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1 Q What does that mean?

2 A So basically what that means is when you have a disk
3 that's damaged or bulging in his scenario and it's pressing on
4 the spinal cord and the spinal nerves the goal is to relieve
5 that pressure. So what they will do is they will go in in to
6 the neck and they will shave off part of that disk, so relieving
7 the pressure that's on the spine itself, they will also trim
8 some of the bone to open up the space for the nerves and the
9 spinal cord to travel, and not get irritated and pinched and
10 then if by doing that he believes that the spine itself is
11 unstable basically that if he let it alone and didn't stabilize
12 it the neck would basically flop around, it wouldn't stay, you
13 know, structured or stable, then he has to put in metal hardware
14 to stabilize the spine so that it stays in place.

15 Q Was that done for Mr. Ghoneim?

16 A It was, yes.

17 Q Now, is the purpose of this particular procedure to
18 relieve pain or to do something else?

19 A Well, two things , it's mainly -- a large part of it is
20 pain, so if you're in significant amounts of pain it relieves
21 pressure off of the spine and off of the nerves, which relieves
22 the pain itself or stops the pain, but also can prevent from
23 nerve damage, so if you already have -- if you have pressure on
24 the spine the goal is that it doesn't further escalate or make
25 the damage worse, so relieving pressure off of the damaged

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1 nerves. So it can also improve sometimes weakness as well as
2 sensation.

3 Q I'm going to ask you to assume the following facts as
4 true, Dr. Lerman testified in this case and he told the jury
5 that the purpose of this particular procedure was to take away
6 the pressure on the nerve roots, or the spinal cord that Mr.
7 Ghoneim had, he also testified that although it relieved some of
8 the radicular symptoms by removing that compression, it did not
9 relieve the pain that Mr. Ghoneim will have. Do you agree with
10 those conclusions?

11 A I do.

12 Q What is the basis of your agreement to those
13 conclusions?

14 A So same thought process as I mentioned before, once
15 you've got damage to a nerve as well as pressure on the nerve
16 alleviating or pulling off of the pressure from those nerves
17 will prevent the damage to getting worse or the symptoms from
18 getting worse, but it doesn't, you know, necessarily mean that
19 you will have full recovery once the pressure is gone the pain
20 is gone. That damage is still there.

21 Q So in regular terms like the nerves are like --

22 THE COURT: She's right.

23 Q Dr. Lerman testified that nerves are like electrodes or
24 like the brain is a -- is the hub and then the nerves run out.
25 Are you familiar with how that works?

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1 A Yes.

2 MS. NOLAN: I'm going to object to this whole line
3 of questioning. It's cumulative. Dr. Lerman already
4 testified about the surgery and all of this and he's
5 exchanged as a life care planner.

6 THE COURT: Is what he is saying contained within
7 his report?

8 MS. NOLAN: Not really, no. And since he is just
9 a hired expert --

10 THE COURT: Time out. So if it's contained within
11 his report then I'm going to let him testify; if it's not
12 within his report then I agree with you 100 percent.

13 MS. NOLAN: No, it's not within his report.

14 MR. PODOLSKY: He did a physical medical exam.

15 THE COURT: I don't have his report.

16 MR. PODOLSKY: I have it.

17 THE COURT: You can hand it up. I will agree with
18 Ms. Nolan on the proposition though that we need to get to
19 the part where he talks about how this all impacted his
20 life care planning rather than -- he is a different medical
21 specialty than Dr. Lerman, which is why I've given you some
22 latitude about it and he performed his own physical exam,
23 which is why I've given you some latitude about it, but he
24 is here as a life planner and so even if it is in the
25 report for time purposes we need to keep it moving.

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1 MR. PODOLSKY: Fair enough.

2 THE COURT: You both can have a seat.

3 (Whereupon, the record was read back.)

4 THE COURT: I don't see that specifically in the
5 report. I think in general terms that subject area would
6 fall within Dr. Shah's area of medical expertise but I
7 agree that to just ask Dr. Shah to comment on the
8 description of another expert it is cumulative. So the
9 objection is sustained. Do you need this back?

10 MR. PODOLSKY: Yes.

11 Q Dr. Shah, did you reach conclusions to a reasonable
12 degree of medical certainty whether or not Mr. Ghoneim's injury
13 is related to the accident of November 12th of 2015?

14 A I did.

15 Q And what is your conclusion?

16 A My opinion or conclusion is that the injury sustained
17 is a consequence, is a result of his injury from November 12,
18 2015.

19 Q What is the basis for your conclusion or opinion?

20 A Well, prior to the injury he had no symptoms, he was
21 functioning at a normal self, 100 percent self, had no
22 complaints, no weakness, no change in sensation, no pain.
23 Subsequent to the injury he continued to have reported
24 functional impairment as well as pain, as well as weakness, at
25 imaging that corroborated with those findings as well. And a

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1 physical exam that corroborated with that as well.

2 Q And is the basis of your opinion something that's
3 accepted in the medical community?

4 A Yes.

5 Q And tell the jury about that.

6 A So, generally speaking, in terms of how we evaluate a
7 patient it's based on our, you know, experience, treating these
8 conditions, medical literature, as well as physical evidence
9 showing that, you know, based on what type of injuries sustained
10 and I suppose symptoms that you will have afterwards all those
11 correlate to types of -- specific types of injuries or to
12 diagnoses I suppose, and based on those diagnoses there are
13 certain treatment options that are available as well as things
14 that you need to do that help alleviate those symptoms.

15 Q What is required under the standard of care in your
16 medical field in order to diagnose an injury like Mr. Ghoneim
17 and figure out whether it's related to the accident as stated by
18 Mr. Ghoneim?

19 MS. NOLAN: What type of injury are we talking
20 about?

21 THE COURT: Sustained.

22 MR. PODOLSKY: The neck injury. Only the neck
23 injury for now.

24 A So in regards to the neck injury things that I would be
25 looking for are things that are accepted in terms of how we

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1 diagnose these issues are --

2 MS. NOLAN: I'll object again, Judge. It's not
3 within his report.

4 THE COURT: Can I have the report back? Meaning
5 an opinion as to causation is not in the report is what
6 you're saying? Counsel? You got up to say it --

7 MS. NOLAN: I'll withdraw the objection. Sorry.

8 THE COURT: Thanks.

9 Q Please continue.

10 A I'm sorry. Can we re ask the question?

11 (Whereupon, the record was read back.)

12 THE COURT: Referring to the neck.

13 A Sure, in regards to the neck, things that we would be
14 looking for are symptoms, basically symptoms that he had prior
15 to the injury, so including any neck pain, any pain going down
16 in to the arms like the radicular symptoms, weakness in the
17 arms, change in symptomatology prior to the injury and then
18 after the injury essentially is asking those same types of
19 questions, so medical history, so history asking questions -- so
20 after the injury some questions regarding his neck pain, pain
21 radiating down in to the arms, weakness, changes in sensation,
22 and then based on those -- basically getting a history asking
23 those questions, doing a physical examination to find objective
24 answers whether there's true weakness, true changes in
25 sensation, using provocative test maneuvers to test the nerves

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1 and see if any of those nerves are getting irritated, and
2 specifically where they might be, testing reflexes to see if
3 there has been damage to the nerves from a permanent basis, and
4 where that might be as well, and then doing -- and then imaging
5 findings as well, so imaging findings like MRIs, CT scans, those
6 types of things.

7 Q Okay. Are all of those things required to do a proper
8 exam?

9 A To do a proper and thorough exam, yes.

10 Q So you wouldn't leave any of those out in order to come
11 to a proper conclusion, would that be correct?

12 A Correct.

13 Q On your physical exam did you note any scarring on Mr.
14 Ghoneim?

15 A I did, yes.

16 Q Where did you note the scarring?

17 A He had a scar over his anterior front of his neck from
18 a prior surgery.

19 Q When you say prior what do you mean by that?

20 A So from a surgery that had already been completed.

21 Q Would that mean prior to his visit with you?

22 A Sorry, prior to his visit with me, yes.

23 Q Not before the accident?

24 A Not before the accident.

25 Q The scar is from the accident?

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1 MS. NOLAN: Objection.

2 THE COURT: Sustained.

3 Q Would the scar be from the surgery related to the
4 accident in question?

5 A Yes.

6 Q Okay. And then upon your physical exam were there any
7 objective findings when you did a palpitation test or things of
8 that nature?

9 A Yes. So in regards to the physical exam palpation over
10 his cervical perispinal muscles as well as his -- let me double
11 check here as well -- cervical perispinal muscles, his neck
12 muscles, his trapezius muscles near his shoulders, as well as
13 his rhomboid, upper back if you were close to the spine, all of
14 those are very tender to palpations, meaning pushing on those
15 areas, reproduce a lot of his pain and he had some weakness as
16 well in his muscle groups on his motor exam, he had positive
17 provocative maneuvers as well, so the Spurling's exam or nerve
18 recompression tests.

19 Q These are all objective tests?

20 A Yes.

21 Q When you say objective does that mean that the patient
22 can't take them?

23 A Correct.

24 Q Did Mr. Ghoneim tell you what his pain was in relation
25 to his pain scale? And if you can tell the jury what that

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1 means.

2 A Sure. He did.

3 MS. NOLAN: Objection.

4 THE COURT: Apparently he did. I'm going to let
5 him answer. If it turns out he can't answer then I'll
6 entertain your objection.

7 MS. NOLAN: Thank you.

8 A He -- so he rated his neck pain as an eight to nine out
9 of ten on the pain scale.

10 THE COURT: Just for counsel's benefit what page
11 are you looking at?

12 THE WITNESS: Page two. That would be third
13 paragraph last line.

14 THE COURT: Withdraw your objection? It doesn't
15 matter, it's overruled anyway.

16 MS. NOLAN: Thank you, Judge.

17 Q Go ahead.

18 A It's an eight to nine out of ten on the pain scale, and
19 what the pain scale is, your subjective opinion of how bad that
20 pain is. Generally when I ask this question I state from zero
21 to 10 how bad do you feel that the pain is and a ten would be
22 the amount of pain that you would need to go to, you know, an
23 emergency room.

24 MS. NOLAN: Objection, Judge. We're talking about
25 the neck or the lumbar spine?

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1 THE WITNESS: The neck.

2 THE COURT: The neck.

3 MS. NOLAN: The pain scale that you're referring
4 to refers to his low back, correct?

5 THE WITNESS: Well, there's another one for his
6 low back but the neck --

7 THE COURT: The paragraph above that is the neck,
8 upon information and belief.

9 MS. NOLAN: I'm sorry.

10 A So, yes, so that's generally how I ask the question so
11 that I can delineate how bad or how severe they find their pain
12 to be, so ten would be something like taking you to the
13 emergency room for treatment. He rated his roughly as an eight
14 to nine.

15 Q Was that generally or just on the day of the visit?

16 A He said that on the day of the visit it was an eight to
17 nine out of ten, as well as in general his baseline pain is
18 roughly that high.

19 Q And did you take other history from Mr. Ghoneim such as
20 weight gain or activities or things of that nature?

21 A I did. So I did ask him a set of functional as well as
22 social, functional and social history includes as well as
23 nutritional questions.

24 THE COURT: I'm just going to ask you, it's merely
25 impossible we've put stuff on the bottom of the chairs to

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1 keep them from making that scraping noise, but every time
2 you move the chair she can't hear.

3 A And so in regards to nutritionally he stated that he's
4 gained roughly 50 pounds since the injury due to a lack of
5 mobility in regards to some of his functional -- the functional
6 questions that I asked him, most of these questions relate to
7 his ability to care for himself, things like brushing his teeth,
8 shaving, showering, toileting, going grocery shopping, throwing
9 away the garbage, household chores, those kinds of activities
10 and he has stated that he's had a decreased ability to complete
11 many of those tasks and requires assistance for a large
12 proportion of all of those tasks, which all happened after the
13 injury.

14 Q Okay. Why is that important in your field as a life
15 care planner?

16 A So that's important for me because asking those
17 functional and social history questions helps dictate -- dictate
18 things that he might require whether that's treatment, whether
19 that's devices, whether that's house or home modifications,
20 whether that's assistance from housekeeper, a handyman, a
21 personal care attendant, nurse, case manager, you know, all of
22 those things are essentially the treatments or the assistance
23 that he needs to complete basic living essentially.

24 Q You did a functional history exam as well, right?

25 A Functional history, yes.

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1 Q Where is that?

2 A Functional history is a list of questions outlining
3 what he can and cannot do and what he requires assistance for,
4 many of the things that I mentioned before like bathing,
5 dressing, toileting, grocery shopping, those kinds of things.

6 Q Are those findings consistent with an injury that Mr.
7 Ghoneim sustained from this accident?

8 A Yes.

9 Q Tell the jury why.

10 A Sure, so in many of the things that he complained about
11 or had difficulty doing included brushing or leaning over a
12 sink, so things just like bending forward, when you're bent
13 forward you're putting an increased pressure on your low back
14 and when you have pain in your low back from disks or disk
15 bulges or any of those things, you're essentially squeezing
16 those disks more, so sitting for long periods of time, bending
17 forward, standing, bending forward -- sorry -- are things that
18 might aggravate his pain, so things like standing in the shower
19 and then bending over to clean your legs or put soap on your
20 legs, clip your toenails, putting on your shoes, those all
21 become far more difficult as well as changing positions and
22 toileting, so, for example, sitting down at a toilet, going from
23 sitting to standing, being able to reach behind and clean
24 yourself, all of those things are things that will get
25 aggravated with his type of injury.

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1 Q So are his complaints consistent with someone who has a
2 cervical fusion?

3 A Some of them, yes.

4 Q Which ones are consistent with the cervical fusion?

5 A With the cervical fusion it would include brushing,
6 shaving, dressing, taking out the garbage, throwing the trash
7 away, grocery shopping, doing the laundry, those would all be
8 consistent, the difficulty doing those tasks.

9 Q Did you discuss with Mr. Ghoneim how to get those tasks
10 accomplished?

11 A So many of the times he requires assistance, so he has
12 a home health aide who helps take care of many of those tasks,
13 grocery shopping, sometimes dressing, sometimes, you know,
14 household chores or cleaning up in the house, throwing away the
15 garbage, those activities.

16 Q Did he tell you his brother was helping him out?

17 A Yes, his brother is helping him.

18 Q Did you discuss his social history with regard to his
19 condition before the accident?

20 A Yes, I did.

21 Q And what was discussed?

22 A He stated that he was completely independent with all
23 of those activities of daily living, he was able to do
24 everything for himself, he did not require any assistance from
25 anyone.

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1 Q Since the accident did you discuss with him how he
2 spends his days?

3 A I did. So I did ask things that he enjoyed before the
4 injury as well as things that he is able to do now, and things
5 that he's not able to do now include things like baby-sitting
6 his nieces and nephews, taking them out to the park, going out
7 with his friends to cafes and dinners, he finds that leaving the
8 home in general is a difficult task so he has to make sure that
9 his pain level is at a low enough level for him to be able to go
10 out and do those things as well as to be with his friends.

11 Q Now, in your field is that consistent -- are those
12 complaints consistent or limitations consistent with someone who
13 has had a fusion surgery to their neck?

14 A They can be, yes.

15 Q What is the basis of that conclusion?

16 A So based on, you know, evaluating patients anecdotally
17 based on evidence from other patients that have treated as well
18 as literature stating that often times patients who had these
19 types of injuries also have a social component that gets
20 effected, meaning that they don't want to go out because they
21 are in pain, they don't feel the desire to interact with other
22 people because they are in pain. We've all felt pain before and
23 sometimes when we're in those pain crises we don't have the
24 desire to talk to other people, we just want to you know, bubble
25 up or stay in hope.

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1 Q Why is taking that social history important in your
2 field?

3 A So in general we're looking at the patient
4 holistically, so just one issue is not -- one issue can effect
5 many other issues, when you're in pain it can effect your mood,
6 your ability to go out and to do other things, and when your
7 mood is low, you're unlikely to, you know, exercise, you're
8 unable to go out, you're unable to do a lot of the normal tasks
9 that you'd want to do, and it perpetuates kind of a vicious
10 cycle, if you will, and when that happens you need treatment for
11 those things, that can sometimes include speaking with somebody
12 like a psychologist, a psychiatrist, sometimes it getting
13 involved in the community and try to make friends, discussing
14 your injury with other individuals who also have the same type
15 of injury or the same type of symptoms, so community groups and
16 having -- giving the patient that kind of literature, that kind
17 of resources so that they can access that also improves their
18 condition, rather the goal is that it improves their condition
19 but those are treatments for that.

20 Q And that's part of your analysis of future life care
21 costs?

22 A It is, correct.

23 Q By the way, did Dr. Ghoneim tell you what he did before
24 the accident?

25 A Yes, he --

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1 THE COURT: What he did, what, for a living?

2 MR. PODOLSKY: For a living.

3 A He worked as -- initially worked as a limousine driver
4 and a taxi car -- a green cab driver.

5 Q How long did he do that type of job?

6 A He was working as a limousine driver for 20 years and
7 then a green cab driver for three years.

8 Q When did he stop working?

9 A After the accident.

10 Q Was that as a result of the accident?

11 A Yes.

12 Q Do you have an opinion within a reasonable degree of
13 medical certainty whether or not Mr. Ghoneim's pain is
14 adequately treated?

15 A I do not believe that his pain is adequately treated at
16 this time.

17 Q What is the basis of that opinion?

18 A The basis is based that he cannot function the way that
19 he should be able to do, he still has a very high level of pain,
20 he still has weakness on exam and -- yeah.

21 Q Do you have an opinion to a reasonable degree of
22 medical certainty whether or not Mr. Ghoneim's injuries are
23 related to the accident of November 12, 2015?

24 MS. NOLAN: Objection. Asked and answered.

25 A I believe that they are related.

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1 THE COURT: Sustained.

2 Q Do you have an opinion to a reasonable degree of
3 medical certainty whether or not Mr. Ghoneim -- whether or not
4 the injuries Mr. Ghoneim sustained on November 12, 2015 cause a
5 significant limitation of use of a body or function?

6 MS. NOLAN: Objection.

7 THE COURT: Objection to form for sure. Do you
8 want to re ask the question?

9 MR. PODOLSKY: I'll re ask the question.

10 Q Dr. Shah, do you have an opinion to a reasonable degree
11 of medical certainty whether or not the accident of November 12,
12 2015 caused Mr. Ghoneim to sustain a significant limitation of a
13 use of a body function or system?

14 MS. NOLAN: Objection.

15 THE COURT: What's your objection?

16 MS. NOLAN: Outside the scope of his report.

17 THE COURT: If you can save some time and show me
18 where it is in the report.

19 MR. PODOLSKY: It's in his conclusions.

20 THE COURT: I think it's close enough, sure.

21 Meaning he has commentary about --

22 Q You can answer.

23 A I do.

24 Q Do you have an opinion to a reasonable degree of
25 medical certainty whether or not -- as to whether or not the

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1 accident of November 12, 2015 caused Mr. Ghoneim to sustain a
2 permanent consequential limitation of use of a body, organ or
3 member?

4 A Yes, I do.

5 Q What is your opinion?

6 A My opinion is that the injury -- or the accident
7 resulted in a permanent injury to his neck as well as his upper
8 extremities.

9 Q And for the first question I'm not sure if I asked you,
10 I think I asked you do you have an opinion but I didn't ask you
11 what is your opinion.

12 A What was the question? Sorry.

13 THE COURT: The permanency question.

14 Q The permanency question. What is your opinion with
15 regards to Mr. Ghoneim sustaining a significant limitation of a
16 use of a body function or system?

17 A Within a reasonable degree of medical certainty I do
18 believe that that is a permanent injury to his neck and his
19 upper extremities.

20 Q And the basis of your opinion is what?

21 A The basis of it would be based on his physical exam,
22 his history, literature within the field, yeah.

23 Q Okay. Now, let's talk about the life care analysis.

24 A Mm-hmm.

25 Q Okay. Did you reach a conclusion with regard to what

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1 Mr. Ghoneim would require in terms of healthcare going forward?

2 A I did, yes.

3 Q And please tell the jury what your conclusion is.

4 A Sure. So based on his history and physical exam and
5 functional and social history I believe that he's going to
6 require services from several different specialties, I think
7 he's going to need treatment -- or evaluation and continued
8 follow up by physiatrist or physical medicine and rehab
9 physician who would specialize in musculoskeletal medicine so
10 basically trying to get him as functional and as mobile as
11 possible, improve his neck pain, his upper extremity pain, as
12 well as oversee treatment with the physical therapist and
13 occupational therapist, a physical trainer, getting involved
14 with aquatic programs, aquatic therapy.

15 In regards to modalities this would be evaluated by an
16 occupational therapist and that would include certain types of
17 assistive devices, so that's going to require a cane, a walker
18 for longer distances, whether it requires a scooter for longer
19 distances, which he will require since he can only walk about
20 half a block or a block before taking a break, as well as
21 carrying different things, he has difficulty carrying more than
22 roughly five pounds so that would be something that can also be
23 utilized, he will also require services --

24 THE COURT: A scooter you mean?

25 THE WITNESS: Like a basket with a scooter.

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1 THE COURT: I got it.

2 A And then also requiring treatment, evaluation and
3 potential treatment by an orthopedic spine surgeon for potential
4 future surgery, orthopedic knee surgeon for possible knee
5 issues, as well as a nonsurgical spine specialist, the reason
6 being is that there are other treatment options that can be
7 utilized regarding pain medications, injections, as well as
8 device implants, devices meaning like a spinal cord stimulator,
9 which is a device you can put in to your spine to help diminish
10 the pain that you are feeling, so those are all evaluations that
11 can be done, his living situation, his ability to care for
12 himself, I think that he'll need services to help care for
13 himself as well as his home, so that would include housekeeper
14 services, possible handyman services for routine maintenance of
15 his home, if anything breaks down that he would be able to fix
16 himself, it would also include certain things in his home that
17 would help him be more functional at home and be able to sleep
18 better.

19 So he has a difficulty staying in any particular
20 position for long periods of time, he requires frequent movement
21 as well as off floating of his body, which would be benefited by
22 like an electric bed or motorized bed to help move from side to
23 side, other things would be going from a sit to stand position,
24 having a sit to stand desk, something that allows you if you're
25 sitting for a long time or working on a computer or working on a

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1 desk, being able to sit to stand will improve pain flare ups or
2 decrease pain flare ups, you know, shower chairs so that he can
3 sit in the shower, clean his lower extremities, he will require
4 podiatrist services roughly every year, every six months to a
5 year to make sure that he's not having any changes in his toes,
6 between his toes just because he can't bend over easily enough
7 to inspect them and check them, and clip his toenails, he will
8 also need transportation services, so being unable to drive at
9 this point now, being unable to utilize public transportation
10 very easily, he -- he requires an application for something like
11 Access-A-Ride, a car service program within New York to help him
12 get from point A to point B for medically-necessary appointments
13 or even getting in to the community and community-based
14 programs.

15 And going forward, I know he lives in a walk up, has 15
16 stairs to get in to his home, if this becomes far more difficult
17 for him to actually get up those stairs which will continue to
18 happen he will likely require -- you will need to either move to
19 a first-floor apartment where everything is on the first floor
20 or an elevator type building. So those would be things that he
21 will probably like require going forward.

22 Q Can you tell the jury the costs involved in Mr.
23 Ghoneim's future life care?

24 A Total costs are --

25 Q Not total --

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1 THE COURT: Item by item, please.

2 Q Let's break it down.

3 MS. NOLAN: I'd ask that he'd tell us where he is
4 reading from.

5 THE WITNESS: I'm reading from my life care plan
6 report, the table section.

7 MS. NOLAN: Table one?

8 THE WITNESS: Starting at table one. So starting
9 from table one, as I mentioned, he's going to need a
10 physical medicine and rehabilitation specialist to help
11 guide his treatment, so the initial comprehensive
12 evaluation costs roughly \$350 and the follow up will be
13 \$225, this will be the initial one followed by two
14 quarterly -- sorry, by quarterly evals (sic) for two years,
15 and --

16 THE COURT: The quarterly evals are 225?

17 THE WITNESS: No, the initial evaluation is 350
18 and the quarterly follow ups are 175.

19 THE COURT: So that's times eight visits?

20 THE WITNESS: Correct. And then after the first
21 two years he will require semiannual visits.

22 THE COURT: Same price?

23 THE WITNESS: So these are -- yes, \$225 actually.

24 THE COURT: Twice a year?

25 THE WITNESS: Yes. And then he will require

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1 continued follow up or evaluation of the pain management
2 specialist, and so pain management specialist is on table
3 two, so we'll just go to table two real quickly. Table
4 two, the initial evaluation is again \$350 for a
5 comprehensive evaluation as well as \$175 for -- 175 for
6 follow-up visits, and for a comprehensive pain management
7 specialist initially I'd want him doing that monthly for
8 roughly three visits essentially, so in a three-month
9 period he will have three visits.

10 THE COURT: Three at 350?

11 THE WITNESS: One would be 350 and the follow ups
12 are 175. And then for an additional three months he will
13 also require that, so a total of six visits for a six-month
14 period and then after that it would be a semiannual basis.

15 THE COURT: At 175?

16 THE WITNESS: Semiannual after the initial six
17 months, after that it will be semiannual and that would be
18 250. And then he -- in regards to pain there are potential
19 costs. I have not included this as a likely scenario, but
20 potential costs would be for therapeutic injections which
21 would be epidural injections, facet injections, and
22 trigger-point injections, and the total cost or annual cost
23 for that would be somewhere -- would be around \$313 to
24 \$469, but that's a potential cost. And in regards to --

25 MS. NOLAN: Are we back to table one?

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1 THE WITNESS: Still on table two. In regards to
2 pharmaceutical trials, also looking at at the kind of costs
3 of medications, trying the different types of prescription
4 medications, all of those costs will also be on that same
5 four to six-month period and that would be roughly \$750 or
6 \$2,000. A therapeutic tens unit, which is a device which
7 would be a trial, a trial for that to see if that improves
8 his pain would be roughly \$100. And then -- that would be
9 it. So going back to table one, he would require an
10 evaluation by a spine surgeon and then ongoing maintenance
11 for that as well. So one extended follow-up visit within
12 the first three-month period would be \$300, and then I
13 would anticipate roughly every six months to one year
14 follow up.

15 THE COURT: At \$300?

16 THE WITNESS: That would be at \$300. And then the
17 orthopedic's knee surgery it would be the same thing, it
18 would be anticipated one follow up, one evaluation with
19 periodic follow up, so roughly six to eight follow-up
20 sessions within his life span or 16 -- from now until his
21 life span and that would be at a annual cost of 113 to
22 \$150. Having an internal or primary care physician guiding
23 his nutrition, his weight gain, those things I have an
24 annual visit and that would be \$175. And then a
25 podiatrist, as I mentioned the cost of the podiatrist,