

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

-----X
GLENN REID,

PLAINTIFF,

-against-

Index No.:
29173/2018E

RAYMOURS FURNITURE COMPANY, INC, d/b/a
RAYMOUR & FLANIGAN & JOSE URENA VENTURA,

DEFENDANTS.
-----X

851 Grand Concourse
Bronx, New York 10451
April 25, 2025

B E F O R E:

HON. ELIZABETH TAYLOR
Justice of the Supreme Court

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

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BY: CHRISTOPHER J. POWER, ESQ.

Phyllis F. Russek
Senior Court Reporter

1 THE OFFICER: All rise. Jury entering.

2 THE COURT: You may be seated. Good morning,
3 Members of the Jury.

4 THE JURY: Good morning.

5 THE COURT: At this time, the Court will
6 recognize Mr. Disha.

7 MR. DISHA: Thank you, Your Honor. Plaintiff
8 calls Dr. Joseph Weinstein to the stand.

9 THE OFFICER: Raise your right hand please.

10 J O S E P H W E I N S T E I N, a witness called on
11 behalf of the Plaintiff, after having been first duly sworn,
12 testified as follows:

13 THE OFFICER: In a loud clear voice, speaking in
14 the microphone, state your name and business address.

15 THE WITNESS: Joseph Weinstein, 1150 Park Avenue,
16 New York, New York 10128.

17 THE COURT: Thank you. Good morning, Doctor.

18 THE WITNESS: Good morning.

19 DIRECT EXAMINATION

20 BY MR. DISHA:

21 Q Good morning, Dr. Weinstein. How are you?

22 A I'm good.

23 Q Sir, are you one of Glenn Reid's treating physicians,
24 the plaintiff in this case?

25 A Yes. I treated Mr. Reid.

1 Q Are you licensed to practice medicine in the State of
2 New York?

3 A Yes.

4 Q When did you first become licensed to practice
5 medicine?

6 A 2008.

7 Q What is your specialty?

8 A Orthopedic surgery.

9 Q Can you just tell the members of the jury what that
10 specialty generally entails?

11 A Sure. Orthopedic surgery is a specialty within
12 medicine that deals with all of the bones in the body from the
13 neck down. We don't treat the head even though it's made up of
14 bones. We treat arms, legs, spine, pelvis, everything else
15 that makes up the []musculoskeletal system; ligaments, tendons,
16 muscles.

17 Q Can you tell us about your education and professional
18 background?

19 A Sure. I'm from New York. I grew up in Queens. I
20 went to Queens College and after Queens College, I went to New
21 York College of Osteopathic Medicine in Long Island, which is
22 four years. After that, I did a residency in orthopedic
23 surgery, which is five years, at the Northwell Health
24 []consortium, various different hospitals in Northwell system
25 and after that, I went to the Hospital for Special Surgery in

1 the City and did a fellowship in spine surgery.

2 Q Doctor, are you board certified?

3 A Yes.

4 Q What does it mean to be board certified, sir?

5 A To be board certified, I had to do three different
6 tests. I did a written test, I did an oral test, where you go
7 around the room with like 40 tables with a bunch of different
8 doctors, asked a bunch of different questions, and then we do a
9 practical test. You have examiners that come down to your
10 office. They look through your charts and they actually watch
11 you do surgery. And I passed all those.

12 Q What year was it that you became board certified --
13 withdrawn.

14 In what specialty are you board certified?

15 A Orthopedic surgery.

16 Q When did you obtain that board certification?

17 A That's a good question. I don't know.

18 Q It's been a while?

19 A I believe it's possibly 2016. Within a year or two.
20 Something like that.

21 Q Can you tell the members of the jury a little about
22 your current practice?

23 A Sure. So I have four offices. I have an office in
24 the City on Park Avenue; I have an office in Queens in Rego
25 Park; I have an office in Long Island in Franklin Square, and I

1 have an office in New Jersey, in En[]gelwood.

2 Q Just generally speaking, can you tell the members of
3 the jury in your private practice what sorts of conditions of
4 patients you treat?

5 A Sure. I treat a lot of injured workers, people with
6 various different injuries, car accidents, people injured
7 playing basketball, running, anything you can think of, lifting
8 weights. Any injury to the human body that involves
9 orthopedics I treat.

10 Q And aside from injuries themselves or rather the
11 manner in which people get injured, can you tell the jury a bit
12 about some of the different kinds of treatments you administer,
13 the surgeries that you perform.

14 A Sure. I send people, if needed, for physical therapy,
15 anti-inflammatory medication, muscle relaxation medication.
16 I'll send them to other specialists for pain management or any
17 other specialty that's needed. I send people for MRIs, CAT
18 scans, x-rays. We do surgery. I primarily do surgery on the
19 spine, neck and back, usually or I also do shoulder and knee
20 surgery.

21 MR. DISHA: Your Honor, in addition to being one
22 of Mr. Reid's treating physicians, I'd ask the Court
23 recognize Dr. Weinstein as an expert in the field of
24 orthopedic surgery.

25 MR. POWER: No objection, Your Honor.

1 THE COURT: Dr. Joseph Weinstein is declared an
2 expert in orthopedic surgery.

3 MR. DISHA: Thank you, Your Honor.

4 THE COURT: You may continue.

5 Q Doctor, do you treat patients with both traumatic
6 conditions as well as degenerative conditions?

7 A Yes, of course.

8 Q Can you explain to the jury the distinction there,
9 what the difference is?

10 A A traumatic condition is usually a condition that
11 comes out of trauma, right, so if let's say someone is injured,
12 someone falls and injures their knee, there would be acute
13 trauma there. You would have a history of the trauma. The
14 patient would come in and you would see that the knee is
15 bruised. You would do an evaluation with testing, possibly
16 other imaging, studies. That would be trauma.

17 Degeneration can come out of trauma also, but
18 degeneration in general is let's say you have a guy, for
19 example, 65, 70 years old and he's been walking around for 70
20 years and, you know, he can't really walk that much, not more
21 than two or three blocks. It's been getting worse the last
22 four, five years.

23 You've noticed maybe a grandfather, a grandmother,
24 something like that, and you take him to the doctor. What's
25 going on? Nothing really happened, right, so that's

1 degeneration. When someone just lives life and things happen.
2 The body, we destroy ourselves sort of doing various different
3 activities and that's basically degeneration.

4 Q Now, have you testified before coming to this
5 courtroom today?

6 A Yes.

7 Q Approximately how many times?

8 A Probably closer to 15 at this point in my practice.

9 Q Have these instances where you've testified in court
10 been on behalf of patients of yours that have lawsuits that
11 have ultimately gone to trial?

12 A Yes.

13 Q As their treating physician, they've required that you
14 come in to do exactly what you're doing here; explain their
15 treatment, the nature of their treatment and injuries?

16 A Correct.

17 Q Have you testified in the past 15 times approximately
18 on behalf of any patients that have been previously represented
19 by my law firm?

20 A Not that I can remember.

21 Q And at some point, did my office contact you about
22 testifying in this courtroom today?

23 A I'm sure they did.

24 Q Do you know approximately when that was?

25 A I have no idea.

1 Q Was it about two or three months ago the first time we
2 contacted you? Does that sound right?

3 A Could be. I don't know.

4 Q Now, before you came into court today, did you review
5 Glenn Reid's chart?

6 A Yes.

7 Q However you want to phrase it, approximately, how
8 large is that chart?

9 A Pretty large.

10 Q Doctor, did you have to cancel anything in order to be
11 present in this courtroom room?

12 A Of course. Yes.

13 Q What was cancelled today?

14 A Office work, office duties, possibly seeing patients.

15 Q Are you being compensated for being here today?

16 A Yes, I am.

17 Q How much are you being compensated?

18 A 10,000.

19 Q Aside from when my office first contacted you, did we
20 speak before you came to court today?

21 A Yes.

22 Q Do you remember when it that we first spoke?

23 A You came to my office a few weeks ago. I'm not sure
24 exactly the date.

25 Q If I represent to you that it was sometime in

1 February, does that sound right?

2 A It could be.

3 Q Did you also speak with me on the telephone yesterday
4 before you came to court today?

5 A Yes.

6 Q We spoke about Glenn Reid's medical history relevant
7 to this case?

8 A Yes.

9 Q Did you ultimately perform surgery on Glenn Reid?

10 A Yes.

11 Q Were you paid for the surgery?

12 A Yes.

13 Q Were you paid in full?

14 A No.

15 Q Is there anything outstanding as far as your surgical
16 balance?

17 A I believe so.

18 Q Is that in the form of a lien you have in connection
19 with this litigation?

20 A I believe so.

21 Q I'm sure defense counsel will ask about that. Do you
22 have any idea what the remaining balance is on that bill?

23 A I can't tell you a hundred percent.

24 Q Now, before we get into the actual medical records,
25 Doctor, I would like you, however you can, to explain generally

1 the anatomy of the neck and the back, the cervical spine and
2 the lumbar spine, to the jury.

3 A Sure. So the spine is made up of bone and discs,
4 right, so I don't know if you have a picture or something.
5 Maybe you can show a demonstrative.

6 MR. DISHA: With your permission, can I have Dr.
7 Weinstein use those?

8 MR. POWER: I have no objection.

9 Q So, Dr. Weinstein, I'm going to show you something
10 that pertains to Mr. Reid specifically, but certainly you can
11 use this.

12 THE COURT: What exhibit number is that?

13 MR. DISHA: Exhibit 7.

14 THE COURT: The poster[]board will be marked as
15 Plaintiff's Exhibit 7 in evidence. Mr. Power?

16 MR. POWER: Yes, Your Honor.

17 THE COURT: In evidence.

18 Q Please continue, Doctor.

19 THE WITNESS: Your Honor, do you mind if I go
20 down to show the jury please?

21 THE COURT: You may.

22 THE WITNESS: Thank you.

23 A This is the cervical spine and so this is the neck or
24 cervical spine. The upper portion, and we see here this is a
25 view of the side, a picture coming from the side. This is C-5,

1 C-6. So it's made up of bones and then you have the discs
2 inside. It's like a shock absorber or like a jelly doughnut[].
3 It has jelly inside and it has like a harder outside, like a
4 jelly doughnut, like a pop tart, something like that.

5 And the spinal -- this is the spinal cord. This is
6 the front of the neck, this is the back and this is the spinous
7 process and the spinal cord, which carries all of our
8 electrical cords in our body that send the impulse from our
9 brain to our fingertips and our muscles to move is housed
10 inside of this and guarded by the spine, the bones, like armor
11 on top of it.

12 And there is motion that's in these segments because
13 we are able to move; flex, extend, turn. As well as in the
14 lumbar spine, we have the same sort of structure. Those bones
15 are much bigger, but the same thing. You have a bone and then
16 a disc and this is, see, like the jelly inside contained by
17 this outer nucleus and the annulus and this is the next
18 vertebra. So this provides stability as well as movement for
19 the spine.

20 Q Thank you, Doctor. Doctor in your chart we have
21 various if you can be yes. [sd]

22 Q Did you gather those record from past history to form
23 your opinion [PH-] this [KAS] if, fix if necessary.

24 Q Is that something you regularly do in connection with
25 treating patients like this and testifying in court?

1 A Certainly.

2 Q What records exactly do you have in your chart there?

3 A I have my records, I have DUB Physical Therapy
4 records, I have Gentle Way Chiropractic records, I have YSC
5 Trinity Acupuncture records, and Healthy Choice Medical Care,
6 P.C. records.

7 Q And those are all various providers which came from
8 the same facility where Mr. Reid had his therapy, Healthy
9 Choices; is that correct?

10 A It seemed like different facilities.

11 Q You're aware that Mr. Reid did not go to the emergency
12 room on the day of this accident, right?

13 A I believe so.

14 Q You're aware the plaintiff's date of the accident was
15 January 30, 2018?

16 A Yes.

17 Q Can you just comment, Doctor, on the significance of
18 someone who suffers neck and back pain not going to the ER the
19 date of the accident?

20 A Well, you know, it's really up to the patient, how
21 much they are in pain, if they go to the emergency room and
22 wait for a number of hours or treat afterwards privately. It
23 is really up to them what their preference is.

24 Q Have you encountered instances in treating patients
25 with spinal injuries where they may have some pain, minor pain,

1 on the day of the accident and then the pain progresses or gets
2 worse?

3 MR. POWER: Objection.

4 THE COURT: Rephrase the question.

5 MR. DISHA: I will move on.

6 Q Doctor, I want to look at some of Mr. Reid's records.
7 So the first provider he ultimately went to is Healthy Choices
8 Medical Care, P.C.; is that right?

9 A Okay.

10 Q Can you just tell us the date of that initial
11 consultation when he first went there? Well, I'm sorry. Let
12 me withdraw that.

13 Actually, sure. Can you tell us the date of the
14 initial consultation?

15 A It seems like the first date here on the top here is
16 2/7/2018.

17 Q February 7th, correct?

18 A That's correct.

19 Q If I were to represent that's the date of the initial
20 consultation -- Mr. Reid first began treating there on February
21 5, 2018, does that sound right? Do you accept that?

22 MR. POWER: Objection.

23 A Yes.

24 THE COURT: Sustained.

25 A That's in fact --

1 THE COURT: Sustained means you don't answer the
2 question.

3 THE WITNESS: Oh. Sorry.

4 Q Doctor, so let's look at the note from February 7,
5 2018, the initial consultation. Can you tell the members of
6 the jury what complaint Mr. Reid had on the initial
7 consultation when he presented to Healthy Choices?

8 A Sure. Neck pain, local, radiating from neck to left
9 shoulder, restriction of neck movement, popping sounds in the
10 neck, lower back local, mostly in the morning upon waking,
11 stiffness, restrictions of movement radiating to both buttocks.

12 Q Can you tell the members of the jury what, if any,
13 significance that radiating pain has from the neck and back?

14 A Could be nerve pain in relation to that.

15 Q Do you see the note also say patient feels moderate
16 spasm and tenderness in both trapezius, paravertebral muscles?
17 It's on the second page?

18 A Yes.

19 Q What is the significance of spasm?

20 A Spasm could be related to a trauma, could be related
21 to inflammation, it can be related to a disc herniation, among
22 other things.

23 Q Is it something you see in somebody that suffered that
24 trauma?

25 A It can be, yes.

1 Q Do you see the next line here it says Trigger per
2 ointment over both suprascapular neck shoulder area. Can you
3 tell the members of the jury what the significance of that is?

4 A Trigger points are basically points where if you press
5 on the body, it hurts. It was hurting all over is what it
6 means.

7 Q Can that be a sign of trauma after a car accident?

8 A It can be.

9 Q Was Mr. Reid's range of motion of his cervical spine
10 tested that day?

11 A Yes.

12 Q What was found in regard to his cervical spine range
13 of motion

14 A Flexion was 25 degrees, normal is 60; extension is 50,
15 normal is 70 degrees, side flexion to the right is 30 degrees,
16 normal is 45 degrees; side flexion to the left is 35, normal is
17 45 degrees; rotation to the right 60 degrees, normal is 80
18 degrees; rotation to the left is 70, normal is 80 degrees.

19 Q Is it fair to say that as of the date of this initial
20 evaluation Mr. Reid's cervical spine had restriction of range
21 of motion in every plane?

22 A That's correct.

23 Q What diagnosis, if any, did Mr. Reid receive at this
24 evaluation regarding the cervical spine and lumbar spine?

25 MR. POWER: Your Honor, I'm going to object to

1 this line of questioning. The notes of the doctor are not
2 in evidence.

3 MR. DISHA: I was going to do that. I ask Dr.
4 Weinstein's chart be moved into evidence.

5 MR. POWER: No objection.

6 MR. DISHA: Thank you.

7 THE COURT: The record will be admitted into
8 evidence as Plaintiff's Exhibit 8.

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

11 THE OFFICER: All rise.

12 THE COURT: You may be seated. Mr. Disha, you
13 may continue.

14 MR. DISHA: Is that sustained? Do you want me to
15 re-ask it?

16 Q Dr. Weinstein, after this consultation and evaluation
17 on February 7th, did Mr. Reid receive a preliminary diagnosis?

18 A Yes, he did.

19 Q What does that diagnosis say?

20 A Preliminary diagnosis: Motor vehicle collision with
21 another vehicle, cervicalgia, low back pain lumbago. It seems
22 like that's it.

23 Q There's one more on the next page.

24 A Muscle spasm of the back.

25 Q Just for the jury, can you tell us briefly what

1 cervicalgia is?

2 A Cervicalgia is something like cervical derangement.
3 There's something wrong with his neck. We're not specifying
4 exactly what it is.

5 Q Something that requires further evaluation?

6 A Correct.

7 Q What is low back pain lumbago? Just lumbago. We know
8 what low back pain is.

9 A It's a similar situation. It's a generalized
10 something's wrong with the back.

11 Q And I just want to -- I'm sorry. I didn't ask you
12 first. I want to take you back to the first page where it says
13 history. Can you just read for the jury that first line that
14 discusses what it is that brought Mr. Reid to Healthy Choices?

15 A Sure. The patient is a 58-year-old male who was in
16 his usual health condition when he was involved in a motor
17 vehicle accident on the above date as a driver. The patient
18 did not lose consciousness, but remembered being shocked.
19 After the accident, the patient went home to rest. Sought
20 medical assistance in the medical office.

21 Q Do you see above that with regard to the motor vehicle
22 accident in question, it says date of injury, January 30, 2018?

23 A Yes.

24 Q As you testified, you're aware that's the date of this
25 accident in this case?

1 A As far as I know, yes.

2 Q And we just touched on this, but in order to evaluate
3 what it is that's going on with Mr. Reid's neck and back, was
4 anything in particular ordered, any tests?

5 A Yes.

6 Q What is it that was ordered at this time?

7 A MRI of the neck and low back, computerized range of
8 motion and MMT treatment, VsNCT, voltage actuated sensory nerve
9 conduction threshold exam recommended, kinesio taping
10 recommended, outcome assessment narrative summary, EMG/NCV
11 test.

12 Q And was there a plan of management or course of care
13 recommended for Mr. Reid?

14 A Plan of management is patient is instructed about
15 certain limitations of his activities. Physical therapy will
16 be applied to the neck, low back. He will be provided two to
17 four times a week and will include the following modelities:
18 Hot pack application, 10 to 15 minutes / area three to five
19 times a week, biphasis current electrical stimulation at ten
20 hertz[], continuous cycles, sensory intensity at 25 to 400
21 microseconds, point five amps 10 to 15 minutes three to five
22 times a week, therapeutic massage therapy, myofascial release.

23 Q And you see from the records that Mr. Reid did indeed
24 begin a course of physical therapy as recommended, correct?

25 A Yes.

1 Q Was Mr. Reid then -- same record we're looking at,
2 that Healthy Choice batch there. Did he return for another
3 evaluation? Let me withdraw that, actually.

4 Who was the doctor that he saw that performed this
5 evaluation and examination?

6 A Dr. Gene Sankin, M.D.

7 Q At some point, according to those records, did Mr.
8 Reid have a further evaluation with of Dr. Sankin while he was
9 undergoing physical therapy? It's the next note.

10 A Yes, he did.

11 Q Is the date March 14, 2018?

12 A Yes, it is.

13 Q Do you see here that the record shows that there's
14 neck pain radiating to both shoulders?

15 A Neck pain radiating to both shoulders, yes.

16 Q It also says numbness to both shoulders and arms and
17 restricted range of motion, correct?

18 A That's correct.

19 Q It also notes muscle spasms, what you just explained
20 earlier, correct?

21 A I don't know where you see muscle spasm. Maybe later
22 in the note.

23 Q It's - hang on.

24 A Here. Moderate spasm and tenderness.

25 Q And it's to the muscles you described from the first

1 note, correct?

2 A Trapezius and paravertebral muscles.

3 Q So far, Doctor, all these findings that we're looking
4 at in these two notes, are these all consistent with the
5 symptoms a patient would have in the setting of acute trauma to
6 the cervical spine?

7 A It can be.

8 Q And with regard to the back, that's the lower back,
9 lumbar spine, on that second evaluation on March 14, 2018, do
10 you see there it says Mr. Reid has back pain, stiffness
11 radiating to both buttocks, muscle spasms, and restricted range
12 of motion?

13 A Yes.

14 Q And, again, following this visit, according to the
15 records, Mr. Reid continued to treat in the setting of having
16 physical therapy, correct?

17 A It appears so.

18 Q Now, there is another evaluation on April 18, 2018,
19 correct.

20 A April 18, 2018, correct.

21 Q Do you see this note indicates that Mr. Reid reported
22 having radiating neck pain, numbness, and muscle spasm,
23 correct?

24 A That's correct.

25 Q And he also reported having lower back pain, muscle

1 spasm, and restricted range of motion, correct?

2 A Yes.

3 Q Now, at this point -- let me withdraw that.

4 Actually, let's just go to that page. Do you see on
5 the fifth page of this visit, it says previous test results?

6 A Yes.

7 Q And do you see listed there, there is checked off
8 cervical spine MRI?

9 A Yes.

10 Q And at least according to what Dr. Sankin documented
11 here, what was documented with regard to Mr. Reid's cervical
12 spine MRI?

13 MR. POWER: Objection.

14 THE COURT: Let me see the attorneys in the back
15 (Whereupon, an off-the-record discussion was
16 held.)

17 THE OFFICER: All rise.

18 THE COURT: You may be seated.

19 MR. POWER: Your Honor, I withdraw my objection.

20 THE COURT: Thank you, Mr. Power.

21 Q Doctor, what do we see here that's documented
22 regarding the cervical spine MRI of Glenn's neck?

23 A On that visit?

24 Q Correct. Just what you see here in this note.

25 A Cervical spine MRI, C-4 to C-7 disc bulges.

1 Q And do you see there's also something documented
2 regarding a lumbar spine MRI?

3 A Yes.

4 Q What does it say there?

5 A L-3/4 and L-4/L-5 diffuse posterior disc bulges.

6 Q I have them over here, Doctor, just for the time
7 being, because I want to refer to them, but you're aware
8 obviously that Mr. Reid also underwent a cervical spine MRI on
9 March 15, 2018, correct?

10 A Yes.

11 Q You're also aware he underwent an MRI of the lumbar
12 spine on March 25, 2018, correct?

13 A I believe so.

14 Q And those were the MRIs that were ordered by Healthy
15 Choices, correct?

16 A Correct.

17 Q You obtained copies of those MRIs and reviewed them at
18 some point?

19 A I believe they're in here, yes.

20 Q Now, we'll do this a bit more in depth when we
21 actually take a look at the MRIs, Doctor, but just because we
22 see here it's noting disc bulges for both the neck and the
23 back, can you explain to the jury what a disc bulge is?

24 A Again, it's the jelly is out of the jelly doughnut.
25 The tire -- the tire of the disc is flattened and there is

1 protrusion beyond where the disc should be into where that safe
2 space of the spinal cord and the nerve should be.

3 Q Can that aslo be referred to as a herniation, Doctor?

4 A Well, that depends.

5 Q I'll withdraw it. I'm jumping ahead. We'll get
6 there.

7 And what can be the effect, Doctor, of a disc bulge,
8 when that disc protrudes out of the spinal space?

9 A I think just going off the -- to go back to your
10 point, going off this doctor's interpretation, certainly the
11 MRI result that the radiologist read is more extensive than
12 what this doctor wrote.

13 MR. DISHA: So why don't we do that; put the
14 radiology reports from Citimedical LLC in evidence as
15 Plaintiff's Exhibit 9.

16 THE COURT: All those papers will be marked as
17 Plaintiff's Exhibit 9?

18 MR. DISHA: Yes.

19 THE COURT: How many pages?

20 MR. DISHA: Five pages.

21 THE COURT: The five pages will be marked in
22 evidence as Plaintiff's Exhibit Number 9.

23 MR. DISHA: Four pages. I'm sorry.

24 THE COURT: Make that four pages.

25 MR. DISHA: Your Honor, can you ask the officer

1 to hand this to Dr. Weinstein.

2 THE WITNESS: I have it over here.

3 MR. DISHA: Perfect. Even better.

4 Q Okay, Dr. Weinstein. I just want to look very quickly
5 at the -- and again, we'll take a look at the film in a bit,
6 but I want to take a look at the report for the cervical spine
7 MRI performed on March 15, 2018, okay?

8 A Sure.

9 Q Can you tell the members of the jury what the
10 impression was there, what was noted to be found on this MRI of
11 the cervical spine?

12 A Of course. Impression C-4 to C-7 posterior disc
13 bulges, indenting thecal sac with moderate bilateral
14 neuroforaminal narrowing.

15 Q Doctor, I'm sorry. For the jury, we'll go one by one.
16 Can you explain what that means, what that finding is?

17 A Sure. Why don't I read this and if you don't mind and
18 just show -- I mean I don't want to insult you guys, but you're
19 not going to understand, you know? I mean it's better. A
20 picture is a thousand words, right?

21 I'll just read this if you don't mind.

22 Q Sure?

23 A C-4 to C-7 posterior disc bulges with moderate
24 bilateral neuroforaminal narrowing, more prominent at C-5, C-6
25 with regional nerve root encroachment. There's widening of the

1 facet joints at this level, which may indicate ligament laxity
2 and further neuroforaminal compromise in the setting of trauma.
3 There is straightening of the cervical lordosis which may be
4 due to paraspinal spasm. It's up to you if you want me on this
5 or if you want, on the CD I can show them. Whatever.

6 Q Well, this is for the November one. We'll do that in
7 a second. I just have a couple of questions based on what we
8 see here.

9 A Sure.

10 Q Before we go into this, I just want to back up. We
11 mentioned degenerative conditions of the spine, right? You're
12 aware Mr. Reid was 58 years old at the time of this accident?

13 A Yes.

14 Q Is that an age of a gentleman that you'd expect to see
15 degenerative changes in the spine?

16 A Certainly.

17 Q Do you see any particular findings in this impression
18 that indicate degenerative changes of the cervical spine?

19 MR. POWER: Objection, Your Honor.

20 THE COURT: Let's step in the back.

21 MR. POWER: Real quickly, Your Honor. If I may
22 ask one question to the doctor?

23 THE COURT: You may.

24 MR. POWER: Are you a radiologist?

25 THE WITNESS: No.

1 MR. POWER: Objection, Your Honor.

2 MR. DISHA: I will move on.

3 Q Now, Doctor, you mentioned that this report shows
4 there is widening of the facet joints at this level, which may
5 indicate ligament laxity. So forget about this report, the
6 wording of it. I just want to ask you. What is ligament
7 laxity?

8 A Ligament laxity is basically, a ligament what it does
9 is it connects two points and you have a ligament that holds
10 those two points [t]taught. So laxity would be, let's say you
11 have two pieces of wood and a piece of rope, so it should be
12 tight. A laxity is when it's not tight. So now you have
13 instability. It's moving around.

14 Q Sir, is that a finding that indicates acute trauma?

15 A It can be.

16 MR. DISHA: 12:45 we're breaking? Okay. So this
17 is a good time. I'm going to pull up the MRI.

18 THE OFFICER: All rise. Jury exiting.

19 (Whereupon, a short recess was taken.)

20 THE OFFICER: All rise. You may be seated.

21 Q The screen says the program is installing. Don't be
22 alarmed. It says that every time you open it up. So it will
23 be up in a second, but just while it's loading up, I just want
24 to direct your attention to something in the cervical spine
25 report -- rather the MRI report for the cervical spine on March

1 15, 2018. Do you see the section where it says findings?

2 A Yes.

3 Q Can you just read that portion there?

4 A Sure.

5 Q Yes. Start there and the first sentence and then the
6 second one, where it says C-4, C-7.

7 A Findings. C4 to C-7 posterior disc bulges indenting
8 thecal sac with moderate bilateral neuroforaminal narrowing,
9 more prominent at C-5/C-6 with regional nerve root encroachment
10 upon exiting C-7 nerve roots with mild facet joint widening.

11 Q So, again, we're going to talk about the surgery that
12 you performed on Mr. Reid. The surgery that you performed was
13 at the C-5 C-6 level, correct?

14 A That's correct.

15 Q If you wouldn't mind stepping down, Doctor. Take a
16 look at this MRI and just explain to the jury what it is that
17 your findings are, what you see specifically with regard to the
18 C-5/C-6 level.

19 A So we'll go over what an MRI is. MRI is -- basically
20 there's two different modalities that we use to see structures
21 in the body. There is a CAT scan which is for bones. We see
22 bones very well. It's harder to see herniations. MRI is not
23 based on radiation. It's based on magnets that flow around the
24 person. They go in a tube and it orients the water in people's
25 body in a certain way and you can see bone, but what you see

1 really ligaments, all structures, the discs. It's very good
2 for seeing that.

3 We will go through normal and then we will go through
4 abnormal. These are two views of the MRI. This is like you're
5 looking at the neck through the side view and this one is like
6 you're looking like down it's a cross-sectional. You're
7 looking like down from the top of the head. This is the front;
8 this is the back. This is the front; this is the back. This
9 is the spinal cord. We saw before these are the bones and the
10 darker parts are the discs. This is the spinal cord right here
11 and maybe -- I don't know if I can zoom in.

12 Q At some point if you think it's critical, then if you
13 have a way of making it full screen.

14 A So this is the front; this is the back. This is the
15 spinal cord. This, if you look around is the fluid around, CS,
16 cerebrospinal fluid. The cord is bathed in this fluid.
17 Nothing is supposed to touch the spinal cord. It's supposed to
18 float and be happy here. These are where the nerves come out.
19 This is what normal looks like basically. It's very
20 symmetrical. You can see coming out here there is little to no
21 bulge at that level, but if you go down --

22 Q Doctor, I'm sorry. The level you're referring to?

23 A C-4/5.

24 Q That's consistent with the report, the bulge at that
25 level?

1 A Yes.

2 Q Continue.

3 A So now we're at the C-5/C-6 level. You can see here
4 there's a longer, in my opinion, bulge / herniation. What the
5 difference is really is semantics depending on who is viewing
6 it, but certainly there is a herniation, meaning there is disc
7 that's out of where it's supposed to be.

8 Then you see here this is the level of the of disc we
9 see here, right? Here you can see and it's actually a lighter
10 color. It's faint, but if you would come closer, you can see
11 it certainly. It's white, meaning there is some fluid in
12 there. It looks to me like they got this pretty fast after the
13 accident. It looks as if there can be some acute changes,
14 central herniation pushing on the spinal cord, and then you
15 come up here and you can see these, the right side, even though
16 it's the left side. It's the right side. A patient's body is
17 like this, so this is the right side and this is the left side.

18 This is where the nerve comes out and you see here,
19 this is where the nerve comes out. On the left side,
20 approximately on this side, you can say 50 percent more is
21 closed than this one. Meaning, there is a herniation right
22 here that goes into the foraminal, [EUP] where the nerve is
23 coming out there is narrowing. This was done fairly after the
24 accident.

25 Q Anything else?

1 A Is that enough? Do you have any questions?

2 Q All right. If you can pull up the MRI of the lumbar
3 spine taken on March 25, 2018.

4 A Again, normal and abnormal. You see this is the
5 lumbar spine, much bigger bones than the neck. This is a view
6 from the side. This is a view the same way, a cross-sectional
7 view. This is a normal level. You see here very open, very
8 nice. This is the level L-2/L-3. If you come down, you can
9 see that there is bilateral foraminal stenosis. []Foramin is
10 where the nerves come out.

11 The level of the disc you see very open, very open the
12 whole way here. You come down, open. Then it closes down.
13 It's actually touching the nerve on both these sides. That's
14 L-3/L-4. L-4/L-5 has more on the left side. This is a little
15 more open on this. I don't know if you guys can appreciate
16 that, and L-5 looks pretty good.

17 Q I don't want to make you run back. I'm just going to
18 hand you what's been marked as Plaintiff's 9 and ask you to
19 look at the report taken on March 25, 2018. If you can read
20 the impression of that MRI please?

21 A Impression; L-3/4 and 4/5, mdiffuse bulges indenting
22 thecal sac with superimposed L-3/4 central herniation impinging
23 on traversing L-4 nerve roots.

24 Q Is that exactly what you just showed us at the L-3/4
25 level?

1 A No.

2 Q I'm sorry. Which level?

3 A He says there is a central herniation. I don't agree
4 there is a central herniation. It's foraminal. I'm showing
5 you foraminal or stenosis, but the center looks fine.

6 Q You identified yourself the herniation being at that
7 level?

8 A Foraminal could be due to bulging or herniation on
9 both sides.

10 Q So let's wrap this up for now. We'll get to the other
11 MRIs in a bit. Thank you, Doctor.

12 I just want to direct your attention to one more note
13 in the Healthy Choices records dated June 6, 2018. It's
14 another evaluation of Dr. Sankin.

15 A 6/6/18?

16 Q Correct. Just before we get there. You testified
17 earlier in reviewing these records that you saw that Mr. Reid
18 had cervical pain radiating down to his shoulders and the arms,
19 correct?

20 A Correct.

21 Q Can you tell the jury the significance of what you
22 describe in terms of the way that the nerve roots are being
23 affected in connection with the radiating systems?

24 A Sure. So basically the way nerves work is that
25 there's a nerve that goes from the back of your neck to your

1 fingertips and it innervates[]. It gives power. Like let's say
2 a light bulb. You turn it on. The brain sends a signal and
3 you can move it, that area, and there's motor, movement, and
4 there's sensation. That's how we touch things. The reflexes
5 work and we touch things and it goes to your brain and your
6 hand moves. All these things.

7 My opinion, I showed you that he had narrowing and
8 impingement on the nerve on the level of C-5/C-6. So that
9 would correlate with radiating pain, meaning the nerve is being
10 pressed. It's being stimulated, so there's pain that goes to
11 that area. That's how you explain that.

12 Q Does that also cause other symptoms other than pain?

13 A It can cause numbness, weakness, among other things.

14 Q Now, do you see on this particular date, June 16,
15 2018, this follow-up consultation, it's documented that Glenn
16 reported having neck pain, right?

17 A Are you referring to this?

18 Q First page. So same question. You see it was
19 documented Mr. Reid reported neck pain on that day?

20 A Correct?

21 Q Do you see on this particular day the other symptoms
22 he previously reported, the radicular symptoms, are not checked
23 off?

24 A Nothing is checked off.

25 Q Can you tell the jury the significance? Does that

1 mean his condition is resolved, the symptoms are gone? What is
2 the significance of not having them on that particular day?

3 MR. POWER: Objection.

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

6 THE OFFICER: All rise.

7 THE COURT: You may be seated. Mr. Disha, do you
8 want to ask a question?

9 Q Doctor, I will rephrase my question, but before I get
10 there, these symptoms we're talking about, these radicular
11 symptoms, pain that radiates and numbness and tingling, this is
12 all under the umbrella of a condition or a diagnosis called
13 radiculopathy, correct?

14 A Yes.

15 Q That's the term for that, the umbrella term?

16 A Yes.

17 Q Can you tell the members of the jury of any
18 significance in your practice as an orthopedic surgeon, spinal
19 surgeon, where a patient on a particular day has findings you
20 discussed and does not have radicular symptoms on that day?

21 A Everyone is different. It's not a constant. Some
22 people have better days, worse days. It all depends on what's
23 going on. Is it raining?

24 Q In your experience, have you treated patients where
25 they have radiculopathy, but on one particular day they have

1 the symptoms and another day they don't, even though their
2 condition has not resolved?

3 A Yes. Everything is variable, could be variable.

4 MR. DISHA: Your Honor, the next line of
5 questioning is going to be starting with Dr. Weinstein's
6 records and I know we are right up to the time. I will
7 follow your lead.

8 THE COURT: We are going to take our afternoon
9 recess, and I ask you return at 2 p.m. in the jury room,
10 Room 212, inside waiting for the court officer to escort
11 you upstairs. Enjoy your lunch.

12 THE OFFICER: All rise. Jury exiting.

13 THE COURT: Doctor, as you are still providing
14 testimony in this courtroom, you are not to discuss your
15 testimony with anyone during the recess. Do you
16 understand?

17 THE WITNESS: Yes, of course.

18 **A F T E R N O O N S E S S I O N**

19 THE OFFICER: All rise. Jury entering.

20 THE COURT: You may be seated. Good afternoon,
21 Members of the Jury.

22 THE JURY: Good afternoon.

23 THE OFFICER: Doctor, I remind you that you are
24 still under oath.

25 THE WITNESS: Yes.

1 Q I'm going to ask you some more questions about Mr.
2 Reid's treatment, but just for the sake of time, I'm going to
3 try to move things along. So I'll just -- it was important
4 that we go through the initial treatment, of course, but I want
5 to try to move these next few questions as quickly as possible.

6 Did you have a chance to review, sir, Mr. Reid's
7 records from Pain Physicians for a Dr. Leon Reyfman? It's not
8 there in front of you, but it's in evidence. I can hand it to
9 you.

10 A I believe so.

11 Q You're aware that Mr. Reid was referred to a pain
12 physician then, of course, in this case?

13 A Yes.

14 MR. DISHA: Your Honor, may I hand the witness
15 what's marked as Plaintiff's Exhibit 10?

16 THE COURT: You may.

17 MR. DISHA: Thank you.

18 THE COURT: It was premarked?

19 MR. DISHA: Yes.

20 THE COURT: It's in evidence?

21 MR. DISHA: We made sure to take care of those.

22 THE COURT: Thank you.

23 Q Doctor, I just want you to turn to the note for the
24 initial encounter with Dr. Reyfman, dated April 23, 2018. Do
25 you see that?

1 A Yes.

2 Q Can you just tell the members of the jury what's
3 documented there in terms of Mr. Reid's symptoms or complaints
4 at that time?

5 A Chief complaint, reason for visit, neck pain, low back
6 pain, right shoulder pain.

7 Q And do you see in the records it also indicates that
8 Mr. Reid's lower back pain is radiating to the right leg with
9 numbness tingling in the feet / toes?

10 A Yes.

11 Q Do you also see that it says that the complaints of
12 neck pain are radiating to the right shoulder and
13 intermittently the right upper extremity?

14 A Yes.

15 Q Consistent with what we've discussed so far, Mr.
16 Reid's condition of radiculopathy up to this point?

17 A It appears so.

18 Q Doctor, in reviewing those records, you're aware that
19 Dr. Reyfman administered epidural injections to Mr. Reid's
20 lower back, correct?

21 A I believe so.

22 Q On at least two occasions?

23 A Yes.

24 Q He also got a cervical epidural injection as well,
25 correct?

1 A Yes.

2 Q Now, Dr. Reyfman also performed a lumbar percutaneous
3 discectomy on Mr. Reid; is that right?

4 A I believe so. Yes.

5 Q Again, just for the sake of time, you know, we're
6 going to talk about the surgery you performed in just a minute,
7 but can you just tell the members of the jury generally what
8 that surgery entails, what that procedure entails, a
9 percutaneous discectomy?

10 A A percutaneous discectomy, the patient is put to sleep
11 and placed on his belly and under fluoroscopic or X-ray
12 guidance they place either a cannular or needle into where the
13 disc would be and they take out some disc.

14 Q Now, I'm going to ask you to take a look at your
15 records, Mr. Reid's treatment please, Doctor?

16 A Sure.

17 Q When did you first see Glenn Reid?

18 A 10/31/2018.

19 Q And what complaints did he make to you at that initial
20 visit?

21 A Neck pain and lower back pain.

22 Q Did he at that time indicate to you that he had any
23 prior history of neck or back pain?

24 A He stated that he never had any problems with the neck
25 or low back prior to this injury.

1 Q During the course of preparing for this trial, did you
2 ultimately learn that there were two prior instances years
3 prior to this incident where he did have neck and back pain?

4 A Yes.

5 Q Did you have an opportunity to review some of the
6 prior records documenting that neck and back pain?

7 A Whatever was available, yes.

8 Q Did you see anything in those records that actually
9 diagnosed Mr. Reid with any injury to his spine prior to this
10 accident?

11 MR. POWER: Objection.

12 THE COURT: Let's go in the back.

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

15 THE COURT: Be seated.

16 Q Doctor, you're familiar with the prior workers' comp
17 records for Mr. Reid for a 2016 motor vehicle accident he had,
18 right?

19 A I believe so.

20 Q In reviewing those prior records, can you tell the
21 members of the jury, you didn't see anything in those records
22 that showed that Glenn was actually diagnosed with any injury
23 to his spine; is that right?

24 MR. POWER: Objection. The records speak for
25 themselves.

1 Q Doctor, you're not aware of any prior records before
2 this accident on January 30, 2018 diagnosing Mr. Reid with an
3 injury to his spine, correct?

4 A I mean there is -- there does state that he injured
5 his neck and back, yes.

6 Q What I mean is that he had pain as a result of that
7 accident, but, for example, the way in this case he was
8 referred for MRIs and it was shown that he had damage to his
9 discs, you didn't see anything in those prior records like
10 that, correct?

11 A I don't believe there were any MRIs that were ordered
12 from those accidents.

13 Q That was my next question. Thank you. Any prior
14 surgery to either the neck or the back that you saw in review
15 of these records?

16 A Not that was conveyed to me, no.

17 Q So at this initial consultation, what did you, sir?
18 Can you just take us through that first note?

19 A Sure. Take a history of what the patient states
20 happened to him and how he's feeling. Then we do a physical
21 examination. He stated that he had pain and stiffness in his
22 cervical spine and lumbar spine. He stated it was staying the
23 same and the pain kept him up at night. Any exercise, sitting,
24 standing, walking, repetitive motions, overhead activities
25 caused the pain to become worse. He rated his pain as a nine

1 out of ten. He stated he had been in physical therapy, taking
2 anti-inflammatories, and received epidural injections without
3 relief.

4 Next we do a physical exam, review of systems and a
5 physical exam regarding the cervical spine. There was pain to
6 palpation -- I'm sorry. Skin was clean, dry, intact. Pain to
7 palpation at the paraspinal musculature of the cervical spine.
8 Power was five out of five except right biceps, which was four
9 out of five. Sensation was decreased in the right C-5/6
10 distribution.

11 Q Pause right there for one second. That particular
12 line, the sensation was decreased in the right C-5/6
13 distribution; can you tell the members of the jury the
14 significance of that?

15 A It means something is going on with the nerves. It
16 means that there's some pinching or some other blocking of the
17 nerves in that area.

18 Q Would that be consistent with the disc herniation at
19 that level that you identified?

20 A Next you look at the imaging and you correlate it, and
21 yes, it was consistent.

22 Q Okay. Continue please.

23 A Reflexes were normal. There was a negative Hoffman's,
24 which is a sign for myelopathy or severe spinal cord
25 compression. Then range of motion was tested and it was

1 decreased in all ranges. Next we examined the lumbar spine.
2 The skin was clean, dry and intact. Again, there was pain to
3 palpation at the paraspinal musculature. He was
4 neurovascularly intact, power was intact, was normal.
5 Sensation was decreased in the bilateral L5/S1 distribution.

6 He had pain on facet loading, meaning the joints in
7 the back, they were loaded or stressed. There was pain
8 elicited. Reflexes were normal. He had other negative testing
9 and he had what's called a positive straight leg raise test,
10 which is a tension sign. Basically you pick the leg up and if
11 the nerves in the leg stretch, the ones in the back, that is a
12 positive sign.

13 I diagnosed him with cervical radiculopathy and lumbar
14 radiculopathy and my plan was to -- I recommended X-rays and
15 MRIs of the cervical and lumbar spine. I stated he should
16 continue a course of physical therapy, take anti-inflammatories
17 as needed, and to follow up after he completes the imaging
18 studies.

19 Q Did you order those imaging studies because you wanted
20 up-to-date radiology of his neck and back for you to review?

21 A Sure. I mean I ordered them I believe it was almost
22 close to a year after the accident. He didn't come in with any
23 imaging studies at the time. There was nothing to correlate.
24 He stated that he did have MRIs prior, very close to the
25 accident. So we always want to get the most up to date,

1 especially after a year or about a year. So I ordered new
2 films and MRIs.

3 Q You said you diagnosed him with cervical radiculopathy
4 and lumbar radiculopathy, correct?

5 A Correct.

6 Q That was based on his subjective complaints that were
7 consistent with those diagnoses, correct?

8 A His subjective complaints as well as a physical exam.

9 Q Now, Doctor, I would like for us to go through the
10 MRIs that you ordered for the jury. It's on the screen.

11 MR. DISHA: Permission to publish the MRI to the
12 jury?

13 MR. POWER: No objection, Judge.

14 THE COURT: You may.

15 Q Doctor, I'm going to ask you to approach the screen
16 and ask you to look at the cervical spine MRI dated November 5,
17 2018, which is part of Plaintiff's Exhibit 14 in evidence.

18 A So we went over the other MRI, so you guys don't need
19 a refresher on that yet, but, again, we can see here at
20 C-5/C-6, we see the herniation. We see that the spinal cord is
21 indented there and then here at this level, you see that small
22 white -- it's gotten larger -- pushing on the spinal cord in
23 this area as well and you can see much better here how this is
24 opened here and see how this is closed on this side. On the
25 left side you can see that herniation there, smaller here.

1 It's compressing.

2 Q Do the images correlate to Mr. Reid's -- is it
3 consistent with the symptoms he presented to your office with
4 on October 31, 2018?

5 A I believe so.

6 Q What was your diagnosis at the C-5 and C-6 level based
7 on the MRI?

8 A Cervical radiculopathy.

9 Q What did you identify at C-5/6 level?

10 A Disc herniation with foraminal stenosis.

11 Q If you can please pull up the MRI of the lumbar spine,
12 same date, November 5, 2018, part of Plaintiff's Exhibit 14 in
13 evidence. Whenever you are ready, let the members of the jury
14 know any relevant finding you see on the MRI.

15 A Again, the MRI of the lower back, same views we were
16 looking at before. This is a normal level L-3/L-4 -- sorry --
17 L-2/L-3. You come here; L-3/L-4, you see a little worsening of
18 the left side. Here, same thing. Here on the left side,
19 worsening L-4/L-5. L-5/S-1 looks pretty good.

20 Q One last question. Can you identify L-3/L-4 and
21 L-4/L-5; is that consistent with the diagnosis of lumbar
22 radiculopathy in Mr Reid?

23 A MRI does not show radiculopathy. It just shows
24 pathology.

25 Q Is the pathology shown on the MRI consistent with the

1 diagnosis of radiculopathy?

2 A It didn't correlate with the examination sensation in
3 L-5/S-1, but it also can cause low back pain.

4 Q After the initial visit, Mr. Reid returned to see you
5 on November 14, 2018, correct?

6 A That is correct.

7 Q Very quickly. Can you walk us through that note, what
8 you took down, what you observed?

9 A He came back after the images. He had been under
10 physical therapy, taking anti-inflammatories and multiple
11 epidural injections. It notes he also had trigger-point
12 injections. Same complaints, nine out of ten pain. His skin
13 was clean, dry and intact. There was pain to palpation at the
14 paraspinal musculature of the cervical spine. Power was five
15 out of five except for the right biceps, which was four out of
16 five, which is decreased power and strength.

17 You have sensation is decreased in the right and left
18 C-5/6 distribution. Otherwise testing was negative, decreased
19 range of motion. Regarding lumbar spine, everything was
20 essentially the same as the last visit, I believe.

21 Q Did you have the same diagnosis as cervical and lumbar
22 radiculopathy?

23 A Yes.

24 Q Walk the members of the jury through the treatment
25 plan.

1 A So when someone gets injured or there's some sort of
2 problem with a disc or spine, there is a step-point process to
3 follow in order to get the patient hopefully better. First you
4 see the patient, give them anti-inflammatories, therapy, order
5 an MRI, see what's going on.

6 Then afterward, if the physical therapy and
7 anti-inflammatory are not decreasing pain, then you are going
8 to go to pain management. Now, pain management is an invasive
9 procedure, right? They're sticking needles around the spinal
10 cord in the neck and the back.

11 He had two injections to his neck, two injections to
12 the back, and he had a surgery on his lower back. So at this
13 point, this was, again, almost a year after his accident;
14 11/14, almost a year after the accident. He didn't want to do
15 any more injections that were offered to him. So we had a
16 conversation, a very simple conversation. Can you go on with
17 this pain and dysfunction.

18 Your options are do nothing, your options are to
19 continue physical therapy and anti-inflammatories for whatever
20 time. Your options are to go get more injections. And he said
21 I can't go on with this pain; I need to do something. So we
22 had an extensive conversation about doing the surgery that I
23 thought that he needed, which is taking out the disc material
24 and securing that disc so it doesn't cause him any further
25 pain.

1 Q Okay and we'll talk about the surgery in just a
2 second, Doctor, but you mentioned physical therapy. When you
3 first saw him on October 31 2018, at that time, you actually
4 recommended, and he did ultimately, did more physical therapy
5 to see if that would help; is that right?

6 A Yes. I believe so, yes.

7 Q What procedure did you perform for Mr. Reid? I have a
8 demonstrative if that will help.

9 A Sure.

10 MR. DISHA: I ask it be marked for ID unless we
11 just move it into evidence now.

12 MR. POWER: Move it into evidence, Judge.

13 THE COURT: What's the number?

14 MR. DISHA: 15.

15 THE COURT: The board is being marked as
16 Plaintiff's Exhibit 15 in evidence.

17 Q Doctor, just whatever you need. If you need your
18 operative report to look on as well.

19 A All right. So neck surgery, so how does it go? What
20 happens is, so a patient comes to the hospital the morning of
21 the surgery, is interviewed by everyone a million times, asked
22 a lot of questions. IV is placed, the patient is interviewed
23 by the anesthesiologist, asked the same questions.

24 Then the patient is brought to the operating room and
25 put to sleep. What does that mean? They're putting him in a

1 medically-induced coma. A tube is placed in his mouth for
2 breathing. Various equipment is attached to measure heart
3 rate, blood pressure, pulse ox, how much oxygen is in the
4 blood.

5 At that point we position him, tie down his arms down
6 to the side, get an X-ray, localize where the area we are going
7 to be operating on is. After that, we prep, drape, wash the
8 neck, drape to isolate the area that everything is clean and
9 sterile. We make an incision into the skin and go through the
10 platysma muscle, go down here. But the neck is a super highway
11 of dangerous situations. So there is the carotid artery, the
12 esophagus, the trachea, that's the windpipe, and we move
13 everything aside and come to where the disc is, the C-5 disc.

14 At that point, we localize it with an X-ray again,
15 take out all of the disc with the use of high-speed burrs, make
16 sure that the nerves are free of any impingement or any sort of
17 disc herniation, put a spacer in. We take the patient's own
18 bone but also cadaver bone is put in and a plate with four
19 screws. It looks like two, but there is really four there.

20 After that we take an x-ray and make sure everything
21 looks okay, everything is in good position, and then we sew the
22 patient and he is woken up from anesthesia and brought into the
23 recovery room.

24 MR. DISHA: Okay. Thank you, Doctor.

25 Q Doctor I'm going to try to take care of this this way.

1 You ordered post-operative X-rays to check the hardware at some
2 point, correct?

3 A Of course. Yes.

4 Q We have them in evidence, but just to save time, I
5 have them on the screen. Do you see a screenshot of a December
6 12, 2018 X-ray of the neck?

7 A Yes.

8 Q If you can tell the jury. Was there anything
9 problematic you found about the alignment of the hardware at
10 all?

11 A No. It looks good.

12 Q And you saw Mr. Reid following the surgery as well,
13 correct?

14 A Yes.

15 Q When was the first time you saw him following surgery?

16 A I saw him on 12/26/2018.

17 Q As quickly as you can, can you tell us what you
18 documented on the post-operative visit? This is approximately
19 two weeks after the surgery?

20 A He felt better than preop. Skin is clean, dry,
21 intact. No erythema, exudate, or effusion. Everything looked
22 good at that point.

23 Q And did you have him return to the office for a second
24 post-op visit?

25 A Yes.

1 Q Is that part of the ordinary course of care?

2 A Of course. It's a regular follow-up.

3 Q This follow-up was about two months later, on January
4 30, 2019?

5 A Yes.

6 Q What, if anything, did you document at that time?

7 A He was continuing to complain about back pain.
8 Regarding his neck, everything was looking good. Regarding the
9 back, he was still complaining about severe low back pain, nine
10 out of ten.

11 Q Just to be complete, you had a third post-operative
12 visit on March 27, 2019?

13 A Correct.

14 Q You saw him again a little later on, on March 10,
15 2021, correct?

16 A That's correct.

17 Q Again, this is the ordinary course of care; post-op,
18 you want the patient to return a few times to make sure
19 everything is okay?

20 A Correct.

21 Q Let's go back to the post-op visit on March 10, 2021.
22 What did you document on March 10, 2021?

23 A He was having -- his pain was seven out of ten. He
24 continues to complain about back pain; denied any fever,
25 chills, or recent sickness. Recently has exacerbation in neck

1 pain with numbness radiating down the left arm.

2 Q Now, is it unusual or atypical for a patient like this
3 who undergoes cervical fusion to have that neck pain return?

4 A It's possible. A lot of times what happens when there
5 is compression on a nerve and you take off compression, the
6 nerve has to heal. It's not a ball that bounces back. It has
7 to heal. It gets reinfused with blood. When that happens,
8 when it rejuvenates and gets better, it feels worse and there's
9 shooting pain. It happens every so often.

10 Q One of the main goals of a surgery like this is to
11 stop progression of symptoms; is that right?

12 A Yes.

13 Q Is it possible for a patient like Mr. Reid to have
14 surgery, and the progression of symptoms stopped, but because
15 of the irritation of the nerves, they can have pain like they
16 had previously?

17 A It's possible.

18 Q Now, please tell the members of the jury, explain your
19 conclusions of why it is that Glen suffered pain in his neck
20 following this accident taking into account everything?

21 A Certainly, he had injuries prior to this accident. It
22 doesn't seem like they were anything significant. There were
23 no MRIs ordered. It seemed like a couple of days, maybe a
24 little more, not investigated further. Certainly, as I showed
25 you on the MRI, he had disc herniation. He had pathology

1 there, degeneration as well. No question about that.

2 He saw multiple doctors, had issues with radiating
3 pain. He underwent all of the nonoperative treatment. He
4 didn't want to do any more injections, which is understandable
5 and eventually he decided to go forward with the surgery.

6 Q Is it your conclusion that trauma resulting from the
7 January 30, 2018 accident caused the pain in the neck?

8 A If the history provided is correct, within a
9 reasonable degree of medical certainty, it is.

10 Q You're aware, sir, that Mr. Reid was asymptomatic
11 prior to January 30, 2018 regarding neck or back pain?

12 A That's what I was told.

13 Q And you didn't see any records to suggest otherwise?

14 A Aside from records of intransient pain, there was no
15 documentation of MRIs or any major procedures or otherwise.

16 Q To be clear, that pain you talked about that was prior
17 to this accident, that was 2016, two years before this
18 accident, correct?

19 A Yes.

20 Q Same question for the lower back. Can you explain to
21 the jury your conclusions as to the cause of why Glenn
22 experienced pain in his back following the accident?

23 A Very similar answer. Basically, as far as I know, he
24 hadn't had any pain besides what he had before. As far as I
25 know, it wasn't for a long time. As far as I know, there was

1 no MRIs done and there was no extensive treatment that was
2 done.

3 Q Now, what, if any, significance did the degenerative
4 condition of Mr. Reid's spine have on the injuries in this
5 case?

6 A I mean he has degeneration. Does it have
7 significance? He had an accident. I don't know what
8 significance it has.

9 Q Well, you would expect to see degeneration in a
10 58-year-old man, right?

11 A Certainly.

12 Q Can degeneration cause a weakening of the spine or
13 discs?

14 A It can.

15 Q Would those degenerations have made him more
16 susceptible to injury in something like a car accident?

17 A It's possible.

18 Q Dr. Weinstein, do you have an opinion, to a reasonable
19 degree of medical certainty -- I know it sounds like what I
20 asked -- as to the cause of the injuries to Glenn's neck?

21 A Again, if the history provided me was correct, within
22 a reasonable degree of medical certainty, the car accident.

23 Q The degenerative condition could make Mr. Reid more
24 susceptible to injury in a car accident?

25 A Possible.

1 Q Do you have an opinion, to a reasonable degree of
2 medical certainty, as to the permanence of Mr Reid's injury?

3 A Permanent. He's got metal in his neck.

4 Q I want to direct your attention -- you saw Mr. Reid
5 fairly recently as well, correct?

6 A I believe so.

7 Q You saw him February 3, 2025, yes?

8 A Correct.

9 Q Can you tell the members of the jury what you
10 documented in the most recent note?

11 A Patient is a 65-year-old male presenting for a post-op
12 visit. There has been no post-op complications. Post-op pain
13 has been mild. Patient has been compliant with post-op
14 instructions. Denies fever, chills, recent sickness, denies
15 incontinence, says feels better than pre-op, denies any
16 swallowing issues, power seven out of ten and he returns for
17 X-rays.

18 Q Before we move on to the last couple of questions, I
19 want you to tell the jury what your physical exam consisted of.
20 Take your time. Give the range of motion, testing. Explain
21 normal versus what you found here and the various planes?

22 A Skin was clear, dry, intact. There was pain to
23 palpation of the paraspinal musculature of cervical spine.
24 When you touch the muscles, it hurts, power was intact,
25 sensation was intact, reflexes were normal and he had a

1 negative Hoffman's, which is a normal.

2 Range of motion. Flexion, which is going down, 45
3 degrees, normal is 50 degrees; extension, going up, was 45,
4 normal is 60. Right lateral bending ear on right shoulder, 35
5 degrees, normal is 45 degrees; left lateral bending, left ear
6 on left shoulder, 30 degrees, normal is 45 degrees, rotation to
7 the right, turning your neck to right, head to right, was 65
8 degrees, normal is 80; rotation to the left was 60, normal is
9 80 degrees.

10 Q So, Doctor, you found Mr. Reid's neck, in just
11 February of 2025, to be restricted in every plane?

12 A It was restricted, yes.

13 Q That permanency --

14 A The permanency doesn't affect every plane of motion,
15 but certainly the neck was limited, as documented.

16 Q Do you have an opinion, to a reasonable degree of
17 medical certainty, as to whether there is permanent
18 consequential limitation of the cervical spine?

19 A As stated, he has metal in his neck. It's permanent.

20 Q That's for life, correct?

21 A I'm not planning on taking it out.

22 Q This is not the spine this man was born with, correct?

23 A Certainly, it's not the one he was born with.

24 Q He wasn't born with a plate and screws?

25 A No.

1 Q Do you have an opinion, to a reasonable degree of
2 medical certainty, as to whether Mr. Reid has a significant
3 limitation of the cervical spine?

4 A I'm sorry?

5 Q Do you have an opinion, to a reasonable degree of
6 medical certainty, as to whether he has a significant
7 limitation of the cervical spine?

8 A No. He has a mild to possibly moderate in some
9 planes.

10 Q You said he had a permanent consequential limitation
11 for the reasons you explained, correct?

12 MR. POWER: Objection.

13 MR. DISHA: I'll withdraw it. Nothing further.

14 THE COURT: Members of the jury, do you need a
15 brief recess? Officer, please escort the jurors out.

16 THE OFFICER: All rise. Jury exiting.

17 THE COURT: Doctor, I'm reminding you that you
18 are still providing testimony in this courtroom. You are
19 not to discuss your testimony with anyone during the
20 recess. Do you understand that?

21 THE WITNESS: Yes.

22 (Whereupon, a short recess was taken.)

23 THE OFFICER: All rise. Jury entering.

24 THE COURT: You may be seated. Mr. Power, you
25 may inquire.

1 MR. POWER: Thank you.

2 CROSS-EXAMINATION

3 BY MR. POWER:

4 Q Good afternoon, Dr. Weinstein. How are you, sir?

5 A I'm fine. Thanks. How are you?

6 Q Good. Thank you, sir. Dr. Weinstein, you and I have
7 never met before, correct?

8 A Before today, no.

9 Q As part of your practice as an orthopedic surgeon,
10 sir, do you have patients referred to your practice?

11 A I was having a hard time with the echo in the room,
12 you know, to hear.

13 Q You want me to repeat it, sir?

14 A I heard your question. It's just a little difficult.

15 Q Am I talking too loud maybe?

16 A No. You're doing great. Just one more time, the
17 question.

18 Q Sure. In your practice, do you have patients referred
19 to you?

20 A Yes. Of course.

21 Q And do you have attorneys, law firms, refer patients
22 to you?

23 A Yes.

24 Q And did the law firm of Wingate Russotti refer Mr.
25 Glenn Reid to you?

1 MR. DISHA: Objection, Judge.

2 THE COURT: Overruled.

3 A I'm not sure. I don't know.

4 Q How did it come about, sir, that Glenn Reid came to
5 your office?

6 A I don't know. It's possible that they did; it's
7 possible that they didn't. I can't tell you 100 percent sure
8 under oath that they did. I don't know right now. I would
9 have to check.

10 Q Have you ever treated any Wingate Russotti clients
11 before Glenn Reid, sir?

12 MR. DISHA: Objection. He already testified he
13 has.

14 THE COURT: I'll allow it. Cross-examination.

15 A Certainly the firm has sent me patients, yes.

16 Q The firm has sent you cases, correct? You're a
17 doctor, right? And other plaintiff law firms have sent you
18 cases too, correct?

19 A Yes.

20 Q The Gorayeb firm.

21 MR. DISHA: Objection, Judge. May we approach?

22 THE COURT: Sure.

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

25 THE OFFICER: All rise.

1 THE COURT: You may proceed, Mr. Power.

2 Q Doctor, I believe I just asked you a question. Do you
3 know the Gorayeb firm, correct, sir?

4 A I know of them, yes.

5 Q Counsel asked you earlier when the last time was you
6 testified in court. Do you remember that, sir? This morning.
7 It was earlier this morning. It was a little while ago,
8 Doctor. I'm sorry.

9 A I don't remember everything specifically, but it
10 wasn't too long ago.

11 Q If I told you January 22, 2025, does that sound about
12 right?

13 A I'm going to trust you.

14 Q If I told you the name of the case was the Martinez
15 matter, do you remember that, sir?

16 A No. I don't know.

17 Q Inocencio, I-N-O-C-E-N-C-I-O, Martinez versus Yeshiva
18 Kehilath Yaakov, Inc.? Does that sound at all familiar, sir?

19 A If you have transcripts. I mean, yes. I don't have
20 any independent recollection. I don't remember.

21 Q That's fine, Doctor. I want to be fair to you,
22 Doctor. If you don't remember, you don't remember.

23 A I don't have any independent recollection.

24 Q You came to the Bronx Supreme Court for that
25 testimony, correct, sir?

1 A I believe so.

2 Q And beside the Gorayeb firm and Wingate Russotti,
3 there's other plaintiff attorneys' firms that you have had
4 cases referred to you, right, sir?

5 A Yes. Of course. I am a doctor. People refer me
6 patients.

7 Q Now, quickly, sir. I'm going to show you what's been
8 marked for identification as Defendants' L, M, N and O.
9 Looking at L, that's your initial report of October 31, 2018,
10 sir?

11 A Yes. Go ahead.

12 Q Look at the last page. Did you sign that document,
13 sir?

14 A It's electronic signature.

15 Q Electronic signature, but that's your signature;
16 that's your work product, correct, sir?

17 A I believe so. If it was sent from my office, then
18 yes.

19 Q I think you read portions of it to the jury before.
20 Real quickly, sir, just look at M, N, and O and tell me if
21 those are your electronic signatures also.

22 A I believe so.

23 MR. POWER: Your Honor, I would ask that they be
24 offered into evidence; Exhibits L, M, N, and O for
25 identification.

1 THE COURT: Any objection?

2 MR. DISHA: No objection as long as those are the
3 same entries from the doctor's records.

4 MR. POWER: I will represent to the Court that
5 they are.

6 THE COURT: Defendants' L, M, N, and O that were
7 previously marked for identification are received in
8 evidence as Defendants' L, M, N, and O respectively.

9 MR. POWER: Thank you, Your Honor.

10 Q May I just have L to look at? I'm just going to read
11 something to you, Doctor?

12 A Sure.

13 Q Sir, before I read this to you, you gave sworn
14 testimony just before to this jury when Counsel was asking you
15 about permanency, whatever the words were, disability,
16 permanence, and you said if the history is correct, right, sir?

17 A Right.

18 Q Fair as a doctor, right, that if the history is
19 correct as given to you as a doctor, that's all you can testify
20 to, correct?

21 A That's all I can testify to. Exactly.

22 Q Looking at Defendants' Exhibit L, and I believe you
23 read this to the jury before -- in the middle of -- you can
24 look at M, sir. I think it's the same language. Patient
25 states he has never had any problems with the neck or low back

1 prior to this injury. Did you ask Glenn Reid when he came to
2 visit you, sir, did you ever injure your neck or back before
3 this incident?

4 A Of course.

5 Q What did he say to you?

6 A No.

7 Q He said no, I didn't or no, I never have? Do you
8 remember his exact words, sir?

9 A He stated that he never had any problems with his neck
10 or back prior to this injury.

11 Q Counsel asked you this morning about acute trauma and
12 herniations. Do you remember that, sir?

13 A Yes.

14 Q And I believe your testimony, and your testimony is
15 what dictates, sir, you stated it can be. Remember that? Is
16 that, again, based on the history that's given to you, Doctor?

17 A Correct.

18 Q If the history is correct and it's an acute trauma, it
19 can be from a herniation, correct?

20 A Correct.

21 Q Did Plaintiff's counsel ever tell you about an
22 accident Glenn Reid was involved in in 2008?

23 A I believe there was a motor vehicle accident and there
24 was a slip-and-fall while at work accident. Possibly two motor
25 vehicle accidents.

1 Q My first question to you, sir, is: Did you discuss
2 your testimony with Mr. Disha before you testified today?

3 A We had conversation, yes.

4 Q Did he discuss with you that Glenn Reid has testified
5 about a 2008 motor vehicle accident?

6 A No.

7 Q Are you aware that Glenn Reid had a 2008 motor vehicle
8 accident where he brought a lawsuit in the Supreme Court of the
9 State of New York?

10 A I'm not aware of any lawsuit, no.

11 Q So if I told you, Doctor, in 2008 Glenn Reid made a
12 claim of disc herniations at C-4, C-5, and --

13 MR. DISHA: Objection, Judge. He's reading from
14 something he can't read from. Can I approach?

15 THE COURT: Let's step in the back.

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

18 THE OFFICER: All rise. You may be seated. Ask
19 your questions.

20 MR. POWER: Yes. Thank you, Your Honor.

21 Q Dr. Weinstein, if I told you in 2008 Glenn Reid made
22 claims of disc herniations at C-4/C-5 and C-5/C-6, would that
23 change your opinion as to what the films show as relating to
24 any trauma in 2018?

25 MR. DISHA: Objection.

1 THE COURT: I'll allow it.

2 MR. DISHA: Can I have it read back?

3 THE COURT: Yes.

4 (Whereupon, the requested portion was read by the
5 reporter.)

6 MR. DISHA: That's the basis of the objection, if
7 I told you that Glenn Reid made claims.

8 THE COURT: Let's step in the back.

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

11 THE OFFICER: All rise.

12 THE COURT: You may be seated. I'll allow the
13 question.

14 MR. POWER: Can I have it read back to the
15 witness?

16 THE COURT: Yes. Madam Reporter?

17 (Whereupon, the requested portion was read by the
18 reporter.)

19 A Well, that means that there should be an MRI from
20 then. So I would have to evaluate the MRI images, which I have
21 not, and compare them to after the accident and then I would be
22 able to give you a knowledgable answer.

23 Q So you would like to know whether or not he had any
24 MRIs done in 2008? So would it help you, sir, if you saw MRI
25 reports from 2008?

1 A I would like to see the images. I never solely rely
2 on reports.

3 Q But you weren't made aware of that by Wingate
4 Russotti, that he had this accident in 2008?

5 A He told me about an accident, but not about an MRI.

6 Q But he didn't tell you about an accident in 2008,
7 because you gave testimony about 2016, I think. Correct, sir?

8 A I believe he told me about two accidents plus a
9 workers' comp; two car accidents, one in 2008, 2009. The other
10 car accident which was two years prior to this, I believe 2016,
11 correct? And in between there was a workers' comp accident.

12 Q You just testified that he told you about a 2008 car
13 accident?

14 A He did tell me about that.

15 Q Did he tell you he was hurt in that accident?

16 A I'm sorry?

17 Q Did he tell you he was hurt in that accident?

18 A Yes. He said he was injured in that accident
19 regarding the neck and back. I believe I testified to it prior
20 as to what the injuries were regarding the neck and back.

21 Q I'm going to reread you from Exhibit L that's in
22 evidence. Patient states that he has never had any problems
23 with the neck or low back prior to this injury.

24 A Correct.

25 Q That's what he told you and I asked you earlier is

1 that what he told you, correct?

2 A Correct.

3 Q You're now telling the story that oh, yeah, he did
4 tell me about the 2008 accident?

5 A Not at that time.

6 Q When did he tell you about the 2008 accident?

7 A I just learned about it recently.

8 Q Was it after yesterday's testimony where I asked him
9 about it?

10 A No. The records were sent to my office about all of
11 these priors in preparation. Probably about February
12 something.

13 Q Did you bring those records with you?

14 A I have partial records here, yes.

15 Q Can you go through those records here and show me
16 where you were advised about a 2008 car accident that Glenn
17 Reid had?

18 A It wouldn't be in these records, no.

19 Q You got a subpoena from my office, correct, sir?

20 A Correct.

21 Q And you got two subpoenas from my office, correct?

22 A I don't know how many. I know I got one.

23 Q Okay. Fair enough. Did you bring the documents or
24 send those documents to the court that were requested of you?

25 A I believe if you're asking -- I don't know what you're

1 asking about. I don't know which subpoena you're referring to.
2 Just be clear with the subpoena. I'll let I know.

3 Q Okay. Well, I asked you. You just gave sworn
4 testimony to this jury about you knowing about a 2008 accident?

5 A Correct. That he told me about, correct.

6 Q Let's stop right there again. When did you know about
7 the 2008 accident?

8 A I mean certainly he told me about it in our phone
9 call. I don't believe it was discussed prior.

10 Q When you say "he," who were you talking -- Mr. Disha?

11 A Yes.

12 Q Okay. So Mr. Disha told you in a phone call when?

13 A I believe we spoke yesterday.

14 Q Okay. So he told you yesterday -- and I don't want to
15 put words in your mouth -- he told you yesterday, Doctor, that
16 Mr. Glenn Reid testified about a 2008 car accident, correct?

17 A He didn't tell me anything about Mr. Reid's testimony.
18 Again, records were sent. I can't tell you exactly what's in
19 it right now -- it's not in front of me -- to my office
20 approximately about I believe February 3rd and certainly, he
21 did convey to me a motor vehicle accident in 2008, 2009.

22 Q Did you see any reports about what he claimed he
23 injured in 2008, sir?

24 A I do not remember.

25 MR. POWER: May I have the exhibits, defendants'

1 exhibits?

2 THE COURT: Which ones?

3 MR. POWER: I'll see when I look at them. I
4 think it's C,D, and E or D, E, and F.

5 THE COURT: You have to let us know which ones so
6 you can look at them.

7 MR. POWER: I know what they're called. I don't
8 want to say it.

9 THE COURT: You can come up and look at them.

10 MR. POWER: Thank you.

11 Q Doctor, I'm going to show you what was marked into
12 evidence yesterday as Defendants' C, D, and E. I'm just gong
13 to ask you to take a look at these documents, sir.

14 A Okay.

15 Q Were those documents ever shown to you, Doctor?

16 A I have no recall of ever seeing this.

17 Q The first document, Document C, it talks about a
18 description of injury. Can you read that to the jury?

19 A Where on the page?

20 MR. POWER: May I approach the witness?

21 THE COURT: You may.

22 MR. POWER: Thank you.

23 A Oh. I see it. I'm getting old. I need reading
24 glasses. I was the driver of a car involved in MVA.
25 Description of your injury; head, neck, I think it's midback,

1 lower back, chest, left knee.

2 Q Thank you, Doctor. Doctor, do you know what medical
3 treatment Glenn Reid had as a result of that 2008 motor vehicle
4 accident?

5 A I can't tell you right now.

6 Q He gave testimony yesterday that he had chiropractic
7 treatment.

8 A I can't hear you. Sorry.

9 Q He gave testimony that he had chiropractic treatment.
10 Are you aware of Glenn Reid having any chiropractor treatment
11 prior to him seeing you in October of 2018?

12 A Yes. He had Gentle Way Chiropractic treatment.

13 Q That's for this incident, sir. I'm sorry. Right?

14 A Yes.

15 Q Thank you, Doctor. Doctor, I think you gave
16 testimony. Counsel asked you to look at a -- one part of the
17 notes in Gentle Way's records there and he asked you about a
18 June 6, 2018 incident. Do you remember that from this morning?
19 And if you don't, that's all right.

20 A I don't remember that.

21 MR. DISHA: Objection.

22 THE COURT: I'll allow it.

23 Q Do you remember being asked about a June 6, 2018 visit
24 to Healthy Way and neck pain was discussed? Does that sound
25 familiar? Does that refresh your recollection?

1 A Healthy Choices.

2 Q Healthy Choices. What did I say; Healthy Way? I'm
3 thinking of food.

4 A Yes, I believe so.

5 Q He was seen on June 6, 2018 by a doctor, correct,
6 according to those records that are in evidence?

7 A Let me pull it up because I want to be 100 percent
8 accurate.

9 Q I will represent it is, Doctor, but do what you need
10 to do, sir.

11 A You represent?

12 Q I represent that it's in there, but you do what you
13 need to do, sir.

14 A You got to do the right thing. Always do the right
15 thing. I'm sorry. These things are not my records. Here it
16 is; 6/6/18, correct?

17 Q Did the law firm of Wingate Russotti ever tell you
18 that on June 5, 2018 Mr. Reid had a workers' compensation claim
19 where he slipped and fell at work?

20 A I believe I said that, yes. He told me a about a
21 workers' compensation claim, yes.

22 Q A workers' compensation claim from when?

23 A Between both accidents. I don't know the exact date,
24 but you are representing it was a day before this visit.

25 Q Did you ever hear of any other workers' compensation

1 claims Glenn Reid had?

2 A No.

3 Q Did Wingate Russotti ever tell you that he had a
4 workers' compensation claim in 2016 when he was driving for
5 Uber?

6 A I only know about the two accidents, like I told you,
7 and I believe it was a trip-and-fall or a slip-and-fall
8 accident that was a workers' compensation. That was what was
9 told to me.

10 Q So I will ask you again, Doctor. Did you know about a
11 workers' compensation claim he had in 2016 when he was
12 operating an Uber vehicle?

13 A If that's not one of those three accidents that I
14 said, then no.

15 Q I'm going to show you what's in evidence as
16 Defendants' Exhibit J. Doctor, I just ask to look at the
17 bottom of that document. It talks about a description of Mr.
18 Reid's injury.

19 A Sure. He was dropping off a passenger, dropping off a
20 rider, when a vehicle tried to pass me on the right side on a
21 one-way street. The nature of the injury/illness, body parts
22 affected was right side of my neck, my middle and lower back.

23 Q Did you ever know about that, sir --

24 A No.

25 Q -- before he came to see you in October of 2018?

1 A No.

2 Q You said it so good just before. If the history is
3 correct, you're the doctor and you can make a diagnosis, right,
4 Doc?

5 A Correct.

6 Q If the history is not correct, for all intents and
7 purposes, it's, for lack of a better word, worthless?

8 A Not worthless, but everything needs to be taken in
9 context.

10 Q How about not accurate? How's that; better? It
11 sounds a little softer.

12 A Certainly not accurate. Yes.

13 Q Thank you, Doctor. Would it be fair to say, sir, that
14 to determine causation you would rely on objective medical
15 studies?

16 A Yes, of course.

17 Q You would agree with an MRI, like any imaging study
18 like a CAT scan or an X-ray, it's a snapshot of the body at any
19 particular time?

20 A You are making an excellent point.

21 Q Thank you. And it only looks at that body part on a
22 particular day, right?

23 A Correct.

24 Q That's fair.

25 A Correct, and to that point, you know, a lot of stock

1 is put into the MRI snapshot, but you need the whole picture.

2 Q Thank you, Doctor. It would be fair, sir, to say you
3 don't have any idea what Mr. Reid's spine would have looked
4 like on the date of this incident if no MRI was taken, correct,
5 sir?

6 A If no MRI was taken, I would not know, no.

7 Q A day before the incident, you wouldn't know, correct?

8 A No idea.

9 Q Month after the incident?

10 A If there is no imaging, how can I tell?

11 Q You answered the rest of the questions. Thank you,
12 Doctor.

13 And I believe you touched on this earlier, sir, when
14 we talked about Mr. Reid. Would you agree that most people
15 statistically have some level of degeneration in the spine?

16 A Depending on age. Usually the rule that we have is,
17 for instance, if you have ten 20-year-olds, 20 percent of them
18 are going to have some sort of degeneration. If you have ten
19 50-year-olds, 50 percent. So certainly a person who is 50, 60
20 years old, out of ten people, five or six of them are going to
21 have degenerative changes.

22 Q Fair to say as they get older, yes, degeneration?

23 A It's all genetics really.

24 Q Exactly. Would it be fair to say, sir, that the MRI
25 you looked at from November of 2018, by looking at the study,

1 you can't tell if that disc bulge is traumatic in nature or if
2 it was degenerative; isn't that fair, Doctor?

3 A So when I looked at the MRI and I showed the jury,
4 okay, there was a part there that was bright white centrally,
5 okay? Usually when you have a bright white disc, that is an
6 acute finding. Certainly there are degenerative changes on
7 that MRI. There is no question about it, but on that original
8 MRI, there was a bright white finding, and actually we see in
9 the subsequent MRI eight, nine months later, it is actually a
10 bigger herniation than it was before.

11 Q An MRI, like you said, it gives you a picture,
12 correct?

13 A Only a picture. Correct.

14 Q It's not a time machine, right, Doctor?

15 A No. Definitely no.

16 Q Doctor, would it be fair to say that you base --
17 strike that.

18 Would it be fair to say that you base your opinions on
19 a patient's symptoms generally?

20 A My opinions are based on all the information that's
21 available; any paperwork that I have, speaking to the patient,
22 looking at their studies. It's a collective of everything.

23 Q Thank you, sir. And if Mr. Reid's history, as given
24 to you, is inaccurate, there is a major, gaping hole in your
25 causation opinion; isn't that fair?

1 MR. DISHA: Objection.

2 THE COURT: I'll allow it.

3 A Well, I don't know about a major, gaping hole.
4 However, certainly I always want to know and I think any doctor
5 would want to know all the history involved. Either if it's an
6 acute trauma or if he has had degeneration and a herniation and
7 this accident caused him to have surgery, certainly that is
8 what happened. He eventually had surgery. So I don't know
9 about major, gaping hole, but I always want all of the history.

10 Q Thank you, Doctor. Do you know Dr. Grimm, Matthew
11 Grimm, G-R-I-M-M?

12 A Yes, I do.

13 Q And he works out of Manhattan Surgery, correct, or did
14 at one time?

15 A I don't know if he works there. Does he work there?
16 I have no idea.

17 Q If you don't know, you don't know.

18 A I don't believe he works out of --

19 Q A have him working at Manhattan Surgery.

20 A As an employee?

21 Q I don't know.

22 A He is not part of my practice. I have no idea.

23 Q He does discograms, right?

24 A Yes. He does discograms.

25 Q Tell me if I'm wrong, Doctor. A discogram requires

1 you, and I think Counsel talked about this, to be stuck with a
2 needle at a few different levels of the disc?

3 A He didn't talk about discogram, but discogram does
4 involve an injection into multiple levels of the disc, yes.

5 Q You have an X-ray technician there with you?

6 A Yes.

7 Q Scrub technician?

8 A Yes.

9 Q A nurse?

10 A Yes.

11 Q A doctor?

12 A Yes.

13 Q As well as an anesthesiologist?

14 A Correct.

15 Q You need the patient to be truthful. Otherwise, these
16 steps can be negatively impacted -- strike that.

17 You need the patient to be truthful, right?

18 A It doesn't really work like that. Obviously, you
19 always need a patient to be truthful. A discogram -- let me go
20 back. A discogram basically is we saw Mr. Reid's back. There
21 was nothing besides those herniations that we saw that would
22 let's say make us say oh, his back is hurting so much. Why is
23 his back hurting so much?

24 So I recommended a discogram. What that does is the
25 doctor, not me, the pain management doctor put needles in each

1 disc, two or three different discs and the patient is not a
2 hundred percent sleeping, but is given medication to sedate
3 them.

4 And let's say there is two discs. They inject into
5 one disc and the doctor asks -- the patient is like quasi
6 awake, doesn't know which level is being injected. They say
7 does that cause pain and the patient says yes or no and then
8 they inject another disc and they say does that cause pain.
9 The patient doesn't know. It's not like it's on a screen and
10 they're like wink, wink; let's do this.

11 Then he says oh, is this the pain you have? Is this
12 the pain that you have where I'm injecting. The patient goes
13 oh, no, it's not or oh, yes, that's the pain and then we know
14 the disc. So it's a blinded test. The patient is blinded,
15 meaning the patient does not see what levels and the patient is
16 not fully awake to, you know, sort of realize what's being
17 done. They have to be sedated. It's a painful test.

18 Q Thank you, Doctor. You're not a radiologist, correct,
19 sir?

20 A Not today.

21 Q Me neither, Doctor.

22 A I'm not a radiologist.

23 Q Did Mr. Disha show you any radiologist's reports that
24 I served on him regarding this litigation?

25 MR. DISHA: Can we approach just for a second,

1 Judge?

2 THE COURT: Sure.

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

5 THE OFFICER: All rise.

6 THE COURT: You may be seated. Mr. Power, ask
7 the question.

8 MR. POWER: Thank you, Your Honor.

9 Q Doctor, did you ever see a radiology report from Dr.
10 Adam Hecht regarding Glenn Reid?

11 A Not that I remember.

12 Q We talked earlier, Doctor. I think you mentioned the
13 word lien. There's a lien on the file, correct, sir?

14 A I believe so.

15 Q When the surgery was performed, who would do the
16 billing on that, sir?

17 A Regarding what?

18 Q The surgery. Glenn Reid's surgery. Were you an
19 employee of Lenox Hill Hospital?

20 A No. I'm in private practice.

21 Q So walk the jury through what you have to do to get
22 approval for the surgery.

23 A Well, approval for the surgery, you have to submit
24 paperwork for an authorization to the insurance company to get
25 authorization for the surgery.

1 Q And you did write to the insurance company for
2 authorization, correct?

3 A That's correct.

4 Q And that Aetna, A-E-T-N-A?

5 A I believe so.

6 Q And Aetna at some point in time approved the surgery,
7 right?

8 A I believe so. That's how he had it.

9 Q Is Aetna Mr. Reid's health insurance carrier?

10 A I believe so. At the time. I don't know what it is
11 now.

12 Q Did you submit any billing to any other insurance
13 carrier regarding this incident, sir?

14 A I don't know, but I'm not in network with Aetna, so I
15 don't participate with their plans.

16 Q On the stand here today, you're not aware of any
17 billing being submitted to any other insurance company
18 regarding Glenn Reid other than Aetna?

19 A I have no idea.

20 Q Were you ever shown photographs of what happened in
21 this accident, sir?

22 A No.

23 MR. POWER: If I may, Your Honor?

24 THE COURT: You may.

25 MR. POWER: I'm going to ask the witness to look

1 at Defendants' Exhibit B.

2 Q Do you see that photograph, sir?

3 A Yes, I do.

4 Q Have you ever seen that before?

5 A No.

6 Q There's been sworn testimony that's Glen Reid's car in
7 that photograph, okay, sir?

8 A Okay.

9 Q Did Wingate Russotti ever show you that photograph?

10 A No.

11 Q Did you ever ask to see any photographs from Wingate
12 Russotti about what happened in this accident before you came
13 and testified today?

14 A Well, of course I ask for all their records and
15 anything that's pertinent.

16 Q Did they send you photographs of the cars involved in
17 the accident?

18 A No.

19 Q Did you ever talk to Dr. Gene Sankin regarding Glenn
20 Reid?

21 A No.

22 Q Do you know who Dr. Gene Sankin is?

23 A No. Let me walk back on the no. It's the doctor that
24 treated him, but I don't personally know him. I figured that's
25 what you meant.

1 Q That's fine. Sorry about that. I should have asked
2 you a better way. You never had any personal conversations
3 with Dr. Gene Sankin?

4 A No. I don't know them personally nor professionally.
5 They just treated him.

6 Q No doctor from Healthy Way --

7 A I don't know who else works there, but I don't know
8 anyone else as far as I know.

9 Q Would it be fair to say that no doctor from Healthy
10 Way told you that his treatment was relating to a car accident
11 on January 30, 2018?

12 A It says it in the notes.

13 Q I'm asking you, Doctor. Did any doctor from Healthy
14 Way ever talk to you when you saw him in 2018? Any doctor ever
15 tell you that his accident caused this injury?

16 A I never had any conversation with any doctor there.

17 Q Would you agree, Doctor, that if there is a workers'
18 compensation claim in between the auto accident of January 30,
19 2018 and your first seeing him in October 2018, you would want
20 to know what happened in that workers' compensation claim that
21 I asked you about earlier?

22 A Of course.

23 Q You don't have -- I don't think you have it in
24 evidence, Doctor, regarding the workers' comp claim. That's
25 from 2016, just to be clear. I don't want you to waste your

1 time.

2 And Glenn Reid never told you, sir, that he had this
3 subsequent accident and was out on workers' compensation when
4 you performed surgery on him, correct?

5 A No. He never said that.

6 MR. POWER: Doctor, thank you very much for being
7 so kind with us today. I appreciate it.

8 THE COURT: Thank you, Mr. Power. Mr. Disha,
9 any redirect?

10 MR. DISHA: Yes, Judge. I will be as brief as I
11 can.

12 REDIRECT EXAMINATION

13 BY MR. DISHA:

14 Q Hello, again, Dr. Weinstein.

15 A Hello.

16 Q So, sir, you were obviously just asked a lot of
17 questions by defense counsel about some prior accidents and
18 even one accident subsequent, after the accident in this case,
19 right?

20 A That's correct.

21 Q I just want you to have the opportunity to make your
22 testimony clear again, because the way that those questions
23 were asked, even I got a little confused and that's one reason
24 we had to go in the back at some point.

25 You testified earlier, you acknowledged, that there

1 were two prior instances where Glenn Reid had neck and back
2 pain, correct?

3 A Yes.

4 Q As you sit here today, do you know whether those were
5 a simple lawsuit like we have here, a workers' comp claim, some
6 other kind of claim? You know about the two prior accidents,
7 right?

8 MR. POWER: Objection.

9 THE COURT: I'll allow it.

10 Q Doctor, I want to make sure you didn't have a
11 situation -- we're using prior accident, workers' comp, this
12 and that, suggesting there were others you didn't know about.
13 That's what I want to make sure.

14 A Right. So I mean it just seems like there's a lot of
15 accidents here. So you told me, like I said before, about two
16 car accidents and a workers' comp claim. It seems like there
17 is more than that.

18 Q That's why I'm asking these questions, sir, and I want
19 to make it clear. You testified earlier you know about two
20 prior motor vehicle accidents?

21 A That's correct.

22 Q And we heard testimony about that already in this case
23 from others. You also knew about the subsequent -- and you
24 knew that one was a workers' comp claim?

25 A As I said, yes.

1 Q I'm going to represent to you, sir, that the 2016
2 prior motor vehicle accident, some of those records you
3 reviewed, because Mr. Reid was driving at that time for work,
4 that was also a workers' comp claim. Does that clear it up for
5 you, that we're only talking about two prior motor vehicle
6 accidents?

7 MR. POWER: Objection.

8 THE COURT: I'll allow it.

9 Q Can you answer that? I just want to know if that
10 clears it up. If it doesn't, I'll make it even clearer.

11 A I think everyone is confused.

12 Q So let's make it clear.

13 A I think you need a board with all the accidents and to
14 write it down, to be honest with you, because it seems like --
15 I mean listen;, all I can do is be honest. It seems like
16 there's two accidents. It seems like two motor vehicle
17 accidents. It seems like there's two workers' comp accidents.

18 Q Exactly right, and one of those prior motor vehicle
19 accidents was a workers' comp case. There is not a third
20 workers' comp case. You understand that, right?

21 MR. POWER: Objection, Judge.

22 THE COURT: Mr. Disha is not testifying. I'll
23 allow the question.

24 A It was represented to me by the defense that the day
25 before the 6/6/2018 accident there was a another workers' comp

1 accident.

2 Q Yes, and all I am saying to you, sir, is do you
3 understand that there are only two prior motor vehicle
4 accidents? So when he refers to two workers' comp cases, one
5 of them is what you just told us about, the slip-and-fall that
6 everybody's heard about, and one of them is also one of those
7 two prior motor vehicles. There is not a third accident the
8 way it was suggested. Do you understand that?

9 MR. POWER: Objection.

10 A If that's correct, then yes.

11 Q I think everybody is clear now.

12 MR. POWER: Objection.

13 THE COURT: I'll allow it.

14 Q Simply, you heard Mr. Power ask you if you've seen --
15 Again, I just want to make sure we're not getting misled by
16 certain things. He asked you if you had seen a radiology
17 report from an Adam Hecht, right?

18 A Yes.

19 Q And you heard that question be asked sort of in the
20 mix of all these questions about the prior accidents?

21 A Yes?

22 Q Do you know that Adam Hecht is one of the hired
23 experts by the defendants in this case? I'll use his terms
24 from yesterday. It's his docto paid to testify in the case.
25 Did you know that?

1 A No.

2 Q Did you think maybe he was referring to a radiologist
3 for something in the past, the way he phrased it?

4 A That's correct.

5 Q You did. Is it clear now?

6 A Yes.

7 Q I hope it's clear for everybody now.

8 Doctor, when you treat people with spinal injuries,
9 when you have people come into your office and say I'm hurt,
10 whatever it may be, do you ever ask for photos of the car?

11 A I always ask for any information. Many times people
12 do show me photos of the car. I don't specifically ask, let me
13 see the car, but I definitely tell the patient whatever they
14 have.

15 Q Do you treat people based on their medical condition
16 or the condition of their vehicles, sir?

17 A Always medical condition.

18 Q Okay. I would hope so.

19 You heard some questions from defense counsel about an
20 accident history, right?

21 A Yes.

22 Q We all agree here, right, Doctor, the accurate history
23 here, and defense counsel hasn't shown you anything to the
24 contrary. As of January 30, 2018 Mr. Reid was asymptomatic
25 regarding his neck and back pain; is that right?

1 A As far as I know.

2 Q He hasn't shown you anything to the contrary, correct?

3 A Not that I'm aware of.

4 Q And just to be clear, Doctor, the same way we asked
5 about whether you treat somebody based on damage to their car,
6 you don't simply do a surgery like this on somebody based on
7 what you see on an MRI, do you?

8 A No. Of course not.

9 MR. POWER: Objection.

10 THE COURT: I'll allow the question. The doctor
11 answered already, and, Doctor, whenever there is an
12 objection, please wait.

13 THE WITNESS: I didn't hear him. I'm sorry.

14 Q You certainly seem -- withdrawn.

15 In your practice, you treat people with disc
16 herniations, correct?

17 A Of course.

18 Q You treat people with traumatic disc herniations, yes?

19 A Traumatic, nontraumatic, yes.

20 Q You treat people with disc herniations that result
21 from other things, such as degenerative disc disease, right?

22 A Correct.

23 Q Do you have patients who come to you that might have a
24 traumatic heriation but either they have no pain or the pain
25 resolves very quickly?

1 A He made a very good point, that the MRI is just a
2 picture in time. It's an excellent point and it's really
3 underutilized, this point, because you don't treat a picture.
4 I've had patients that have the worst herniations and they come
5 in and they say someone sent me here. I feel fine. I'm not
6 doing surgery on that person.

7 And then I have patients that have a small herniation.
8 I had -- very fast. I'll tell a story of a cop that I treated.
9 She had no accident. She had no lawsuit, nothing. A cop,
10 NYPD, and she came to me crying. She had epidurals. She tried
11 everything. She had a small herniation and I told her, I said
12 listen; I think you have a 20-percent chance of getting better
13 after surgery if that's the route you want to take. I mean I
14 was hesitant to do the surgery on her, but I'm listening to
15 her. She's crying to me.

16 So I take her to surgery. We agreed the expectations
17 needed to be reasonable and during surgery actually, what I
18 didn't mention, one of the things I didn't mention actually is
19 we monitor the nerves. The patient gets needles stuck in their
20 head and in their arms and legs, to make sure that the nerves
21 are all functioning because we're working around the spinal
22 cord. When I opened up the discs and I touched a little of the
23 nerve, and this doesn't happen all the time, the nerve went
24 crazy. The nerve went crazy. She was hypersensitive. She
25 woke up and she was like I feel great.

1 She was able -- actually, before surgery, she pulled
2 her gun on someone and dropped it and afterwards, she comes
3 back to me just to see me and say hey, I'm doing great. Thank
4 you so much. So we never just treat an MRI. Anyone who does,
5 it's not the right thing. And you have to treat the patient.
6 It's an abundance of everything we see here.

7 Q Thank you, Doctor. You answered maybe the next three
8 questions I had. So just to be clear on that. If somebody
9 comes to you with an MRI with a herniation, you don't do this
10 based on that, right?

11 A Not just that, no.

12 Q The herniation on the MRI is what you are able to
13 correlate the symptoms with and tells you that you need to do
14 this because now you found the problem causing the pain?

15 A After all other options are exhausted, certainly, yes.

16 Q Doctor, if somebody came to you and said, which hasn't
17 even been shown to you, but let's assume hypothetically --

18 MR. POWER: Objection.

19 THE COURT: I'll allow it.

20 Q Something happened to me in 2008, 17 years ago and I
21 know I have a herniation from then. Again, it hasn't even been
22 shown, but I feel fine; I haven't had pain since then. Would
23 you do something like this on that patient?

24 A Never.

25 Q Because you don't do it based on the MRI, right?

1 A That would be something wrong. I would never do that.

2 Q You treat pain, correct?

3 A You have to treat the patients.

4 Q You treatment symptoms, correct?

5 A Of course.

6 Q Same question. Somebody said I had a herniation in
7 2016, but I don't know. It's just there. It hasn't bothered
8 me, it hasn't caused any symptoms. Would you implant hardware
9 into someone's spine as a result of that?

10 MR. POWER: Objection, Judge.

11 THE COURT: I'll allow the question.

12 A No.

13 Q Last couple of questions, Doctor, because I want to be
14 fair to you. You were asked a series of questions about the
15 records from the two prior motor vehicle accidents, what you
16 may have reviewed, what you had. Do you remember all those
17 questions?

18 A Yes.

19 Q Just tell me. I want your impression. Is it your
20 impression those questions were being asked to suggest that the
21 two prior motor vehicle accidents might be the cause of
22 whatever was going on in Mr. Reid's neck when you saw him?

23 MR. POWER: Objection.

24 THE COURT: Rephrase the question.

25 Q You heard those questions, right?

1 A Yes.

2 Q He asked about priors and I believe the question was:
3 Did that change your opinion as to the causation of Mr. Reid's
4 herniation. Wasn't that the exact question?

5 A It's possible.

6 MR. POWER: Objection.

7 THE COURT: Ask a question.

8 Q Do you remember being asked the question -- I will do
9 my best to summarize it so we can get out of here.

10 A I believe that this gentleman I don't believe he was
11 trying to mislead anyone. It is what it is. I think we all
12 understand questions and answers and I don't believe he was
13 trying to mislead anyone. You know, and a that's basically it.

14 Q I don't think he was misleading you. I think he was
15 trying to get some testimony, which he rightfully should do
16 regarding the interplay between the two prior accidents and
17 this accident.

18 MR. POWER: Objection.

19 THE COURT: Ask the question.

20 Q The question is just to lead up to the next question.
21 Do you remember he asked a question about -- I believe it was
22 seeing what you saw in those exhibits handed to you by defense
23 counsel, whether that changed your opinion as to the cause of
24 the Mr. Reid's disc herniation. Wasn't that basically what you
25 were asked?

1 A It's possible.

2 Q You were asked all that regarding two prior accidents,
3 correct?

4 A Two or three.

5 Q And you were asked all that regarding records of prior
6 accidents, right?

7 A Correct.

8 Q Would it surprise you to learn, sir, that defendants'
9 own -- his doctors -- didn't look at those records?

10 MR. POWER: Objection.

11 THE COURT: Sustained.

12 Q Would it surprise you to learn that defendants'
13 doctor's attribute everything that is claimed on behalf to Mr.
14 Reid not to any prior trauma, not to any prior incident, but
15 solely to degenerative disease? Would it surprise you to learn
16 that?

17 MR. POWER: Objection.

18 A I didn't go over those records.

19 THE COURT: Objection is sustained. That means
20 you don't answer.

21 THE WITNESS: I'm sorry.

22 Q Would you agree with me, Dr. Weinstein, that if Mr.
23 Power is going to be critical of you based on anything you
24 testified from a prior accident you had, he should certainly be
25 critical of his own doctor? What's good for one doctor is good

1 for the other one, right, Doctor?

2 MR. POWER: Objection.

3 THE COURT: Your objection is sustained.

4 MR. DISHA: Nothing further, Doctor. Thank you
5 so much for your time.

6 THE COURT: Thank you, Mr. Disha. Mr. Power?

7 MR. POWER: Quick. Thirty seconds, Judge.

8 RECROSS-EXAMINATION

9 BY: MR. POWER:

10 Q Doctor, I'm not here to question your medical
11 knowledge or what you did for Mr. Reid, sir. You said it as
12 best you can. If the history is correct, five words, that's
13 the most important thing, right, sir?

14 A Yes, sir.

15 MR. POWER: Thank you, Judge. Thank you, Doctor,
16 for being so patient.

17 THE COURT: Thank you, Mr. Power. Mr. Disha.

18 REDIRECT EXAMINATION

19 BY MR DISHA:

20 Q I want to clear that up. If the history is correct;
21 that's what he said?

22 A Yes.

23 Q The history was he said he was asymptomatic when he
24 was hit by the 20317 Freightliner?

25 A I think everybody has understood that.

1 Q Can we agree that because you treat pain symptoms,
2 that you had the relevant history when you started treating
3 this gentleman in order to administer a course of treatment?

4 A In order to administer the course of treatment, yes.

5 THE COURT: Thank you. Mr. Power?

6 MR. POWER: Nothing further. Thank you, Doctor.

7 THE COURT: Thank you, Doctor. You may stand
8 down.

9 Members of the Jury, we are going to take our recess
10 for today and I have a matter to tend to Monday morning.
11 So I ask that you return at 1:50 p.m. inside the jury room,
12 212, waiting for the officer to escort you upstairs. So
13 Monday at 1:50 p.m. inside your room, 212, waiting for the
14 officer to escort you upstairs. We'll see you on Monday.
15 Have a good weekend.

16 THE OFFICER: All rise. Jury exiting.

17 (Whereupon, the proceedings were adjourned until
18 Monday, April 28, 2025 at 2:00 p.m.)

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