

EHR Report

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Clinical Report: Documented Assessment for Michael Rodriguez

Patient: Michael Rodriguez (MRN: 00291837)
Date of Encounter: 2025-05-01
Chief Complaint: Chronic lower back pain

Clinician's Documented Assessment (from EHR):
The treating clinician, Dr. Aisha Patel, has documented the assessment as: **Chronic mechanical low back pain.**

Supporting Clinical Data (Objective from EHR):
* **History of Present Illness:** Mr. Rodriguez presents with lower back pain for 3 months, which is reported to be worse with sitting. No history of trauma, numbness, or tingling is reported.
* **Past Medical History:** Hypertension, Hyperlipidemia.
* **Vitals:** BP 132/84, HR 78, Temp 36.7C, SpO2 98%. (All within typical limits for an outpatient encounter, noting BP is controlled from prior diagnoses).
* **Physical Exam (Musculoskeletal):** Tenderness noted over L4-L5 vertebrae, with limited forward flexion of the lumbar spine.

Interpretive Considerations:
The documented assessment of "Chronic mechanical low back pain" is well-supported by the provided objective EHR data:
* **Chronic Nature:** The 3-month duration aligns with a chronic presentation.
* **Mechanical Pattern:** Pain worsening with sitting and limited forward flexion are classic indicators of mechanical back pain, often related to disc or facet joint pathology, or musculoligamentous strain.
* **Absence of Red Flags (based on provided data):** The report explicitly states "no trauma, no numbness/tingling," which are important negative findings that decrease the immediate likelihood of acute fracture, significant neurological compromise (e.g., radiculopathy, cauda equina syndrome), or other emergent spinal conditions. Systemic symptoms (fever, unexplained weight loss) often associated with inflammatory, infectious, or neoplastic etiologies are not reported.
* **Physical Exam Findings:** Localized tenderness at L4-L5 and limited range of motion are consistent with a mechanical source of pain in the lumbar spine.

Uncertainty/Missing Information:
* Specific pain quality (e.g., sharp, dull, aching), radiation patterns (other than absence of numbness/tingling), aggravating/alleviating factors beyond 'worse with sitting' are not detailed.
* Detailed neurological examination findings (e.g., strength, reflexes, sensation) are not provided, though the absence of reported numbness/tingling reduces the immediate concern for radiculopathy.
* The chronicity of the pain warrants consideration of psychosocial factors, which are not detailed in the provided EHR extract.
* Imaging results (e.g., X-ray, MRI) are not available in this EHR extract, which could further characterize the etiology of mechanical pain.

Current Plan (from EHR):
* Physiotherapy referral
* Core strengthening exercises
* NSAIDs PRN
* Follow up in 4 weeks