testimony of DR Ali Guy

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS PART 2

----------X

ANGELA COSOLETO,

PLAINTIFF,

-against-

TRIAL
26838/99

MICHAEL GRASSO, M.D., and
NEW YORK UNIVERSITY MEDICAL CENTER,

DEFENDANTS.

----------X

COPY

Supreme Courthouse
88-11 Sutphin Boulevard
Jamaica, New York 11435
February 27, 2003

B E F O R E:

THE HONORABLE ALLAN B. WEISS,
J U S T I C E

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

KELNER & KELNER
Attorney for the Plaintiff
140 Broadway, 37th Floor
New York, New York 10005
BY: MARSHALL SCHMEIZER, ESQ. of Counsel

HEIDELL, PITTONI, MURPHY & BACH, LLP
Attorney for the Defendant
99 Park Avenue
New York, New York 10016-8585
BY: ROBIN R. DOLSKY, ESQ. Of Counsel

LYNDA A. BARRELLA
LYNN PANARIELLO
Senior Court Reporters

COURT CLERK: This is the case on trial, index 2638 of 1999, matter of Angela Cosoleto v. Michael Grasso M.D. and New York University Medical Center.

Let the record reflect both counsel are present at counsel table.

THE COURT: The Court understands that there is an issue with the attorneys they wish to raise with the Court regarding a treating physician's records; is that correct?

MR. SCHMEIZER: Yes, your Honor.

THE COURT: What treating physician are we talking about?

MR. SCHMEIZER: I subpoenaed Dr. Belok and his records with respect to this case.

THE COURT: What type of a physician is he?

MR. SCHMEIZER: Neurologist, a treating physician. He examined and diagnosed and treated Ms. Cosoleto during the course of her postoperative care.

In regard to this, I advised Judge LeVine at the time that we were assigned, he was making assignments to your Honor of this trial, that I was having difficulty to get Dr. Belok to appear and testify. And I made arrangements with his office manager to appear and testify with the records. These

were records kept in the ordinary course of business for diagnosis and treatment. I told him my difficulty with the office manager and he was kind enough to communicate with Dr. Belok's office for me and advise her she had to honor the subpoena and if necessary, come to court to offer the records as a business record. Thereafter we were assigned to you and Ms. Dolsky and I had a discussion with respect to Dr. Belok's and Szuchmacher's records and we essentially agreed both records would be admitted in evidence on the business records stipulated to the business record rule with what was fulfilled and they would be admitted in evidence subject to redaction. Ms. Dolsky said she wanted to discuss with the Court the question of whether certain letters would come in evidence and she felt they were hearsay, and she felt that she had some right to be able to cross examine the doctor on those particular letters. Letters incidentally which mean, your Honor will review the record and see that they are letters to GHI with respect to obtaining the approval, authorization for continued medical care of Ms. Cosoleto.

THE COURT: One second, am I correct in assuming that the dispute regarding this particular doctor's office records centers upon the information contained in three letters?

MS. DOLSKY: Yes.

THE COURT: Counsel, which letter do you object to and what information in that letter do you object to?

MS. DOLSKY: I object to the letter of March 2, 1999 and I note also your Honor, this letter does note say anything about GHI. It says to whom it may concern, and it's a neurological evaluation where the doctor says that he also evaluated copies of the operative summaries procedure that my client performed, and that he has the course of the operation. And I believe that he also gives opinions as to the cause of her neurological deficits that he finds based also on these reports that he read. I think that it's hearsay. I think it's opinionative that will be bolstering the plaintiff's expert testimony. So it's impermissible and I believe that plaintiff is trying to get expert testimony in without having to bring this expert into court and pay him to be here, and what would prevent any plaintiff's attorney from just having an expert do a report, and then having that report in as a business record exception without my having any, or any defense attorney having any chance to cross examine the physician. That's my problem with the March 2nd letter. I have a December 16th.

THE COURT: Counsel, aren't you entitled to a missing witness charge?

MS. DOLSKY: I think I am, but if his records are in his opinions are there and I think it's damaging.

In the doctors's November 16th 1999.

THE COURT: Stay with one letter at a time.

MR. SCHMEIZER: Your Honor, if I may. I have heard the Court to what I consider to be the case in point which Wilson v. B-O-D-I-A-N, Supreme Court Appellate Division, Second Department, August 10, 1987 cited at 519, New York sub second 126, because it discusses specifically the situation where a treating physician's records are offered in evidence as a business record and counsel for the defendant argues that letters contained in those records should not be admissable in evidence because they include medical opinions and conclusions which the defendant's attorney considered to be hearsay; and particularly, since the treating physician was not appearing to testify and Judge Spat, who presided over the trial of this case, allowed those records to be admitted in evidence. And the Appellate Division, Second Department confirms stating specifically that entries in a doctor's office records of a treating physician for purpose of diagnosis

and treatment, even information with regard to the ideology is admissible in evidence and the question of it doesn't go to their admissibility. The issue does not go to their admissibility at all. That's exactly what the business record rule was designed to overcome. It is a hearsay exception.

THE COURT: Thank you, counsel.

The Court is going to admit the March 2, 1999 letter except that the Court is going to redact from the second paragraph of the letter following:

She brings copies of the operative summaries of the procedure which was performed at New York University Medical Center. She had a surgical procedure for left ureteral stricture. In the course of the operation, repair of the left iliac artery laceration was performed with endartectomy and patch angioplasty, include excesion of the saphenous vein in the left groin.

Except for that information, which the doctor apparently relied upon the New York University Medical Center report, for the Court is going to admit the letter and the contents of that letter.

The defendant has an exception. And do you have any other letters you wish to except?

MS. DOLSKY: I believe, your Honor, there are

three letters and I only have seen two of them. The subpoenaed records. Is there another, Mr. Schmeizer, you said there was three?

THE COURT: The second letter, what is that?

MS. DOLSKY: November 16th, 1999.

THE COURT: Same reasons you object in the admission of the entire letter?

MS. DOLSKY: Yes.

THE COURT: With regard to the letter of November 16th, 1999, I'm going to admit it except for the sentence that says, previous diagnostic studies were revealed, evidence of both a left femoral nerve injury and left lumbosacral radiculopathy, except for that sentence, the letter will be admitted.

The defendant has an exception.

MS. DOLSKY: There is an October 13, 1998 that I'm looking at it right now to see if there is anything in there, and there doesn't appear to be anything I would object to, it seems that it's dated before the March -- is it March 1999 or 1998?

MR. SCHMEIZER: Sorry, you want the dates? October 16th, 1999; March 2, 1999, this letter October 13, 1998.

THE COURT: Same objection?

MS. DOLSKY: I object to the fact that I don't

have the opportunity to cross examine her and there is in the first paragraph, it says she has been aware of the weakness in hand grasp in recent months and some difficulty with walking, left leg weakness which she attributes to partial transection of the aorta, which occurred intraoperatively when she had surgery in June, 1998.

That's clearly hearsay. It's the last sentence.

MR. SCHMEIZER: Maybe I can make it easy. As far as this letter is concerned, it's not my intention --

MS. DOLSKY: If we have some of them.

THE COURT: Without redaction, this letter will go in.

The defendant has an exception.

MR. SCHMEIZER: The other thing is EMG study. I don't think there is any objection to it, Judge.

THE COURT: So do we have a complete folder for this doctor's records we can now mark in evidence?

MR. SCHMEIZER: Yes.

THE COURT: Let defendant's counsel see it so we can understand what pieces of paper are going in.

MS. DOLSKY: Can I physically do that?

THE COURT: Right now.

Let the record indicate that we are now introducing in evidence as Plaintiff's 6, Dr. Belok's office records subject to the substitutive rulings that the Court has previously made with regard to the objections surrounding three of the letters.

(Plaintiff's Exhibit 6, previously marked for identification, was marked and received in evidence.)

THE COURT: The Court has received a note from the court officer that alternate juror 4 is ill and the note has been exhibited to the attorneys and that the attorneys have stipulated to remove alternate juror 4 and we will now do that.

THE CLERK: Her name is F-A-R-U-L-L-A, Elizabeth, juror T 3758 is now discharged by the Court.

THE COURT: Counsel, do we have anything else we want to mark?

MR. SCHMEIZER: To speed things up, I will be showing a chart of anatomy of the femoral nerve. It came out of an anatomy text. It's standard anatomy.

THE COURT: All rise. Jury entering.

(Panel of sworn jurors enters the courtroom.)

THE COURT: Be seated.

Good morning, ladies and gentlemen of the jury. Thank you for coming back. Thank you for coming back promptly. The reason we didn't start earlier, we

had legal issues we had to handle outside of your presence. Now we have concluded those matters and we will continue with the plaintiff's direct case.

Counsel, call your next witness.

MR. SCHMEIZER: Good morning, everybody. Plaintiff calls to the stand Dr. Ali Guy.

(Witness entering.)

(Whereupon the witness was duly sworn by the Clerk of the Court.)

THE CLERK: State your name and address for the record.

THE WITNESS: Doctor A-L-I, G-U-Y, office address, 7 Gramercy Park, New York, New York 10003.

THE COURT: Counsel.

MR. SCHMEIZER: Thank you, Judge.

THE COURT: Sidebar.

(Whereupon, an off-the-record conference was held between all counsel and the Court at the bench.)

DIRECT EXAMINATION

BY MR. SCHMEIZER:

Q. Good morning, Dr. Guy.

A. Good morning, sir.

Q. Dr. Guy, before we get into the material with regard to Angela Cosoleto, can you tell this Court and Jury a little bit about your educational background and experience?

A. Yes, sir.

Undergraduate I went to Queens College, Flushing, New York; after that I graduated from medical school from University of Northeast, Dominican Republic in June of 1981; thereafter I did three separate residencies; I did the first at Mount Sinai School of Medicine in the field of internal medicine for a period of 18 months; then I did one year of general surgery at Cabrini Medical Center, Mount Sinai Medical Center; then I completed a three year training program at Mount Sinai School of Medicine, Mount Sinai Medical Center field of physical medicine and rehabilitation physiatry, not psychiatry or podiatry physiatry. I'm currently the director of neuromuscular clinic Hospital for Joint Diseases/ Orthopedic Institute/ NYU. My duties are to take care of the patients assigned to the clinic and to provide teaching to the residents from NYU to prepare them for the boards, parts one and part two.

Also I was the chief of rehabilitation medicine at Maimonides Medical Center Brooklyn, New York from 1997 to July of 2002 where my duties were to be involved with teaching the house staff, the residents, the orthopedic residents, provides teaching to the internal medical residents, physical therapists, occupational therapist; to provide consultation to other specialists in my hospital; to be in charge of the quality assurance in my department and

basically run the inpatient and outpatient rehab services in my hospital.

I'm board certified in the field of physical medication and rehabilitation.

Q. We hear the term physiatry, board certified rehabilitative medicine for the first time.

A. Yes, sir.

Q. Can you tell us, if you would, what is physiatry, not psychiatry and not podiatry, what is physiatry?

A. Physiatry is a medical specialty that was founded shortly after Word War 11 by Doctor Howard Russ. It deals with traumatic injuries to the body covering the body from head to toe.

There is a great deal of overlap between this specialty and neurology. It deals with non-surgical orthopedic problems. It deals with postoperative care of patients with musculoskeletal, neuromuscular conditions and electromyography, which is the study of problems with muscle and nerves. It deals with pain management, disability and impairment evaluation.

How it differs from neurology, neurologist concentrate primarily on diseases of the central nervous system. That's conditions like Lou Gehrig Disease Parkinson's Disease, Multiple Sclerosis.

Physiatry deals with disorders of peripheral

nervous system and spinal cord and there is a great deal of overlapping between the specialties.

How it differs from orthopedic surgery, we do non-surgical orthopedic diagnosis and management. A doctor in this specialty diagnosis and treats patients with all types of injuries from head to toe and deals with chronic pain diagnosis and management.

Q. Now, you mentioned board certification and rehabilitated medicine. When were you board certified?

A. June of 1988.

Q. Doctor, what is board certification in rehabilitated medicine consist of?

A. To be board certified in a specialty, you have to fulfill the following prerequisite:

You have to have training in at least one or two of the medical specialties, internal medicine and oral general surgery. That was met. You then have to satisfactorily complete a three year training program in physical medicine. You have to pass the yearly examination given by the department, score at least 70 percent or higher, pass all your monthly evaluations by presenters, then you take your boards part one, which is an eight hour written examination. It covers everything you learn from the beginning to the end. The disorders of neurobiological problems, orthopedic problems, basically issues that deal

with physical medicine and rehabilitation.

Then you must be in private practice for at least 18 months, be sponsored by two other doctors who are already board certified and then you fly to the Mayo Clinic where research and textbooks, you take the part two oral examination approximately a half a day. You get tested on principles of neurology, orthopedics, interpretation of X-rays, CAT scans, MRIs and other diagnostic studies.

If you prove to your examining doctors that your knowledge is up to par, they pass you and give you a title of diplomate and fellow of the America Board of Physical Medicine Rehabilitation. That was obtained in May of 1989.

Q. And, Doctor, what hospital are you currently affiliated with?

A. Hospital for Joint Disease, Orthopedic Institute/ NYU and Cabrini Medical Center.

Q. Dr. Guy, have you testified in court before?

A. Many times.

Q. And Dr. Guy, have you testified on behalf of plaintiff's patients and defendants during the times you appeared in court to testify?

A. I testified mostly for my patients. I testified only once for a defendant.

Q. Doctor Guy, besides your practice of medicine, do

you also teach and lecture at medicine?

A. Yes, I do.

Q. And where do you do such teaching and lecturing?

A. I do that at the hospitals I'm affiliated with and Maimonides Medical Center. And once a year I teach at Mount Sinai School of Medicine, I'm asked as one of the panel of the experts. And we give lectures to the entire Bar Association, that's the plaintiff lawyers, defense lawyers, on issues of medicine. The terminology, what different diagnostic studies and the attorneys get continuing legal education seminars.

I have given lectures on other occasions in many places. I give lectures to police officers, firefighters, to just about every walk of life.

Q. Now, Doctor, Doctor, have you testified before-- withdrawn.

Have you reviewed records and/or testified before on behalf of my firm?

A. Yes, I have.

Q. Let's go back to this case, Ms. Cosoleto.

Did there come a point in time when my office requested, you were asked to examine Ms. Cosoleto, evaluate Ms. Cosoleto and in addition to your evaluation, review various records forwarded to you for purposes of understanding her prior medical history and her current

diagnosis for treatment?

A. Yes, sir.

Q. Can you give us some understanding of -- first of all, what records you reviewed in order to complete your evaluation, not all, but as many you can recall?

A. I reviewed records from NYU Medical Center; Dr. Grasso's records; Dr. Lamaparello's; records from Dr. Belok, neurologist; reports of MRI cervical spine, lumbar spine. Let me make sure I didn't miss anything, records from Dr. Szuchmacher, vascular surgeon. I believe that is basically it, Dr. Grasso and Lamparello.

Q. And in addition to reviewing these records, you had the opportunity to examine Ms. Cosoleto; is that correct?

A. Yes, sir.

Q. Before we get into your examination, you were asked at my request to prepare a report of your evaluation of Ms. Cosoleto; is that correct?

A. Yes, sir.

Q. You have a copy of that report in front of you?

A. Yes, sir.

Q. Tell us based upon your evaluation, tell us what your understanding is of Ms. Cosoleto's medical history?

A. Yes, sir. I first examined her on April 23, 2001. My understanding of Ms. Cosoleto's history and sequence of events when I first saw her --

MS. DOLSKY: Objection, your Honor.

THE COURT: Sustained.

Q. Just a medical history under it --

MS. DOLSKY: Objection.

THE COURT: Sustained.

MR. SCHMEIZER: May we approach, Judge?

THE COURT: Sure.

(Whereupon, an off-the-record conference was held between all counsel and the Court at the bench.)

Q. Doctor, I want you to assume the following facts with respect to Ms. Cosoleto's medical history.

MS. DOLSKY: Objection.

THE COURT: Overruled.

Q. Ms. Cosoleto had a medical history of having previously undergoing an abdominal hysterectomy, a total hysterectomy which included the removal of her ovaries and fallopian tubes and ligaments back in 1995; previous gallbladder surgery, I believe in 1991.

She was apparently in good health until such time she started to experience some abdominal and chest pains and went to various physicians until she ultimately was referred to a Dr. Rosenthal, a urologist in Brooklyn.

Dr. Rosenthal initially examined her and treated her and found that she had a stricture in the left ureter and in accordance with this treatment, placed a stent,

a catheter that was able to allow urine to run from the left kidney to the left bladder.

Beyond the obstruction, she continued under his care and seemed to be in apparently good health until thereafter, the stent was removed.

Within 24 hours of the removal of the stent, Ms. Cosoleto started to experience increasing abdominal and flank pain.

When she returned to Dr. Rosenthal, I believe on the 16th of March, I'm sorry the 16th of June, Dr. Rosenthal believed that he may be dealing with more than one obstruction, one distal and perhaps one proximal of the left ureter, one closer to the kidney, one closer to the bladder.

He referred Ms. Cosoleto to a Dr. Grasso, who was the director of minimally invasive surgery at the NYU Medical Center and, in fact, had a conversation with Dr. Grasso and had Ms. Cosoleto present herself to Dr. Grasso with her retrograde pyelogram, with films that he, Doctor Rosenthal, had taken which has been characterized in this courtroom superb.

Dr. Grasso saw Ms. Cosoleto on the 16th and examined her and decided on a treatment plan that included initially admitting Ms. Cosoleto immediately to the NYU Medical Center for pain management treatment by analgesics or pain medication to alleviate the pain she was experiencing at

that time, which I said was aggressive abdominal and flank pain.

Also during that admission, June 16th to 17th or 18th, Dr. Grasso undertook the evaluation and testing of the urological by way of doing cystostomy retrograde pyelograms, luminal sonography ultrasound and various other biopsies and various other modalities to determine whether or not he was dealing with a small obstruction. That is an obstruction less than one and a half to two centimeters, a larger obstruction, obstruction greater than one and a half to two centimeters or two obstructions as Dr. Rosenthal considered.

It was at the end of this evaluation that Dr. Grasso believed that Ms. Cosoleto had one single obstruction to the distal third of the left ureter and recommended surgery.

And, in fact, in the course of two letters sent to Dr. Rosenthal recommended various surgical plans to include the reimplantation, to include a psoas hitch, to include a possible Boari flap and to include reconstructive surgery.

Thereafter on the 25th, Ms. Cosoleto undertook to complete preoperative evaluation or administrative functional duties at the NYU Medical Center in signing a consent for left distal ureterectomy, among other procedures

as well as fulfilling other requirements, like having blood type, cross match, making sure she had medical clearance.

I want you to further assume that Ms. Cosoleto was admitted to NYU Medical Center on the 29th of June and ultimately had a surgery performed by Dr. Grasso and residents to which was intended to remove the obstruction, to dissect into thick scar, notwithstanding there was an obliteration of landmarks.

And during the course of that surgery lacerated the iliac artery, I believe the external iliac artery, the distal of beyond the bifurcation of the iliac, which has been described by Dr. Grasso as being approximately five millimeters and described by Dr. Lamparello as being between three And four centimeters, encountering arterial bleeding.

Dr. Grasso immediately clamped both distally above and below the laceration, clamped the iliac artery approximately 4:05 p.m. and had his resident leave the operating room to look for -- to locate a vascular surgeon who he believed was operating in adjoining operative suite.

Dr. Lamparello presented himself within approximately five to ten minutes, according to the history, actually prepped and made the first incision into Ms. Cosoleto around 4:35 in the afternoon and ultimately performed the saphenous vein graft, which was the incision

into the groin and removal of saphenous vein in order to graft or patch the laceration to the iliac artery that had occurred in the course of Dr. Grasso's medical care.

I want you to further assume subject to medical connection that there was thrombosis believed by Dr. Lamparello to be thrombo or emboli that occurred during or immediately after the laceration to the iliac artery.

I want you to further assume that after the saphenous graft was completed and anastomosis or complete closure was ascertained, she left the operating room; that she had a postoperative course that included complaints of pain to the left leg, incisional pain; that there were findings postoperative of her having swelling, swelling of the left leg, and Doppler studies performed indicated on at least one occasion of an abnormal dorsalis pedis pulse.

I want you to further assume when discharged from New York Medical Center, she communicated to Dr. Lamparello's office complaints with respect to her ability to ambulate her left leg becoming tired on exsertion, experience of difficulty with her left leg in weakness and Dr. Lamparello prescribed physical therapy.

I want you to further assume she came under the care of a neurologist, one Dr. Belok during the postoperative period. And Dr. Belok performed certain studies to her lower extremities to include an EMG of the

lower extremities.

I want you to further assume that Dr. Belok in the course of his evaluation and treatment of this patient made certain findings with respect to Ms. Cosoleto which are incorporated in his records now in evidence.

Did you review the records?

A. Yes, sir, I did.

Q. Based upon the information I provided you and indicated in my hypothetical, did you perform an evaluation of Ms. Cosoleto?

A. Yes, sir, I did.

Q. And the records that I discussed hypothetically were provided to you?

A. Yes, sir.

Q. Can you now tell us what your evaluation consisted of?

A. I took a history and I examined the areas of chief complaint.

Q. Can you tell the Court and Jury what you mean by taking a "medical history" and what your evaluation in as far as your examination consisted of?

A. The history is what a doctor asks a patient as to what is wrong with them. 70 percent of doctors working diagnosis comes from history. The other ten percent comes from a physical examination. That is 80 percent. The

remainder 20 percent is confirmed by other diagnostic studies or by way of past medical records arriving at the full picture.

Q. Doctor, what did your examination consist of?

A. I examined the patient's abdomen. There was a long linear medial scar in the lower portion of the abdomen. There was a scar also on the left leg, inner portion of the thigh.

I examined her back it was diffused and tender. I checked for muscle power testing and range of motion, which was normal except for muscle power testing of the left leg was two grades weaker than normal, sensation to touch and pinprick was decreased on the left lateral thigh outer portion of the thigh and left calf.

Q. What does that mean sensation to pinprick?

A. These are the dermatomes, all the nerves that go to your legs they come from the nerve roots of the lower back and each portion of the leg is supplied by a nerve.

The entire thigh area is the femoral nerve or nerve roots from the L2 through L4 nerve roots. The calf is supplied by the nerve roots from the lower back coming from L5 and S1 with some L4, L5 attached as well.

Q. You are talking numbers to us now. I'm sure the jury and myself need a better understanding of what the nerve roots and what they mean with respect to your evaluation and

diagnosis.

A. I brought some models of the spine to help me explain what I am talking about.

MR. SCHMEIZER: Can we utilize those models for this discussion, Judge?

THE COURT: Sure.

THE WITNESS: May I step down?

THE COURT: Sure.

(Whereupon, the witness steps down.)

Q. Doctor, please explain what you meant by nerve root in your evaluation of Ms. Cosoleto.

A. Yes. In a human spine, we have three segments to the human spine; the neck is called the cervical spine, there are seven vertebrae; the mid back is called the thoracic spine, there are 12 vertebrae; the lower back is called the lumbar spine and there are five vertebrae. The lumbar spine ends with a tailbone called the sacrum.

Now, this is the back portion of the spine. What I'm touching with my finger is the spine, back portion, front portion. The spinal cord runs right through the spinal canal. It starts high up in the neck and goes all the way down to your lower back. It ends between the first and second lumbar vertebrae.

The nerve roots continue with other branches called the cauda-uquina. Between each vertebra we have a

disk which functions as a shock absorber. Right behind each disk is a nerve root that exits right off the branch of the spinal cord. Each nerve that goes down the arm, its origin is in the neck because the nerve roots branch off and give different branches to different branches of the arm, same analogy in the lower back, in the leg. They originate from the nerve root in the lower back. Each is numbered according to location. If I say L1, L means lumbar, lower back 1 is first vertebra, two is the second.

If I said L1, L2, L3, L4 are the nerve roots according to the anatomic location. The nerve that supplies the thigh that come off the nerve roots from the lower back are mostly branches from L2, L3 and some L4 and post-lateral aspect of the thigh, mostly L1 and L2 some L5.

The nerve that goes from the knee into the calf, mostly L4, L5 and S1. The nerve that supplies power to the thigh is the femoral nerve which comes off the branch of the L2. It comes, it exits right by the L2 vertebra, right in the front portion.

Q. Can I stop you a moment?

I would like you to take a look at this piece of paper, please identify it for us. Is that a fair and accurate representation of the femoral nerve and the orientation to the other nerves of the lumbar system?

A. Yes, sir, it is.

Q. Will it help if you explain to the jury the coursing of the femoral nerve with respect to its location in reference to the iliac artery?

A. Yes, sir.

MR. SCHMEIZER: May I use it for demonstrative purposes?

THE COURT: Yes.

MS. DOLSKY: I ask that the Doctor highlight exactly what he is talking about to have a clearer picture.

THE WITNESS: Sure.

MR. SCHMEIZER: Doctor.

THE COURT: Highlight each one.

MS. DOLSKY: I object to handing them out to the jury. They will be available.

THE COURT: They will not be available. They are demonstrative.

MS. DOLSKY: I object to having 16 copies.

THE COURT: Sustained.

They are just demonstrative.

Doctor, highlight your copy and show the copy to the jury. You are standing right in front of them.

THE WITNESS: May I, Judge?

THE COURT: Show the jury.

MR. SCHMEIZER: Could we hand it to the jury,

it's small.

THE COURT: Sure.

A. What I highlighted is the femoral nerve.

Q. Doctor, can you using the anatomy chart before you, the course of nerves, explain to the jury with respect to the iliac artery where that course is in as far as the proximity to the femoral nerve?

A. It's deep in the pelvic area.

Q. When you say "deep in the pelvic area," what?

A. The femoral nerve starts off around the second lumbar vertebra right about where the iliac arteries are.

Q. You can use this chart.

A. This is the common iliac artery, and these are the common iliac arteries here and here (indicating). The femoral nerve runs right along this bundle and as it comes down to the deep pelvic area, it goes right through the groin, inguinal canal where the groin is and it goes down and supplies power and sensation to the thigh muscles deep inside.

Q. Can you put a mark where you indicated the femoral nerve crosses -- I'm concerned with the proximity.

A. It's in this vicinity (indicating.)

MS. DOLSKY: Can the Doctor, maybe he can use a dark one to show where he says the femoral nerve is.

A. The blood vessels are more superficial. The nerve

is deeper, but in the same area.

Q. Can you put a mark on the drawing?

MS. DOLSKY: Have the Doctor show us. I have a green marker.

MR. SCHMEIZER: I have no problem.

MS. DOLSKY: So it can be very clear.

A. It's in the same vicinity but deeper, much deeper. The blood vessels are more superficial. The nerve is deeper.

MR. SCHMEIZER: Thank you. You can resume the witness stand.

THE WITNESS: Thank you.

(Witness steps up.)

Q. Upon your evaluation, Doctor, you have Dr. Belok's records to review?

A. Yes, sir.

Q. The treating neurologist. I'm handing those records up to you. They are now in evidence.

Can you turn to those records and tell us was an EMG of the lower extremity performed?

A. Yes, sir.

Q. What is the date of the EMG?

A. March 23, 1999.

Q. What is an EMG? What is that short for?

A. Electromyography.

Q. What is an electromyography?

A. Study performed by a physician which checks and evaluates any diseases to muscles and/or nerves.

Q. How is that test performed?

A. The test has three basic portions; the motor conduction; the sensory conduction; the actual needle EMG, which checks the nerve root portion. The first two are done by surface electrodes, electrical stimulation. It depends on what nerve you are studying. It depends on where the electrodes are studying, the distal nerves, tibial, you place the electrodes on the inner portion of the ankle and stimulate the nerve on the inner portion of the ankle and study the response of the nerve. Each the response of the nerve is the amplitude, the size of a nerve.

The distal latency, which means the time it takes to stimulate the nerve until you get a response, you then measure the distance from a distal portion and proximal portion to see how fast the nerve travels between two points.

The peroneal nerve, that nerves is studied by way of placing the electrodes on the outer portion of the ankle. You stimulate the nerve right above the ankle and look for the same parameters.

If you are studying the femoral nerve, you place your surface electrodes on the quadricep muscles, the

thigh muscle, and you stimulate in the inquinal canal in the groin, and again look for the amplitude, the size of the response. The distal latency, how long it takes to stimulate and measure the velocity, the speed between two points.

The last portion of the test is called the needle EMG. You insert a sterile needle, a long needle to various muscles in the leg and in the lower back. By anatomy, a physician knows what muscle is supplied by which nerve root, and by studying this you look for abnormal findings, increased activity, positive sharp waves that looks like a "V", look for multiple face, the multiple dipped potential that are abnormal and put it altogether.

There is also an "F" reflex and "H" reflex which measures the proximal nerve root and the "H" measures the S1 nerve response. So this is basically what an EMG is.

Q. Doctor, in the simplest format, can you tell the Court and Jury with respect to the EMG performed by Dr. Belok, with particular emphasis on the femoral nerve, what were the findings reported on the EMG?

A. For the left femoral nerve, the amplitude was two microvolts; the right femoral nerve on the other side, which was normal, was five. This decreased amplitude.

MS. DOLSKY: Objection. I believe they are five on both.

MR. SCHMEIZER: No, counsel, they are not.

THE COURT: Counsel on cross.

MS. DOLSKY: Okay.

Q. Doctor, getting back to where you were. You said there was -- what were the findings vis a vie the femoral nerve?

A. The amplitude was decreased and also when the needle EMG was performed, the muscles in the quadriceps, the left medialis, the left anterior tibial and the left tensor fasciata, tibialis and polyphasics. These are the muscles in the thigh. They indicate abnormal which indicates the possibility of a problem coming from the lower back or femoral nerve. So the rest of the evaluation is obtained by way of the history and physical exam, so this points out to a combination of a femoral nerve injury and lumbosacral pectineus injury.

Q. I want to get to the numbers. You prepared numbers with respect to testing the femoral nerve, you found two on the left and five on the right?

A. That's correct.

Q. What is the significance of those numbers? What do they mean?

A. Whenever you have an amplitude that's decreased less than half of the opposite side, this is one criteria for abnormality.

Q. Now, in addition to the EMG study --

MR. SCHMEIZER: Incidentally, Judge, can I show this page to the jury and point out to them where the femoral nerve, the numbers two and five, so we avoid this dispute later on?

MS. DOLSKY: Objection, Judge.

THE COURT: Let me see?

Doctor, you can step away, stand in front of the jury and you can respond to the attorney's questions. You can take that piece of paper with you.

MR. SCHMEIZER: Can we highlight the two and five?

THE COURT: He can do whatever he likes with his testimony.

Q. Doctor, highlight the two and five we are referring to.

(witness complies.)

MR. SCHMEIZER: Can we hand that to the jury?

THE COURT: Show it to defense counsel.

Now you can.

MS. DOLSKY: I object to the jury seeing this copy, but.

MR. SCHMEIZER: This is the subpoenaed record.

THE COURT: I see.

(Whereupon the document was published to the jury.)

MR. SCHMEIZER: May I resume?

THE COURT: Yes.

Q. Doctor, you can retake the witness stand.

I'd like you to turn to Dr. Belok's records dated March 2, 1999.

A. Yes, sir.

Q. Can you be kind enough to read the portion of that letter to us? This is part of Dr. Belok records.

MS. DOLSKY: Objection.

THE COURT: Objection?

MS. DOLSKY: I don't think it's a proper question for this doctor. It's what he has been given as part of the records, what has been marked in evidence. Unless he spoke with Dr. Belok or knows from some other manner.

THE COURT: Overruled. Go ahead.

Q. Doctor, can you start from I had the, this is Dr. Belok's record, letter in his records. Can you read from it for us?

MS. DOLSKY: Objection.

THE COURT: Overruled.

A. March 2, 1999 it states:

I had the opportunity to see Angela Cosoleto for neurological evaluation on March 2, 1999.

Ms. Cosoleto reports that she has been

experiencing --

MS. DOLSKY: Objection.

THE COURT: Overruled.

A. That she has been experiencing weakness and numbness in the left leg with a falling asleep feeling of the left leg ever since an operative procedure on June 29, 1998. Since the operation she has had gait difficulty and difficulty climbing stairs due to left leg weakness, numbness and paresthesias of left leg, paresthesias means numbness and tingling, and she is unable to run and jump as well. She has had residual tenderness in the left inquinal area. That's the left groin.

Neurological examination directed to the lower extremities reveals weakness of the muscle innervated by the left femoral nerve, including the quadriceps and iliac psoas.

Q. What does that sentence mean, please.

A. Dr. Belok is indicating that he is examining and he found weakness of the muscles supplied by the femoral nerve, the quadricep muscle, the muscle in front of the thigh and the iliac psoas, the muscle in the groin area which controls lifting the hip up.

Q. Is that the muscle group you indicated you saw abnormalities on the EMG?

A. Correct.

Q. Go on.

A. The hamstring has normal power and suggestion of weakness of the dorsi flexion of the left ankle. Dorsi flexion means bringing the ankle up, like so. (indicating).

Q. What significance, if any?

A. That could mean a problem from the L5 nerve root which comes from the lower back or part of the lumbosacral plexus which is a combination of the L2, L3, L4 L5 and S1 nerve roots all combined.

Q. Please go on.

A. Sensory findings in the lower extremities reveal diminished sensation to pinprick in the entire left lower extremity, including the femoral nerve distribution, femoral nerve as well as in her left foot in territories involving areas innervated, which means supplied, by the peroneal and tibial nerves.

Q. What does that mean?

A. That means that there was decreased sensation to pinprick and touch. The way that test is done, you take a paper clip with a blunt end and touch different portions of both legs to see if there is equal sensation. The patient closes her eyes and you ask, is the sensation equal to the sensation on the opposite leg or decreased. You report the abnormal. If decreased, it indicates nerve damage either to a sensory nerve or nerve root or femoral nerve or combination.

Q. Go on, please. Impression.

A. Impression:

In the lower extremities, Ms. Cosoleto has symptoms and objective neurological findings consistent with a left femoral nerve injury, as well as a sciatic nerve involvement as well.

Q. As well as possible sciatic nerve?

A. That's correct.

Q. What does the term "and objective neurological findings consistent with left femoral nerve" mean? What is objective?

A. Objective findings is -- there are two types of findings. Subjective is what a patient complains of and objective is what a doctor finds on clinical examination by way of checking for sensation, muscle power strength and reflex.

Q. Is an EMG study a subjective study? Is that something based upon what a patient tells you or is an EMG finding, left femoral nerve weakness objective?

A. EMG is objective. It has no control over the patient. It's purely irrespective of the patient's control.

Q. Explain that to the Court and Jury.

A. Subjective complaints once again, is what a patient complains of. The patient has control. They can magnify that complaint any way they want.

Objective finding means the patient has no control over it. An example is an x-ray, objective finding, MRI, EMG. The patient has no control over the findings.

Q. Go on for purposes of saving time under plan. I would therefore, if I can go ahead, I would therefore recommend she have electromyogram nerve conduction study of both lower extremities with side to side comparison to further evaluate these conditions. MRI scan of the lumbar spine is also recommended to rule out herniated lumbar disk as potential cause of left leg weakness.

And the next sentence.

A. Given the history, it is my opinion that these findings are directly related to the operative procedure performed on June 29, 1998.

Q. That's Dr. Belok's opinion?

MS. DOLSKY: Objection.

Q. That is what is reported in his office record?

A. Yes.

Q. Doctor, I would like you to go to Dr. Belok's letter of November 16th, 1999.

(Witness perused document.)

A. Yes.

Q. Which was done after the EMG study; am I correct?

A. Yes.

Q. Can you just -- starting off with to whom it may

concern. Let me begin, I had the opportunity --

MS. DOLSKY: Your Honor, may we approach for a moment? I apologize.

(Whereupon, an off-the-record conference was held between all counsel and the Court at the bench.)

Q. If you would be kind enough to read. I had the opportunity to see.

A. To see Angela Cosoleto for neurological evaluation on November 16th, 1999.

Q. Okay, go ahead and skip down to in addition.

A. In addition, Ms. Cosoleto has had persistent pain in the left inquinal region and the left lower leg with altered sensation in the left lower leg as well.

Q. Stop a moment. Go ahead, read.

MR. SCHMEIZER: May I approach? I want to show him.

Q. Start with the word, she.

A. She does have intermittent left lower back pain as well, which corresponds to these findings.

Q. Impression.

A. The patient has persistent left chest wall pain, as well as symptomatic electrodiagnostically proven left lumbosacral radiculopathy and left femoral nerve injury.

Q. Stop.

What does it mean to say that the patient has

symptomatic electrodiagnostically proven left lumbosacral radiculopathy and left femoral nerve injury.

A. It means that whatever the patient is complaining about has been diagnostically proven by way of EMG.

Q. And referring to the EMG of the lower extremity, you commented on that?

A. That's correct.

Q. Plan, sorry. Go ahead after injury.

A. Unfortunately, these pains have not resolved despite the passage of time, since their onset over one year ago.

Q. Plan.

A. I would therefore recommend the patient should have a full evaluation and management by a pain management specialist. Specifically, I have suggested the pain management center at Long Island Jewish Medical Center or another similar equipped pain management center.

Q. That's all we have to do.

Doctor, as part of our request for you to perform an evaluation, were you asked to render certain opinions with regard to certain opinions with respect to your own diagnosis of Ms. Cosoleto's problem?

A. Yes, sir.

Q. And were you asked to relate back within reasonable medical certainty as to the cause of those complaints?

A. Yes, sir.

Q. I will ask you, Doctor, do you have an opinion with a reasonable degree of medical certainty --

THE COURT: You are not going to be finished for four years with the noise. You better move on.

(Whereupon, Official Court Reporter Lynda Barrella was relieved by Official Court Reporter Lynn Panariello.)

(Lynn Panariello relieving Lynda Barella.)

CONTINUED DIRECT EXAMINATION

BY MR. SCHMEIZER:

Q. Doctor, do you have an opinion with reasonable degree of medical certainty whether Miss Cosoleto sustained any injury as a result of the operative process on June 29th, 1998?

A. Yes, sir, I do have some opinions.

Q. Doctor, with a reasonable degree of medical certainty, what is your opinion?

A. That she sustained a left femoral nerve injury and left lumbosacral radiculopathy, and complex regional pain syndrome as a result of this injury.

Q. Would you go on now and explain to us the basis of your opinion as to why Miss Cosoleto sustained the left femoral nerve injury, the left lumbosacral radiculopathy and the complex regional pain syndrome by explaining what those conditions are, starting with the left femoral nerve injury and relating it to the surgical procedure performed.

A. The left femoral nerve is injured by the following mechanisms: By a tumor from the vertebrae in the vestes (ph) of the femur --

MS. DOLSKY: Objection. Objection, your Honor. That didn't happen here though.

THE WITNESS: I am trying to explain by

process of elimination. Would you like me to go directly --

THE COURT: Go directly to the answer.

Q. Go directly to the answer.

A. Okay. In this case based on all the history and the facts, it was caused by the surgical manipulation in the visto of a deep pelvic area near the blood vessels and the areas where the ureters were.

And the second portion of the question is about the sacral radiculopathy.

In my opinion it was caused by the weakness of the left leg and the alteration of a normal biomechanics of the spine.

The alignment was off. The left leg was weak. More pressure was placed on the spine, and an irritation, an increased force and loading on the nerve roots in the lower back; that's the mechanism which I believe was caused to the lumbar sacral radiculopathy.

Q. Let me start with the left femoral nerve first, because in the order -- spectrum of your order, that happened first; correct?

A. Yes, sir.

Q. Tell the Court and jury how it is that the left femoral nerve was injured; what is the mechanism of the injury during the procedure?

A. Surgical procedure in distal manipulation in that vicinity --

Q. What do you mean by surgical manipulation?

A. You had a lot of instruments in that area; you had the surgeon's hands in that area, there were retractors, there was clamping in the area. The femoral nerve may have been pulled or stretched inadvertently and/or there may have been a hematoma, which is a collection of blood, in the vicinity. It was two possible mechanisms.

Q. When you say two possible mechanisms, is that an opinion with a reasonable degree of medical certainty it occurred in this case?

A. Yes, sir.

Q. Okay. You say, first of all, hematoma. What is the difference or relation, if any, between a thrombosis in a vessel and hematoma outside of a vessel?

A. Thrombosis means a blockage of blood vessels. When a blood vessel has a blockage, the distal portion or the proximal portion starts to balloon out, gets dilated, and the blood flow becomes blocked, and the area starts to swell up. That is what happens.

A thrombosis -- hematoma means a collection of blood within an area, it could be in the pelvic area, it could be around the vessel, it could be in a soft tissue.

Q. Doctor, I want you to assume for purposes of my

hypothetical that Dr. Lamparello indicated the possibility of a thrombosis or clot occurring to the iliac artery during the initial procedure.

A. It was the tibial artery, not the iliac artery.

Q. I'm sorry, the tibial artery during the course of the initial procedure to the iliac artery.

A. That is correct.

Q. Could you tell us, Doctor, how, assuming -- assuming that -- assuming that opinion is correct and that it could have occurred, how that mechanism could lead to either manipulation or a hematoma that led to injury to the femoral nerve?

A. When you have a blockage of the distal portion of a blood vessel, the pressure in the upper portion increases -- increases, and the blood vessel starts to balloon out. As a result, when the blood vessel starts to balloon out it irritates the surrounding structures, whatever it's close to. So that's one mechanism.

Q. Okay. Now, you said that -- if I understand you correctly, injury to the femoral nerve resulted in -- resulted in a lumbosacral radiculopathy. What was the mechanism of that?

A. The mechanism of that was that the aftermath -- once you have the femoral nerves damaged, there is weakness in the leg, and the weakness -- the patient has weakness and

pain in the left leg. They try to unload the left side, they overload the right side. The whole normal balance in the spine changes. The pressure is released on the left and is overloaded on the right; that is called overloading the spine. And abnormal pressure -- abnormal alignment comes into play because you overloaded the lumbosacral area, and that's how the nerve roots become irritated. And that's what lumbosacral radiculopathy is.

Q. Doctor, let me stop you a moment, and go back to the femoral nerve damage.

You indicated that your opinion as to injury to the left -- the injury to the left femoral nerve occurred either by surgical manipulation or by the formation of a hematoma.

How does that injury to the left femoral nerve -- what does that do to the left femoral nerve?

A. It causes it to be injured.

Q. And in what manner is it injured?

A. When you have -- when you look around the area -- we know from the operative report there was a lot of scarring in that area, the area his scarred. The surgeon tries to look inside by moving, probing things around, and the femoral nerve lies in that vicinity. By stretching, pulling and probing it around, that's the most common way of it becoming damaged and injured. That stretching -- if this was a blood

vessel, blood vessels are elastic, they give in some way to stretching, a nerve does not. And nerve does not have the ability to stretch, once you pull on it, it gets damaged.

Q. And in what way does it become damaged? Could you explain to us how is it damaged, what are the -- neurologically what is the mechanism of injury?

A. A stretching of a nerve causes swelling of the nerve. When you have swelling of a nerve, the nerve does not function or fire properly. That power out-put from the nerve is diminished. How it relate to the patient, the patient feels numbness, tingling, weakness. On physical exam you find muscle power weakness, loss of sensation, and it is proven by an EMG; you have femoral nerve injury and the lumbosacral radiculopathy, which mean damage to the nerve roots.

Q. Okay. Now, you indicated that following femoral nerve injury, the left lumbosacral radiculopathy occurs, and as a result the patient changes the weight on her gait?

A. The alteration of a normal mechanism of the spine, the alteration of a normal gait pattern, the increased pressure in the lower back, that put more pressure on the nerve roots, and that's how they become inflamed.

Q. Now, Doctor, you have also testified that in your opinion with reasonable medical certainty that the patient developed and complex regional pain syndrome.

What is a complex regional pain syndrome, and how does it apply to this case?

A. Weave two types of complex regional pain syndrome, one is called Type 1, which was formerly called a reflex sympathetic dystrophy.

The second type is Type 2, which follows after a nerve injury.

So this must be the Type 2, which follows a nerve injury.

And the hallmark is a burning pain in the whole vicinity and a tight like sensation in the abdominal area, numbness and tingling and pain, constant pain, and usually the sympathetic nerve fibers, which cover the skin are parted.

The sympathetic nerve fibers control normal skin color, normal blood flow, controls temperature and constriction and expansion of the blood vessels superficially. And the hallmark again is localized burning pain with numbness and tingling.

Q. You said sympathetic nerve fibers?

A. Yes.

Q. What does this term sympathetic nerve fibers mean? And what are you referring to with respect to the relationship between sympathetic nerve fibers and the development of sympathetic nerve dystrophy?

A. We have many different parts to the central -- to the nervous system. And we have the sympathetic nervous system, we have the parasympathetic nervous system.

The sympathetic nerve system controls the skin, it controls blood vessel constriction and/or dilation, it controls heat and temperature control, it controls tension within the muscle, it controls twitching; these are all functions of the sympathetic nerve.

The parasympathetic nerves control different organs, controls the movement of the heart going fast or slow, et cetera.

And the autonomic nervous system, that's a whole different part of the nervous system.

And the sympathetic nervous system, once it gets irritated or hyperexcited, the hallmark is the whole area goes into a reflex hyperesthesia. And the hallmark is constant unrelenting pain.

Q. And, Doctor, in your opinion with a reasonable degree of medical certainty, this complex regional pain syndrome followed the left femoral nerve injury and left lumbosacral radiculopathy?

A. It followed the left femoral nerve injury and the irritation to the deep pelvic area, and also the superficial areas as well.

Q. Now, Doctor, these opinions you have expressed

with respect to the injury to Miss Cosoleto was with a reasonable degree of medical certainty?

A. Yes, sir.

Q. And, Doctor, do you have an opinion with a reasonable degree of medical certainty whether this injury resulted in some disability to Miss Cosoleto?

A. Yes, sir.

Q. And what is your opinion?

A. She is left with a permanent partial disability.

Q. And could you explain to the jury what you mean by permanent partial disability?

And your opinion as to why you believe this is permanent is with a reasonable degree of medical certainty?

A. Yes.

We have two types of disabilities, partial, shall which means the patient could still work, the patient is still functional, and total disability, meaning that the patient cannot work at all in any capacity.

Obviously she is not totally disabled. She is partially disabled.

The definition of permanent means that it has lasted or is expected to last more than one to two years. And this has clearly lasted more than two years, so at this point it is considered permanent, meaning when additional times goes by, it will not reverse or correct this problem.

Q. Now --

COURT OFFICER: Go ahead.

Q. Now, Doctor, so obviously you have taken time out of your medical practice to review these records and to prepare a report. Did we make some arrangement earlier on with respect to -- with respect to you receiving a fee for your initial evaluation and for the preparation of your report in this case?

A. Yes, sir.

Q. And what was the initial -- how much did you receive from my office?

A. $250.00.

Q. Thereafter, did we spend time prior to coming into court today discussing the case, and have I met with you at your office? Have we spent time going over the issues, you discussing them, and rendering opinions today?

A. Yes, sir.

Q. And did I agree to pay you a fee for the time that we spent together in evaluating this case and preparing for the trial?

A. Yes, sir.

Q. And what fee did we agree to?

A. My fee is three thousand for half a day of court testimony, one thousand for pretrial preparation, altogether four thousand.

Q. And have we agreed to that fee?
A. Yes, sir.
Q. And has that fee been paid?
A. I believe it has.
Q. Doctor, as a rehabilitation expert, having evaluated Miss Cosoleto, do you see her requiring any further evaluation or treatment in the future? And if so in what manner?
A. Yes, I do.
Q. And in what manner and at what cost?
A. Yes. Since she is left with a permanent disability, with permanent injuries. She is going to require periodic physical therapy to diminish her spasms, improve muscle power weakness, improve her gait. Physical therapy treatment is indicated on an as needed basis. A fairly reasonable estimate would be at least 30 to 40 sessions per year. Each visit is approximately $100.

She will need pain management for nerve blocking injections and pain control. And the cost of that can run anywhere from two thousand up to $10,000. a year, depending on what nerve blocks are performed.

She will need to be seen by a neurologist at least four times a year. The cost for each visit is a hundred dollars.

She will need to be seen by a physiatrist like

myself, ideally twelve times a year for assessment and physical therapy and pain management needs, and so on. And each visit, again, is a hundred dollars.

And she would benefit from seeing an orthopedist and a spinal surgeon periodically, three times per year. And that's about a hundred dollars for each visit.

MR. SCHMEIZER: Let me just check my notes, Judge.

I have nothing further.

Thank you.

THE COURT: We will take five minutes.

COURT OFFICER: All rise.

Ladies and gentlemen of the jury, please step this way.

(Jurors left the courtroom.)

THE COURT: Doctor, you could you step down.

(Recess taken. After the recess.)

COURT OFFICER: All rise. Jury entering.

(Jury entered.)

THE COURT: Please be seated.

THE CLERK: Doctor, you're reminded you're still under oath.

THE WITNESS: Yes, ma'am.

MS. DOLSKY: Thank you, your Honor.

CROSS EXAMINATION

BY MS. DOLSKY:

Q. Good afternoon, Dr. Guy.

A. Good afternoon, ma'am.

Q. Dr. Guy, you testified on direct examination that you have testified for Kelner and Kelner before.

A. Yes, sir. Yes, ma'am. Sorry.

Q. It's okay.

On a number of occasions, yes?

A. Yes.

Q. And you have also reviewed patients for Kelner and Kelner in cases that not necessarily have gone to trial, but even more than you have testified in, you reviewed more than that?

A. I have, yes.

Q. And when you reviewed -- well, when you examined Miss Cosoleto, did you have anything first before you examined her?

A. No. The patient came in with some records that she brought on her own. Then I received additional records. Then I did my report.

Q. Okay. What records did she bring in on her own?

A. I believe this stuff.

Q. Okay. And, Dr. Guy, these are your records pertaining to this patient, including your examination and notes?

A. And then there are additional records, which I obtained later on.

Q. Okay.

MS. DOLSKY: Your Honor, I would ask that I have a chance on the lunch break to review the notes, and handwritten records of Dr. Guy provided to this patient.

THE COURT: Sure.

Q. Dr. Guy, when you received records from Kelner and Kelner, what records did you receive?

A. Records from Dr. Belok, records from Dr. Lamparello, records from Dr. Michael Grasso, record from, um, Dr. Novick and Dr. Fine; those are the MRI report reports.

Q. Okay. Now, in terms of Dr. Belok's records.

A. Yes.

Q. What records did you receive?

A. The records of November 16th, 1999.

Q. The letter?

A. The letter report, some handwritten notes, the MRI report of the cervical spine, the lumbar spine, the EMG, study of 3/23/99, report of March 2nd, 1999. Basically that's it.

Q. Okay. Did you receive the October, 1998 letter?

A. No.

Q. Neither had we.

Now, as part of Dr. Belok's records -- I believe the court officer can give you the copy that is in evidence.

A. Okay.

Q. And I would ask you to take a look at that and see whether there is also a to whom it may concern letter dated October 13th, 1998.

A. You said October 28?

Q. October 13th, 1998, a letter that is addressed to whom it may concern.

A. I did not see this before.

Q. And this is pertaining to a neurological examine that Dr. Belok performed on this patient prior to any of the examinations or the treatments that you discussed this morning; correct?

A. Yes.

Q. And does Dr. Belok give a history in that?

A. Yes, there is a history.

Q. Okay. And could you read that for the jury, please?

A. Miss Cosoleto is a 48 year old right-handed woman who has experienced a one year history of recurrent episodes of tingling paresthesias.

Q. Okay. Let me just stop you for one moment.

A one year history. This is October of '98. So

that would be back to October of '97; is that accurate?

A. Yes. The paresthesias begins in her anterior chest wall and seems to spread down to the abdominal region and the lower extremities as well as up into both arms.

Q. So that's both lower extremities and both arms?

A. Yes.

Q. Okay.

A. She describes the tingling paresthesias as feeling like falling asleep. These episodes generally occur at nighttime when sleeping, and sometimes when reclining at home. Episodes last about half an hour to an hour at a time.

She has a sense of shortness of breath with the tingling paresthesias, but is not aware of any cardiac palpitations. She has been aware of weakness in hand grasp in recent months. She also has some difficulty in walking with left leg weakness, which she attributes to partial transection of the aorta, which occurred interoperatively when she had ureteral surgery in June of '98.

Q. By the way, Doctor, you read the operative report from that surgery. There wasn't a transection of the aorta; correct?

A. No.

Q. Okay. There is no history of head trauma, syntropy, stroke or TIA. There is no history of trauma to the head, neck or spine. There is no history of skin lesions

to suggest shingles.

Past medical history is negative for systemic illness such as diabetes or thyroid disease. She does have asthma. She underwent cardiac work-up with normal results.

Q. Did Dr. Belok perform a neurological exam?

A. Yes, ma'am.

Q. What does he note about that?

A. The neurological exam is unrevealing. Mental status is normal. The cranial nerves are normal. Cerebellum testing is normal. She sometimes has clicking crepitations in her neck. Today she has full range of motion of the cervical spine. There is no loss of sensation on pinprick testing. Hand grasp is somewhat weak on both sides. The plantar response is somewhat up-going. The left plantar response is down-going.

Q. What is the significance of that?

A. Um --

Q. If any.

A. Nothing really going on in terms of an upper motor neuron lesion.

Q. Okay. So she has no loss of sensation on pinprick testing.

That is different from when you examined her; correct?

A. That is correct.

Q. And this is October of 1998?
A. That is correct.
Q. And when Dr. Belok saw the patient at this time, he had recommended particular studies to be done; right?
A. Yes.
Q. And that included EMG's and MRI's?
A. Yes.
Q. And the only EMG that was done that you're aware of was done in March of 1999?
A. That's correct.
Q. When you saw this patient in 2001, did you do another EMG?
A. I did not.
Q. Now, when Miss Cosoleto went back to Dr. Belok in March of 1999, it seems that was for the second time. There doesn't appear to be any visits in between, or that we --
MR. SCHMEIZER: Objection.
Q. Are there.
MS. DOLSKY: All right. Withdrawn.
Q. The second letter that you read to us from March 2nd, of '99.
A. Yes.
Q. Regarding this patient. And I believe you read Dr. Belok's findings and his impressions, and that was -- that was before the EMG was taken; correct?

A. Yes.

Q. And on the Bottom of the EMG, Dr. Belok notes an impression, I believe.

A. Yes.

Q. And that's a left lumbar plexis --

A. Plexopathy.

Q. Okay. And what nerve roots does that involve?

A. The lumbosacral -- it covers the nerve roots from L4, L5, S1, S2.

Q. Okay. And at the time that he did his testing of her, does Dr. Belok in that report -- down at the bottom where he checks things off, does he say anything there about a femoral nerve injury?

A. I did not see one. That's the worksheet. I did not see one.

Q. Okay. And, Dr. Guy, would you agree with me that

THE DEFENDANT: Lumbosacral or a lumbar plexus radiculopathy could explain all of Miss Costoleto's symptoms?

A. The way you phrased the question, any lumbosacral injury can explain some of her symptoms. So the way you phrased the question, I would have to say yes.

Q. Okay. And you know we didn't or you didn't have the opportunity to discuss much about your examination.

A. Uh-huh.

Q. Of this patient.

I would like to discuss that with you a little bit.

When you examined her -- I think I have your report with me -- what type of examination did you do? You know we heard about a neurological examination, vascular examination. As a physiatrist --

A. I examined her --

Q. I didn't finish my question. I know it is a little long-winded, but as a physiatrist -- what does in general a physiatrist examine all of those things, none of those things?

A. It's on a case by case basis. We usually examine the vital signs, the blood pressure, the pulse, the heart rate, listen to the lungs, listen to the heart. Then we focus in on the areas of chief complaints.

Q. Okay. And in this case you also had some records regarding previous surgery that this patient had; correct?

A. Yes; that's correct.

Q. And knowing that she had an injury to her external iliac artery on the left side, did you do any type of a vascular exam?

A. I did not.

Q. Did you do any type of a cursory vascular exam to see whether her leg was ischemic?

A. I did not.
Q. Could you define ischemia for the jury?
A. Yes. Ischemia means lack of proper blood flow.
Q. Is that something that you as a physiatrist would have noticed in your examination of this patient if she had looked ischemic in -- her leg looked ischemic?
A. Yes.
Q. And you didn't find any sign of ischemia; correct.
A. I did not.
Q. If her leg appeared adenitis or swollen, that is something that you would have as a matter of course noted in your report; right?
A. I would have, yes.
Q. And you did not make any such findings; right?
A. I did not.
Q. And in terms of her reflexes, did you check her reflexes on both the right and the left?
A. They were normal.
Q. Were the deep tendon reflexes also normal?
A. Normal as expected.
Q. Okay. And when you examined her incisional scars, did those appear well healed to you?
A. Yes.
Q. When you examined her back, you noted mild diffuse tenderness?

A. Uh-huh.

Q. Full range of motion?

A. Yes.

Q. What is the significance, if any, of mild diffuse tenderness?

A. It means that there is just some muscle soreness to the area. It could indicate -- it could be underlying deep rooted nerve root problems, disk problems, or just simply mainly soft tissue tightness.

Q. Okay. And you say this active range of motion is within normal limits for all four extremities. How do you test that? What does that mean?

A. You ask the patient to left up her arms in different directions, lift up the legs in different directions. That is basically a check for joint problems. And if the patient has very, very severe weakness from a stroke they will not even be able to lift up their arm in an upward position.

Q. And when you do this type of an examination to a patient, do you also look for signs of muscle atrophy or disuse?

A. I do.

Q. That is something you would note in your report if it existed?

A. That's correct.

Q. And there was no muscle disuse or atrophy in Miss Cosoleto's case, other than weakness?

A. No, there was no atrophy.

Q. Okay. And when we talk about weakness, you did a range of -- what type of a test?

A. Manual muscle power testing.

Q. And that's where you ask the patient to push, or you push against the patient, and you see what the resistance is?

A. More or less, something similar. What I do is I give maximum resistance to both muscles equally, and I see which muscle gives in quicker as opposed the other. If a patient can withstand maximum resistance on both sides, that is a normal 5 over 5. If they only tolerate some resistance, then it is a 4 over 5. If they withstand moderate resistance, it is a 4 plus over 5. So it's graded. 5 over 5 is normal. The next abnormal response is 5 minus over 5. The next is 4 plus over 5. The next is 4 minus over 5.

Q. And that goes all the way down?

A. That's correct.

Q. Top range is the closest to normal that you're going to been?

A. Right.

Q. And, as a matter of fact, the scale starts at -- does it start at minus zero or zero or --

A. It starts at zero and goes all the way up to 5.

Q. Okay. So then you have zero, you have what, 1, and then 1 plus, 2, minus 2, two plus?

A. It goes likes this: Zero, 1, 2, 3; 3 meaning you could lift your arm against gravity, then 3 plus meaning you are able to tolerate the minimal resistance, then 4 minus, which means you are able to withstand moderate resistance, and then comes 4, 4 plus, 5 minus or 5, depending on how much resistance you can tolerate approximately mid-point or distally. If you can tolerate maximum resistance distally that's a 5 over 5.

Q. And would you agree with me, Dr. Guy, that this particular test is somewhat subjective, not totally, but somewhat subjective?

A. No. I would say this is not subjective. This is objective. Because if you believe the test is inaccurate, you are required to repeat it again.

Q. Okay.

A. Until you feel it is accurate.

If the patient doesn't give you full resistance, I don't accept it, I say let's try it again, because I didn't feel enough resistance.

Q. And in this particular case it was your finding that Miss Cosoleto's left lower extremity was 4 out of 5?

A. Yes.

Q. Her gait, the way she walked, did she limp?
A. No limp, but it was slow.
Q. Okay. Did she walk lopsided?
A. No.
Q. Does the external iliac artery feed the femoral nerve?
A. No.
Q. Okay. So --
A. Artery does not feed nerve.
Q. Okay. So does it vascularize the nerve, the femoral nerve?
A. No. No, it is unrelated.
Q. Okay. So if somebody said in this courtroom that diminished blood flow in that left external iliac artery would cause femoral nerve damage, you would disagree with that; correct?
A. The way it is phrased?
Q. Yes.
A. I would have to -- I would respectfully disagree.
Q. Okay. Dr. Guy, when you reviewed the hospital chart in this case, did you review the entire NYU Medical Center report?
A. Whatever chart that is in my possession, which is this.
Q. That looks pretty much like it. I mean not just

an operative report, but you went through the records?

A. Yes.

Q. Did you find any evidence whatsoever of this patient having that type of a hematoma that you described earlier during her hospital stay?

A. It was not indicated in the record, no.

Q. Okay. And she had arterial -- I think it was arterial Dopplers done?

A. Yes.

Q. They were interpreted as normal?

A. No. There was one interpretation that was -- showed the left leg arterial blood flow was diminished.

Q. Okay. That would be consistent with having had the type of surgery she had with the injury to the iliac artery and with the saphenous vein graft, yes?

A. I would expect it to be normal. If it was a normal surgical revision you would expect normal blood flow. So if you show abnormal blood flow, that means that the blood flow was not normal to its prior stage.

Q. Well, I believe there was an interpretation in the chart by Dr. Riles. Do you know Dr. Riles?

A. No.

Q. You are affiliated with NYU. Dr. Riles is the chairman of the department of vascular surgery, is he not?

A. I don't know Dr. Riles. I reviewed the -- most of

the reports were done by Dr. Schumacher, the ones that I have in my records.

Q. Okay. And those records by Dr. Schumacher, those were later --

A. Yes.

Q. -- Studies?

A. Yes.

Q. And as part of that record -- I think we will probably have them introduced into evidence later on. But I would like you to, subject to connection -- Dr. Schumacher did a report on his findings, did he not?

A. Doctor Schumacher did record his findings, yes.

Q. And he found that there was no vascular pathology. That was his impression. You want to look at the --

A. There was a section that he mentioned that there was a diffuse in the arterial fluid. He also mentions it was normal. So I saw both impressions written in his record.

Q. Okay. And Dr. Riles who interpreted the study that was done at NYU, he interpreted that as a normal arterial study, did he not? And I will --

MR. SCHMEIZER: Objection. Can we approach? Can we approach? Unless I missed something.

THE COURT: Yes.

(Sidebar. After the sidebar.)

THE COURT: I will withdraw the objection.

Q. Referring to the arterial study, the arterial Doppler that was done, Dr. Riles notes that?

MR. SCHMEIZER: Could we have -- could we have the date and time of the study?

MS. DOLSKY: Yes. The date is June 30th, 1998, and the time is 2:54 p. m.

I don't have my copy.

MR. SCHMEIZER: Can you just take a quick look.

MS. DOLSKY: It is part of the tests Dr. --

MR. SCHMEIZER: You said June 3rd, or 30th?

MS. DOLSKY: 30th.

MR. SCHMEIZER: You can go ahead.

Q. It's about midway through. And it's part of the testing. It says test.

Now, what -- I will show you my copy, it may move things along.

MR. SCHMEIZER: Could you just give us the page number, if you can?

MS. DOLSKY: I wish I could. I don't have it. This copy doesn't have page numbers.

MR. SCHMEIZER: June 30th.

MS. DOLSKY: I just have one question.

MR. SCHMEIZER: Go ahead.

Q. Dr. Guy, in is impression regarding that study,

Dr. Riles notes that the arterial pressure is normal at both angles; correct?

A. Yes; that's correct.

Q. Okay. And would you agree with me that that is a good thing, that is a good finding?

A. This was.

Q. June 30th.

A. That's correct, yes.

Q. Okay. And a venous duplex scan was done the following day, I believe?

A. That's correct.

Q. And what is a venous Doppler?

A. A test to check to see if there is any deep vein thrombosis.

Q. Okay. And we already heard testimony that there were Doppler tests done on multiple times each day that this patient was in the hospital from the time of surgery up until the time of this venous duplex scan.

What kind of Dopplers are those?

A. Again, this is a special study to check the flow of the veins as opposed to the arteries.

Q. Okay. So the Dopplers that are done at bedside or that were done at bedside in this case, that checks the arteries?

A. One checks the arteries, one checks the veins.

Q. Okay. So this particular thing on July 1st, that checks the veins?

A. That's correct.

Q. Okay. And the findings there were that there was no deep vein thrombosis; correct?

A. That's correct.

Q. And that's a good thing too, yes?

A. Yes.

Q. Now, during the course of the hospitalization this patient was seen by vascular surgery?

A. Yes.

Q. Right. On a regular basis?

A. Yes.

Q. And wouldn't you expect, Dr. Guy, that the vascular surgeon would have picked up on this fact that this patient had a large hematoma stretching the femoral nerve if there was one there?

A. If there was a hematoma in the deep pelvis, that will not be picked up in blood flow studies, because these blood flow studies do not check the deep pelvic area. So whenever you have this type of surgery, you can have a bleed inside the deep pelvic area, and the hematoma resolves itself.

Q. And -- okay. And the point I am making is that what you're talking about, a hematoma, is not something that

happens in the artery?

A. No.

Q. All right. This is if somebody is bleeding internally?

A. Right.

Q. And then there is a collection of blood?

A. Right. Right.

Q. Which is like a collection that is then filling up an empty space?

A. Correct.

Q. And that can injure the femoral nerve or any adjacent structures; right?

A. That's one mechanism, yes.

Q. Was there any evidence of a hematoma in this patient?

A. I cannot tell, because there was no study done to check for a hematoma in the deep pelvic area.

I would answer your question, these blood flow studies do not check a hematoma in the pelvic area. A CAT scan of the abdomen and the retroperitoneal artery can check for hematoma.

MR. SCHMEIZER: I'm sorry. I apologize. I didn't hear the end of the answer. Can I have it read back?

THE COURT: Yes.

MR. SCHMEIZER: Thank you.

Q. You don't believe there was a grossly abnormal blood vessel here?

A. No.

Q. That --

A. There was --

Q. That impinged upon the femoral nerve?

A. I believe at some time there was a balloon that was {HRAPLG.} The operative report indicates there was a thrombosis.

Q. Does this operative report indicate that?

A. In the record -- I don't remember exactly where I read it, but there was some mentioned that there was thrombosis of the tibial artery.

Q. Yes. And do you recall where? That wasn't in the hospital chart, was it, Dr. Guy?

A. That was -- I can tell you exactly. I can look at my notes and tell you exactly where it was.

Q. Okay.

(Pause in the proceedings.)

A. No, that was not in his report of November 2nd, 1998.

Q. And when you say his report, what are you referring to? Is it a letter?

A. Okay.

Q. And who is the letter addressed to?

A. To whom it may concern.

Q. All right. And that's the first mention of any -- does it mention possible thrombosis or embolus?

A. No. It states that during the time after the initial injury thrombus dislodged and embolized to her tibial arteries.

Q. Okay. And this was written in November?

A. November 2nd, 1998.

Q. Okay. All right. And do you know when the last time was that Dr. Lamparello saw this patient before writing this letter?

A. I have no idea.

Q. When you went through the hospital chart and you know -- at first you told us possible theories in this case. And you talked about a hematoma. And we were just talking about that when I got sidetracked.

Is there a reason why a physician would order tests such as a CAT scan or something of that nature to evaluate the deep pelvis? This is not something that would be done routinely; correct?

A. That is correct.

Q. And in this case did you see in that hospital chart any of the types of findings like a low hematocrit or a dropping blood count because a patient seems to be bleeding,

or anything of that nature which should have warranted a CAT scan of the deem pelvis here to look for a hematoma?

A. Based on the way you phrased the question, the answer is no.

Q. And when this patient was examined in the hospital, her extremities were examined on a regular basis, were they not?

A. Yes.

Q. And those findings are noted throughout the hospital chart?

A. Yes.

Q. Did you request that the patient undergo any EMG when you saw her?

A. I suggested that's another option for the future to be repeated to see what the current findings show.

Q. Why didn't you do it when she saw you at that time?

A. She was not scheduled for an EMG at that time. AND EMG takes about an hour. You just can't pickup and do it in your schedule if a patient is scheduled for an office visit not for an EMG. IT has to be scheduled.

Q. But -- well, she had gone to see you for an evaluation; right?

A. Yes.

Q. I mean she was sent by her attorney. You knew

there was a lawsuit that was already pending; right?

A. Obviously it seemed there was a lawsuit pending, yes.

Q. And you were going to evaluate this patient knowing as you do that often times you're going to come into court to testify about your findings; right?

A. Yes.

Q. And wouldn't it have been helpful to you in making your evaluation of this patient at the time you saw her in April of 2001 to have done an EMG?

A. No, because one was already done. You do another one -- first of all, an EMG is not a painless study, it's a very painful study. If one is already done, you already have your diagnosis. You do one to see if there is any significant worsening. That is the purpose you would do it in this case.

Q. Well, Dr. Guy, here we had an EMG that was done in March of '99. You see this patient practically two years later, and you have a report from another physician --

A. Right.

Q. -- regarding this EMG. And you're evaluating her for trial, all right, and for her attorney, and you think she has complex regional pain syndrome. And that is the first time that has ever come up; isn't it?

A. (No response.)

Q. Dr. Guy, my question is, isn't this the first time that anybody diagnoses her as having complex regional pain syndrome?

A. To my knowledge; that's correct.

Q. Okay. And you suggest that in the future she should have EMG's every year, and she should have further work-ups by a neurologist four times a year.

A. Uh-huh.

Q. When you saw her in April -- in April of 2001 she already hadn't had an EMG for two years; correct?

A. That is correct.

THE COURT: Counsel, lunch.

Folks, we're going to take our lunch break.

We're going to continue again at 2 o'clock.

Do not discuss the case or the testimony you have heard with anyone.

Have a pleasant lunch.

We will see you at 2 o'clock.

COURT OFFICER: All rise.

(Jurors complied.)

COURT OFFICER: Ladies and gentlemen of the jury, step this way, please.

(Jurors left the courtroom.)

(Luncheon recess.)

(CONTINUED CROSS-EXAMINATION BY MS. DOLSKY.)

COURT OFFICER: Jury entering.

(Panel of sworn jurors enters the courtroom.)

THE COURT: Be seated.

THE CLERK: Doctor, you are reminded you are still under oath.

THE WITNESS: Thank you.

THE COURT: We will continue with the cross examination.

Counsel, whenever you are ready.

MS. DOLSKY: Okay.

Q. Good afternoon, Dr. Guy.

A. Good afternoon.

Q. Dr. Guy, when you were giving your credentials to the jury this morning I believe you said you graduated from Queens College?

A. No, I went to Queens College.

Q. When you went to medical school in the Dominican Republic, when you came back to the United States, there is a special test that has to be taken?

A. That's correct.

Q. Did you take that test?

A. I did.

Q. And that is flex test?

A. No, ECFMG.

Q. You passed that test?
A. I did.
Q. The first time?
A. Yes.
Q. You also testified when Mr. Schmeizer asked you whether you have testified in court before and if you testified for both plaintiffs and for the person being sued, I think you said one time you testified for --
A. For the defense, yes.
Q. It would be fair to say hundreds of times you testified in court?
A. Yes.
Q. And you also mentioned your reimbursement, for instance for today, $1,000 for your pretrial work on the case and then $3,000 per half day. That's $7,000 altogether for testimony?
A. If it goes for a full day, that's correct.
Q. And how many times a year would you say that you testify in court, about 15 or so?
A. That's about right. Yes, sometimes less, sometimes more.
Q. About $100,000 in income?
A. On the average I testify about 12 to 15 times per year and like I said, some years less, some years more. If it's $3,000 for half a day, and 15 times that's $45,000.

Q. We are the only attorneys you go to the afternoon. I feel terrible.

Lecturing, you testified that you lecture for lawyers, with lawyers?

A. I lecture at Mount Sinai School of Medicine once a year.

Q. And other venues as well?

A. Yes.

Q. Lawyers and talking about different types of injuries to lawyers?

A. To lawyers, other people as well.

Q. Do you get referrals of patients from any of those lawyers from time to time?

A. From time to time, yes.

Q. In this particular case, when you were talking about your opinions regarding the cause of Ms. Cosoleto's complaint, you mentioned the femoral nerve and what your opinion was regarding injury to the femoral nerve. Just so that we are clear, it's not your opinion, correct, that any emboli to the tibial arteries caused femoral nerve damage?

A. Absolutely not.

Q. If that happened and -- whatever, it's unrelated?

A. Correct.

Q. And the femoral nerve damage also you are not saying that whatever kind of damage or injury to the femoral

nerve then caused nerve damage further up in the central nervous system because of the disease process, but perhaps because of the injury she started doing things or walking in a certain way that put strain on the back?

A. That's correct.

Q. It's not that this nerve injury extended up to that per se. It's just the way she compensated maybe for something?

A. That's correct.

Q. And would you agree with me that that's -- withdrawn.

Quite a large number of people let's say over the age of 40 have lumbosacral radiculopathy?

A. That's incorrect.

Q. Lumbosacral radiculopathy would be chronic low back pain with pain radiating down often times one of the legs?

A. No.

Q. Then I have the definition wrong.

A. Definition of lumbosacral radiculopathy, the word radic, which comes from Latin root, this means nerve root, opathy means any type of pathology to a nerve root, means lumbosacral radiculopathy. You need a pathology to the nerve root because you have shooting pain down the leg. It doesn't mean you have sciatic neuritis, P-I-R-I-F-O-R-I-M-I-S, myofascitis, that can give you shooting pain down your leg.

To have radiculopathy is an EMG diagnosis.

Q. Okay, meaning what is diagnosed is nerve root damage that's caused?

A. That's correct, yes.

Q. And the nerve root in this case, that is one of your diagnosis for Ms. Cosoleto that she has lumbosacral radiculopathy?

A. That's correct.

Q. And is it your testimony that's uncommon in the adult population?

A. It is uncommon.

Q. And but that's what we call when people say I have a disk problem or a disk herniation or disk bulging, is that similar, if not the same, to what we are talking about here in terms of nerve root damage or compression?

A. The way you phrased the question, the question can't be answered with a yes or no. This case she has no disk problems. She had an MRI of the lower back. It came back as normal. She had an MRI of the lower back and showed disk herniation. You could have said yes, it may be possible it could be to a disk herniation. There is no disk herniation in this case.

Q. What is causing, in this case, that nerve root compression?

A. Compression.

Q. It's a mechanical thing that is going on?

A. Yes.

Q. And in terms of lumbosacral -- I think I will use the word lumbosacral plexopathy, is that different or the same?

A. The radiculopathy comes from the nerve roots. The plexus is different. The nerve roots are specific to two nerves, at that time plexopathy is wide. It's from L4, L5-S1 and S2.

Q. The lower back?

A. Yes, the lower portion and it's usually four nerves involved as opposed to one or two in a pure radiculopathy.

Q. And so a plexopathy is normal, it's not --

A. It's the plexus. The lumbosacral plexus is a whole battery of the different nerves.

Q. Dr. Guy, in your research and in your training in your field, have you ever heard of a lumbosacral plexopathy being caused by endometriosis?

A. I have not. Unless there is something huge enough, huge enough to cause damage or irritation to the lumbosacral plexus by way of a large uterine fibroid that sticks out and hits the lumbosacral plexus, but human fibroid in itself inside the uterus without pushing out of the uterus and compressing on the lumbosacral plexus, no.

Q. In terms of your examination of this patient, Dr.

Belok aside, or what he says or whatever he believes, also in his report on the EMG he talks about L5, S1 and I think what you told us before is that you would find that as a radiculopathy just that one area?

A. Yes.

Q. And I believe in your report you say that she has a lumbosacral radiculopathy, not plexopathy?

A. Correct.

Q. And that is what we would call that lower back, the root compression?

A. The last nerve root.

Q. And as a matter of fact, I believe that there was one study done, an MRI or of the pelvis, do you recall seeing that in any of the records that showed there was no plexopathy? I believe there was a study done. I'm not positive.

A. MRI does not rule out plexopathy, does not.

Q. I think it was that there was no pelvic pathology.

A. I remember seeing something like that.

Q. Do you recall it was a benign pelvic MRI?

A. That's my recollection, yes.

Q. You should mention for this complex regional pain syndrome that sympathetic nerve blocks can be, I believe, diagnostic as well as useful for the patient in terms of alleviating their pain?

A. That's correct.

Q. And did you recommend such treatment to Ms. Cosoleto?

A. Yes, as one of the options, yes.

Q. And did she take you up on that?

A. I have not seen her since my initial assessment. I cannot tell you yes or no.

Q. Since 2002, almost two years later now as far as you are aware, she has not had any of that done?

A. I don't know.

Q. When she came to see you, Dr. Guy, was Ms. Cosoleto on any pain medications?

A. Just premarin.

Q. And premarin is hormonal?

A. Yes.

Q. Not pain reducing?

A. No.

Q. So, I think basically we covered what you say the cause is of the patients's problem that she has the femoral nerve injury and that led to the way she moved to the nerve root problem. Would you agree with me that there -- well withdrawn.

An EMG is a very important study, yes, in terms of diagnosing the cause or origin of nerve dysfunction?

A. It can be, yes.

Q. Do you believe in this particular type of case it's useful?

A. That it's useful, yes.

Q. And here Dr. Belok had done an EMG and would you agree with me that the result of that EMG as described to the jury on which you are basing a good part of your opinion as to the fact that she has femoral nerve injury?

A. No, I'm basing it on my own assessment which is confirmed by that EMG and that EMG also confirmed Dr. Belok's working initial clinical diagnosis.

Q. And if that EMG did not show femoral nerve injury, what would be your opinion for the cause of her lumbosacral radiculopathy or her symptoms?

A. First of all, if that EMG was inconclusive as to the treating physician, you are obligated to repeat the test sometime in the near future to see if there is any significant abnormality.

If the EMG comes in inconclusive, SSEP, which stands for somatic sensory evoked potential, which can pinpoint that particular nerve region for you better.

Q. And that was never done. And we don't have the benefit of that here?

A. That's correct.

Q. Dr. Guy, if the EMG wasn't that inclusive or it didn't show or show a femoral nerve injury --

that distance divided by 40, that gives you conduction velocity.

Q. The two numbers added?

A. No, no, subtract 3.8 from 12.3, what do you get?

Q. Don't ask. That's why I went to law school.

A. Whatever number you get you divide 40 by that number, that gives you your conduction velocity.

Q. In terms of the left side, other than the one finding that you told us about, the two, are all of those other numbers normal, or again, within the range of normal?

A. They are within the normal range, yes, except for that amplitude for the left femoral.

Q. I realize that that's the one you said the two?

A. That's correct.

Q. If that two was a five, would that be normal?

A. If that was a five, yes, it would be normal.

Q. And you read that as a two? You don't read that as a five?

A. I read that as a two.

Q. I read that as a five.

MR. SCHMEIZER: Objection.

MS. DOLSKY: The evidence will speak for itself.

Q. Doctor Guy, when you saw this patient and made your recommendation to her, you spoke to her as well as to her

attorneys, yes?

A. Well, I didn't speak to her attorneys other than by way of that report, but I believe I spoke to her. I told her what my initial impression is and what my feelings are as to what her future needs would be.

Q. And the two years since then, as far as you know, she has not done anything --

MR. SCHMEIZER: Asked and answered. Objection.

THE COURT: Overruled.

A. I have not seen her. I don't know what has been done. So I cannot tell you yes or no.

Q. And you met with Mr. Schmeizer before trial here today?

A. Yes.

Q. Did you review Ms. Cosoleto's testimony?

A. No.

Q. In terms of what her complaints or symptoms are?

MS. DOLSKY: Nothing further.

REDIRECT-EXAMINATION

BY MR. SCHMEIZER:

THE COURT: Redirect.

Q. Dr. Guy, when you were explaining the injury to the femoral nerve, my recollection is you said it was either or a combination of manipulation and/or bleed hematoma outside --

A. Yes.

Q. -- outside the nerve, collection of blood that formed there or manipulation?

A. Manipulation meaning by pulling, pushing, trying to move different objects in a surgical field to have a good visual of where the structure where, the pulling sensation or placing retractors could have forced distal traction on the femoral nerve and this is one mechanism by it may have been injured.

Q. When you say "forced distal traction," the word distal traction meaning?

A. The retractors, to place retractors, metal retractors, placing the hand to have a good visualization of a different structure. These are all ways of manipulation and distal traction of the surgical field.

Q. Are you aware that during the course of Ms. Cosoleto's procedure, that she bled?

A. Yes, I'm aware. In the hospital records she had hematocrit on the first was about a 24, went down, she bled some more, then hematocrit went up and down again, ranged between 24 to 27, where normal hematocrit is 34 to 45.

Q. Normal hematocrit for a female of that age, height and weight was what?

A. 37 to 45 decigrams per deciliter.

Q. Assume that the hospital reflects, it's on July

1st. I want you to assume that 8 p.m. it's reported on July 1st that her hematocrit dropped to 26.1; July 7th it dropped to 24.4 until this went back up on July 3rd to 27.8; and July 4th went down again to I believe 25.3.

A. 25.1.

Q. Will you tell the jury what hematocrit is and what that reflects in terms of loss of blood?

A. Hemoglobin and hematocrit is the concentration of your normal blood cells in the intravascular volume. And hematocrit is a percentage of what percentage is liquid and red blood cells. If your hematocrit is lower than normal, it means you have been bleeding inside someplace or lost blood from a surgical procedure. Hematocrit is what doctors follow in a hospital to decide whether a patient is bleeding, if the bleeding has stopped or continued and to what level the patient has dangerous hematocrit that requires transfusion.

Q. If for hypothetical purpose, if Ms. Cosoleto did bleed in the deep pelvis and that blood collected in the deep pelvis, is that what you mean by the formation of a hematoma?

A. That's one possibility.

Q. And counsel used the term large hematoma. I don't recall you using the term large in describing hematoma formation as the possible cause of femoral nerve injury. Does it have to be large? What are we talking about in as far as hematoma formation?

A. It doesn't have to be large at all. It can be as small as 15 cc, little clot pressing on the femoral nerve that can cause it, if blood lands on a different structure including nerve, blood is toxic to a nerve root or branch of a nerve. If it stays on that nerve long enough it can cause a chemical inflammation.

Q. And that chemical inflammation could lead to nerve --

MS. DOLSKY: Objection, leading.

THE COURT: No, go ahead.

Q. Doctor, you were asked whether you performed an EMG during your evaluation. First of all, did I ask you to perform an EMG?

MS. DOLSKY: Objection.

THE COURT: Sustained.

Q. Why didn't you perform an EMG?

A. Why I didn't?

Q. Yes.

A. My job was not to treat. My job was to assess her disability and impairment and extent of injuries and recommend what she needs and she was to follow with her own treating doctors.

Q. You had an EMG --

A. Yes, Dr. Belok, EMG.

MR. SCHMEIZER: Nothing further, thank you.

THE COURT: Doctor, you may step down.

(Whereupon, the witness steps down.)

THE COURT: That's it. We are going home. You are going home. That's our last witness for today. The next witness will be here tomorrow morning. We will start at 9:30 tomorrow morning. Please try to be on time. We appreciate it. It might be a little snow. I know you don't care about snow. We will start at 9:30. Have a pleasant evening. Do not discuss this case, please.

(Panel of sworn jurors exit the courtroom.)

* * *

(Whereupon the trial was adjourned to February 28, 2003.)

-$-

$1,000 [1] 376:14
$10,000 [1] 349:20
$100 [1] 349:17
$100,000 [1] 376:22
$250.00 [1] 348:12
$3,000 [2] 376:15,25
$45,000 [1] 376:25
$7,000 [1] 376:15

-'-

'97 [1] 354:1
'98 [2] 353:25 354:18
'99 [2] 356:21 373:18

-against [1] 299:4

-1-

1 [5] 323:8 345:4 362:2,3 362:4
10 [1] 303:11
10003 [1] 308:13
10005 [1] 299:17
10016-8585 [1] 299:20
11 [1] 310:11
11435 [1] 299:10
12 [2] 322:15 376:23
12.3 [3] 385:6,25 386:4
126 [1] 303:12
13 [2] 305:16,23
13th [2] 353:7,9
140 [1] 299:16
15 [4] 376:19,23,25 390:2
16 [1] 324:18
16th [12] 302:25 303:6 305:5,10,22 316:10,10,21 317:3 335:20 336:9 352:18
17th [1] 317:3
18 [2] 309:7 312:3
18th [1] 317:4
1981 [1] 309:5
1987 [1] 303:11
1988 [1] 311:10
1989 [1] 312:13
1991 [1] 315:18
1995 [1] 315:17
1997 [1] 309:20
1998 [14] 305:16,20,23 306:7 332:6 335:14 339:7 352:24 353:7,9 356:1 366:6 370:22 371:9
1999 [19] 300:3 302:6 303:6 304:8 305:5,10,20 305:22,22 326:23 331:5 331:22,24 335:20 336:9 352:18,22 356:9,15
1st [3] 368:1 389:1,2

-2-

2 [14] 299:1 302:6 304:8 305:22 331:5,22,24 345:6 345:8 362:3,3,4 374:14 374:18
20 [1] 321:1
2001 [4] 314:23 356:11 373:10 374:9
2002 [2] 309:20 382:8
2003 [2] 299:10 391:14
23 [2] 314:23 326:23
24 [3] 316:6 388:19,21
24.4 [1] 389:3
25.1 [1] 389:5
25.3 [1] 389:4
25th [1] 317:22
26.1 [1] 389:2
2638 [1] 300:3
26838/99 [1] 299:5
27 [2] 299:10 388:21
27.8 [1] 389:3
28 [3] 353:8 384:19 391:14
29 [2] 332:6 335:14
29th [2] 318:4 339:6
2:54 [1] 366:6
2nd [5] 302:24 352:22 356:21 370:21 371:9

-3-

3 [3] 362:4,4,5
3.8 [4] 385:6,24,24 386:4
3/23/99 [1] 352:22
30 [1] 349:16
30th [5] 366:5,11,12,22 367:7
34 [1] 388:21
37 [1] 388:24
3758 [1] 307:14
37th [1] 299:16
3rd [2] 366:11 389:3

-4-

4 [10] 307:9,11 361:15,16 361:18,18 362:6,8,8,24
40 [5] 349:16 378:13 385:25 386:1,6
45 [2] 388:21,24
47.0 [1] 385:16
48 [1] 353:21
4:05 [1] 318:18
4:35 [1] 318:24
4th [1] 389:4

-5-

5 [16] 361:14,14,15,16,16 361:16,17,17,18,18 362:1 362:8,8,11,11,24
5.1 [1] 384:22
519 [1] 303:12

-6-

6 [2] 307:2,6

-7-

7 [1] 308:13
70 [2] 311:20 320:23
7th [1] 389:2

-8-

8 [1] 389:1
80 [1] 320:25
88-11 [1] 299:9

-9-

99 [1] 299:20
9:30 [2] 391:6,8

-A-

A-L-I [1] 308:12
abdomen [3] 321:5,6 369:20
abdominal [6] 315:15 315:20 316:7 317:1 345:11 354:3
ability [2] 319:18 344:3
able [5] 301:16 316:1 360:17 362:6,7
abnormal [10] 319:15 328:9,12 329:10 333:23 343:5,5 361:17 364:18 370:2
abnormalities [1] 332:23
abnormality [2] 329:24 383:17
above [2] 318:17 327:22
Absolutely [1] 377:21
absorber [1] 323:1
accept [1] 362:21
accordance [1] 315:25
according [3] 318:22 323:7,11
accurate [3] 323:23 354:1 362:19
active [1] 360:10
activity [1] 328:10
actual [1] 327:6
added [1] 386:3
addition [5] 313:23 314:12 329:25 336:10,11
additional [3] 347:24 351:19 352:1
address [2] 308:10,13
addressed [2] 353:9 371:1
adenitis [1] 359:10
adjacent [1] 369:12
adjoining [1] 318:20
adjourned [1] 391:13
administrative [1] 317:23
admissable [1] 303:17
admissibility [2] 304:3 304:4
admissible [1] 304:2
admission [2] 305:7 317:3
admit [3] 304:8,21 305:10
admitted [5] 301:10,12 303:22 305:14 318:4
admitting [1] 316:23
adult [1] 379:10
advise [1] 301:4
advised [1] 300:20
affiliated [3] 312:15 313:4 364:23
aftermath [1] 342:23
afternoon [6] 318:24 351:2,3 375:12,13 377:1
again [11] 328:2 334:23 345:18 350:3 362:17,21 367:20 374:14 386:10 388:20 389:4
against [2] 361:8 362:5
age [2] 378:13 388:22
aggressive [1] 317:1
ago [1] 337:11
agree [8] 348:18,22 357:16 362:12 367:4 378:10 382:21 383:5
agreed [2] 301:9 349:1
ahead [9] 331:16 335:5 336:10,14 337:8 348:2 366:13,24 390:10
Ali [1] 308:6
alignment [2] 340:14 343:5
ALLAN [1] 299:13
alleviate [1] 316:25
alleviating [1] 381:25
allow [1] 316:1
allowed [1] 303:22
almost [1] 382:8
along [2] 325:15 366:17
alteration [3] 340:12 344:19,20
altered [1] 336:13
alternate [2] 307:9,11
altogether [3] 328:12 348:24 376:15
ambulate [1] 319:19
America [1] 312:11
among [1] 317:25
amplitude [8] 327:14 328:2,20,22 329:6,22 385:1 386:12
analgesics [1] 316:24
analogy [1] 323:6
anastomosis [1] 319:9
anatomic [1] 323:11
anatomy [5] 307:18,19 307:19 325:4 328:8
Angela [5] 299:2 300:3 308:24 331:23 336:8
angioplasty [1] 304:16
angles [1] 367:2
ankle [6] 327:11,12,22,22 333:2,3
answer [5] 340:3,4 369:18,23 372:4
answered [2] 379:17 387:8
anterior [2] 329:8 354:2
aorta [3] 306:5 354:17,20
apologize [2] 336:3 369:22
appear [5] 300:23,25 305:18 356:16 359:22
appeared [2] 312:22 359:10
appearing [1] 303:20
Appellate [2] 303:11,23
apply [1] 345:2
appreciate [1] 391:7
approach [5] 315:6 336:2 336:15 365:21,22
approval [1] 301:20
April [4] 314:23 373:10 374:9,9
area [27] 321:19 325:8,9 325:16 326:1 332:11,20 340:7 341:4,5,6,20,23,23 343:6,19,21,21 345:11 346:15,23 360:7 368:20 368:22 369:17,19 381:4
areas [5] 320:17 333:14 340:8 346:24 358:16
argues [1] 303:15
arm [4] 323:3,5 360:17 362:5
arms [3] 354:4,5 360:13
arrangement [1] 348:5
arrangements [1] 300:24
arriving [1] 321:2
arterial [9] 318:14 364:7 364:8,12 365:16,20 366:1 366:1 367:1
arteries [7] 325:11,14 367:21,24,25 371:7 377:20
artery [22] 304:15 318:10 318:11,17 319:2,7 324:3 325:6,13 342:2,4,4,5,6 358:21 363:5,9,14 364:15 369:1,20 370:14
ascertained [1] 319:10
aside [1] 381:1
asks [1] 320:22
asleep [2] 332:5 354:9
aspect [1] 323:14
assess [1] 390:19
assessment [3] 350:1 382:6 383:8

assigned [3] 300:21 301:7 309:15
assignments [1] 300:22
Association [1] 313:8
assume [10] 315:10 318:3 319:4,8,16,22 320:2 341:25 388:25 389:1
assuming [4] 301:23 342:8,9,9
assurance [1] 309:25
asthma [1] 355:4
atrophy [3] 360:20 361:1 361:3
attached [1] 321:22
attorney [7] 299:16,19 302:20,23 303:18 372:25 373:22
attorney's [1] 330:8
attorneys [7] 300:8 307:10,11 313:10 377:1 387:1,2
attributes [2] 306:5 354:16
August [1] 303:11
authorization [1] 301:20
autonomic [1] 346:12
available [2] 324:15,16
Avenue [1] 299:20
average [1] 376:23
avoid [1] 330:3
aware [7] 306:2 354:13 354:14 356:8 382:9 388:16,18
away [1] 330:7

-B-

B [2] 299:12,13
B-O-D-I-A-N [1] 303:10
BACH [1] 299:19
background [1] 308:25
balance [1] 343:2
balloon [4] 341:19 342:15,16 370:8
Bar [1] 313:7
Barella [1] 339:1
Barrella [2] 299:22 338:7
based [6] 302:13 314:21 320:8 334:18 340:5 372:3
basic [1] 327:5
basing [2] 383:6,8
basis [5] 339:14 349:15 358:13 368:12 372:6
battery [1] 380:15
become [3] 343:7 344:4 344:22
becomes [1] 341:20
becoming [2] 319:19 343:24
bedside [2] 367:22,23
begin [1] 336:1
beginning [1] 311:24
begins [1] 354:2
behalf [2] 312:20 313:18
behind [1] 323:1
believes [1] 381:1
Belok [21] 300:14,23 314:7 319:23,24 320:2 328:18 331:8,14 332:17 352:11 353:13,17 355:5 356:3,14 357:2,11 381:1 383:4 390:24
Belok's [12] 301:4,8 307:2 326:14 331:4,18 335:15,19 352:15 353:2 356:24 383:9
below [1] 318:17
bench [3] 308:18 315:9 336:5
benefit [2] 350:4 383:22
benign [1] 381:20
better [3] 321:24 338:5 383:20
between [14] 308:18 310:14 311:2 315:9 318:14 322:22,25 327:18 328:4 336:5 341:15 345:24 356:16 388:21
beyond [2] 316:3 318:11
bifurcation [1] 318:11
biomechanics [1] 340:12
biopsies [1] 317:7
bit [2] 308:25 358:3
bladder [2] 316:2,13
bled [2] 388:17,19
bleed [3] 368:21 387:25 389:18
bleeding [6] 318:15 369:3 371:25 389:12,14 389:15
blockage [3] 341:17,18 342:13
blocked [1] 341:20
blocking [1] 349:18
blocks [2] 349:21 381:23
blood [38] 318:1 325:25 326:8 340:7 341:8,17,18 341:20,23 342:14,15,16 343:25 344:1 345:16,17 346:5 358:14 359:3 363:14 364:12,17,18,19 368:19,20 369:6,18 370:3 371:25 388:2 389:7,9,11 389:12,18 390:3,4
blunt [1] 333:19
board [8] 310:3,5 311:8,9 311:11,13 312:4,11
boards [2] 309:17 311:22
Boari [1] 317:20
body [2] 310:12,12
bolstering [1] 302:15
bottom [2] 357:2,11
Boulevard [1] 299:9
branch [4] 323:2,4,17 390:4
branches [4] 322:24 323:5,5,13
break [2] 352:5 374:13
breath [1] 354:12
bring [2] 302:18 351:21
bringing [1] 333:3
brings [1] 304:11
Broadway [1] 299:16
Brooklyn [2] 309:19 315:22
brought [2] 322:2 351:19
Building [1] 384:7
bulging [1] 379:13
bundle [1] 325:15
burning [2] 345:10,18
business [7] 301:1,6,10 301:11 302:21 303:15 304:5

-C-

C [2] 299:13,14
Cabrini [2] 309:8 312:17
calf [3] 321:14,20 323:16
calls [1] 308:6
canal [3] 322:21 325:17 328:1
cannot [4] 347:18 369:16 382:7 387:12
capacity [1] 347:18
cardiac [2] 354:13 355:4
care [8] 300:19 301:21 309:15 310:16 316:4 319:3,23 391:8
case [31] 300:2,15 303:9 303:21 308:3 313:20 340:5 341:12 345:2 348:8 348:14,19 358:13,13,17 361:2 362:23 363:21 367:23 371:15,23 373:16 374:15 376:14 377:15 379:5,17,22,23 383:1 391:9
cases [1] 351:11
CAT [4] 312:8 369:19 371:19 372:1
catheter [1] 316:1
cauda-uquina [1] 322:25
caused [7] 340:6,11,17 377:20 378:1 379:3 380:18
causes [2] 343:17 344:7
causing [1] 379:23
cc [1] 390:2
cells [2] 389:9,11
center [20] 299:6 300:4 304:13,21 309:8,9,11,19 312:17 313:5 314:6 316:16,24 317:24 318:4 319:17 337:16,16,17 363:22
centers [1] 301:24
centimeters [4] 317:9 317:11 318:14 385:25
central [3] 310:22 346:1 378:1
Cerebellum [1] 355:9
certain [7] 301:14 319:24 320:4 337:20,21 378:4 384:16
certainty [10] 337:25 338:3 339:5,10 341:11 344:24 346:19 347:2,5,13
certification [2] 311:8 311:11
certified [5] 310:3,5 311:9,13 312:4
cervical [4] 314:8 322:13 352:21 355:12
cetera [1] 346:11
chairman [1] 364:24
chance [2] 302:23 352:5
changes [2] 343:3 344:18
characterized [1] 316:19
charge [2] 303:2 309:25
chart [10] 307:18 325:4 325:12 363:21,23 364:21 370:16 371:14,24 372:10
check [9] 350:7 359:16 360:15 367:13,20 368:20 369:17,19,20
checked [1] 321:10
checking [1] 334:15
checks [7] 327:2,7 357:12 367:23,25,25 368:2
chemical [2] 390:6,7
chest [3] 315:20 336:21 354:3
chief [3] 309:18 320:17 358:16
chronic [2] 311:6 378:15
cited [1] 303:12
clamped [2] 318:16,17
clamping [1] 341:6
clear [2] 326:6 377:19
clearance [1] 318:2
clearer [1] 324:9
clearly [2] 306:8 347:23
Clerk [6] 300:2 307:13 308:9,10 350:21 375:5
clicking [1] 355:10
client [1] 302:10
climbing [1] 332:8
clinic [3] 309:13,15 312:4
clinical [2] 334:14 383:10
clip [1] 333:19
close [1] 342:17
closer [2] 316:13,13
closes [1] 333:21
closest [1] 361:21
closure [1] 319:10
clot [2] 342:2 390:2
CM [1] 384:20
collected [1] 389:18
collection [5] 341:8,22 369:6,8 388:2
College [3] 309:2 375:16 375:17
color [1] 345:16
column [1] 385:8
combination [4] 329:14 333:7,25 387:25
combined [1] 333:8
coming [5] 307:24,24 321:21 329:11 348:13
commented [1] 337:6
common [3] 325:13,14 343:24
communicate [1] 301:3
communicated [1] 319:17
comparison [1] 335:7
compensated [1] 378:7
complaining [1] 337:3
complains [2] 334:13 334:24
complaint [3] 320:18 334:25 377:17
complaints [6] 319:11 319:18 334:23 337:25 358:16 387:18
complete [5] 306:19 311:18 314:4 317:23 319:9
completed [2] 309:9 319:9
complex [9] 339:12,17 344:25 345:1,3 346:19 373:23 374:2 381:22
complied [1] 374:20
complies [1] 330:16
compressing [1] 380:24
compression [4] 379:15 379:24,25 381:10
concentrate [1] 310:22
concentration [1] 389:8
concern [5] 302:8 336:1 353:6,10 371:2
concerned [2] 306:11 325:21
concluded [1] 308:2
conclusions [1] 303:18
conditions [4] 310:17 310:23 335:8 339:18
conduction [6] 327:6,6 335:6 385:17 386:1,7
conference [3] 308:17 315:8 336:4
confirmed [3] 321:1 383:9,9
confirms [1] 303:23
connection [2] 319:5 365:10
consent [1] 317:25
consider [1] 303:9

considered [3] 303:19 317:12 347:24
consist [2] 311:12 321:4
consisted [2] 320:15,21
consistent [3] 334:4,10 364:13
constant [2] 345:12 346:17
constriction [2] 345:17 346:5
consultation [1] 309:24
contained [2] 301:25 303:16
contents [1] 304:22
continue [4] 308:3 322:24 374:14 375:8
continued [5] 301:20 316:3 339:2 375:1 389:15
continuing [1] 313:10
control [9] 334:20,21,24 335:2,3 345:15 346:6,9 349:19
controls [8] 332:20 345:16 346:4,5,6,6,7,10
conversation [1] 316:16
copies [3] 302:9 304:11 324:18
copy [11] 314:19 324:21 324:21 330:21 353:3 366:7,16,21 384:14,15,16
cord [3] 311:1 322:20 323:3
correct [51] 300:10 301:22 314:13,17 329:19 332:24 334:8 335:23 337:7 340:21 342:7,9 347:25 353:15 354:21 355:24,25 356:2,10,25 358:18,19 359:8 360:25 361:20 363:16 367:2,3,8 367:11 368:3,5,6 369:10 371:21,22 374:4,10,11 375:21 376:17 377:19,23 378:5,9 379:4,8 381:8 382:1 383:23 386:14
correctly [1] 342:20
corresponds [1] 336:19
Cosoleto [40] 299:2 300:3,19 301:21 308:24 313:20,22,23 314:13,17 315:14 316:7,14,17,21,23 317:14,22 318:3,24 320:4 320:10 322:11 331:23,25 334:3 336:8,11 339:5,15 347:1,6 349:6 351:16 353:21 356:14 379:6 382:3,11 389:17
Cosoleto's [10] 314:22 314:24 315:11 337:22 361:2 362:24 377:16 384:4 387:16 388:17
cost [3] 349:10,19,23
Costoleto's [1] 357:18
counsel [21] 299:17,21 300:5,6 302:2 303:1,15 304:7 306:22 307:15 308:4,14,18 315:9 328:25 329:1 330:18 336:5 374:12 375:10 389:21
count [1] 371:25
COUNTY [1] 299:1
course [15] 300:19 301:1 302:11 304:14 317:17 318:9 319:3,11 320:3 325:5,6 342:5 359:11 368:9 388:16
coursing [1] 324:2
court [105] 299:1,23 300:2 300:7,7,9,12,16 301:5,14 301:22 302:2,19 303:1,7 303:9,10 304:7,8,9,21 305:4,6,9,24 306:14,19 306:22,25 307:4,8,8,9,14 307:15,20,22 308:9,14,16 308:18,24 312:18,22 315:2,5,7,9,13 320:19 322:6,8 324:7,13,16,19 324:24 325:2 328:17 329:1 330:6,12,18,23 331:2,10,16,21 332:3 334:22 336:5 338:4,6,7 340:3,23 348:2,14,23 350:11,12,16,18,20 352:8 353:3 365:23,25 369:25 373:6 374:12,19,21 375:2 375:4,8 376:6,11,19 387:10,22 390:10,15 391:1,3
Courthouse [1] 299:9
courtroom [7] 307:21 316:20 350:15 363:13 374:23 375:3 391:11
cover [1] 345:13
covered [1] 382:18
covering [1] 310:12
covers [2] 311:23 357:8
cranial [1] 355:9
credentials [1] 375:14
crepitations [1] 355:10
criteria [1] 329:23
cross [7] 301:16 302:23 306:1 318:2 329:1 350:25 375:8
CROSS-EXAMINATION [1] 375:1
crosses [1] 325:21
current [2] 313:25 372:15
cursory [1] 358:24
cystostomy [1] 317:5

-D-

damage [11] 333:23 343:10 344:14 363:15 377:20,24,25 378:1 379:3 379:15 380:20
damaged [5] 342:24 343:25 344:3,4,5
damaging [1] 303:5
dangerous [1] 389:16
dark [1] 325:24
date [3] 326:22 366:4,5
dated [3] 305:19 331:5 353:6
dates [1] 305:21
deal [3] 310:14 311:1,25
dealing [2] 316:11 317:8
deals [6] 310:11,15,16,19 310:25 311:6
December [1] 302:25
decide [1] 389:14
decided [1] 316:22
decigrams [1] 388:24
deciliter [1] 388:24
decreased [7] 321:13 328:22 329:6,22 333:17 333:22,23
deem [1] 372:2
deep [17] 325:8,9,16,18 340:7 346:23 359:19 360:8 367:13 368:5,18,20 368:22 369:17 371:20 389:18,18
deeper [4] 326:1,7,7,9
defendant [7] 299:19 303:15 304:23 305:15 306:16 312:24 357:17
defendant's [2] 303:18 306:22
defendants [2] 299:7 312:21
defense [4] 302:22 313:8 330:18 376:9
deficits [1] 302:13
define [1] 359:2
definition [3] 347:21 378:18,19
degree [8] 338:3 339:5,9 341:11 346:19 347:2,5,13
demonstrative [3] 324:5,17,20
department [5] 303:11 303:23 309:25 311:20 364:24
depending [2] 349:20 362:8
dermatomes [1] 321:16
described [4] 318:12,13 364:4 383:5
describes [1] 354:8
describing [1] 389:22
designed [1] 304:5
despite [1] 337:10
determine [1] 317:7
developed [1] 344:25
development [1] 345:25
diabetes [1] 355:3
diagnosed [2] 300:18 379:2
diagnoses [1] 374:2
diagnosing [1] 382:24
diagnosis [13] 301:2 303:25 311:4,5,7 314:1 320:24 322:1 337:22 373:14 379:1,6 383:10
diagnostic [6] 305:11 312:8 313:10 321:1 381:24 384:10
diagnostically [1] 337:4
difference [1] 341:15
different [17] 313:9 323:5,5 333:19 346:1,9 346:13 355:23 360:14,14 377:9 380:4,7,15 388:5 388:14 390:3
differs [2] 310:21 311:3
difficulty [7] 300:23 301:2 306:4 319:20 332:7 332:8 354:15
diffuse [3] 359:24 360:4 365:16
diffused [1] 321:9
dilated [1] 341:19
dilation [1] 346:5
diminish [1] 349:13
diminished [4] 333:11 344:10 363:14 364:12
diplomate [1] 312:11
dipped [1] 328:11
direct [4] 308:3,19 339:2 351:4
directed [1] 332:13
directions [2] 360:14,15
directly [4] 335:13 340:2 340:3,4
director [2] 309:13 316:15
disabilities [1] 347:15
disability [7] 310:19 347:6,9,11,17 349:12 390:20
disabled [2] 347:19,20
disagree [2] 363:15,19
discharged [2] 307:14 319:16
discuss [5] 301:13 357:24 358:2 374:15 391:9
discussed [3] 320:12 353:14 384:17
discusses [1] 303:13
discussing [2] 348:14 348:16
discussion [2] 301:8 322:5
disease [5] 310:23,24 312:16 355:3 378:2
diseases [2] 310:22 327:3
Diseases/ [1] 309:14
disk [11] 323:1,2 335:9 360:8 379:13,13,13,18,20 379:21,21
dislodged [1] 371:6
disorders [2] 310:25 311:24
dispute [2] 301:23 330:4
dissect [1] 318:7
distal [17] 316:12 317:15 317:25 318:11 327:10,15 327:17 328:3 341:1,18 342:13 384:23 385:24 388:7,10,11,15
distally [3] 318:16 362:10,10
distance [5] 327:17 384:20,21 385:25 386:1
distribution [1] 333:12
disuse [2] 360:21 361:1
divide [1] 386:6
divided [1] 386:1
Division [2] 303:11,23
doctor [53] 301:17 302:9 304:19 308:12 310:11 311:4,11 312:14,25 313:15,15 315:10 316:18 320:22 321:4 322:10 324:8,12,21 325:4,23 326:3,14 328:16 329:3 330:7,14 331:3,12,17 334:14 335:19 337:19 338:2 339:4,9 341:25 342:8 343:9 344:23 346:18,25 347:4 348:3 349:5 350:16,21 354:19 365:12 375:5 386:24 390:11 391:1
doctor's [3] 301:24 303:24 306:20
doctors [5] 312:3,9 320:23 389:13 390:22
doctors's [1] 303:6
document [2] 330:24 335:21
doesn't [7] 304:3 305:18 356:16 362:20 366:21 378:23 390:1
dollars [3] 349:24 350:3 350:6
Dolsky [48] 299:21 301:7 301:13 302:1,5 303:3 304:25 305:5,8,16,25 306:13,24 315:1,4,12 324:8,14,18 325:23 326:3 326:6 328:23 329:2 330:5 330:20 331:9,11,20 332:2 335:16 336:2 339:23 350:24 351:1 352:4 356:19 366:5,10,12,20,23 375:1,11 386:22 387:19 390:9,14
Dominican [2] 309:4 375:18
done [27] 327:7 333:18 335:23 356:4,8,9 364:8 365:1,19 366:2 367:9,16 367:22,23 369:16 371:21 373:10,11,13,17 381:13 381:15 382:9 383:4,21 387:7,12
Doppler [4] 319:14 366:2 367:12,16
Dopplers [3] 364:8 367:19,22
dorsalis [1] 319:15
dorsi [2] 333:2,2

down [20] 322:7,9,22 323:3 325:16,17 336:10 350:16 354:3 357:11 361:19 378:16,23,25 384:8 388:19,20 389:4 391:1,2
down-going [1] 355:15
Dr [99] 300:14,23 301:4,8 307:2 308:6,21,23 312:18 312:20 314:6,7,7,9,11 315:22,23 316:9,10,14,16 316:17,21 317:4,11,13,18 318:5,12,13,16,21 319:3 319:5,17,20,23,24 320:2 326:14 328:17 331:4,8,14 331:17 332:17 335:15,19 342:1 351:2,4,23 352:6,9 352:11,12,12,13,13,15 353:2,13,17 355:5 356:3 356:14,24 357:2,11,16 362:12 363:20 364:21,21 364:23,25 365:1,3,10,18 366:2,10,25 367:1 368:14 370:16 371:11 373:17 374:1 375:12,14 380:16 380:25 382:11 383:4,9,24 387:23 390:24
drawing [1] 326:2
dropped [2] 389:2,2
dropping [1] 371:25
due [1] 332:8
duly [1] 308:8
duplex [2] 367:9,18
during [14] 300:19 312:21 317:3 318:9 319:6 319:23 340:25 342:2,5 364:5 368:9 371:5 388:16 390:12
duties [3] 309:14,20 317:24
dysfunction [1] 382:24
dystrophy [2] 345:5,25

-E-

E [5] 299:12,12,13,14,14
easy [1] 306:10
ECFMG [1] 375:25
education [1] 313:11
educational [1] 308:25
eight [2] 311:22 385:10
either [4] 333:23 342:10 343:13 387:24
elastic [1] 344:1
electrical [1] 327:8
electrodes [5] 327:8,10 327:11,21,25
electrodiagnostically [2] 336:22 337:1
electromyogram [1] 335:6
electromyography [3] 310:18 326:25 327:1
elimination [1] 340:1
Elizabeth [1] 307:14
emboli [2] 319:6 377:20
embolized [1] 371:6
embolus [1] 371:4
EMG [54] 306:17 319:25 326:20,22,24 327:6 328:6 328:15,17,19 329:7,25 332:23 334:17,18,20 335:3,23 337:4,5 344:13 352:21 356:8,12,25 357:2 372:12,18,19,21 373:10 373:12,17,21 374:10 379:1 381:2 382:23 383:4 383:5,9,9,11,14,18,24 384:11,13,14 390:11,13 390:16,23,24
EMG's [2] 356:6 374:6
emphasis [1] 328:18
Empire [1] 384:7
empty [1] 369:9
encountering [1] 318:14
end [5] 311:24 317:13 333:19 369:23 385:16
endartectomy [1] 304:16
endometriosis [1] 380:18
ends [2] 322:17,22
entered [1] 350:19
entering [4] 307:20 308:7 350:18 375:2
enters [2] 307:21 375:3
entire [5] 305:7 313:7 321:19 333:11 363:21
entitled [1] 303:1
entries [1] 303:24
episodes [3] 353:22 354:9,11
equal [2] 333:20,21
equally [1] 361:11
equipped [1] 337:17
ESQ [2] 299:17,21
essentially [1] 301:9
estimate [1] 349:16
et [1] 346:11
evaluate [4] 313:22 335:8 371:20 373:4
evaluated [2] 302:9 349:6
evaluates [1] 327:3
evaluating [2] 348:19 373:21
evaluation [26] 302:8 310:20 313:23 314:5,16 314:21 317:4,13,23 320:3 320:9,15,20 321:25 322:11 326:14 329:12 331:24 336:8 337:14,20 348:7 349:7 372:23 373:9 390:12
evaluations [1] 311:21
evening [1] 391:9
events [1] 314:25
everybody [1] 308:5
evidence [19] 301:10,12 301:15 303:14,17,22 304:2 305:12 306:20 307:2,7 320:5 326:18 331:14 353:3 364:3 365:9 369:14 386:22
evoked [1] 383:19
exactly [5] 304:4 324:9 370:12,17,18
exam [6] 329:13 344:11 355:5,8 358:22,24
examination [23] 308:19 311:19,23 312:6 314:15 320:21,25 321:4 332:13 334:14 339:2 350:25 351:4,24 357:24 358:5,6,7 359:5 360:19 375:9 380:25 384:10
examinations [1] 353:14
examine [3] 301:16 302:23 306:1 313:22 314:13 353:12 358:11,13
examined [16] 300:18 314:23 315:23 316:22 320:17 321:5,9 351:15,17 355:23 358:4,8 359:21,24 372:5,6
examining [2] 312:9 332:17
example [1] 335:2
except [7] 304:9,19,24 305:10,13 321:11 386:11
exception [5] 302:22 304:6,23 305:15 306:16
excesion [1] 304:17
Exhibit [1] 307:6
exhibited [1] 307:10
existed [1] 360:24
exit [1] 391:11
exits [2] 323:2,18
expansion [1] 345:17
expect [3] 364:16,17 368:14
expected [2] 347:22 359:20
experience [4] 308:25 315:20 316:7 319:19
experienced [1] 353:22
experiencing [3] 316:25 332:1,4
expert [5] 302:16,17,18 302:20 349:5
experts [1] 313:7
explain [11] 322:3,10 324:1 325:5 334:22 339:14,25 344:5 347:10 357:18,21
explaining [2] 339:17 387:23
explanations [3] 384:4 384:6,6
expressed [1] 346:25
exsertion [1] 319:19
extended [1] 378:6
extent [1] 390:20
external [4] 318:10 358:20 363:5,14
extremities [10] 319:25 320:1 332:14 333:10 334:3 335:7 354:4,5 360:11 372:6
extremity [5] 326:20 333:12 337:5 362:24 384:18
eyes [1] 333:21

-F-

F [2] 299:12 328:13
F-A-R-U-L-L-A [1] 307:13
face [1] 328:11
fact [7] 305:25 316:16 317:17 361:24 368:15 381:12 383:7
facts [2] 315:10 340:6
fair [2] 323:22 376:10
fairly [1] 349:15
falling [2] 332:5 354:9
fallopian [1] 315:17
far [6] 306:11 320:20 325:6 382:8 387:6 389:25
fasciata [1] 329:9
fast [2] 327:18 346:10
February [2] 299:10 391:13
fee [6] 348:6,18,22,23 349:1,3
feed [2] 363:5,9
feeling [2] 332:5 354:8
feelings [1] 387:4
feels [1] 344:11
fellow [1] 312:11
felt [2] 301:15,16
female [1] 388:22
femoral [74] 305:12 307:18 321:19 323:17,23 324:2 325:3,7,10,15,20 325:24 327:24 328:18,20 328:21 329:4,12,14,17 330:3 332:15,18 333:12 333:12,24 334:5,10,19 336:23 337:2 339:11,16 339:18,20 340:19,24 341:6 342:11,20,24 343:10,12,15,16,22 344:13,16 346:20,22 357:13 363:5,11,15 368:16 369:11 370:7 377:17,18,20,24,25 382:19 383:7,11,25 384:12,19 385:13 386:12 387:24 388:8 389:23 390:2
femur [1] 339:22
fibers [5] 345:13,15,20 345:22,24
fibroid [2] 380:21,22
field [7] 309:6,11 310:3 380:17 384:5 388:5,15
figure [1] 385:19
filling [1] 369:8
films [1] 316:18
finding [6] 334:19 335:1 335:2 362:23 367:5 386:9
findings [23] 319:13 320:4 328:10,19 329:4 333:10 334:4,10,12,13 335:3,13 336:19 356:24 359:14 365:11,12 368:4 371:24 372:9,15 373:6 385:12
finds [2] 302:13 334:14
Fine [1] 352:13
finger [1] 322:19
finish [1] 358:9
finished [1] 338:4
fire [1] 344:9
firefighters [1] 313:14
firm [1] 313:18
first [23] 306:2 309:6 310:6 314:3,23,25 318:23 322:22 323:9 327:7 340:19,21 341:14 351:16 371:3,15 373:12,23 374:1 376:3 383:14 388:19 390:12
five [16] 318:13,22 322:16 328:22,24 329:18 330:3 330:11,14 350:11 384:25 385:8 386:15,16,18,20
flank [2] 316:8 317:1
flap [1] 317:20
flex [1] 375:24
flexion [2] 333:2,3
Floor [1] 299:16
flow [12] 341:20 345:16 359:3 363:14 364:12,17 364:18,19 367:20 368:19 368:20 369:18
fluid [1] 365:16
Flushing [1] 309:3
fly [1] 312:4
focus [1] 358:16
folder [1] 306:19
Folks [1] 374:13
follow [2] 389:13 390:21
followed [2] 346:20,22
following [6] 304:10 311:14 315:10 339:20 344:16 367:10
follows [2] 345:6,8
foot [1] 333:13
force [1] 340:16
forced [2] 388:7,10
format [1] 328:16
formation [4] 343:13 389:19,23,25
formed [1] 388:3
formerly [1] 345:4
forwarded [1] 313:24
fossa [1] 385:4
found [4] 315:24 329:17 332:18 365:13

founded [1] 310:10
four [7] 318:14 338:5 348:25 349:23 360:11 374:7 380:11
front [6] 314:19 322:20 323:19 324:22 330:7 332:19
fulfill [1] 311:14
fulfilled [1] 301:11
fulfilling [1] 318:1
full [6] 321:2 337:14 355:11 360:2 362:20 376:17
function [1] 344:9
functional [2] 317:24 347:17
functions [2] 323:1 346:8
future [5] 349:7 372:14 374:5 383:16 387:5

-G-

G-U-Y [1] 308:12
gait [5] 332:7 344:18,20 349:14 363:1
gallbladder [1] 315:18
Gehrig [1] 310:23
general [3] 309:8 311:17 358:11
generally [1] 354:9
gentlemen [3] 307:23 350:13 374:21
GHI [2] 301:19 302:7
given [5] 311:20 313:12 331:12 335:12 384:17
giving [1] 375:14
goes [11] 322:21 323:3,15 325:16,17 346:16 347:25 361:19 362:1,4 376:17
gone [2] 351:11 372:22
good [18] 307:23 308:5 308:21,22 315:19 316:4 351:2,3 367:5,5 368:7 375:12,13 383:6 384:9,9 388:5,13
graded [1] 361:16
grades [1] 321:12
graduated [2] 309:3 375:15
graft [4] 318:25 319:2,9 364:15
Gramercy [1] 308:13
grasp [3] 306:3 354:14 355:13
Grasso [13] 299:6 300:4 314:11 316:14,17,17,21 317:4,14 318:5,12,16 352:12
Grasso's [2] 314:7 319:3
gravity [1] 362:5
great [2] 310:14 311:1
greater [1] 317:10
green [1] 326:4
groin [7] 304:18 319:1 325:17,17 328:2 332:12 332:20
grossly [1] 370:2
group [1] 332:22
guess [1] 385:13
Guy [26] 308:6,21,23 312:18,20,25 351:2,4,23 352:6,9 357:16 362:12 363:20 366:25 368:14 370:16 373:17 374:1 375:12,14 380:16 382:11 383:24 386:24 387:23

-H-

H [2] 328:13,14
half [8] 312:6 317:9,10 329:23 348:23 354:11 376:15,25
hallmark [4] 345:10,18 346:15,16
hamstring [1] 333:1
hand [6] 306:3 324:25 330:17 354:14 355:13 388:13
handing [2] 324:14 326:17
handle [1] 308:1
hands [1] 341:5
handwritten [2] 352:6 352:20
head [4] 310:13 311:6 354:23,25
healed [1] 359:22
health [2] 315:19 316:4
hear [2] 310:5 369:23
heard [5] 303:9 358:6 367:15 374:16 380:17
hearsay [5] 301:15 302:14 303:19 304:6 306:8
heart [3] 346:10 358:14 358:15
heat [1] 346:6
HEIDELL [1] 299:19
height [1] 388:22
held [3] 308:18 315:9 336:5
help [2] 322:2 324:1
helpful [1] 373:8
hematocrit [12] 371:24 388:19,20,21,22 389:2,6 389:8,10,11,13,16
hematoma [22] 341:8,14 341:16,22 342:11 343:14 364:4 368:16,18,22,25 369:14,17,19,21 371:16 372:2 387:25 389:19,21 389:22,25
Hemoglobin [1] 389:8
herniated [1] 335:9
herniation [4] 379:13 379:20,21,22
herself [1] 316:17
high [1] 322:21
higher [1] 311:20
highlight [5] 324:8,13 324:21 330:10,14
highlighted [1] 325:3
himself [1] 318:21
hinted [1] 384:12
hip [1] 332:21
history [23] 313:25 314:22,24 315:3,11,14 318:22 320:17,20,22,24 329:13 335:12 340:5 353:17,18,22,25 354:23 354:24,25 355:2 384:9
hitch [1] 317:19
hits [1] 380:22
home [3] 354:11 391:3,4
honor [12] 300:11,22 301:5,18 302:6 303:8 304:25 315:1 336:2 339:24 350:24 352:4
HONORABLE [1] 299:13
hormonal [1] 382:14
hospital [16] 309:13,24 310:2 312:14,16 363:20 364:5 367:17 370:16 371:14,23 372:6,10 388:18,25 389:14
hospitalization [1] 368:9
hospitals [1] 313:4
hour [4] 311:22 354:11 354:11 372:19
hours [1] 316:6
house [1] 309:21
Howard [1] 310:11
huge [2] 380:19,20
human [3] 322:12,13 380:22
hundred [3] 349:23 350:3 350:6
hundreds [1] 376:10
hyperesthesia [1] 346:16
hyperexcited [1] 346:15
hypothetical [3] 320:9 342:1 389:17
hypothetically [1] 320:12
hysterectomy [2] 315:15,16

-I-

idea [1] 371:13
ideally [1] 350:1
identification [1] 307:7
identify [1] 323:22
ideology [1] 304:2
iliac [21] 304:15 318:10 318:10,11,17 319:2,7 324:3 325:6,11,13,14 332:15,20 342:2,4,6 358:21 363:5,14 364:14
ill [1] 307:9
illness [1] 355:3
immediately [3] 316:23 318:16 319:7
impairment [2] 310:20 390:20
impermissible [1] 302:16
impinged [1] 370:7
important [1] 382:23
impression [7] 334:1,2 336:20 357:3 365:14 366:25 387:4
impressions [2] 356:24 365:17
improve [2] 349:13,14
inaccurate [1] 362:16
inadvertently [1] 341:7
incidentally [2] 301:18 330:1
incision [2] 318:23,25
incisional [2] 319:12 359:21
include [7] 303:17 304:17 317:19,19,20,20 319:25
included [4] 315:16 316:22 319:11 356:6
including [4] 332:15 333:12 351:24 390:4
inclusive [1] 383:24
income [1] 376:22
inconclusive [3] 383:14 383:18 384:11
incorporated [1] 320:5
incorrect [1] 378:14
increased [3] 328:10 340:16 344:20
increases [2] 342:14,15
increasing [1] 316:7
index [1] 300:2
indicate [4] 307:1 329:10 360:7 370:11
indicated [9] 319:14 320:9 325:20 332:22 342:1 343:11 344:16 349:15 364:6
indicates [3] 329:10 333:23 370:9
indicating [4] 325:14,22 332:17 333:3
inflamed [1] 344:22
inflammation [2] 390:6 390:7
information [5] 301:24 302:3 304:1,19 320:8
inguinal [1] 325:17
initial [9] 342:3,6 348:7 348:10 371:6 382:6 383:10 384:11 387:4
injections [1] 349:19
injure [1] 369:11
injured [6] 339:20 340:24 343:17,18,25 388:9
injuries [5] 310:12 311:6 349:12 377:10 390:20
injury [42] 305:12 329:14 329:15 334:5 336:23 337:2,8 339:6,11,13,16 339:18 340:25 342:11,20 343:11,12,15 344:6,13,17 345:7,9 346:20,22 347:1 347:5 357:13,21 358:20 364:14 371:6 377:18,25 378:3,6 382:20 383:7,11 383:25 387:23 389:23
inner [3] 321:7 327:11,12
innervated [2] 332:14 333:14
inpatient [1] 310:1
inquinal [3] 328:1 332:11 336:12
insert [1] 328:6
inside [5] 325:19 343:22 368:22 380:23 389:12
instance [2] 376:14 384:19
Institute/ [2] 309:14 312:16
instruments [1] 341:4
intended [1] 318:6
intention [1] 306:12
intermittent [1] 336:18
internal [3] 309:7,22 311:16
internally [1] 369:4
interoperatively [1] 354:17
interpretation [3] 312:7 364:11,20
interpreted [3] 364:10 365:18,19
intraoperatively [1] 306:6
intravascular [1] 389:9
introduced [1] 365:9
introducing [1] 307:2
invasive [1] 316:15
involve [1] 357:7
involved [2] 309:20 380:12
involvement [1] 334:6
involving [1] 333:13
irrespective [1] 334:21
irritated [2] 343:7 346:15
irritates [1] 342:17
irritation [3] 340:15 346:23 380:20
ischemia [3] 359:2,3,8
ischemic [3] 358:25 359:6,6
Island [1] 337:16
issue [2] 300:8 304:3
issues [4] 308:1 311:25 313:9 348:15

itself [3] 368:23 380:22 386:23

-J-

J [1] 299:13
Jamaica [1] 299:10
Jewish [1] 337:16
job [2] 390:19,19
joint [3] 309:14 312:16 360:15
Judge [10] 300:20 303:21 306:18 308:15 315:6 322:5 324:23 330:1,5 350:8
July [7] 309:20 368:1 388:25 389:1,2,3,3
jump [1] 332:10
June [14] 306:6 309:5 311:10 316:10 317:3 318:4 332:6 335:14 339:6 354:18 366:5,11,22 367:7
juror [3] 307:9,11,14
jurors [6] 307:21 350:15 374:20,23 375:3 391:11
jury [30] 307:20,24 308:24 320:19 321:24 324:1,15 324:22,24,25 325:5 328:17 330:2,8,17,20,25 334:22 340:23 347:10 350:13,18,19 353:19 359:2 374:22 375:2,15 383:6 389:6

-K-

Kelner [8] 299:15,15 351:5,5,10,11 352:9,10
kept [1] 301:1
kidney [2] 316:2,13
kind [5] 301:3 331:7 336:6 367:19 377:25
knee [1] 323:15
knew [1] 372:25
knowing [2] 358:20 373:5
knowledge [2] 312:10 374:4
knows [2] 328:8 331:14

-L-

L [1] 323:8
L1 [3] 323:8,10,14
L2 [7] 321:20 323:10,13 323:14,18,18 333:7
L3 [3] 323:10,13 333:7
L4 [8] 321:20,22 323:10 323:13,16 333:7 357:9 380:8
L5 [8] 321:22,22 323:14 323:16 333:5,7 357:9 381:2
L5-S1 [1] 380:8
lacerated [1] 318:10
laceration [4] 304:15 318:17 319:2,7
lack [1] 359:3
ladies [3] 307:23 350:13 374:21
Lamaparello's [1] 314:7
Lamparello [8] 314:11 318:13,21 319:6,21 342:1 352:12 371:11
Lamparello's [1] 319:18
landmarks [1] 318:8
lands [1] 390:3
large [7] 368:16 378:12 380:21 389:21,22,24 390:1
larger [1] 317:10
last [7] 306:8 328:5 347:22 354:11 371:10 381:11 391:4
lasted [2] 347:22,23
latency [6] 327:15 328:3 384:23 385:21,22,24
lateral [1] 321:13
Latin [1] 378:20
law [1] 386:5
lawsuit [2] 373:1,2
lawyers [8] 313:8,8 377:4,4,9,10,11,13
lead [2] 342:10 390:7
leading [1] 390:9
learn [1] 311:23
least [6] 311:15,20 312:3 319:15 349:16,22
leave [1] 318:18
lecture [3] 313:1 377:3,5
lectures [3] 313:7,12,13
lecturing [2] 313:3 377:3
led [2] 342:11 382:20
left [85] 304:14,15,17 305:12,13 306:4 315:24 316:1,2,12 317:15,25 319:10,12,14,19,20 321:7 321:12,13,14 328:20 329:8,8,8,18 332:5,6,8,9 332:11,12,15 333:2,11,13 334:5,10,19 335:10 336:12,12,13,18,21,22,23 337:1,2 339:11,12,15,16 339:18,20 340:12,14,19 340:23 343:1,1,3,12,12 343:15,16 344:17 346:20 346:20,22 347:9 349:11 350:15 354:16 355:14 357:5 358:21 359:17 360:13 362:24 363:14 364:12 374:23 386:8,12
leg [29] 306:4 319:12,14 319:19,20 321:7,12,18 323:6 328:7 332:5,6,8,9 333:22 335:10 336:12,13 340:12,14 342:25 343:1 354:16 358:25 359:6,10 364:12 378:23,25
legal [2] 308:1 313:10
legs [4] 321:17 333:20 360:14 378:16
lesion [1] 355:20
lesions [1] 354:25
less [5] 317:9 329:23 361:10 376:20,24
letter [29] 302:2,3,5,6,25 303:7 304:9,10,22,22 305:4,7,9,14,22 306:11 306:14 331:8,18 335:20 352:19,20,24 353:6,9 356:20 370:24 371:1,12
letters [10] 301:14,17,17 301:19,25 303:16 304:24 305:1 307:5 317:17
level [1] 389:15
LeVine [1] 300:20
lies [1] 343:23
life [1] 313:14
lift [3] 360:14,17 362:5
lifting [1] 332:21
ligaments [1] 315:17
likes [2] 330:12 362:4
limits [1] 360:11
limp [2] 363:1,2
linear [1] 321:6
liquid [1] 389:10
listen [2] 358:15,15
LLP [1] 299:19
loading [1] 340:16
localized [1] 345:18
locate [1] 318:19
location [3] 323:8,11 324:2
long-winded [1] 358:10
look [15] 318:19 323:21 327:23 328:2,9,11 343:19 343:22 353:5 360:20 365:14 366:9 370:17 372:2 384:16
looked [2] 359:6,6
looking [2] 305:17 384:18
looks [2] 328:10 363:25
lopsided [1] 363:3
loss [4] 344:12 355:12,21 389:7
lost [1] 389:12
Lou [1] 310:23
low [2] 371:24 378:15
lower [36] 319:25 320:1 321:6,17,21 322:15,22 323:6,7,8,12 326:20 328:7 329:11 332:13 333:6,10 333:11 334:3 335:7 336:12,13,18 337:5 340:16 344:21 354:4,5 362:24 379:18,19 380:10 380:11 381:9 384:18 389:11
lumbar [13] 314:8 322:16 322:16,23 323:8,24 325:11 335:8,9 340:18 352:21 357:5,17
lumbosacral [30] 305:13 329:14 333:6 336:23 337:1 339:12,16 342:21 343:6,8 344:14,17 346:21 357:8,17,20 378:13,15,19 378:22 379:6 380:3,4,14 380:17,20,22,24 381:7 383:12
luminal [1] 317:6
lunch [4] 352:5 374:12 374:13,17
Luncheon [1] 374:24
lungs [1] 358:15
Lynda [3] 299:22 338:6 339:1
Lynn [3] 299:23 338:7 339:1

-M-

m [1] 366:6
M.D [2] 299:6 300:4
ma'am [4] 350:23 351:3 351:6 355:6
magnify [1] 334:24
Maimonides [2] 309:19 313:5
management [10] 310:19 311:4,7 316:24 337:14,14,16,17 349:18 350:2
manager [2] 300:25 301:3
manipulation [9] 340:6 341:1,3 342:11 343:13 387:25 388:3,4,14
manner [4] 331:15 343:18 349:8,10
Manual [1] 361:6
March [16] 302:5,24 304:8 305:20,20,22 316:10 326:23 331:5,22 331:24 352:22 356:9,15 356:20 373:18
mark [4] 306:20 307:16 325:20 326:2
marked [3] 307:6,7 331:13
marker [1] 326:4
MARSHALL [1] 299:17
match [1] 318:2
material [1] 308:23
matter [4] 300:3 359:11 361:24 381:12
matters [1] 308:2
maximum [3] 361:11,13 362:10
may [21] 302:7 303:8 312:12 315:6 316:11 322:7 324:5,23 331:1 335:25 336:2,15 341:6,7 353:6,10 366:16 371:2 379:20 388:8 391:1
Mayo [1] 312:4
mean [19] 301:18 320:19 321:15,25 329:21 332:16 333:5,16 334:10 336:25 341:3 344:14 345:22 347:10 360:12 363:25 372:25 378:24 389:19
meaning [7] 347:17,24 362:4,5 379:2 388:4,11
means [20] 323:8 327:15 332:9 333:3,14,17 335:1 337:3 341:17,22 347:16 347:21 359:3 360:6 362:7 364:18 378:20,21,21 389:12
meant [1] 322:10
measure [2] 327:17 328:4
measured [1] 384:21
measures [2] 328:14,14
mechanical [1] 380:1
mechanism [10] 340:17 340:24 342:10,18,22,23 344:6,19 369:13 388:8
mechanisms [3] 339:21 341:9,10
medial [1] 321:6
medialis [1] 329:8
medical [48] 299:6 300:4 301:21 303:17 304:13,20 309:3,8,9,11,19,22 310:10 311:16 312:17 313:5,25 314:6,22 315:3,11,14 316:16,24 317:24 318:2,4 319:3,5,17 320:20 321:2 337:16,25 338:3 339:5,9 341:11 344:24 346:19 347:2,5,13 348:4 355:2 363:21 375:18 384:5
medication [2] 310:4 316:25
medications [1] 382:12
medicine [17] 309:6,7 309:10,11,19 310:6 311:9 311:12,16,19 312:1,12,25 313:1,6,9 377:5
Mental [1] 355:8
mention [3] 371:3,4 381:22
mentioned [5] 311:8 365:15 370:13 376:13 377:17
mentions [1] 365:16
met [3] 311:17 348:14 387:13
metal [1] 388:12
Michael [3] 299:6 300:3 352:12
microvolts [1] 328:21
mid [1] 322:14
mid-point [1] 362:9
midway [1] 366:14
might [1] 391:7
mild [2] 359:24 360:4
millimeters [1] 318:13
millisecond [1] 384:23
minimal [1] 362:6
minimally [1] 316:15

minus [6] 361:17,18,25 362:3,6,8
minutes [2] 318:22 350:11
miss [12] 314:9 339:5,15 347:1,6 349:6 351:16 353:21 356:14 357:18 361:1 362:24
missed [1] 365:22
missing [1] 303:2
modalities [1] 317:7
models [2] 322:2,4
moderate [2] 361:15 362:7
moment [5] 323:20 336:3 336:14 343:9 353:24
monthly [1] 311:21
months [4] 306:3 309:7 312:3 354:15
morning [8] 307:23 308:5,21,22 353:15 375:15 391:5,6
most [2] 343:24 364:25
mostly [4] 312:23 323:13 323:14,16
motion [4] 321:11 355:11 360:2,10
motor [2] 327:5 355:19
Mount [6] 309:6,8,10,10 313:5 377:5
move [3] 338:5 366:16 388:5
moved [1] 382:20
movement [1] 346:10
moving [1] 343:22
MRI [10] 314:8 335:3,8 352:13,20 379:18,19 381:13,17,20
MRI's [2] 356:6
MRIs [1] 312:8
Ms [82] 300:18 301:7,13 301:21 302:1,5 303:3 304:25 305:5,8,16,25 306:13,24 313:20,22,23 314:13,16,22,24 315:1,4 315:11,12,14 316:7,14,17 316:21,23 317:14,22 318:3,23 320:4,10 322:11 324:8,14,18 325:23 326:3 326:6 328:23 329:2 330:5 330:20 331:9,11,20,25 332:2 334:3 335:16 336:2 336:11 337:22 339:23 350:24 351:1 352:4 356:19 366:5,10,12,20,23 375:1,11 377:16 379:6 382:2,11 384:4 386:22 387:16,19 388:16 389:17 390:9,14
multiple [4] 310:24 328:11,11 367:16
MURPHY [1] 299:19
muscle [19] 310:18 321:10,11 328:1,8 332:14 332:19,19,20,22 334:15 344:12 346:7 349:14 360:6,20 361:1,6,12
muscles [8] 325:18 327:3 327:25 328:7 329:7,9 332:18 361:11
musculoskeletal [1] 310:17
must [2] 312:2 345:8
myofascitis [1] 378:25

-N-

N [1] 299:14
name [2] 307:13 308:10
narrow [1] 384:8
nature [2] 371:19 372:1
near [2] 340:7 383:16
necessarily [1] 351:11
necessary [1] 301:5
neck [5] 322:13,21 323:4 354:25 355:11
need [5] 321:24 349:18 349:22,25 378:22
needed [1] 349:15
needle [5] 327:6 328:6,6 328:6 329:7
needs [3] 350:2 387:5 390:21
negative [2] 355:2 384:11
Neither [1] 353:1
nerve [164] 305:12 307:18 321:17,18,19,20,20,21,24 322:10,24 323:2,3,4,7,10 323:11,12,15,16,17,23 324:2 325:3,7,10,15,21 325:24,25 326:8 327:7,9 327:12,13,14,14,16,18,20 327:22,24 328:9,14,15,18 328:20,21 329:5,12,14,17 330:3 332:15,18 333:5,8 333:12,13,23,24,24,24 334:5,5,7,10,19 335:6 336:23 337:2 339:11,16 339:18,20 340:16,19,24 341:6 342:12,20 343:7,10 343:12,15,16,23 344:2,2 344:7,8,8,8,9,13,14,17,22 345:7,8,13,15,20,22,24,25 346:4,8,20,22 349:18,21 357:7,8,13 360:8 363:6,9 363:10,11,15 368:16 369:11 370:7 377:17,18 377:20,24 378:1,1,6,20 378:21,22 379:2,5,15,23 380:6,7 381:11,23 382:20 382:20,24 383:7,11,20,25 384:12,19 385:2,13,18 387:24 388:2,8 389:23 390:2,4,4,5,5,8
nerves [14] 310:19 321:16 323:24 325:5 327:3,10,20 333:15 342:24 346:9 355:9 380:8,11,15
nervous [9] 310:22 311:1 346:2,2,3,12,13,14 378:2
neuritis [1] 378:24
neurobiological [1] 311:24
neurological [11] 302:8 302:13 331:24 332:13 334:4,9 336:8 353:12 355:5,8 358:6
neurologically [1] 344:6
neurologist [7] 300:17 310:21 314:8 319:23 326:17 349:22 374:7
neurology [3] 310:15,21 312:7
neuromuscular [2] 309:13 310:17
neuron [1] 355:20
never [1] 383:21
New [16] 299:1,6,10,17 299:17,20,20 300:4 303:12 304:12,20 308:13 308:13 309:3,19 319:17
next [6] 308:4 335:11 361:17,18,18 391:5
nighttime [1] 354:10
noise [1] 338:5
non-surgical [2] 310:15 311:4
none [1] 358:11
normal [46] 321:11,12 328:22 333:1 340:12 343:2 344:19,20 345:15 345:16 355:4,9,9,10 359:18,19,20 360:11 361:14,17,21 364:10,16 364:17,17,19 365:17,19 367:1 379:19 380:13 385:7,9,10,11,13,13 386:10,10,11,15,16 388:21,22 389:9,11
Northeast [1] 309:4
note [6] 302:6,7 307:8,10 355:7 360:23
noted [3] 359:11,24 372:9
notes [8] 350:7 351:25 352:5,20 357:2 366:2 367:1 370:18
nothing [4] 350:9 355:19 387:19 390:25
noticed [1] 359:5
notwithstanding [1] 318:7
November [9] 303:6 305:5,10 335:20 336:9 352:18 370:21 371:8,9
Novick [1] 352:13
now [29] 305:17 306:20 306:25 307:1,12,14 308:2 311:8 313:15 320:5,15 321:23 322:18 326:18 329:25 330:19 339:14 342:19 344:16,23 346:25 348:1,3 352:15 353:2 356:14 366:16 368:9 382:8
number [6] 351:8 366:19 378:12 385:23 386:6,7
numbered [1] 323:7
numbers [8] 321:23 329:16,16,20 330:3 366:21 386:3,10
numbness [6] 332:5,8,9 344:11 345:12,19
NYU [11] 309:14,16 312:17 314:6 316:15,23 317:24 318:4 363:21 364:23 365:19

-O-

O [1] 299:12
o'clock [2] 374:14,18
oath [2] 350:22 375:6
object [9] 302:3,4,5 305:6 305:19,25 324:14,18 330:20
objection [21] 305:24 306:18 315:1,4,12 328:23 330:5 331:9,10,20 332:2 335:16 339:23,23 356:17 365:21,25 386:21 387:9 390:9,14
objections [1] 307:5
objective [10] 334:4,9 334:11,12,14,19,20 335:1 335:2 362:16
objects [1] 388:5
obligated [1] 383:15
obliteration [1] 318:8
obstruction [8] 316:3 316:12 317:8,9,10,10,14 318:6
obstructions [1] 317:11
obtained [3] 312:12 329:12 352:2
obtaining [1] 301:20
obviously [3] 347:19 348:3 373:2
occasion [1] 319:15
occasions [2] 313:12 351:8
occupational [1] 309:23
occur [1] 354:9
occurred [7] 306:6 319:3 319:6 341:12 342:10 343:12 354:17
occurring [1] 342:2
occurs [1] 344:17
October [10] 305:16,22 305:22 352:24 353:7,8,9 353:25 354:1 356:1
off [8] 323:2,4,12,17 325:10 335:25 340:14 357:12
off-the-record [3] 308:17 315:8 336:4
offer [1] 301:6
offered [1] 303:14
office [13] 300:24 301:3 301:4,24 303:24 307:3 308:12 313:21 319:18 335:17 348:11,15 372:20
officer [8] 307:9 348:2 350:12,18 353:3 374:19 374:21 375:2
officers [1] 313:13
Official [2] 338:6,7
often [2] 373:5 378:16
old [1] 353:21
once [7] 312:24 313:5 334:23 342:24 344:3 346:14 377:5
one [52] 301:22 303:7 309:8,17 311:15,22 313:6 316:11,12,12,13,13 317:9 317:10,14 319:15,23 324:13 325:24 329:23 337:10 342:18 345:4 347:22 348:24 353:22,24 353:25 357:14,15 364:11 366:23 367:25,25 368:17 369:13 373:11,12,13,14 376:8 378:16 379:5 380:12 381:4,13 382:4 384:17 386:8,13 388:8 389:20
ones [1] 365:1
onset [1] 337:10
opathy [1] 378:21
operating [3] 318:19,20 319:10
operation [3] 302:11 304:15 332:7
operative [11] 302:10 304:11 318:20 332:6 335:13 339:6 343:20 354:19 364:1 370:9,11
opinion [19] 335:12,15 338:2 339:4,10,15 340:11 341:11 342:9 343:11 344:24 346:18 347:4,8,12 377:18,19 383:6,12
opinionative [1] 302:15
opinions [9] 302:12 303:4,18 337:21,21 339:8 346:25 348:16 377:16
opportunity [6] 306:1 314:13 331:23 336:1,7 357:24
opposed [3] 361:12 367:21 380:12
opposite [2] 329:23 333:22
option [1] 372:14
options [1] 382:4
oral [2] 311:16 312:5
order [5] 314:4 319:1 340:20,20 371:18
ordinary [1] 301:1
organs [1] 346:10
orientation [1] 323:24
origin [2] 323:3 382:24
originate [1] 323:6
orthopedic [7] 309:14 309:21 310:16 311:3,4,25 312:16
orthopedics [1] 312:7
orthopedist [1] 350:4

out-put [1] 344:9
outer [2] 321:14 327:21
outpatient [1] 310:1
outside [4] 308:1 341:16 387:25 388:2
ovaries [1] 315:16
overcome [1] 304:5
overlap [1] 310:14
overlapping [1] 311:2
overload [1] 343:2
overloaded [2] 343:4,6
overloading [1] 343:4
Overruled [5] 315:13 331:16,21 332:3 387:10
own [5] 337:22 351:19,21 383:8 390:21

-P-

p [3] 299:14,14 366:6
P-I-R-I-F-O-R-I-M-I-S [1] 378:24
p.m [2] 318:18 389:1
page [3] 330:2 366:19,21
paid [1] 349:3
pain [40] 310:19 311:7 316:8,24,25,25 317:2 319:12,12 336:11,18,21 337:14,15,17 339:12,17 343:1 344:25 345:1,3,10 345:12,12,19 346:17,19 349:18,19 350:2 373:23 374:2 378:16,16,23,25 381:22,25 382:12,16
painful [1] 373:13
painless [1] 373:12
pains [2] 315:20 337:9
palpitations [1] 354:14
Panariello [3] 299:23 338:8 339:1
panel [4] 307:21 313:6 375:3 391:11
paper [4] 306:23 323:22 330:9 333:19
par [1] 312:10
paragraph [2] 304:10 306:2
parameters [1] 327:23
parasympathetic [2] 346:3,9
paresthesias [6] 332:9 332:9 353:23 354:2,8,13
Park [2] 299:20 308:13
Parkinson's [1] 310:24
part [14] 299:1 309:17 311:22 312:5 331:8,13 333:6 337:19 346:13 353:2 365:8 366:10,14 383:6
parted [1] 345:14
partial [5] 306:5 347:9 347:11,15 354:16
partially [1] 347:20
particular [11] 301:17 301:23 328:18 356:4 362:13,23 368:1 377:15 383:1,20 385:22
particularly [1] 303:19
parts [2] 309:17 346:1
pass [3] 311:19,21 312:10
passage [1] 337:10
passed [1] 376:1
past [2] 321:2 355:2
patch [2] 304:16 319:2
pathology [4] 365:13 378:21,22 381:18
patient [57] 320:3,22 333:20 334:13,18,21,23 334:24 335:1,3 336:21,25 337:3,13 342:25 344:10 344:10,18,24 347:16,16 347:18 351:18,24 352:7 353:13 356:3,11,23 358:1 358:18 359:5 360:13,16 360:20 361:7,8,13 362:20 364:4 367:17 368:10,16 369:15 371:11,25 372:5 372:12,20 373:4,9,18 380:25 381:24 386:24 389:14,16
patient's [2] 321:5 334:21
patients [7] 309:15 310:17 311:5 312:21,23 351:10 377:12
patients's [1] 382:19
pattern [1] 344:20
Pause [1] 370:20
pay [2] 302:19 348:18
pectineus [1] 329:15
pedis [1] 319:15
pelvic [12] 325:8,9,16 340:7 341:23 346:23 368:20,22 369:17,19 381:18,20
pelvis [6] 368:18 371:20 372:2 381:13 389:18,19
pending [2] 373:1,2
people [3] 377:11 378:12 379:12
per [6] 349:16 350:5 376:15,23 378:7 388:24
percent [5] 311:20 320:23,24,25 321:1
percentage [2] 389:10 389:10
perform [5] 320:9 337:20 355:5 390:13,16
performed [17] 302:10 304:12,16 318:5,25 319:14,24 326:20 327:2,4 328:17 329:7 335:14 339:19 349:21 353:13 390:11
perhaps [2] 316:12 378:2
period [2] 309:7 319:24
periodic [1] 349:13
periodically [1] 350:5
peripheral [1] 310:25
permanent [7] 347:9,11 347:13,21,24 349:11,12
peroneal [2] 327:20 333:14
persistent [2] 336:11,21
person [1] 376:7
pertaining [2] 351:24 353:12
perused [1] 335:21
ph [1] 339:21
phrased [5] 357:20,22 363:17 372:3 379:16
physiatrist [5] 349:25 358:7,10,11 359:4
physiatry [7] 309:12,12 310:5,8,9,10,25
physical [14] 309:11,23 310:3 311:19 312:1,12 319:21 320:25 329:13 344:11 349:13,14 350:2 384:9
physically [1] 306:24
physician [11] 300:12 300:16,18 302:24 303:20 303:25 327:2 328:8 371:18 373:19 383:15
physician's [2] 300:9 303:14
physicians [1] 315:21
picked [2] 368:15,19
pickup [1] 372:19
picture [2] 321:3 324:10
piece [2] 323:21 330:9
pieces [1] 306:23
pinpoint [1] 383:20
pinprick [6] 321:13,15 333:11,18 355:12,21
PITTONI [1] 299:19
place [3] 327:10,25 388:12
placed [2] 315:25 340:15
places [1] 313:13
placing [3] 327:21 388:7 388:13
plaintiff [5] 299:3,16 302:17 308:6 313:8
plaintiff's [6] 302:16 302:20 307:2,6 308:3 312:21
plaintiffs [1] 376:7
plan [4] 316:22 335:4 337:8,12
plans [1] 317:18
plantar [2] 355:14,14
play [1] 343:6
pleasant [2] 374:17 391:9
plexis [1] 357:5
plexopathy [8] 357:6 380:4,8,13,17 381:7,15 381:17
plexus [8] 333:7 357:17 380:7,14,14,21,22,24
plus [6] 361:16,18 362:3 362:3,5,8
podiatry [2] 309:12 310:9
point [5] 303:10 313:21 330:2 347:24 368:24
points [3] 327:19 328:4 329:13
police [1] 313:13
polyphasics [1] 329:9
poplateal [1] 385:4
population [1] 379:10
portion [22] 321:6,7,14 321:18 322:18,19,20 323:19 327:7,11,12,17,18 327:21 328:5 331:7 340:9 341:18,19 342:13,14 380:11
portions [2] 327:5 333:19
position [1] 360:18
positive [2] 328:10 381:16
possession [1] 363:23
possibilities [2] 384:8 384:9
possibility [3] 329:11 342:1 389:20
possible [11] 317:20 334:7 341:9,10 371:4,15 379:20 384:3,5,6 389:23
post-lateral [1] 323:13
postoperative [5] 300:19 310:16 319:11,13 319:24
potential [3] 328:12 335:10 383:19
power [10] 321:10,11 323:16 325:18 333:1 334:15 344:9,12 349:14 361:6
practically [1] 373:18
practice [3] 312:2,25 348:4
premarin [2] 382:13,14
preoperative [1] 317:23
preparation [2] 348:7 348:24
prepare [3] 309:16 314:16 348:5
prepared [1] 329:16
preparing [1] 348:19
prepped [1] 318:23
prerequisite [1] 311:14
prescribed [1] 319:21
presence [1] 308:2
present [2] 300:6 316:17
presented [1] 318:21
presenters [1] 311:21
presided [1] 303:21
pressing [1] 390:2
pressure [8] 340:15 342:14 343:3,5 344:21,21 358:14 367:1
pretrial [2] 348:24 376:14
pretty [1] 363:25
prevent [1] 302:19
previous [3] 305:11 315:17 358:18
previously [3] 307:4,6 315:15
primarily [1] 310:22
principles [1] 312:7
private [1] 312:2
probing [2] 343:22,24
problem [9] 302:24 326:5 329:11 333:5 337:22 347:25 379:13 382:19,21
problems [8] 310:16,18 311:25,25 360:8,8,15 379:18
procedure [12] 302:10 304:12,13 332:6 335:13 339:19 340:25 341:1 342:3,6 388:17 389:13
procedures [1] 317:25
proceedings [1] 370:20
process [3] 339:6 340:1 378:2
program [2] 309:10 311:18
promptly [1] 307:25
proper [3] 331:11 359:3 384:10
properly [1] 344:9
prove [1] 312:9
proven [4] 336:22 337:1 337:4 344:13
provide [3] 309:16,24
provided [3] 320:8,13 352:6
provides [1] 309:22
proximal [7] 316:12 327:17 328:14 341:19 385:21,22,25
proximity [2] 325:6,21
psoas [3] 317:19 332:15 332:20
psychiatry [2] 309:12 310:9
published [1] 330:24
pull [1] 344:3
pulled [1] 341:7
pulling [3] 343:23 388:4 388:6
pulse [2] 319:15 358:14
pure [1] 380:12
purely [1] 334:21
purpose [3] 303:25 373:15 389:17
purposes [4] 313:24 324:6 335:4 341:25
push [2] 361:7,8
pushing [2] 380:23 388:4
put [5] 325:20 326:2

testify [7] 300:24,25 303:20 312:22 373:6 376:19,23
testimony [10] 302:16 302:18 330:13 348:24 367:15 374:15 376:16 379:9 384:2 387:16
testing [10] 317:4 321:10 321:11 329:17 355:10,13 355:22 357:10 361:6 366:15
tests [3] 366:10 367:16 371:19
text [1] 307:19
textbooks [1] 312:5
thank [11] 304:7 307:24 307:24 308:15 326:10,12 350:10,24 370:1 375:7 390:25
theories [1] 371:15
therapist [1] 309:23
therapists [1] 309:23
therapy [4] 319:21 349:13,14 350:2
thereafter [5] 301:6 309:5 316:5 317:22 348:13
therefore [3] 335:5,5 337:13
thick [1] 318:7
thigh [11] 321:8,13,14,19 323:12,14,17 325:18 328:1 329:10 332:19
third [1] 317:15
thoracic [1] 322:14
thousand [4] 348:23,24 348:25 349:20
three [12] 301:25 305:1,3 307:5 309:5,9 311:18 318:14 322:12 327:5 348:23 350:5
thrombo [1] 319:6
thrombosis [10] 319:5 341:15,17,22 342:2 367:14 368:5 370:10,14 371:4
thrombus [1] 371:6
through [6] 321:20 322:20 325:16 364:1 366:14 371:14
throughout [1] 372:9
thyroid [1] 355:3
TIA [1] 354:24
tibial [10] 327:10 329:8 333:15 342:4,5 370:14 371:6 377:20 385:2,17
tibialis [1] 329:9
tight [1] 345:11
tightness [1] 360:9
times [14] 312:19,21 347:25 349:23 350:1,5 367:16 373:5 374:7 376:10,18,23,25 378:16
tingling [7] 332:10 344:11 345:12,19 353:23 354:8,13
tired [1] 319:19
tissue [2] 341:24 360:9
title [1] 312:11
today [6] 348:14,16 355:11 376:14 387:14 391:4
toe [2] 310:13 311:6
together [1] 348:19
tolerate [4] 361:14 362:6 362:9,10
tomorrow [2] 391:5,6
too [1] 368:7
took [1] 320:17
Top [1] 361:21
total [2] 315:15 347:17
totally [2] 347:19 362:13
touch [3] 321:13 333:18 333:19
touching [1] 322:19
toxic [1] 390:4
traction [4] 388:7,10,11 388:15
training [4] 309:9 311:15 311:18 380:16
transection [3] 306:5 354:17,20
transfusion [1] 389:16
trauma [2] 354:23,24
traumatic [1] 310:12
travels [1] 327:18
treat [1] 390:19
treated [2] 300:18 315:24
treating [9] 300:9,12,17 303:13,20,25 326:17 383:15 390:22
treatment [10] 301:2 304:1 314:1 315:25 316:22,24 320:3 349:7,15 382:2
treatments [1] 353:14
treats [1] 311:5
trial [9] 299:4 300:2,22 303:21 348:20 351:11 373:22 387:13 391:13
tries [1] 343:21
try [3] 343:1 362:21 391:6
trying [3] 302:17 339:25 388:4
tubes [1] 315:17
tumor [1] 339:21
turn [2] 326:19 331:4
twelve [1] 350:1
twitching [1] 346:7
two [40] 305:1 309:17 311:16 312:3,5 317:9,11 317:11,17 321:12 323:9 327:7,18 328:4,20 329:17 330:3,10,14 334:12 341:9 341:10 345:3 347:15,22 347:23 349:20 362:3 373:18 374:10 380:7,12 382:8 386:3,9,13,15,17 386:19 387:6
type [16] 300:16 318:2 345:4,6,6,8 358:5,21,24 360:19 361:5 364:4,14 368:21 378:21 383:1
types [6] 311:6 334:12 345:3 347:15 371:24 377:9

-U-

U [1] 299:13
ultimately [3] 315:21 318:5,24
ultrasound [1] 317:6
unable [1] 332:10
uncommon [2] 379:9,11
under [8] 315:3 316:3 319:22 335:4 350:22 375:6 384:19 385:8
undergo [1] 372:12
undergoing [1] 315:15
Undergraduate [1] 309:2
underlying [1] 360:7
underneath [1] 385:2
understand [2] 306:23 342:19
understands [1] 300:7
undertook [2] 317:4,22
underwent [1] 355:4
Unfortunately [1] 337:9
United [1] 375:19
University [5] 299:6 300:4 304:13,20 309:4
Unless [3] 331:14 365:22 380:19
unload [1] 343:1
unrelated [2] 363:12 377:22
unrelenting [1] 346:17
unrevealing [1] 355:8
up [24] 307:17 312:10 322:21 326:13,18 332:21 333:3 341:20 349:20 354:4 360:13,14,17 362:1 367:17 368:15,19 369:8 373:24 378:1,6 382:5 388:20 389:3
up-going [1] 355:14
upper [2] 342:14 355:19
upward [1] 360:18
ureter [3] 315:25 316:13 317:15
ureteral [2] 304:14 354:18
ureterectomy [1] 317:25
ureters [1] 340:8
urine [1] 316:1
urological [1] 317:5
urologist [1] 315:22
uropathy [1] 384:12
used [1] 389:21
useful [3] 381:24 383:2,3
using [3] 325:4 385:19 389:22
usually [3] 345:12 358:13 380:11
uterine [1] 380:21
uterus [2] 380:23,23
utilize [1] 322:4

-V-

v [3] 300:3 303:10 328:11
values [2] 384:17 385:6
various [6] 313:24 315:21 317:6,7,18 328:7
vascular [9] 314:10 318:19 358:6,22,24 364:24 365:13 368:10,15
vascularize [1] 363:10
vein [6] 304:17 318:25 319:1 364:15 367:13 368:5
veins [3] 367:21,25 368:2
velocity [4] 328:4 385:17 386:2,7
venous [3] 367:9,12,18
venues [1] 377:7
vertebra [4] 322:25 323:9 323:18 325:11
vertebrae [5] 322:14,15 322:16,23 339:21
vessel [10] 341:16,16,18 341:24 342:14,15,16 344:1 346:5 370:3
vessels [6] 325:25 326:8 340:7 341:17 344:1 345:17
vestes [1] 339:21
vicinity [6] 325:22 326:7 341:2,9 343:23 345:11
vie [1] 329:4
vis [1] 329:4
visit [5] 349:17,23 350:3 350:6 372:21
visits [1] 356:16
visto [1] 340:7
visual [1] 388:6
visualization [1] 388:13
vital [1] 358:14
volume [1] 389:9

-W-

walk [2] 313:14 363:3
walked [1] 363:1
walking [3] 306:4 354:15 378:3
wall [2] 336:21 354:3
War [1] 310:11
warranted [1] 372:1
waves [1] 328:10
ways [1] 388:14
weak [2] 340:14 355:13
weaker [1] 321:12
weakness [22] 306:3,4 319:20 332:4,8,14,18 333:2 334:19 335:10 340:11 342:24,25,25 344:11,12 349:14 354:14 354:16 360:16 361:2,4
Weave [1] 345:3
weight [2] 344:18 388:23
WEISS [1] 299:13
whatsoever [1] 364:3
whole [5] 343:2 345:10 346:12,15 380:14
wide [1] 380:8
Wilson [1] 303:10
wish [3] 300:8 304:24 366:20
withdraw [1] 365:25
withdrawn [4] 313:16 356:19 378:11 382:22
within [8] 316:6 318:21 337:24 341:23 346:7 360:11 386:10,11
without [4] 302:18,22 306:14 380:23
withstand [3] 361:13,15 362:7
witness [21] 303:2 308:4 308:7,8,12 322:7,9 324:11 324:23 326:11,12,13 330:16 331:3 335:21 339:25 350:23 375:7 391:2,4,5
woman [1] 353:21
word [5] 310:11 336:17 378:19 380:4 388:10
work-up [1] 355:4
work-ups [1] 374:7
worksheet [1] 357:14
worsening [1] 373:15
writing [1] 371:11
written [3] 311:22 365:17 371:8
wrong [2] 320:23 378:18

-X-

X [2] 299:2,8
x-ray [1] 335:2
X-rays [1] 312:8

-Y-

year [18] 309:8,9 311:18 313:5 337:10 349:17,20 349:23 350:1,5 353:21,22 353:25 374:6,7 376:18,24 377:6
yearly [1] 311:19
years [9] 338:5 347:22,23 373:18 374:10 376:24,24 382:8 387:6
York [16] 299:1,6,10,17 299:17,20,20 300:4 303:12 304:12,20 308:13 308:13 309:3,19 319:17