

1 SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX: CIVIL TERM: PART IA-26
2 -----X

3 DELIS VASQUEZ CARRANZA,
4
5 Plaintiff,

6 -against- Index No: 300322/2017E

7 MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES
8 & TURNER CONSTRUCTION, **TRIAL**
9 Defendants.
10 -----X

11 **TESTIMONY** Bronx Supreme Court
12 Dr. Thomas Kolb 851 Grand Concourse
13 Bronx, New York 10451
14 July 2, 2025

15 **B E F O R E:**

16 HONORABLE PAUL ALPERT,
17 Justice of the Supreme Court

18 **A P P E A R A N C E S:**

19 GORAYEB & ASSOCIATES, PC
20 Attorneys for the Plaintiff
21 100 William St, 19th Floor
22 New York, NY 10038

23 BY: FRANK KELLY, ESQ.

24 DOPF, PC
25 Attorney for the Defendant
112 West 34th Street, Suite 1555
New York, New York 10120

BY: ZACHARY LYON, ESQ.

MARCUS MELENDEZ,
Official Spanish Language Interpreter

SIOBHAN LYONS
Senior Court Reporter

1 (Whereupon, the Demonstrative Photo was marked as
2 Plaintiff's Exhibit 14-A for identification, by the
3 Reporter)

4 (Whereupon, the Demonstrative Photo was marked as
5 Plaintiff's Exhibit 14-B for identification, by the
6 Reporter)

7 (Whereupon, the Demonstrative Photo was marked as
8 Plaintiff's Exhibit 14-C for identification, by the
9 Reporter)

10 (Whereupon, the Demonstrative Photo was marked as
11 Plaintiff's Exhibit 14-D for identification, by the
12 Reporter)

13 (Whereupon, the Demonstrative Photo was marked as
14 Plaintiff's Exhibit 14-E for identification, by the
15 Reporter)

16 (Whereupon, the Demonstrative Photo was marked as
17 Plaintiff's Exhibit 14-F for identification, by the
18 Reporter)

19 (Whereupon, the Demonstrative Photo was marked as
20 Plaintiff's Exhibit 14-G for identification, by the
21 Reporter)

22 (Whereupon, the Demonstrative Photo was marked as
23 Plaintiff's Exhibit 14-G for identification, by the
24 Reporter)

25 (Whereupon, the Demonstrative Photo was marked as

1 Plaintiff's Exhibit 14-H for identification, by the
2 Reporter)

3 THE COURT: Get the jury, please.

4 COURT OFFICER: All rise. Jury entering.

5 (Whereupon, the jury entered the courtroom)

6 THE COURT: You may be seated. Good morning,
7 members of the jury.

8 Mr. Kelly?

9 MR. KELLY: Dr. Kolb, for the Plaintiff.

10 THE CLERK: All right. Over here. Remain standing
11 and raise your right hand. Do you swear or affirm that the
12 testimony you're about to give this court is the truth?

13 THE WITNESS: I do.

14 T H O M A S K O L B, called as a witness by
15 and on behalf of the Plaintiff, after having been first duly
16 sworn, was examined and testified as follows:

17 THE CLERK: Thank you. You can have a seat.

18 THE WITNESS: Thank you.

19 THE CLERK: Please state your name, spell your name
20 and state your county of residence.

21 THE WITNESS: Dr. Thomas Kolb, K-O-L-B, county of
22 residence is Bronx, Bronx, New York.

23 THE CLERK: Thank you.

24 The witness is sworn.

25 THE COURT: Counsel, you may inquire.

1 MR. KELLY: Thank you, Your Honor.

2 DIRECT EXAMINATION

3 BY MR. KELLY:

4 Q Good morning, Dr. Kolb. How are you?

5 A Good morning.

6 Q Dr. Kolb, kindly tell the jury, what is your
7 profession?

8 A I'm a radiologist. I'm, obviously, a doctor, but I
9 specialize in diagnostic radiology.

10 Q All right. Could you tell the jury a little bit about
11 your professional education?

12 A Sure. I went to Queens College here in the City of New
13 York. I graduated in 1979. I then went to medical school in
14 Brooklyn, Downstate, and I graduated in 1983. I then became a
15 pediatrician. I did three years here in the Bronx at Jacobi
16 Hospital and Montefiore Hospital from 1983 to 1986 and became
17 board certified as a pediatrician. I then went back and did
18 another four years of training in diagnostic -- I became -- I
19 did another four years of training in diagnostic radiology at
20 Columbia Medical Center, Columbia Presbyterian Medical Center in
21 Washington Heights from 1986 through 1990 and I became board
22 certified in radiology and I've been practicing radiology since
23 1990 until today.

24 Q Are you licensed to practice medicine in the State of
25 New York?

1 A I am.

2 Q And, doctor, are you board certified?

3 A I am.

4 Q Tell the jury what that means, to be board certified.

5 A Well, you have to finish a number of years of training.
6 Like I said, in pediatricians it was three years at that time
7 and radiology was four years. Then you had to take a test, a
8 written test, and if you pass that you have to take an oral
9 examination, a test, and, if you pass that, you become a member
10 of the board of or diplomate of the Board of Radiology. So,
11 it's just shortened by saying you're board certified.

12 Q And have you undertaken any research or published in
13 your field?

14 A Yes.

15 Q Tell the jury about that, if you would.

16 A So, my practice is split into two different parts. One
17 part of my practice is breast cancer diagnosis. I specialize in
18 young, high-risk women, those particularly with dense breasts,
19 and I see many thousands of patients every year and you asked me
20 if I've ever published. So, the answer is yes. So, I've done
21 some research studies in breast cancer detection. I published a
22 paper on over 27,000 woman a number of years ago, which was
23 cited as the American Medical Association's Publication of the
24 Year award, and it basically looked at how accurate are
25 mammograms to find breast cancer and how often do mammograms

1 miss breast cancer, how good is the test? So, what I did was
2 took over 27,000 women and, not only did I do a mammogram, but I
3 did a physical examination and also added ultrasound, breast
4 ultrasound, to those women who had dense breasts, and we found
5 the numbers of how often mammograms find and don't find breast
6 cancer and we found that ultrasound helped detect breast cancer
7 to a great degree in women with dense breasts. So, many of us
8 may have heard about dense breasts now, but, back then, it was
9 -- it was a paper that really explained this for almost the
10 first time to women and, so, that was the major publication that
11 I did. There were other publications in breast cancer
12 diagnosis, but that was a major publication.

13 Q Tell us, Doctor, of those 27,000 subjects you studied,
14 were you compensated for any of that?

15 A So, these were my patients who were seeing me and all
16 the breast ultrasounds I did, which were over 13,000 that I did,
17 no, this was a study all done for free. This was, we have to
18 see whether the test worked or it didn't work. So, all that was
19 done for free and I did it for free for many, many, many years
20 on large numbers of women. The physical examinations that I did
21 also were not charged for. No, there was no charge at all and I
22 received nothing.

23 Q Okay. Could you tell us about your current
24 professional affiliations, anything like that?

25 A So, American College of Radiology, you know, I was a

1 teacher, voluntary, adjunct professor at Columbia University for
2 many years, which I stopped doing now. I used to travel around
3 the country and other parts of the world teaching physicians and
4 also speaking to lay groups about cancer detection and
5 diagnosis.

6 Q Do you engage in the private practice of radiology?

7 A I do.

8 Q Have you -- help us understand what you do in the
9 private practice of radiology. You talked about the half of
10 your practice that concerns breast diagnosis, but what's the
11 rest of your practice?

12 A So, part of my practice is breast cancer diagnosis.
13 The other part is utilizing MRIs, x-rays, CAT scans, ultrasound
14 to look inside the body, in different parts of the body, whether
15 it's the joints or the spine, all different parts of the body to
16 try to explain why a patient is having symptoms and the patients
17 are sent to me by physicians, by large numbers of physicians,
18 and I do these tests like all radiologists do. I'm not any
19 different than those radiologists that uses all these tools that
20 we have, MRIs, CAT scans, ex cetera, x-rays.

21 Q Okay. Tell the jury about these studies, these
22 radiological studies. What's an MRI versus a CAT scan versus an
23 x-ray? Tell us about that.

24 A So, x-rays are a very old test. We've known about
25 x-rays for over one hundred years and that's a test where --

1 it's an energy, x-ray is an energy, and we can take films and
2 x-rays, right? The important part of understanding x-rays is
3 that it can tell the difference between things that are hard
4 versus soft. So, an x-ray is a great test to look for a
5 fracture, because bones are hard. So, x-rays can see bones
6 really well. So, if you fell down and you thought there may be
7 a fracture, the first test would be an x-ray and you would see
8 whether there's a fracture or not.

9 But, in all of our joints and in our spine, there
10 aren't just bones, there's a lot of other soft tissue, soft
11 areas. For example, there are ligaments, there are tendons,
12 there are nerves, there's arteries, there veins, there's discs,
13 there's menisci, which we can talk about. All those are soft.
14 If you did an x-ray, you won't see any of that. You'll see the
15 bone or the space between the bone, and you know there's a disc
16 between the bone, but you won't see it on an x-ray.

17 A CAT scan uses x-ray, but instead of taking one
18 picture of the whole body part you're looking at, the CAT scan
19 is computerized and, so, the C is computerized and that's what
20 it means, and it take as he very thin section of each part of
21 the body that you're looking at. So, if you're doing a CAT scan
22 of your spine, you won't just take one picture of the spine and
23 just see the bone, you would take very thin pictures and, not
24 only would you see the bones, but you would see some of the soft
25 tissue areas. You would see muscles, you would see the discs.

1 You can see them. Not everything, but you can see them.

2 An MRI is a totally different world. MRI, M stands for
3 magnetic, and uses magnetic waves. Not x-rays, magnetic waves.
4 Magnetic waves, with the way that we pulse it into the body,
5 gives us a whole different world of looking at things. We can
6 see all of these soft tissue structures exquisitely well. We
7 can see the discs, we can see the ligaments that hold the discs
8 in place, we can see the nerves, we can see all of that, that
9 are harder to see on a CAT scan and that you don't see on an
10 x-ray at all. And that's very common nowadays. MRI's are very
11 common. They've been around for thirty, forty years, and that's
12 basically the difference between them.

13 Q And with what frequency do you perform these kinds of
14 studies?

15 A Many thousands per year. That I personally do them?
16 Yes.

17 Q Okay. In our case, Delis Vasquez Carranza was
18 twenty-seven-years old and in a state of good health when he was
19 struck on a construction site by a 150 pound falling item of
20 construction debris or a concrete form and he suffered injuries
21 to his knees and lower back when he fell on the hard surface, on
22 a pipe on a hard surface. Do you have experience applying your
23 professional skills to problems of Mr. Vasquez Carranza's kind?

24 MR. LYON: Objection to form.

25 THE COURT: I'll allow it. Overruled.

1 A Yes, I do.

2 Q Have you been previously qualified as an expert witness
3 in New York State courts?

4 A Yes.

5 MR. KELLY: I offer Dr. Kolb as an expert
6 radiologist.

7 MR. LYON: In breast imaging or general diagnostic?

8 THE COURT: He's a radiologist.

9 MR. KELLY: That's gratuitous. I'd ask for an
10 instruction. We've gotta stop this.

11 THE COURT: Yes.

12 Counsel, the doctor is being offered as an expert
13 in the area of radiology.

14 MR. LYON: Okay.

15 THE COURT: We'll recognize the doctor as an expert
16 in the field of radiology.

17 Q Did there come a time when you encountered Delis
18 Vasquez Carranza, doctor?

19 A Yes.

20 Q And, Doctor, you can of course refer to your notes,
21 your records and films that are here in evidence.

22 Were you asked by his physicians to provide
23 radiological services and to review studies?

24 A Yes.

25 Q All right. Please tell us what you were given or what

1 you were asked to do with respect to Mr. Vasquez Carranza.

2 A I was sent this patient, I did an MRI of the left knee
3 on January 9, 2017, I did MRI of the lumbar spine on December
4 12, 2017, and then I did additional MRIs of the lumbar spine in
5 2019, 2021, 2022 and 2023.

6 Q And upon your encounter and in performing your studies,
7 did you make certain findings with respect to those studies?

8 A Yes.

9 Q All right. During this examination, Doctor, I'm going
10 to ask you for some opinions and those opinions all need to be
11 to a reasonable degree of medical certainty. Whether I say
12 those magic words or not, your opinions have to be to a
13 reasonable degree of medical certainty. Is that okay with you?

14 A Yes.

15 Q Okay.

16 MR. KELLY: Your Honor, I've marked certain
17 demonstrative aids and I've gone over them with the witness.
18 They're marked Plaintiff's 14-A through H. I'm going to ask
19 the witness if it's gonna aid his instruction to the jury
20 and his explanation and his testimony and can we use them?

21 THE COURT: You may.

22 MR. KELLY: Thank you.

23 THE COURT: Unless there's an objection.

24 MR. LYON: No objection, Your Honor.

25 THE COURT: Thank you.

1 Q All right, Dr. Kolb, I'm going to ask you to take a
2 look at what we've marked as Plaintiff's 14-A through H in a
3 series and I'm going to ask you to kindly talk to the jury about
4 those.

5 MR. KELLY: So, I'm going to need the easel.

6 THE COURT: You can take the easel.

7 MR. KELLY: Thank you.

8 THE COURT: If we can give him the mic and hold
9 the mic while you speak.

10 MR. LYON: May I?

11 THE COURT: You may.

12 Q I'm going to kindly ask you to take a look at what
13 we've previously marked as Plaintiff's Exhibit 14-A.

14 A This is this patient, Mr. Carranza, MRI of the right
15 knee.

16 Q Right. So, Doctor, have you compared these
17 demonstrative aid exhibits to the original films?

18 A Yes.

19 Q And do they accurately represent the original films?

20 A Yes, they do.

21 Q And, Doctor, if you can, kindly just orient the jury.
22 I know you said we're looking at the right knee, but can you
23 tell us about the anatomy and the function, so we know what's
24 going on here?

25 A Sure. So, this particular picture, there are two gray

1 areas here. There's this round area here and there's this
2 triangle here, and that's because we're gonna look at the knee
3 from the side, okay?

4 So, the knee, there's a long bone in your thigh. You
5 don't have to know the medical term for anything. This bone is
6 called the femur, that's your thighbone. This bone here is your
7 tibia, your shinbone. So, here's two bones and in between the
8 two bones we move our knee. But, what's very important is that
9 bone can never touch bone. If bone touches bone, that's a very
10 painful state and our body doesn't want to be there.

11 So, we're born with shock absorbers in all of the
12 joints of our body. They all have different names, but their
13 function is to be a shock absorber. Meaning, in between these
14 two bones here, you'll see these black triangles, and actually
15 there's more black that's behind here. The reason you're seeing
16 this picture is because -- there are actually many pictures.
17 We're now looking from the side, right? Here's my knee. But we
18 take pictures all the way from here, all the way across the
19 knee, and each picture is just a few millimeters thick so that
20 there are a number of these pictures. But, this was blown up to
21 show you the problem, okay?

22 So, these triangles here, this is called the meniscus,
23 the meniscus in the knee. That's a shock absorber. So, when
24 you jump up and down and run, the bone doesn't touch the bone.
25 The bones get close and then it springs back, because that's its

1 function.

2 The meniscus is supposed to be black in this particular
3 sequence. Meaning, it doesn't have any liquid in it.
4 Everything that's black on this picture has no liquid at all in
5 it, no water, no water in it. That's an MRI. I mean, we can
6 set up the sequences the way we want and this is what we do to
7 find problems.

8 So, anything that is white in the meniscus is a
9 problem. So, you can see the anterior, this is the front of the
10 patient. We call it anterior. This is the back of the patient,
11 we call it posterior. The front here, the meniscus, the black
12 area here, is pretty black. That's the way it roughly should
13 look like on this particular slice. But here you see all this
14 abnormality. That should not be there, it should be completely
15 black, and what this is, is a long, complex tear of the
16 posterior horn of the medial meniscus. So, a lot going on.

17 There's two meniscus in the knee. There's one on the
18 inside of the knee, you don't have to remember the medical
19 terms, but the inside of the knee is medial, the outside of the
20 knee is lateral. They have a front, anterior, back, posterior,
21 they have a middle, and this is a complex tear, meaning that the
22 tear doesn't just go to one part of the lining of the meniscus,
23 it goes to both the top part and the bottom part.

24 So, there's a complex tear of the posterior horn of the
25 medial meniscus on this picture. I'll put a circle around it,

1 but this is pretty obvious. Meaning, you don't really have to
2 be a radiologist to see this.

3 Q Okay. In a twenty-seven-year-old man, is this finding
4 consistent with trauma?

5 A So, something happened to this knee, for sure, and the
6 most likely -- I mean, yeah, it's consistent with trauma until
7 proven otherwise, for sure, is the way I would put it. I mean,
8 this is a highly complex, significant tear of the knee.

9 Q Can that be the competent producing cause of pain?

10 A For sure.

11 Q Can a patient -- I'm going to ask you with all these
12 films, but can a patient manipulate these films?

13 A No. The films are what they are. They come out of the
14 machine and they can't be manipulated by a patient.

15 Q Would this be something called an objective finding?

16 A It's an objective finding, yes.

17 Q All right. Do we need to go through any more with
18 this?

19 A No, that's the major finding on this picture here.

20 Q All right. I'm going to ask you to kindly take a look
21 at what we've marked as Plaintiff's Exhibit 14-B.

22 A So, this is the same knee, but we changed the color a
23 little bit. This is a different way of looking at it where --
24 where before the water was white, but now we made the fat white.
25 So, here's the front of the knee, the back of the knee. We're

1 looking at it a different way and there's a thin white line back
2 here, but you see a lot of whiteness here.

3 So, the meniscus should go to the very edge of this
4 bone, the tibia, and it doesn't, it stops short. So, there's a
5 tear of this peripheral insertion, which means the back part of
6 the meniscus, and this is the other side of the knee, the
7 outside of the knee. So, that tear is -- the first one we
8 looked at is a really significant high-grade tear, this here is
9 a peripheral tear of posterior horn of the lateral meniscus.
10 Lower grade.

11 Q All right. Now, these -- these two, Plaintiff's 14-A
12 and B, what are the dates of these two studies?

13 A This is -- where is the date? Sorry.

14 Q I think your report will say it.

15 A Oh, November 10, 2016. Thank you. November 10, 2016.

16 Q Thank you very much. And that's for both, correct?

17 A Yep.

18 Q All right. And, once again, these are objective
19 findings, they can't be manipulated by the patient?

20 A Correct.

21 Q And are these findings consistent with trauma?

22 A The findings are consistent with trauma. They can be
23 consistent with trauma, for sure.

24 Q And can these findings with the competent producing
25 cause of pain?

1 A They can be.

2 Q All right. Doctor, do you need to look at anything
3 else with this?

4 A No.

5 Q I'll ask you to kindly take a look at what's been
6 marked as Plaintiff's Exhibit 14-C.

7 A So, this is the patient's other knee, the left knee.
8 This was done on, now that you showed me, January 19, 2017, and
9 here -- actually, this is the outer part of the knee. See this
10 is a small bone in your shin, in your lower leg. There's the
11 tibia, which you feel here, and another thin bone here, which is
12 the fibula. There's two bones here, actually.

13 So, this is the big bone that you feel and this is the
14 side bone, tibia and fibula, and the meniscus is supposed to
15 look similar to the normal part of the meniscus that we saw
16 previously, but you see here it's almost occupied completely
17 with a lot of white area. That, again, is a significant tear of
18 the posterior horn. Now, that's of the lateral meniscus, the
19 outside of knee. That's the left knee. The other knee, the
20 outside has a tear of the posterior horn of the lateral
21 meniscus.

22 Q Are these findings consistent with trauma?

23 A Yes, they can be.

24 Q Okay. And, of course, they're objective findings that
25 can't be manipulated by the patient?

1 A Yes.

2 Q And can these findings be the competent producing cause
3 of pain?

4 A Yes, they certainly can be.

5 Q Okay. These -- the first three films I showed you,
6 those conditions, are they permanent?

7 A They are permanent. If you have a tear of the
8 meniscus, it will always be torn, unless it's fixed, but --

9 Q And by fixed you mean by medical intervention?

10 A Unless there's medical intervention, yeah. A meniscus
11 won't heal itself.

12 Q Okay. Do you need to look at this anymore?

13 A No.

14 Q Can I ask you to kindly take a look at what we've
15 marked as Plaintiff's Exhibit 14-D?

16 A So, here, 14-D, also done January 19, 2017, again, it's
17 the left knee. So, now, instead of looking at it from the side,
18 we're looking at it straight, straight like this, like you're
19 looking straight at my knee, but we're looking at a picture from
20 the middle of knee. So, you won't see the kneecap, because we
21 looked at it this way. We'll talk about that in a little bit.

22 But you can see -- you can see a few things here.
23 First of all, this -- these two gray areas, they're actually
24 part of the big femur, this big bone, and you're only seeing the
25 back of it here. So, the back has special parts of the bone and

1 you're seeing the back here, and this here is the tibia, your
2 shinbone, and, again, between these two bones are the menisci
3 and this is all narrowed down. This is the lateral side, this
4 is the medial side, which means the inside of the knee, and you
5 can see here a tear of the medial meniscus. Again, the same
6 thing, a white line that should be totally black. There's a
7 tear of the medial meniscus here and also there is a thin little
8 ligament called the collateral ligament, there's a thin black
9 line here, and this black line here you see is not completely
10 black coming down, because it's partially torn.

11 These ligaments hold -- when you're moving the knee,
12 can -- in order for the knee to be stable, you need to have
13 ligaments holding it in place. So -- sorry. So, if this is
14 your knee and you're moving your knee, in order for the knee not
15 to go like that, there's two ligaments in the middle called the
16 cruciate ligaments, ACL and PCL, anterior cruciate ligaments and
17 posterior cruciate ligaments there in the middle and then there
18 are two more ligaments on the side of the knee so that the bones
19 don't go like that. There's a collateral ligament here and a
20 collateral ligament there and if they weren't there and didn't
21 have the muscles around it, the knee could slide, one bone away
22 from the other bone.

23 So, we're all born with these collateral ligaments and
24 this patient has a partial tear of the medial collateral
25 ligament, in addition to the tears of the menisci, medial and

1 lateral.

2 Q And these are objective findings, Doctor?

3 A They are.

4 Q And the patient can't manipulate them or exaggerate
5 them in any way?

6 A You can't manipulate the pictures, no.

7 Q And are these findings consistent with trauma?

8 A Yes, they can be.

9 Q All right. Can these findings be the competent
10 producing cause of pain?

11 A Yes.

12 Q Again, are they -- is the condition shown here
13 permanent, in the absence of medical intervention?

14 A Yes. The menisci will never heal. The collateral
15 ligament can get better on its own. That partial tear of the
16 collateral ligament can heal on its own.

17 Q Do you need to see this anymore or no?

18 A No.

19 Q Okay. I'm going to ask you to kindly take a look at
20 what we've marked as Plaintiff's Exhibit 14-E and we're gonna
21 need a little bit of orientation here to anatomy and function
22 and so on, if you would be so kind.

23 A So, now we're going to look for the rest of this time
24 at the back, the lower back. So, in the back there are five
25 bones, because we're only going to talk about the lumbar spine.

1 Lumbar means your lower back and these are the five bones in
2 your lumbar spine. We all have the same anatomy.

3 So, I'll put numbers on them. This is five, four,
4 three, two, one. These are the five bones of the lumbar and
5 when you get here, at this bone here, these gray squares, this
6 is the sacrum. It's the lower part, like your tailbone, almost,
7 and that's S, for sacrum, one. The reason we have numbers for
8 all this is, first of all, it's the anatomy, the way we were
9 born, it's what we have. But, also, if we want to talk about
10 something about the bones, we're all on the same page here, on
11 the same wavelength and knowing where we are.

12 In between these bones, these are also joins, right,
13 you can move. So, they're joints in your back, but when you
14 jump up and down you don't want these bones, the squares of the
15 bones, we don't want the bones touching each other; shock
16 absorbers. But in the back, they're called discs. So, each one
17 of these are discs, discs in the back, and their function is
18 when you move around, the bones can come a little bit next to
19 each other and then spring back. That's their function.

20 Now, how do these discs stay in place? Why, - when you
21 run, why don't the discs just spurt out? Because they're like
22 jelly donuts, these discs, actually. They're jelly, like, in
23 the middle, so they can spurt out what holds them in place.
24 Well, there are ligaments and one of them is called an annulus
25 and there are two other ligaments and these three ligaments hold

1 the disc in place. What do I mean? There is a ligament that
2 runs straight along the back of the bones here, there is a
3 ligaments that runs straight along the front of the bone here
4 and then there's another ligament that goes around each one of
5 these levels here.

6 So, for example, this is the disc between the fourth
7 and fifth bone, this is L, for lumbar, 4-5 disc, this disc here
8 is the L5-S1 disc, and what holds it in place are these
9 ligaments and you can tell by looking at an MRI whether there's
10 a tear of the ligament or not, because the ligaments are very
11 tight, they hold the disc right adjacent to the bone. If you
12 see disc material coming out behind one of these bones, you know
13 that there's some sort of a tear.

14 Now, behind here, in the bones, there's a white stripe
15 here and then there's a gray stripe there. The gray stripe are
16 the nerves that come down from the spinal cord from your brain.
17 So, the patient's brain is up here, the patient's legs are down
18 here and you're looking at the patient from the side, just like
19 this. So, you're seeing the nerves come down and the nerves are
20 located in a sack, almost like a balloon, with spinal fluid in
21 it, so that the nerves get oxygen, the nerves get nutrients and,
22 so, they're contained here and the problem with having a disc
23 issue is that this is a very small space. This is all blown up,
24 but the distance between the disc and the nerves are very small
25 spaces.

1 So, let's talk about these problems that can happen
2 with a disc, because, obviously, this disc looks very different
3 than those discs, and the problem here is that this disc, from
4 here, the back of the bone, to here, the back of the bone,
5 there's an area of disc material that pushes out where it
6 shouldn't be. They all should look like this, or even the one
7 down here. They should go to the bone and stop.

8 So, if this ligament partially tears, if it partially
9 tears, the disc material will start pushing through a little bit
10 and that's called a disc bulge. Partial tear, disc bulge, disk
11 pushes back. If it tears completely, the disc will push
12 completely through and that's called a disc herniation. So
13 that's a disc herniation in your back.

14 Why do we care? Because the nerves, the nerves, are
15 very close to where the discs are and any pressure that's
16 abnormal on a nerve can cause the patient to have a symptom, a
17 problem, pain, for example. So, in this particular case, as I
18 showed you, we have all this disc material here and that's the
19 tear of the ligament and the annulus with the disc material
20 pushing through and it's pushing on a space called the anterior
21 epidural fat. There's some fat in front of the sack with this
22 fluid here at this level and that's what it's pushing on and
23 that's it. That's the whole finding on this MRI. It's this one
24 disc herniation pushing on the anterior epidural fat. You can
25 compare this one to all the others. This should be identical.

1 In other words, this disc should look just like these discs up
2 here, but it doesn't.

3 Q And can you just tell us the date of this study?

4 A 12/27/2017.

5 Q Okay, and can --

6 A 12/12/2017.

7 Q And, similarly, can a patient manipulate or exaggerate
8 the findings on these kinds of images?

9 A No, what's on the pictures are on the pictures.

10 Q All right. And you talked about not -- so, I'm sorry,
11 what level was that disc herniation at?

12 A L5-S1.

13 Q All right. And can a disc herniation at L5-S1 be the
14 competent producing cause of pain?

15 A It can.

16 Q Okay. And are the findings there consistent with
17 trauma?

18 A It can be.

19 Q All right. And the condition shown in this study, are
20 they -- are they permanent, in the absence of medical
21 intervention?

22 A Again, a disc herniation, that tear, the disc
23 herniation will persist.

24 Q And we can anticipate a person having complaints of
25 pain, numbness, that sort of thing, in their lower extremities

1 with respect to that kind of finding?

2 A They can.

3 Q But you don't test any of that? You don't do any of
4 the clinical part, right?

5 A That's right.

6 Q All right. Do we need to see this anymore?

7 A Nope.

8 Q I'm going to ask you to take a look at what we've
9 marked as Plaintiff's Exhibit 14-F. It's lumbar spine, October
10 10, 2019.

11 A So, this is easy, because it's around two years later
12 and nothing has changed. It's just the same. So, everything we
13 talked about, still there.

14 Q Sorry, did that run out on you?

15 A No. Anyway. It's unchanged. That was my report when
16 I read it and compared it to the early one. I read this in
17 2019, compared it to 2017, and it's unchanged.

18 Q So, throughout that period of time, we can anticipate
19 the patient would have the same symptoms due to the same
20 anatomy?

21 A It's possible.

22 Q Okay. Do we need to look at --

23 A Nope.

24 Q Okay. I'm going to ask you to kindly take a look at
25 what we've marked as Plaintiff's 14-G, a study of the lumbar

1 spine, February 15, 2021.

2 A So, again, you're seeing the same thing, you're seeing
3 this. Now, this is only -- yeah, something like that. You --
4 you're seeing one picture. Let me just say, there are other
5 pictures and we'll show you on the next one, but, just like in
6 the knee, we can look at things in different ways. We can cut.
7 We're not cutting anything, the computer is looking, but we can
8 -- we can look at things either from the side, from the front
9 and we can look at it from straight up and down and there are --
10 so, how do these nerves -- what do they do here? These nerves
11 come down here from the spinal cord and they somehow have to get
12 to our legs, right, our buttocks, our legs, our feet, our toes.

13 So, we're seeing the central picture here, and we'll
14 see another picture in a minute, but, actually, going off to the
15 side of the patient, this is very the middle, but off to the
16 side on both sides there's a hole on both sides between the
17 bones. Those are called the neural foramina. That means a hole
18 that contains a nerve. There's one on the left and there's one
19 on the right and a nerve will come out, the -- at this level,
20 the L4 -- no, the L5. The L5 nerve root will come out to the
21 left and will come out to the right and will go where it's
22 supposed to go and the patient will feel symptoms based on where
23 the nerve goes. So, there's a little bit more on this
24 particular scan of narrowing of the neural foramina on the side
25 because of this herniation.

1 Q And, again --

2 A Those are the findings.

3 Q Is that condition permanent, in the absence of medical
4 intervention?

5 A Yes.

6 Q Anything else we need to see on that?

7 A No.

8 Q Doctor, I'm going to ask you to take a look at what
9 we've marked as Plaintiff's Exhibit 14-H, a study of the lumbar
10 spine, October 27, 2022.

11 A So, here's our picture on the right side that we're
12 used to, on your left side, this is the one we've been looking
13 at, and here's a different picture. This is what I was talking
14 about, looking at things in different ways and it's like if you
15 had a long Italian bread or French bread, there's two ways you
16 can cut it.

17 You can cut it lengthwise and make a subway sandwich or
18 a hero and you will have two pieces of bread and the bread will
19 be very long, meaning you'll see all the bones, and this has a
20 name to it. It's called the sagittal sequence, where you're
21 seeing all the bones in one picture. But if you want, and we
22 do, take pictures -- we cut the bread and make many slices. We
23 can cut the bread that way, right, and if you pull a slice out,
24 it won't be long, it will be round or square and you'll have
25 many slices. We can do that on computers. We can take a slice

1 at this level, pull it out and it looks like this.

2 What do I mean? So, here the disc is long, like that,
3 and you see many. Here, we're just looking through this disc.
4 So, it's round, just like the sandwich. If this was a long
5 bread and we took one slice here and pulled it out, you'd have a
6 round piece of bread, and this is the disc, this is the fat
7 behind the disc and this is the sack and here you can actually
8 see nerve roots, these little dots here coming down, these lines
9 here coming down are now dots, right? Because that sandwich
10 analogy, they look like little dots.

11 This patient had surgery. This patient was fused by a
12 surgeon at L5-S1, meaning screws were put into parts of the bone
13 at L5 and S1, and you can see it's black here. This is the
14 screw here and this is a shadow of a screw there. You'll see it
15 better on other images, but the point is that you can see now
16 that this disc material is pushing out much less, and that was
17 the purpose of this, was to -- was to get rid of that disc
18 herniation and you can see how nicely it's shaped now, because
19 of the surgery, and they -- the reason the surgeon fuses the
20 spine is because, if you're having pain from a disc
21 herniation --

22 MR. LYON: Objection.

23 THE COURT: Objection is sustained.

24 A That's what it looks like.

25 Q All right. Very good. Do we need to see anything more

1 there?

2 A No, you don't need to see anything more.

3 Q You can take your seat.

4 Doctor, can we just talk briefly about degeneration or
5 degenerative conditions?

6 A Sure.

7 Q Can you tell the jury a little bit about what that is?

8 A So, as we age, our degeneration refers to joints, all
9 of our joints of our body. As we age, our joints get old and
10 the first thing that happens is, actually, the shock absorbers
11 in every one of our joints, in the knee, the meniscus and in the
12 back, the discs, they lose a little bit of water. Like I told
13 you, they're like jelly donuts and they lose water and when they
14 lose water they become more brittle.

15 So, the first stage is that you lose water. The second
16 stage is that if you lose that jelly, that water, that's
17 allowing it to be a shock absorber, it's like a spring that gets
18 old and it just doesn't come back anymore. So, when that
19 happens, you lose the height of the disc. So, the first thing
20 is, you lose water, the second thing that happens is you lose
21 the height, because it used to be able to spring back and now it
22 doesn't, and the third thing that happens is, the bones know
23 that they're too close, your bones know that, and the bones
24 understand that they have to do something about that.

25 So, in order to stabilize the joint, your body will

1 form bone spurs or osteophytes, bone spurs, and you can have
2 spurs in every joint of your body and that's your bodies attempt
3 to fix the degeneration or the arthritis in a joint. So, those
4 are the three stages of degeneration or, another word for that
5 is arthritis.

6 Q Do we expect advanced degeneration or advanced
7 arthritis in a person of 27 years?

8 A So, the younger you are, the less likely you'll see it,
9 and the older you are, the more likely you'll see it.

10 Q All right. And if there's a degenerative condition,
11 can that exist without pain?

12 A Yes.

13 Q And can trauma precipitate the pain or bring about the
14 pain of an otherwise dormant condition?

15 A Yes.

16 Q All right. Doctor, do you have an opinion, to a
17 reasonable degree of medical certainty, whether or not all the
18 findings you discussed with the jury today are a result of a
19 traumatic incident to Mr. Vasquez Carranza?

20 A Well, I would need more information before I could
21 answer that question.

22 Q Okay. All right. If you weren't sharing your
23 knowledge with us today, Doctor, what would you be doing?

24 A I would be in my office.

25 Q Is your office charging a fee for your time away today?

1 A Yes, sir.

2 Q Describe for us what that is.

3 A It's \$12,000.00.

4 Q All right. And did you produce reports in this case?

5 A I did.

6 Q Okay. And was there a fee affiliated with that?

7 A Well, the reports that I produced, that I saw the
8 patient, whatever the insurance paid, the insurance paid.
9 There's nothing to do with fees.

10 I was sent, I think, one body part that I didn't do, I
11 think. Hold on, let me just look. Yeah, the right knee of
12 November 10, 2016. I was sent that to review, so there was a
13 charge for that.

14 Q Okay. So, are you in -- describe for the jury what we
15 mean by the continuum of care?

16 A Continuum of care?

17 Q Are you -- are you -- are you a treating physician,
18 treating radiologist?

19 A Yes. So, my job as a radiologist is, any physician,
20 licensed physician, who has a patient, can order an MRI or an
21 x-ray or a CAT scan and, so, they will send me a referral slip
22 and, I mean, there are hundreds of doctors that of I've done
23 imaging for their patients and they send a referral script that
24 says, you know, they'll check a box, right knee, MRI, and it's
25 my duty to do the MRI, read the MRI and send the report back to

1 the doctor, whoever that doctor is. That's how it works.

2 Q Is that what happened in this case?

3 A Yeah, except for the one report of the right knee from
4 2016.

5 Q But lawyers can't ask you to take films and things like
6 that?

7 A No, of course not. That's illegal.

8 Q All right. In this case the Defendants hired a
9 radiologist who made findings of a disc bulge at L5-S1. Can
10 different radiologists have different opinions?

11 A Yes, within reason. In other words, I mean, there's
12 areas of gray where people can disagree, obviously night and
13 day. So, within reason, the radiologist can disagree. Yes.

14 Q So, if someone finds a disc bulge at L5-S1, would that
15 -- that's not wholly inconsistent with your finding, is it?

16 A It means he felt, he or she, whoever looked at it, felt
17 there was an abnormality of the disc.

18 Q Okay.

19 A Most I can say.

20 Q And if they found encroachment upon the epidural fat,
21 that's the same as you found, right?

22 A That is the same as I found, the same thing.

23 Q So, there's no difference there? Okay. So, Doctor,
24 you've testified as a witness for your patients in over the last
25 fifteen years probably somewhere between five, six, seven cases

1 for me, something like that?

2 A I wouldn't know the number, some number for you. I've
3 met you maybe less than ten times.

4 Q Okay.

5 A I have no idea.

6 Q All right. And, Doctor, with respect to findings of
7 causation, you require clinical correlation, wouldn't you?

8 A Yes.

9 Q And a history?

10 A Yes.

11 Q All right. Doctor, I have no further questions for
12 you. Thank you very much.

13 THE COURT: Mr. Lyon, do you need a few moments?

14 MR. LYON: I think I'm okay, Judge.

15 THE COURT: Okay. Cross-examination.

16 CROSS-EXAMINATION

17 BY MR. LYON:

18 Q Good morning, Dr. Kolb.

19 A Good morning.

20 (Whereupon, an off-the-record discussion was held)

21 Q Sir, you just said a moment ago that lawyers don't
22 refer you cases. Do you remember that?

23 MR. KELLY: Objection. That's not what he said.

24 THE COURT: Objection sustained.

25 Can you rephrase it? I don't think that's exactly

1 what he testified.

2 Q Lawyers can't send you patients -- well, just tell me
3 what you said, because maybe I don't remember.

4 A Lawyers cannot order x-rays, CAT scans or MRIs to be
5 done on patients.

6 Q Got it. Okay. Understood. Lawyers can refer you
7 patients though, true?

8 A Can you define what that means.

9 Q Well, did -- you authored an affidavit in a case --
10 MR. KELLY: Judge, we have to talk about this,
11 Judge. It came up yesterday and you reserved and now he's
12 doing it.

13 THE COURT: Side bar.

14 (Whereupon, at this time a discussion was held at
15 sidebar)

16 THE COURT: All right, Counsel, you can ask your
17 question, please.

18 Q Sir, have you ever been referred patients by lawyers?

19 MR. KELLY: Objection.

20 THE COURT: You can answer.

21 A Right. So, if you mean to do testing, no, I have not.

22 Q Okay. So, to do other things?

23 A I mean, I was sent these films here as part of the
24 patient in order to review it of the left knee.

25 Q Right. You were sent that by Gorayeb?

1 A Right. If that's what you mean, that I was sent MRIs
2 to review, yes.

3 Q Thank you. The publications you discussed on direct
4 all pertain to breast imaging, true?

5 A Sure.

6 Q Have you ever authored any other publications other
7 than breast imaging publications?

8 A Absolutely not.

9 Q You said on direct that the L5-S1 disc herniation can
10 be a result of trauma?

11 A Yes.

12 Q Can it also not be?

13 A It's possible. I would need more information.

14 Q Bone spurs, typically, take years to develop, true?

15 A Typically, yes.

16 Q In your practice, do you ever compare a patient's MRI
17 to a prior MRI?

18 A Yes. I did in this case as well.

19 Q Right. And why do you do that? You do that to measure
20 change, true?

21 A If you can -- I mean, often there aren't any
22 comparisons available, but, if you have them, that's fine.

23 Q It's helpful to have a baseline, correct?

24 A Baseline is not a term for -- you mean for a spine or a
25 knee?

1 Q No, for any imagine. I'll tell you what I mean.

2 A Yeah.

3 Q It would be helpful to have had an MRI that happened
4 before the event in this case, so you could compare the two.
5 Wouldn't that be helpful?

6 A Whatever he has in 2017, let's say, he has. Whether --
7 if he had a prior MRIs, I would look at them, if they were given
8 to me. If he hasn't, he hasn't. That's the most I can say.

9 Q Sure. But, in determining whether the events caused
10 any finding on the MRI, wouldn't it be nice to have an MRI
11 before the events?

12 MR. KELLY: Objection. On direct there was no
13 opinion on causation.

14 THE COURT: I'll allow it.

15 A Yeah, that would be nice if -- it would be great if you
16 had an MRI, sure, prior.

17 Q You didn't have any of those studies to look at, did
18 you?

19 MR. KELLY: Objection. The implication --

20 THE COURT: The objection is sustained.

21 MR. LYON: Okay.

22 Q Doctor, I'm going to ask you questions and I'm going to
23 ask that you answer them yes or no or just tell me if you can't
24 answer it yes or no, okay?

25 A Sure.

1 Q Mr. Carranza could have had a torn meniscus before the
2 event and not known about it, true?

3 A Always possible.

4 Q He could have had a disc herniation at L5-S1 before the
5 event and not known about it, true?

6 A Same answer, always possible.

7 Q You are being paid today for your time \$12,000.00 and
8 that's being paid by the Gorayeb firm, true?

9 A True.

10 Q You've been working for the Gorayeb firm for thirty
11 years or so, true?

12 A Many, many years.

13 Q Thirty?

14 A I don't know the number. Many years.

15 MR. KELLY: He doesn't work for us.

16 THE COURT: The objection is sustained.

17 You can rephrase that.

18 The jury will understand that the doctor is not
19 employed by the Gorayeb firm, he's retained by them.

20 Q You've been working with the Gorayeb firm, not for the
21 Gorayeb firm, not as an employee, but you've been working with
22 the Gorayeb firm --

23 MR. KELLY: We've already established this.

24 THE COURT: The objection is sustained.

25 Again, Counsel will say retained or some other

1 word. He's not an employee of the Gorayeb firm.

2 Q Do you remember giving testimony in the Castillo case
3 last May, May 7, 2024?

4 A No.

5 Q Let me see if I can refresh your recollection.

6 A Sure.

7 Q On page 376, line five:

8 Question, so, by the way, you have known Plaintiff's
9 Counsel's firm for quite some time, correct? For at least
10 thirty years, correct?

11 Answer, I have known of them and I have read films and
12 they have asked me to testify, yes. The answer to your question
13 is yes.

14 A Okay.

15 Q Okay. So, at least thirty years, true?

16 A Okay. It's making me very old, but, okay. I'm
17 agreeing. Whether it's twenty-eight or thirty-two, I don't
18 know.

19 Q Fine. Yes or no, okay? You've also been doing work
20 for the Gorayeb firm in cases that involve Dr. Kaplan for many
21 years, true?

22 A I think the answer is true. I mean, I don't know which
23 cases he's involved in or not, but I believe the answer is true.

24 Q Okay. All right.

25 A Yeah.

1 Q This was not the first time you've worked on a case
2 with Gorayeb where Dr. Kaplan was involved, true?

3 A That's true.

4 Q Would you agree that 99 percent of the time that you
5 are involved with a case with Gorayeb's firm, Dr. Kaplan is also
6 involved? Would you agree with that?

7 A Well, I have no way to answer that question. How would
8 I -- how would I know that?

9 Q You would know that because --

10 MR. KELLY: Objection. He's gonna argue with him
11 now?

12 THE COURT: You can rephrase that question,
13 Counsel.

14 Q When you're testifying in one of these cases for the
15 Gorayeb firm, 99 percent of the time Dr. Kaplan is also
16 testifying?

17 MR. KELLY: Objection. I'd like an offer of proof
18 and a good faith basis.

19 THE COURT: Objection sustained as to 99 percent of
20 the time.

21 You may rephrase.

22 Q Would you say you've been involved with hundreds of
23 cases with the Gorayeb firm where Dr. Kaplan was also involved?

24 A I wouldn't know the answer to that.

25 Q Okay. In the years 2018 -- between 2018 and 2022, I

1 was able to find 47 cases.

2 MR. KELLY: Objection.

3 THE COURT: Hold on. Let him finish his question.

4 MR. KELLY: Okay.

5 Q Does that sound about right? In those five years, 2018
6 to 2022, 47 cases where you and Dr. Kaplan were treating
7 physicians for Gorayeb cases. 47 times, does that sound about
8 right?

9 MR. KELLY: I continue my objection.

10 THE COURT: Objection is overruled.

11 You can answer, if you know.

12 A I have no idea. How would I know?

13 Q Could be more? Could be less?

14 A I'm not gonna guess. I have no idea. I just don't
15 know.

16 Q You don't know?

17 A Right.

18 Q Could be sixty?

19 MR. KELLY: Objection.

20 THE COURT: Objection sustained.

21 Q Less than a month ago you testified in a case called
22 Paulino in Brooklyn. Do you remember that?

23 A I don't remember the case, but I know I testified.

24 Q It was less than a month ago. You can't remember it?

25 MR. KELLY: Objection.

1 THE COURT: Objection sustained.

2 Let's move on.

3 Q Dr. Kaplan, Dr. Grimm, Dr. Goldman, Jodi Gelfand, all
4 testified in the Paulino case. Do you remember that?

5 A How would I know? I don't know who's coming in an hour
6 from now. How would I know? Or not coming in. I don't know.

7 Q Do you remember a case called Herrera, last October, in
8 this courthouse?

9 A Sir, I don't remember the names of patients.

10 Q Okay. Do you remember testifying for Mr. Kelly last
11 October in this courthouse?

12 A I definitely testified for Mr. Kelly. I don't know if
13 it was in October or in this courthouse. I definitely testified
14 for him within the past few months or ten months or whenever.

15 Q Do you remember that Dr. Kaplan was also involved in
16 that case?

17 A The answer is no and the reason is because I have no
18 idea who's coming in to testify or not.

19 Q You get referred cases by Dr. Kaplan, don't you?

20 MR. KELLY: Objection. Argumentative.

21 THE COURT: Let him finish the question.

22 Q You are referred to cases by Dr. Kaplan all the time?

23 MR. KELLY: Objection.

24 THE COURT: Overruled.

25 A That's not what you asked me. You asked if I testified

1 on the same case. How do I know what he testifies on?

2 Q You would know if --

3 THE COURT: Counsel, please let the witness finish
4 his answer before you respond.

5 MR. LYON: Okay.

6 A There could be a patient that has eight doctors. Do I
7 know what doctor's coming in and working with somebody else? I
8 don't. I'm here. I have no idea what else is happening.

9 Q Doctor, you testified on the same day as Dr. Grimm in
10 that trial.

11 MR. KELLY: Objection.

12 Q You don't remember that?

13 MR. KELLY: Objection.

14 THE COURT: Objection overruled.

15 A Same answer. So, it's the same day. I'm walking out
16 of here. I'm sorry, not being argumentative, who's coming in
17 this afternoon for anyone? I don't know.

18 Q You expect this jury to believe --

19 MR. KELLY: Objection.

20 THE COURT: Objection is sustained.

21 MR. KELLY: Nonsense. I'm going to ask for an
22 instruction, Judge. This is going on for days now. He's
23 not arguing with his girlfriend.

24 THE COURT: Listen, I don't need the colloquy with
25 me either.

1 MR. LYON: I'm married.

2 THE COURT: So, Counsel will be advised to act
3 professionally in front of this jury and not to have any
4 colloquy, especially with me.

5 Q Dr. Grimm referred that case, last October, to you.
6 You don't remember that?

7 A Correct.

8 Q A few months before that, May 7, 2024, you testified in
9 the Gorayeb case called Castillo V 124 Associates. Do you
10 recall that one?

11 A I don't remember the names of the patients that I
12 testify on.

13 Q Okay. Do you remember that Dr. Kaplan was involved in
14 this case?

15 A Same answer. I don't know and I don't think I would
16 know.

17 Q Okay. Would it refresh your recollection to see your
18 radiology report?

19 MR. KELLY: Objection.

20 THE COURT: I'll allow it.

21 A The radiology report doesn't tell me who's testifying
22 or not testifying. I do thousands of MRIs a year. I have no
23 idea who testifies or doesn't testify.

24 Q If the exam was requested by Jeffrey Kaplan MD, would
25 that refresh your recollection?

1 A Of him testifying?

2 Q Of him referring the case.

3 A If the report says he referred me the case, he would be
4 one of hundreds of doctors who refer me cases.

5 Q A few months before that, January 18, 2024, you
6 testified in a Gorayeb case called Wilson Majia (ph) V Japan
7 Society. Do you recall that one?

8 A Same answer.

9 Q Do you remember Dr. Kaplan was involved in there case?

10 A I don't and I wouldn't.

11 Q Two months before that, November 8, 2023, you testified
12 in a Gorayeb case called Saw Rosales (ph) V Zeida Realty (ph).
13 Do you remember that one?

14 A I don't remember the patient's names.

15 Q Do you remember that Dr. Kaplan was involved in that
16 case?

17 A I don't and I wouldn't.

18 Q Do you remember Dr. Grimm was involved in that case?

19 A I don't and I wouldn't.

20 Q A few months before that, on June 6, 2023, you gave
21 trial testimony in a Gorayeb case called Contreras (ph) V 831
22 Quincy Street. Do you remember that one?

23 A Two years ago? No.

24 Q Do you remember that Dr. Kaplan and Dr. Grimm were also
25 involved in that case?

1 A I don't and I wouldn't have known.

2 Q Just this January, January 16, 2025, you gave trial
3 testimony in a case called Martinez V Yeshiva and that was a
4 Gorayeb case. Do you remember that? That was this year.

5 A Same.

6 Q Do you remember Dr. Kaplan was involved in this case?

7 A I don't and I wouldn't know.

8 Q Dr. Grimm was also involved in that case. Do you
9 remember that?

10 A I'll accept what you're saying.

11 Q You have a website called ThomasKolbMD.com, true?

12 A Yes.

13 Q That website says nothing about orthopedic radiology,
14 does it?

15 A Because that's my breast imaging website.

16 Q Correct. Thomas Kolb, MD, your name, that's a breast
17 imaging website, true?

18 A Yes.

19 Q The website says:

20 "Over the past twenty-five years, I have dedicated my
21 professional life to women's imaging and breast cancer
22 detection. I have personally evaluated over 150,000 women and
23 done over 300,000 breast examinations. My research and
24 innovations have personalized cancer detection and changed the
25 way women are evaluated for breast cancer?"

1 Does that sound familiar?

2 A Well, thank you for pointing that out.

3 Q Okay. You're primarily a breast imaging radiologist,
4 true?

5 A Well, you didn't go to my other website,
6 KolbRadiology.com, that does all this.

7 Q No. I went to the Thomas Kolb, MD website.

8 A Well, here's the Kolb Radiology website, which says
9 that I do MRI's, CAT scans and x-rays and I've done hundreds of
10 thousands of those over the past thirty-plus-years.

11 Q Did you bring that with you?

12 A Bring what with me?

13 MR. KELLY: Objection.

14 THE COURT: The objection is sustained.

15 MR. LYON: If he can answer yes or no --

16 MR. KELLY: Objection.

17 MR. LYON: -- we'll keep this moving.

18 THE COURT: If he can keep it to a yes or no, we'll
19 move faster.

20 Q You showed the jury earlier the MRI of the lumbar spine
21 and you identified the herniation at L5-S1 as being the finding,
22 right?

23 A Yes.

24 Q That's it?

25 A Yes.

1 Q L5-S1 disc herniation impinging on the anterior
2 epidural fat, right?

3 A Yes.

4 Q Essentially, in all the MRI reports for the lumbar
5 spine that you come to court to testify about, you have the same
6 finding, true?

7 A Of course not.

8 Q Okay.

9 A That's false.

10 Q I've got twelve radiology reports from different
11 plaintiffs in lawsuits.

12 MR. LYON: May I approach?

13 THE COURT: You may.

14 Q One-by-one, and feel free to look. Those are your
15 radiology reports, true?

16 A Sure. Sure.

17 Q One-by-one, can you please state the patient's name and
18 then read the highlighted portion, one-by-one?

19 A How about if I read the whole report, since they all
20 differ by so much.

21 Q We'll be here all day, sir.

22 A Reading a highlighted thing is pretty --

23 MR. KELLY: Objection. They're not in evidence,
24 Judge. Why is he reading them?

25 THE COURT: It doesn't have to be in evidence.

1 A I'll read your highlighting and then I'll read the
2 whole report again in a few minutes.

3 Q Sure.

4 A Fine. So, Mr. Cuzco, shallow posterior disc herniation
5 impinging on the --

6 Q Please slow down.

7 A Impinging upon the anterior epidural fat and abutting
8 the thecal sack.

9 That's one. There's a lot more.

10 Q Just hold on a second, okay? Hold on. Let's go slow.

11 A Yeah. Sure.

12 Q All right. Mr. Reyes, go ahead.

13 A Posterior disc bulge, not a herniation --

14 THE COURT: Let's just do this slowly and everybody
15 speaks --

16 THE WITNESS: Ok.

17 THE COURT: -- separately.

18 COURT OFFICER: Listen to the Judge, he's speaking.

19 THE COURT: Go on.

20 Q Just the highlighted portion, please.

21 A There is a posterior disc bulge impinging on the
22 anterior epidural fat.

23 Q All right. Let's go the next one, number three, Ms.
24 Seggara.

25 A There's a shallow broad-based posterior disc herniation

1 abutting the anterior thecal sack with peripheral -- oh, that's
2 where you stopped the yellow.

3 Q Next one, number four, Ms. Nieto. Go ahead.

4 A Posterior disc bulge impinging upon the anterior
5 epidural fat.

6 Q Number -- the next one, number four, Mr. Chafla. Go
7 ahead.

8 A Chafla, there's a shallow central posterior disc
9 herniation impinging upon the thecal sack.

10 Q Number five, Mr. Bustos.

11 A Mr. Bustos, there's a posterior disc bulge impinging
12 upon the anterior epidural fat.

13 Q Number six, Mr. Lee.

14 A Mr. Lee, a central posterior disc herniation impinging
15 upon the thecal sack.

16 Q Number seven, Mr. Givens. Go ahead.

17 A Seven is Zoran. Seven is Zoran. That's what I have
18 here.

19 MR. LYON: May I approach?

20 THE COURT: Yes.

21 Q Can I see that a second?

22 A Sure.

23 Q All right. Mr. Zoran. Go ahead.

24 A Mr. Zoran, that's a central posterior disc herniation
25 impinging on upon the thecal sack.

1 Q Next one is Mr. Gibbons. Go ahead.

2 A Gibbons, there's a focal central to left paracentral
3 disc herniation impinging upon the thecal sack and left lateral
4 recess.

5 Q And the next one, Mr. Valentine.

6 A There's a central posterior disc herniation impinging
7 upon the thecal sack. There is mild narrowing of the inferior
8 aspects of the neural foramina bilaterally.

9 Q Just the highlighted portion.

10 Next one, Mr. Rodriguez.

11 A There's a shallow central posterior disc herniation
12 impinging upon the thecal sack.

13 Q Next one, Ms. Ascuncion.

14 A There's a central posterior disc herniation impinging
15 upon the anterior epidural fat.

16 Q And the last one, Ms. LaValle.

17 A LaValle, this is a shallow posterior disc herniation
18 impinging upon the anterior epidural fat.

19 Q Okay. Thank you.

20 A I suggest we read all of these.

21 MR. KELLY: That's okay. I'll take care of it.

22 Q Pretty common finding, true?

23 A Well, hold on.

24 Q Yes or no?

25 A No.

1 Q Okay.

2 THE COURT: The answer is no.

3 A You picked out ten reports out of thousands.

4 Q I don't have thousands, I have those.

5 MR. KELLY: Objection.

6 THE COURT: Objection is sustained.

7 MR. KELLY: He knows better.

8 Q Now, would you agree that Dr. Kaplan and Dr. Merola
9 send you cases all the time?

10 A I have no idea how often they send to me of their
11 patients and that is my answer. I have no idea.

12 Q We can do the same thing. I mean, do they send you a
13 lot of patients, yes or no?

14 A A lot? No. I see thousands of patients a year. So,
15 they don't send a lot of patients.

16 MR. LYON: I have nothing further. Thank you.

17 THE COURT: Redirect.

18 MR. KELLY: Sure.

19 REDIRECT EXAMINATION

20 BY MR. KELLY:

21 Q Dr. Kolb, is it misleading to cherry-pick your reports
22 like that for the jury?

23 A Absolutely.

24 Q Is it kind of a lie to cherry-pick the reports like
25 that?

1 MR. LYON: Objection.

2 THE COURT: Objection is sustained.

3 MR. KELLY: Can I get the -- do you mind? Thanks.

4 THE COURT: Move your microphone up there.

5 MR. KELLY: Oh, yeah. Thanks.

6 Q Doctor, let's go through these reports that are
7 cherry-picked and tailored for a story to the jury. Let's talk
8 about --

9 MR. LYON: Objection.

10 THE COURT: Objection sustained.

11 The jury will disregard.

12 You can close to the jury on your time. Question
13 them on my time.

14 MR. KELLY: Okay.

15 Q Let's talk about Cuzco, the first one. Tell the jury
16 what the findings were there.

17 A I'm sorry, what's the name?

18 Q I think its C-U-Z-K-O. Whatever the first one was.

19 A Okay. Number one I have that he gave me was Villa
20 Cuzco.

21 Q Oh, Cuzco. Okay, fine. I didn't -- okay.

22 A So, Villa Cuzco, in addition to having what we talked
23 about, also had narrowing of the neural foramina at L5-S1 and
24 also had another bulge at L4-5.

25 Q So, that's not anything like the case we have here with

1 Mr. Vasquez Carranza, right?

2 A Not at all.

3 Q Okay. Let's go on to the next one.

4 A Number two is also a bulge, not a herniation. The
5 highlighted that he had me read was a posterior disc bulge
6 impinging upon the anterior epidural fat, but not a herniation.
7 So, very different than today.

8 Number three. Well, number three has a lot going on.
9 The highlighted part says, shallow broad posterior disc
10 herniation abutting the thecal sack, but it continues with,
11 peripheral disc extension, but with room for the exiting L5
12 nerve roots. There's encroachment upon the left lateral recess
13 related to the facet at L4-5. There's annular disc bulge with
14 peripheral disc extensions with room for the exiting nerve, but
15 with abutment of the adjacent traversing proximal left neural
16 fibers. There's encroachment upon the lateral recess and
17 posterior thecal sack related to the facets with small facet
18 effusions.

19 L3-4. The neuroforaminal and exiting nerve roots are
20 unremarkable, period. Encroachment on the posterior thecal sack
21 related to the facets and a lot more stuff.

22 Q Is that anything like Mr. Vasquez Carranza's case?

23 A Not even close.

24 Number three, Valle. Disc bulge at L5-S1 and also a
25 shallow right foraminal disc herniation at L4-5, narrowing the

1 right sided neural foramina and abutting the exiting L4 nerve
2 root. Clinical correlation is in order. Not even close.

3 Number four, Chafra. Disc herniation at L5-S1
4 impinging upon the thecal sack and a disc bulge at L4-5.

5 Number five, Ramon Bustos. Posterior disc bulge at
6 L5-S1. At L4-5, there's a focal left foraminal disc herniation
7 impinging upon the exiting left L4 nerve root. There's also
8 impingement upon the bilateral extrathecal L5 nerve roots,
9 comma, left greater than right. Loss of height of the L3-4 disc
10 and then I repeated in the impression. Not even close.

11 Number six, Henry Lee. Disc herniation impinging upon
12 the thecal sack narrowing the neural foramina bilaterally. The
13 herniation impinges upon the exiting left greater than right L5
14 nerve roots. That was at 5-1.

15 At 4-5 there's a larger central posterior disc
16 herniation impinging upon the thecal sack with central and
17 bilateral foraminal narrowing, period.

18 At L3-4 there's a broad posterior disc herniation
19 impinging upon the thecal sack narrowing the neural foramina
20 bilaterally. There is three millimeter caudal migration of the
21 herniated disc segment, period. There's grade one
22 retrolisthesis of L3 and L4, period. There's grade 1
23 anterolisthesis of L4 upon L5, period. There is loss of height
24 of the L1-2 and L2-3 and L3-4 discs with anterior marginal
25 osteophyte formations and disc protrusion at each of the lumbar

1 levels.

2 Next, number seven. Disc herniation at 5-1 impinging
3 upon the thecal sack and narrowing the neural foramina
4 bilaterally. The right foraminal extension of the herniation
5 abuts the exiting right L-5 nerve root. L1-2 posterior disc
6 herniation impinging upon the thecal sack. L4-5 central
7 posterior disc herniation impinging upon the thecal sack
8 narrowing the neuroforaminal bilaterally.

9 Eight, Gibbons. There's a focal central to left
10 paracentral disc herniation at L5-S1 impinging upon the thecal
11 sack and left lateral recess. Disc bulges at L3-4 and L4-5.

12 Nine. At L5-S1, disc herniation impinging upon the
13 thecal sack with mild narrowing of the inferior aspects of the
14 neural foramina bilaterally. L4-5, broad disc bulge impinging
15 upon the thecal sack narrowing the neuroforaminal bilaterally.

16 Number 10, Rodriguez. Shallow central posterior disc
17 herniation. L5-S1 impinging upon the thecal sack and narrowing
18 the neuroforaminal bilaterally. L4-5, broad posterior disc
19 herniation impinging upon the thecal sack and narrowing the
20 neuroforaminal bilaterally.

21 Finally, almost, number 11, Ascuncion. At 5-1,
22 central posterior disc herniation impinging upon the
23 anterior epidural fat narrowing the inferior aspects of the
24 neuroforaminal bilaterally.

25 At L4-5, evidence of a partial right

1 hemilaminectomy. There is broad posterior disc herniation
2 impinging upon the thecal sack narrowing the inferior
3 aspects of the neural foramina bilaterally abutting the
4 bilateral exiting L4 nerve roots and for which clinical
5 correlation is in order. There is contrast enhancement at
6 the right hemilaminectomy site at L4-L5 with no evidence of
7 impingement on the adjacent thecal sack.

8 Conclusion, the patient is status post a right
9 hemilaminectomy at L4-5 with posterior disc herniations at
10 L4-L5 and L5-S1 with central and foraminal narrowing. The
11 herniation at L4-L5 abuts the bilaterally exiting L4 nerve
12 roots. Post surgical enhancement at L4-L5 is described
13 above.

14 And, number twelve, LaValle. At L5-S1 there's a
15 shallow posterior disc herniation impinging upon the
16 anterior epidural fat.

17 Q And none of these cases are anything remotely like Mr.
18 Vasquez Carranza's case, right?

19 A Clearly.

20 Q Okay. Doctor, how many of these studies, non-breast
21 related studies, do you do in about a year?

22 A Many thousands.

23 Q Okay.

24 A Many, many thousand.

25 Q And are these cases referred to you by various

1 physicians?

2 A Many physicians.

3 Q Okay. More than just Dr. Kaplan and Dr. Merola?

4 A Far more.

5 Q Okay. All right, Doctor, I have nothing further for
6 you. Doctor, thank you so much.

7 MR. LYON: May I recross?

8 THE COURT: You may.

9 RECROSS EXAMINATION

10 BY MR. LYON:

11 Q Doctor, you would agree that you just went through all
12 those radiology reports. I think every one of them had more
13 findings than Mr. Carranza.

14 MR. KELLY: Objection to what he thinks. It
15 doesn't make a difference what he thinks.

16 THE COURT: You can rephrase.

17 Q Isn't it true that every single one of those reports
18 has more findings than the report in this case?

19 A Every one of these -- well, I think one -- I think a
20 couple of these just had bulges, but didn't have herniations, so
21 that would be an incorrect statement.

22 Q It seemed like you found a lot more in those radiology
23 reports than in this radiology report?

24 MR. KELLY: Objection. Once again, it exceeds --

25 THE COURT: I'll allow it.

1 MR. KELLY: Well --

2 THE COURT: I'll allow it.

3 A I'm going to answer your question. You handed me
4 twelve reports. I'll -- I'll find you twelve normal spines that
5 have nothing wrong with them, if you want.

6 Q I'm sure you could.

7 A And I'm sure you could give me these. So, I don't know
8 what your point is.

9 Q My point is every single one of those had the same
10 findings --

11 MR. KELLY: Once again, objection.

12 THE COURT: Objection is sustained.

13 MR. LYON: Nothing further. Thank you.

14 THE COURT: Thank you. You may step down.

15 THE WITNESS: Thank you so much.

16 (Whereupon, the witness steps down from the stand)

17 MR. KELLY: The afternoon, Judge. I'll have a
18 witness for the afternoon. He's coming at two.

19 THE COURT: Okay. We'll have an extended break, a
20 long lunch. The jury is to report back at two o'clock.
21 We'll have another doctor on the stand.

22 Please don't discuss the case amongst yourselves or
23 with others.

24 COURT OFFICER: All rise. Jury exiting.

25 (Whereupon, the jury exits the courtroom)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MR. LYON: May we approach?

THE COURT: You may approach.

(Whereupon, an off-the-record discussion was held)

(Whereupon, a lunch recess was taken)

(Whereupon, the following was transcribed by Senior
Court Reporter Renee Scott)

* * * * *

Court Reporter's Certification

I hereby certify that the foregoing transcript is a true and accurate record of the stenographic proceedings in the above matter.

Siobhan Lyons
Siobhan Lyons
Senior Court Reporter
Bronx County

\$						
\$12,000.00 [2] - 31:3, 37:7						
1						
1 [1] - 54:22 10 [5] - 16:15, 25:10, 31:12, 55:16 100 [1] - 1:16 10038 [1] - 1:16 10120 [1] - 1:20 10451 [1] - 1:9 11 [1] - 55:21 112 [1] - 1:20 12 [1] - 11:4 12/12/2017 [1] - 24:6 12/27/2017 [1] - 24:4 124 [1] - 43:9 13,000 [1] - 6:16 14-A [5] - 2:2, 11:18, 12:2, 12:13, 16:11 14-B [2] - 2:5, 15:21 14-C [2] - 2:8, 17:6 14-D [3] - 2:11, 18:15, 18:16 14-E [2] - 2:14, 20:20 14-F [2] - 2:17, 25:9 14-G [3] - 2:20, 2:23, 25:25 14-H [2] - 3:1, 27:9 15 [1] - 26:1 150 [1] - 9:19 150,000 [1] - 45:22 1555 [1] - 1:20 16 [1] - 45:2 18 [1] - 44:5 19 [2] - 17:8, 18:16 1979 [1] - 4:13 1983 [2] - 4:14, 4:16 1986 [2] - 4:16, 4:21 1990 [2] - 4:21, 4:23 19th [1] - 1:16	3					
	30 [1] - 1:9 300,000 [1] - 45:23 300322/2017E [1] - 1:4 34th [1] - 1:20 376 [1] - 38:7					
	4					
	4-5 [2] - 22:7, 54:15 47 [3] - 40:1, 40:6, 40:7					
	5					
	5-1 [3] - 54:14, 55:2, 55:21					
	6					
	6 [1] - 44:20					
	7					
	7 [2] - 38:3, 43:8					
	8					
	8 [1] - 44:11 831 [1] - 44:21 851 [1] - 1:8					
	9					
	9 [1] - 11:3 99 [3] - 39:4, 39:15, 39:19					
2	A					
2016 [4] - 16:15, 31:12, 32:4 2017 [6] - 11:3, 11:4, 17:8, 18:16, 25:17, 36:6 2018 [3] - 39:25, 40:5 2019 [3] - 11:5, 25:10, 25:17 2021 [2] - 11:5, 26:1 2022 [4] - 11:5, 27:10, 39:25, 40:6 2023 [3] - 11:5, 44:11, 44:20	able [2] - 29:21, 40:1 abnormal [1] - 23:16 abnormality [2] - 14:14, 32:17 absence [3] - 20:13, 24:20, 27:3 absolutely [2] - 35:8, 51:23 absorber [3] - 13:13, 13:23, 29:17 absorbers [3] - 13:11, 21:16, 29:10 abutment [1] - 53:15	abuts [2] - 55:5, 56:11 abutting [5] - 48:7, 49:1, 53:10, 54:1, 56:3 accept [1] - 45:10 accurate [2] - 5:24, 59:9 accurately [1] - 12:19 ACL [1] - 19:16 act [1] - 43:2 added [1] - 6:3 addition [2] - 19:25, 52:22 additional [1] - 11:4 adjacent [3] - 22:11, 53:15, 56:7 adjunct [1] - 7:1 advanced [2] - 30:6 advised [1] - 43:2 affidavit [1] - 34:9 affiliated [1] - 31:6 affiliations [1] - 6:24 affirm [1] - 3:11 afternoon [3] - 42:17, 58:17, 58:18 age [2] - 29:8, 29:9 ago [5] - 5:22, 33:21, 40:21, 40:24, 44:23 agree [4] - 39:4, 39:6, 51:8, 57:11 agreeing [1] - 38:17 ahead [6] - 48:12, 49:3, 49:7, 49:16, 49:23, 50:1 aid [2] - 11:19, 12:17 aids [1] - 11:17 ALLIED [1] - 1:5 allow [5] - 9:25, 36:14, 43:20, 57:25, 58:2 allowing [1] - 29:17 almost [5] - 6:9, 17:16, 21:6, 22:20, 55:21 ALPERT [1] - 1:12 American [2] - 5:23, 6:25 analogy [1] - 28:10 anatomy [5] - 12:23, 20:21, 21:2, 21:8, 25:20 AND [1] - 1:5 annular [1] - 53:13 annulus [2] - 21:24, 23:19 answer [2] - 5:20, 30:21, 34:20, 36:23, 36:24, 37:6, 38:11, 38:12, 38:22, 38:23, 39:7, 39:24, 40:11, 41:17, 42:4, 42:15,	43:15, 44:8, 46:15, 51:2, 51:11, 58:3 anterior [18] - 14:9, 14:10, 14:20, 19:16, 23:20, 23:24, 47:1, 48:7, 48:22, 49:1, 49:4, 49:12, 50:15, 50:18, 53:6, 54:24, 55:23, 56:16 anterolisthesis [1] - 54:23 anticipate [2] - 24:24, 25:18 anyway [1] - 25:15 applying [1] - 9:22 approach [4] - 47:12, 49:19, 59:1, 59:2 area [5] - 10:13, 13:1, 14:12, 17:17, 23:5 areas [5] - 8:11, 8:25, 13:1, 18:23, 32:12 argue [1] - 39:10 arguing [1] - 42:23 argumentative [2] - 41:20, 42:16 arteries [1] - 8:12 arthritis [3] - 30:3, 30:5, 30:7 ascuncion [1] - 50:13 Ascuncion [1] - 55:21 aspects [4] - 50:8, 55:13, 55:23, 56:3 ASSOCIATES [1] - 1:15 Associates [1] - 43:9 Association's [1] - 5:23 attempt [1] - 30:2 Attorney [1] - 1:19 Attorneys [1] - 1:15 authored [2] - 34:9, 35:6 available [1] - 35:22 award [1] - 5:24	22:12, 22:14, 28:7 better [3] - 20:15, 28:15, 51:7 between [13] - 8:3, 8:15, 8:16, 9:12, 13:7, 13:13, 19:2, 21:12, 22:6, 22:24, 26:16, 32:25, 39:25 big [3] - 17:13, 18:24 bilateral [3] - 54:8, 54:17, 56:4 bilaterally [12] - 50:8, 54:12, 54:20, 55:4, 55:8, 55:14, 55:15, 55:18, 55:20, 55:24, 56:3, 56:11 bit [9] - 4:10, 15:23, 18:21, 20:21, 21:18, 23:9, 26:23, 29:7, 29:12 black [12] - 13:14, 13:15, 14:2, 14:4, 14:11, 14:12, 14:15, 19:6, 19:8, 19:9, 19:10, 28:13 blown [2] - 13:20, 22:23 Board [1] - 5:10 board [6] - 4:17, 4:21, 5:2, 5:4, 5:10, 5:11 bodies [1] - 30:2 body [12] - 7:14, 7:15, 8:18, 8:21, 9:4, 13:10, 13:12, 29:9, 29:25, 30:2, 31:10 bone [33] - 8:15, 8:16, 8:23, 13:4, 13:5, 13:6, 13:9, 13:24, 16:4, 17:10, 17:11, 17:13, 17:14, 18:24, 18:25, 19:21, 19:22, 21:5, 22:3, 22:7, 22:11, 23:4, 23:7, 28:12, 30:1, 35:14 bones [29] - 8:5, 8:10, 8:24, 13:7, 13:8, 13:14, 13:25, 17:12, 19:2, 19:18, 20:25, 21:1, 21:4, 21:10, 21:12, 21:14, 21:15, 21:18, 22:2, 22:12, 22:14, 26:17, 27:19, 27:21, 29:22, 29:23 born [3] - 13:11, 19:23, 21:9 bottom [1] - 14:23 box [1] - 31:24 brain [2] - 22:16, 22:17 bread [8] - 27:15,		
			B			
			balloon [1] - 22:20 bar [1] - 34:13 based [2] - 26:22, 48:25 baseline [2] - 35:23, 35:24 basis [1] - 39:18 became [4] - 4:14, 4:16, 4:18, 4:21 become [2] - 5:9, 29:14 behalf [1] - 3:15 behind [4] - 13:15,			

27:18, 27:22, 27:23, 28:5, 28:6
break [1] - 58:19
breast [21] - 5:17, 5:21, 5:25, 6:1, 6:3, 6:5, 6:6, 6:11, 6:16, 7:10, 7:12, 10:7, 35:4, 35:7, 45:15, 45:16, 45:21, 45:23, 45:25, 46:3, 56:20
breasts [4] - 5:18, 6:4, 6:7, 6:8
briefly [1] - 29:4
bring [3] - 30:13, 46:11, 46:12
brittle [1] - 29:14
broad [6] - 48:25, 53:9, 54:18, 55:14, 55:18, 56:1
broad-based [1] - 48:25
bronx [1] - 59:12
BRONX [1] - 1:1
Bronx [5] - 1:8, 1:9, 3:22, 4:15
Brooklyn [2] - 4:14, 40:22
bulge [16] - 23:10, 32:9, 32:14, 48:13, 48:21, 49:4, 49:11, 52:24, 53:4, 53:5, 53:13, 53:24, 54:4, 54:5, 55:14
bulges [2] - 55:11, 57:20
Bustos [3] - 49:10, 49:11, 54:5
buttocks [1] - 26:12
BY [6] - 1:17, 1:21, 4:3, 33:17, 51:20, 57:10

C

C-U-Z-K-O [1] - 52:18
cancer [12] - 5:17, 5:21, 5:25, 6:1, 6:6, 6:11, 7:4, 7:12, 45:21, 45:24, 45:25
CANCER [1] - 1:5
cannot [1] - 34:4
care [4] - 23:14, 31:15, 31:16, 50:21
Carranza [8] - 9:17, 10:18, 11:1, 12:14, 30:19, 37:1, 53:1, 57:13
CARRANZA [1] - 1:2
Carranza's [3] - 9:23, 53:22, 56:18

case [38] - 9:17, 23:17, 31:4, 32:2, 32:8, 34:9, 35:18, 36:4, 38:2, 39:1, 39:5, 40:21, 40:23, 41:4, 41:7, 41:16, 42:1, 43:5, 43:9, 43:14, 44:2, 44:3, 44:6, 44:9, 44:12, 44:16, 44:18, 44:21, 44:25, 45:3, 45:4, 45:6, 45:8, 52:25, 53:22, 56:18, 57:18, 58:22
cases [15] - 32:25, 33:22, 38:20, 38:23, 39:14, 39:23, 40:1, 40:6, 40:7, 41:19, 41:22, 44:4, 51:9, 56:17, 56:25
Castillo [2] - 38:2, 43:9
CAT [10] - 7:13, 7:20, 7:22, 8:17, 8:18, 8:21, 9:9, 31:21, 34:4, 46:9
caudal [1] - 54:20
causation [2] - 33:7, 36:13
caused [1] - 36:9
Center [2] - 4:20
central [15] - 26:13, 49:8, 49:14, 49:24, 50:2, 50:6, 50:11, 50:14, 54:15, 54:16, 55:6, 55:9, 55:16, 55:22, 56:10
certain [2] - 11:7, 11:16
certainly [1] - 18:4
certainty [3] - 11:11, 11:13, 30:17
Certification [1] - 59:8
certified [5] - 4:17, 4:22, 5:2, 5:4, 5:11
certify [1] - 59:9
cetera [1] - 7:20
Chafra [3] - 49:6, 49:8, 54:3
change [1] - 35:20
changed [3] - 15:22, 25:12, 45:24
charge [2] - 6:21, 31:13
charged [1] - 6:21
charging [1] - 30:25
check [1] - 31:24
cherry [3] - 51:21, 51:24, 52:7
cherry-pick [2] - 51:21, 51:24

cherry-picked [1] - 52:7
circle [1] - 14:25
cited [1] - 5:23
City [1] - 4:12
CIVIL [1] - 1:1
clearly [1] - 56:19
CLERK [4] - 3:10, 3:17, 3:19, 3:23
clinical [4] - 25:4, 33:7, 54:2, 56:4
close [7] - 13:25, 23:15, 29:23, 52:12, 53:23, 54:2, 54:10
collateral [7] - 19:8, 19:19, 19:20, 19:23, 19:24, 20:14, 20:16
College [2] - 4:12, 6:25
colloquy [2] - 42:24, 43:4
color [1] - 15:22
Columbia [3] - 4:20, 7:1
coming [10] - 19:10, 22:12, 28:8, 28:9, 41:5, 41:6, 41:18, 42:7, 42:16, 58:18
comma [1] - 54:9
common [3] - 9:10, 9:11, 50:22
compare [3] - 23:25, 35:16, 36:4
compared [2] - 12:16, 25:16
comparisons [1] - 35:22
compartmented [1] - 25:17
compensated [1] - 6:14
competent [5] - 15:9, 16:24, 18:2, 20:9, 24:14
complaints [1] - 24:24
completely [5] - 14:14, 17:16, 19:9, 23:11, 23:12
complex [4] - 14:15, 14:21, 14:24, 15:8
computer [1] - 26:7
computerized [2] - 8:19
computers [1] - 27:25
concerns [1] - 7:10
conclusion [1] - 56:8
Concourse [1] - 1:8
concrete [1] - 9:20
condition [5] - 20:12, 24:19, 27:3, 30:10, 30:14

conditions [2] - 18:6, 29:5
consistent [8] - 15:4, 15:6, 16:21, 16:22, 16:23, 17:22, 20:7, 24:16
CONSTRUCTION [1] - 1:6
construction [2] - 9:19, 9:20
contained [1] - 22:22
contains [1] - 26:18
continue [1] - 40:9
continues [1] - 53:10
continuum [2] - 31:15, 31:16
contrast [1] - 56:5
Contreras [1] - 44:21
cord [2] - 22:16, 26:11
correct [7] - 16:16, 16:20, 35:23, 38:9, 38:10, 43:7, 45:16
correlation [3] - 33:7, 54:2, 56:5
counsel [3] - 3:25, 10:12, 42:3
Counsel [4] - 34:16, 37:25, 39:13, 43:2
Counsel's [1] - 38:9
country [1] - 7:3
county [2] - 3:20, 3:21
COUNTY [1] - 1:1
County [1] - 59:12
couple [1] - 57:20
course [4] - 10:20, 17:24, 32:7, 47:7
court [2] - 3:12, 47:5
COURT [64] - 1:1, 3:3, 3:4, 3:6, 3:25, 9:25, 10:8, 10:11, 10:15, 11:21, 11:23, 11:25, 12:6, 12:8, 12:11, 28:23, 33:13, 33:15, 33:24, 34:13, 34:16, 34:20, 36:14, 36:20, 37:16, 37:24, 39:12, 39:19, 40:3, 40:10, 40:20, 41:1, 41:21, 41:24, 42:3, 42:14, 42:20, 42:24, 43:2, 43:20, 46:14, 46:18, 47:13, 47:25, 48:14, 48:17, 48:18, 48:19, 49:20, 51:2, 51:6, 51:17, 52:2, 52:4, 52:10, 57:8, 57:16, 57:25, 58:2, 58:12, 58:14, 58:19, 58:24, 59:2
Court [6] - 1:8, 1:12,

1:25, 59:6, 59:8, 59:12
courthouse [3] - 41:8, 41:11, 41:13
courtroom [2] - 3:5, 58:25
courts [1] - 10:3
cross [1] - 33:15
CROSS [1] - 33:16
cross-examination [1] - 33:15
CROSS-EXAMINATION [1] - 33:16
cruciate [3] - 19:16, 19:17
current [1] - 6:23
cut [5] - 26:6, 27:16, 27:17, 27:22, 27:23
cutting [1] - 26:7
Cuzco [4] - 52:15, 52:20, 52:21, 52:22
cuzco [1] - 48:4

D

date [2] - 16:13, 24:3
dates [1] - 16:12
days [1] - 42:22
debris [1] - 9:20
December [1] - 11:3
dedicated [1] - 45:20
Defendant [1] - 1:19
Defendants [2] - 1:7, 32:8
define [1] - 34:8
definitely [2] - 41:12, 41:13
degeneration [5] - 29:4, 29:8, 30:3, 30:4, 30:6
degenerative [2] - 29:5, 30:10
degree [4] - 6:7, 11:11, 11:13, 30:17
DELIS [1] - 1:2
Delis [2] - 9:17, 10:17
demonstrative [2] - 11:17, 12:17
Demonstrative [9] - 2:1, 2:4, 2:7, 2:10, 2:13, 2:16, 2:19, 2:22, 2:25
dense [4] - 5:18, 6:4, 6:7, 6:8
describe [2] - 31:2, 31:14
described [1] - 56:12
detect [1] - 6:6
detection [4] - 5:21,

<p>7:4, 45:22, 45:24 determining [1] - 36:9 develop [1] - 35:14 diagnosis [5] - 5:17, 6:12, 7:5, 7:10, 7:12 diagnostic [4] - 4:9, 4:18, 4:19, 10:7 differ [1] - 47:20 difference [4] - 8:3, 9:12, 32:23, 57:15 different [17] - 5:16, 7:14, 7:15, 7:19, 9:2, 9:5, 13:12, 15:23, 16:1, 23:2, 26:6, 27:13, 27:14, 32:10, 47:10, 53:7 diplomat [1] - 5:10 direct [3] - 35:3, 35:9, 36:12 DIRECT [1] - 4:2 disagree [2] - 32:12, 32:13 disc [86] - 8:15, 22:1, 22:6, 22:7, 22:8, 22:11, 22:12, 22:22, 22:24, 23:2, 23:3, 23:5, 23:9, 23:10, 23:11, 23:12, 23:13, 23:18, 23:19, 23:24, 24:1, 24:11, 24:13, 24:22, 28:2, 28:3, 28:6, 28:7, 28:16, 28:17, 28:20, 29:19, 32:9, 32:14, 32:17, 35:9, 37:4, 47:1, 48:4, 48:13, 48:21, 48:25, 49:4, 49:8, 49:11, 49:14, 49:24, 50:3, 50:6, 50:11, 50:14, 50:17, 53:5, 53:9, 53:11, 53:13, 53:14, 53:24, 53:25, 54:3, 54:4, 54:5, 54:6, 54:9, 54:11, 54:15, 54:18, 54:21, 54:25, 55:2, 55:5, 55:7, 55:10, 55:11, 55:12, 55:14, 55:16, 55:18, 55:22, 56:1, 56:9, 56:15 discs [15] - 8:12, 8:25, 9:7, 21:16, 21:17, 21:20, 21:21, 21:22, 23:3, 23:15, 24:1, 29:12, 54:24 discuss [1] - 58:22 discussed [2] - 30:18, 35:3 discussion [3] - 33:20, 34:14, 59:3</p>	<p>DISEASES [1] - 1:5 disk [1] - 23:10 disregard [1] - 52:11 distance [1] - 22:24 doctor [20] - 4:8, 5:2, 10:12, 10:15, 10:18, 17:2, 27:8, 29:4, 30:16, 32:1, 33:11, 36:22, 37:18, 42:9, 52:6, 56:20, 57:6, 57:11, 58:21 Doctor [10] - 6:13, 10:20, 11:9, 12:16, 12:21, 20:2, 30:23, 32:23, 33:6, 57:5 doctor's [1] - 42:7 doctors [3] - 31:22, 42:6, 44:4 done [10] - 5:20, 6:17, 6:19, 17:8, 18:16, 26:9, 31:22, 34:5, 45:23, 46:9 donuts [2] - 21:22, 29:13 DOPF [1] - 1:19 dormant [1] - 30:14 dots [3] - 28:8, 28:9, 28:10 down [15] - 8:6, 13:24, 19:3, 19:10, 21:14, 22:16, 22:17, 22:19, 23:7, 26:11, 28:8, 28:9, 48:6, 58:14, 58:16 Downstate [1] - 4:14 Dr [36] - 1:8, 1:9, 3:9, 3:21, 4:4, 4:6, 10:5, 12:1, 33:18, 38:20, 39:2, 39:5, 39:15, 39:23, 40:6, 41:3, 41:15, 41:19, 41:22, 42:9, 43:5, 43:13, 44:9, 44:15, 44:18, 44:24, 45:6, 45:8, 51:8, 51:21, 57:3 due [1] - 25:19 duly [1] - 3:15 during [1] - 11:9 duty [1] - 31:25</p>	<p>either [2] - 26:8, 42:25 employed [1] - 37:19 employee [2] - 37:21, 38:1 encounter [1] - 11:6 encountered [1] - 10:17 encroachment [4] - 32:20, 53:12, 53:16, 53:20 energy [2] - 8:1 engage [1] - 7:6 enhancement [2] - 56:5, 56:12 entered [1] - 3:5 entering [1] - 3:4 epidural [13] - 23:21, 23:24, 32:20, 47:2, 48:7, 48:22, 49:5, 49:12, 50:15, 50:18, 53:6, 55:23, 56:16 especially [1] - 43:4 ESQ [2] - 1:17, 1:21 essentially [1] - 47:4 established [1] - 37:23 evaluated [2] - 45:22, 45:25 event [3] - 36:4, 37:2, 37:5 events [2] - 36:9, 36:11 evidence [5] - 10:21, 47:23, 47:25, 55:25, 56:6 ex [1] - 7:20 exactly [1] - 33:25 exaggerate [2] - 20:4, 24:7 exam [1] - 43:24 examination [4] - 5:9, 6:3, 11:9, 33:15 EXAMINATION [4] - 4:2, 33:16, 51:19, 57:9 examinations [2] - 6:20, 45:23 examined [1] - 3:16 example [3] - 8:11, 22:6, 23:17 exceeds [1] - 57:24 except [1] - 32:3 Exhibit [16] - 2:2, 2:5, 2:8, 2:11, 2:14, 2:17, 2:20, 2:23, 3:1, 12:13, 15:21, 17:6, 18:15, 20:20, 25:9, 27:9 exhibits [1] - 12:17 exist [1] - 30:11</p>	<p>exiting [10] - 53:11, 53:14, 53:19, 54:1, 54:7, 54:13, 55:5, 56:4, 56:11, 58:24 exits [1] - 58:25 expect [2] - 30:6, 42:18 experience [1] - 9:22 expert [4] - 10:2, 10:5, 10:12, 10:15 explain [1] - 7:16 explained [1] - 6:9 explanation [1] - 11:20 exquisitely [1] - 9:6 extended [1] - 58:19 extension [1] - 55:4 extensions [1] - 53:14 extent [1] - 53:11 extrathecal [1] - 54:8 extremities [1] - 24:25</p>	<p>finally [1] - 55:21 findings [21] - 11:7, 16:19, 16:21, 16:22, 16:24, 17:22, 17:24, 18:2, 20:2, 20:7, 20:9, 24:8, 24:16, 27:2, 30:18, 32:9, 33:6, 52:16, 57:13, 57:18, 58:10 fine [4] - 35:22, 38:19, 48:4, 52:21 finish [4] - 5:5, 40:3, 41:21, 42:3 firm [12] - 37:8, 37:10, 37:22, 38:1, 38:9, 38:20, 39:5, 39:15, 39:23 first [13] - 3:15, 6:10, 8:7, 16:7, 18:5, 18:23, 21:8, 29:10, 29:15, 29:19, 39:1, 52:15, 52:18 five [10] - 20:24, 21:1, 21:3, 21:4, 32:25, 38:7, 40:5, 45:20, 49:10, 54:5 fix [1] - 30:3 fixed [2] - 18:8, 18:9 Floor [1] - 1:16 fluid [2] - 22:20, 23:22 focal [3] - 50:2, 54:6, 55:9 following [1] - 59:5 follows [1] - 3:16 FOR [1] - 1:5 foramina [10] - 26:17, 26:24, 50:8, 52:23, 54:1, 54:12, 54:19, 55:3, 55:14, 56:3 foraminal [5] - 53:25, 54:6, 54:17, 55:4, 56:10 foregoing [1] - 59:9 form [3] - 9:20, 9:24, 30:1 formations [1] - 54:25 forty [1] - 9:11 four [7] - 4:18, 4:19, 5:7, 21:3, 49:3, 49:6, 54:3 fourth [1] - 22:6 fracture [3] - 8:5, 8:7, 8:8 FRANK [1] - 1:17 free [4] - 6:17, 6:19, 47:14 French [1] - 27:15 frequency [1] - 9:13 front [8] - 14:9, 14:11,</p>
F				
<p>facet [2] - 53:13, 53:17 facets [2] - 53:17, 53:21 faith [1] - 39:18 falling [1] - 9:19 false [1] - 47:9 familiar [1] - 46:1 far [1] - 57:4 faster [1] - 46:19 fat [16] - 15:24, 23:21, 23:24, 28:6, 32:20, 47:2, 48:7, 48:22, 49:5, 49:12, 50:15, 50:18, 53:6, 55:23, 56:16 February [1] - 26:1 fee [2] - 30:25, 31:6 fees [1] - 31:9 feet [1] - 26:12 fell [2] - 8:6, 9:21 felt [2] - 32:16 femur [2] - 13:6, 18:24 few [8] - 13:19, 18:22, 33:13, 41:14, 43:8, 44:5, 44:20, 48:2 fibers [1] - 53:16 fibula [2] - 17:12, 17:14 field [2] - 5:13, 10:16 fifteen [1] - 32:25 fifth [1] - 22:7 fills [1] - 12:17 films [10] - 8:1, 10:21, 12:19, 15:12, 15:13, 18:5, 32:5, 34:23, 38:11</p>				

14:20, 15:25, 22:3, 23:21, 26:8, 43:3 function [6] - 12:23, 13:13, 14:1, 20:21, 21:17, 21:19 fused [1] - 28:11 fuses [1] - 28:19	heard [1] - 6:8 height [4] - 29:19, 29:21, 54:9, 54:23 Heights [1] - 4:21 held [3] - 33:20, 34:14, 59:3 help [1] - 7:8 helped [1] - 6:6 helpful [3] - 35:23, 36:3, 36:5 hemilaminectomy [3] - 56:1, 56:6, 56:9 Henry [1] - 54:11 hereby [1] - 59:9 herniated [1] - 54:21 herniation [47] - 23:12, 23:13, 23:24, 24:11, 24:13, 24:22, 24:23, 26:25, 28:18, 28:21, 35:9, 37:4, 46:21, 47:1, 48:4, 48:13, 48:25, 49:9, 49:14, 49:24, 50:3, 50:6, 50:11, 50:14, 50:17, 53:4, 53:6, 53:10, 53:25, 54:3, 54:6, 54:11, 54:13, 54:16, 54:18, 55:2, 55:4, 55:6, 55:7, 55:10, 55:12, 55:17, 55:19, 55:22, 56:1, 56:11, 56:15 herniations [2] - 56:9, 57:20 hero [1] - 27:18 Herrera [1] - 41:7 high [2] - 5:18, 16:8 high-grade [1] - 16:8 high-risk [1] - 5:18 highlighted [6] - 47:18, 47:22, 48:20, 50:9, 53:5, 53:9 highlighting [1] - 48:1 highly [1] - 15:8 hired [1] - 32:8 history [1] - 33:9 hold [10] - 9:7, 12:8, 19:11, 21:25, 22:11, 31:11, 40:3, 48:10, 50:23 holding [1] - 19:13 holds [2] - 21:23, 22:8 hole [2] - 26:16, 26:17 Honor [3] - 4:1, 11:16, 11:24 HONORABLE [1] - 1:12 horn [5] - 14:16, 14:24, 16:9, 17:18, 17:20	Hospital [2] - 4:16 HOSPITAL [1] - 1:5 hour [1] - 41:5 hundred [1] - 7:25 hundreds [4] - 31:22, 39:22, 44:4, 46:9	instead [2] - 8:17, 18:17 instruction [3] - 10:10, 11:19, 42:22 insurance [2] - 31:8 Interpreter [1] - 1:23 intervention [5] - 18:9, 18:10, 20:13, 24:21, 27:4 involve [1] - 38:20 involved [14] - 38:23, 39:2, 39:5, 39:6, 39:22, 39:23, 41:15, 43:13, 44:9, 44:15, 44:18, 44:25, 45:6, 45:8 ion [1] - 53:11 issue [1] - 22:23 Italian [1] - 27:15 item [1] - 9:19 itself [1] - 18:11	39:2, 39:5, 39:15, 39:23, 40:6, 41:3, 41:15, 41:19, 41:22, 43:13, 43:24, 44:9, 44:15, 44:24, 45:6, 51:8, 57:3 keep [2] - 46:17, 46:18 KELLY [47] - 1:17, 3:9, 4:1, 4:3, 10:5, 10:9, 11:16, 11:22, 12:5, 12:7, 33:23, 34:10, 34:19, 36:12, 36:19, 37:15, 37:23, 39:10, 39:17, 40:2, 40:4, 40:9, 40:19, 40:25, 41:20, 41:23, 42:11, 42:13, 42:19, 42:21, 43:19, 46:13, 46:16, 47:23, 50:21, 51:5, 51:7, 51:18, 51:20, 52:3, 52:5, 52:14, 57:14, 57:24, 58:1, 58:11, 58:17 Kelly [3] - 3:8, 41:10, 41:12 kind [4] - 9:23, 20:22, 25:1, 51:24 kindly [9] - 4:6, 12:3, 12:12, 12:21, 15:20, 17:5, 18:14, 20:19, 25:24 kinds [2] - 9:13, 24:8 knee [44] - 11:2, 12:15, 12:22, 13:2, 13:4, 13:8, 13:17, 13:19, 13:23, 14:17, 14:18, 14:19, 14:20, 15:5, 15:8, 15:22, 15:25, 16:6, 16:7, 17:7, 17:9, 17:19, 18:17, 18:19, 18:20, 19:4, 19:11, 19:12, 19:14, 19:18, 19:21, 26:6, 29:11, 31:11, 31:24, 32:3, 34:24, 35:25 kneecap [1] - 18:20 knees [1] - 9:21 knowing [1] - 21:11 knowledge [1] - 30:23 known [6] - 7:24, 37:2, 37:5, 38:8, 38:11, 45:1 knows [1] - 51:7 Kolb [12] - 1:8, 3:9, 3:21, 4:4, 4:6, 10:5, 12:1, 33:18, 45:16, 46:7, 46:8, 51:21 KOLB [1] - 3:21 KolbRadiology.com
G		I	J	
Gelfand [1] - 41:3 general [1] - 10:7 Gibbons [3] - 50:1, 50:2, 55:9 girlfriend [1] - 42:23 given [2] - 10:25, 36:7 givens [1] - 49:16 goldman [1] - 41:3 gonna [5] - 11:19, 13:2, 20:20, 39:10, 40:14 GORAYEB [1] - 1:15 Horayeb [18] - 34:25, 37:8, 37:10, 37:19, 37:20, 37:21, 37:22, 38:1, 38:20, 39:2, 39:15, 39:23, 40:7, 43:9, 44:6, 44:12, 44:21, 45:4 Horayeb's [1] - 39:5 gotta [1] - 10:10 grade [4] - 16:8, 16:10, 54:21, 54:22 graduated [2] - 4:13, 4:14 Grand [1] - 1:8 gratuitous [1] - 10:9 gray [6] - 12:25, 18:23, 21:5, 22:15, 32:12 great [3] - 6:7, 8:4, 36:15 greater [2] - 54:9, 54:13 Grimm [7] - 1:9, 41:3, 42:9, 43:5, 44:18, 44:24, 45:8 groups [1] - 7:4 guess [1] - 40:14	IA-26 [1] - 1:1 idea [8] - 33:5, 40:12, 40:14, 41:18, 42:8, 43:23, 51:10, 51:11 identical [1] - 23:25 identification [9] - 2:2, 2:5, 2:8, 2:11, 2:14, 2:17, 2:20, 2:23, 3:1 identified [1] - 46:21 illegal [1] - 32:7 images [2] - 24:8, 28:15 imagine [1] - 36:1 imaging [8] - 10:7, 31:23, 35:4, 35:7, 45:15, 45:17, 45:21, 46:3 impingement [2] - 54:8, 56:7 impinges [1] - 54:13 impinging [3] - 47:1, 48:5, 48:7, 48:21, 49:4, 49:9, 49:11, 49:14, 49:25, 50:3, 50:6, 50:12, 50:14, 50:18, 53:6, 54:4, 54:7, 54:11, 54:16, 54:19, 55:2, 55:6, 55:7, 55:10, 55:12, 55:14, 55:17, 55:19, 55:22, 56:2, 56:15 implication [1] - 36:19 important [2] - 8:2, 13:8 impression [1] - 54:10 incident [1] - 30:19 inconsistent [1] - 32:15 incorrect [1] - 57:21 Index [1] - 1:4 inferior [4] - 50:7, 55:13, 55:23, 56:2 information [2] - 30:20, 35:13 injuries [1] - 9:20 innovations [1] - 45:24 inquire [1] - 3:25 insertion [1] - 16:5 inside [4] - 7:14, 14:18, 14:19, 19:4	Jacobi [1] - 4:15 January [6] - 11:3, 17:8, 18:16, 44:5, 45:2 Japan [1] - 44:6 Jeffrey [1] - 43:24 jelly [4] - 21:22, 29:13, 29:16 job [1] - 31:19 Jodi [1] - 41:3 joins [1] - 21:12 joint [3] - 29:25, 30:2, 30:3 joints [8] - 7:15, 8:9, 13:12, 21:13, 29:8, 29:9, 29:11 Judge [7] - 33:14, 34:10, 34:11, 42:22, 47:24, 48:18, 58:17 jump [2] - 13:24, 21:14 June [2] - 1:9, 44:20 jury [27] - 3:3, 3:4, 3:5, 3:7, 4:6, 4:10, 5:4, 5:15, 7:21, 11:19, 12:3, 12:21, 29:7, 30:18, 31:14, 37:18, 42:18, 43:3, 46:20, 51:22, 52:7, 52:11, 52:12, 52:15, 58:20, 58:24, 58:25 Justice [1] - 1:12		
H		K		
half [1] - 7:9 hand [1] - 3:11 handed [1] - 58:3 hard [4] - 8:3, 8:5, 9:21, 9:22 harder [1] - 9:9 heal [3] - 18:11, 20:14, 20:16 health [1] - 9:18		Kaplan [18] - 38:20,		

<p>18:12, 19:12, 20:17, 20:21, 25:6, 25:22, 27:6, 28:25, 29:2, 30:20, 33:13, 35:13, 42:24</p> <p>nerve [16] - 23:16, 26:18, 26:19, 26:20, 26:23, 28:8, 53:12, 53:14, 53:19, 54:1, 54:7, 54:8, 54:14, 55:5, 56:4, 56:11</p> <p>nerves [12] - 8:12, 9:8, 22:16, 22:19, 22:21, 22:24, 23:14, 26:10</p> <p>neural [11] - 26:17, 26:24, 50:8, 52:23, 53:15, 54:1, 54:12, 54:19, 55:3, 55:14, 56:3</p> <p>neuroforaminal [6] - 53:19, 55:8, 55:15, 55:18, 55:20, 55:24</p> <p>never [2] - 13:9, 20:14</p> <p>NEW [1] - 1:1</p> <p>New [8] - 1:9, 1:16, 1:20, 3:22, 4:12, 4:25, 10:3</p> <p>next [11] - 21:18, 26:5, 48:23, 49:3, 49:6, 50:1, 50:5, 50:10, 50:13, 53:3, 55:2</p> <p>nice [2] - 36:10, 36:15</p> <p>nicely [1] - 28:18</p> <p>Nieto [1] - 49:3</p> <p>night [1] - 32:12</p> <p>nine [1] - 55:12</p> <p>non [1] - 56:20</p> <p>non-breast [1] - 56:20</p> <p>none [1] - 56:17</p> <p>nonsense [1] - 42:21</p> <p>normal [2] - 17:15, 58:4</p> <p>notes [1] - 10:20</p> <p>nothing [8] - 6:22, 25:12, 31:9, 45:13, 51:16, 57:5, 58:5, 58:13</p> <p>November [4] - 16:15, 31:12, 44:11</p> <p>nowadays [1] - 9:10</p> <p>number [25] - 5:5, 5:22, 13:20, 33:2, 37:14, 48:23, 49:3, 49:6, 49:10, 49:13, 49:16, 52:19, 53:4, 53:8, 53:24, 54:3, 54:5, 54:11, 55:2, 55:16, 55:21, 56:14</p> <p>numbers [5] - 6:5, 6:20, 7:17, 21:3,</p>	<p>21:7</p> <p>numbness [1] - 24:25</p> <p>nutrients [1] - 22:21</p> <p>NY [1] - 1:16</p> <hr/> <p style="text-align: center;">O</p> <hr/> <p>o'clock [1] - 58:20</p> <p>objection [45] - 9:24, 11:23, 11:24, 28:22, 28:23, 33:23, 33:24, 34:19, 36:12, 36:19, 36:20, 37:16, 37:24, 39:10, 39:17, 39:19, 40:2, 40:9, 40:10, 40:19, 40:20, 40:25, 41:1, 41:20, 41:23, 42:11, 42:13, 42:14, 42:19, 42:20, 43:19, 46:13, 46:14, 46:16, 47:23, 51:5, 51:6, 52:1, 52:2, 52:9, 52:10, 57:14, 57:24, 58:11, 58:12</p> <p>objective [5] - 15:15, 15:16, 16:18, 17:24, 20:2</p> <p>obvious [1] - 15:1</p> <p>obviously [3] - 4:8, 23:2, 32:12</p> <p>occupied [1] - 17:16</p> <p>October [6] - 25:9, 27:10, 41:7, 41:11, 41:13, 43:5</p> <p>OF [3] - 1:1, 1:1</p> <p>off-the-record [2] - 33:20, 59:3</p> <p>offer [2] - 10:5, 39:17</p> <p>offered [1] - 10:12</p> <p>office [2] - 30:24, 30:25</p> <p>OFFICER [3] - 3:4, 48:18, 58:24</p> <p>Official [1] - 1:23</p> <p>often [4] - 5:25, 6:5, 35:21, 51:10</p> <p>old [6] - 7:24, 9:18, 15:3, 29:9, 29:18, 38:16</p> <p>older [1] - 30:9</p> <p>once [3] - 16:18, 57:24, 58:11</p> <p>one [59] - 5:16, 7:25, 8:17, 8:22, 14:17, 14:22, 16:7, 19:21, 21:4, 21:7, 21:16, 21:24, 22:4, 22:12, 23:6, 23:23, 23:25, 25:16, 26:4, 26:5, 26:18, 27:12, 27:21,</p>	<p>28:5, 29:11, 31:10, 32:3, 39:14, 43:10, 44:4, 44:7, 44:13, 44:22, 47:14, 47:17, 47:18, 48:9, 48:23, 49:3, 49:6, 50:1, 50:5, 50:10, 50:13, 50:16, 52:15, 52:18, 52:19, 53:3, 54:21, 57:12, 57:17, 57:19, 58:9</p> <p>one-by-one [3] - 47:14, 47:17, 47:18</p> <p>opinion [2] - 30:16, 36:13</p> <p>opinions [4] - 11:10, 11:12, 32:10</p> <p>oral [1] - 5:8</p> <p>order [8] - 19:12, 19:14, 29:25, 31:20, 34:4, 34:24, 54:2, 56:5</p> <p>orient [1] - 12:21</p> <p>orientation [1] - 20:21</p> <p>original [2] - 12:17, 12:19</p> <p>orthopedic [1] - 45:13</p> <p>osteophyte [1] - 54:25</p> <p>osteophytes [1] - 30:1</p> <p>otherwise [2] - 15:7, 30:14</p> <p>outer [1] - 17:9</p> <p>outside [4] - 14:19, 16:7, 17:19, 17:20</p> <p>overruled [4] - 9:25, 40:10, 41:24, 42:14</p> <p>own [2] - 20:15, 20:16</p> <p>oxygen [1] - 22:21</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>page [2] - 21:10, 38:7</p> <p>paid [4] - 31:8, 37:7, 37:8</p> <p>pain [11] - 15:9, 16:25, 18:3, 20:10, 23:17, 24:14, 24:25, 28:20, 30:11, 30:13, 30:14</p> <p>painful [1] - 13:10</p> <p>paper [2] - 5:22, 6:9</p> <p>paracental [2] - 50:2, 55:10</p> <p>PART [1] - 1:1</p> <p>part [18] - 5:17, 7:12, 7:13, 8:2, 8:18, 8:20, 14:22, 14:23, 16:5, 17:9, 17:15, 18:24, 21:6, 25:4, 31:10, 34:23, 53:9</p> <p>partial [4] - 19:24,</p>	<p>20:15, 23:10, 55:25</p> <p>partially [3] - 19:10, 23:8</p> <p>particular [5] - 12:25, 14:2, 14:13, 23:17, 26:24</p> <p>particularly [1] - 5:18</p> <p>parts [6] - 5:16, 7:3, 7:14, 7:15, 18:25, 28:12</p> <p>pass [2] - 5:8, 5:9</p> <p>past [3] - 41:14, 45:20, 46:10</p> <p>patient [25] - 7:16, 11:2, 12:14, 14:10, 15:11, 15:12, 15:14, 16:19, 17:25, 19:24, 20:4, 22:18, 23:16, 24:7, 25:19, 26:15, 26:22, 28:11, 31:8, 31:20, 34:24, 42:6, 56:8</p> <p>patient's [6] - 17:7, 22:17, 35:16, 44:14, 47:17</p> <p>patients [15] - 5:19, 6:15, 7:16, 31:23, 32:24, 34:2, 34:5, 34:7, 34:18, 41:9, 43:11, 51:11, 51:13, 51:14, 51:15</p> <p>PAUL [1] - 1:12</p> <p>Paulino [2] - 40:22, 41:4</p> <p>PC [2] - 1:15, 1:19</p> <p>PCL [1] - 19:16</p> <p>pediatrician [2] - 4:15, 4:17</p> <p>pediatricians [1] - 5:6</p> <p>people [1] - 32:12</p> <p>per [1] - 9:15</p> <p>percent [3] - 39:4, 39:15, 39:19</p> <p>perform [1] - 9:13</p> <p>performing [1] - 11:6</p> <p>period [6] - 25:18, 53:20, 54:17, 54:21, 54:22, 54:23</p> <p>peripheral [5] - 16:5, 16:9, 49:1, 53:11, 53:14</p> <p>permanent [5] - 18:6, 18:7, 20:13, 24:20, 27:3</p> <p>persist [1] - 24:23</p> <p>person [2] - 24:24, 30:7</p> <p>personalized [1] - 45:24</p> <p>personally [2] - 9:15,</p>	<p>45:22</p> <p>pertain [1] - 35:4</p> <p>ph [3] - 44:6, 44:12, 44:21</p> <p>ph [1] - 44:12</p> <p>Photo [9] - 2:1, 2:4, 2:7, 2:10, 2:13, 2:16, 2:19, 2:22, 2:25</p> <p>physical [2] - 6:3, 6:20</p> <p>physician [3] - 31:17, 31:19, 31:20</p> <p>physicians [7] - 7:3, 7:17, 10:22, 40:7, 57:1, 57:2</p> <p>pick [2] - 51:21, 51:24</p> <p>picked [2] - 51:3, 52:7</p> <p>picture [15] - 8:18, 8:22, 12:25, 13:16, 13:19, 14:4, 14:25, 15:19, 18:19, 26:4, 26:13, 26:14, 27:11, 27:13, 27:21</p> <p>pictures [9] - 8:23, 13:16, 13:18, 13:20, 20:6, 24:9, 26:5, 27:22</p> <p>piece [1] - 28:6</p> <p>pieces [1] - 27:18</p> <p>pipe [1] - 9:22</p> <p>place [6] - 9:8, 19:13, 21:20, 21:23, 22:1, 22:8</p> <p>Plaintiff [4] - 1:3, 1:15, 3:9, 3:15</p> <p>Plaintiff's [21] - 2:2, 2:5, 2:8, 2:11, 2:14, 2:17, 2:20, 2:23, 3:1, 11:18, 12:2, 12:13, 15:21, 16:11, 17:6, 18:15, 20:20, 25:9, 25:25, 27:9, 38:8</p> <p>plaintiffs [1] - 47:11</p> <p>plus [1] - 46:10</p> <p>point [3] - 28:15, 58:8, 58:9</p> <p>pointing [1] - 46:2</p> <p>portion [3] - 47:18, 48:20, 50:9</p> <p>possible [4] - 25:21, 35:13, 37:3, 37:6</p> <p>post [2] - 56:8, 56:12</p> <p>posterior [36] - 14:11, 14:16, 14:20, 14:24, 16:9, 17:18, 17:20, 19:17, 48:4, 48:13, 48:21, 48:25, 49:4, 49:8, 49:11, 49:14, 49:24, 50:6, 50:11, 50:14, 50:17, 53:5, 53:9, 53:17, 53:20,</p>
---	---	--	---	--

54:5, 54:15, 54:18, 55:5, 55:7, 55:16, 55:18, 55:22, 56:1, 56:9, 56:15 pound [1] - 9:19 practice [9] - 4:24, 5:16, 5:17, 7:6, 7:9, 7:10, 7:11, 7:12, 35:16 practicing [1] - 4:22 precipitate [1] - 30:13 Presbyterian [1] - 4:20 pressure [1] - 23:15 pretty [4] - 14:12, 15:1, 47:22, 50:22 previously [3] - 10:2, 12:13, 17:16 primarily [1] - 46:3 private [2] - 7:6, 7:9 problem [5] - 13:21, 14:9, 22:22, 23:3, 23:17 problems [3] - 9:23, 14:7, 23:1 proceedings [1] - 59:9 produce [1] - 31:4 produced [1] - 31:7 producing [5] - 15:9, 16:24, 18:2, 20:10, 24:14 profession [1] - 4:7 professional [4] - 4:11, 6:24, 9:23, 45:21 professionally [1] - 43:3 professor [1] - 7:1 proof [1] - 39:17 protrusion [1] - 54:25 proven [1] - 15:7 provide [1] - 10:22 proximal [1] - 53:15 publication [2] - 6:10, 6:12 Publication [1] - 5:23 publications [4] - 6:11, 35:3, 35:6, 35:7 published [3] - 5:12, 5:20, 5:21 pull [2] - 27:23, 28:1 pulled [1] - 28:5 pulse [1] - 9:4 purpose [1] - 28:17 push [1] - 23:11 pushes [2] - 23:5, 23:11 pushing [6] - 23:9, 23:20, 23:22, 23:24,	28:16 put [4] - 14:25, 15:7, 21:3, 28:12	record [3] - 33:20, 59:3, 59:9 records [1] - 10:21 recross [1] - 57:7 RECROSS [1] - 57:9 redirect [1] - 51:17 REDIRECT [1] - 51:19 refer [4] - 10:20, 33:22, 34:6, 44:4 referral [2] - 31:21, 31:23 referred [6] - 34:18, 41:19, 41:22, 43:5, 44:3, 56:25 referring [1] - 44:2 refers [1] - 29:8 refresh [3] - 38:5, 43:17, 43:25 related [4] - 53:13, 53:17, 53:21, 56:21 remain [1] - 3:10 remember [26] - 14:18, 33:22, 34:3, 38:2, 40:22, 40:23, 40:24, 41:4, 41:7, 41:9, 41:10, 41:15, 42:12, 43:6, 43:11, 43:13, 44:9, 44:13, 44:14, 44:15, 44:18, 44:22, 44:24, 45:4, 45:6, 45:9 remotely [1] - 56:17 Renee [1] - 59:6 repeated [1] - 54:10 rephrase [5] - 33:25, 37:17, 39:12, 39:21, 57:16 report [12] - 16:14, 25:15, 31:25, 32:3, 43:18, 43:21, 44:3, 47:19, 48:2, 57:18, 57:23, 58:20 Reporter [12] - 1:25, 2:3, 2:6, 2:9, 2:12, 2:15, 2:18, 2:21, 2:24, 3:2, 59:6, 59:12 Reporter's [1] - 59:8 reports [13] - 31:4, 31:7, 47:4, 47:10, 47:15, 51:3, 51:21, 51:24, 52:6, 57:12, 57:17, 57:23, 58:4 represent [1] - 12:19 requested [1] - 43:24 require [1] - 33:7 research [3] - 5:12, 5:21, 45:23 reserved [1] - 34:11 residence [2] - 3:20,	3:22 respect [4] - 11:1, 11:7, 25:1, 33:6 respond [1] - 42:4 rest [2] - 7:11, 20:23 result [2] - 30:18, 35:10 retained [2] - 37:19, 37:25 retroliothesis [1] - 54:22 review [4] - 10:23, 31:12, 34:24, 35:2 reyes [1] - 48:12 rid [1] - 28:17 rise [2] - 3:4, 58:24 risk [1] - 5:18 Rodriguez [1] - 55:16 rodriguez [1] - 50:10 room [2] - 53:11, 53:14 root [4] - 26:20, 54:2, 54:7, 55:5 roots [7] - 28:8, 53:12, 53:19, 54:8, 54:14, 56:4, 56:12 Rosales [1] - 44:12 roughly [1] - 14:12 round [4] - 13:1, 27:24, 28:4, 28:6 run [3] - 13:24, 21:21, 25:14 runs [2] - 22:2, 22:3	Scott [1] - 59:6 screw [2] - 28:14 screws [1] - 28:12 script [1] - 31:23 seat [2] - 3:17, 29:3 seated [1] - 3:6 second [4] - 29:15, 29:20, 48:10, 49:21 section [1] - 8:20 see [53] - 5:19, 6:18, 8:5, 8:7, 8:14, 8:16, 8:23, 8:24, 8:25, 9:1, 9:6, 9:7, 9:8, 9:9, 13:14, 14:9, 14:13, 15:2, 16:2, 17:9, 17:16, 18:20, 18:22, 19:5, 19:9, 20:17, 22:12, 25:6, 26:14, 27:6, 27:19, 28:3, 28:8, 28:13, 28:14, 28:15, 28:18, 28:25, 29:2, 30:8, 30:9, 38:5, 43:17, 49:21, 51:14 seeing [10] - 6:15, 13:15, 18:24, 19:1, 22:19, 26:2, 26:4, 26:13, 27:21 Seggara [1] - 48:24 segment [1] - 54:21 send [8] - 31:21, 31:23, 31:25, 34:2, 51:9, 51:10, 51:12, 51:15 Senior [3] - 1:25, 59:5, 59:12 sent [7] - 7:17, 11:2, 31:10, 31:12, 34:23, 34:25, 35:1 separately [1] - 48:17 sequence [2] - 14:3, 27:20 sequences [1] - 14:6 series [1] - 12:3 services [1] - 10:23 set [1] - 14:6 seven [7] - 9:18, 15:3, 32:25, 49:16, 49:17, 55:2 shadow [1] - 28:14 shallow [9] - 48:4, 48:25, 49:8, 50:11, 50:17, 53:9, 53:25, 55:16, 56:15 shaped [1] - 28:18 sharing [1] - 30:22 shin [1] - 17:10 shinbone [2] - 13:7, 19:2 shock [6] - 13:11,	
	Q	qualified [1] - 10:2 Queens [1] - 4:12 questions [2] - 33:11, 36:22 Quincy [1] - 44:22 quite [1] - 38:9			
	R	radiological [2] - 7:22, 10:23 radiologist [9] - 4:8, 10:6, 10:8, 15:2, 31:18, 31:19, 32:9, 32:13, 46:3 radiologists [3] - 7:18, 7:19, 32:10 radiology [17] - 4:9, 4:19, 4:22, 5:7, 7:6, 7:9, 10:13, 10:16, 43:18, 43:21, 45:13, 47:10, 47:15, 57:12, 57:22, 57:23 Radiology [3] - 5:10, 6:25, 46:8 raise [1] - 3:11 Ramon [1] - 54:5 ray [9] - 7:23, 8:1, 8:4, 8:7, 8:14, 8:16, 8:17, 9:10, 31:21 rays [10] - 7:13, 7:20, 7:24, 7:25, 8:2, 8:5, 9:3, 34:4, 46:9 read [10] - 25:16, 31:25, 38:11, 47:18, 47:19, 48:1, 50:20, 53:5 reading [2] - 47:22, 47:24 really [4] - 6:9, 8:6, 15:1, 16:8 Realty [1] - 44:12 reason [6] - 13:15, 21:7, 28:19, 32:11, 32:13, 41:17 reasonable [3] - 11:11, 11:13, 30:17 received [1] - 6:22 recess [5] - 50:4, 53:12, 53:16, 55:11, 59:4 recognize [1] - 10:15 recollection [3] - 38:5, 43:17, 43:25	record [3] - 33:20, 59:3, 59:9 records [1] - 10:21 recross [1] - 57:7 RECROSS [1] - 57:9 redirect [1] - 51:17 REDIRECT [1] - 51:19 refer [4] - 10:20, 33:22, 34:6, 44:4 referral [2] - 31:21, 31:23 referred [6] - 34:18, 41:19, 41:22, 43:5, 44:3, 56:25 referring [1] - 44:2 refers [1] - 29:8 refresh [3] - 38:5, 43:17, 43:25 related [4] - 53:13, 53:17, 53:21, 56:21 remain [1] - 3:10 remember [26] - 14:18, 33:22, 34:3, 38:2, 40:22, 40:23, 40:24, 41:4, 41:7, 41:9, 41:10, 41:15, 42:12, 43:6, 43:11, 43:13, 44:9, 44:13, 44:14, 44:15, 44:18, 44:22, 44:24, 45:4, 45:6, 45:9 remotely [1] - 56:17 Renee [1] - 59:6 repeated [1] - 54:10 rephrase [5] - 33:25, 37:17, 39:12, 39:21, 57:16 report [12] - 16:14, 25:15, 31:25, 32:3, 43:18, 43:21, 44:3, 47:19, 48:2, 57:18, 57:23, 58:20 Reporter [12] - 1:25, 2:3, 2:6, 2:9, 2:12, 2:15, 2:18, 2:21, 2:24, 3:2, 59:6, 59:12 Reporter's [1] - 59:8 reports [13] - 31:4, 31:7, 47:4, 47:10, 47:15, 51:3, 51:21, 51:24, 52:6, 57:12, 57:17, 57:23, 58:4 represent [1] - 12:19 requested [1] - 43:24 require [1] - 33:7 research [3] - 5:12, 5:21, 45:23 reserved [1] - 34:11 residence [2] - 3:20,	S	
		S1 [1] - 28:13 sack [28] - 22:20, 23:21, 28:7, 48:8, 49:1, 49:9, 49:15, 49:25, 50:3, 50:7, 50:12, 53:10, 53:17, 53:20, 54:4, 54:12, 54:16, 54:19, 55:3, 55:6, 55:7, 55:11, 55:13, 55:15, 55:17, 55:19, 56:2, 56:7 sacrum [2] - 21:6, 21:7 sagittal [1] - 27:20 sandwich [3] - 27:17, 28:4, 28:9 Saw [1] - 44:12 saw [2] - 17:15, 31:7 scan [7] - 7:22, 8:17, 8:18, 8:21, 9:9, 26:24, 31:21 scans [4] - 7:13, 7:20, 34:4, 46:9 school [1] - 4:13			

<p>13:13, 13:23, 21:15, 29:10, 29:17</p> <p>short [1] - 16:4</p> <p>shortened [1] - 5:11</p> <p>show [2] - 13:21, 26:5</p> <p>showed [4] - 17:8, 18:5, 23:18, 46:20</p> <p>shown [2] - 20:12, 24:19</p> <p>side [16] - 13:3, 13:17, 16:6, 17:14, 18:17, 19:3, 19:4, 19:18, 22:18, 26:8, 26:15, 26:16, 26:24, 27:11, 27:12, 34:13</p> <p>sidebar [1] - 34:15</p> <p>sided [1] - 54:1</p> <p>sides [2] - 26:16</p> <p>significant [3] - 15:8, 16:8, 17:17</p> <p>similar [1] - 17:15</p> <p>similarly [1] - 24:7</p> <p>single [2] - 57:17, 58:9</p> <p>SIOBHAN [1] - 1:24</p> <p>siobhan [1] - 59:11</p> <p>Siobhan [1] - 59:11</p> <p>site [2] - 9:19, 56:6</p> <p>six [3] - 32:25, 49:13, 54:11</p> <p>sixty [1] - 40:18</p> <p>skills [1] - 9:23</p> <p>slice [4] - 14:13, 27:23, 27:25, 28:5</p> <p>slices [2] - 27:22, 27:25</p> <p>slide [1] - 19:21</p> <p>slip [1] - 31:21</p> <p>slow [2] - 48:6, 48:10</p> <p>slowly [1] - 48:14</p> <p>small [4] - 17:10, 22:23, 22:24, 53:17</p> <p>Society [1] - 44:7</p> <p>soft [6] - 8:4, 8:10, 8:13, 8:24, 9:6</p> <p>someone [1] - 32:14</p> <p>somewhere [1] - 32:25</p> <p>sorry [6] - 16:13, 19:13, 24:10, 25:14, 42:16, 52:17</p> <p>sort [2] - 22:13, 24:25</p> <p>sound [3] - 40:5, 40:7, 46:1</p> <p>space [3] - 8:15, 22:23, 23:20</p> <p>spaces [1] - 22:25</p> <p>Spanish [1] - 1:23</p> <p>speaking [2] - 7:4, 48:18</p> <p>speaks [1] - 48:15</p>	<p>special [1] - 18:25</p> <p>specialize [2] - 4:9, 5:17</p> <p>spell [1] - 3:19</p> <p>spinal [3] - 22:16, 22:20, 26:11</p> <p>spine [15] - 7:15, 8:9, 8:22, 11:3, 11:4, 20:25, 21:2, 25:9, 26:1, 27:10, 28:20, 35:24, 46:20, 47:5</p> <p>spines [1] - 58:4</p> <p>split [1] - 5:16</p> <p>spring [3] - 21:19, 29:17, 29:21</p> <p>springs [1] - 13:25</p> <p>spurs [4] - 30:1, 30:2, 35:14</p> <p>spurt [2] - 21:21, 21:23</p> <p>square [1] - 27:24</p> <p>squares [2] - 21:5, 21:14</p> <p>St [1] - 1:16</p> <p>stabilize [1] - 29:25</p> <p>stable [1] - 19:12</p> <p>stage [2] - 29:15, 29:16</p> <p>stages [1] - 30:4</p> <p>stand [2] - 58:16, 58:21</p> <p>standing [1] - 3:10</p> <p>stands [1] - 9:2</p> <p>start [1] - 23:9</p> <p>STATE [1] - 1:1</p> <p>state [5] - 3:19, 3:20, 9:18, 13:10, 47:17</p> <p>State [2] - 4:24, 10:3</p> <p>statement [1] - 57:21</p> <p>status [1] - 56:8</p> <p>stay [1] - 21:20</p> <p>stenographic [1] - 59:9</p> <p>step [1] - 58:14</p> <p>steps [1] - 58:16</p> <p>still [1] - 25:13</p> <p>stop [2] - 10:10, 23:7</p> <p>stopped [2] - 7:2, 49:2</p> <p>stops [1] - 16:4</p> <p>story [1] - 52:7</p> <p>straight [6] - 18:18, 18:19, 22:2, 22:3, 26:9</p> <p>Street [2] - 1:20, 44:22</p> <p>stripe [3] - 22:14, 22:15</p> <p>struck [1] - 9:19</p> <p>structures [1] - 9:6</p> <p>studied [1] - 6:13</p>	<p>studies [11] - 5:21, 7:21, 7:22, 9:14, 10:23, 11:6, 11:7, 16:12, 36:17, 56:20, 56:21</p> <p>study [5] - 6:17, 24:3, 24:19, 25:25, 27:9</p> <p>stuff [1] - 53:21</p> <p>subjects [1] - 6:13</p> <p>subway [1] - 27:17</p> <p>suffered [1] - 9:20</p> <p>suggest [1] - 50:20</p> <p>Suite [1] - 1:20</p> <p>supposed [3] - 14:2, 17:14, 26:22</p> <p>SUPREME [1] - 1:1</p> <p>Supreme [2] - 1:8, 1:12</p> <p>surface [2] - 9:21, 9:22</p> <p>surgeon [2] - 28:12, 28:19</p> <p>surgery [2] - 28:11, 28:19</p> <p>surgical [1] - 56:12</p> <p>sustained [14] - 28:23, 33:24, 36:20, 37:16, 37:24, 39:19, 40:20, 41:1, 42:20, 46:14, 51:6, 52:2, 52:10, 58:12</p> <p>swear [1] - 3:11</p> <p>sworn [2] - 3:16, 3:24</p> <p>symptom [1] - 23:16</p> <p>symptoms [3] - 7:16, 25:19, 26:22</p>	<p>6:1, 6:18, 7:24, 7:25, 8:4, 8:7, 25:3</p> <p>testified [13] - 3:16, 32:24, 34:1, 40:21, 40:23, 41:4, 41:12, 41:13, 41:25, 42:9, 43:8, 44:6, 44:11</p> <p>testifies [2] - 42:1, 43:23</p> <p>testify [5] - 38:12, 41:18, 43:12, 43:23, 47:5</p> <p>testifying [6] - 39:14, 39:16, 41:10, 43:21, 43:22, 44:1</p> <p>testimony [5] - 3:12, 11:20, 38:2, 44:21, 45:3</p> <p>TESTIMONY [1] - 1:8</p> <p>testing [1] - 34:21</p> <p>tests [1] - 7:18</p> <p>THE [70] - 1:1, 3:3, 3:6, 3:10, 3:13, 3:17, 3:18, 3:19, 3:21, 3:23, 3:25, 9:25, 10:8, 10:11, 10:15, 11:21, 11:23, 11:25, 12:6, 12:8, 12:11, 28:23, 33:13, 33:15, 33:24, 34:13, 34:16, 34:20, 36:14, 36:20, 37:16, 37:24, 39:12, 39:19, 40:3, 40:10, 40:20, 41:1, 41:21, 41:24, 42:3, 42:14, 42:20, 42:24, 43:2, 43:20, 46:14, 46:18, 47:13, 47:25, 48:14, 48:16, 48:17, 48:19, 49:20, 51:2, 51:6, 51:17, 52:2, 52:4, 52:10, 57:8, 57:16, 57:25, 58:2, 58:12, 58:14, 58:15, 58:19, 59:2</p> <p>thecal [25] - 48:8, 49:1, 49:9, 49:15, 49:25, 50:3, 50:7, 50:12, 53:10, 53:17, 53:20, 54:4, 54:12, 54:16, 54:19, 55:3, 55:6, 55:7, 55:10, 55:13, 55:15, 55:17, 55:19, 56:2, 56:7</p> <p>they've [1] - 9:11</p> <p>thick [1] - 13:19</p> <p>thigh [1] - 13:4</p> <p>thighbone [1] - 13:6</p> <p>thin [6] - 8:20, 8:23, 16:1, 17:11, 19:7,</p>	<p>19:8</p> <p>thinks [2] - 57:14, 57:15</p> <p>third [1] - 29:22</p> <p>thirty [7] - 9:11, 37:10, 37:13, 38:10, 38:15, 38:17, 46:10</p> <p>thirty-plus-years [1] - 46:10</p> <p>thirty-two [1] - 38:17</p> <p>Thomas [4] - 1:8, 3:21, 45:16, 46:7</p> <p>ThomasKolbMD.com [1] - 45:11</p> <p>thousand [1] - 56:24</p> <p>thousands [8] - 5:19, 9:15, 43:22, 46:10, 51:3, 51:4, 51:14, 56:22</p> <p>three [11] - 4:15, 5:6, 18:5, 21:4, 21:25, 30:4, 48:23, 53:8, 53:24, 54:20</p> <p>throughout [1] - 25:18</p> <p>tibia [5] - 13:7, 16:4, 17:11, 17:14, 19:1</p> <p>tight [1] - 22:11</p> <p>tissue [3] - 8:10, 8:25, 9:6</p> <p>today [6] - 4:23, 30:18, 30:23, 30:25, 37:7, 53:7</p> <p>toes [1] - 26:12</p> <p>took [2] - 6:2, 28:5</p> <p>tools [1] - 7:19</p> <p>top [1] - 14:23</p> <p>torn [3] - 18:8, 19:10, 37:1</p> <p>totally [2] - 9:2, 19:6</p> <p>touch [2] - 13:9, 13:24</p> <p>touches [1] - 13:9</p> <p>touching [1] - 21:15</p> <p>training [3] - 4:18, 4:19, 5:5</p> <p>transcribed [1] - 59:5</p> <p>transcript [1] - 59:9</p> <p>trauma [10] - 15:4, 15:6, 16:21, 16:22, 16:23, 17:22, 20:7, 24:17, 30:13, 35:10</p> <p>traumatic [1] - 30:19</p> <p>travel [1] - 7:2</p> <p>traversing [1] - 53:15</p> <p>treating [3] - 31:17, 31:18, 40:6</p> <p>TRIAL [1] - 1:6</p> <p>trial [3] - 42:10, 44:21, 45:2</p> <p>triangle [1] - 13:2</p> <p>triangles [2] - 13:14,</p>
T				
<p>tailbone [1] - 21:6</p> <p>tailored [1] - 52:7</p> <p>teacher [1] - 7:1</p> <p>teaching [1] - 7:3</p> <p>tear [21] - 14:15, 14:21, 14:22, 14:24, 15:8, 16:5, 16:7, 16:8, 16:9, 17:17, 17:20, 18:7, 19:5, 19:7, 19:24, 20:15, 22:10, 22:13, 23:10, 23:19, 24:22</p> <p>tears [4] - 19:25, 23:8, 23:9, 23:11</p> <p>ten [3] - 33:3, 41:14, 51:3</p> <p>tendons [1] - 8:11</p> <p>TERM [1] - 1:1</p> <p>term [2] - 13:5, 35:24</p> <p>terms [1] - 14:19</p> <p>test [10] - 5:7, 5:8, 5:9,</p>	<p>tailbone [1] - 21:6</p> <p>tailored [1] - 52:7</p> <p>teacher [1] - 7:1</p> <p>teaching [1] - 7:3</p> <p>tear [21] - 14:15, 14:21, 14:22, 14:24, 15:8, 16:5, 16:7, 16:8, 16:9, 17:17, 17:20, 18:7, 19:5, 19:7, 19:24, 20:15, 22:10, 22:13, 23:10, 23:19, 24:22</p> <p>tears [4] - 19:25, 23:8, 23:9, 23:11</p> <p>ten [3] - 33:3, 41:14, 51:3</p> <p>tendons [1] - 8:11</p> <p>TERM [1] - 1:1</p> <p>term [2] - 13:5, 35:24</p> <p>terms [1] - 14:19</p> <p>test [10] - 5:7, 5:8, 5:9,</p>	<p>tailbone [1] - 21:6</p> <p>tailored [1] - 52:7</p> <p>teacher [1] - 7:1</p> <p>teaching [1] - 7:3</p> <p>tear [21] - 14:15, 14:21, 14:22, 14:24, 15:8, 16:5, 16:7, 16:8, 16:9, 17:17, 17:20, 18:7, 19:5, 19:7, 19:24, 20:15, 22:10, 22:13, 23:10, 23:19, 24:22</p> <p>tears [4] - 19:25, 23:8, 23:9, 23:11</p> <p>ten [3] - 33:3, 41:14, 51:3</p> <p>tendons [1] - 8:11</p> <p>TERM [1] - 1:1</p> <p>term [2] - 13:5, 35:24</p> <p>terms [1] - 14:19</p> <p>test [10] - 5:7, 5:8, 5:9,</p>	<p>tailbone [1] - 21:6</p> <p>tailored [1] - 52:7</p> <p>teacher [1] - 7:1</p> <p>teaching [1] - 7:3</p> <p>tear [21] - 14:15, 14:21, 14:22, 14:24, 15:8, 16:5, 16:7, 16:8, 16:9, 17:17, 17:20, 18:7, 19:5, 19:7, 19:24, 20:15, 22:10, 22:13, 23:10, 23:19, 24:22</p> <p>tears [4] - 19:25, 23:8, 23:9, 23:11</p> <p>ten [3] - 33:3, 41:14, 51:3</p> <p>tendons [1] - 8:11</p> <p>TERM [1] - 1:1</p> <p>term [2] - 13:5, 35:24</p> <p>terms [1] - 14:19</p> <p>test [10] - 5:7, 5:8, 5:9,</p>	

<p>13:22 true [23] - 34:7, 35:4, 35:14, 35:20, 37:2, 37:5, 37:8, 37:9, 37:11, 38:15, 38:21, 38:22, 38:23, 39:2, 39:3, 45:11, 45:17, 46:4, 47:6, 47:15, 50:22, 57:17, 59:9 truth [1] - 3:12 try [1] - 7:16 TURNER [1] - 1:6 twelve [4] - 47:10, 56:14, 58:4 twenty [4] - 9:18, 15:3, 38:17, 45:20 twenty-eight [1] - 38:17 twenty-five [1] - 45:20 twenty-seven-year-old [1] - 15:3 twenty-seven-years [1] - 9:18 two [25] - 5:16, 12:25, 13:7, 13:8, 13:14, 14:17, 16:11, 16:12, 17:12, 18:23, 19:2, 19:15, 19:18, 21:4, 21:25, 25:11, 27:15, 27:18, 36:4, 38:17, 44:11, 44:23, 53:4, 58:18, 58:20 typically [2] - 35:14, 35:15</p>	<p>Valle [1] - 53:24 various [1] - 56:25 VASQUEZ [1] - 1:2 Vasquez [8] - 9:17, 9:23, 10:18, 11:1, 30:19, 53:1, 53:22, 56:18 veins [1] - 8:12 versus [3] - 7:22, 8:4 Villa [2] - 52:19, 52:22 voluntary [1] - 7:1</p>	<p>X</p> <p>x-ray [9] - 7:23, 8:1, 8:4, 8:7, 8:14, 8:16, 8:17, 9:10, 31:21 x-rays [10] - 7:13, 7:20, 7:24, 7:25, 8:2, 8:5, 9:3, 34:4, 46:9</p>
	<p>W</p>	<p>Y</p>
	<p>walking [1] - 42:15 Washington [1] - 4:21 water [9] - 14:5, 15:24, 29:12, 29:13, 29:14, 29:15, 29:16, 29:20 wavelength [1] - 21:11 waves [3] - 9:3, 9:4 ways [3] - 26:6, 27:14, 27:15 website [8] - 45:11, 45:13, 45:15, 45:17, 45:19, 46:5, 46:7, 46:8 West [1] - 1:20 white [7] - 14:8, 15:24, 16:1, 17:17, 19:6, 22:14 whiteness [1] - 16:2 whole [5] - 8:18, 9:5, 23:23, 47:19, 48:2 wholly [1] - 32:15 William [1] - 1:16 Wilson [1] - 44:6 WITNESS [5] - 3:13, 3:18, 3:21, 48:16, 58:15 witness [9] - 3:14, 3:24, 10:2, 11:17, 11:19, 32:24, 42:3, 58:16, 58:18 woman [1] - 5:22 women [8] - 5:18, 6:2, 6:4, 6:7, 6:10, 6:20, 45:22, 45:25 women's [1] - 45:21 word [2] - 30:4, 38:1 words [3] - 11:12, 24:1, 32:11 works [1] - 32:1 world [3] - 7:3, 9:2, 9:5 written [1] - 5:8</p>	<p>year [7] - 5:19, 9:15, 15:3, 43:22, 45:4, 51:14, 56:21 Year [1] - 5:24 years [27] - 4:15, 4:18, 4:19, 5:5, 5:6, 5:7, 5:22, 6:19, 7:2, 7:25, 9:11, 9:18, 25:11, 30:7, 32:25, 35:14, 37:11, 37:12, 37:14, 38:10, 38:15, 38:21, 39:25, 40:5, 44:23, 45:20, 46:10 yellow [1] - 49:2 Yeshiva [1] - 45:3 yesterday [1] - 34:11 YORK [1] - 1:1 York [8] - 1:9, 1:16, 1:20, 3:22, 4:13, 4:25, 10:3 young [1] - 5:18 younger [1] - 30:8 yourselves [1] - 58:22</p>
<p>U</p>		<p>Z</p>
<p>ultrasound [4] - 6:3, 6:4, 6:6, 7:13 ultrasounds [1] - 6:16 unchanged [2] - 25:15, 25:17 understood [1] - 34:6 undertaken [1] - 5:12 University [1] - 7:1 unless [3] - 11:23, 18:8, 18:10 unremarkable [1] - 53:20 up [10] - 13:20, 13:24, 14:6, 21:14, 22:17, 22:23, 24:1, 26:9, 34:11, 52:4 uses [3] - 7:19, 8:17, 9:3 utilizing [1] - 7:13</p>		<p>ZACHARY [1] - 1:21 Zeida [1] - 44:12 Zoran [4] - 49:17, 49:23, 49:24</p>
<p>V</p>		
<p>Valentine [1] - 50:5</p>		