

Clinical Rationale and Supporting Data:

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

- * Patient reports pain for 3 months, meeting the chronicity criterion.
- * Pain is exacerbated by sitting for extended periods, a common characteristic of mechanical low back pain.
- * Absence of trauma, numbness, or tingling helps rule out acute traumatic injury or radiculopathy, aligning with a mechanical origin.

2. **Physical Examination:**

- * Musculoskeletal exam reveals tenderness over the L4-L5 region, indicating a localized source of pain.
- * Limited forward flexion is a classic finding in patients with mechanical low back pain, suggesting spinal stiffness or muscle guarding.

3. **Past Medical History (PMH):**

- * Patient has a history of Hypertension and Hyperlipidemia. The literature context notes that these comorbidities are common in CLBP patients and should be considered in the management plan. Current medications (Amlodipine, Atorvastatin) indicate these conditions are being managed.

4. **Vitals:**

- * Blood Pressure: 132/84 mmHg (controlled for hypertension, but still relevant to overall cardiovascular health).
- * Heart Rate: 78 bpm
- * Temperature: 36.7C
- * SpO2: 98%
- * Vitals are stable and within acceptable limits, providing no immediate contraindications for exercise prescription mentioned in the plan.

Alignment with Literature Context (`literature_example.pdf`):

The provided literature describes Chronic Low Back Pain (CLBP) as prevalent, often exacerbated by prolonged sitting and poor posture. Key findings align perfectly with Mr. Rodriguez's presentation:

- * **CLBP:** Explicitly noted in the EHR assessment.
- * **Tenderness over lumbar region, limited forward flexion, discomfort when sitting for extended periods:** All directly observed in Mr. Rodriguez's exam and HPI.
- * **Comorbidities:** Hypertension and Hyperlipidemia are highlighted in the literature as common, consistent with Mr. Rodriguez's PMH.
- * **Management:** The plan for physiotherapy referral, core strengthening exercises, NSAIDs PRN, and follow-up is consistent with the literature's recommendation for non-pharmacologic interventions (physiotherapy, core strengthening), pharmacologic treatment (NSAIDs), and the importance of follow-up and monitoring.

Current Management Plan (as per EHR):

- * Physiotherapy referral
- * Core strengthening exercises
- * NSAIDs PRN for pain control
- * Follow up in 4 weeks

This plan reflects a holistic, evidence-based approach to managing CLBP, incorporating non-pharmacologic and pharmacologic strategies as recommended by the literature context.