SUPREME COURT OF THE STATE OF NEW YORK.
COUNTY OF BRONX : CIVIL TERM : IA-35

----------x

FELICIA WATSON,

Index:
31065/2020E

Plaintiff,

-against-

OLR ECW HOUSING DEVELOPMENT FUND COMPANY, INC., OLR ECW, L.P., OMNI NEW YORK, LLC, And RELIANT REALTY SERVICES, LLC,

Defendants.

----------x

TESTIMONY
Dr. Ali E. Guy

851 Grand Concourse
Bronx, New York 10451
December 17, 2024

B E F O R E:

HONORABLE RAYMOND FERNANDEZ,
Justice of the Supreme Court

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

FOR THE PLAINTIFF:
HARRIS, KEENAN & GOLDFARB, PLLC
233 Broadway, 9th Floor
New York, New York 10279
BY: SHERI HOLLAND, ESQ.
SETH HARRIS, ESQ.

FOR THE DEFENDANT:
PERRY, VAN ETTEN, ROZANSKI & KUTNER, LLP
14 Wall Street, Suite 4D
New York, New York 10005
BY: JEFFREY VAN ETTEN, ESQ.
PATRICK DOWNEY, ESQ.

Maggie J. Klasen
Senior Court Reporter

THE COURT: Good morning, everyone. Trial continued. The appearances remain the same. Just before -- before you start, Mr. Van Etten, I will ask of counsel, on both sides, for a clean copy of your proposed verdict sheets, and your requests to charge. I know they've been e-mailed to me. I had a marked up copy on my desk, but I like to mark them as a Court Exhibit. So a clean copy, on both sides, that I can mark as a Court Exhibit.

MR. VAN ETTEN: Okay.

THE COURT: Just -- I think that's all I have. That's my only request.

Go ahead, Mr. Van Etten. What would you like to say?

MR. VAN ETTEN: Sure. Yes. Yesterday, Judge, we had closed out at the end of the day, and right before, there was a question asked of the investigator for the defendants. And the question came out:

"QUESTION: And did you go to the same ethical school as Dr. Feuer?"

Which I objected, and you sustained the objection, and the question was withdrawn. Just before we left, we were going to -- I was going to make this motion for a mistrial, at that point, but the court reporter had shut down -- not Maggie, because she wouldn't have -- had shut down the set.

As you're aware, we did put the omnibus motion on reptile-type tactics before you. Point-5 of that motion addresses a number of things, including something like that, where you ask questions that which you do not expect answers to, and that's improper. That happened throughout the cross of Dr. Feuer, and we had multiple, blatant questions being asked, some without responses, where Mr. Harris just kept going on, and was, essentially, testifying for the witness.

Yes, it's cross-examination, yes, there's ways to do that, but it went beyond the pale when he went and did that, and other comments throughout there. You know, so that -- and as well, a prime examples, of course, were when he was talking to Dr. Feuer about the pricing for what he charges, which we all know that there's Medicaid rates, there's Workers' Comp rates, and all that. And we objected to it. And, again, the Court rightfully sustained it, but he asked it three different times about, you price to what the patient can afford.

He knew enough that the first two objections, that it wasn't coming in, you told him to go on, he then asked it a third time because you charged about what the patient affords. Clearly, that was done in an attempt to make Dr. Feuer look bad. That is a pure, prime example of reptile tactic, which we had asked in advance, and not be done. The Court had directed us all to behave an accordingly after

this was done.

You know, one of the other things that we talk about is speaking objections. You know, we've made requests throughout the trial, whatever. These are the tactics that are being used. Once they did that with the ethical comment to the investigator, saying, did you go to the same, you know, ethical school as Dr. Feuer, that was deliberately done, intentionally done, in contravention of the instructions you gave us all beforehand, based upon the motion in limine. And, clearly, that was done to prejudice the defense. So we move for a mistrial.

THE COURT: Okay. Thank you, Mr. Van Etten. So I will just say, Mr. Harris is known for making gratuitous remarks. That said, I sustained every objection made. I'm -- your microphone must have been off when you asked for a curative instruction, because had you asked me for a curative instruction, I would've admonished Mr. Harris in front of the jury. Okay?

And if Mr. Harris does that today or Ms. Holland or either of you, and I'm asked, I will tell the jury, what you say is not evidence, and it will interrupt the entire flow of your questioning. So it would be who of you guys not to do it.

But a mistrial, I don't think so. Okay? Motion denied.

MR. VAN ETTEN: All right. Second part, Judge, based upon the manner in which the cross of Dr. Feuer took place on these issues, and the retention of this expert with the repeated references after the first one, two times of he's getting paid, and then the continued reference back on the opinions to how much he's getting paid, trying to do that negative inference, which defendants are entitled to have their own expert come in, that is a follow-up to what I just made the motion on. But at the same time, we had made the request on being able -- sorry.

We were precluded from being able to say that plaintiff was referred to PMR by the attorneys. By taking this type of tactic and approach, and attacking the defense witness, I believe we have now opened the door where we can go back to the issue of the referal to PMR by plaintiff's counsel. And I'd asked that the Court renew and look at that, and allow us to inquire.

THE COURT: Okay. I respectfully disagree, and that application is denied. Again, if you suspect something is improper, you ask for a curative instruction, and we see where it goes. Okay?

MR. VAN ETTEN: Okay.

THE COURT: I never heard that. I never gave one. I let both of you put your cases on. I try to stay out of this as much as possible. I give a ruling when I'm asked.

MR. VAN ETTEN: The final one, Judge, we got served with another subpoena last night --

THE COURT: For who?

MR. VAN ETTEN: -- for the investigator for the camera. We reached out to the investigator, as we know, she is in Florida. She will be in Florida until February. The camera, when she leaves, is in her office, locked up. She will not be able to get that camera before this trial ends.

So I renew my application for the video to be put into evidence, based upon the testimony of the witness.

THE COURT: Okay. Mr. Harris, do you want to die on this hill? Do you want an adjournment until January?

MR. HARRIS: No.

THE COURT: Okay. So what do we want to do about this camera? They can't -- they literally can't get you the camera.

So, what would you like to do?

MR. HARRIS: Your Honor, their inability to get the camera -- I mean, we researched this last night. We could -- I could not find any Panasonic cameras that don't have an SD card or some type of memory card, and I would ask the Court to take judicial notice of that fact.

What she said is just incredible, and we can't -- now, there's no -- there is not a proper foundation laid to introduce a video, based on that testimony. I heard the

Court yesterday indicate that the Court felt that Mr. Van Etten or the witness had checked off all the boxes.

THE COURT: Yes.

MR. HARRIS: I don't think that particular box was checked. And given that she had 38 hours of billing, and only four and a half minutes or five minutes, when you add up both days, between 38 hours of actual filming, it's just incredible. So, you know, I don't think that they should be rewarded by putting in the four minutes of film, that they got her walking around, you know -- and, by the way, the one point that I pointed out during the video at 9:10 a.m., you see her limping in between the cars, and all of a sudden, she shuts off the video, and she's standing right there. Now, I get -- I understand that's a summation point.

THE COURT: I was going to say, it sounds like your summation.

MR. HARRIS: And it will be. Okay? But, that being said, I don't think that we should have to get that far because they shouldn't be -- they shouldn't be benefited by hiding the medium and the original source that the material was recorded on. And there is substantial case law on that subject, which I don't want to belabor the record, at this point, with that, but I have it, if the Court wants it.

THE COURT: Mr. Harris, I don't need the case law.

If you want the camera, you can have it. But this case gets kicked until January. It delays the case. You can have it if you want it. That's why I asked you, is this what you want, because what we can do is, I will allow it in over objection. You'll have an Appellate issue, and you'll have a lot of talk about in summation. Or I kick this case to January, and we hope the jurors come back.

You know, I didn't say you're not entitled to the camera. Sure, produce the camera. I'd love to see this thing, too. But what do you want me to do? I'm trying to get this case over and done with this week. You know, what would you like me to do? Present me with a solution.

MR. HARRIS: I love the practical aspect of the Court here, and I, frankly, wish more Justices, in that regard, thought the way you did. With that being said, no. I don't -- I would not ask the case to be kicked to January. That would make no sense at all, on multiple levels.

However, I'm not buying what they're selling, that the camera is locked up somewhere. These cameras typically go on the market for 65 and $200. Okay? That she locks it in the safe, and that nobody has access to this safe but her, and she's is in Florida, we -- listen. She could have come up here. We could have made her come up here. We agreed, hey, you know, your husband is sick. We don't want you to have to travel.

But, I mean, we shouldn't now be prejudiced of the fact that, you know, she's now claiming she's in Florida. Maybe she is in Florida. I don't know where she was.

THE COURT: Let's do this, Mr. Van Etten, I want an affidavit to the effect that this camera can't be produced.

MR. VAN ETTEN: Can I just ask --

THE COURT: You can add whatever you want, but just acknowledge what I just said to you. I want an affidavit that it can't be produced. Okay?

MR. VAN ETTEN: Before I do -- I will do that, Judge.

THE COURT: Thank you. Now say what you'd like to say.

MR. VAN ETTEN: However -- here's my point, Judge. In the original subpoena served on our witness for everything that they wanted for this appearance, they did not ask for the camera.

THE COURT: They didn't think it would be at issue.

MR. VAN ETTEN: Well, is that my fault? That's their fault. And to now say they need this, and in the middle of a trial, we have to get an affidavit to this, I actually would say they should be precluded from referencing that the camera wasn't available, since they didn't ask for it prior to the witness's appearance.

And as the Court is aware, from the first day after

jury selection, when we were discussing the issue with the investigator, I said, I've given you the identification, I've told you to serve me with a subpoena. That was on December 3rd. They didn't serve a subpoena until December 12th, Judge, or 11th. They waited over a week.

And, now, they're trying to say, we didn't produce it, now we have an affidavit, now they question all these defenses. They waited until the last minute to do it. They didn't request the information, and now they are calling foul.

THE COURT: Okay. It's -- my understanding is that Mr. Harris's application is based on what the witness just said to him.

MR. HARRIS: Exactly.

THE COURT: That's what it's based on. Okay? So that -- you know, I once again, here we are again with me reserving decision. I reserve decision. Get an affidavit to the effect that that camera cannot be produced sometime this week, and I will go forward, which I -- you know, I have no problem saying on the record, it's probably going to be let in over your objection, once I see an affidavit to that effect. And that's just where we go. That's just how this goes. Okay? There's a lot of -- I'm just trying to be practical here.

Everybody is done making their records? Hi, Ms.

Holland.

MS. HOLLAND: I just didn't want to interrupt. I just need to go over to the computer --

THE COURT: Go ahead. Go ahead, Ms. Holland. Do what you need to do.

MR. HARRIS: If the film comes in over my objection, I just don't want to object in front of the jury. So I'm objecting now to it.

THE COURT: Of course.

MR. HARRIS: In front of the jury, I'm not going to say anything.

THE COURT: That's fine. They saw it already. So, I mean, why would you? You know, I get it. I get it. Everyone can make their records. I'm totally fine with -- do we have all the jurors?

COURT OFFICER: Yes.

THE COURT: Okay. All jurors --

MR. HARRIS: The affidavit can't just say that we can't get to a camera, it's in a safe. It's got to also say that there is no SD card, no sim card. He's not listening.

THE COURT: Mr. Van Etten?

MR. VAN ETTEN: I'm sorry. Sheri was asking me a question.

MR. HARRIS: Well, we're arguing something before the Court here.

THE COURT: Okay. We're discussing the substance of the affidavit. Continue, Mr. Harris. You might want to restart, actually. He didn't hear you.

MR. HARRIS: And it was very convenient, you know, counsel brought up that, you know, I challenged their comments about they rely on their ethics. It was interesting that both witnesses, in order, gave the same answer when I challenged their credibility, as to their rendition with no eye witnesses or anything else to support their position, that, you know, well, the reason why you can trust me is because I always tell the truth except when my wife has a dress on that I don't like, I tell her I like it.

I had every right to ask that question, and, by the way, there was no answer to it because he sustained the objection. But it wasn't like, gee, to move for a mistrial based on some reptilian nonsense --

THE COURT: His motion was denied. His motion was denied. So we don't have to --

MR. HARRIS: It's just an outrage, Judge.

THE COURT: His motion was denied, so we don't have to hash all of that out.

MR. HARRIS: He's a double talker.

THE COURT: Okay. Okay. Can we -- okay. The jury is not here. All right?

MR. VAN ETTEN: Judge, this is --

THE COURT: I will give an instruction, now, on the record, that both of you will refrain from making gratuitous comments when cross-examining witnesses. Okay? On both sides. Okay? Let's not make it an issue. I don't like admonishing lawyers in the middle of their examination. I like to just sit here and listen. Okay? I rule on objections, but I sit here and I listen. I let you both put your cases on. I do. What's good for both --

MR. HARRIS: Judge, if he attacks me on the record, I'm going to respond. Okay? I guarantee that.

THE COURT: You will both refrain from attacking each other. Okay?

MR. HARRIS: He just does it in a lower tone of voice, so he thinks it's okay.

THE COURT: Okay. Ms. Holland, we need to get this going because it is -- are you ready? Can I bring in this jury? Is the witness -- so IT is coming.

Do you need this for the examination of your first witness?

MR. HARRIS: Yes, Judge.

THE COURT: Okay.

MR. HARRIS: You raise a great point. The answer is, yes, based on your ruling last night about Dr. Sapan Cohn being able to discuss the 2019 MRI. So it is my intent and full disclosure to as Dr. Guy about that.

THE COURT: It's fine. What now?

MR. HARRIS: He's going to get to it now, Judge. In other words, he wants his cake and to eat it, too. He wants his experts, who he just exchanged, to be able to give testimony on a '19 film, but he doesn't want my expert to do that. And, yes, it was not in his report, but I'm still going to ask the doctor the question because of your ruling last night. That's all. Or I've got to call a radiologist on rebuttal. One or the other.

THE COURT: Go ahead.

MR. VAN ETTEN: I was waiting for him to finish.

THE COURT: Thank you. Go ahead.

MR. VAN ETTEN: Every expert --

THE COURT: Can we just hold on. Is that the witness right there?

MR. HARRIS: Yes.

THE COURT: Doctor, can I just ask you to take a seat in the hallway while we hash a few things out, sir. Thank you.

MR. VAN ETTEN: As the Court is aware, every time we've gotten a piece of information from an expert on something that they would testify to in court, we have disclosed it to plaintiff's counsel promptly, with the information they are going to do, and reports on what they were going to be testifying to.

So Mr. Harris just came in now and said he's going to have him review 2019 films. This is an expert. This is not a treating. Again, where is the expert disclosure from this witness as an expert, as to this film that he was going to review, to allow us to prepare for cross? Please. I mean, I don't understand why we have to do it, then get subject to preclusion, and they don't --

THE COURT: Why do you keep saying that? Why do you -- you love to say I preclude you. I read every --

MR. VAN ETTEN: No. I --

THE COURT: Stop. Stop.

MR. VAN ETTEN: I apologize.

THE COURT: I had the occasion yesterday to read every word of every single transcript. And despite your aversions that I keep precluding you, about 90 percent of evidentiary rulings have gone in your favor. So I don't know what you are talking -- you are putting up a very good defense here, and you have elicited all the little buzzwords you need for a good summation. So you keep saying I preclude you left and right, and it is completely disingenuous.

Second, I'm willing to bet -- can I have the 3101(d)? I'm willing to bet that the 3101(d) says that the expert will refer to exhibits at trial, what's in evidence.

MR. HARRIS: And, well, Judge, I would just point

out, counsel incorrectly referred to Dr. Guy as an expert. There was a 3101(d) because he did a life care plan.

THE COURT: There wasn't?

MR. HARRIS: No, there was.

THE COURT: Okay. Thank you.

MR. HARRIS: Well, let me just finish, Jeff, because you keep holding up your hands, talking over me with your hands. Dr. Guy was a treating physician. He treated this patient. And he called -- he says, no, he's only exchanged as an expert. Why does he keep conflating the treating and the experts? He knows better than that.

Now, go ahead and respond.

MR. VAN ETTEN: First, Your Honor, when I was talking about preclusion, I said we were being subject to preclusion, and I must not have continued. On my motions on my disclosures, I gave prompt timely disclosures, and then I got three preclusion motions, which the Court issued an order on and --

THE COURT: Denying all three. So what are you talking about?

MR. VAN ETTEN: Correct. So I'm saying, why is it we disclose what the expert talks will testify to, they do not have to? Point one. Point two, yes, I got an expert disclosure as a life care plan expert, not as a treating, not as a radiologist, not as somebody who has reviewed any

of the films.

All of his records and reports says all he did was look at reports. He's never said that he looked at those films. If he's a treating, it is the same objection that we had with Dr. Macagno, that he didn't use it as part of his treating diagnosis and care.

THE COURT: Stop right there. Stop right there.

Answer that point, Mr. Harris, that Dr. Guy, in treating the plaintiff, reviewed the 2019 MRI?

MR. HARRIS: I don't know.

THE COURT: Okay. You have to ask him, and you know where this goes if he didn't. Okay?

MR. HARRIS: Well, here's my point, Judge. Let's assume he didn't review the 2019 MRI, which is what I believe the answer is. I will check, but I believe that's the answer. My point, and the reason why we were going to show him that film now, was in anticipation of -- again, practical. Not having to then call another witness on rebuttal, which I believe, as a matter of law, we would be entitled to do, in light of the Court's rulings last night.

THE COURT: You would. I'll tell you right now, you would be able to. Except, prepare for your rebuttal witness to testify in January. But you absolutely --

MR. HARRIS: No, because there's tomorrow afternoon, Judge.

THE COURT: Okay.

MR. HARRIS: In other words, we have their ortho tomorrow, then they're going to rest.

THE COURT: You can bring back Dr. Macagno, too, while you're at it.

MR. HARRIS: What's that?

THE COURT: You can bring back Dr. Macagno, too, while you're at it. I never foreclosed that line of inquiry. You can bring Macagno, too. You can rebut your case all you need to. I didn't hear from you yet.

If he is a treating, and he did not review the 2019 MRI as the treating, I still haven't heard from you any legal authority that will allow him -- because, otherwise, it circumvents 3101(d), which I don't allow in my courtroom, which everybody knows. Okay? Because what is the purpose of the statute if you would just call a treating and not ever give a disclosure? So I don't allow treating physicians to go through all the evidence and start giving opinions. But if you did disclose under 3101(d), and the 3101(d) says that his opinion will be based on, among other things, the exhibits at trial.

MR. HARRIS: It does say that, and we're pulling it out now for you, Judge.

THE COURT: Then that's it. He will be permitted to review the exhibit. And Mr. Van Etten will have his

exception. That's all. Okay? We have got to get this started. It is about to be 10:30.

(Whereupon, a discussion was held off the record.)

THE COURT: Bring them down.

COURT OFFICER: All rise. Jury entering.

(Whereupon, the sworn jurors enter the courtroom and take their respective seat.)

THE COURT: Take a seat. Go ahead. Good morning. Good morning. Good morning. Good morning. Go ahead and take your seat. Good morning, everyone. Everyone take your seats. Good morning, everyone.

I want to apologize. This one was on me. The computer decide this morning that it just wouldn't work. The TV wouldn't plug in, I mean -- okay? So I apologize for the late start, but we're going to get right underway. I believe Mr. Harris has a witness.

MR. HARRIS: Yes.

THE COURT: Would you like to call your witness?

MR. HARRIS: I do.

THE COURT: Please, do.

MS. HOLLAND: Good morning, everybody. We're calling Dr. Ali Guy to the stand.

THE COURT: Dr. Guy, please just watch your step. Okay, sir?

COURT OFFICER: Just remain standing. Sir, raise

your right hand.

A L I E. G U Y, M D, a witness called by and on behalf of the Plaintiff, upon being duly sworn, took the witness stand, and testified as follows:

COURT OFFICER: In a loud, clear voice, please state your full name and your title for the record.

THE WITNESS: Yes. My name is Dr. Ali Guy, MD, office address is 7 Gramercy Park West, New York, New York 10003.

COURT OFFICER: Thank you, Doctor.

THE COURT: Okay. Good morning, Doctor.

THE WITNESS: Good morning, Your Honor.

THE COURT: Okay. What I need for you is to just speak right into this microphone. Okay? Get right up on that microphone. All right?

Mr. Harris, you may inquire when you're ready.

MR. HARRIS: Thank you so much.

DIRECT EXAMINATION

BY MR. HARRIS:

Q Good morning, Doctor.

A Good morning, sir.

Q Tell us, are you duly licensed to practice medicine in the State of New York?

A Yes, sir. I'm licensed to practice medicine and surgery in the State of New York.

Q And when did you become so licensed?

A 1985.

Q Briefly, tell us your educational background that led up to achieving that license.

A Yes. College, I went to Queens College, Flushing, New York, medical school. I graduated from University of North East Dominican Republic in June of 1981. Thereafter, I did three separate residencies. I did 18 months of internal medicine at Mount Sinai School of Medicine, Mount Sinai Medical Center. I did one year of general surgery at Cabrini Medical Center in Manhattan. I completed a three-year residency training program in the field of physical medicine and rehabilitation at Mount Sinai School of Medicine, Mount Sinai Medical Center.

I'm board certified in the field of physical medicine and rehabilitation. I was the former director of the department of rehab medicine at Maimonides Medical Center in Brooklyn, New York, from 1997 until 2002. That would be five years. My duties were to teach the orthopedic residents, the general surgical residents, the internal medicine residents, supervise the work of ten other doctors in my specialty, teach the physician assistants, the speech therapists, and do consultations for other doctors in my hospital.

And from 1990 until 2006, I was a clinical instructor of physical medicine and rehabilitation at NYU School of Medicine, NYU Medical Center. I was the director of the

neuromuscular equipment clinic at NYU's Hospital for Joint Diseases, where my duties were to teach the residents from NYU rotating through that clinic, to take care of patients with birth defects, with spinal cord injuries, with multiple traumatic injuries, take care of the patients, and teach the residents from NYU, and to prepare them for the Board Part 1 and Part 2.

And from 2007 until 2019, I became -- continued clinical instructor at NYU School of Medicine. And in 2019, I was promoted to assistant professor of physical medicine and rehabilitation at NYU School of Medicine, where my duties are to teach, and to do quality assurance evaluations, and help with the credentials committee to determine which candidates are eligible to apply for NYU, for residency training program.

And I'm also the director of the department of rehab medicine at Med-Alliance in the Bronx, which is an Article 28 facility. Article 28 facility is like a small hospital. We have about 50 different doctors, four operating rooms. My duties are to teach and to take care of patients. I am also the chief of the pain center at the North Queens Surgery Center, where I supervise the work of about 50 other doctors. I supervise their work, and when indicated, I discipline and I teach.

And, also, I'm a member of the New York State Pain Society. I'm on the board. And I teach medical students, I

teach other doctors. We have medical debates, and I'm a three out of four time a winner of the medical debates.

And I have private practices in Manhattan, Westbury, Long Island, and in the Bronx. And I'm also a former captain with the New York State -- New York Guard, where my duties were to take care of the soldiers, do their annual examinations, make sure they're fit for duty. And if they get hurt, I help take care of them.

Q Thank you, Doctor. You mentioned a few times in your background there, physical medicine and rehabilitation?

A Yes.

Q That's a field of study within medicine?

A Yes, sir.

Q And just explain, briefly, what does that mean to the jury?

A Yes. This specialty was founded shortly after World War II by Dr. Howard Rusk. That's why the Rusk Institute is named after him. This field deals with traumatic injuries, covering the whole body from head to toe. In fact, in the beginning, the specialty was called orthopedic medicine and rehabilitation, but because of the all the chaos and confusion between orthopedic surgery and the specialty, the name was changed to physical medicine and rehabilitation.

It's probably the most comprehensive of all of the medical specialties because, before you apply to the specialty,

you have to have prior training in the residency, in a field other than physical medicine and rehabilitation, preferably one year of internal medicine and/or one year of general surgery. And the specialty covers neurology, neurosurgery, orthopedic surgery, neurology, muscle neurophysiology, disability, and impairment evaluations, which means that we have training to evaluate a patient, to see if that patient is disabled, whether it's totally disabled or partially disabled, and what the future holds for that patient.

We have training in pain management, both pharmacological and interventional pain managements. I do microdiscectomies of the lumbar spine, minor surgeries. I do epidurals, nerve blocks, so and so forth. And we have training in electrodiagnostics, the study of muscle and nerves by way of a special test. We have training in interpretations of x-rays, MRIs, other radiological studies. And we work with all the other medical specialties. We refer patients, back and forth, to just about every medical specialty there is.

Q Thank you, Doctor.

A You're welcome.

Q Now, have you also come to court, from time to time, on behalf of a patient?

A Yes, many times.

Q How frequently, over the years, would you say you are in a courtroom like this, testifying on behalf of one of your

patients?

A Between my three office locations, on the average, eight to ten times per year. Sometimes, yes -- except during COVID, where the courts were shut down, there was no testimony. That would constitute less than one percent of all the patients I treat.

Q By the way, were you a treating doctor for Felicia Watson?

A Yes, sir.

Q And was that earlier this year?

A I started treating her January 8th of 2024.

Q Have you also come to court, on occasion, you say around ten times per year, for other patients where myself or my law firm was representing that patient?

A Yes, sir.

Q Okay. And how many times would you say that's occurred over the years?

A I can't give you an exact number, but I can take a guess. About a dozen times. It could be slightly less, slightly more, but not much more than that.

Q And how many years have you been in practice where, also, you will come to court, on an average, say once a month call it, or a little -- maybe once every five weeks on behalf of a patient?

A Since 1989.

Q So over the last 35 years?
A Yes, sir.
Q Okay. And what is your fee for your time here in court?
A My fee is 5,000 for half a day.
Q Okay. And are you -- did you have to cancel patients?
A Yes. That's for canceling all my patients and pretrial preparation.
Q Okay. And, by the way, I assume that you have staff in your offices that you mentioned -- you said Med-Alliance and a Queens location?
A Westbury, Long Island, and Gramercy Park.
Q So four locations?
A Yes.
Q Okay. And who is -- are all those employees being paid while you're here in court, Doctor?
A Yes.
Q Now, did -- in addition to treating Ms. Watson, did my office ask you to prepare what's called a life care plan in connection with this case?
A Yes, sir.
Q Okay. We will get to that in a minute. But just so the jury knows, generally, what is a life care plan?
A A life care plan is usually produced by a doctor in my specialty, physical medicine and rehabilitation, called a

physiatrist and/or a life care planner. A life care planner is not a doctor. They have only about 120-hour training in how to prepare life care plans. They -- most of it is online, and it's mostly on a weekend or one week. And they use the reports of other doctors to form their opinions. But a physiatrist, like myself, I am an MD, and I do a lot of these procedures myself. I don't need to review any other doctor's medical reports to formulate my life care plan.

Life care plan is a special report prepared to indicate all of the patient's treatments, injuries, diagnoses, their future prognosis, what the future medical needs and expenses for that patient would be. And this report is used in a legal sector because jurors don't have medical knowledge. They don't really know what the future holds for the patients, so my job is to explain all of these future medical needs and expenses through a life care report.

Q And, Doctor, in preparation for today, did you also review the emergency room record connected with this case of Bronx-Lebanon?

A Yes, sir, I did.

Q Okay. And can you just briefly summarize the patient complaints, and what they did for her in the emergency room, please.

A So on 8/24/20, patient was in her apartment. The ceiling collapsed on her. Her daughter found her, woke her up,

took her to Bronx-Lebanon Hospital. Now, it's referred to as BronxCare Hospital. She had complaints of headaches, dizziness, neck pain, upper back pain, lower back pain.

At the hospital, they gave her three medications. They gave her a Ketorolac, which is a fast acting pain medication, which is very strong. It's not a narcotic. It's anti inflammatory, but it works like a narcotic. They gave her, also, medication for nausea, Zofran, because she was vomiting. She vomited twice. And they gave her methocarbamol for muscle spasm.

Q And, Doctor, with the vomiting, what would that be related to, medically?

A From the head trauma.

Q And you mentioned that she woke up, but was there different notes about whether or not she lost consciousness throughout the notes?

A Yes.

Q Why is that, typically?

MR. VAN ETTEN: Objection.

THE COURT: I'm sorry, I didn't hear the question.

MR. HARRIS: Why is that, typically, was the question.

MR. VAN ETTEN: Different notes, why is that difficult.

THE COURT: I'll allow the question.

A Common sense. When a patient gets hit in the head, they're not really sure what happened. In fact, she was out of it. Her daughter woke her up, so she wasn't sure what had happened to her at first.

Q Now, with regard to -- I want to move forward in her treatment.

Well, first of all, did you review the physical medicine and rehab records in connection with this case?

A Yes, sir, I did.

Q Okay. And there was a lot of physical therapy there, yes?

A Yes, sir.

Q Do you know how many visits, by the way, of physical therapy?

A 50-plus.

Q Okay. And, generally, without going in through every note, can you just generally summarize what the range of motion findings were and what your her care and treatment was there.

A To the best of my recollection, the range of motion, by every physician that treated, her was abnormal. It was normal only by one physician that never treated her.

Q Who was that?

A Dr. Feuer.

Q Oh. Dr. Feuer, who testified yesterday in this case?

A Yes.

Q Okay. Well, asides from Dr. Feuer, hired by the defense --

MR. VAN ETTEN: Objection.

MR. HARRIS: I haven't finished the question.

Q As far as all the treating doctors, like yourself, can you tell us what the general disabilities were, as it relates to her neck and back.

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A They all found her to be totally disabled, and the range of motion, by all the physicians, was abnormal.

Q Thank you, Doctor. Now, if we move forward to the MRI studies, okay, I want to first turn to the 2019 study, which I know you also looked at this morning.

THE COURT: Are you --

MR. VAN ETTEN: Objection. Form. Also, "looked at this morning"?

THE COURT: Overruled. Are we showing him the TV or are you handing him a document or what are we doing?

MR. HARRIS: On the TV.

THE COURT: Very good.

MR. VAN ETTEN: Your Honor, just foundation first.

THE COURT: He is going to ask the question.

MR. VAN ETTEN: But if we are going to show it --

THE COURT: Okay.

MR. HARRIS: Okay. So we are going to use 2020 -- I'm sorry -- Plaintiff's Exhibit 20, with the 2019 film, which is in evidence.

MR. VAN ETTEN: Objection.

THE COURT: I believe he asked the witness if he reviewed this.

MR. VAN ETTEN: Before he turns it on, it would be -- right?

THE COURT: Okay. Mr. Harris, can you just elicit, again, that he saw this, that he's reviewed this before you show it to him?

MR. HARRIS: Of course.

THE COURT: Thank you very much.

Q And, by the way, Doctor, this 2019 film, which we're about to put up on the screen, did you have an opportunity to review this film this morning?

A Yes, sir.

Q Okay. And, by the way, Doctor, while Sheri is putting the film up, was this particular study something that you had seen before this morning, as a treating doctor, in connection with this case?

A The 2019, no.

Q Okay. And why was that not necessary, in terms of your care and treatment for this patient?

MR. VAN ETTEN: Objection. Leading.

THE COURT: I'll allow it.

A It was not part of this 2020 accident.

Q Understood. Okay. So, we are going to, I believe, 6 of 12 on the axial view there.

A Sagittal.

Q Sagittal. Sagittal? I may need your help, Doctor.

THE WITNESS: Judge, may I step down?

THE COURT: Just one second.

MR. VAN ETTEN: I have no problem with the doctor coming down to help find it.

THE COURT: Oh, that's true, too.

MR. HARRIS: You are probably better at this than us.

THE COURT: Doctor, do you mind stepping down and seeing if you can locate the 2019 film that you are going to be asked questions about, sir.

MR. HARRIS: Great. So before -- just for the record, we have, actually, 7 of 12 -- plate 7 of 12 from the MRI.

THE COURT: One second, sir.

You can't see? Is it that the doctor is in the way or the court reporter?

JUROR: Both.

THE COURT: Okay. It's both. Okay. Let's see. I permit you to move around in the jury box, just for purpose

of seeing this. Okay. Good back there? Okay.

Q Additionally, Doctor, are you holding some partial models of the cervical spine that will assist you in demonstrating your forthcoming testimony to the jury with this MRI?

A Yes, sir.

Q Okay. And are they anatomically correct?

A Yes, sir, they are.

Q All right. With the Court's permission, I would ask that you proceed, and explain the 7 of 12 plate, from the 2019 MRI of this patient.

A Okay. May I begin?

THE COURT: Yes, please.

A So, just to direct everyone, this is a model of the spine. This is the vertebra. Each vertebra is named and -- according to its anatomic location. In the cervical spine, there are seven vertebrae. Each vertebra is numerated according to its anatomic location. If I say C2, it means the second cervical vertebra. If I say C3, it means the third cervical vertebra, so on and so forth, all the way up to C7.

Between each vertebra, we have a disc, which functions as a shock absorber. A disc has two portions. Inside, we have the nucleus pulposus, P-U-L-P-O-S-U-S. The outside, we have the annulus fibrosus. They are, approximately, 100 rings of this fibro cartilage material. And right behind the disc is the

nerve roots. These nerve roots innovate all the muscles in the arms. So the biceps is innovated by the C5-C6 nerve root level. And everything below the elbow is C6-C7, and the first thoracic vertebra.

So what we're looking at here is the side view. Sagittal means the side view. Axial view means this view. So when we look at an MRI, we look at it both axial and sagittal. For laypeople, the side view, the sagittal, is much easier to understand. And the very first vertebra that we see on an MRI is the second cervical vertebra. This is C2, C3, C4, C5, C6, C7, T1. This is the brain. This is the spinal cord.

The spinal cord transmits the messages from the lower portion of the body, and from the nerve roots, all the way to the brain. These are the discs. These are the discs. So, what we see is we see a small disc herniation at C2-C3, another small disc herniation at C3-C4, another herniation at C4-C5, C5-C6, and C6-C7. There's nothing at C7-T1. So these are small disc herniations.

In layman's terminology, the disc herniation means a complete rupture of a disc, where a disc material leaks out, like so. And what's behind the disc is the nerve root. It pinches the nerve root. And I have another diagram, which I will show later on, explaining what happens at this level, at a microscopic level. So, an extruded disc is defined where a piece of this herniation breaks off, and lands in the spinal

canal. There are no disc extrusions here, just mild disc herniations.

Q Now, Doctor, is -- in 2019, before this accident, that's from when this film was, correct?

A Yes, sir.

Q Okay. Do we see any evidence of trauma or degenerative conditions or anything like that, other than the normal aging process?

A No, sir, we do not.

Q Okay. Now, I want you to assume that Dr. Sapan Cohn, a radiologist, is being called by the defense either this afternoon or tomorrow, and she will opine that there is degenerative conditions here. Meaning that there is arthritic conditions and conditions that preexisted this accident, with regard to her neck, there.

Do you agree or disagree with that anticipated testimony, Doctor?

A First of all, a picture speaks a thousand words. We do know there are small herniations before this accident. How do we know? We have the MRI of May 24th, 2019, predating this accident. Okay? There is no significant disc herniations here. There is no significant arthritic changes here, other than the normal, small, natural, aging process that occurs into the spine from age.

Q Okay. If we took an MRI of anyone here in this room,

how would you expect it to look, as compared to what we're looking rite at right now?

MR. VAN ETTEN: Objection.

THE COURT: I mean, someone of similar age or -- ask it a different way.

MR. VAN ETTEN: Age, weight?

THE COURT: Yeah. Someone similarly situated? Can we ask this question more specific.

MR. HARRIS: Sure. Someone of similar age and weight of Mr. Van Etten.

THE COURT: All right. Overruled.

MR. VAN ETTEN: I'm not objecting. I just want to see if he guesses my weight.

A So, from the white hair, with no hair, I conclude you probably have some disc bulges, protrusions, and herniations, and some disc desiccation as part of the normal, natural, aging process, but you don't have to have symptoms. It could be asymptomatic in over 90 percent of the patients. Now, trauma makes a pre-existing condition more symptomatic -- and/or symptomatic, and makes it worse. So everybody here, over the age of 50, probably has some disc protrusions in their spine.

Q Understood. And when you say asymptomatic, can you just explain what that word means to the jury.

A Just because you have a disc herniation doesn't mean you have symptoms, doesn't mean you have neck pain, back pain,

doesn't mean you have shooting pain down your arms with numbness and tingling. That's symptomatic. Asymptomatic means you have no symptoms.

Q Okay. Let's jump now to Plaintiff's 21, which I think is that next cartridge there. I will just pull this out. I think it's 1 of 12 on the axial.

So now, we are at Plaintiff's 21 in evidence, of the September 18th, 2020, MRI that was taken three weeks, approximately, after this accident, right, Dr. Guy?

MR. VAN ETTEN: Objection.

THE COURT: I'm sorry. Can I have the question again.

MR. HARRIS: Sure.

Q I'm referring to Plaintiff's 21 in evidence, plate 6 of 12, dated September 18th, 2020, that was taken, approximately, three weeks after the accident.

Dr. Guy, is that what is before you on this screen?

A Yes, sir.

Q Okay.

THE COURT: Overruled.

MR. VAN ETTEN: I withdraw. I'm sorry. I didn't hear it either. Same thing, Judge.

Q All right. Now, can you now explain the comparison, Doctor, from the prior film that was just up here, using your models if necessary, to explain the difference in her cervical

spine -- her neck, from before to after.

A Right. So what we're looking at, this is the front portion of the neck, this is the back portion of the neck, this is the brain, this is the spinal cord, this is the vertebra, these are the discs. First thing we see is the C2, second cervical vertebrae. You don't see the first one because it's called the atlas, it's completely flat. C2, C3, C4, C5, C6, C7.

Between C2-C3, you see the sides of the disc herniation bigger than it was before, C3-C4, bigger than before, C4-C5, bigger than before, C5-C6, bigger than before, and C6-C7 is about the same. So the major, for us, is 2, 3, 4-5, 5 and 6. These are the two levels that has increased in size of the level of the disc protrusion or disc herniation from it's normal origin.

MR. VAN ETTEN: Can I just have the answer read back. I'm not sure if he said decreased or increased.

THE WITNESS: Increased.

MR. VAN ETTEN: Increased. Got it. Okay. Never mind. Thank you, Doctor.

Q Now, when you say increase, the difference in the increase of that -- those discs at those top three or four levels there, is the fluid in the discs that you pointed out, and you said it was like a jelly donut, is that the jelly that's coming out in there, Doctor?

A Yes, sir. That was --

Q Point that out for us on the film, as well.

A Here, here, here, here, here, and here.

Q Now, when that jelly leaks out towards the spinal cord -- where's the spinal cord there, Doctor?

A (Pointing.)

Q How does that affect somebody who is asymptomatic without pain in 2019, when the prior film was done, to this situation, right here, now, after this accident?

MR. VAN ETTEN: Objection. Assumes facts not into evidence and it's contrary to the evidence that was presented yesterday.

THE COURT: Can you ask it a different way.

MR. HARRIS: I'm not sure what he means by contrary to the evidence yesterday, but regardless --

THE COURT: Ask it a different way, please.

MR. HARRIS: Sure.

Q Doctor, can you explain to us why what we're looking at here, would generally cause symptoms, as compared to what we had on the screen before, the 2019, where the patient said she had no symptoms?

MR. VAN ETTEN: Objection.

THE COURT: Overruled. Overruled. Why is this different?

A Yes. Well, the more level of disc sticking out, out of where it's supposed to be inside, the more it pinches the nerve

root. The more you pinch the nerve root, the more shooting pain you get down the arms with numbness, with tingling, and sometimes even dropping objects. In the medical records, the patient was found to have been dropping objects from weakness from the herniations in the neck.

So the more protrusion you have, the more symptoms you're going to have at -- this level of herniation was all the way out here causing cord compression. That would be an indication for an immediate surgery, otherwise, the patient will lose immediate function of power in the arms, et cetera. So the level of herniation increased in size, the symptoms began, and they continued to worsen over time.

Q By the way, how long does it take a disc to herniate like this, typically, after a trauma like Ms. Watson had?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A Some cases, it could happen right away. Some cases, it can happen slowly. In the medical field, we have what is called the incubation period. That means that every condition, every disease, from the time of exposure to time of symptoms, there is a time gap. For example -- may I give a couple examples?

Q Please, yeah. Thank you.

A The common cold has an incubation period of 48 to 72 hours. If someone who is sick sneezes on a person's face, he's not going to have symptoms right away. His symptoms may

begin two to three days later, sometimes longer. Same thing with a disc herniation symptoms. The herniation may happen immediately, but the symptoms take several weeks, sometimes several months, to occur.

Nerve injuries take, usually, 14 to 21 days, minimum, to occur. That's a Board exam question. I give the Boards to the students and residents, and that's one of the questions. So it takes, sometimes, longer for all the symptoms to manifest. And in this case, from reviewing the records, the symptoms began slowly, and they progressively worsened over time. Failed conservative treatments necessitated surgical intervention.

Q Doctor, do you have an opinion, within a reasonable degree of medical certainty, as to whether the film that's now before you, Plaintiff's 21 in evidence, 6 of 12, shows any evidence of degeneration or arthritic conditions that we expect to hear from Dr. Sapan Cohn later today, from the defense, or possibly tomorrow?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A Nothing significant. Nothing other than a normal, natural, aging condition of the spine.

Q Okay. And by the way, Doctor, do you see any -- with arthritic conditions or degeneration, do you often see what's called a bone spur?

A Yes, sir.

Q What is a bone spur?

A This is an example of a bone spur. This is an example of -- they call a bone spur or osteophytes, and this is an example of that severe disc degeneration. Look at the disc base. It is completely gone. This is a normal disc. This is a severely desiccated or degenerative disc. I don't see them. Nobody sees them. The disc space is well maintained, with a little bit of minor disc desiccation in some other areas. But it's so minor, that it's part of a normal, natural, aging process.

Q Well, Doctor, assuming that Dr. Sapan Cohn comes in, who is a radiologist, and says, oh, no, no, no, there's bone spurs there, there's desiccation there on that film, and she points to certain areas, how would you respond to that?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

THE WITNESS: May I?

THE COURT: Yes, please.

A Anybody can come in here and say anything. Okay? It doesn't mean it's truthful. Okay? I showed you --

MR. VAN ETTEN: Objection.

THE COURT: Overruled. Let him finish his answer.

Please, continue, Doctor.

THE WITNESS: Yes, Your Honor.

A I showed you what a bone spur and osteophyte looks

like. Does anybody see anything here of that nature? No. Because it doesn't exist. So anybody can come and say, I see a red balloon here, nobody sees it except that person. You can say it, but there's no osteophytes here.

MR. HARRIS: Thank you. Lastly, while we have this up. Since it's up -- can we do the 24 -- my mistake. Okay. Talking to myself, Judge. I apologize.

Q I would like to now turn in this exhibit to the lumbar spine now, Doctor. Let's cover it that while we have it up here on the screen.

A Okay.

Q Okay. Now, Doctor, I'm directing your attention, on the same exhibit, to the patient's lower back, also known as the lumbar spine.

Can you tell us, on this 1 of 1 impression here, from September 18th, 2020, what we're seeing?

A Yes. The lumbar spine -- lumbar means the lower back. It has five vertebrae. It ends with the sacrum. This the sacrum, S1, L5, L4, L3, L2, L1. These are the vertebrae, these are the discs, and these are the nerve roots. The spinal cord ends between the L1-L2 level, and it continues with what is called a cauda equina, C-A-U-D-A E-Q-U-I-N-A. It resembles a horse's tail. That's why it's called the cauda equina.

So what you're looking at, these are the nerve roots. And at L5-S1, there's a disc herniation touching the nerve root.

At L4-5, there's another disc herniation touching the nerve root. This is more significant than this one. The L5-S1 is more significant than the L4-L5 level.

Q I appreciate that. You anticipated my question. All right. Now, Dr. Macagno has testified before this jury that a fusion is indicated for the lumbar spine.

Do you have an opinion, within a reasonable degree of medical certainty, as to whether you agree or disagree with that opinion?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A I do have an opinion for a variety of good reasons.

Q What is your opinion, Doctor, and please explain.

A I do surgeries of the lumbar spine, myself. I do know the medical indications. The patient has had persistent lower back pain radiating down both lower extremities. I placed three epidurals in the patient's spine myself, and I know the response, short, temporary. It has not -- I gave her an adequate relief of pain.

What is the next step? There's many types of surgeries. There's microsurgery you can do, but that is also temporary. You could do open surgery, where you actually replace these discs with artificial discs, that, hopefully, gives the patient longer lasting relief, but you have to fuse it from the front and the back. So the disc -- the new artificial

disc doesn't pop out. But then you lose -- for every level you fuse, you lose about 5 to 10 percent range of motion.

Q When you say lose 5 to 10 percent range of motion, can you demonstrate what you mean by that for the jury.

A For the lower back?

Q Yes.

A So we have lumbar flexion. Okay? My hands are touching the floor. That's lumbar flexion, it's 0 to 90 degrees. Lumbar extension is 0 to 50. I'm at 0 to 20. I'm a little bit more flexible. Okay? Left lateral flexion is 0 to 50 degrees. I'm a little bit more than 50. I'm at 0 to 20. Right lateral flexion and right lateral rotation, left lateral rotation, is 0 to 50 degrees. So you will lose about 5 to 10 degrees of that range of motion with every one level of fusion.

Q Thank you, Doctor. So now, we're going to turn to the '24 MRI study, which -- I forget which number in evidence. It's the same. I'm sorry. Okay.

A Okay.

THE COURT: One second, Doctor. Ask a question, please. What are we looking at? Ask a question.

Q Now, I'm directing your attention, Doctor, within the same exhibit, Plaintiff's 21 in evidence, to the January 18th, 2024, earlier this year of her neck, plate 7 of 12.

What do we see here, Doctor?

A So, this is, again, the brain. This is the front of the neck. This is the back of the neck. C2, C3, C4, C5, C6, these are black objects, you see on the screen, these are the artificial disc placements.

Q That Dr. Macagno did, right, that's the surgery?

A Correct, correct. And there's hardware back here. Okay? So C2, C3, C4, there is still a disc herniation here with an extruded disc. Extruded disc means part of the disc herniation breaks off, and winds up in the canal. Okay? As you can see, there's a slight indentation on the spinal cord at this level.

Q What level is that?

A C3-C4.

Q C3-C4. Okay.

A Yes, sir. At C2-C3, we see a disc protrusion, still sticking out, but not as bad as before. And over here, now, we see some evidence of disc desiccation, some drying out of the disc. When the disc receives trauma, the water content leaks out. When the water content leaks out, the disc begins to shrivel up a little bit. Now, we're seeing early signs of disc desiccation and traumatic arthritis at these disc levels, C2-C3, C4-C5, C6. The other discs, there's nothing really significant to show, so that's what we see after the surgery.

Q Well, Doctor, now that we're in 2024, which is two and a half years, all right -- two and a half years since the

accident, approximately?

A More or less.

Q Okay. You mentioned that there is now some evidence on this film, two and a half years later, of, you said, arthritis?

A Yes.

Q Do you have an opinion, within a reasonable degree of medical certainty, as to what the cause of the arthritis is that we now see in the 2024 film, at the adjacent levels of the surgery?

A The accident of December of 2020.

Q Well, how long does arthritis take to develop, typically, in the --

A It depends on the patient's age, their overall condition, the level of exercise, but it does not happen over night. It takes several months to several years to set in.

Q Thank you, Doctor. Okay. We are just -- the last thing we're going to do on this exhibit is the lumbar spine from earlier this year.

So, Doctor, I'm now directing your attention to, again, earlier this year, January 18th, 2024, a -- of the lower back again. Now, we're going back to the lower back.

A Right.

Q Plate 6 of 12, can you tell us what you see there?

A Yes. So this is the first sacral vertebra, L5, L4, L3, L2, L1. The spinal cord ends somewhere between here and here,

and continues with the nerves roots.

Q Continues with what?

A With the nerve roots.

Q Nerve roots. Okay. And, by the way, the nerve roots, at that point, start to look like spaghetti in real life at the bottom there?

A Horse's tail.

Q A horse's tail. Okay. Got it.

A So before, if you remember, if you were paying attention, I said L5-S1 was more pronounced. Now, it's the L4-L5 more pronounced, the herniation. So we have a herniation, gotten worse, now, and the L5-S1 is about the same. So that's what we see, herniations at these two levels.

Q Now that we see this in 2024, Doctor, the L4-5 significant herniation that you just mentioned, what would the typical symptoms be, in terms of somebody's ability on ambulate, walk around, with that level of herniation?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A To answer your question, can I use this chart?

Q Would it help you -- is it anatomically correct?

A Yes.

MR. VAN ETTEN: May I see the chart?

THE COURT: Yeah. I just want to know what it is. Yeah. Show it to Mr. Van Etten and then let's --

Q Will it assist you in explaining the lumbar spine to the jury?

MR. VAN ETTEN: Objection.

THE COURT: I'm sorry. May you approach.

(Whereupon, a discussion was held off the record.)

THE COURT: Five minutes. We will take five minutes. Okay? Let's use the restroom. Take five minutes. Don't discuss the case. Okay?

COURT OFFICER: All rise. Jury exiting.

(Whereupon, the sworn jurors exit the courtroom.)

COURT OFFICER: All rise. Jury entering.

(Whereupon, the sworn jurors enter the courtroom and take their respective seat.)

THE COURT: Take your seat. Take your seat. Go ahead. All right. Thank you for that. All right. We will get right back into it.

Doctor, you remainder oath.

THE WITNESS: Yes, Your Honor.

THE COURT: Mr. Harris, question, please.

Q I think we broke off there, Doctor, about the exhibit for demonstrative purposes that would help you explain certain aspects of the lumbar spine, in connection with the MRI film that we had up there. Let's zip that back on. Let me just ask you a couple of preliminary questions, Doctor.

First, would -- with respect to the absence of bone

spurs, would the diagram help you, as it relates to the lumbar spine?

MR. VAN ETTEN: Objection. Leading.

THE COURT: I'll allow it.

A Yes, sir.

Q Okay. And with respect to radiating pain down any of her extremities, would the diagram also help you explain that, Doctor?

MR. VAN ETTEN: Objection.

THE COURT: I'll allow it.

A Yes, sir.

MR. HARRIS: So, with the Court's permission, now that we've redacted the exhibit, can the doctor use it to explain to the jury?

THE COURT: Yes.

MR. VAN ETTEN: There's the easel. I just brought it over there.

MR. HARRIS: Thank you.

MR. VAN ETTEN: You're welcome.

A May I begin?

Q Yes.

THE COURT: Ask a question, actually.

MR. HARRIS: Oh, sure.

Q Doctor, using -- with respect to the exhibit now, that's on the easel, can you use the exhibit to explain what

we're looking at, in terms of the MRI of the lumbar spine, from January 18th, 2024.

A Yes. So, once again, this is the sagittal, or the side view, of the lower spine. This is the front portion. This is the back portion. This is the first sacral bone, L5, L4, L3, L2, so on and so forth. On the screen, I showed you the L4-L5 had worsened. This is L4-L5. This is what a disc herniation looks like. The disc is completely torn. The gelatinous material leaks out, pinches the nerve, which is right behind it.

When you pinch this nerve behind it, you get referred or shooting pain into the hip, the buttocks, down the legs. If there is pain in the leg, the problem is not in the leg. The problem is coming from the back. If there is numbness and tingling in the leg, the problem is not here. The problem is coming from the back. So L4-L5 gives you referred pain into this area. L4-L5 is mostly to the anterior portion of the leg, and on the top of the foot. L5-S1 is mostly into the buttock area, and the calf muscle. That's mostly the S1 distribution.

So every muscle is innovated or supplied by a specific nerve root from the lower back. If you have a problem here, you're going to have a problem in the lower back. The L5-S1 and the L4-L5 are your two major foundations. Imagine a skyscraper. If the foundation is cracked, what happens if you go higher up? You're going to have a toppling effect. So if your foundation is cracked or herniated, as you go higher and higher up, you get

the domino effect, the discs above will do more work, and they will you become slowly, gradually, decompensated. They begin to bulge and/or herniate.

And I have the other side, that shows where the bulge, herniation is.

Q Yes.

A May I?

Q Yes.

A Okay. Just to orient everyone, this is the axial view. Sagittal is the side view. This is the axial. This is the axial view. I call it the salami view. This is the spinous process, which is here. This is the transverse process, which is here, here. If you take your fingers, touch the back of your neck, you're touching your spinous process. So, this is the disc herniation. The annulus fibrosus -- you have 100 rings of a fibrocartilage material called an annulus fibrosus.

Inside, you have the nucleus pulposus, which is water and a gelatinous material. It is this structure that gives you your ability to have range of motion. And, also, when you jump up and down, it is this structure that prevents bone from hitting bone, and causing bone fractures. So the outer one-third of a disc has nerve fibers. We have, what is called, the nociceptors, N-O-C-I-C-E-P-T-O-R-S. Comes from the branch of the nerve root.

So if the outer perimeter of your disc is torn, there's

-- nerve fibers causes pain. It also causes the secretions of over 100 different chemicals. Some of the important chemicals are listed here. I just named a few. We have prostaglandin, P-R-O-S-T-A-G-L-A-N-D-I-N-S. You have phospholipase, P-H-O-S-P-H-O-L-I-P-A-S-E. And you have prostaglandins. You have nitric oxide, N-I-T-R-I-C O-X-I-D-E, and the list goes on. If I give you the whole list, I'll put you all to sleep. I won't do that.

I continue, so it causes release of these chemicals, which will continuously irritate the nerve root. That's why, even if you do surgery, at the C4-C5, C5-C6, just because you remove the disc, the nerve damage remains because of this process. Once the nerve root has been damaged, in most cases, it is permanent and irreversible. That's why you still continuously have shooting pain down the arms with numbness and tingling and dropping objects.

So a bulge is a partial tear. Partial tear, partial tear, partial tear. Herniation is a complete tear, when a disc material passes the disc margin. Extruded disc is when this little, tiny piece falls off, the disc herniation material winds up in the spinal canal.

Q Thank you, Doctor.

A Okay.

Q Thank you.

A Do you still need me to stand or can I sit down?

Q Well, while you're standing here, I just have a separate exhibit that's in evidence. I just wanted to --

MR. VAN ETTEN: It's over here.

MR. HARRIS: Thank you, Jeff.

MR. VAN ETTEN: You're welcome.

Q All right, Doctor. I want to bring out a page that the jury saw yesterday of the op report from Dr. Macagno. And direct you to -- there's a lot of description of what he did during the fusion procedure in December of 2022.

But, specifically, as to what he sees, what are you pointing to here?

A At the C5-C6. He is talking about the C5-C6 here. And at the C5-C6, he's doing the procedure, and he sees a significant disc herniation was evident at this level, indenting the dura, that's the carving of a nerve root, and compressing the nerve roots. And it was removed completely, so --

Q What does that mean?

A There was a large disc herniation at C5-C6 compressing the nerve roots.

Q But now, he takes that disc out, like you just said?

A Right.

Q He puts in all that hard work, and she still is dropping objects and complaining of --

MR. VAN ETTEN: Objection.

MR. HARRIS: I haven't finished the question yet.

THE COURT: Finish the rest of the question, please.

Q Do you have an opinion, within a reasonable degree of medical certainty, assuming that was the prior testimony, and assuming those are what the records support in evidence, including Dr. Macagno's record, where she continues complaining of dropping objects, postsurgery, do you have an opinion, Doctor, as to why, when you remove that disc, she still has those problems?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A Yes, I do have an opinion, based on a few reasons.

Q Sure.

A Number one, I did an EMG, a nerve test, on the patient. There is still evidence on an EMG nerve test that there is radiculopathy at C5-C6 level, although the disc was removed, but the nerve root was not removed. The nerve root has been damaged.

Q What's the nerve root again on that --

A This is the nerve root.

Q The yellow piece of --

A Yes, this is the nerve root. The nerve root has been damaged, has not been removed, it remains damaged, as confirmed by the EMG that was performed by me in 2014. So, these are the main two reasons.

Q Now, I want you -- you mentioned that you did any EMG, which we're going to -- I guess we could just talk about that.

A Yes.

Q That was done earlier this year?

A Yes, sir.

Q Okay. And it found what?

A It found electrical evidence of a C5-C6 cervical radiculopathy, damage to the nerve root at the C5-C6 level.

Q Okay. Now, there was another EMG done a couple of years ago by a Doctor -- I want to make sure I get his name right -- Dr. Almentero, which is in evidence, and found nerve damage at C8-T1.

Is that consistent with your EMG findings, and the MRI studies that you've explained to the jury?

A No, sir. At the C8-T1, that radiculopathy was transient. It was temporary. It got better. As all the MRIs showed, there was no damage. There was no herniation at those levels, C8-T1. Therefore, it was a short, temporary, which got better on its own, but not the C5-C6 level.

Q Thank you, Doctor. All right. Now, you can resume your spot on the witness stand there, and I will get to your own examination and findings.

A Okay.

THE COURT: Watch your step, Doctor.

Q Doctor, I want to direct your attention to earlier this

year.

How many times did you see this patient in January?

A Three times.

Q Okay. And what were her complaints?

A Persisting neck pain with radiation down both upper extremities, with numbness, tingling and weakness, lower back pain radiating down both lower extremities, with numbness and tingling, headaches, trouble concentrating, trouble thinking clearly, and having difficulty sleeping.

Q Thank you, Doctor. And did you then perform an examination?

A I did.

Q Okay. And what did -- what do your examinations generally consist of?

A I check the vital signs, that's the blood pressure, the pulse, respiration. Her blood pressure was very high, 170 over 110. I advised her that she has to go to the emergency room to get that treated because it can cause a heart attack. It can cause a stroke, and other complications. And then I examined the areas she complained, the neck and the back.

The neck, there was a six centimeter, that's about two and a half inch, surgical scar in the front with a keloid formation. A keloid formation is when the skin bubbles up. This is common in the African American race after a surgery, their skin forms keloid formations. It's an ugly scar. The

range of motion was diminished. Bending side to side was 30 degrees out of 45. Lateral rotation, rotating from side to side, was 50 degrees out of 80. Bending forward and backwards was 40 out of 60. There was moderate amount of spasm. Spasm is defined as a prolonged, involuntary contraction of a muscle fiber, where the patient has no control over it.

When you touch a neuro muscle, it's soft to touch. When a muscle gets injured, it goes into protective measure. It goes into spasm. The fiber is short. And I also found evidence of trigger points. Trigger points are caused by trauma. When you touch the neck muscles, you find these palpable modules, the size of a little marble, that are caused by trauma. It's an area of muscle scarring, muscle fibrosis.

And I found the same thing with the lumbar spine. There was tenderness. There was spasm. There were numerous trigger points. Bending backwards was 15 degrees out of 30. Bending forwards was 60 degrees out of 90. Bilateral flexion, lateral rotation was 20 degrees out of 30. Straight leg raising, which is a test to see if there's any disc herniations or if there's any pinched nerve in the lower back, was abnormal, was 60 degrees out of 90. Normally, it's 90 out of 90 or better.

Muscle power testing for the left leg was 4+ out of 5. Normally, it's 5 out of 5. Next is 5- out of 5. Then comes 4+ out of 5, so it was two grades weaker. Sensation was diminished

to pinprick and touch. Left biceps and left medial calf -- biceps comes from C5-C6. Medial calf comes from S1-S2 distribution from the lower back, and reflexes were normal, and gait was normal.

Q Okay. And did you examine her on two other occasions?

A I did.

Q Without going into such great detail, because I don't want to --

A Right.

Q Were those examinations similar, in terms of what your findings were, to the first examination?

A Yes, sir.

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

Q Yes. Okay. Now, can you tell us, generally, as a result of those examinations, did you formulate a treatment plan, Doctor?

A I did.

Q And what was your treatment plan?

A The treatment plan was to start on the course of physical therapy, and to schedule her for new MRIs of the cervical lumbar spine, new EMG, and epidural injections.

Q Well, we discussed the EMG and MRI, so I don't want repeat ourselves here. But with regard to the injections, you briefly mentioned epidural injection earlier in your testimony,

but we haven't explained what that is, and how -- what it's supposed to do. So let's do that now.

A An epidural injection for the lower back is an injection of lidocaine and cortisone. And when you give medication next to a nerve root, next to a spine, it works much, much better than if you take it orally. To give an example, one milligram of morphine given into the spine equals 100 milligrams of morphine by mouth. If you give a patient 100 milligrams of morphine by mouth, what do you think is going to happen to them? They're going to die.

One milligram into the spine does nothing. It is a tremendous pain killer. So when we give lidocaine and cortisone into the spine, the medication goes directly to where the problem is. And you can give the epidural into the spine in three places. In the middle of the spine, where the women that have a pregnancy get their epidurals, in the middle of the spine. That's dangerous because you can have leakage of the spinal fluid and have pounding headaches for life. The patient can curse you for life. I never go there. I go to either -- I do a transforaminal or I do a caudal.

And that diagram shows it nicely, what I do. If I can explain that through that diagram --

Q Do you want this back, with the Court's permission?

THE COURT: Which diagram? I don't know which -- that's the one?

MR. HARRIS: Yeah.

I'm just handing it to the witness.

THE COURT: Okay.

A So this is an epidural needle. You can put it in the middle of the spine.

THE COURT: I'm sorry. One second, Doctor.

Doctor, can you try to turn the -- okay. Now? You can go back to your seat. Yes.

Q I'm sorry, Doctor. The needle you're holding, that's an epidural needle?

A Yes, sir.

Q How much of that goes into the spine when you inject this medication?

A It depends on the patient's size. If the patient is very, very skinny, probably a half. If the patient is not so skinny and they're muscular, maybe three quarters.

Q Three quarters of that needle?

A Yes.

Q Okay. And how do you -- how do you -- just curious.

How do you do that procedurally to make sure you don't cause some other damage to the --

A Good question. So you have a thoracoscopy machine, which is like an x-ray machine, that guides you where your needle goes. Before we do anything, we have a long pointer. I point to where I'm going to go. Again, you can do the epidural

in three places. This is called inter -- transforaminal epidural. This is transforaminal. This is a caudal epidural. A caudal epidural injection is much for effective because with one stick, the medication goes all the way up the spine, gets rid of the redness, the swelling, the inflammation around the nerve root. And there's nothing in the caudal space to cause damage. Here there is, here there is. This caudal epidural does not.

So you put your needle over here. The thoracoscopy confirms where you are. And you get a little contrast, a little dye to confirm that you are in the right place. And if the contrast dye goes all the way up the spine, without any blockage, it means you are in the right place. Now, you are free to remove the stylet. You remove the stylet, and from the other end, you put the lidocaine and the cortisone in, and it goes in. And then you observe the patient because, usually, this is done under twilight sedation, the patient is sleeping.

When they wake up, they have immediate numbness and tingling in the legs. That means it worked. And then the response from pain and inflammation varies from patient to patient. It is temporary. It is designed to give the patient short, temporary relief so they can start to exercise and build the bottom -- the body better, and get themselves into better shape.

Q Well, Doctor, how many of these injections did you give

Ms. Watson?

A Three.

Q Why so many?

A Because they are -- they're for short, temporary relief. They're not designed to cure. They're not designed to give long-term relief. Short-term relief.

Q Ant typically, when you say short-term, how many days or weeks are we talking?

A It varies from patient to patient. It varies from the time of the year you give it. If you do these epidurals earlier on, within the first six months of trauma, it works better. But after two years, it still works, but not as good.

Q Understood. Okay. Thank you, Doctor. And --

MR. VAN ETTEN: Can we just approach the Judge, Seth, for a second. Just real quick, Judge. It's not --

THE COURT: Okay.

(Whereupon, a discussion was held off the record.)

Q Okay. We were -- we finished discussing the epidurals. Did you prescribe any other treatment, besides physical therapy, Doctor?

A I prescribed --

MR. VAN ETTEN: Can we know what he's looking at. What is he looking at?

THE COURT: Doctor, what are you looking at?

THE WITNESS: My progress note of 4/8/24.

THE COURT: Is that in evidence or is it marked?

MS. HOLLAND: The records are in evidence.

MR. VAN ETTEN: That's what I'm asking. I would like to know what he is referring to.

Q Okay. Doctor, we've marked your copy of your records as Plaintiff's 5 in evidence, so if you need to refresh your recollection -- well, they're in evidence, so I guess you can read them if you need to.

THE COURT: If you need to. We just needed to know what it was. Your next question. Go ahead.

Q What was the medication, Doctor?

A Meloxicam, M-E-L-O-X-I-C-A-M, 15 milligrams, once a day. It's a long-lasting pain medication and anti inflammatory for pain and inflammation. I also prescribe cyclobenzaprine, C-Y-C-L-O-B-E-N-Z-A-P-R-I-N-E, for muscle spasm.

Q Did the patient report taking those medications?

A Yes.

Q And, Doctor, I believe earlier, as part of your exam, you mentioned her gait?

A Yes.

Q Okay. And did she have a normal gait on those days?

MR. VAN ETTEN: I believe it's asked and answered. The first response was normal on that first exam.

MR. HARRIS: Why is he making a speaking objection?

THE COURT: Stop. Was it?

A On the first exam, was normal. And subsequent, it has been antalgic, she walks with a limp.

Q Now, the patient -- I want you to -- I want you to assume that Ms. Watson testified for the jury that the cane that she uses is more just to secure her balance, sometimes her leg gives out, but there are times where she can walk normally --

MR. VAN ETTEN: Objection. It's his witness. This is insanely leading.

MR. HARRIS: I haven't finished the question yet.

THE COURT: Finish the question.

Q -- do you have an opinion, Doctor, within a reasonable degree of medical certainty, as to whether patients can, with these sorts of injuries that you've described to the lumbar spine, on occasion, walk normally, and on occasion, walk with a limp?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A Yes. That is usually the course.

Q And so how does that work? I mean, patients, sometimes they need their cane, and they have it, and they're just kind of moving it around, other times, they're actually leaning on it.

Why is that?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A Laws of physics. Cold contracts, heat expands. During

winter months, rain, snow, humidity, there's more pressure on the nerve roots, so there's more disfunction. So her gait may be more abnormal during those times.

When she's had epidurals, she's had treatments, the pain and the gait will be a little bit better. When she's taking meloxicam and/or cyclobenzaprine, her pain would be level. Her gait will be better.

Q Are there any side effects to those medications?

A Yes.

Q What are they?

A Meloxicam causes upset stomach, can cause gastritis, gastric ulcer, it can affect the kidney, the liver. Cyclobenzaprine causes drowsiness and cognitive disfunction, ability to think clearly.

Q So, generally speaking, do you find that your patients sometimes use these medications, but sometimes stop because of the side effects?

MR. VAN ETTEN: Objection.

THE COURT: Does that happen?

THE WITNESS: Yes. Yes, Your Honor.

Q And -- all right -- okay. Doctor, with regard to your impressions, can you tell us what your specific impressions were, as it relates to her head, neck, and lower back, please.

A Yes. Those are the diagnoses. Is that what you mean?

Q Yes.

A Yes. So she has multiple cervical disc herniations in her neck. She has multiple disc herniations in her lower back. She has cervical and lumbar radiculopathy. And she also has bilateral carpal tunnel syndrome in both her hands. She has an exacerbation of a prior, preexisting asymptomatic spinal spondylosis. She's -- C4 to C6 disc herniation removal with artificial discs, with an ugly, keloid scar in the front of her neck, which is about two and a half inches long. She had a head trauma with postconcussion syndrome -- with postconcussion symptomatology, and that's essentially it, with my diagnosis.

Q Thank you, Doctor. And Doctor, do you have an opinion, within a reasonable degree of medical certainty, as to whether the accident of August of 2020 was a substantial factor in causing these injuries that you've herein described?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A Yes, sir.

Q What is your opinion?

A It was causally related by the accident of 8/24/20.

Q And, Doctor, do you further have an opinion, within a reasonable degree of medical certainty, as to whether the injuries to her neck and back, not her head, the neck and back, are permanent in nature?

A They are permanent and progressive in nature, based on the diagrams I showed, and based on the explanations I gave

earlier. Yes. There is no cure for disc herniation. It's a permanent, progressive condition. It only has treatments.

Q And with regard to the radiculopathy, or as you've described as nerve damage, do nerves regenerate over time and heal on their own? Or how does that work?

A The nerves in the brain, the neurons, do not regenerate. Once you have a closed-head injury, a traumatic brain injury, you lose thousands, hundreds of thousands, millions of neurons. But we have a lot -- so many neurons that they can take their place. Nerve roots, once they have been permanently injured, they are not curative. It's going to be a permanent, progressive condition.

Q Doctor, do you have a prognosis for the patient?

A Yes. The prognosis is that she's left with a permanent, total disability. In fact, she had a functional capacity done in my office to see if she can do any work. She could not. That test proved she cannot do any type of work.

MR. VAN ETTEN: Objection. I don't believe that's the claim right now in front of this --

THE COURT: Ask another question.

Q Do you think that she could return to work, Doctor?

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A No, based on many factors.

Q What are the factors?

A Based on the fact that the condition is permanent and progressive, as I explained earlier. Based on the fact her new MRI showed there is still pathology in the cervical spine and the lumbar spine. Based on the EMG that shows there is it still nerve root damage at the bilateral C5-C6 level. And based on a test, called a functional capacity evaluation, which is a test that is done to see if the patient can do any work. You mimic how much they can lift, how much they can pull, push, how long they can sit, how long they can stand. Based on that test, she is not able to do any type of work.

Q Doctor, earlier, you defined what a life care plan is?

A Yes.

Q And my office asked that you create one as it relates to this case?

A That's right.

Q Can you now take us through your life care plan for this patient, please.

A Yes so a life care plan for this patient is based on optimal level of care. It is not based on what she's had. It is based on what she will medically need. I'll give one example, if I may.

Q Sure.

A If a patient is a diabetic, they need 20 units of insulin in the morning, and 20 units at nighttime. If they don't take it, it doesn't mean they don't need it. If they

don't take it, they're going to have the ill effects to the body. Same is happening here.

So, based on medical indications and optimal level of care, the patient will need to see a spinal surgeon at least three to four time per year to look for evidence of beginning formation of traumatic arthritis and/or adjacent segmental pathology. That means, in the neck, the C4-C5, C5-C6 was operated. We want to see if the levels above and below showing any evidence of bulging, herniations that are getting progressively worse. If they are, you have to have early intervention. Early intervention, you'll have a good result. If you sit on it and you wait a long time, even with a proper intervention, may not get good results. So three to four time per year. And because each visit is about 300 to $400, depending on how much time the doctor spends with the patient.

And the patient will need future surgery for the lower back, as opined by Dr. Macagno. And that future surgery depends on how many levels the patient will have operated on. There will be at least two-level surgery. The surgeon's fee will be about 100,000. The surgical assistant fee will be about $10,000. A one to two-day hospital stay will be anywhere from 150,000 to $200,000. At NYU, it's 300 to 400,000. Anesthesia fee is $4,000. Neuromonitoring fee to monitor the spine during surgery is about $3,000. Postsurgical brace, to give the patient a brace, to not reinjure themselves, that would be

$1,000.

Afterwards, they will need physical therapy three times a week for four to six months at a cost of $200 for set -- for each comprehensive session of physical therapy. Next, the patient will need periodic MRIs of the cervical spine, lumbar spine every two years to make sure there is no pathology setting in. The cost for an MRI is 1,500. And the patient will need EMGs on the neck and the back every one to two years to make sure the nerve damage does not worsen over time. The cost of an EMG is 2,500.

The patient would need nerve conduction studies for the carpal tunnel every two to three months. That would be about $1,000 a period. Patient will need medications for pain, spasm, and inflammation. Oral medications will cost about 3,000 to $5,000. Topical compounding cream medications for long-term management, what has the least amount of side effects, that will cost much higher, it will be about 700 to $900 per month additionally. And the patient will need a complete blood count, basic chemistry profile, liver function test, urinalysis every four months to monitor the patient's vital organs, make sure they're not getting any side effects from these medications. That costs is about $400 per test.

The patient will need the following interventional pain management procedures for the next three to five years. The patient should have three cervical epidural injections per year,

three lumbar epidural injections per year. The cost for each epidural is about $2,000, and the outpatient surgical facility, to give the patient anesthesia, monitor the patient, is an additional $3,000 for each one. The patient would need three sets of cervical, medial branch block injections, three sets of lumbar medial branch block injections, which will cost $3,000 each. The outpatient surgical facility for each is $3,000.

The patient would need two sets of cervical radial frequency ablation procedures to burn the sensory nerves in the neck, to give the patient long-term relief. That would be $5,000 for each, and the outpatient surgical facility for each is also $5,000. The same will be needed for the lower back, two per year, the cost, again, is $5,000. The outpatient surgical facility fee is $5,000. The patient needs and should have 12 sets of trigger point injections per year for the muscle pain, for the trigger points, neck, upper back, and lower back, and the cost is $400 per set.

And, also, as time goes on, the average longevity of a cervical surgery is about seven years, plus or minus two years. She will need another surgical -- surgery to the neck. This time, it will be three to four levels, and the cost would be -- the surgeon's fee would be about $100,000, the surgical assistant fee would be about $10,000. A one to two-day hospital say would be about $200,000, anesthesia fee would be about $4,000, a neuromonitoring fee to monitor the spine during

surgery would be $3,000. And afterwards, the patient would need postsurgical bracing at $1,000, and physical therapy three times per week, four to six months, at a cost of $200 per session.

Also, the patient should also have a home health aide to assist with household chores, shopping, cooking, and cleaning, things that she should avoid, such as lifting, pulling, or pushing anything more than five pounds occasionally. She will need such home health aide at least 30 hours per week. The cost is $35 per hour.

Q Thank you, Doctor. And is your life care plan, as you've enumerated it in your prior answer, all within a reasonable degree of medical certainty?

A Yes, sir.

Q You mentioned one thing I just want to touch upon there. The future surgery to her neck, as well as the indicated surgery for her lumbar spine by Dr. Macagno, could you explain, with regard to the neck -- future neck surgery, why you believe the adjacent levels will require -- you said something about seven to ten years.

Could you explain about that.

A Well, the average longevity of any surgery in the neck is about seven years, plus or minus two years, because traumatic arthritis sets in, adjacent segmental pathology sets in, the discs above and below get more pressure, and they become more disfunctional, they become more herniated, and the nerves get

more damaged as time goes on. So, how do you relieve it? Another surgical procedure.

Q Doctor, what is the term medical -- maximum medical improvement mean?

A MMI, maximum medical improvement, in the medical field, means that the patient has reached maximum improvement from the treatments given. It doesn't mean the patient cured. It doesn't mean that the patient doesn't need any future treatments. It means just, at that time, temporarily, the patient has plateaued. So you have to try something else or give the patient a little weight, a little rest period, and then reevaluate. The reevaluations must continue, and not stop.

Q So when a doctor -- when a surgeon, like Dr. Macagno, completes a fusion like he did in this case, at the conclusion of that fusion, from a surgical perspective, has maximum medical improvement been reached, only insofar as the surgeries are --

A Yes.

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A Yes. Yes, for that time. Yes.

Q And so can you explain how that dovetails into your life care plan, and what you're recommending for this patient.

A Just what I said earlier. The condition is permanent. It is progressive. It is not going to be curative. The condition will worsen over time with traumatic arthritis,

adjacent segmental pathology. All these treatments will be indicated. Without them, the patient will not be comfortable, and will not be able to function properly.

Q Doctor, do you have an opinion, within a reasonable degree of medical certainty, as to giving a life care plan that you're recommending for this patient, as her treating doctor, could you explain to the jury, from your experience as a physical medicine and rehabilitation doctor, what you expect her loss of enjoyment of life to be like over the next 25 years, let's say.

MR. VAN ETTEN: Objection.

THE COURT: Overruled.

A Sadly enough, this condition is progressive. It will slowly worsen. Her level of function will slowly deteriorate, and there will be more pain, there will be more spasm. And when that comes in, there will be a less happily life structure, and she will be able to do her activities of daily living less and less. That's why I said she needs a home health aide, as well.

Q How does that affect somebody's, you know, mental wellbeing?

MR. VAN ETTEN: Objection.

THE COURT: That's too speculative. Ask another question.

MR. HARRIS: I have no further questions. Thank you, Doctor.

THE WITNESS: You're welcome.

MR. VAN ETTEN: Do you want to see if they need a break? If not, I'm ready to go.

THE COURT: You good? You good? We're all good.

Mr. Van Etten, take it away.

CROSS-EXAMINATION

BY MR. VAN ETTEN:

Q All right. I will start it out this way, Doc.

Ms. Watson has had a neck surgery, true?

A Yes.

Q And from what you just said, the neck surgery will not get better, true?

A True.

Q And you said that the average is seven to whatever years, you have to have another neck surgery?

A That is correct.

Q Okay. So when a patient goes to a doctor for surgery, they never get better, that's your testimony?

A That is not what I said. I'm talking about Ms. Watson. I'm here --

THE COURT: The answer is no. Ask the question.

Q Doctor, you said, in general, it's -- the practice is, in seven years, the average, she is not the average.

That would've been referencing to her, correct? You said the average, fair?

A I am referring to Ms. Watson. If I wasn't clear, let me clarify.

Q No. I'm just asking, you said the word average, yes or no?

A If I said it, I'm referring to Ms. Watson.

Q Okay. And then if she gets a back surgery, which you would agree hasn't happened, true?

A True.

Q That's not going to get better either?

A I don't know. I don't have a crystal ball. I'm a physician, I'm not a magician.

Q Then why does she need a home health aide if we don't know if she's going to get better?

A As of right now, she needs a home health aide. As a right now, because she has weakness, she has disfunction, she has intermittent bouts of antalgic gait, and the condition is going to slowly, progressively worsen over time.

Q And that would -- and she's able to travel down to your office, true?

A Yes.

Q And needs a home health aide to escort her to do that because she is physically unable to go down to your office?

MR. HARRIS: Objection.

THE COURT: Sustained. I don't -- I didn't hear the --

Q What I'm trying to figure out, because here's an interesting thing, too Doc, you're not an orthopedic spinal surgeon, correct?

A I am not.

Q You're not a neurosurgeon, correct?

A I am not.

Q The fusion that was done by Dr. Macagno, that's an orthopedic spinal surgery?

A It is.

Q And neurosurgeons sometimes could do that too, depending on the complications involved?

A Correct.

Q Particularly, with the neck?

A That is correct.

Q There was no neurosurgeon that was required because of any complications of the neck, correct?

A A spinal surgeon is sufficient. You don't need a neurosurgeon.

Q This was elective surgery, correct?

A It is -- was.

Q Okay. Because you said before, the conditions can worsen with the neck, where it might be an emergency, and they have to do it, right?

A That is correct.

Q And in this circumstance, that wasn't the situation,

fair?

A That is correct.

Q Okay. And the interesting thing is, with you not being a surgeon, in all of these treatments that need to be done, as a physical medicine rehabilitation person, you are the one who is going to do them, right?

MR. HARRIS: Objection to --

THE COURT: I just didn't understand.

Q Well, you are now treating her, correct?

A Correct.

Q And you are making all of these projections for all of the care she needs, correct?

A Correct.

Q Other than the home health aide, heck of a lot of money there, right?

MR. HARRIS: Objection.

THE COURT: Sustained.

Q Well, you just gave it up. You didn't add it up. Somebody else came in and did that.

Would it be over $10,000 worth of treatments you're projecting into the future?

A Absolutely.

Q Over $100,000 that you're projecting into the future?

A It would be in the vicinity of 2 to 3 million.

Q And that's going to be paid to you treating her, right?

A No, sir.

MR. HARRIS: Objection.

THE COURT: Overruled.

MS. HARRIS: I withdraw my objection.

A No.

Q Aren't you treating her for physical therapy now?

A If she decides to treat with someone else, she can go to anybody she wants. If she wants a three-level fusion surgery, I don't do that. Okay? I don't do the lumbar fusion surgery. I don't do that. Physical therapy, I do. Interventional pain management procedures, I do. So some of it yes, I do. Do I do all of it? I do not.

Q And the surgeries you do are the, like, percutaneous discectomies, where you stick a needle in and you pull out some --

A No, I do more than that. I do endoscopic lumbar microdiscectomy annuloplasty.

Q Okay. So, Doctor, let me ask you this, though, if Dr. Macagno came and told this jury about maybe needing a future revision, which he said she does not need now, and he couldn't project it, would he be the person doing the future cervical surgery?

MR. HARRIS: Objection.

THE COURT: Speculative.

MR. VAN ETTEN: Everything he's testified to is

speculative, Judge.

THE COURT: Come on.

MR. HARRIS: Now, we need a curative, Judge, because he shouldn't be saying --

MR. VAN ETTEN: This was the expert, Dr. Macagno, that came in, was asked if he thought that she needed a surgery --

MR. HARRIS: Speaking objection.

THE COURT: Stop.

MR. VAN ETTEN: I will do it this way then.

Q On December 11th, the last question asked of Dr. Macagno by Ms. Holland:

"QUESTION: What does maximum medical improvement mean?

ANSWER: Maximum medical improvement means that at this time, I will not make her better with any kind of surgery. That is maximum medical improvement, not that the patient is perfect after surgery. Happens all the time. We still have pain somehow. Well, that is maximum medical improvement. That is to say nothing to do right now. More exercise, but no surgery for you."

That's what he testified. There is no future surgery for her. Do you do you disagree with that testimony? That's my question, yes or no. If you can answer yes or no.

A That question --

Q Can you answer yes or no. You've done this. Yes or no.

A I've done this, but you've got to let me talk.

Q Yes or no?

A It cannot be answered with a yes or no.

Q Thank you. That's what I needed to know. Okay.

So would you agree with Dr. Macagno as the surgeon?

A This cannot be answered with a yes or no. It's a trick question.

Q Sure. A trick question, you said?

A Yes, sir. Would you like to know why?

Q No, Doctor. He will give you that opportunity.

THE COURT: Wait for the question.

Q So the question I have for you, Doctor, are you board certified in orthopedic surgery?

A I am not.

Q Are you board certified in neurology?

A I am not.

Q Are you board certified in radiology?

A I am not.

Q Okay. Those are experts that treat particular conditions or make various diagnoses; is that true?

A So do I. I make the same diagnoses, and I have -- and I note the same medical indications.

Q You cannot schedule Ms. Watson to go in for a future cervical fusion surgery, that would be the operating surgeon who does that, correct?

A That's correct.

Q Okay. Same with the lumbar spine surgery, that would not be you, that would be the orthopedic surgeon who would make those recommendations?

A I can make the same recommendations. The surgeon will perform them. I am qualified to make those medical indications. I don't have to be a radiologist to look at an x-ray to see a fracture, look at an MRI to see there's a herniation.

Q But you defer to radiologists, don't you?

A I send the patient to the facility, they automatically read it. Sometimes I agree with the reading, sometimes I disagree with the reading. I call them, and sometimes, they make revisions.

Q But you are the one who refers them, that's what you did in 2024 in January, you sent her out to get an MRI?

A Right. But also -- but I also read them myself.

Q Well, Doc, in your report, right, you still have that in front of you?

A I do.

MR. HARRIS: Objection to the "Doc". We're not in a playground here, Judge.

MR. VAN ETTEN: I apologize. Dr. Guy, he's

correct. I was being rude to you. I apologize.

Q Dr. Guy, do you still have your report in front of you?

A I do, yes.

Q Okay. And when you did your initial assessment or your report -- by the way, I'm sorry. I withdraw it all.

Ms. Watson did not come to you to treat, correct, she was referred to you by her attorneys --

MR. HARRIS: Objection.

Q -- to do the life care plan, correct?

THE COURT: It's -- break up the question.

MR. VAN ETTEN: Sure.

Q When you first saw Ms. Watson, it was on the referal of her attorney to get a life care plan done, correct?

A Yes.

Q And that was for the purpose of this litigation, correct?

A If it went to litigation, yes.

Q Well, it was in litigation, you're aware of that?

A The answer is yes. Not every case goes into litigation.

Q Well, Doctor, we were on the trial calendar in January of 2024. Are you aware of that?

MR. HARRIS: Objection. Woah, woah, woah. Objection.

THE COURT: Move on.

Q Well, Doctor, why would Mr. Harris and his firm ask for a life care plan. He's not a consulting doctor, is he?

MR. HARRIS: Woah, woah, woah. As to why what we would do?

MR. VAN ETTEN: Ms. Holland opened on this issue.

THE COURT: Stop, stop, stop.

MR. HARRIS: Mr. Van Etten knows better than to ask what I'm thinking, Judge.

THE COURT: Okay. It was sustained. Ask another question.

Q Are you aware, when you spoke with your attorneys, that Ms. Holland opened and told everybody that they had retained you to put a care plan together for their client?

MR. HARRIS: Objection, Your Honor. That's another silly question.

THE COURT: Come up here, please. Come up here.

(Whereupon, a discussion was held off the record.)

THE COURT: When you're ready, Mr. Van Etten.

MR. VAN ETTEN: Thank you.

Q So, what I would like to know, Dr. Guy, when did the relationship change from when you were a hired doctor for the plaintiff's attorneys, to becoming the treating doctor for Ms. Watson?

MS. HOLLAND: Objection.

THE COURT: I'll allow it.

A After the first visit.

Q Okay. And so would that have been -- when would that have been?

A After January 8th, '24.

Q And at that first visit, was that purpose to provide the life care plan?

A Yes.

Q And at that time, did you then know everything that she would need into the future?

A Yes.

Q And at that -- doesn't that present a conflict then, as we just discussed it, now you are treating her for what you were projecting she needs?

A Absolutely not.

Q So you would normally get patients by consults with other doctors, correct?

A That's one source, doctors, patients, NYU Medical Center. I get referrals from NYU. I get referrals from every walk of life.

Q Okay. So then, again, doctors, NYU, NYU Medical Center, that would be from other doctors at the medical center, correct?

A Yes.

Q And a patient -- another patient may recommend? Ms. Watson may have had a friend who says, hey, go see Dr. Guy, I

like him, right, that happens?

A Yes. Go see the good guy, yes. That would be me.

Q And in this case, she went to you to treat, based on the recommendation of her attorneys, true?

A No.

MR. HARRIS: Objection.

THE COURT: Overruled.

A No. The answer is no. Would you like to know why?

Q No, Doctor.

THE COURT: Doctor, wait for another question.

Q Do you have the Bronx -- let me get to Bronx-Lebanon Hospital records.

A I have them right here.

Q Bronx-Lebanon?

A Yes.

Q Okay. Is that the full set that's in evidence?

A I don't know what's in evidence, but --

THE COURT: Take a look.

THE WITNESS: Okay. The full 21 page? Oh, no. I don't have that. I have the 21 --

MR. HARRIS: There's other treatment he's holding up there, too.

MR. VAN ETTEN: I'm just showing the document in evidence.

MR. HARRIS: You're holding it up as if that's

representative -- never mind. Keep playing your games, Jeff.

THE COURT: Stop. Come on.

Q I will try to pull out the emergency rooms records for you, Doctor.

A I have them right here. Sure. Whatever you like.

Q Just check and see if those are the emergency room records.

A Yes, it is. This is what I have.

Q Okay. Perfect. Can you show me, in the emergency room records, where you testified on direct by Mr. Harris, where it says her daughter woke her up.

A It's not in the medical records from the emergency room. It's in my history.

Q Okay. Mr. Harris asked you, did you review the Bronx-Lebanon Hospital records, and what did it say in their findings. And you said that she came there after her daughter woke her up, and then he followed up and asked you questions about the, maybe, inconsistencies on loss of consciousness.

I'm asking you: Does it say the daughter woke her up there?

A No, that's in my history.

Q Okay. So when he asked you that, you were wrong?

A Apparently so.

Q Okay. Fair enough.

A Okay.

Q That would have been something in the history given to you by Ms. Watson when she first saw you the first time, correct?

A That is correct.

Q And at that time, that was not as a patient, that was as a client of Mr. Harris for the purpose of her lawsuit, true?

A Wrong. Wrong. Would you like to know why?

Q Doctor, you said wrong. I will follow up.

A Okay.

Q You will get your chance. So when she came to you the first time, you said that she was there for Harris Law Firm to get the consult, or sometimes you call it assessments when you've testified previously, correct?

A Assessment or diagnosis, that's synonymous.

Q Okay. And then and you didn't start treating her until the next visit, correct?

A Yes.

Q Okay. So when she gave you that first history, she was not your patient? That was my question. True?

A She was because I gave her medical advice. When you give a patient medical advice, the patient becomes your patient.

Q Absolutely, you did. You told her to go to the emergency room because of some type of increased blood pressure that worried you?

A Correct.

MR. HARRIS: Wait. Is that a question or a statement?

THE COURT: I understood it. He understand the question and said yes. Continue.

MR. VAN ETTEN: Sure.

Q And can you show me in your notes any follow ups you did about her blood pressure while you treated her?

A I don't treat blood pressure. That is left for the primary physician to treat. I don't treat blood pressure.

Q Well, show us your next visit, when she came in then, did you check her blood pressure, at that point, to make sure your patient was okay and not in fear of a possible heart attack?

A Okay. Let me see my next note, so I can answer your question. Am I done with the all the records you piled up on my chart?

Q Sure, Doctor. Absolutely.

A Okay. I did not do any follow ups with the blood pressure afterwards, as I am not the person that takes care of blood pressure problems. I told her what to do. I gave her clear cut, informed consent. The rest is up to her.

Q So a patient comes into your office with high blood pressure that is so concerning, you recommend that she go to an emergency room, but you do not follow up to see that she did it,

fair statement?

A Yes.

Q Her care is your primary concern?

A You can make faces, counselor. I don't -- I'm not treating --

Q I'm not making faces. Her care is your primary concern, was my question. That's not a face.

A I gave her informed consent, witnessed by my office manager. I told her exactly what to do, and I told her I am not going to be taking care of bloods pressures. If she came in with vaginal bleeding, I don't take care of vaginal bleeding. Okay? That is done by the appropriate specialist, the primary care physician.

Q And if she had a heart attack and fell on the ground, you wouldn't treat her, you would just say, get yourself to the emergency room?

A If she had a heart attack in my office, I would call 911.

Q You wouldn't treat her?

A That is the treatment, 911.

Q So if you, as a physician, saw a patient having a heart attack in front of you, you wouldn't administer CPR?

MR. HARRIS: Objection. Now we're getting --

THE COURT: Sustained. Let's ask another question now.

Q Okay. And you talked about the inconsistencies in the hospital records. That's because there were two prior notations of no loss of consciousness, correct?

A I don't know how many prior notations, but it was inconsistent in the hospital records.

Q And the ambulance people who came in first, also recorded no loss of consciousness?

A That is correct.

Q And in the hospital records, am I correct that the only positive findings by the treating physician and others were, essentially, tenderness in various areas of the body?

A That is correct.

Q Okay. And that was to the neck area, correct?

A Yes.

Q And they actually did a CAT scan of the neck?

A Yes, that's correct.

Q And the CAT scan was negative for any fractures, subluxations, or anything like that?

A That is correct.

Q And they also did a CAT scan of the shoulder -- no, sorry. The head. The head?

A That is correct.

Q And the head was normal?

A As expected.

Q As expected. And, Doctor, in those notes, did they

also say that they saw no evidence of trauma to the neck, to the head?

A Yes.

Q And trauma, if someone is struck by a falling object, you could expect to see a laceration, that would be a possibility, correct?

A Yes and no.

Q Okay. Could you expect to see, after somebody gets struck by something, they might have swelling in the area where they were struck? Would that be something you can expect to see?

A Yes and no.

Q Okay. Are there other types of signs that, yes and no, you might expect to see besides a laceration or swelling?

A I explained the incubation period. Okay? That explains it all. That's why you don't always have symptoms right away, but in case -- in this case, she did have symptoms, but no findings, except for the neck.

Q And what is the incubation period for a person to start bleeding after they've been struck by an object?

MR. HARRIS: Objection.

A That's not what I said.

MR. VAN ETTEN: That is what he just said.

THE COURT: Sustained. Ask another question, please.

Q Is there an incubation time for bleeding?

MR. HARRIS: Objection.

THE COURT: Sustained. What's the relevance? Move on.

Q So, the ambulance attendants, the hospital personnel, including a doctor and two nurses, saw no evidence of any trauma --

MR. HARRIS: Objection.

THE COURT: There is question coming. Finish.

Q -- is that true?

MR. HARRIS: Objection. Calls for the state of mind of people that aren't -- haven't testified.

THE COURT: The question is based on your review of the record. Did you understand the question?

THE WITNESS: I did, but that question cannot be answered with a yes or no because it requires an explanation.

Q Okay. You did say that one of the things you did, for your consideration of your life care plan, was review those Bronx-Lebanon Hospital records?

A Yes.

Q So you would be aware of the fact that the nurses and the doctors, as well as the EMTs, did not see any signs of injuries?

MR. HARRIS: Objection. Asked and answered.

THE COURT: I'll allow it.

A That is not correct.

Q Okay.

A I disagree with that for a variety of good reasons. If you'd like --

Q Thank you, Doctor. And you looked at other records, correct?

A Yes.

Q And what was the first set of records you saw, besides the hospital records?

A The records from Physical Medicine and Rehabilitation.

Q And are you aware that Ms. Watson testified that, before she went there, she retained Mr. Harris's law firm?

A No. How would I know that?

Q I just asked if you were aware.

A No.

Q Okay. Now, you said you looked at those records, and there were 50-plus physical therapy treatments?

A Correct.

Q And those 50-plus physical therapy treatments stopped in July of 2021?

A That's about right.

Q And during those treatments, she received massage and stretching, and, I think, a few times, maybe even like -- what do you call it, with the weights?

A Therapeutic exercise.

Q No, not -- traction. Traction, right? So it's massage, stretching, traction, right?

A Heat, electrical stim.

Q Okay. Those are things to -- are they called palliative?

A Yes.

Q And palliative means you're trying to just try to take away some of the pain, this is not rehabilitation, because you're a rehabilitation --

A It's part of rehabilitation.

MS. HOLLAND: That was compound question.

THE COURT: He answered. It's part of rehabilitation.

Q Well, Doctor, when you do rehabilitation, one of the things you try to do after a surgery, for example, you want to build up strength, and do various exercises when you go to see a therapist, correct?

A You do it slowly, gradually, so you don't reinjure the patient.

Q Right. But there's also treatments that are done, sometimes you put hot packs and cold packs on?

A Yes.

Q Right. And, as I said, you give a little massage, and you help them stretch a little, that's the beginning stages of

therapy?

A After surgery or before surgery?

Q Before surgery.

A Before surgery, yes. That's part of the treatments that can be given.

Q And as a physical rehabilitation medical specialist, when a person comes in, possibly with a neck problem or a back problem, before you do surgery, you want to give them physical therapy to see that they can avoid surgery.

Would that be a fair statement?

A Yes.

Q And are there things called core exercises?

A Yes.

Q What are core exercises?

A Exercises to build up your abdominal -- your core muscles, which are the muscles from where I'm pointing, from here to here.

Q Right. And you do that for the back problems?

A Yes.

Q Because you want to strength your core, so that you can sit there and support the spine, fair?

A Right.

Q And nowhere in the records from PMR did she ever do any back exercises to strengthen her core, true?

A I wasn't there. I don't know what she had done. I

don't know what the prescription was. She just had the -- yeah, 50 therapy sessions.

Q She just had massage, stretching, and some packs, and stuff like that, right?

A Let me just review the records.

THE COURT: Mr. Van Etten --

MR. VAN ETTEN: I might as well let him look at his records at lunch, and we'll come back then.

THE COURT: Very good.

MR. VAN ETTEN: Thank you:

THE COURT: Okay. At this time, we're going to take lunch. Okay? I'll see you guys back here at 2:00. Don't discuss the case. All right?

COURT OFFICER: All rise. Jury exiting.

(Whereupon, the sworn jurors exit the courtroom.)

THE COURT: Doctor, you are permitted to step down. You remain under oath, and do not discuss your testimony. Okay, sir?

THE WITNESS: Yes, Your Honor.

THE COURT: Thank you very much.

(Whereupon, a lunch recess was taken.)

(Whereupon, the following was recorded and transcribed by Official Court Reporter, DANIELLE QUILES.)

(Continued of the next page...)

$

$1,000 [3] - 825:1, 825:13, 827:2
$10,000 [3] - 824:21, 826:23, 833:20
$100,000 [2] - 826:22, 833:23
$2,000 [1] - 826:2
$200 [3] - 762:20, 825:3, 827:3
$200,000 [2] - 824:22, 826:24
$3,000 [5] - 824:24, 826:4, 826:6, 826:7, 827:1
$35 [1] - 827:9
$4,000 [2] - 824:23, 826:25
$400 [3] - 824:14, 825:22, 826:17
$5,000 [5] - 825:15, 826:11, 826:12, 826:13, 826:14
$900 [1] - 825:17

'

'19 [1] - 768:5
'24 [2] - 799:17, 840:4

0

0 [6] - 799:8, 799:9, 799:10, 799:11, 799:13

1

1 [4] - 776:6, 791:6, 797:15
1,500 [1] - 825:7
10 [3] - 799:2, 799:3, 799:14
100 [5] - 787:24, 806:15, 807:2, 814:7, 814:8
100,000 [1] - 824:20
10003 [1] - 774:9
10005 [1] - 755:21
10279 [1] - 755:17
10451 [1] - 755:9
10:30 [1] - 773:2
110 [1] - 811:17
11th [2] - 764:5, 835:11
12 [10] - 786:4, 786:18, 787:10, 791:6, 791:15, 795:14, 799:24, 801:23, 826:14
120-hour [1] - 781:2
12th [1] - 764:5
14 [2] - 755:20, 795:5
15 [2] - 812:16, 818:12
150,000 [1] - 824:22
17 [1] - 755:10
170 [1] - 811:16
18 [1] - 775:8
18th [6] - 791:8, 791:15, 797:16, 799:23, 801:20, 805:2
1981 [1] - 775:7
1985 [1] - 775:2
1989 [1] - 779:25
1990 [1] - 775:23
1997 [1] - 775:17

2

2 [3] - 776:7, 792:11, 833:24
2,500 [1] - 825:10
20 [6] - 785:2, 799:9, 799:11, 812:18, 823:23, 823:24
2002 [1] - 775:17
2006 [1] - 775:23
2007 [1] - 776:8
2014 [1] - 809:24
2019 [17] - 767:24, 769:2, 771:9, 771:14, 772:11, 776:8, 776:9, 784:13, 785:2, 785:14, 785:22, 786:15, 787:10, 789:3, 789:20, 793:7, 793:19
2020 [7] - 785:1, 786:2, 791:8, 791:15, 797:16, 801:10, 821:13
2021 [1] - 849:21
2022 [1] - 808:9
2024 [10] - 755:10, 779:11, 799:24, 800:24, 801:8, 801:20, 802:14, 805:2, 837:18, 838:22
21 [8] - 791:4, 791:7, 791:14, 795:5, 795:14, 799:23, 841:19, 841:20
233 [1] - 755:16
24 [1] - 797:6
24th [1] - 789:20
25 [1] - 829:9
28 [2] - 776:16, 776:17
2:00 [1] - 852:12

3

3 [2] - 792:11, 833:24
3,000 [1] - 825:14
30 [4] - 812:1, 812:16, 812:18, 827:8
300 [2] - 824:14, 824:22
3101(d [6] - 769:23, 770:2, 772:14, 772:19, 772:20
31065/2020E [1] - 755:3
35 [1] - 780:1
38 [2] - 761:5, 761:7
3rd [1] - 764:4

4

4 [2] - 812:23, 812:24
4-5 [1] - 792:11
4/8/24 [1] - 817:25
40 [1] - 812:4
400,000 [1] - 824:22
45 [1] - 812:2
48 [1] - 794:23
4D [1] - 755:20

5

5 [11] - 792:11, 799:2, 799:3, 799:13, 812:23, 812:24, 812:25, 818:6
5,000 [1] - 780:5
50 [9] - 776:18, 776:21, 790:21, 799:9, 799:11, 799:13, 812:3, 852:2
50-plus [3] - 783:15, 849:18, 849:20

6

6 [5] - 786:3, 791:14, 792:11, 795:14, 801:23
60 [3] - 812:4, 812:17, 812:21
65 [1] - 762:20

7

7 [5] - 774:8, 786:18, 787:10, 799:24
700 [1] - 825:17
72 [1] - 794:24

8

8/24/20 [2] - 781:24, 821:19
80 [1] - 812:3
851 [1] - 755:9
8th [2] - 779:11, 840:4

9

90 [7] - 769:15, 790:18, 799:8, 812:17, 812:21
911 [2] - 845:18, 845:20
9:10 [1] - 761:11
9th [1] - 755:16

A

a.m [1] - 761:11
abdominal [1] - 851:15
ability [3] - 802:16, 806:19, 820:14
ablation [1] - 826:9
able [10] - 759:10, 759:11, 760:8, 767:24, 768:4, 771:22, 823:10, 829:3, 829:17, 831:18
abnormal [4] - 783:20, 784:11, 812:20, 820:3
absence [1] - 803:25
absolutely [5] - 771:23, 833:22, 840:14, 843:23, 844:18
absorber [1] - 787:22
access [1] - 762:21
accident [12] - 786:2, 789:3, 789:14, 789:19, 789:21, 791:9, 791:16, 793:8, 801:1, 801:10, 821:13, 821:19
according [2] - 787:16, 787:17
accordingly [1] - 757:25
achieving [1] - 775:4
acknowledge [1] - 763:8
acting [1] - 782:5
activities [1] - 829:17
actual [1] - 761:7
add [3] - 761:6, 763:7, 833:18
addition [1] - 780:18
additional [1] - 826:4
additionally [2] - 787:2, 825:18
address [1] - 774:8
addresses [1] - 757:3
adequate [1] - 798:19
adjacent [5] - 801:8, 824:6, 827:18, 827:23, 829:1
adjournment [1] - 760:12
administer [1] - 845:22
admonished [1] - 758:17
admonishing [1] - 767:5
advance [1] - 757:24
advice [2] - 843:21, 843:22
advised [1] - 811:17
affect [3] - 793:6, 820:12, 829:19
affidavit [8] - 763:5, 763:8, 763:21, 764:7, 764:17, 764:21, 765:18, 766:2
afford [1] - 757:18
affords [1] - 757:22
African [1] - 811:24
afternoon [2] - 771:25, 789:12
afterwards [3] - 825:2, 827:1, 844:20
age [6] - 789:24, 790:4, 790:6, 790:9, 790:21, 801:13
aging [5] - 789:7, 789:23, 790:16, 795:21, 796:9
ago [1] - 810:10
agree [5] - 789:16, 798:8, 831:7, 836:8, 837:14
agreed [1] - 762:24
ahead [10] - 756:12, 765:4, 768:10, 768:12, 770:12, 773:8, 773:9, 803:15, 818:10
aide [7] - 827:4, 827:8, 829:18, 831:12, 831:14, 831:21, 833:14
Ali [3] - 755:9, 773:22, 774:7
Alliance [2] - 776:16,

780:10
allow [12] - 759:17, 762:4, 769:5, 772:13, 772:14, 772:17, 782:25, 786:1, 804:4, 804:10, 839:25, 849:1
Almentero [1] - 810:11
ambulance [2] - 846:6, 848:5
ambulate [1] - 802:16
American [1] - 811:24
amount [2] - 812:4, 825:16
anatomic [2] - 787:16, 787:18
anatomically [2] - 787:7, 802:21
anesthesia [3] - 824:22, 826:3, 826:24
annual [1] - 777:6
annuloplasty [1] - 834:17
annulus [3] - 787:24, 806:15, 806:16
answer [16] - 766:8, 766:14, 767:22, 771:8, 771:15, 771:16, 792:15, 796:22, 802:20, 827:11, 830:21, 835:25, 836:2, 838:19, 841:8, 844:15
ANSWER [1] - 835:15
answered [6] - 818:22, 836:6, 836:9, 848:16, 848:25, 850:13
answers [1] - 757:4
ant [1] - 817:7
antalgic [2] - 819:2, 831:16
anterior [1] - 805:16
anti [2] - 782:6, 818:13
anticipated [2] - 789:16, 798:4
anticipation [1] - 771:17
apartment [1] - 781:24
apologize [6] - 769:12, 773:12, 773:14, 797:7, 837:25, 838:1
appearance [2] - 763:16, 763:24
appearances [1] - 756:2
Appellate [1] - 762:5
application [3] - 759:19, 760:9, 764:12
apply [2] - 776:14, 777:25
appreciate [1] - 798:4
approach [3] - 759:13, 803:4, 817:14
appropriate [1] - 845:12
area [5] - 805:16, 805:18, 812:13, 846:13, 847:9
areas [4] - 796:8, 796:14, 811:20, 846:11
arguing [1] - 765:24
arms [5] - 788:2, 791:1, 794:2, 794:10, 807:15
arthritic [4] - 789:13, 789:22, 795:15, 795:23
arthritis [7] - 800:21, 801:4, 801:7, 801:11, 824:6, 827:23, 828:25
Article [1] - 776:16
article [1] - 776:17
artificial [4] - 798:23, 798:25, 800:4, 821:7
asides [1] - 784:1
aspect [1] - 762:13
aspects [1] - 803:22
assessment [2] - 838:4, 843:15
assessments [1] - 843:13
assist [3] - 787:3, 803:1, 827:5
assistant [3] - 776:10, 824:20, 826:23
assistants [1] - 775:21
assume [4] - 771:14, 780:9, 789:10, 819:4
assumes [1] - 793:9
assuming [3] - 796:11, 809:4, 809:5
assurance [1] - 776:12
asymptomatic [5] - 790:18, 790:22, 791:2, 793:6, 821:5
atlas [1] - 792:7
attack [5] - 811:18, 844:14, 845:14, 845:17, 845:22
attacking [2] - 759:13, 767:11
attacks [1] - 767:9
attempt [1] - 757:22
attendants [1] - 848:5
attention [5] - 797:12, 799:22, 801:19, 802:10, 810:25
attorney [1] - 838:13
attorneys [5] - 759:12, 838:7, 839:11, 839:22, 841:4
August [1] - 821:13
authority [1] - 772:13
automatically [1] - 837:13
available [1] - 763:23
average [9] - 779:2, 779:22, 826:18, 827:21, 830:14, 830:23, 830:25, 831:3
aversions [1] - 769:15
avoid [2] - 827:6, 851:9
aware [9] - 757:1, 763:25, 768:20, 838:18, 838:22, 839:11, 848:22, 849:12, 849:15
axial [7] - 786:4, 788:6, 788:7, 791:6, 806:9, 806:10, 806:11

B

background [2] - 775:3, 777:10
backwards [2] - 812:3, 812:16
bad [2] - 757:23, 800:16
balance [1] - 819:5
ball [1] - 831:10
balloon [1] - 797:3
base [1] - 796:5
based [24] - 758:9, 759:2, 760:10, 760:25, 764:12, 764:15, 766:16, 767:23, 772:20, 809:12, 821:24, 821:25, 822:24, 823:1, 823:2, 823:4, 823:5, 823:9, 823:18, 823:19, 823:20, 824:3, 841:3, 848:13
basic [1] - 825:19
became [1] - 776:8
become [4] - 775:1, 806:2, 827:24, 827:25
becomes [1] - 843:22
becoming [1] - 839:22
beforehand [1] - 758:9
began [2] - 794:11, 795:9
begin [4] - 787:12, 795:1, 804:20, 806:2
beginning [3] - 777:20, 824:5, 850:25
begins [1] - 800:19
behalf [4] - 774:3, 778:22, 778:25, 779:23
behave [1] - 757:25
behind [4] - 787:25, 788:21, 805:9, 805:10
belabor [1] - 761:22
below [3] - 788:3, 824:8, 827:24
bending [4] - 812:1, 812:3, 812:16, 812:17
benefited [1] - 761:19
best [1] - 783:19
bet [2] - 769:22, 769:23
better [17] - 770:11, 786:12, 810:16, 810:19, 812:22, 814:6, 816:23, 817:11, 820:5, 820:7, 830:12, 830:18, 831:9, 831:13, 835:16, 839:7
between [8] - 761:7, 761:12, 777:22, 779:2, 787:21, 792:8, 797:21, 801:25
beyond [1] - 757:10
biceps [3] - 788:2, 813:1, 813:2
bigger [4] - 792:9, 792:10
bilateral [3] - 812:17, 821:4, 823:5
billing [1] - 761:5
birth [1] - 776:4
bit [5] - 796:8, 799:10, 799:11, 800:20, 820:5
black [1] - 800:3
blatant [1] - 757:6
bleeding [4] - 845:11, 847:20, 848:1
block [2] - 826:5, 826:6
blockage [1] - 816:13
blocks [1] - 778:13
blood [11] - 811:15, 811:16, 825:18, 843:24, 844:8, 844:9, 844:10, 844:12, 844:19, 844:21, 844:23
bloods [1] - 845:10
board [5] - 775:14, 776:25, 836:15, 836:18, 836:20
Board [2] - 776:6, 795:6
Boards [1] - 795:6
body [5] - 777:19, 788:13, 816:23, 824:2, 846:11
bone [11] - 795:24, 796:1, 796:2, 796:3, 796:12, 796:25, 803:25, 805:5, 806:20, 806:21
bottom [2] - 802:6, 816:23
bouts [1] - 831:16
box [2] - 761:4, 786:25
boxes [1] - 761:2
brace [2] - 824:24, 824:25
bracing [1] - 827:2
brain [6] - 788:11, 788:14, 792:4, 800:1, 822:6, 822:8
branch [3] - 806:23, 826:5, 826:6
break [2] - 830:3, 838:10
breaks [2] - 788:25, 800:9
briefly [4] - 775:3, 777:14, 781:21, 813:25
bring [6] - 767:16, 772:4, 772:7, 772:9, 773:4, 808:6
Broadway [1] - 755:16
broke [1] - 803:20
BRONX [1] - 755:1
Bronx [10] - 755:9, 776:16, 777:4, 781:19, 782:1, 841:11, 841:14, 842:16, 848:20
Bronx-Lebanon [6] - 781:19, 782:1,

841:11, 841:14, 842:16, 848:20
BronxCare [1] - 782:2
Brooklyn [1] - 775:16
brought [2] - 766:5, 804:16
bubbles [1] - 811:23
build [3] - 816:22, 850:17, 851:15
bulge [3] - 806:3, 806:4, 807:17
bulges [1] - 790:15
bulging [1] - 824:9
burn [1] - 826:9
buttock [1] - 805:17
buttocks [1] - 805:11
buying [1] - 762:18
buzzwords [1] - 769:18
BY [4] - 755:17, 755:21, 774:19, 830:7

C

C2 [6] - 787:18, 788:10, 792:5, 792:7, 800:2, 800:7
C2-C3 [4] - 788:15, 792:8, 800:15, 800:21
C3 [5] - 787:19, 788:10, 792:7, 800:2, 800:7
c3-C4 [1] - 800:14
C3-C4 [3] - 788:16, 792:9, 800:13
C4 [5] - 788:10, 792:7, 800:2, 800:7, 821:6
C4-C5 [5] - 788:16, 792:9, 800:22, 807:11, 824:7
C5 [3] - 788:10, 792:7, 800:2
C5-C6 [15] - 788:2, 788:16, 792:10, 807:11, 808:12, 808:13, 808:18, 809:16, 810:7, 810:8, 810:19, 813:2, 823:5, 824:7
C6 [5] - 788:10, 792:7, 800:2, 800:22, 821:6
C6-C7 [3] - 788:3, 788:17, 792:10
C7 [3] - 787:20, 788:11, 792:7
C7-T1 [1] - 788:17
C8-T1 [3] - 810:12, 810:15, 810:18
Cabrini [1] - 775:10
cake [1] - 768:3
calendar [1] - 838:21
calf [3] - 805:18, 813:1, 813:2
camera [15] - 760:5, 760:7, 760:8, 760:15, 760:16, 760:19, 762:1, 762:9, 762:19, 763:5, 763:17, 763:23, 764:18, 765:19
cameras [2] - 760:20, 762:19
canal [3] - 789:1, 800:9, 807:21
cancel [1] - 780:6
canceling [1] - 780:7
candidates [1] - 776:13
cane [2] - 819:4, 819:20
cannot [6] - 764:18, 822:17, 836:6, 836:9, 837:1, 848:15
capacity [2] - 822:16, 823:6
captain [1] - 777:4
card [4] - 760:21, 765:20
care [40] - 770:2, 770:24, 771:6, 776:3, 776:5, 776:19, 777:6, 777:8, 780:19, 780:23, 780:24, 781:1, 781:3, 781:8, 781:9, 781:16, 783:18, 785:24, 823:11, 823:16, 823:18, 823:19, 824:4, 827:10, 828:22, 829:5, 833:12, 838:9, 838:13, 839:2, 839:13, 840:6, 844:20, 845:3, 845:6, 845:10, 845:11, 845:13, 848:19
carpal [2] - 821:4, 825:12
cars [1] - 761:12
cartilage [1] - 787:25
cartridge [1] - 791:5
carving [1] - 808:15
case [22] - 761:21, 761:25, 762:1, 762:2, 762:6, 762:11, 762:16, 772:10, 780:20, 781:18, 783:8, 783:24, 785:21, 795:9, 803:8, 823:14, 828:14, 838:19, 841:3, 847:17, 852:13
cases [5] - 759:24, 767:8, 794:17, 807:13
CAT [3] - 846:15, 846:17, 846:20
cauda [2] - 797:22, 797:23
CAUDA [1] - 797:22
caudal [5] - 814:20, 816:2, 816:3, 816:6, 816:7
causally [1] - 821:19
caused [2] - 812:10, 812:12
causes [5] - 807:1, 807:9, 820:11, 820:13
causing [3] - 794:8, 806:21, 821:14
ceiling [1] - 781:25
Center [8] - 775:9, 775:10, 775:13, 775:16, 775:25, 776:20, 840:18, 840:21
center [2] - 776:20, 840:21
centimeter [1] - 811:21
certain [2] - 796:14, 803:21
certainty [9] - 795:13, 798:8, 801:7, 809:4, 819:12, 821:12, 821:21, 827:12, 829:5
certified [4] - 775:14, 836:16, 836:18, 836:20
cervical [19] - 787:3, 787:16, 787:19, 788:10, 791:25, 792:6, 810:7, 813:22, 821:1, 821:3, 823:3, 825:5, 825:25, 826:5, 826:8, 826:19, 834:21, 837:2
cetera [1] - 794:10
challenged [2] - 766:5, 766:8
chance [1] - 843:11
change [1] - 839:21
changed [1] - 777:23
changes [1] - 789:22
chaos [1] - 777:21
charge [1] - 756:5
charged [1] - 757:21
charges [1] - 757:14
chart [3] - 802:20, 802:23, 844:17
check [4] - 771:15, 811:15, 842:7, 844:12
checked [2] - 761:2, 761:5
chemicals [3] - 807:2, 807:9
chemistry [1] - 825:19
chief [1] - 776:20
chores [1] - 827:5
circumstance [1] - 832:25
circumvents [1] - 772:14
CIVIL [1] - 755:1
claim [1] - 822:19
claiming [1] - 763:2
clarify [1] - 831:2
clean [2] - 756:4, 756:7
cleaning [1] - 827:6
clear [3] - 774:5, 831:1, 844:22
clearly [4] - 757:22, 758:10, 811:9, 820:14
client [2] - 839:13, 843:7
clinic [2] - 776:1, 776:3
clinical [2] - 775:23, 776:9
closed [2] - 756:15, 822:7
closed-head [1] - 822:7
cognitive [1] - 820:13
Cohn [4] - 767:24, 789:10, 795:16, 796:11
cold [3] - 794:23, 819:25, 850:22
collapsed [1] - 781:25
College [2] - 775:5
comfortable [1] - 829:2
coming [7] - 757:20, 767:17, 786:10, 792:24, 805:13, 805:15, 848:9
comment [1] - 758:5
comments [3] - 757:11, 766:6, 767:3
committee [1] - 776:13
common [3] - 783:1, 794:23, 811:24
Comp [1] - 757:15
COMPANY [1] - 755:6
compared [2] - 790:1, 793:18
comparison [1] - 791:23
complained [1] - 811:20
complaining [2] - 808:23, 809:6
complaints [3] - 781:22, 782:2, 811:4
complete [3] - 788:20, 807:18, 825:18
completed [1] - 775:11
completely [5] - 769:20, 792:7, 796:5, 805:8, 808:16
completes [1] - 828:14
complications [3] - 811:19, 832:11, 832:16
compound [1] - 850:12
compounding [1] - 825:15
comprehensive [2] - 777:24, 825:4
compressing [2] - 808:15, 808:18
compression [1] - 794:8
computer [2] - 765:3, 773:13
concentrating [1] - 811:8
concern [2] - 845:3, 845:7
concerning [1] - 844:24
conclude [1] - 790:14
conclusion [1] - 828:14
Concourse [1] - 755:9
condition [11] - 790:19, 794:19, 795:21, 801:14, 822:2, 822:12, 823:1, 828:23, 828:25, 829:13, 831:16
conditions [8] - 789:7,

789:13, 789:14, 795:15, 795:23, 832:21, 836:23
conduction [1] - 825:11
confirm [1] - 816:11
confirmed [1] - 809:23
confirms [1] - 816:10
conflating [1] - 770:10
conflict [1] - 840:11
confusion [1] - 777:21
connected [1] - 781:18
connection [4] - 780:20, 783:8, 785:20, 803:22
consciousness [4] - 782:15, 842:19, 846:3, 846:7
consent [2] - 844:22, 845:8
conservative [1] - 795:11
consideration [1] - 848:19
consist [1] - 811:14
consistent [1] - 810:13
constitute [1] - 779:5
consult [1] - 843:13
consultations [1] - 775:22
consulting [1] - 839:2
consults [1] - 840:15
content [2] - 800:18, 800:19
Continue [1] - 766:2
continue [4] - 796:23, 807:9, 828:12, 844:5
continued [5] - 756:2, 759:5, 770:15, 776:8, 794:12
Continued [1] - 852:24
continues [4] - 797:21, 802:1, 802:2, 809:6
continuously [2] - 807:10, 807:15
contraction [1] - 812:5
contracts [1] - 819:25
contrary [2] - 793:10, 793:13
contrast [2] - 816:10, 816:12
contravention [1] - 758:8
control [1] - 812:6
convenient [1] - 766:4
cooking [1] - 827:5
copy [4] - 756:4, 756:6, 756:7, 818:5
cord [10] - 776:4, 788:11, 788:12, 792:4, 793:3, 793:4, 794:8, 797:20, 800:10, 801:25
core [5] - 851:12, 851:14, 851:15, 851:20, 851:24
correct [47] - 770:21, 787:7, 789:4, 800:6, 802:21, 830:16, 830:24, 832:3, 832:5, 832:12, 832:14, 832:16, 832:19, 832:24, 833:2, 833:9, 833:10, 833:12, 833:13, 837:3, 837:4, 838:1, 838:6, 838:9, 838:13, 838:16, 840:16, 840:22, 843:4, 843:5, 843:14, 843:17, 844:1, 846:3, 846:8, 846:9, 846:12, 846:13, 846:16, 846:19, 846:22, 847:6, 849:2, 849:7, 849:19, 850:18
cortisone [3] - 814:4, 814:12, 816:15
cost [12] - 825:3, 825:7, 825:9, 825:14, 825:17, 826:1, 826:6, 826:13, 826:17, 826:21, 827:3, 827:9
costs [1] - 825:22
counsel [5] - 756:3, 759:16, 766:5, 768:23, 770:1
counselor [1] - 845:4
count [1] - 825:18
COUNTY [1] - 755:1
couple [3] - 794:21, 803:24, 810:9
course [5] - 757:12, 765:9, 785:12, 813:20, 819:18
COURT [163] - 755:1, 756:1, 756:10, 758:12, 759:18, 759:23, 760:3, 760:11, 760:14, 761:3, 761:15, 761:25, 763:4, 763:7, 763:12, 763:18, 764:11, 764:15, 765:4, 765:9, 765:12, 765:16, 765:17, 765:21, 766:1, 766:17, 766:20, 766:23, 767:1, 767:11, 767:15, 767:21, 768:1, 768:10, 768:12, 768:14, 768:17, 769:8, 769:11, 769:13, 770:3, 770:5, 770:19, 771:7, 771:11, 771:21, 772:1, 772:4, 772:7, 772:24, 773:4, 773:5, 773:8, 773:18, 773:20, 773:23, 773:25, 774:5, 774:10, 774:11, 774:13, 782:20, 782:25, 784:9, 784:15, 784:18, 784:21, 784:23, 784:25, 785:5, 785:9, 785:13, 786:1, 786:8, 786:11, 786:14, 786:20, 786:24, 787:13, 790:4, 790:7, 790:11, 791:11, 791:20, 793:12, 793:15, 793:22, 794:16, 795:19, 796:16, 796:18, 796:22, 798:11, 799:20, 802:19, 802:24, 803:4, 803:6, 803:9, 803:11, 803:14, 803:19, 804:4, 804:10, 804:15, 804:22, 809:1, 809:11, 810:24, 813:14, 814:24, 815:3, 815:6, 817:16, 817:24, 818:1, 818:9, 818:25, 819:10, 819:17, 819:24, 820:19, 821:16, 822:20, 822:23, 828:19, 829:12, 829:22, 830:4, 830:21, 831:24, 833:8, 833:17, 834:3, 834:24, 835:2, 835:9, 836:14, 838:10, 838:25, 839:6, 839:9, 839:16, 839:18, 839:25, 841:7, 841:10, 841:18, 842:3, 844:4, 845:24, 847:24, 848:3, 848:9, 848:13, 849:1, 850:13, 852:6, 852:9, 852:11, 852:14, 852:16, 852:20
court [8] - 756:23, 768:22, 778:21, 779:12, 779:22, 780:4, 780:16, 786:22
Court [17] - 755:13, 755:25, 756:7, 756:8, 757:16, 757:25, 759:16, 760:22, 761:1, 761:23, 762:14, 763:25, 765:25, 768:20, 770:17, 852:23
Court's [4] - 771:20, 787:9, 804:12, 814:23
courtroom [6] - 772:14, 773:6, 778:25, 803:10, 803:12, 852:15
courts [1] - 779:4
cover [1] - 797:9
covering [1] - 777:19
covers [1] - 778:4
COVID [1] - 779:4
CPR [1] - 845:22
cracked [2] - 805:23, 805:25
cream [1] - 825:15
create [1] - 823:13
credentials [1] - 776:13
credibility [1] - 766:8
cross [5] - 757:5, 757:9, 759:2, 767:3, 769:5
CROSS [1] - 830:6
cross-examination [1] - 757:9
CROSS-EXAMINATION [1] - 830:6
cross-examining [1] - 767:3
crystal [1] - 831:10
curative [6] - 758:16, 758:17, 759:20, 822:11, 828:24, 835:3
cure [2] - 817:5, 822:1
cured [1] - 828:7
curious [1] - 815:19
curse [1] - 814:19
cut [1] - 844:22
cyclobenzaprine [3] - 818:14, 820:6, 820:13
CYCLOBENZAPRINE [1] - 818:15

D

daily [1] - 829:17
damage [9] - 807:12, 810:8, 810:12, 810:17, 815:21, 816:7, 822:4, 823:5, 825:9
damaged [5] - 807:13, 809:18, 809:23, 828:1
dangerous [1] - 814:17
DANIELLE [1] - 852:23
dated [1] - 791:15
daughter [5] - 781:25, 783:3, 842:12, 842:17, 842:20
days [5] - 761:7, 795:1, 795:5, 817:7, 818:21
deals [1] - 777:18
debates [2] - 777:1, 777:2
December [6] - 755:10, 764:4, 764:5, 801:10, 808:9, 835:11
decide [1] - 773:13
decides [1] - 834:7
decision [2] - 764:17
decompensated [1] - 806:2
decreased [1] - 792:16
defects [1] - 776:4
DEFENDANT [1] - 755:19
Defendants [1] - 755:8
defendants [2] - 756:17, 759:7
defense [6] - 758:11, 759:13, 769:18,

784:2, 789:11, 795:16
defenses [1] - 764:8
defer [1] - 837:12
defined [3] - 788:24, 812:5, 823:11
degeneration [3] - 795:15, 795:23, 796:4
degenerative [3] - 789:6, 789:13, 796:6
degree [9] - 795:13, 798:7, 801:6, 809:3, 819:12, 821:12, 821:21, 827:12, 829:5
degrees [10] - 799:9, 799:11, 799:13, 799:14, 812:2, 812:3, 812:16, 812:17, 812:18, 812:21
delays [1] - 762:2
deliberately [1] - 758:7
demonstrate [1] - 799:4
demonstrating [1] - 787:4
demonstrative [1] - 803:21
denied [5] - 758:25, 759:19, 766:17, 766:18, 766:20
denying [1] - 770:19
department [2] - 775:15, 776:15
described [3] - 819:13, 821:14, 822:4
description [1] - 808:8
desiccated [1] - 796:6
desiccation [5] - 790:16, 796:8, 796:13, 800:17, 800:21
designed [3] - 816:21, 817:5
desk [1] - 756:6
despite [1] - 769:14
detail [1] - 813:7
deteriorate [1] - 829:14
determine [1] - 776:13
develop [1] - 801:11
DEVELOPMENT [1] - 755:6
diabetic [1] - 823:23
diagnoses [4] - 781:10, 820:24, 836:23, 836:24
diagnosis [3] - 771:6, 821:10, 843:15
diagram [6] - 788:22, 804:1, 804:7, 814:21, 814:22, 814:24
diagrams [1] - 821:25
die [2] - 760:11, 814:10
difference [2] - 791:25, 792:20
different [9] - 757:17, 776:18, 782:15, 782:23, 790:5, 793:12, 793:15, 793:23, 807:2
difficult [1] - 782:24
difficulty [1] - 811:9
diminished [2] - 812:1, 812:25
direct [4] - 787:14, 808:8, 810:25, 842:11
DIRECT [1] - 774:18
directed [1] - 757:25
directing [3] - 797:12, 799:22, 801:19
directly [1] - 814:13
director [3] - 775:15, 775:25, 776:15
disabilities [1] - 784:6
disability [2] - 778:5, 822:15
disabled [4] - 778:7, 778:8, 784:10
disagree [6] - 759:18, 789:16, 798:8, 835:23, 837:15, 849:4
disc [66] - 787:21, 787:22, 787:25, 788:15, 788:16, 788:17, 788:19, 788:20, 788:21, 788:24, 789:1, 789:21, 790:15, 790:16, 790:21, 790:24, 792:8, 792:13, 793:24, 794:13, 795:2, 796:4, 796:5, 796:6, 796:7, 796:8, 797:25, 798:1, 798:25, 799:1, 800:4, 800:7, 800:8, 800:15, 800:17, 800:18, 800:19, 800:20, 800:21, 805:7, 805:8, 806:15, 806:22, 806:25, 807:12, 807:18, 807:19, 807:20, 808:14, 808:18, 808:20, 809:8, 809:16, 812:19, 821:1, 821:2, 821:6, 822:1
discectomies [1] - 834:14
discipline [1] - 776:22
disclose [2] - 770:22, 772:19
disclosed [1] - 768:23
disclosure [4] - 767:25, 769:3, 770:24, 772:17
disclosures [2] - 770:16
discs [12] - 788:14, 792:5, 792:21, 792:22, 797:20, 798:23, 800:22, 806:1, 821:7, 827:24
discuss [4] - 767:24, 803:8, 852:13, 852:17
discussed [2] - 813:23, 840:12
discussing [3] - 764:1, 766:1, 817:18
discussion [4] - 773:3, 803:5, 817:17, 839:17
disease [1] - 794:20
Diseases [1] - 776:2
disfunction [3] - 820:2, 820:13, 831:15
disfunctional [1] - 827:25
disingenuous [1] - 769:21
distribution [2] - 805:18, 813:3
dizziness [1] - 782:2
Doc [3] - 830:8, 832:2, 837:20
Doc" [1] - 837:23
doctor [21] - 768:7, 779:7, 780:24, 781:2, 785:20, 786:9, 786:14, 786:21, 804:13, 822:13, 824:15, 828:13, 829:6, 829:8, 830:17, 839:2, 839:21, 839:22, 841:10, 848:6, 852:16
Doctor [84] - 768:17, 774:10, 774:11, 774:20, 777:9, 778:19, 780:16, 781:17, 782:11, 784:12, 785:14, 785:18, 786:6, 787:2, 789:3, 789:17, 791:24, 792:19, 792:24, 793:4, 793:17, 795:12, 795:22, 796:11, 796:23, 797:9, 797:12, 798:13, 799:16, 799:20, 799:22, 799:25, 800:24, 801:16, 801:19, 802:14, 803:17, 803:20, 803:24, 804:8, 804:24, 807:22, 808:6, 809:8, 810:10, 810:20, 810:24, 810:25, 811:10, 813:17, 815:6, 815:7, 815:9, 816:25, 817:13, 817:20, 817:24, 818:5, 818:11, 818:18, 819:11, 820:21, 821:11, 821:20, 822:21, 823:11, 827:10, 828:3, 829:4, 829:25, 830:22, 834:18, 836:13, 836:15, 838:21, 839:1, 841:9, 842:5, 843:9, 844:18, 846:25, 849:6, 850:15
doctor's [1] - 781:7
doctors [12] - 775:20, 775:22, 776:18, 776:21, 777:1, 781:5, 784:5, 840:16, 840:17, 840:20, 840:21, 848:23
document [2] - 784:19, 841:23
Dominican [1] - 775:7
domino [1] - 806:1
done [23] - 757:22, 757:24, 758:1, 758:8, 758:10, 762:11, 764:25, 793:7, 810:4, 810:9, 816:17, 822:16, 823:7, 832:7, 833:4, 836:2, 836:4, 838:13, 844:16, 845:12, 850:21, 851:25
donut [1] - 792:23
door [1] - 759:14
double [1] - 766:22
dovetails [1] - 828:21
down [20] - 756:24, 756:25, 773:4, 779:4, 786:7, 786:10, 786:14, 791:1, 794:2, 798:16, 804:6, 805:11, 806:20, 807:15, 807:25, 811:5, 811:7, 831:18, 831:22, 852:16
DOWNEY [1] - 755:22
dozen [1] - 779:19
Dr [44] - 755:9, 756:19, 757:6, 757:13, 757:22, 758:7, 759:2, 767:23, 767:25, 770:1, 770:8, 771:5, 771:8, 772:4, 772:7, 773:22, 773:23, 774:7, 777:17, 783:23, 783:24, 784:1, 789:10, 791:9, 791:17, 795:16, 796:11, 798:5, 800:5, 808:7, 809:6, 810:11, 824:17, 827:16, 828:13, 832:7, 834:18, 835:5, 835:11, 836:8, 837:25, 838:2, 839:20, 840:25
dress [1] - 766:12
dropping [5] - 794:3, 794:4, 807:16, 808:23, 809:7
drowsiness [1] - 820:13
drying [1] - 800:17
duly [2] - 774:3, 774:22
dura [1] - 808:15
during [8] - 761:11, 779:3, 808:9, 819:25, 820:3, 824:23, 826:25, 849:23
duties [5] - 775:18, 776:2, 776:11,

776:19, 777:5
duty [1] - 777:7
dye [2] - 816:11, 816:12

E

e-mailed [1] - 756:6
E-Q-U-I-N-A [1] - 797:22
early [3] - 800:20, 824:10, 824:11
easel [2] - 804:16, 804:25
easier [1] - 788:8
East [1] - 775:6
eat [1] - 768:3
ECW [2] - 755:6, 755:6
educational [1] - 775:3
effect [5] - 763:5, 764:18, 764:22, 805:24, 806:1
effective [1] - 816:3
effects [5] - 820:8, 820:17, 824:1, 825:16, 825:21
eight [1] - 779:3
either [5] - 758:20, 789:11, 791:22, 814:19, 831:9
elbow [1] - 788:3
elective [1] - 832:19
electrical [2] - 810:7, 850:4
electrodiagnostics [1] - 778:14
elicit [1] - 785:9
elicited [1] - 769:18
eligible [1] - 776:14
emergency [11] - 781:18, 781:22, 811:17, 832:22, 842:4, 842:7, 842:10, 842:13, 843:24, 844:25, 845:16
EMG [10] - 809:14, 809:15, 809:24, 810:1, 810:9, 810:13, 813:22, 813:23, 823:4, 825:10
EMGs [1] - 825:8
employees [1] - 780:15
EMTs [1] - 848:23
end [2] - 756:15, 816:15
endoscopic [1] - 834:16
ends [4] - 760:8, 797:18, 797:21, 801:25
enjoyment [1] - 829:9
enter [2] - 773:6, 803:12
entering [2] - 773:5, 803:11
entire [1] - 758:21
entitled [3] - 759:7, 762:8, 771:20
enumerated [1] - 827:11
epidural [14] - 813:22, 813:25, 814:3, 814:14, 815:4, 815:10, 815:25, 816:2, 816:3, 816:7, 825:25, 826:1, 826:2
epidurals [6] - 778:13, 798:17, 814:16, 817:10, 817:18, 820:4
equals [1] - 814:7
equina [2] - 797:22, 797:23
equipment [1] - 776:1
escort [1] - 831:21
ESQ [4] - 755:17, 755:18, 755:21, 755:22
essentially [3] - 757:8, 821:10, 846:11
et [1] - 794:10
ethical [3] - 756:18, 758:5, 758:7
ethics [1] - 766:6
ETTEN [86] - 755:20, 755:21, 756:9, 756:14, 759:1, 759:22, 760:1, 760:4, 763:6, 763:10, 763:14, 763:19, 765:22, 766:25, 768:11, 768:13, 768:20, 769:10, 769:12, 770:13, 770:21, 782:19, 782:23, 784:3, 784:8, 784:16, 784:22, 784:24, 785:4, 785:7, 785:25, 786:9, 790:3, 790:6, 790:12, 791:10, 791:21, 792:15, 792:18, 793:9, 793:21, 794:15, 795:18, 796:15, 796:21, 798:10, 802:18, 802:23, 803:3, 804:3, 804:9, 804:16, 804:19, 808:3, 808:5, 808:24, 809:10, 813:13, 817:14, 817:22, 818:3, 818:22, 819:7, 819:16, 819:23, 820:18, 821:15, 822:18, 822:22, 828:18, 829:11, 829:21, 830:2, 830:7, 834:25, 835:5, 835:10, 837:25, 838:11, 839:5, 839:19, 841:23, 844:6, 847:23, 852:7, 852:10
Etten [13] - 756:3, 756:12, 758:12, 761:2, 763:4, 765:21, 772:25, 790:10, 802:25, 830:5, 839:7, 839:18, 852:6
evaluate [1] - 778:7
evaluation [1] - 823:6
evaluations [2] - 776:12, 778:6
evidence [34] - 758:21, 760:10, 769:24, 772:18, 785:3, 789:6, 791:7, 791:14, 793:10, 793:14, 795:14, 795:15, 799:17, 799:23, 800:17, 801:3, 808:2, 809:5, 809:15, 810:7, 810:11, 812:9, 818:1, 818:2, 818:6, 818:7, 824:5, 824:9, 841:16, 841:17, 841:24, 847:1, 848:6
evident [1] - 808:14
evidentiary [1] - 769:16
exacerbation [1] - 821:5
exact [1] - 779:18
exactly [2] - 764:14, 845:9
exam [4] - 795:6, 818:18, 818:23, 819:1
examination [6] - 757:9, 767:5, 767:18, 810:22, 811:11, 813:11
EXAMINATION [2] - 774:18, 830:6
examinations [4] - 777:6, 811:13, 813:10, 813:16
examine [1] - 813:5
examined [1] - 811:19
examining [1] - 767:3
example [8] - 757:23, 794:21, 796:2, 796:4, 814:6, 823:21, 850:16
examples [2] - 757:12, 794:21
except [5] - 766:11, 771:22, 779:3, 797:3, 847:18
exception [1] - 773:1
exchanged [2] - 768:4, 770:10
exercise [4] - 801:14, 816:22, 835:21, 850:1
exercises [5] - 850:17, 851:12, 851:14, 851:15, 851:24
Exhibit [3] - 756:7, 756:8, 785:2
exhibit [10] - 772:25, 797:8, 797:13, 799:23, 801:17, 803:20, 804:13, 804:24, 804:25, 808:2
exhibits [2] - 769:24, 772:21
exist [1] - 797:2
existing [1] - 790:19
exit [2] - 803:10, 852:15
exiting [2] - 803:9, 852:14
expands [1] - 819:25
expect [8] - 757:4, 790:1, 795:15, 829:8, 847:5, 847:8, 847:10, 847:14
expected [2] - 846:24, 846:25
expenses [2] - 781:11, 781:15
experience [1] - 829:7
expert [15] - 759:3, 759:8, 768:5, 768:13, 768:21, 769:2, 769:3, 769:4, 769:24, 770:1, 770:10, 770:22, 770:23, 770:24, 835:5
experts [3] - 768:4, 770:11, 836:22
explain [17] - 777:14, 781:15, 787:10, 790:23, 791:23, 791:25, 793:17, 798:13, 803:21, 804:7, 804:14, 804:25, 814:22, 827:16, 827:20, 828:21, 829:7
explained [4] - 810:14, 814:1, 823:2, 847:15
explaining [2] - 788:23, 803:1
explains [1] - 847:16
explanation [1] - 848:17
explanations [1] - 821:25
exposure [1] - 794:20
extension [1] - 799:9
extremities [4] - 798:16, 804:7, 811:6, 811:7
extruded [4] - 788:24, 800:8, 807:19
extrusions [1] - 789:1
eye [1] - 766:9

F

face [2] - 794:24, 845:7
faces [2] - 845:4, 845:6
facility [7] - 776:17, 826:2, 826:7, 826:11, 826:14, 837:13
fact [8] - 760:22, 763:2, 777:19, 783:2, 822:15, 823:1, 823:2, 848:22
factor [1] - 821:13
factors [2] - 822:24, 822:25
facts [1] - 793:9
failed [1] - 795:10
fair [6] - 830:25, 833:1, 842:25, 845:1, 851:10, 851:21
falling [1] - 847:4
falls [1] - 807:20
far [2] - 761:19, 784:5
fast [1] - 782:5

fault [2] - 763:19, 763:20
favor [1] - 769:16
fear [1] - 844:13
February [1] - 760:6
fee [11] - 780:3, 780:5, 824:19, 824:20, 824:23, 826:14, 826:22, 826:23, 826:24, 826:25
FELICIA [1] - 755:2
Felicia [1] - 779:7
fell [1] - 845:14
felt [1] - 761:1
FERNANDEZ [1] - 755:12
Feuer [9] - 756:19, 757:6, 757:13, 757:23, 758:7, 759:2, 783:23, 783:24, 784:1
few [5] - 768:18, 777:9, 807:3, 809:12, 849:24
fiber [2] - 812:6, 812:9
fibers [2] - 806:22, 807:1
fibro [1] - 787:25
fibrocartilage [1] - 806:16
fibrosis [1] - 812:13
fibrosus [3] - 787:24, 806:15, 806:16
field [7] - 775:12, 775:14, 777:12, 777:18, 778:1, 794:18, 828:5
figure [1] - 832:1
film [19] - 761:9, 765:6, 768:5, 769:4, 771:17, 785:2, 785:14, 785:16, 785:19, 786:15, 789:4, 791:24, 793:1, 793:7, 795:13, 796:13, 801:4, 801:8, 803:22
filming [1] - 761:7
films [3] - 769:2, 771:1, 771:4
final [1] - 760:1
findings [7] - 783:18, 810:13, 810:22, 813:11, 842:17, 846:10, 847:18
fine [3] - 765:12, 765:14, 768:1
fingers [1] - 806:13
finish [6] - 768:11, 770:6, 796:22, 809:1, 819:10, 848:9
finished [4] - 784:4, 808:25, 817:18, 819:9
Firm [1] - 843:12
firm [3] - 779:14, 839:1, 849:13
first [31] - 757:19, 759:4, 763:25, 767:18, 770:13, 783:4, 783:7, 784:13, 784:22, 788:3, 788:9, 789:18, 792:5, 792:6, 801:24, 803:25, 805:5, 813:11, 817:11, 818:23, 819:1, 838:12, 840:1, 840:5, 843:3, 843:12, 843:19, 846:6, 849:9
fit [1] - 777:7
five [9] - 761:6, 775:17, 779:23, 797:18, 803:6, 803:7, 825:24, 827:7
flat [1] - 792:7
flexible [1] - 799:10
flexion [5] - 799:7, 799:8, 799:10, 799:12, 812:17
Floor [1] - 755:16
floor [1] - 799:8
Florida [5] - 760:6, 762:22, 763:2, 763:3
flow [1] - 758:21
fluid [2] - 792:22, 814:18
Flushing [1] - 775:5
follow [5] - 759:8, 843:9, 844:7, 844:19, 844:25
follow-up [1] - 759:8
followed [1] - 842:18
following [2] - 825:23, 852:22
follows [1] - 774:4
foot [1] - 805:17
FOR [2] - 755:15, 755:19
foreclosed [1] - 772:8
forget [1] - 799:17
form [2] - 781:5, 784:16
formation [3] - 811:23, 824:6
formations [1] - 811:25
former [2] - 775:15, 777:4
forms [1] - 811:25
formulate [2] - 781:8, 813:16
forth [4] - 778:13, 778:17, 787:20, 805:6
forthcoming [1] - 787:4
forward [4] - 764:19, 783:5, 784:12, 812:3
forwards [1] - 812:17
foul [1] - 764:10
foundation [4] - 760:24, 784:22, 805:23, 805:24
foundations [1] - 805:22
founded [1] - 777:16
four [12] - 761:6, 761:9, 776:18, 777:2, 780:13, 792:21, 824:5, 824:13, 825:3, 825:20, 826:21, 827:3
fracture [1] - 837:11
fractures [2] - 806:21, 846:17
frankly [1] - 762:14
free [1] - 816:14
frequency [1] - 826:9
frequently [1] - 778:24
friend [1] - 840:25
front [13] - 758:18, 765:7, 765:10, 792:2, 798:25, 800:1, 805:4, 811:22, 821:7, 822:19, 837:21, 838:2, 845:22
full [4] - 767:25, 774:6, 841:16, 841:19
function [4] - 794:10, 825:19, 829:3, 829:14
functional [2] - 822:15, 823:6
functions [1] - 787:21
FUND [1] - 755:6
fuse [2] - 798:24, 799:2
fusion [9] - 798:6, 799:15, 808:9, 828:14, 828:15, 832:7, 834:8, 834:9, 837:2
future [17] - 778:8, 781:11, 781:14, 781:15, 824:16, 824:17, 827:15, 827:17, 828:8, 833:21, 833:23, 834:19, 834:21, 835:22, 837:1, 840:9

G

gait [7] - 813:4, 818:19, 818:21, 820:2, 820:5, 820:7, 831:16
games [1] - 842:1
gap [1] - 794:21
gastric [1] - 820:12
gastritis [1] - 820:11
gee [1] - 766:15
gelatinous [2] - 805:8, 806:18
general [5] - 775:10, 775:18, 778:3, 784:6, 830:22
generally [7] - 780:23, 783:16, 783:17, 793:18, 811:14, 813:15, 820:15
given [6] - 761:5, 764:2, 814:7, 828:7, 843:2, 851:5
GOLDFARB [1] - 755:16
grades [1] - 812:25
gradually [2] - 806:2, 850:19
graduated [1] - 775:6
Gramercy [2] - 774:8, 780:12
Grand [1] - 755:9
gratuitous [2] - 758:13, 767:2
great [3] - 767:22, 786:17, 813:7
ground [1] - 845:14
guarantee [1] - 767:10
Guard [1] - 777:5
guess [3] - 779:19, 810:2, 818:7
guesses [1] - 790:13
guides [1] - 815:23
Guy [3] - 755:9, 773:22, 774:7
guy [12] - 767:25, 770:1, 770:8, 771:8, 773:23, 791:9, 791:17, 837:25, 838:2, 839:20, 840:25, 841:2
guys [2] - 758:22, 852:12

H

hair [2] - 790:14
half [8] - 761:6, 780:5, 800:25, 801:4, 811:22, 815:15, 821:8
hallway [1] - 768:18
hand [1] - 774:1
handing [2] - 784:19, 815:2
hands [4] - 770:7, 770:8, 799:7, 821:4
happily [1] - 829:16
hard [1] - 808:22
hardware [1] - 800:6
Harris [18] - 757:7, 758:13, 758:17, 758:19, 760:11, 761:25, 766:2, 769:1, 771:8, 773:16, 774:16, 785:9, 803:19, 839:1, 842:11, 842:15, 843:7, 843:12
HARRIS [79] - 755:16, 755:18, 760:13, 760:18, 761:4, 761:17, 762:13, 764:14, 765:6, 765:10, 765:18, 765:24, 766:4, 766:19, 766:22, 767:9, 767:13, 767:20, 767:22, 768:2, 768:16, 769:25, 770:4, 770:6, 771:10, 771:13, 771:24, 772:2, 772:6, 772:22, 773:17, 773:19, 774:17, 774:19, 782:21, 784:4, 784:20, 785:1, 785:12, 786:12, 786:17, 790:9, 791:13, 793:13, 793:16, 797:5, 804:12, 804:18, 804:23, 808:4, 808:25, 815:1, 818:24, 819:9, 829:24, 831:23, 833:7, 833:16, 834:2, 834:4, 834:23, 835:3, 835:8, 837:23, 838:8, 838:23, 839:3,

839:7, 839:14, 841:6, 841:21, 841:25, 844:2, 845:23, 847:21, 848:2, 848:8, 848:11, 848:25
Harris's [2] - 764:12, 849:13
hash [2] - 766:21, 768:18
head [11] - 777:19, 782:13, 783:1, 820:23, 821:8, 821:22, 822:7, 846:21, 846:23, 847:2
headaches [3] - 782:2, 811:8, 814:18
heal [1] - 822:5
health [7] - 827:4, 827:8, 829:18, 831:12, 831:14, 831:21, 833:14
hear [6] - 766:3, 772:10, 782:20, 791:22, 795:16, 831:24
heard [3] - 759:23, 760:25, 772:12
heart [5] - 811:18, 844:13, 845:14, 845:17, 845:21
heat [2] - 819:25, 850:4
heck [1] - 833:14
held [4] - 773:3, 803:5, 817:17, 839:17
help [9] - 776:12, 777:7, 786:6, 786:10, 802:21, 803:21, 804:1, 804:7, 850:25
herein [1] - 821:14
herniate [2] - 794:13, 806:3
herniated [2] - 805:25, 827:25
herniation [31] - 788:15, 788:16, 788:19, 788:25, 790:24, 792:8, 792:13, 794:7, 794:11, 795:2, 797:25, 798:1, 800:7, 800:9, 802:11, 802:15, 802:17, 805:7, 806:5, 806:15, 807:18, 807:20, 808:14, 808:18, 810:17, 821:6, 822:1, 837:11
herniations [11] - 788:18, 789:2, 789:19, 789:21, 790:15, 794:5, 802:13, 812:19, 821:1, 821:2, 824:9
hi [1] - 764:25
hiding [1] - 761:20
high [2] - 811:16, 844:23
higher [4] - 805:23, 805:25, 825:17
hill [1] - 760:12
hip [1] - 805:11
hired [2] - 784:1, 839:21
history [4] - 842:14, 842:22, 843:2, 843:19
hit [1] - 783:1
hitting [1] - 806:21
hold [1] - 768:14
holding [5] - 770:7, 787:2, 815:9, 841:21, 841:25
holds [2] - 778:9, 781:14
Holland [7] - 758:19, 765:1, 765:4, 767:15, 835:12, 839:5, 839:12
HOLLAND [6] - 755:17, 765:2, 773:21, 818:2, 839:24, 850:12
home [7] - 827:4, 827:8, 829:18, 831:12, 831:14, 831:21, 833:14
Honor [9] - 760:18, 770:13, 774:12, 784:22, 796:24, 803:18, 820:20, 839:14, 852:19
HONORABLE [1] - 755:12
hope [1] - 762:7
hopefully [1] - 798:23
horse's [3] - 797:23, 802:7, 802:8
hospital [10] - 775:22, 776:17, 782:4, 824:21, 826:23, 846:2, 846:5, 846:9, 848:5, 849:10
Hospital [6] - 776:1, 782:1, 782:2, 841:12, 842:16, 848:20
hot [1] - 850:22
hour [1] - 827:9
hours [4] - 761:5, 761:7, 794:24, 827:8
household [1] - 827:5
HOUSING [1] - 755:6
Howard [1] - 777:17
humidity [1] - 820:1
hundreds [1] - 822:8
hurt [1] - 777:7
husband [1] - 762:24

I

IA-35 [1] - 755:1
identification [1] - 764:2
II [1] - 777:17
ill [1] - 824:1
imagine [1] - 805:22
immediate [3] - 794:9, 794:10, 816:18
immediately [1] - 795:3
impairment [1] - 778:6
important [1] - 807:2
impression [1] - 797:15
impressions [2] - 820:22
improper [2] - 757:5, 759:20
improvement [8] - 828:4, 828:5, 828:6, 828:16, 835:13, 835:15, 835:17, 835:20
inability [1] - 760:18
INC [1] - 755:6
inch [1] - 811:22
inches [1] - 821:8
including [3] - 757:3, 809:6, 848:6
inconsistencies [2] - 842:19, 846:1
inconsistent [1] - 846:5
incorrectly [1] - 770:1
increase [2] - 792:20, 792:21
increased [6] - 792:12, 792:16, 792:17, 792:18, 794:11, 843:24
incredible [2] - 760:23, 761:8
incubation [5] - 794:19, 794:23, 847:15, 847:19, 848:1
indentation [1] - 800:10
indenting [1] - 808:14
Index [1] - 755:3
indicate [2] - 761:1, 781:9
indicated [4] - 776:22, 798:6, 827:15, 829:2
indication [1] - 794:9
indications [4] - 798:15, 824:3, 836:25, 837:9
inference [1] - 759:7
inflammation [4] - 816:5, 816:20, 818:14, 825:14
inflammatory [2] - 782:7, 818:13
information [3] - 764:9, 768:21, 768:24
informed [2] - 844:22, 845:8
initial [1] - 838:4
inject [1] - 815:12
injection [4] - 813:25, 814:3, 814:4, 816:3
injections [8] - 813:22, 813:24, 816:25, 825:25, 826:1, 826:5, 826:6, 826:15
injured [2] - 812:8, 822:11
injuries [9] - 776:4, 776:5, 777:18, 781:10, 795:5, 819:13, 821:14, 821:22, 848:24
injury [2] - 822:7, 822:8
innovate [1] - 788:1
innovated [2] - 788:2, 805:19
inquire [2] - 759:17, 774:16
inquiry [1] - 772:9
insanely [1] - 819:8
inside [3] - 787:22, 793:25, 806:17
insofar [1] - 828:16
Institute [1] - 777:17
instruction [4] - 758:16, 758:17, 759:20, 767:1
instructions [1] - 758:9
instructor [2] - 775:23, 776:9
insulin [1] - 823:24
intent [1] - 767:24
intentionally [1] - 758:8
inter [1] - 816:1
interesting [3] - 766:7, 832:2, 833:3
intermittent [1] - 831:16
internal [3] - 775:8, 775:19, 778:3
interpretations [1] - 778:15
interrupt [2] - 758:21, 765:2
intervention [4] - 795:11, 824:11, 824:13
interventional [3] - 778:11, 825:23, 834:11
introduce [1] - 760:25
investigator [5] - 756:16, 758:6, 760:4, 760:5, 764:2
involuntary [1] - 812:5
involved [1] - 832:11
irreversible [1] - 807:14
irritate [1] - 807:10
Island [2] - 777:4, 780:12
issue [6] - 759:15, 762:5, 763:18, 764:1, 767:4, 839:5
issued [1] - 770:17
issues [1] - 759:3
IT [1] - 767:17

J

January [13] - 760:12, 762:2, 762:7, 762:16, 771:23, 779:11, 799:23, 801:20, 805:2, 811:2, 837:18, 838:21, 840:4
Jeff [3] - 770:6, 808:4, 842:2
JEFFREY [1] - 755:21
jelly [3] - 792:23, 793:3
job [1] - 781:14
Joint [1] - 776:1
Judge [23] - 756:14, 759:1, 760:1, 763:11, 763:14, 764:5, 766:19, 766:25, 767:20,

768:2, 769:25, 771:13, 771:25, 772:23, 786:7, 791:22, 797:7, 817:14, 817:15, 835:1, 835:3, 837:24, 839:8
judge [1] - 767:9
judicial [1] - 760:22
July [1] - 849:21
jump [2] - 791:4, 806:19
June [1] - 775:7
JUROR [1] - 786:23
jurors [8] - 762:7, 765:15, 765:17, 773:6, 781:13, 803:10, 803:12, 852:15
jury [25] - 758:18, 758:20, 764:1, 765:7, 765:10, 766:23, 767:17, 773:5, 777:15, 780:23, 786:25, 787:4, 790:23, 798:5, 799:4, 803:2, 803:9, 803:11, 804:14, 808:7, 810:14, 819:4, 829:7, 834:19, 852:14
Justice [1] - 755:13
Justices [1] - 762:14

K

KEENAN [1] - 755:16
keep [6] - 769:8, 769:15, 769:19, 770:7, 770:10, 842:1
keloid [4] - 811:22, 811:23, 811:25, 821:7
kept [1] - 757:7
Ketorolac [1] - 782:5
kick [1] - 762:6
kicked [2] - 762:2, 762:16
kidney [1] - 820:12
killer [1] - 814:12
kind [2] - 819:20, 835:16
Klasen [1] - 755:24
knowledge [1] - 781:13
known [2] - 758:13, 797:13
knows [4] - 770:11, 772:15, 780:23, 839:7
KUTNER [1] - 755:20

L

L.P [1] - 755:6
L1 [2] - 797:19, 801:25
L1-L2 [1] - 797:21
L2 [3] - 797:19, 801:25, 805:6
L3 [3] - 797:19, 801:24, 805:5
L4 [3] - 797:19, 801:24, 805:5
L4-5 [2] - 798:1, 802:14
L4-L5 [7] - 798:3, 802:11, 805:6, 805:7, 805:15, 805:16, 805:22
L5 [3] - 797:19, 801:24, 805:5
L5-S1 [6] - 797:25, 798:2, 802:10, 802:12, 805:17, 805:21
laceration [2] - 847:5, 847:14
laid [1] - 760:24
lands [1] - 788:25
large [1] - 808:18
last [9] - 760:2, 760:19, 764:8, 767:23, 768:8, 771:20, 780:1, 801:16, 835:11
lasting [2] - 798:24, 818:13
lastly [1] - 797:5
late [1] - 773:15
lateral [6] - 799:10, 799:12, 812:2, 812:18
Law [1] - 843:12
law [5] - 761:21, 761:25, 771:19, 779:14, 849:13
laws [1] - 819:25
lawsuit [1] - 843:7
lawyers [1] - 767:5
layman's [1] - 788:19
laypeople [1] - 788:8
leading [3] - 785:25, 804:3, 819:8
leakage [1] - 814:17
leaks [5] - 788:20, 793:3, 800:18, 800:19, 805:9
leaning [1] - 819:21
least [4] - 824:4, 824:19, 825:16, 827:8
leaves [1] - 760:7
Lebanon [6] - 781:19, 782:1, 841:11, 841:14, 842:16, 848:20
led [1] - 775:3
left [9] - 756:21, 769:20, 799:10, 799:12, 812:23, 813:1, 822:14, 844:9
leg [7] - 805:12, 805:14, 805:16, 812:18, 812:23, 819:5
legal [2] - 772:13, 781:12
legs [2] - 805:11, 816:19
less [6] - 779:5, 779:19, 801:2, 829:16, 829:17, 829:18
level [26] - 788:2, 788:23, 788:24, 792:12, 793:24, 794:7, 794:11, 797:21, 798:3, 799:1, 799:14, 800:11, 800:12, 801:14, 802:17, 808:14, 809:16, 810:8, 810:19, 820:7, 823:5, 823:19, 824:3, 824:19, 829:14, 834:8
levels [11] - 762:17, 792:12, 792:22, 800:21, 801:8, 802:13, 810:18, 824:8, 824:18, 826:21, 827:18
license [1] - 775:4
licensed [3] - 774:22, 774:24, 775:1
lidocaine [3] - 814:4, 814:12, 816:15
life [28] - 770:2, 770:24, 780:19, 780:23, 780:24, 781:1, 781:3, 781:8, 781:9, 781:16, 802:5, 814:18, 814:19, 823:11, 823:16, 823:18, 827:10, 828:22, 829:5, 829:9, 829:16, 838:9, 838:13, 839:2, 840:6, 840:19, 848:19
lift [1] - 823:8
lifting [1] - 827:6
light [1] - 771:20
limine [1] - 758:10
limp [2] - 819:2, 819:15
limping [1] - 761:12
line [1] - 772:8
list [2] - 807:6, 807:7
listed [1] - 807:3
listen [3] - 762:22, 767:6, 767:7
listening [1] - 765:20
literally [1] - 760:15
litigation [4] - 838:15, 838:17, 838:18, 838:20
liver [2] - 820:12, 825:19
living [1] - 829:17
LLC [2] - 755:6, 755:7
LLP [1] - 755:20
locate [1] - 786:15
location [3] - 780:11, 787:16, 787:18
locations [2] - 779:2, 780:13
locked [2] - 760:7, 762:19
locks [1] - 762:20
long-lasting [1] - 818:13
long-term [3] - 817:6, 825:15, 826:10
longevity [2] - 826:18, 827:21
look [13] - 757:23, 759:16, 771:3, 788:7, 790:1, 796:4, 802:5, 824:5, 837:10, 837:11, 841:18, 852:7
looked [5] - 771:3, 784:14, 784:16, 849:6, 849:17
looking [10] - 788:5, 790:2, 792:2, 793:17, 797:24, 799:21, 805:1, 817:22, 817:23, 817:24
looks [2] - 796:25, 805:8
lose [6] - 794:10, 799:1, 799:2, 799:3, 799:13, 822:8
loss [4] - 829:9, 842:19, 846:3, 846:7
lost [1] - 782:15
loud [1] - 774:5
love [3] - 762:9, 762:13, 769:9
lower [23] - 767:13, 782:3, 788:12, 797:13, 797:17, 798:15, 798:16, 799:5, 801:20, 801:21, 805:4, 805:20, 805:21, 811:6, 811:7, 812:20, 813:3, 814:3, 820:23, 821:2, 824:16, 826:12, 826:16
lumbar [27] - 778:12, 797:8, 797:14, 797:17, 798:6, 798:14, 799:7, 799:8, 799:9, 801:17, 803:1, 803:22, 804:1, 805:1, 812:14, 813:22, 819:13, 821:3, 823:4, 825:5, 826:1, 826:6, 827:16, 834:9, 834:16, 837:5
lunch [3] - 852:8, 852:12, 852:21

M

Macagno [15] - 771:5, 772:4, 772:7, 772:9, 798:5, 800:5, 808:7, 824:17, 827:16, 828:13, 832:7, 834:19, 835:5, 835:12, 836:8
Macagno's [1] - 809:6
machine [2] - 815:22, 815:23
Maggie [2] - 755:24, 756:24
magician [1] - 831:11
mailed [1] - 756:6
Maimonides [1] - 775:16
main [1] - 809:25
maintained [1] - 796:7
major [2] - 792:11, 805:22
management [4] - 778:10, 825:16, 825:24, 834:11
managements [1] - 778:11

manager [1] - 845:9
Manhattan [2] - 775:11, 777:3
manifest [1] - 795:8
manner [1] - 759:2
marble [1] - 812:12
margin [1] - 807:19
mark [2] - 756:7, 756:8
marked [3] - 756:6, 818:1, 818:5
market [1] - 762:20
massage [4] - 849:23, 850:3, 850:24, 852:3
material [8] - 761:21, 787:25, 788:20, 805:9, 806:16, 806:18, 807:19, 807:20
matter [1] - 771:19
maximum [8] - 828:3, 828:5, 828:6, 828:15, 835:13, 835:15, 835:17, 835:19
MD [2] - 774:7, 781:6
mean [20] - 760:19, 763:1, 765:13, 769:6, 773:14, 777:14, 790:4, 790:24, 790:25, 791:1, 796:20, 799:4, 808:17, 819:19, 820:24, 823:25, 828:4, 828:7, 828:8, 835:14
meaning [1] - 789:13
means [19] - 778:6, 787:18, 787:19, 788:6, 788:19, 790:23, 791:2, 793:13, 794:19, 797:17, 800:8, 816:13, 816:19, 824:7, 828:6, 828:9, 835:15, 850:8
measure [1] - 812:8
Med [2] - 776:16, 780:10
Med-Alliance [2] - 776:16, 780:10
medial [4] - 813:1, 813:2, 826:5, 826:6
Medicaid [1] - 757:14
medical [40] - 775:6, 776:25, 777:1, 777:2, 777:25, 778:17, 778:18, 781:7, 781:11, 781:13, 781:15, 794:3, 794:18, 795:13, 798:8, 798:15, 801:7, 809:4, 819:12, 821:12, 821:21, 824:3, 827:12, 828:3, 828:5, 828:15, 829:5, 835:13, 835:15, 835:17, 835:19, 836:25, 837:9, 840:21, 842:13, 843:21, 843:22, 851:6
Medical [7] - 775:9, 775:10, 775:13, 775:16, 775:25, 840:17, 840:20
medically [2] - 782:12, 823:20
medication [8] - 782:5, 782:8, 814:5, 814:13, 815:13, 816:4, 818:11, 818:13
medications [8] - 782:4, 818:16, 820:8, 820:16, 825:13, 825:14, 825:15, 825:21
medicine [20] - 774:22, 774:24, 775:8, 775:12, 775:14, 775:16, 775:19, 775:24, 776:10, 776:16, 777:10, 777:12, 777:20, 777:23, 778:2, 778:3, 780:25, 783:8, 829:8, 833:5
Medicine [6] - 775:9, 775:13, 775:25, 776:9, 776:11, 849:11
medium [1] - 761:20
meloxicam [1] - 820:6
Meloxicam [2] - 818:12, 820:11
MELOXICAM [1] - 818:12
member [1] - 776:24
memory [1] - 760:21
mental [1] - 829:19
mentioned [9] - 777:9, 780:10, 782:14, 801:3, 802:15, 810:1, 813:25, 818:19, 827:14
messages [1] - 788:12
methocarbamol [1] - 782:9
microdiscectomies [1] - 778:12
microdiscectomy [1] - 834:17
microphone [3] - 758:15, 774:14, 774:15
microscopic [1] - 788:24
microsurgery [1] - 798:21
middle [5] - 763:21, 767:5, 814:15, 814:16, 815:5
might [5] - 766:2, 832:22, 847:9, 847:14, 852:7
mild [1] - 789:1
milligram [2] - 814:7, 814:11
milligrams [3] - 814:7, 814:8, 818:12
million [1] - 833:24
millions [1] - 822:9
mimic [1] - 823:7
mind [4] - 786:14, 792:19, 842:1, 848:12
minimum [1] - 795:5
minor [3] - 778:12, 796:8, 796:9
minus [2] - 826:19, 827:22
minute [2] - 764:8, 780:22
minutes [6] - 761:6, 761:9, 803:6, 803:7
mistake [1] - 797:6
mistrial [4] - 756:23, 758:11, 758:24, 766:15
MMI [1] - 828:5
model [1] - 787:14
models [2] - 787:3, 791:25
moderate [1] - 812:4
modules [1] - 812:11
money [1] - 833:14
monitor [4] - 824:23, 825:20, 826:3, 826:25
month [2] - 779:22, 825:17
months [9] - 775:8, 795:4, 801:15, 817:11, 820:1, 825:3, 825:12, 825:20, 827:3
morning [18] - 756:1, 773:8, 773:9, 773:10, 773:11, 773:13, 773:21, 774:11, 774:12, 774:20, 774:21, 784:14, 784:17, 785:16, 785:20, 823:24
morphine [3] - 814:7, 814:8, 814:9
most [3] - 777:24, 781:3, 807:13
mostly [4] - 781:4, 805:16, 805:17, 805:18
motion [17] - 756:22, 757:1, 757:2, 758:10, 758:24, 759:9, 766:17, 766:20, 783:17, 783:19, 784:11, 799:2, 799:3, 799:14, 806:19, 812:1
motions [2] - 770:15, 770:17
Mount [4] - 775:9, 775:12, 775:13
mouth [2] - 814:8, 814:9
move [7] - 758:11, 766:15, 783:5, 784:12, 786:25, 838:25, 848:3
moving [1] - 819:21
MR [160] - 756:9, 756:14, 759:1, 759:22, 760:1, 760:4, 760:13, 760:18, 761:4, 761:17, 762:13, 763:6, 763:10, 763:14, 763:19, 764:14, 765:6, 765:10, 765:18, 765:22, 765:24, 766:4, 766:19, 766:22, 766:25, 767:9, 767:13, 767:20, 767:22, 768:2, 768:11, 768:13, 768:16, 768:20, 769:10, 769:12, 769:25, 770:4, 770:6, 770:13, 770:21, 771:10, 771:13, 771:24, 772:2, 772:6, 772:22, 773:17, 773:19, 774:17, 774:19, 782:19, 782:21, 782:23, 784:3, 784:4, 784:8, 784:16, 784:20, 784:22, 784:24, 785:1, 785:4, 785:7, 785:12, 785:25, 786:9, 786:12, 786:17, 790:3, 790:6, 790:9, 790:12, 791:10, 791:13, 791:21, 792:15, 792:18, 793:9, 793:13, 793:16, 793:21, 794:15, 795:18, 796:15, 796:21, 797:5, 798:10, 802:18, 802:23, 803:3, 804:3, 804:9, 804:12, 804:16, 804:18, 804:19, 804:23, 808:3, 808:4, 808:5, 808:24, 808:25, 809:10, 813:13, 815:1, 817:14, 817:22, 818:3, 818:22, 818:24, 819:7, 819:9, 819:16, 819:23, 820:18, 821:15, 822:18, 822:22, 828:18, 829:11, 829:21, 829:24, 830:2, 830:7, 831:23, 833:7, 833:16, 834:2, 834:23, 834:25, 835:3, 835:5, 835:8, 835:10, 837:23, 837:25, 838:8, 838:11, 838:23, 839:3, 839:5, 839:7, 839:14, 839:19, 841:6, 841:21, 841:23, 841:25, 844:2, 844:6, 845:23, 847:21, 847:23, 848:2, 848:8, 848:11, 848:25, 852:7, 852:10
MRI [22] - 767:24, 771:9, 771:14, 772:12, 784:12, 786:19, 787:5, 787:11, 788:7, 788:9, 789:20, 789:25, 791:8,

799:17, 803:22, 805:1, 810:13, 813:23, 823:3, 825:7, 837:11, 837:18
MRIs [4] - 778:16, 810:16, 813:21, 825:5
MS [6] - 765:2, 773:21, 818:2, 834:4, 839:24, 850:12
multiple [5] - 757:6, 762:17, 776:4, 821:1, 821:2
muscle [13] - 778:5, 778:14, 782:9, 805:18, 805:19, 812:5, 812:7, 812:8, 812:13, 812:23, 818:15, 826:15
muscles [4] - 788:1, 812:11, 851:16
muscular [1] - 815:16
must [3] - 758:15, 770:15, 828:12

N

N-O-C-I-C-E-P-T-O-R-S [1] - 806:23
name [4] - 774:6, 774:7, 777:22, 810:10
named [3] - 777:18, 787:15, 807:3
narcotic [2] - 782:6, 782:7
natural [4] - 789:23, 790:16, 795:21, 796:9
nature [3] - 797:1, 821:23, 821:24
nausea [1] - 782:8
necessary [2] - 785:23, 791:25
necessitated [1] - 795:11
neck [41] - 782:3, 784:7, 789:15, 790:25, 792:1, 792:3, 794:5, 799:24, 800:2, 806:14, 811:5, 811:20, 811:21, 812:11, 820:23, 821:2, 821:8, 821:22, 824:7, 825:8, 826:10, 826:16, 826:20, 827:15, 827:17, 827:21, 830:9, 830:11, 830:15, 832:13, 832:16, 832:22, 846:13, 846:15, 847:1, 847:18, 851:7
need [41] - 761:25, 763:20, 765:3, 765:5, 767:15, 767:18, 769:19, 772:10, 774:13, 781:7, 786:6, 807:25, 818:6, 818:8, 818:9, 819:20, 823:20, 823:23, 823:25, 824:4, 824:16, 825:2, 825:5, 825:7, 825:11, 825:13, 825:18, 825:23, 826:4, 826:8, 826:20, 827:1, 827:8, 828:8, 830:2, 831:12, 832:17, 833:4, 834:20, 835:3, 840:9
needed [4] - 818:9, 826:12, 835:6, 836:7
needing [1] - 834:19
needle [7] - 815:4, 815:9, 815:10, 815:17, 815:24, 816:9, 834:14
needs [8] - 781:11, 781:15, 826:14, 829:18, 831:14, 831:21, 833:12, 840:13
negative [2] - 759:7, 846:17
nerve [48] - 778:13, 788:1, 788:2, 788:13, 788:21, 788:22, 793:25, 794:1, 795:5, 797:20, 797:24, 797:25, 798:1, 802:3, 802:4, 805:9, 805:10, 805:20, 806:22, 806:24, 807:1, 807:10, 807:12, 807:13, 808:15, 808:16, 808:19, 809:14, 809:15, 809:17, 809:19, 809:20, 809:22, 810:8, 810:11, 812:20, 814:5, 816:6, 820:2, 822:4, 822:10, 823:5, 825:9, 825:11
nerves [6] - 778:14, 802:1, 822:4, 822:6, 826:9, 827:25
neuro [1] - 812:7
neurology [3] - 778:4, 778:5, 836:18
neuromonitoring [2] - 824:23, 826:25
neuromuscular [1] - 776:1
neurons [3] - 822:6, 822:9
neurophysiology [1] - 778:5
neurosurgeon [3] - 832:5, 832:15, 832:18
neurosurgeons [1] - 832:10
neurosurgery [1] - 778:4
never [9] - 759:23, 771:3, 772:8, 783:21, 792:18, 814:19, 830:18, 842:1
new [4] - 798:25, 813:21, 813:22, 823:2
NEW [2] - 755:1, 755:6
New [14] - 755:9, 755:17, 755:21, 774:8, 774:23, 774:25, 775:5, 775:16, 776:24, 777:5
next [13] - 791:5, 798:20, 812:24, 814:5, 818:10, 825:4, 825:24, 829:9, 843:17, 844:11, 844:15, 852:24
nicely [1] - 814:21
night [6] - 760:2, 760:19, 767:23, 768:8, 771:20, 801:15
nighttime [1] - 823:24
nitric [1] - 807:6
NITRIC [1] - 807:6
nobody [3] - 762:21, 796:7, 797:3
nociceptors [1] - 806:23
nonsense [1] - 766:16
normal [14] - 783:20, 789:7, 789:23, 790:16, 792:13, 795:20, 796:5, 796:9, 813:3, 813:4, 818:21, 818:23, 819:1, 846:23
normally [5] - 812:21, 812:24, 819:6, 819:14, 840:15
North [2] - 775:6, 776:20
notations [2] - 846:2, 846:4
note [4] - 783:17, 817:25, 836:25, 844:15
notes [5] - 782:15, 782:16, 782:23, 844:7, 846:25
nothing [7] - 788:17, 795:20, 800:22, 814:11, 816:6, 835:20
notice [1] - 760:22
nowhere [1] - 851:23
nucleus [2] - 787:23, 806:17
number [4] - 757:3, 779:18, 799:17, 809:14
numbness [7] - 791:1, 794:2, 805:13, 807:15, 811:6, 811:7, 816:18
numerated [1] - 787:17
numerous [1] - 812:15
nurses [2] - 848:6, 848:22
NYU [12] - 775:24, 775:25, 776:2, 776:6, 776:9, 776:11, 776:14, 824:22, 840:17, 840:18, 840:20
NYU's [1] - 776:1

O

oath [2] - 803:17, 852:17
object [3] - 765:7, 847:4, 847:20
objected [2] - 756:20, 757:15
objecting [2] - 765:8, 790:12
objection [60] - 756:20, 758:14, 762:5, 764:21, 765:7, 766:15, 771:4, 782:19, 784:3, 784:8, 784:16, 785:4, 785:25, 790:3, 791:10, 793:9, 793:21, 794:15, 795:18, 796:15, 796:21, 798:10, 802:18, 803:3, 804:3, 804:9, 808:24, 809:10, 813:13, 818:24, 819:7, 819:16, 819:23, 820:18, 821:15, 822:18, 822:22, 828:18, 829:11, 829:21, 831:23, 833:7, 833:16, 834:2, 834:4, 834:23, 835:8, 837:23, 838:8, 838:23, 838:24, 839:14, 839:24, 841:6, 845:23, 847:21, 848:2, 848:8, 848:11, 848:25
objections [3] - 757:19, 758:3, 767:7
objects [6] - 794:3, 794:4, 800:3, 807:16, 808:23, 809:7
observe [1] - 816:16
occasion [4] - 769:13, 779:12, 819:14
occasionally [1] - 827:7
occasions [1] - 813:5
occur [2] - 795:4, 795:6
occurred [1] - 779:16
occurs [1] - 789:23
OF [3] - 755:1, 755:1
office [11] - 760:7, 774:8, 779:2, 780:19, 822:16, 823:13, 831:19, 831:22, 844:23, 845:8, 845:17
OFFICER [8] - 765:16, 773:5, 773:25, 774:5, 774:10, 803:9, 803:11, 852:14
offices [1] - 780:10
Official [1] - 852:23
often [1] - 795:23
OLR [2] - 755:6, 755:6
OMNI [1] - 755:6
omnibus [1] - 757:1

once [10] - 758:5, 764:16, 764:21, 779:22, 779:23, 805:3, 807:13, 818:12, 822:7, 822:10
one [41] - 758:2, 759:4, 759:23, 760:1, 761:10, 768:9, 770:23, 773:12, 775:10, 778:2, 778:3, 778:25, 779:5, 781:4, 783:21, 786:8, 786:20, 792:6, 795:7, 798:2, 799:14, 799:20, 806:22, 809:14, 814:6, 814:11, 814:25, 815:6, 816:4, 823:13, 823:20, 824:21, 825:8, 826:4, 826:23, 827:14, 833:5, 837:17, 840:17, 848:18, 850:15
one-third [1] - 806:22
online [1] - 781:3
op [1] - 808:7
open [1] - 798:22
opened [3] - 759:14, 839:5, 839:12
operated [2] - 824:8, 824:18
operating [2] - 776:18, 837:2
opine [1] - 789:12
opined [1] - 824:17
opinion [15] - 772:20, 795:12, 798:7, 798:9, 798:12, 798:13, 801:6, 809:3, 809:7, 809:12, 819:11, 821:11, 821:18, 821:20, 829:4
opinions [3] - 759:6, 772:19, 781:5
opportunity [2] - 785:15, 836:13
optimal [2] - 823:19, 824:3
oral [1] - 825:14
orally [1] - 814:6
order [2] - 766:7, 770:18
organs [1] - 825:20
orient [1] - 806:9
origin [1] - 792:14
original [2] - 761:20, 763:15
ortho [1] - 772:2
orthopedic [8] - 775:18, 777:20, 777:22, 778:4, 832:2, 832:8, 836:16, 837:6
osteophyte [1] - 796:25
osteophytes [2] - 796:3, 797:4
otherwise [2] - 772:13, 794:9
ourselves [1] - 813:24
outer [2] - 806:21, 806:25
outpatient [4] - 826:2, 826:7, 826:11, 826:13
outrage [1] - 766:19
outside [1] - 787:23
overall [1] - 801:13
overruled [22] - 784:9, 784:18, 790:11, 791:20, 793:22, 794:16, 795:19, 796:16, 796:22, 798:11, 802:19, 809:11, 813:14, 819:17, 819:24, 821:16, 822:23, 828:19, 829:12, 834:3, 841:7
own [4] - 759:8, 810:19, 810:21, 822:5
oxide [1] - 807:6
OXIDE [1] - 807:6

P

P-H-O-S-P-H-O-L-I-P-A-S-E [1] - 807:5
P-R-O-S-T-A-G-L-A-N-D-I-N-S [1] - 807:4
P-U-L-P-O-S-U-S [1] - 787:23
packs [3] - 850:22, 852:3
page [2] - 808:6, 841:19
page.. [1] - 852:24
paid [4] - 759:5, 759:6, 780:15, 833:25
pain [35] - 776:20, 778:10, 778:11, 782:3, 782:5, 790:25, 791:1, 793:7, 794:1, 798:16, 798:19, 804:6, 805:11, 805:12, 805:15, 807:1, 807:15, 811:5, 811:7, 814:12, 816:20, 818:13, 818:14, 820:5, 820:6, 825:13, 825:23, 826:15, 829:15, 834:11, 835:19, 850:9
Pain [1] - 776:24
pale [1] - 757:10
palliative [2] - 850:6, 850:8
palpable [1] - 812:11
Panasonic [1] - 760:20
Park [2] - 774:8, 780:12
part [10] - 759:1, 771:5, 786:2, 790:16, 796:9, 800:8, 818:18, 850:11, 850:13, 851:4
Part [2] - 776:6, 776:7
partial [5] - 787:2, 807:17, 807:18
partially [1] - 778:8
particular [3] - 761:4, 785:19, 836:22
particularly [1] - 832:13
passes [1] - 807:19
pathology [5] - 823:3, 824:7, 825:6, 827:23, 829:1
patient [83] - 757:18, 757:21, 770:9, 778:7, 778:9, 778:22, 779:14, 779:24, 781:12, 781:21, 781:24, 783:1, 785:24, 787:11, 793:19, 794:4, 794:9, 798:15, 798:24, 809:14, 811:2, 812:6, 814:8, 814:18, 815:14, 815:15, 816:16, 816:17, 816:20, 816:21, 817:9, 818:16, 819:3, 822:13, 823:7, 823:17, 823:18, 823:23, 824:4, 824:15, 824:16, 824:18, 824:25, 825:5, 825:7, 825:11, 825:13, 825:18, 825:23, 825:25, 826:3, 826:4, 826:8, 826:10, 826:14, 827:1, 827:4, 828:6, 828:7, 828:8, 828:10, 828:11, 828:22, 829:2, 829:6, 830:17, 835:18, 837:13, 840:24, 843:6, 843:20, 843:22, 844:13, 844:23, 845:21, 850:20
patient's [6] - 781:10, 797:13, 798:17, 801:13, 815:14, 825:20
patients [16] - 776:3, 776:5, 776:19, 778:17, 779:1, 779:5, 779:13, 780:6, 780:7, 781:14, 790:18, 819:12, 819:19, 820:15, 840:15, 840:17
PATRICK [1] - 755:22
paying [1] - 802:9
people [2] - 846:6, 848:12
per [15] - 779:3, 779:13, 824:5, 824:14, 825:17, 825:22, 825:25, 826:1, 826:13, 826:15, 826:17, 827:3, 827:8, 827:9
percent [5] - 769:15, 779:5, 790:18, 799:2, 799:3
percutaneous [1] - 834:13
perfect [2] - 835:18, 842:10
perform [2] - 811:10, 837:9
performed [1] - 809:24
perimeter [1] - 806:25
period [6] - 794:19, 794:23, 825:13, 828:11, 847:15, 847:19
periodic [1] - 825:5
permanent [8] - 807:14, 821:23, 821:24, 822:2, 822:12, 822:15, 823:1, 828:23
permanently [1] - 822:11
permission [3] - 787:9, 804:12, 814:23
permit [1] - 786:25
permitted [2] - 772:24, 852:16
PERRY [1] - 755:20
persistent [1] - 798:15
persisting [1] - 811:5
person [6] - 797:3, 833:5, 834:21, 844:20, 847:19, 851:7
person's [1] - 794:24
personnel [1] - 848:5
perspective [1] - 828:15
pharmacological [1] - 778:11
phospholipase [1] - 807:4
physiatrist [2] - 781:1, 781:5
Physical [1] - 849:11
physical [24] - 775:12, 775:14, 775:24, 776:10, 777:10, 777:23, 778:2, 780:25, 783:7, 783:10, 783:13, 813:21, 817:19, 825:2, 825:4, 827:2, 829:8, 833:5, 834:6, 834:10, 849:18, 849:20, 851:6, 851:8
physically [1] - 831:22
physician [9] - 770:8, 775:21, 783:20, 783:21, 831:11, 844:10, 845:13, 845:21, 846:10
physicians [2] - 772:18, 784:11
physics [1] - 819:25
picture [1] - 789:18
piece [4] - 768:21, 788:25, 807:20, 809:21
piled [1] - 844:16
pinch [2] - 794:1, 805:10
pinched [1] - 812:20
pinches [3] - 788:22, 793:25, 805:9
pinprick [1] - 813:1

place [4] - 759:3, 816:11, 816:13, 822:10
placed [1] - 798:16
placements [1] - 800:4
places [2] - 814:15, 816:1
Plaintiff [2] - 755:4, 774:3
plaintiff [2] - 759:12, 771:9
PLAINTIFF [1] - 755:15
Plaintiff's [7] - 785:2, 791:4, 791:7, 791:14, 795:14, 799:23, 818:6
plaintiff's [3] - 759:15, 768:23, 839:22
plan [22] - 770:2, 770:24, 780:19, 780:23, 780:24, 781:8, 781:9, 813:17, 813:19, 813:20, 823:11, 823:16, 823:18, 827:10, 828:22, 829:5, 838:9, 838:13, 839:2, 839:13, 840:6, 848:19
planner [2] - 781:1
plans [1] - 781:3
plate [5] - 786:18, 787:10, 791:14, 799:24, 801:23
plateaued [1] - 828:10
playground [1] - 837:24
playing [1] - 842:1
PLLC [1] - 755:16
plug [1] - 773:14
plus [2] - 826:19, 827:22
PMR [3] - 759:12, 759:15, 851:23
point [16] - 756:23, 761:11, 761:14, 761:23, 763:14, 767:22, 769:25, 770:23, 771:8, 771:13, 771:16, 793:1, 802:5, 815:25, 826:15, 844:12
Point [1] - 770:23
Point-5 [1] - 757:2
pointed [2] - 761:11, 792:22
pointer [1] - 815:24
pointing [3] - 793:5, 808:11, 851:16
points [5] - 796:14, 812:10, 812:16, 826:16
pop [1] - 799:1
portion [6] - 788:13, 792:3, 805:4, 805:5, 805:16
portions [1] - 787:22
position [1] - 766:10
positive [1] - 846:10
possibility [1] - 847:6
possible [2] - 759:25, 844:13
possibly [2] - 795:17, 851:7
postconcussion [2] - 821:9
postsurgery [1] - 809:7
postsurgical [2] - 824:24, 827:2
pounding [1] - 814:18
pounds [1] - 827:7
power [2] - 794:10, 812:23
practical [3] - 762:13, 764:24, 771:18
practice [4] - 774:22, 774:24, 779:21, 830:22
practices [1] - 777:3
pre [1] - 790:19
pre-existing [1] - 790:19
preclude [2] - 769:9, 769:20
precluded [2] - 759:11, 763:22
precluding [1] - 769:15
preclusion [4] - 769:7, 770:14, 770:15, 770:17
predating [1] - 789:20
preexisted [1] - 789:14
preexisting [1] - 821:5
preferably [1] - 778:2
pregnancy [1] - 814:16
prejudice [1] - 758:10
prejudiced [1] - 763:1
preliminary [1] - 803:24
preparation [2] - 780:8, 781:17
prepare [5] - 769:5, 771:22, 776:6, 780:19, 781:3
prepared [1] - 781:9
prescribe [2] - 817:19, 818:14
prescribed [1] - 817:21
prescription [1] - 852:1
present [2] - 762:12, 840:11
presented [1] - 793:11
pressure [12] - 811:15, 811:16, 820:1, 827:24, 843:24, 844:8, 844:9, 844:10, 844:12, 844:20, 844:21, 844:24
pressures [1] - 845:10
pretrial [1] - 780:7
prevents [1] - 806:20
previously [1] - 843:14
price [1] - 757:17
pricing [1] - 757:13
primary [4] - 844:10, 845:3, 845:6, 845:12
prime [2] - 757:12, 757:23
private [1] - 777:3
problem [11] - 764:20, 786:9, 805:12, 805:13, 805:14, 805:20, 805:21, 814:14, 851:7, 851:8
problems [3] - 809:9, 844:21, 851:18
procedurally [1] - 815:20
procedure [3] - 808:9, 808:13, 828:2
procedures [4] - 781:6, 825:24, 826:9, 834:11
proceed [1] - 787:10
process [8] - 789:8, 789:23, 790:17, 796:10, 806:12, 806:14, 807:13
produce [2] - 762:9, 764:6
produced [4] - 763:5, 763:9, 764:18, 780:24
professor [1] - 776:10
profile [1] - 825:19
prognosis [3] - 781:11, 822:13, 822:14
program [2] - 775:11, 776:14
progress [1] - 817:25
progressive [6] - 821:24, 822:2, 822:12, 823:2, 828:24, 829:13
progressively [3] - 795:10, 824:10, 831:17
project [1] - 834:21
projecting [3] - 833:21, 833:23, 840:13
projections [1] - 833:11
prolonged [1] - 812:5
promoted [1] - 776:10
prompt [1] - 770:16
promptly [1] - 768:23
pronounced [2] - 802:10, 802:11
proper [2] - 760:24, 824:12
properly [1] - 829:3
proposed [1] - 756:4
prostaglandin [1] - 807:3
prostaglandins [1] - 807:5
protective [1] - 812:8
protrusion [3] - 792:13, 794:6, 800:15
protrusions [2] - 790:15, 790:21
proved [1] - 822:17
provide [1] - 840:5
pull [4] - 791:5, 823:8, 834:14, 842:4
pulling [2] - 772:22, 827:7
pulposus [2] - 787:23, 806:17
pulse [1] - 811:16
pure [1] - 757:23
purpose [5] - 772:15, 786:25, 838:15, 840:5, 843:7
purposes [1] - 803:21
push [1] - 823:8
pushing [1] - 827:7
put [11] - 757:1, 759:24, 760:9, 767:7, 785:15, 807:7, 815:4, 816:9, 816:15, 839:13, 850:22
puts [1] - 808:22
putting [3] - 761:9, 769:17, 785:18

Q

qualified [1] - 837:9
quality [1] - 776:12
quarters [2] - 815:16, 815:17
Queens [3] - 775:5, 776:20, 780:11
QUESTION [2] - 756:18, 835:13
questioning [1] - 758:22
questions [7] - 757:4, 757:6, 786:16, 795:7, 803:24, 829:24, 842:18
quick [1] - 817:15
QUILES [1] - 852:23

R

race [1] - 811:24
radial [1] - 826:8
radiating [3] - 798:16, 804:6, 811:7
radiation [1] - 811:5
radiculopathy [5] - 809:16, 810:8, 810:15, 821:3, 822:3
radiological [1] - 778:16
radiologist [5] - 768:8, 770:25, 789:11, 796:12, 837:10
radiologists [1] - 837:12
radiology [1] - 836:20
rain [1] - 820:1
raise [2] - 767:22, 773:25
raising [1] - 812:19
range [8] - 783:17, 783:19, 784:11, 799:2, 799:3, 799:14, 806:19, 812:1
rates [2] - 757:14, 757:15
ray [2] - 815:23, 837:10
RAYMOND [1] - 755:12
rays [1] - 778:15
reached [3] - 760:5, 828:6, 828:16
read [6] - 769:9, 769:13, 792:15, 818:8, 837:14,

837:19
reading [2] - 837:14, 837:15
ready [4] - 767:16, 774:16, 830:3, 839:18
real [2] - 802:5, 817:15
really [3] - 781:14, 783:2, 800:22
REALTY [1] - 755:7
reason [2] - 766:10, 771:16
reasonable [9] - 795:12, 798:7, 801:6, 809:3, 819:11, 821:12, 821:21, 827:12, 829:4
reasons [4] - 798:12, 809:12, 809:25, 849:4
rebut [1] - 772:9
rebuttal [3] - 768:9, 771:19, 771:22
received [1] - 849:23
receives [1] - 800:18
recess [1] - 852:21
recollection [2] - 783:19, 818:7
recommend [2] - 840:24, 844:24
recommendation [1] - 841:4
recommendations [2] - 837:7, 837:8
recommending [2] - 828:22, 829:6
record [13] - 761:22, 764:20, 767:2, 767:9, 773:3, 774:6, 781:18, 786:18, 803:5, 809:6, 817:17, 839:17, 848:14
recorded [3] - 761:21, 846:7, 852:22
records [28] - 764:25, 765:14, 771:2, 783:8, 794:3, 795:9, 809:5, 818:2, 818:5, 841:12, 842:4, 842:8, 842:11, 842:13, 842:16, 844:16, 846:2, 846:5, 846:9, 848:20, 849:6, 849:9, 849:10, 849:11, 849:17, 851:23, 852:5, 852:8
red [1] - 797:3
redacted [1] - 804:13
redness [1] - 816:5
reevaluate [1] - 828:12
reevaluations [1] - 828:12
refer [2] - 769:24, 778:17
referal [2] - 759:15, 838:12
reference [1] - 759:5
references [1] - 759:4
referencing [2] - 763:22, 830:24
referrals [2] - 840:18
referred [6] - 759:12, 770:1, 782:1, 805:10, 805:15, 838:7
referring [4] - 791:14, 818:4, 831:1, 831:5
refers [1] - 837:17
reflexes [1] - 813:3
refrain [2] - 767:2, 767:11
refresh [1] - 818:6
regard [7] - 762:15, 783:5, 789:15, 813:24, 820:21, 822:3, 827:17
regardless [1] - 793:14
regenerate [2] - 822:4, 822:7
rehab [3] - 775:16, 776:15, 783:8
Rehabilitation [1] - 849:11
rehabilitation [17] - 775:12, 775:15, 775:24, 776:11, 777:10, 777:21, 777:23, 778:2, 780:25, 829:8, 833:5, 850:9, 850:10, 850:11, 850:14, 850:15, 851:6
reinjure [2] - 824:25, 850:19
related [2] - 782:12, 821:19
relates [4] - 784:6, 804:1, 820:23, 823:13
relationship [1] - 839:21
release [1] - 807:9
relevance [1] - 848:3
RELIANT [1] - 755:7
relief [7] - 798:19, 798:24, 816:22, 817:5, 817:6, 826:10
relieve [1] - 828:1
rely [1] - 766:6
remain [3] - 756:2, 773:25, 852:17
remainder [1] - 803:17
remains [2] - 807:12, 809:23
remarks [1] - 758:14
remember [1] - 802:9
removal [1] - 821:6
remove [4] - 807:12, 809:8, 816:14
removed [4] - 808:16, 809:16, 809:17, 809:23
rendition [1] - 766:9
renew [2] - 759:16, 760:9
repeat [1] - 813:24
repeated [1] - 759:4
replace [1] - 798:23
report [9] - 768:6, 781:9, 781:12, 781:16, 808:7, 818:16, 837:20, 838:2, 838:5
reporter [2] - 756:23, 786:22
Reporter [2] - 755:25, 852:23
reports [5] - 768:24, 771:2, 771:3, 781:4, 781:7
representative [1] - 842:1
representing [1] - 779:14
reptile [2] - 757:2, 757:23
reptile-type [1] - 757:2
reptilian [1] - 766:16
Republic [1] - 775:7
request [3] - 756:11, 759:10, 764:9
requests [2] - 756:5, 758:3
require [1] - 827:18
required [1] - 832:15
requires [1] - 848:16
researched [1] - 760:19
resembles [1] - 797:22
reserve [1] - 764:17
reserving [1] - 764:17
residencies [1] - 775:8
residency [3] - 775:11, 776:14, 778:1
residents [6] - 775:18, 775:19, 776:2, 776:6, 795:7
respect [3] - 803:25, 804:6, 804:24
respectfully [1] - 759:18
respective [2] - 773:7, 803:13
respiration [1] - 811:16
respond [3] - 767:10, 770:12, 796:14
response [3] - 798:18, 816:20, 818:23
responses [1] - 757:7
rest [4] - 772:3, 809:1, 828:11, 844:22
restart [1] - 766:3
restroom [1] - 803:7
result [2] - 813:16, 824:11
results [1] - 824:13
resume [1] - 810:20
retained [2] - 839:12, 849:13
retention [1] - 759:3
return [1] - 822:21
review [13] - 769:2, 769:5, 771:14, 772:11, 772:25, 781:7, 781:18, 783:7, 785:16, 842:15, 848:13, 848:19, 852:5
reviewed [4] - 770:25, 771:9, 785:6, 785:10
reviewing [1] - 795:9
revision [1] - 834:20
revisions [1] - 837:16
rewarded [1] - 761:9
rid [1] - 816:5
rightfully [1] - 757:16
rings [2] - 787:24, 806:15
rise [4] - 773:5, 803:9, 803:11, 852:14
rite [1] - 790:2
room [10] - 781:18, 781:22, 789:25, 811:17, 842:7, 842:10, 842:14, 843:24, 844:25, 845:16
rooms [2] - 776:18, 842:4
root [22] - 788:2, 788:21, 788:22, 794:1, 797:25, 798:2, 805:20, 806:24, 807:10, 807:13, 808:15, 809:17, 809:19, 809:20, 809:22, 810:8, 814:5, 816:6, 823:5
roots [13] - 788:1, 788:13, 797:20, 797:24, 802:1, 802:3, 802:4, 808:16, 808:19, 820:2, 822:10
rotating [2] - 776:3, 812:2
rotation [4] - 799:12, 799:13, 812:2, 812:18
ROZANSKI [1] - 755:20
rude [1] - 838:1
rule [1] - 767:6
ruling [3] - 759:25, 767:23, 768:7
rulings [2] - 769:16, 771:20
rupture [1] - 788:20
Rusk [2] - 777:17

S

S1 [2] - 797:19, 805:18
S1-S2 [1] - 813:2
sacral [2] - 801:24, 805:5
sacrum [2] - 797:18, 797:19
sadly [1] - 829:13
safe [3] - 762:21, 765:19
sagittal [8] - 786:5, 786:6, 788:6, 788:7, 788:8, 805:3, 806:10
salami [1] - 806:11
Sapan [4] - 767:23, 789:10, 795:16, 796:11
saw [9] - 765:12, 785:10, 808:7, 838:12, 843:3, 845:21, 847:1, 848:6, 849:9
scan [3] - 846:15, 846:17, 846:20
scar [3] - 811:22, 811:25, 821:7
scarring [1] - 812:13
schedule [2] - 813:21,

837:1
school [3] - 756:19, 758:7, 775:6
School [5] - 775:9, 775:13, 775:24, 776:9, 776:11
screen [6] - 785:15, 791:17, 793:19, 797:10, 800:3, 805:6
SD [2] - 760:21, 765:20
seat [8] - 768:18, 773:7, 773:8, 773:10, 803:13, 803:14, 815:8
seats [1] - 773:11
second [10] - 759:1, 769:22, 786:8, 786:20, 787:18, 788:10, 792:5, 799:20, 815:6, 817:15
secretions [1] - 807:1
sector [1] - 781:13
secure [1] - 819:5
sedation [1] - 816:17
see [53] - 759:20, 761:12, 762:9, 764:21, 778:7, 786:21, 786:24, 788:9, 788:15, 789:6, 790:13, 792:5, 792:6, 792:8, 795:22, 795:23, 796:6, 797:1, 797:2, 799:25, 800:3, 800:10, 800:15, 800:17, 800:23, 801:8, 801:23, 802:13, 802:14, 802:23, 811:2, 812:19, 822:16, 823:7, 824:4, 824:8, 830:2, 837:10, 837:11, 840:25, 841:2, 842:7, 844:15, 844:25, 847:5, 847:8, 847:11, 847:14, 848:23, 850:17, 851:9, 852:12
seeing [4] - 786:15, 787:1, 797:16, 800:20
sees [4] - 796:7, 797:3, 808:10, 808:13
segmental [3] - 824:6, 827:23, 829:1
selection [1] - 764:1
selling [1] - 762:18
send [1] - 837:13
Senior [1] - 755:25
sensation [1] - 812:25
sense [2] - 762:17, 783:1
sensory [1] - 826:9
sent [1] - 837:18
separate [2] - 775:8, 808:2
September [3] - 791:8, 791:15, 797:16
serve [2] - 764:3, 764:4
served [2] - 760:1, 763:15
SERVICES [1] - 755:7
session [2] - 825:4, 827:3
sessions [1] - 852:2
set [6] - 756:25, 801:15, 825:3, 826:17, 841:16, 849:9
Seth [1] - 817:15
SETH [1] - 755:18
sets [6] - 826:5, 826:8, 826:15, 827:23
setting [1] - 825:6
seven [6] - 787:17, 826:19, 827:19, 827:22, 830:14, 830:23
several [4] - 795:3, 795:4, 801:15
severe [1] - 796:4
severely [1] - 796:6
shape [1] - 816:24
sheets [1] - 756:5
SHERI [1] - 755:17
Sheri [2] - 765:22, 785:18
shock [1] - 787:22
shooting [4] - 791:1, 794:1, 805:11, 807:15
shopping [1] - 827:5
short [7] - 798:18, 810:18, 812:9, 816:22, 817:4, 817:6, 817:7
short-term [2] - 817:6, 817:7
shortly [1] - 777:16
shoulder [1] - 846:20
show [9] - 771:17, 784:24, 785:11, 788:23, 800:23, 802:25, 842:10, 844:7, 844:11
showed [6] - 796:20, 796:25, 805:6, 810:17, 821:25, 823:3
showing [3] - 784:18, 824:8, 841:23
shows [4] - 795:14, 806:4, 814:21, 823:4
shrivel [1] - 800:20
shut [3] - 756:23, 756:24, 779:4
shuts [1] - 761:13
sick [2] - 762:24, 794:24
side [14] - 788:5, 788:6, 788:8, 805:3, 806:4, 806:10, 812:1, 812:2, 812:3, 820:8, 820:17, 825:16, 825:21
sides [4] - 756:4, 756:8, 767:4, 792:8
significant [8] - 789:21, 789:22, 795:20, 798:2, 798:3, 800:22, 802:15, 808:14
signs [4] - 800:20, 811:15, 847:13, 848:23
silly [1] - 839:15
sim [1] - 765:20
similar [3] - 790:4, 790:9, 813:10
similarly [1] - 790:7
Sinai [4] - 775:9, 775:13
single [1] - 769:14
sit [6] - 767:6, 767:7, 807:25, 823:9, 824:12, 851:21
situated [1] - 790:7
situation [2] - 793:8, 832:25
six [4] - 811:21, 817:11, 825:3, 827:3
size [4] - 792:12, 794:11, 812:12, 815:14
skin [2] - 811:23, 811:25
skinny [2] - 815:15, 815:16
skyscraper [1] - 805:22
sleep [1] - 807:7
sleeping [2] - 811:9, 816:17
slight [1] - 800:10
slightly [2] - 779:19, 779:20
slowly [7] - 794:18, 795:10, 806:2, 829:14, 831:17, 850:19
small [6] - 776:17, 788:15, 788:17, 789:19, 789:23
sneezes [1] - 794:24
snow [1] - 820:1
Society [1] - 776:25
soft [1] - 812:7
soldiers [1] - 777:6
solution [1] - 762:12
someone [6] - 790:4, 790:7, 790:9, 794:24, 834:7, 847:4
sometime [1] - 764:18
sometimes [15] - 779:3, 794:3, 795:1, 795:3, 795:8, 819:5, 819:19, 820:16, 832:10, 837:14, 837:15, 843:13, 850:22
somewhere [2] - 762:19, 801:25
sorry [12] - 759:10, 765:22, 782:20, 785:2, 791:11, 791:21, 799:18, 803:4, 815:6, 815:9, 838:5, 846:21
sorts [1] - 819:13
sounds [1] - 761:15
source [2] - 761:20, 840:17
space [2] - 796:7, 816:6
spaghetti [1] - 802:5
spasm [8] - 782:10, 812:4, 812:9, 812:15, 818:15, 825:13, 829:15
speaking [4] - 758:3, 818:24, 820:15, 835:8
speaks [1] - 789:18
special [2] - 778:15, 781:9
specialist [2] - 845:12, 851:6
specialties [2] - 777:25, 778:17
specialty [8] - 775:20, 777:16, 777:20, 777:22, 777:25, 778:4, 778:18, 780:25
specific [3] - 790:8, 805:19, 820:22
specifically [1] - 808:10
speculative [3] - 829:22, 834:24, 835:1
speech [1] - 775:21
spends [1] - 824:15
spinal [17] - 776:4, 788:11, 788:12, 788:25, 792:4, 793:3, 793:4, 797:20, 800:10, 801:25, 807:21, 814:18, 821:5, 824:4, 832:2, 832:8, 832:17
spine [43] - 778:12, 787:3, 787:15, 787:16, 789:23, 790:21, 792:1, 795:21, 797:9, 797:14, 797:17, 798:6, 798:14, 798:17, 801:17, 803:1, 803:22, 804:2, 805:1, 805:4, 812:14, 813:22, 814:5, 814:7, 814:11, 814:13, 814:14, 814:15, 814:17, 815:5, 815:12, 816:4, 816:12, 819:14, 823:3, 823:4, 824:23, 825:5, 825:6, 826:25, 827:16, 837:5, 851:21
spinous [2] - 806:11, 806:14
spondylosis [1] - 821:6
spot [1] - 810:21
spur [5] - 795:24, 796:1, 796:2, 796:3, 796:25
spurs [2] - 796:13, 804:1
staff [1] - 780:9
stages [1] - 850:25
stand [5] - 773:22, 774:4, 807:25, 810:21, 823:9
standing [3] - 761:13, 773:25, 808:1
start [9] - 756:3, 772:18, 773:15, 802:5, 813:20, 816:22, 830:8,

843:16, 847:19
started [2] - 773:2, 779:11
state [2] - 774:6, 848:11
STATE [1] - 755:1
State [4] - 774:23, 774:25, 776:24, 777:5
statement [3] - 844:3, 845:1, 851:10
statute [1] - 772:16
stay [2] - 759:24, 824:21
step [5] - 773:23, 786:7, 798:20, 810:24, 852:16
stepping [1] - 786:14
stick [2] - 816:4, 834:14
sticking [2] - 793:24, 800:16
still [15] - 768:6, 772:12, 800:7, 800:15, 807:14, 807:25, 808:22, 809:8, 809:15, 817:12, 823:3, 823:4, 835:19, 837:20, 838:2
stim [1] - 850:4
stomach [1] - 820:11
stop [12] - 769:11, 771:7, 818:25, 820:16, 828:12, 835:9, 839:6, 842:3
stopped [1] - 849:20
straight [1] - 812:18
Street [1] - 755:20
strength [2] - 850:17, 851:20
strengthen [1] - 851:24
stretch [1] - 850:25
stretching [3] - 849:24, 850:3, 852:3
stroke [1] - 811:19
strong [1] - 782:6
struck [4] - 847:4, 847:9, 847:10, 847:20
structure [3] - 806:18, 806:20, 829:16
students [2] - 776:25, 795:7
studies [4] - 778:16, 784:13, 810:14, 825:11
study [5] - 777:12, 778:14, 784:13, 785:19, 799:17
stuff [1] - 852:4
stylet [2] - 816:14
subject [3] - 761:22, 769:7, 770:14
subluxations [1] - 846:18
subpoena [4] - 760:2, 763:15, 764:3, 764:4
subsequent [1] - 819:1
substance [1] - 766:1
substantial [2] - 761:21, 821:13
sudden [1] - 761:12
sufficient [1] - 832:17
Suite [1] - 755:20
summarize [2] - 781:21, 783:17
summation [4] - 761:14, 761:16, 762:6, 769:19
supervise [3] - 775:19, 776:21, 776:22
supplied [1] - 805:19
support [3] - 766:9, 809:5, 851:21
supposed [2] - 793:25, 814:2
SUPREME [1] - 755:1
Supreme [1] - 755:13
surgeon [9] - 824:4, 828:13, 832:3, 832:17, 833:4, 836:8, 837:2, 837:6, 837:8
surgeon's [2] - 824:19, 826:22
surgeries [5] - 778:12, 798:14, 798:21, 828:16, 834:13
surgery [48] - 774:25, 775:10, 777:22, 778:3, 778:5, 794:9, 798:22, 800:5, 800:23, 801:9, 807:11, 811:24, 824:16, 824:17, 824:19, 824:24, 826:19, 826:20, 827:1, 827:15, 827:16, 827:17, 827:21, 830:9, 830:11, 830:15, 830:17, 831:6, 832:8, 832:19, 834:9, 834:10, 834:22, 835:7, 835:17, 835:18, 835:21, 835:23, 836:16, 837:2, 837:5, 850:16, 851:2, 851:3, 851:4, 851:8, 851:9
Surgery [1] - 776:20
surgical [12] - 775:19, 795:11, 811:22, 824:20, 826:2, 826:7, 826:11, 826:13, 826:20, 826:22, 828:2, 828:15
suspect [1] - 759:19
sustained [10] - 756:20, 757:16, 758:14, 766:14, 831:24, 833:17, 839:9, 845:24, 847:24, 848:3
swelling [3] - 816:5, 847:9, 847:14
sworn [5] - 773:6, 774:3, 803:10, 803:12, 852:15
symptomatic [3] - 790:19, 790:20, 791:2
symptomatology [1] - 821:10
symptoms [17] - 790:17, 790:25, 791:3, 793:18, 793:20, 794:6, 794:11, 794:20, 794:25, 795:2, 795:3, 795:8, 795:9, 802:16, 847:16, 847:17
syndrome [2] - 821:4, 821:9
synonymous [1] - 843:15

T

T1 [1] - 788:11
tactic [2] - 757:24, 759:13
tactics [2] - 757:2, 758:4
tail [3] - 797:23, 802:7, 802:8
talker [1] - 766:22
talks [1] - 770:22
teach [9] - 775:18, 775:20, 776:2, 776:5, 776:12, 776:19, 776:23, 776:25, 777:1
tear [5] - 807:17, 807:18
temporarily [1] - 828:9
temporary [7] - 798:18, 798:22, 810:16, 810:18, 816:21, 816:22, 817:4
ten [4] - 775:20, 779:3, 779:13, 827:19
tenderness [2] - 812:15, 846:11
TERM [1] - 755:1
term [6] - 817:6, 817:7, 825:15, 826:10, 828:3
terminology [1] - 788:19
terms [4] - 785:23, 802:16, 805:1, 813:10
test [10] - 778:15, 809:14, 809:15, 812:19, 822:17, 823:6, 823:9, 825:19, 825:22
testified [10] - 774:4, 783:24, 798:5, 819:4, 834:25, 835:22, 842:11, 843:14, 848:12, 849:12
testify [3] - 768:22, 770:22, 771:23
testifying [3] - 757:8, 768:25, 778:25
TESTIMONY [1] - 755:9
testimony [11] - 760:10, 760:25, 768:5, 779:4, 787:4, 789:17, 809:4, 813:25, 830:18, 835:24, 852:17
testing [1] - 812:23
THE [170] - 755:1, 755:15, 755:19, 756:1, 756:10, 758:12, 759:18, 759:23, 760:3, 760:11, 760:14, 761:3, 761:15, 761:25, 763:4, 763:7, 763:12, 763:18, 764:11, 764:15, 765:4, 765:9, 765:12, 765:17, 765:21, 766:1, 766:17, 766:20, 766:23, 767:1, 767:11, 767:15, 767:21, 768:1, 768:10, 768:12, 768:14, 768:17, 769:8, 769:11, 769:13, 770:3, 770:5, 770:19, 771:7, 771:11, 771:21, 772:1, 772:4, 772:7, 772:24, 773:4, 773:8, 773:18, 773:20, 773:23, 774:7, 774:11, 774:12, 774:13, 782:20, 782:25, 784:9, 784:15, 784:18, 784:21, 784:23, 784:25, 785:5, 785:9, 785:13, 786:1, 786:7, 786:8, 786:11, 786:14, 786:20, 786:24, 787:13, 790:4, 790:7, 790:11, 791:11, 791:20, 792:17, 793:12, 793:15, 793:22, 794:16, 795:19, 796:16, 796:17, 796:18, 796:22, 796:24, 798:11, 799:20, 802:19, 802:24, 803:4, 803:6, 803:14, 803:18, 803:19, 804:4, 804:10, 804:15, 804:22, 809:1, 809:11, 810:24, 813:14, 814:24, 815:3, 815:6, 817:16, 817:24, 817:25, 818:1, 818:9, 818:25, 819:10, 819:17, 819:24, 820:19, 820:20, 821:16, 822:20, 822:23, 828:19, 829:12, 829:22, 830:1, 830:4, 830:21, 831:24, 833:8, 833:17, 834:3, 834:24, 835:2, 835:9, 836:14, 838:10, 838:25, 839:6, 839:9, 839:16, 839:18, 839:25, 841:7, 841:10,

841:18, 841:19, 842:3, 844:4, 845:24, 847:24, 848:3, 848:9, 848:13, 848:15, 849:1, 850:13, 852:6, 852:9, 852:11, 852:16, 852:19, 852:20
themselves [2] - 816:23, 824:25
therapeutic [1] - 850:1
therapist [1] - 850:18
therapists [1] - 775:21
therapy [14] - 783:10, 783:14, 813:21, 817:20, 825:2, 825:4, 827:2, 834:6, 834:10, 849:18, 849:20, 851:1, 851:9, 852:2
thereafter [1] - 775:7
therefore [1] - 810:18
they've [2] - 756:5, 847:20
thinking [2] - 811:8, 839:8
thinks [1] - 767:14
third [3] - 757:21, 787:19, 806:22
thoracic [1] - 788:3
thoracoscopy [2] - 815:22, 816:9
thousand [1] - 789:18
thousands [2] - 822:8
three [31] - 757:17, 770:17, 770:19, 775:7, 775:11, 777:1, 779:2, 782:4, 791:8, 791:16, 792:21, 795:1, 798:16, 811:3, 814:15, 815:16, 815:17, 816:1, 817:2, 824:5, 824:13, 825:2, 825:12, 825:24, 825:25, 826:1, 826:4, 826:5, 826:21, 827:2, 834:8
three-level [1] - 834:8
three-year [1] - 775:11
throughout [4] - 757:5, 757:11, 758:4, 782:16
timely [1] - 770:16
tingling [7] - 791:2, 794:2, 805:14, 807:16, 811:6, 811:8, 816:19
tiny [1] - 807:20
title [1] - 774:6
today [3] - 758:19, 781:17, 795:16
toe [1] - 777:19
together [1] - 839:13
tomorrow [4] - 771:24, 772:3, 789:12, 795:17
tone [1] - 767:13
took [4] - 759:2, 774:3, 782:1, 789:25
top [2] - 792:21, 805:17
topical [1] - 825:15
toppling [1] - 805:24
torn [2] - 805:8, 806:25
total [1] - 822:15
totally [3] - 765:14, 778:8, 784:10
touch [6] - 806:13, 812:7, 812:11, 813:1, 827:14
touching [4] - 797:25, 798:1, 799:8, 806:14
towards [1] - 793:3
traction [3] - 850:2, 850:3
training [8] - 775:11, 776:14, 778:1, 778:6, 778:10, 778:13, 778:15, 781:2
transcribed [1] - 852:23
transcript [1] - 769:14
transforaminal [3] - 814:20, 816:1, 816:2
transient [1] - 810:16
transmits [1] - 788:12
transverse [1] - 806:12
trauma [12] - 782:13, 789:6, 790:18, 794:14, 800:18, 812:10, 812:12, 817:11, 821:9, 847:1, 847:4, 848:6
traumatic [7] - 776:5, 777:18, 800:21, 822:7, 824:6, 827:22, 828:25
travel [2] - 762:25, 831:18
treat [10] - 779:6, 834:7, 836:22, 838:6, 841:3, 844:9, 844:10, 845:15, 845:19
treated [5] - 770:8, 783:20, 783:21, 811:18, 844:8
treating [25] - 769:3, 770:8, 770:11, 770:24, 771:4, 771:6, 771:9, 772:11, 772:12, 772:16, 772:17, 779:7, 779:11, 780:18, 784:5, 785:20, 829:6, 833:9, 833:25, 834:6, 839:22, 840:12, 843:16, 845:5, 846:10
treatment [9] - 783:6, 783:18, 785:24, 813:16, 813:19, 813:20, 817:19, 841:21, 845:20
treatments [14] - 781:10, 795:11, 820:4, 822:2, 828:7, 828:9, 829:1, 833:4, 833:20, 849:18, 849:20, 849:23, 850:21, 851:4
tremendous [1] - 814:12
trial [7] - 756:1, 758:4, 760:8, 763:21, 769:24, 772:21, 838:21
trick [2] - 836:9, 836:11
trigger [5] - 812:10, 812:16, 826:15, 826:16
trouble [2] - 811:8
true [13] - 786:11, 830:9, 830:12, 830:13, 831:7, 831:8, 831:19, 836:23, 841:4, 843:7, 843:20, 848:10, 851:24
trust [1] - 766:11
truth [1] - 766:11
truthful [1] - 796:20
try [6] - 759:24, 815:7, 828:10, 842:4, 850:8, 850:16
trying [6] - 759:6, 762:10, 764:6, 764:23, 832:1, 850:8
tunnel [2] - 821:4, 825:12
turn [4] - 784:13, 797:8, 799:16, 815:7
turns [1] - 785:7
TV [3] - 773:14, 784:18, 784:20
twice [1] - 782:9
twilight [1] - 816:17
two [29] - 757:19, 759:4, 770:23, 787:22, 792:12, 795:1, 800:24, 800:25, 801:4, 802:13, 805:22, 809:25, 811:21, 812:25, 813:5, 817:12, 821:8, 824:19, 824:21, 825:6, 825:8, 825:12, 826:8, 826:12, 826:19, 826:23, 827:22, 846:2, 848:6
two-day [2] - 824:21, 826:23
two-level [1] - 824:19
type [6] - 757:2, 759:13, 760:21, 822:17, 823:10, 843:24
types [2] - 798:20, 847:13
typical [1] - 802:16
typically [6] - 762:19, 782:18, 782:21, 794:14, 801:12, 817:7

U

ugly [2] - 811:25, 821:7
ulcer [1] - 820:12
unable [1] - 831:22
under [3] - 772:19, 816:17, 852:17
understood [4] - 786:3, 790:22, 817:13, 844:4
underway [1] - 773:15
units [2] - 823:23, 823:24
University [1] - 775:6
up [50] - 756:6, 759:8, 760:7, 761:7, 762:19, 762:23, 766:5, 769:17, 770:7, 774:14, 775:4, 781:25, 782:14, 783:3, 785:15, 785:19, 787:20, 791:24, 797:6, 797:9, 800:9, 800:20, 803:23, 805:23, 805:25, 806:20, 807:21, 811:23, 816:4, 816:12, 816:18, 833:18, 838:10, 839:16, 841:22, 841:25, 842:12, 842:18, 842:20, 843:9, 844:16, 844:22, 844:25, 850:17, 851:15
upper [3] - 782:3, 811:5, 826:16
ups [2] - 844:7, 844:19
upset [1] - 820:11
urinalysis [1] - 825:19
uses [1] - 819:5

V

vaginal [2] - 845:11
VAN [86] - 755:20, 755:21, 756:9, 756:14, 759:1, 759:22, 760:1, 760:4, 763:6, 763:10, 763:14, 763:19, 765:22, 766:25, 768:11, 768:13, 768:20, 769:10, 769:12, 770:13, 770:21, 782:19, 782:23, 784:3, 784:8, 784:16, 784:22, 784:24, 785:4, 785:7, 785:25, 786:9, 790:3, 790:6, 790:12, 791:10, 791:21, 792:15, 792:18, 793:9, 793:21, 794:15, 795:18, 796:15, 796:21, 798:10, 802:18, 802:23, 803:3, 804:3, 804:9, 804:16, 804:19, 808:3, 808:5, 808:24, 809:10, 813:13, 817:14, 817:22, 818:3, 818:22, 819:7, 819:16, 819:23, 820:18, 821:15, 822:18, 822:22, 828:18, 829:11, 829:21, 830:2, 830:7, 834:25, 835:5, 835:10, 837:25, 838:11,

839:5, 839:19, 841:23, 844:6, 847:23, 852:7, 852:10
Van [13] - 756:3, 756:12, 758:12, 761:1, 763:4, 765:21, 772:25, 790:10, 802:25, 830:5, 839:7, 839:18, 852:6
varies [3] - 816:20, 817:9
variety [2] - 798:12, 849:4
various [3] - 836:23, 846:11, 850:17
verdict [1] - 756:4
vertebra [11] - 787:15, 787:17, 787:19, 787:20, 787:21, 788:4, 788:9, 788:10, 792:4, 801:24
vertebrae [4] - 787:17, 792:6, 797:18, 797:19
vicinity [1] - 833:24
video [4] - 760:9, 760:25, 761:11, 761:13
view [11] - 786:4, 788:5, 788:6, 788:8, 805:4, 806:9, 806:10, 806:11
visit [5] - 824:14, 840:1, 840:5, 843:17, 844:11
visits [1] - 783:13
vital [2] - 811:15, 825:20
voice [2] - 767:14, 774:5
vomited [1] - 782:9
vomiting [2] - 782:8, 782:11

W

wait [4] - 824:12, 836:14, 841:10, 844:2
waited [2] - 764:5, 764:8
waiting [1] - 768:11
wake [1] - 816:18
walk [5] - 802:17, 819:6, 819:14, 840:19
walking [1] - 761:10
walks [1] - 819:2
Wall [1] - 755:20
wants [5] - 761:23, 768:3, 768:4, 834:8
War [1] - 777:17
watch [2] - 773:23, 810:24
water [3] - 800:18, 800:19, 806:17
WATSON [1] - 755:2
Watson [16] - 779:8, 780:18, 794:14, 817:1, 819:4, 830:9, 830:19, 831:1, 831:5, 837:1, 838:6, 838:12, 839:23, 840:25, 843:3, 849:12
ways [1] - 757:9
weaker [1] - 812:25
weakness [3] - 794:4, 811:6, 831:15
week [7] - 762:11, 764:5, 764:19, 781:4, 825:3, 827:3, 827:8
weekend [1] - 781:4
weeks [5] - 779:23, 791:8, 791:16, 795:3, 817:8
weight [4] - 790:6, 790:10, 790:13, 828:11
weights [1] - 849:25
welcome [4] - 778:20, 804:19, 808:5, 830:1
wellbeing [1] - 829:20
West [1] - 774:8
Westbury [1] - 777:3
westbury [1] - 780:12
white [1] - 790:14
whole [2] - 777:19, 807:7
wife [1] - 766:12
willing [2] - 769:22, 769:23
winds [2] - 800:9, 807:20
winner [1] - 777:2
winter [1] - 820:1
wish [1] - 762:14
withdraw [3] - 791:21, 834:4, 838:5
withdrawn [1] - 756:21
WITNESS [13] - 774:7, 774:12, 786:7, 792:17, 796:17, 796:24, 803:18, 817:25, 820:20, 830:1, 841:19, 848:15, 852:19
witness [20] - 757:8, 759:14, 760:10, 761:2, 763:15, 764:12, 767:17, 767:19, 768:15, 769:4, 771:18, 771:23, 773:16, 773:18, 774:2, 774:4, 785:5, 810:21, 815:2, 819:7
witness's [1] - 763:24
witnessed [1] - 845:8
witnesses [3] - 766:7, 766:9, 767:3
woah [6] - 838:23, 839:3
woke [6] - 781:25, 782:14, 783:3, 842:12, 842:18, 842:20
women [1] - 814:15
word [3] - 769:14, 790:23, 831:3
words [3] - 768:3, 772:2, 789:18
Workers' [1] - 757:15
works [4] - 782:7, 814:5, 817:11, 817:12
World [1] - 777:16
worried [1] - 843:25
worse [3] - 790:20, 802:12, 824:10
worsen [6] - 794:12, 825:9, 828:25, 829:14, 831:17, 832:22
worsened [2] - 795:10, 805:7
worth [1] - 833:20
would've [2] - 758:17, 830:24

X

x-ray [2] - 815:23, 837:10
x-rays [1] - 778:15

Y

year [19] - 775:10, 775:11, 778:3, 779:3, 779:10, 779:13, 799:24, 801:18, 801:20, 810:4, 811:1, 817:10, 824:5, 824:14, 825:25, 826:1, 826:13, 826:15
years [22] - 775:17, 778:24, 779:17, 779:21, 780:1, 800:25, 801:4, 801:15, 810:10, 817:12, 825:6, 825:8, 825:24, 826:19, 827:19, 827:22, 829:9, 830:15, 830:23
yellow [1] - 809:21
yesterday [7] - 756:14, 761:1, 769:13, 783:24, 793:11, 793:14, 808:7
YORK [2] - 755:1, 755:6
York [14] - 755:9, 755:17, 755:21, 774:8, 774:23, 774:25, 775:6, 775:17, 776:24, 777:5
yourself [2] - 784:5, 845:15

Z

zip [1] - 803:23
Zofran [1] - 782:8