Sunrise Orthopaedic Centre

Dr. A. Sharma, MD (Ortho) · Consultant Orthopaedic Surgeon

Spine · Joint replacement · Sports injury (demo clinic)

ORTHOPAEDIC CONSULTATION NOTE

First visit · outpatient department

Name	Ramesh Kumar	**UHID**	DEMO-2026-000042
Age / Sex	52 y / M	**Visit date**	06 Mar 2026
Occupation	Bank clerk	**Reference**	DEMO-OPD-2026-000042

CHIEF COMPLAINT

Low-back pain of ~3 weeks' duration (at time of consult), insidious onset, worsening on prolonged sitting and forward flexion. Occasional radiation to the left buttock. No sensorimotor deficit reported at initial presentation. Follow-up X-Ray LS Spine dated 12 Feb 2026 reviewed.

RELEVANT HISTORY

Essential hypertension on Tab. Amlodipine 5 mg OD for ~3 years, well-controlled. No diabetes. No prior spine surgery or major trauma. No red-flag features on systemic review.

Occupation involves 8+ hours of seated desk work with limited breaks.

ON EXAMINATION

GENERAL	Alert, oriented. Ambulant. Vitals within normal limits.
SPINE — INSPECTION	Normal lumbar lordosis. No swelling, scar, or deformity.
PALPATION	Mild paraspinal tenderness at L4–L5 level. No step or bony tenderness.
RANGE OF MOTION	Flexion restricted and painful at ~40°. Extension mildly restricted. Lateral flexion preserved.
SLR — LEFT	Positive at 60° (reproduces posterior thigh pain).

SLR — RIGHT (CONTRALATERAL)	Negative.
MOTOR	Grade 5/5 in all major lower-limb groups bilaterally.
SENSORY	Mild dulling over left L4–L5 dermatome (lateral thigh, lateral calf).
REFLEXES	Knee & ankle jerks symmetric and normal.
GAIT	Normal heel-toe gait. No foot drop.

PROVISIONAL DIAGNOSIS

> **Left L4-L5 radiculopathy** — likely discogenic. No overt neurological deficit at present.

PLAN

- Short course of NSAIDs (e.g. Tab. Aceclofenac 100 mg BD × 7 days) with PPI cover, subject to renal function.
- Structured supervised physiotherapy for 8 weeks — lumbar stabilisation, core strengthening, neural mobilisation.
- Ergonomic advice: lumbar support at workstation, standing break every 45 minutes, avoid heavy lifting and prolonged forward flexion.
- Basic blood workup to screen for metabolic/inflammatory contributors (Hb, ESR, CRP, FBS/HbA1c, Vit D, Ca/Phos, renal function).
- Continue Tab. Amlodipine 5 mg OD as prescribed.
- Educate on red-flag symptoms — bladder/bowel disturbance, progressive weakness, saddle anaesthesia — for urgent review.

FOLLOW-UP

Review at 8 weeks with response to therapy. Earlier review if: progressive weakness, intractable pain despite conservative management, or any red-flag feature. Advanced imaging (MRI Lumbar Spine) to be considered if radicular symptoms persist beyond the conservative trial.

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