UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
----------X
JOSE NARANJO-PEREZ,

PLAINTIFF,

-against-

Index No.:
16-cv-5672

LEE HATCHER and FOODLINER, INC.,

DEFENDANT.
----------X

DATE: November 5, 2020
TIME: 4:10 p.m.

DEPOSITION of a treating physician, DR. ALEXANDRE B. de MOURA, taken by the Defendant, pursuant to a Notice to take Deposition, held by videoconference, before LORI PICKMAN, a Notary Public of the State of New York.

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

WINGATE RUSSOTTI SHAPIRO
& HALPERIN, LLP
Attorneys for the Plaintiff
420 Lexington Avenue - Suite 2750
New York, New York 10170
BY: DOUGLAS A. MILCH, ESQ.
dmilch@wrslaw.com

LEWIS BRISBOIS BISGAARD & SMITH, LLP
Attorneys for the Defendants
77 Water Street
New York, New York 10005
BY: JAMES WHALEN, ESQ.
File #: 31165.169
james.whalen@lewisbrisbois.com

* * *

F E D E R A L S T I P U L A T I O N S

IT IS HEREBY STIPULATED AND AGREED by and between the counsel for the respective parties herein that the sealing, filing and certification of the within deposition be waived; that the original of the deposition may be signed and sworn to by the witness before anyone authorized to administer an oath, with the same effect as if signed before a Judge of the Court; that an unsigned copy of the deposition may be used with the same force and effect as if signed by the witness, 30 days after service of the original & 1 copy of same upon counsel for the witness.

IT IS FURTHER STIPULATED AND AGREED that all objections except as to form, are reserved to the time of trial.

* * * *

DR. de MOURA

A L E X A N D R E B. d e M O U R A,
called as a witness, having been first duly sworn by a Notary Public of the State of New York, was examined and testified as follows:

EXAMINATION BY
MR. WHALEN:

Q. Please state your name for the record?

A. Alexandre B. de Moura.

Q. What is your business address?

A. 761 Merrick Avenue, Westbury, New York 11590.

Q. Good afternoon, Dr. de Moura.

A. Good afternoon.

Q. My name is Jim Whalen. I'm with the law firm of Lewis Brisbois Bisgaard & Smith. We represent the defendants in this particular matter.

You and I have met before.

A. You look familiar.

Q. We were on trial in March of 2020, one of the last trials, maybe February of 2020. It was Supreme Court

DR. de MOURA

New York before Judge Adams.

A. Yes, okay.

Q. Melendez, I believe, was the name of the case.

How are you today?

A. Good. How are you, sir?

Q. Good, thank you.

I'm not going to go through your credentials, I have your resume in front of me. I'm going to start right away with your testimonial history which you supplied our office with just recently. Okay?

A. Okay.

Q. When was the last time you updated that testimonial history?

A. I don't recall.

Q. On it you have December 16, 2019 as the last trial you testified at. We do know that you testified for the plaintiffs in March of 2020.

Were there any other occasions that you testified before the pandemic and after Christmas?

DR. de MOURA

A. Not that I recall.

Q. How about deposition testimony, like you are doing here today, that is not listed in your testimonial history.

Is this your first deposition you have done?

A. No. I had one last week.

Q. I'm looking at your testimonial history and it appears that you have testified approximately forty times during your career beginning in 2006 and then pretty much, really beginning in 2008 -- in 2006 you had one and then you started in 2008 testifying more frequently; is that fair to say?

A. I have been in practice since '96.

Q. Your testimonial history reflects your first testimony, giving testimony was 2006.

Is there information before that that we don't have?

A. Not that I'm aware of, but I don't know.

DR. de MOURA

Q. In that timeframe, let's go from 2008 to 2019, 11 years, you have testified 39 times; is that fair to say?

A. If that's what you say.

Q. I'm using your records that you supplied to us. It says, "Court testimonies-expert witness for Alexandre de Moura."

That would be accurate if it's from your office?

A. I believe it would be accurate, the most that it could be accurate.

Q. Doctor, in reviewing your testimonial history, it appears that you testified on behalf of only patients; is that fair to say?

A. Correct.

Q. You are testifying here today for a patient that is represented by the law firm of Wingate Russotti?

A. Correct.

Q. You, of course, are you being compensated for your time away from your office and your practice, correct?

DR. de MOURA

A. I haven't been compensated yet.

MR. MILCH: It's in the mail, they have written the check.

Q. Do you know as you sit here right now what your rate of compensation is?

A. My usual rate is about fifteen thousand dollars, but this is a federal case so I don't believe it's going to be that high.

Q. You have testified on behalf of clients with the law firm Wingate Russotti in the past, correct?

A. Correct.

Q. You understand you are testifying today on behalf of one of their clients, correct?

A. Correct.

Q. In fact, in 2019, in December of 2019, you testified for a Jose Echevarria and that was for the law firm of Wingate Russotti; is that correct?

A. I don't recall.

DR. de MOURA

Q. That was a patient of yours; do you recall that?

A. No, I don't.

Q. You also testified for the law firm of Wingate Russotti on June 10th of 2019; do you recall that?

A. No.

Q. You testified for them on December 16th of 2018; do you recall that?

A. No.

Q. June 2nd of 2016, do you recall that?

A. No.

Q. May 5th of 2016, do you recall that?

A. No.

Q. September 21st of 2015, I assume you don't recall that either, correct?

A. Those specific dates, no, but I do recall testifying for the law firm in the past.

Q. Do you have your records with

DR. de MOURA

you, Dr. de Moura?
A. Yes, I do.
Q. The first time you saw this particular plaintiff was in -- do you want to refer to him as Mr. Naranjo-Perez or Mr. Perez; is that okay either way?
A. Whatever you want.
Q. I am going to use Perez then.
You saw Mr. Perez for the first time on November 21st of 2016; is that correct?
A. Yes, it is.
Q. You conducted an exam at that point in time; is that right?
A. Yes, it is.
Q. You also took a history from him at that point in time; is that correct?
A. Yes, it is.
Q. The history that he gave you was that he was struck by a truck; is that right?
A. That's correct.
Q. You also made a notation in your records that the airbags did not

DR. de MOURA

deploy, correct?
A. Correct.
Q. Why was that significant?
A. I don't know what you mean by why that's significant, but I think that is part of the history in a motor vehicle accident that's been documented.
Q. In taking the history, you are relying on the truthfulness of Mr. Perez in this case, correct?
A. Correct.
Q. You don't know anything about the accident, other than it involved Mr. Perez' vehicle and a truck; is that correct?
A. I'm aware that the patient's vehicle was struck by a truck.
Q. And nothing else, correct?
A. In what sense, sir?
Q. You don't know the amount of damage sustained by either vehicle, correct?
A. No, I have seen the damage that occurred to the plaintiff's vehicle.

DR. de MOURA

Q. How did you see that?
A. I was provided a picture by counsel.
Q. Was that at the time you treated him or subsequent to your treatment or during the course of your treatment?
A. I know I have seen it recently. I don't recall in the past.
Q. Would it be fair to say you didn't see it at the time of your first meeting with Mr. Perez in November of 2016, correct?
A. No, I can't attest to that. I could have seen it, but I don't recall sitting here today.
Q. It is possible that Mr. Perez on November 21, 2016 came in with a photograph of the damage sustained by his vehicle; is that what you are telling us?
A. Exactly. I have numerous patients that have shown me the actual accident, the pictures, that they were involved in.
Q. You conducted an exam at that

DR. de MOURA

time, correct?
A. That's correct.
Q. You knew Mr. Perez went to the emergency room, correct?
A. I don't have that documented in my record.
Q. I want you to assume that Mr. Perez did go to the emergency room for treatment after this accident. Okay?
A. Okay.
Q. Wouldn't those records be important to you in your understanding Mr. Perez' complaints and your subsequent diagnosis?
A. It is my usual and customary fashion to review any records that my patients provide me prior to their visit with me.
Q. In this case, your records don't document that you did or did not have the emergency room records; is that fair to say?
A. I don't see that documented.
Q. At the point in time that you

DR. de MOURA

saw him, there had been an MRI taken of his cervical spine; is that correct?

A. That's correct.

Q. Did you have that MRI at the time of your first exam?

A. Yes.

Q. Your report reflects that you reviewed that MRI, correct?

A. That's correct.

Q. The report, your report reflects that it reveals evidence of disc herniation at C5-6; is that correct?

A. That's correct.

Q. What was the evidence that you documented or didn't document that was supported by the MRI?

A. My records indicate that the film was reviewed, dated June, 2016, and there was evidence of a disc herniation at C5-C6.

Q. Did you review the film at that time or did you review the report which revealed evidence of a disc herniation?

A. According to my records,

DR. de MOURA

counsel, it indicates MRI reports of the cervical and lumbar spine dated June of 2016 are available for review. The report evidently showed there was a disc herniation at C5 and C6.

Q. It was the reports simply that you reviewed, in accordance with your office notes, not the actual MRIs; is that correct?

A. My notes clearly indicate that MRI reports were reviewed. If the film is available, I usually always review the films also.

Q. So the answer to my question would be yes, all you have are the MRI reports documented in your office notes, correct?

A. It appears that I reviewed, as per the documentation, reports of that MRI.

Q. And not the actual film, itself, correct?

A. I can't attest to that. As I said, if they are available, I usually review them also, but as per

DR. de MOURA

the documentation, it appears for sure that the reports were reviewed by the radiologist.

Q. And if you reviewed the MRIs, being a thorough doctor that you are and a spine surgeon, you would have documented in your report that you also reviewed the films yourself and would have expressed what your findings were; wouldn't that be fair to say?

A. As stated, counsel, my documentation clearly shows that the report was reviewed. Its my usual and customary fashion to have patients present with the actual CD or we usually have links to access online any radiological studies they have had prior to their initial visit with me.

Q. I'm going to ask you one last time, if you did review the MRI of either the cervical or the lumbar spine, you would have reflected it in your office notes, yes or no?

A. I can't answer that yes or no.

DR. de MOURA

Q. Mr. Perez made no complaints, according to your office records, of radiculopathy, correct?

A. He stated he had symptoms into the left upper extremity, which he defined as shoulder.

On physical examination, as you are quite aware, there is evidence of documentation of the cervical radiculopathy.

Q. You documented no complaints of radiculopathy, correct?

A. I clearly documented that the patient had cervical radiculopathy.

Q. No complaints of tingling, correct?

A. On the contrary. My report shows that neurological examination of the upper extremity, there was decreased sensation in the left C6 distribution.

Q. You were aware at the time that Mr. Perez had undergone left shoulder surgery in 2016?

A. Yes.

DR. de MOURA

Q. Did you know the extent of that surgery? Did you have a discussion with him to see what that surgery involved and how it affected his left arm and his sensation in his left arm?

A. I don't recall.

Q. Your report doesn't reflect that there was any atrophy related to the upper extremities; is that correct?

A. Correct.

Q. What is atrophy?

A. Shrinkage.

Q. What is the shrinkage attributable to when you say no atrophy or atrophy?

A. You can have shrinkage due to lack of usage. You can have shrinkage of a muscle due to denervation, where the muscle is not fired on and as a result, it's mass is decreased over time.

Q. That is a significant finding, if you find there is atrophy; would that be fair to say?

A. It can be.

DR. de MOURA

Q. If you found atrophy in a patient, you would certainly document it in your records, correct?

A. I would think so, yes.

Q. It would be fair to say, wouldn't it be, that atrophy can be caused by lack of use of the muscle due to nerve irritation, correct?

A. That's correct.

Q. You followed up with Mr. Perez on January 30, 2017, correct? Is that your next office visit?

A. Yes, it is.

Q. When I ask you that, Dr. de Moura, I have them documented, I'm pretty sure I have all of them, but I am just double-checking when I ask you it that way.

In that followup examination at that point in time, you were discussing with Mr. Perez surgical intervention; is that fair to say?

A. I'm pulling the note up now.

Yes, he followed up.

DR. de MOURA

He continues to have the cervical radicular symptoms. He claims the symptoms had worsened and, once again, he is indicated for surgery.

Q. Did you at that point in time or after the first meeting order a followup MRI to see what was going on in Mr. Perez' cervical spine?

A. I don't believe so, no.

Q. Did you order followup MRI after this January 30, 2017 office visit, before scheduling surgery?

A. I don't see that a subsequent MRI was ordered.

Q. By the way, I skipped ahead.

You conducted, you can stay on either appointment, whichever you please, an exam of him which included range of motion testing; is that correct?

A. Correct.

Q. You would agree range of motion testing is a subjective test, correct?

A. That's correct.

Q. Specifically in the cervical

DR. de MOURA

spine, you found certain deficits in range of motion, correct?

A. Correct.

Q. You express in your report what normal is and what the deficits were, correct?

A. Correct.

Q. Once again, as with the accident and what happened in the accident, you are relying on the truthfulness of your patient; is that correct?

A. That's correct.

Q. You don't force him to go any further than he says he can go, you don't push him on that; is that fair to say?

A. That's correct.

Q. After this January 30, 2017 visit, surgery wasn't scheduled at that time, correct?

A. After January 30th, the patient returned on April 10th.

Q. For another office visit; is that correct?

A. Correct.

DR. de MOURA

Q. Just to be clear, on November 21st, January 30th and again on April 10th, you personally saw Mr. Perez; is that correct?

If you want to wait to get to the April 10th note, I will wait for that.

A. Yes, my notes indicate that was a followup visit with me.

Q. After this April 10th visit or during this visit, surgery of the cervical spine was discussed and scheduled; is that fair to say?

A. Yes.

Q. It was scheduled for April 18, 2017; is that correct?

A. Correct.

Q. You, yourself, with an assistant performed that surgery on Mr. Perez, correct?

A. Correct.

Q. Where was that surgery?

If you want to bring up your operative report or whatever you need, that is fine.

DR. de MOURA

A. It was at the Hospital For Joint Diseases in Manhattan.

Q. Was it outpatient surgery?

A. Routinely they are, yes.

Q. Is it fair to say Mr. Perez comes in in the morning, surgery takes place sometime during the day and he is discharged sometime in the early evening; is that fair?

A. Yes.

Q. This particular surgery, how often do you do this type of surgery? Let's broaden it a little, either cervical or any surgery to the spine, lumbar, cervical or thoracic.

A. As you know, counsel, I really don't keep track of all surgeries that I do, but I'm a spine surgeon since 1996 and I routinely perform cervical and lumbar surgeries weekly on my patients.

Q. I know times are a little different right now, getting somewhat back to normal, but if this was November of 2019 instead of November of 2020, on

DR. de MOURA

average, how many spinal surgeries are you performing on a weekly or monthly basis, whichever you are comfortable with?

A. I don't keep track, sir.

Q. Do you perform surgeries on any particular days, like you do surgeries on Tuesdays and Wednesdays or something like that?

A. Exactly, I do surgeries on Tuesdays and Wednesdays.

Q. How about Monday, Thursday and Friday?

A. You want to know what I'm doing now?

Q. I will get to now, but I would think it is a little different.

A. I usually see patients on Mondays and Thursdays and I have OR time available on Tuesdays and Wednesdays.

Q. You are thinking my memory is better than it is because I had forgotten Tuesdays and Wednesdays.

In a given day, if you have

DR. de MOURA

a surgery like this, a discectomy and a fusion to one level, would you do more than one surgery on a given day from time to time?

A. Sure.

Q. So this is a surgery that you are very familiar with, the process and procedure and the outcome, correct?

A. Yes.

Q. There was nothing unusual, looking at this operative report dated 4/18/17, in Mr. Perez' surgical procedure; is that fair to say?

A. Evidently, it was an uneventful surgery, no complications.

Q. Looking at page two of your report, after removing the disc material, you then did a complete removal of all posterior osteophyte was performed, or osteophytes. I don't know if that is a typo.

Is it one osteophyte or multiple osteophytes or what did you find there?

DR. de MOURA

A. One.
Q. When you say complete removal of all posterior osteophyte, that is indicating just one and you used the word all?
A. Correct.
Q. An osteophyte is something that develops over time; is that fair to say?
A. Yes, it is.
Q. It could be part of the degenerative process; is that fair to say?
A. Yes, it is.
Q. It is certainly not a sudden issue, it's a developing finding, correct?
A. I would say potentially developing. We know he is a young individual in his early 30s.
Q. It's unusual to see this, to some extent, in someone in his early 30s; is that fair to say?
A. It's not unusual, but it was developing and that was documented.
Q. Did you know what Mr. Perez'

DR. de MOURA

occupation was when you were seeing him?
A. I don't recall, sir.
I know he was a driver for Uber.
Q. Then you did know what he was doing, right?
A. In that sense. Sometimes people do it as part-time or so forth. Yes, I know he was an Uber driver.
Q. After the surgery, your next note in your records is April 20, 2017. I think that is just indicative that the plaintiff had sustained a fall and you took an x-ray to check to make sure everything was still in place, your office did; is that fair to say?
A. Yes.
Q. You then followed up again on April 25, 2017, correct?
A. Correct.
Q. At that point in time you are having your physician assistants see Mr. Perez, correct?
A. Well, I'm always present and

DR. de MOURA

usually I pop in, but the actual changing of bandages, things of that nature I allow my PAs to do that.
Q. But it is nowhere documented in your reports that you popped in or you talked to Mr. Perez, the documentation just reflects that the physician assistant on that date was the one preparing the report and attending to Mr. Perez, correct?
A. No, that's not correct.
Q. You have nothing in that documentation that shows that you were present and you, in your words, popped in; is that correct?
A. No, that's incorrect.
Q. Can you show me where on that report on April 25, 2017 it reflects that you popped in?
A. Go to the last documentation of the note, counsel.
Q. What does it say?
A. It says electronically signed by Alexandre B. de Moura, M.D., on April 25, 2017, at 1:29 p.m.

DR. de MOURA

Q. You are telling me that that reflects that you actually saw Mr. Perez that day and you weren't signing off on your physician assistant; is that correct?
A. Correct.
Q. But you don't have an independent recollection of that, obviously, correct?
A. With our electronic medical record, when the PA signs off, it documents them. When I sign off, it documents me.
Q. Let me back up.
On April 25th, you didn't conduct range of motion tests; is that correct?
A. No, I believe that is carried over.
Q. It is populated by past records; is that correct?
A. That's correct.
Q. So it wasn't exams that were conducted again on April 25th, testing his range of motion only seven days postsurgery, correct?

DR. de MOURA

A. Correct.

Q. A lot of records, doctor, these reports are populated in the future by past things, that's why I am going to question you about what was done on those dates. Okay?

A. Correct.

Q. Is that a fair enough statement, that population happens that way?

A. It appears in this note, yes.

Q. You saw him on June 5, 2017?

A. That's correct.

Q. The new record, that isn't multi-populated, it says he is status postop with good results; is that a fair summary of that?

A. Yes.

Q. So he was doing as well as you would have expected from the surgical notes and the surgery you performed, correct?

A. Yes.

Q. You didn't encounter any real difficulties in this surgery, a surgery you

DR. de MOURA

are very familiar with and you expected good results after it, correct?

A. Correct.

Q. Your notes don't reflect, in June of 2017, any prescription for any, and I may be missing this, any medications; is that fair to say?

A. That's correct.

Q. That doesn't surprise you that at this point in time, this there is no need for pain medications and it is indicative of a successful surgery; is that fair to say?

A. Correct.

Q. Your notes don't reflect any prescription for physical therapy; is that correct?

A. Correct.

I mean the plan says continue with physical therapy, continue home wound care and follow up in three months.

Q. Follow up in three months, right?

A. Correct.

DR. de MOURA

Q. I have the next time you see Mr. Perez as, I think, November 8, 2018; is that correct?

A. That's correct.

Q. You actually saw the patient, Mr. Perez, at this time; is that correct? That's what this reflects, correct?

A. Correct.

Q. He is now one year and seven months out from the surgery, correct?

A. That's correct.

Q. I had to do the math there.

Is that typical of a patient under your care, that he sees you a couple of times postop, has to have the stitches removed, take an x-ray, make sure the hardware is in place and then he's good to go?

A. I usually see patients every three months up to one year after surgery.

Q. In this case, I guess it is indicative of the fact that Mr. Perez was doing well that he didn't have to see you from June of 2017 until November of 2018;

DR. de MOURA

is that fair to say?

A. He was seen on August 28, 2017 and then in November of 2018.

Q. I am missing one of those records, then.

What date was it, doctor?

A. August 28, 2017.

MR. MILCH: Off the record.

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

Q. Let's do this, Dr. de Moura, why don't you take me through that record, since I don't have it in front of me. I will follow one of the other records.

It does follow the same protocol; would that be fair to say?

A. Correct.

This note indicates that at the postoperative visit, August 28, 2017, at 2:00 p.m., under chief complaint, it states "The patient presents about four months status post ACDF C5-6 on 4/18/17."

There's a carryover of the history of present.

DR. de MOURA

X-ray of August 28th shows good hardware placement on 8/28/17 and there's also evidence of some consolidation.

Q. Meaning that the bone is starting to harden, the allograft paste is hardening and completing the fusion; is that fair to say?

A. Yes.

Q. Can you take me through the rest of it, if you don't mind?

A. As stated, x-ray was done on 8/28/17, it showed a fusion developing, hardware is intact. Overall the patient is stable, doing well and he would follow up in three months.

Q. Is that report also auto-populated with the range of motion exams and things like that?

A. Yes, it is.

Q. Would it be fair to say that that report, besides telling him to follow up, does not reflect any need for pain medication; is that correct?

A. The note states, "Treatment

DR. de MOURA

Plan: Tylenol for pain as needed. Counseled not to take ibuprofen."

Q. There are no notes in there for any physical therapy treatment at this point in time; is that fair to say?

A. Just continue with like a home exercise program.

Q. Was he working now?

A. It says, "Uber driver, currently back to work since May 2017."

Q. He returned to work sometime within a month or five or six weeks after the surgery; is that correct?

A. Yes.

Q. I am going to ask you about the visit I thought I was asking you about, the next visit, November 8, 2018.

A. Okay.

Q. Is that the next visit?

A. Yes.

Q. He's now one year and seven months out from the surgery, correct?

A. Correct.

Q. You haven't seen him for

DR. de MOURA

approximately thirteen months; is that correct?

A. Correct.

Q. He states to you that he is very comfortable, correct?

A. Yes. Regarding his neck, yes.

Q. He no longer takes any pain medications?

A. Correct.

Q. He has complaints about his lower back now, though, correct?

A. Yes.

Q. He says to you, I have low back pain, correct?

A. Correct.

Q. The exam, the range of motion exam regarding the cervical spine auto-populated again; is that fair to say?

A. Yes.

Q. Because of the complaints to the lower back, you are going to order an MRI of his lumbar spine; is that correct?

A. Let me review my note here.

DR. de MOURA

We recommended that he get an updated MRI of the lumbar spine and I would see him back following that study.

Q. You had an MRI from 2016 regarding his lumbar spine, though, correct?

A. That's correct.

Q. You have to go all the way back to the beginning, when you first saw him, but your notes there reflect that you had reports, not the MRI, but you may have had the MRI of both the cervical and the lumbar spine when you initially saw him, correct?

A. Correct.

Q. Now you are ordering a new MRI and that's something you didn't do with the cervical spine.

Why are you doing that now?

A. Well, the last MRI I had of him was dated June of 2016. Now we are a year and a half later that I obtained another MRI dated December of 2018. I thought it was time to get a new MRI. He came in with

DR. de MOURA

a new complaint -- not new, but ongoing pain over a year after I had prior treated and seen him.

Q. Is it fair to say that up until this point in time, you had not really prescribed any treatment for his lumbar spine, correct?

A. Correct.

Q. Did you actually get the new MRI?

A. Yes.

Q. Did you review that MRI?

A. I am reviewing my notes.

He was seen back in the office on February 7, 2019. An MRI of the lumbar spine dated December 10, 2018 was reviewed and showed disc involvement at L4-5.

Q. The lumbar MRI done in June of 2016 revealed disc bulges at L3 through 5, correct?

A. Yes.

Q. This new MRI, did it reflect the same condition that was reflected in the 2016 MRI?

DR. de MOURA

A. I believe so.

Q. Bulges are not herniations, correct?

A. Correct.

Q. Was there any other treatment at that time or prescribed treatment for him at that November 8, 2018 visit?

A. No. At this point, you know, I'm a spinal surgeon, I did not recommend any further surgery at this time.

Q. No further physical therapy, correct?

A. Correct.

Q. No further pain medications, correct?

A. Correct.

Q. This exam, this particular record was also auto-populated regarding the range of motion findings of the cervical spine, correct?

A. Are we talking about the February 7, 2019 visit?

Q. February 7, 2019, I don't have a February 7, 2019. I do have a March 7,

DR. de MOURA

2019.

Am I missing something else?

A. There was a visit a month earlier, essentially the same.

Regarding population, as you stated, there's no population of cervical examination. The cervical examination states that the incision is well-healed; there was tenderness to palpation; there was evidence of muscle spasm; there was decreased range of motion, however, not quantified.

Lumbar spine does show decreased range of motion, which was quantified.

Q. Just to be clear, we are talking about the March 7, 2019 office visit; is that correct?

A. Yes, it is.

Q. That's the last office visit, correct?

A. Correct.

Q. I wasn't addressing that visit when I asked you, but let's move on to it

DR. de MOURA

anyway.

That was also an exam conducted by one of your physician assistants, correct?

A. Correct.

Q. An Alyssa Griffin this time, correct?

A. Correct.

Q. This is the last time you saw Mr. Perez; is that correct?

A. No. He was actually seen back in May, June and November of 2019. The last time was November of 2019.

Q. In November?

A. Correct.

Q. What were his complaints and your findings in November of 2019?

A. This time the patient returns with a chief complaint of thoracic pain. He was one year and ten months status post surgical fusion. There was an MRI to the thoracic spine which was unremarkable. The patient continued to have low back pain with findings at L5-S1. I essentially

DR. de MOURA

recommended the patient continue with conservative treatment. In the event he can no longer tolerate his pain, surgery at L5-S1 would be anticipated.

Q. You haven't seen him since that point in time of November of 2019; is that correct?

A. Yes, it is.

Q. No further MRIs were ordered for the lumbar spine; is that correct?

A. Correct.

Q. The same is true for the cervical spine, correct?

A. Correct.

Q. In your visit, the one you had in November -- do you have November of 2019?

A. Yes.

Q. He had no complaints regarding the cervical spine at that time, it was resolved by the surgery, correct?

A. My note indicates under history of present illness, "Patient is now approximately one year-ten months

DR. de MOURA

status post ACDF C5-6 on 4/18/2017 with improved cervical symptoms from prior to surgery. He occasionally experiences neck pain and muscle spasm, worse with weather changes. Patient continues to complain of low back pain with radiculopathy to the left lower extremities. At this time patient feels that his lumbar symptoms are manageable with conservative treatment, which includes PT, pain management and over-the-counter pain medication."

Q. You did not prescribe him any pain medication, correct?

A. Correct.

Q. The PT, was that home physical therapy; is that fair to say?

A. We recommended including PT. I'm not aware if he is undergoing formal physical therapy.

Q. On the March 7, 2019 report presented by your office, did you prepare this report?

A. Yes.

Q. It wasn't prepared by Alyssa

DR. de MOURA

Griffin?

A. Alyssa Griffin, once again, does the intake and reports of this nature. I usually assess the patient, document the positive findings and sign off on that note.

Q. In the note, the history of the present illness on March 7, 2019, it reflects the findings of the cervical and lumbar MRIs, correct?

A. Correct.

Q. Those, to the best of your recollection, are MRIs that you personally reviewed, correct?

A. Correct.

Q. It reflects the surgery that you did to his cervical spine on April 18th of 2017, correct?

A. Correct.

Q. And that he had improved cervical symptoms from this surgery, correct?

A. Correct.

Q. He's now got complaints of

DR. de MOURA

lower back pain which he still had in November of 2019, a few months after this, correct?

A. Correct.

Q. You had taken x-rays and it showed good placement of the hardware, correct?

A. Correct.

Q. The second page of the report regarding the neurological exam is reflecting improved postoperatively, correct?

A. Yes.

Q. The surgical incision is well-healed?

A. Yes.

Q. There is a discussion in this report regarding his prognosis, correct?

A. Correct.

Q. Your physician assistant, did she type this discussion and have you sign off on it or did you type it or did you dictate it or how did this come about?

A. Things of that complexity, I

DR. de MOURA

put that in.

Q. Were you requested by Mr. Perez' counsel to put together this discussion?

A. Well, I believe in its entirety, a narrative was requested, which this is a reflection of.

Q. It was requested that you give an opinion as to what the costs are for Mr. Perez in the future; is that fair to say? That was requested of you, correct?

A. Yes.

Q. And you complied with that request by putting together this discussion in your office notes, correct?

A. Correct.

Q. This wasn't prepared for the purposes of treatment of Mr. Perez, it was prepared for the purposes of litigation; wouldn't that be fair to say?

A. Correct.

Q. You state that future spine surgery is anticipated, correct?

A. Correct.

DR. de MOURA

Q. But you don't state whether it involves the cervical spine, the thoracic spine or the lumbar spine; is that fair to say?

A. It does not state that, correct.

Q. You suggest that the present surgeon and assistant surgeon fee will be fifty thousand dollars; is that correct?

A. Correct.

Q. How much were you paid for Mr. Perez' surgery to his cervical spine?

A. I don't recall, but this is based on the fair health database mandated by Governor Cuomo.

Q. Fair what?

A. Fair health database.

Q. That was not my question. I asked you how much you were paid for performing your surgery at your surgical center --

A. I thought I responded, I don't recall.

Q. Do you recall being paid in

DR. de MOURA

total fifteen thousand dollars?

A. Do I recall? No. But that sounds about right.

Q. If I had a bill from your office, which was part of your office records, you would agree that sounds about right; is that fair to say?

A. Correct.

Q. This future spine surgery, we don't know where it is, right? We don't know if it's the cervical spine, the thoracic spine, because now he has complaints of his thoracic spine, correct?

A. When I'm talking about anticipated intervals of ten to twelve years, future adjacent level surgery.

Q. But you don't mention that.

A. I state "Future adjacent level surgery is anticipated." So it's adjacent to a prior fusion. He's only had one fusion at this time, which is the cervical spine.

Q. When you say in the beginning

DR. de MOURA

of your note, "Future spine surgery is anticipated," it could be to any area of his back, correct?

A. You could read it that way, but I'm telling you, I'm authoring this based on the fact that he has had prior cervical spine surgery.

Q. We would agree that based upon your notes and in your records, Mr. Perez has indicated to you that the neck is not a problem, correct?

A. At this time it's not a problem, correct.

Q. But the lumbar spine is a problem, correct?

A. Correct.

Q. And the thoracic spine is a problem, correct?

A. Correct.

Also, counsel, to note, I have testified that he has good and bad days in reference to the cervical spine.

Q. These are your notes for purposes of, not for litigation, but

DR. de MOURA

for purposes of treatment to Mr. Perez, correct?

A. No. This note here I stated prior was a narrative generated for the purpose of the patient's litigation.

Q. Besides this one discussion, the rest of your notes and records reflect Mr. Perez' conditions and concerns for medical reasons, right?

A. Yes.

Q. This is the only note, is that fair to say, in all your records that is for purposes of litigation; is that correct?

A. Correct.

Q. Mr. Perez, since the surgery, a short time after the surgery has not been doing physical therapy away from the home, correct?

A. I believe so.

Q. This note reflects if he has this anticipated future spinal surgery, he will need physical therapy three times a week at a cost of 375 dollars per session,

DR. de MOURA

correct?

A. Correct.

Q. You don't do physical therapy, right?

A. I don't, no.

Q. When I say you don't do physical therapy, I am referring to the fact that you don't treat patients as a physical therapist for their injuries, correct? You are the spine doctor, right?

A. I'm a spine surgeon, but the New York Spine Institute has physical therapy at our facility on Long Island, yes.

Q. Do you govern what the rates are for that physical therapy; do you set those rates?

A. Do I set the rates?

Q. Yes.

A. No.

Q. Continued orthopedic care at an annual rate of three times a year, Mr. Perez hasn't been following that exactly, though; has he?

DR. de MOURA

A. Yes. Not as per my recommendations, yes.

Q. You are suggesting an x-ray on every orthopedic visit; is that correct?

A. Continued orthopedic care at an annual rate of three times a year plus x-rays. Yes. When they follow up, an x-ray should be obtained.

Q. So the three times a year, he is going to get another x-ray, correct?

A. If he follows up regularly, yes.

Q. The purpose of that x-ray is to tell you what?

A. If patient is following up with me, counsel, a couple of times a year, that indicates he most likely is having ongoing pain. If I never see him again, then he's off on his own. If he's coming back to me then I need to assess why he is back to me. Normally we assess that with a routine x-ray to make sure everything is okay.

Q. This visit on 3/7/19, no x-rays were taken, correct?

DR. de MOURA

A. Correct.

Q. Future adjacent level surgery is anticipated at an interval of ten to twelve years for the rest of the patient's life; do you see that?

A. Yes.

Q. When you say it's anticipated, there is a likelihood of percentage of patients that have had a fusion at one level will need it at an adjacent level every ten to twelve years, correct?

A. Correct.

Q. That likelihood over a ten- to twelve-year period of needing adjacent level surgery is, for one-level fusion, five percent.

You are aware of the literature on that, correct?

A. I would say it is more like thirty percent.

Q. You would say it is thirty percent?

A. Yes.

Q. You can point me to the

DR. de MOURA

literature that reflects that it's thirty percent; is that fair to say?

A. I believe that's the number that is agreed upon by most spinal surgeons in the country. There is not one definitive source that I would use to document that.

Q. Would you agree there are many sources that reflect that for a one-level fusion surgery, that the likelihood of adjacent disc disease necessitating surgery is five percent over ten years?

A. No. As I said, counsel, I would say it is up to thirty percent. It could be less than that, but it is about thirty percent.

Q. Would you agree there is literature that would reflect that the medical community in a peer-reviewed article has determined in that article that the likelihood of adjacent disc surgery on a one-level cervical fusion over a ten-year period of time is only

DR. de MOURA

five percent?

A. You appear to be referring to an article. You would have to let me review that article.

Q. Future MRI studies at a rate of one per year?

A. Correct.

Q. You, yourself, didn't order another MRI before performing surgery on Mr. Perez when he presented to you for the first time, correct? That's true, right?

A. I am reviewing my records, counsel.

We know the MRI initially was performed on June 3, 2016. As you know, I saw the patient in November of 2016. So he wasn't even one year out when I indicated him for surgery and I stated there really was no need to obtain another MRI as he still had an MRI that was valid and still relevant.

Q. We know you saw Mr. Perez in followup to the surgery of April of 2017. We know you saw Mr. Perez in 2018. We know

DR. de MOURA

you have seen Mr. Perez four times in 2019. Correct?

A. Correct.

Q. How many MRIs have you ordered of his cervical spine during that period of time?

A. We ordered an MRI of the lumbar spine.

Q. Just to save you some time, doctor, we just finished reviewing your record, you have never ordered another cervical MRI; is that fair to say?

A. That's fine, okay.

Q. The MRIs you are recommending in this discussion, future MRI studies not only at a rate of one per year, 2,000 dollars per study without contrast, but also 3,500 dollars per study with and without contrast, correct? That's what your report states, correct?

A. Exactly.

To circle back on your inferences of ordering radiological studies going forward, this report

DR. de MOURA

clearly indicates that I'm indicating the patient should have MRIs going throughout his future. As we know, he has not had resolution of his thoracic and lumbar symptoms and for that I would obtain an MRI without contrast. If the patient develops cervical symptoms, which is anticipated, I would order an MRI with contrast. I hope that better answers any uncertainty which you may have.

Q. You know what it doesn't explain, the fact that you have not ordered an MRI for four years.

A. Excuse me?

Q. It does not explain the fact that you have not ordered an MRI for four years, correct?

A. On the contrary, he did obtain an MRI of the lumbar spine which was relevant to his complaints. His cervical spine improved following my cervical surgery.

Q. You are recommending here with regard to his cervical spine -- or is it in

DR. de MOURA

regard to his thoracic spine to get an MRI every year?

A. It is in regard to his spine, counsel. We are talking about a patient who has had cervical surgery. He injured his lumbar spine, he is having thoracic symptoms. This note is documenting that future care would encompass radiological studies. If the patient is symptomatic, MRIs would be obtained of the neck, thoracic or lumbar spine, regarding where he is having pain at that time.

Q. But your discussion doesn't say if he is symptomatic, it just says he should have them at a rate of one per year; is that fair to say?

A. As my note indicates in the paragraph, "Future adjacent level surgery is anticipated at a rate of ten to twelve years." Usually once a year, if the patient is coming back and having complaints, a new MRI is warranted.

Q. It doesn't say that here, though, correct? It doesn't say if the

DR. de MOURA

patient is having complaints, future MRI studies at a rate of one per year should be performed; it doesn't say that, right? Is that fair to say?

A. Yes, it does not state that, counsel, but the inference, and for me to better shed light on the subject for you, if the patient is following up with me annually, it's because he's having pain and if he he's having pain, then I would recommend these studies at the rate indicated in the paragraph.

Q. That would be true for physical therapy, if he's having pain, if he's symptomatic, correct?

A. Correct.

Q. And if he's not, we can wipe these out, correct?

A. If he's not having any problems, he does not require treatment at the time.

Q. Do you have any scheduled visits with Mr. Perez?

A. No. He is to follow up as

DR. de MOURA

needed.

MR. WHALEN: I have no further questions.

(Whereupon, at 5:20 p.m., the Examination of this witness was concluded.)

° ° ° °

DR. de MOURA

D E C L A R A T I O N

I hereby certify that having been first duly sworn to testify to the truth, I gave the above testimony.

I FURTHER CERTIFY that the foregoing transcript is a true and correct transcript of the testimony given by me at the time and place specified hereinbefore.

_____

DR. ALEXANDRE B. de MOURA

Subscribed and sworn to before me this _____ day of _____ 20___.

_____

NOTARY PUBLIC

DR. de MOURA

I N D E X

EXAMINATION BY PAGE
MR. WHALEN 4

INFORMATION AND/OR DOCUMENTS REQUESTED

INFORMATION AND/OR DOCUMENTS PAGE

(None)

DR. de MOURA

C E R T I F I C A T E

STATE OF NEW YORK)
: SS.:
COUNTY OF KINGS)

I, LORI PICKMAN, a Notary Public for and within the State of New York, do hereby certify:

That the witness whose examination is hereinbefore set forth was duly sworn and that such examination is a true record of the testimony given by that witness.

I further certify that I am not related to any of the parties to this action by blood or by marriage and that I am in no way interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my hand this 10th day of NOVEMBER, 2020.

LORI PICKMAN

ERRATA SHEET
VERITEXT/NEW YORK REPORTING, LLC

CASE NAME: Naranjo-Perez, Jose F. v. Hatcher, Lee
DATE OF DEPOSITION: 11/5/2020
WITNESSES' NAME: Alexandre B. Demoura , M.D.

PAGE	LINE (S)	CHANGE	REASON

_____
Alexandre B. Demoura , M.D.

SUBSCRIBED AND SWORN TO BEFORE ME
THIS ____ DAY OF _____, 20__.

_____ _____
(NOTARY PUBLIC) MY COMMISSION EXPIRES:

&

& 2:4,9 3:9 4:19

1

1 3:9
10 38:17
10005 2:10
10170 2:6
10th 9:6 21:22 22:4,7,10 63:20
11 7:3
11/5/2020 64:3
11590 4:14
16 1:6 5:19
16th 9:10
18 22:15
18th 44:18
1996 23:19
1:29 28:25

2

2,000 56:17
20 27:12 61:19 64:22
2006 6:12,14,21
2008 6:13,15 7:3
2015 9:19
2016 9:13,16 10:11 12:13,18 14:19 15:4 17:24 37:5 37:22 38:20,25 55:16,17
2017 19:12 20:12 21:18 22:16 27:12 27:20 28:18,25 30:13 31:6 32:25 33:3,8,20 35:11 44:19 55:24
2018 9:10 32:3,25 33:4 35:18 37:24 38:17 39:8 55:25
2019 5:20 7:3 8:20 8:21 9:7 23:25 38:16 39:23,24,25 40:2,18 41:13,14 41:18 42:7,18 43:21 44:9 45:3 56:2
2020 1:10 4:24,25 5:22 23:25 63:20
21 12:18
21st 9:19 10:11 22:3
24746 63:23
25 27:20 28:18,25
25th 29:14,23
2750 2:5
28 33:3,8,20
28th 34:2
2:00 33:21
2nd 9:13

3

3 55:16
3,500 56:19
3/7/19 52:24
30 3:9 19:12 20:12 21:18
30s 26:19,21
30th 21:21 22:3
31165.169 2:11
375 50:25
39 7:4

4

4 62:5
4/18/17 25:13 33:23
4/18/2017 43:2
420 2:5
4:10 1:11

5

5 1:10 30:13 38:20
5672 1:6
5:20 60:5
5th 9:16

7

7 38:16 39:23,24 39:25,25 40:18 43:21 44:9
761 4:13
77 2:10

8

8 32:3 35:18 39:8
8/28/17 34:3,13

9

96 6:18

a

access 16:17
accident 11:8,14 12:23 13:10 21:10 21:10
accurate 7:10,12 7:13
acdf 33:23 43:2
action 63:16
actual 12:22 15:9 15:21 16:16 28:2
adams 5:2
address 4:12
addressing 40:24
adjacent 48:18,20 48:21 53:3,11,15 54:12,23 58:19
administer 3:6
afternoon 4:15,16
agree 20:22 48:7 49:9 54:9,19
agreed 3:3,11 54:5
ahead 20:16
airbags 10:25
alexandre 1:15 4:11 7:9 28:24 61:15 64:3,21
allograft 34:6
allow 28:3
alyssa 41:7 43:25 44:3
amount 11:21
annual 51:23 52:7
annually 59:10
answer 15:15 16:25
answers 57:10
anticipated 42:5 46:24 48:17,21 49:3 50:23 53:4,8 57:8 58:20
anyway 41:2
appear 55:3
appears 6:10 7:15 15:19 16:2 30:12
appointment 20:18
approximately 6:11 36:2 42:25
april 21:22 22:4,7 22:10,15 27:12,20 28:18,25 29:14,23 44:18 55:24
area 49:3
arm 18:5,6
article 54:22,22 55:4,5
asked 40:25 47:20
asking 35:17
assess 44:5 52:21 52:22
assistant 22:19 28:8 29:5 45:21

47:9
assistants 27:23 41:4
assume 9:20 13:8
atrophy 18:9,12 18:16,16,23 19:2,7
attending 28:10
attest 12:14 15:23
attorneys 2:5,9
attributable 18:15
august 33:3,8,20 34:2
authoring 49:6
authorized 3:6
auto 34:18 36:19 39:19
available 15:4,13 15:24 24:21
avenue 2:5 4:13
average 24:2
aware 6:24 11:17 17:9,22 43:19 53:18

b

b 1:15 4:2,11 28:24 61:15 64:3 64:21
back 23:24 29:13 35:11 36:12,14,23 37:4,10 38:15 41:12,24 43:7 45:2 49:4 52:20 52:21 56:23 58:22
bad 49:22
bandages 28:3
based 47:15 49:6,9
basis 24:4
beginning 6:12,13 37:10 48:25
behalf 7:16 8:12 8:17
believe 5:4 7:12 8:10 20:10 29:17 39:2 46:6 50:21 54:4
best 44:13
better 24:23 57:10 59:8
bill 48:5
bisgaard 2:9 4:19
blood 63:16
bone 34:5
bring 22:23
brisbois 2:9 4:18
broaden 23:14
bulges 38:20 39:3
business 4:12

c

c 2:2 61:2 63:2,2
c5 14:21 15:6
c5-6 14:13 33:23 43:2
c6 14:21 15:6 17:21
called 4:3
care 31:22 32:15 51:22 52:6 58:9
career 6:12
carried 29:17
carryover 33:24
case 5:5 8:10 11:11 13:20 32:22 64:2
caused 19:7
cd 16:16
center 47:22
certain 21:2
certainly 19:3 26:15
certification 3:5
certify 61:4,8 63:9 63:14
cervical 14:3 15:3 16:22 17:10,15 20:2,9,25 22:11 23:14,16,20 36:18 37:13,19 39:21 40:7,8 42:14,21 43:3 44:10,18,22 47:3,13 48:12,23 49:7,23 54:24 56:6,13 57:8,22,23 57:25 58:6
change 64:5
changes 43:6
changing 28:2
check 8:4 27:15
checking 19:18
chief 33:21 41:20
christmas 5:25
circle 56:23
claims 20:3
clear 22:2 40:17
clearly 15:11 16:13 17:14 57:2
clients 8:13,18
come 45:24
comes 23:7
comfortable 24:4 36:6
coming 52:20 58:22
commission 64:25
community 54:21
compensated 7:24 8:2
compensation 8:6
complain 43:6
complaint 33:21 38:2 41:20
complaints 13:14 17:2,12,16 36:11 36:22 41:17 42:20 44:25 48:14 57:21 58:23 59:2
complete 25:19 26:3
completing 34:7
complexity 45:25
complications 25:16
complied 46:14
concerns 50:9
concluded 60:7
condition 38:24
conditions 50:9
conduct 29:15
conducted 10:14 12:25 20:17 29:23 41:3
conservative 42:3 43:10
consolidation 34:4
continue 31:20,21 35:7 42:2
continued 41:24 51:22 52:6
continues 20:2 43:6
contrary 17:18 57:19
contrast 56:18,20 57:7,9
copy 3:8,9
correct 7:18,22,25 8:14,15,18,19,24 9:21 10:12,18,23 11:2,3,11,12,16,19 11:23 12:13 13:2 13:3,5 14:3,4,9,10 14:13,14 15:10,18 15:22 17:4,13,17 18:10,11 19:4,9,10 19:12 20:20,21,23

20:24 21:3,4,7,8 21:12,13,17,20,24 21:25 22:5,16,17 22:20,21 25:9 26:7,16 27:20,21 27:24 28:10,11,15 29:5,6,9,16,20,21 29:25 30:2,8,14,22 31:3,4,9,15,18,19 31:25 32:4,5,7,8,9 32:11,12 33:18 34:24 35:14,23,24 36:3,4,6,10,12,15 36:16,24 37:7,8,15 37:16 38:8,9,21 39:4,5,13,14,16,17 39:21 40:19,22,23 41:5,6,8,9,11,16 42:8,11,12,14,15 42:22 43:14,15 44:11,12,15,16,19 44:20,23,24 45:4,5 45:8,9,13,19,20 46:12,16,17,22,24 46:25 47:7,10,11 48:9,15 49:4,12,14 49:16,17,19,20 50:3,15,16,20 51:2 51:3,11 52:5,11,25 53:2,12,13,19 55:8 55:12 56:3,4,20,21 57:18 58:25 59:16 59:17,19 61:9

cost 50:25

costs 46:10

counsel 3:4,9 12:4 15:2 16:12 23:17 28:21 46:4 49:21 52:17 54:15 55:14 58:5 59:7

counseled 35:3

counter 43:12

country 54:6

county 63:5

couple 32:15 52:17

course 7:23 12:7

court 1:2 3:7 4:25 7:8

credentials 5:10

cuomo 47:16

currently 35:11

customary 13:16 16:14

cv 1:6

d

d 3:2 4:2,2 61:2 62:2

damage 11:22,24 12:19

database 47:15,18

date 1:10 28:9 33:7 64:3

dated 14:19 15:3 25:12 37:22,24 38:17

dates 9:22 30:6

day 23:8 24:25 25:4 29:4 61:19 63:20 64:22

days 3:9 24:8 29:24 49:22

de 1:15 4:1,11,15 5:1 6:1 7:1,9 8:1 9:1 10:1,2 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1,16 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1,24 29:1 30:1 31:1 32:1 33:1,12 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1,15 62:1 63:1

december 5:19 8:21 9:10 37:24 38:17

decreased 17:20 18:21 40:12,15

defendant 1:8,16

defendants 2:9 4:20

deficits 21:2,6

defined 17:6

definitive 54:7

degenerative 26:12

demoura 64:3,21

denervation 18:19

deploy 11:2

deposition 1:14,17 3:5,5,8 6:3,6 64:3

determined 54:22

developing 26:16 26:18,24 34:13

develops 26:9 57:7

diagnosis 13:15

dictate 45:24

different 23:23 24:18

difficulties 30:25

disc 14:13,20,24 15:6 25:18 38:18 38:20 54:12,23

discectomy 25:2

discharged 23:9

discussed 22:12

discussing 19:21

discussion 18:3 33:11 45:18,22 46:5,15 50:7 56:16 58:14

disease 54:12

diseases 23:3

distribution 17:21

district 1:2,2

dmilch 2:7

doctor 7:14 16:6 30:3 33:7 51:11 56:11

document 13:21 14:16 19:3 44:5 54:8

documentation 15:20 16:2,13 17:10 28:7,13,20

documented 11:8 13:6,24 14:16 15:17 16:7 17:12 17:14 19:16 26:24 28:5

documenting 58:8

documents 29:11 29:12 62:8,9

doing 6:4 24:15 27:7 30:20 32:24 34:15 37:20 50:19

dollars 8:9 47:10 48:2 50:25 56:18 56:19

double 19:18

douglas 2:6

dr 1:15 4:1,15 5:1 6:1 7:1 8:1 9:1

10:1,2 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1,16 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1,12 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1,15 62:1 63:1
driver 27:4,10 35:10
due 18:17,19 19:8
duly 4:3 61:5 63:11

e

e 2:2,2 3:2,2 4:2,2 4:2 61:2 62:2 63:2 63:2
earlier 40:5
early 23:9 26:19 26:21
echevarria 8:22
effect 3:7,8
either 9:20 10:7 11:22 16:21 20:18 23:14
electronic 29:10
electronically 28:23
emergency 13:5,9 13:22
encompass 58:9
encounter 30:24
entirety 46:7
errata 64:1
esq 2:6,11
essentially 40:5 41:25
evening 23:9
event 42:3
evidence 14:12,15 14:20,24 17:9 34:4 40:11
evidently 15:5 25:15
exactly 12:21 24:11 51:25 56:22
exam 10:14 12:25 14:6 20:19 36:17 36:18 39:18 41:3 45:11
examination 4:7 17:8,19 19:20 40:8,8 60:6 62:4 63:10,12
examined 4:5
exams 29:22 34:19
excuse 57:15
exercise 35:8
expected 30:21 31:2
experiences 43:4
expert 7:8
expires 64:25
explain 57:13,16
express 21:5
expressed 16:9
extent 18:2 26:21
extremities 18:10 43:8
extremity 17:6,20

f

f 3:2 63:2 64:2
facility 51:14
fact 8:20 32:23 49:7 51:9 57:13 57:16
fair 6:16 7:4,17 12:10 13:23 16:11 18:24 19:6,23 21:16 22:13 23:6 23:10 25:14 26:9 26:12,22 27:17 30:9,18 31:8,14 33:2,17 34:8,21 35:6 36:20 38:5 43:17 46:11,21 47:4,15,17,18 48:8 50:13 54:3 56:13 58:17 59:5
fall 27:14
familiar 4:22 25:8 31:2
fashion 13:17 16:15
february 4:25 38:16 39:23,24,25
federal 8:9
fee 47:9
feels 43:9
fifteen 8:8 48:2
fifty 47:10
file 2:11
filing 3:4
film 14:19,22 15:12,21
films 15:14 16:9
find 18:23 25:25
finding 18:22 26:16
findings 16:10 39:20 41:18,25 44:6,10
fine 22:25 56:14
finished 56:11
fired 18:20
firm 4:18 7:21 8:13,23 9:6,23
first 4:3 6:6,20 10:4,10 12:11 14:6 20:7 37:10 55:12 61:5
five 35:13 53:17 54:13 55:2
follow 31:22,23 33:15,16 34:15,22 52:8 59:25
followed 19:11,25 27:19
following 37:4 51:24 52:16 57:22 59:9
follows 4:6 52:12
followup 19:20 20:7,11 22:9 55:24
foodliner 1:7
force 3:8 21:14
foregoing 61:8
forgotten 24:23
form 3:12
formal 43:19
forth 27:9 63:11
forty 6:11
forward 56:25
found 19:2 21:2
four 33:22 56:2 57:14,17
frequently 6:15
friday 24:14
front 5:11 33:14
further 3:11 21:15 39:11,12,15 42:10

60:3 61:8 63:14
fusion 25:3 34:7 34:13 41:22 48:22 48:23 53:10,16 54:11,24
future 30:4 46:11 46:23 48:10,18,20 49:2 50:23 53:3 55:6 56:16 57:4 58:9,19 59:2

g

generated 50:5
getting 23:23
give 46:9
given 24:25 25:4 61:10 63:13
giving 6:20
go 5:9 7:3 13:9 21:14,15 28:20 32:19 37:9
going 5:9,11 8:10 10:9 16:20 20:8 30:5 35:16 36:23 52:11 56:25 57:3
good 4:15,16 5:7,8 30:17 31:3 32:19 34:2 45:7 49:22
govern 51:16
governor 47:16
griffin 41:7 44:2,3
guess 32:22

h

half 37:23
halperin 2:4
hand 63:20
happened 21:10
happens 30:10
harden 34:6
hardening 34:7
hardware 32:18 34:3,14 45:7
hatcher 1:7 64:2
healed 40:9 45:16
health 47:15,18
held 1:17 33:11
hereinbefore 61:11 63:11
hereunto 63:19
herniation 14:13 14:20,24 15:6
herniations 39:3
high 8:11
history 5:12,17 6:5,10,19 7:15 10:17,20 11:7,9 33:25 42:24 44:8
home 31:21 35:7 43:16 50:19
hope 57:9
hospital 23:2

i

ibuprofen 35:3
illness 42:24 44:9
important 13:13
improved 43:3 44:21 45:12 57:22
incision 40:9 45:15
included 20:19
includes 43:11
including 43:18
incorrect 28:16
independent 29:8
index 1:5
indicate 14:18 15:11 22:8
indicated 20:5 49:11 55:18 59:13
indicates 15:2 33:19 42:23 52:18 57:2 58:18
indicating 26:5 57:2
indicative 27:13 31:13 32:23
individual 26:19
inference 59:7
inferences 56:24
information 6:22 62:8,9
initial 16:18
initially 37:14 55:15
injured 58:6
injuries 51:10
institute 51:13
intact 34:14
intake 44:4
interested 63:17
interval 53:4
intervals 48:17
intervention 19:22
involved 11:14 12:24 18:4
involvement 38:18
involves 47:3
irritation 19:9
island 51:14
issue 26:16

j

james 2:11
james.whalen 2:12
january 19:12 20:12 21:18,21 22:3
jim 4:17
joint 23:3
jose 1:3 8:22 64:2
judge 3:7 5:2
june 9:6,13 14:19 15:4 30:13 31:6 32:25 37:22 38:19 41:13 55:16

k

keep 23:18 24:6
kings 63:5
knew 13:4
know 5:21 6:25 8:5 11:5,13,21 12:8 18:2 23:17 23:22 24:15 25:21 26:18,25 27:4,6,10 39:9 48:11,12 55:15,16,23,25,25 57:4,12

l

l 3:2,2 4:2 61:2
l3 38:20
l4-5 38:18
l5 41:25 42:5
lack 18:18 19:8
law 4:18 7:21 8:13 8:23 9:5,23
lee 1:7 64:2
left 17:6,21,23 18:5,6 43:8
level 25:3 48:18,20 53:3,11,11,16,16 54:11,24 58:19
lewis 2:9 4:18
lewisbrisbois.com 2:12
lexington 2:5
life 53:6
light 59:8
likelihood 53:9,14 54:12,23
line 64:5

links 16:16
listed 6:5
literature 53:18 54:2,20
litigation 46:20 49:25 50:6,14
little 23:14,22 24:18
llc 64:1
llp 2:4,9
long 51:14
longer 36:8 42:4
look 4:22
looking 6:9 25:12 25:17
lori 1:18 63:7,23
lot 30:3
low 36:14 41:24 43:7
lower 36:12,23 43:8 45:2
lumbar 15:3 16:22 23:15,20 36:24 37:3,6,14 38:7,16 38:19 40:14 42:11 43:9 44:11 47:4 49:15 56:8 57:5 57:20 58:7,12

m

m 4:2
m.d. 28:24 64:3,21
mail 8:3
manageable 43:10
management 43:11
mandated 47:15
manhattan 23:3
march 4:23 5:22 39:25 40:18 43:21 44:9
marriage 63:16
mass 18:21
material 25:18
math 32:13
matter 4:20 63:18
mean 11:5 31:20
meaning 34:5
medical 29:10 50:10 54:21
medication 34:24 43:12,14
medications 31:7 31:12 36:9 39:15
meeting 12:12 20:7
melendez 5:4
memory 24:22
mention 48:19
merrick 4:13
met 4:21
milch 2:6 8:3 33:9
mind 34:11
missing 31:7 33:5 40:3
monday 24:13
mondays 24:20
month 35:13 40:4
monthly 24:3
months 31:22,23 32:11,21 33:23 34:16 35:23 36:2 41:21 42:25 45:3
morning 23:7
motion 20:20,22 21:3 29:15,24 34:19 36:18 39:20 40:12,15
motor 11:7
moura 1:15 4:1,11 4:15 5:1 6:1 7:1,9 8:1 9:1 10:1,2 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1,16 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1,24 29:1 30:1 31:1 32:1 33:1,12 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1,15 62:1 63:1
move 40:25
mri 14:2,5,9,17 15:2,12,16,20 16:21 20:8,11,15 36:24 37:3,5,12,13 37:17,21,24,25 38:11,13,16,19,23 38:25 41:22 55:6 55:10,15,20,21 56:8,13,16 57:6,9 57:14,17,20 58:2 58:23 59:2
mris 15:9 16:5 42:10 44:11,14 56:5,15 57:3 58:11
multi 30:16
multiple 25:24
muscle 18:19,20 19:8 40:11 43:5

n

n 2:2 3:2 4:2 61:2 62:2
name 4:9,17 5:5 64:2,3
naranjo 1:3 10:6 64:2
narrative 46:7 50:5
nature 28:3 44:4
necessitating 54:13
neck 36:7 43:4 49:11 58:11
need 22:24 31:12 34:23 50:24 52:21 53:11 55:20
needed 35:2 60:2
needing 53:15
nerve 19:8
neurological 17:19 45:11
never 52:19 56:12
new 1:2,19 2:6,6 2:10,10 4:5,14 5:2 30:15 37:17,25 38:2,2,10,23 51:13 58:23 63:4,8 64:1
normal 21:6 23:24
normally 52:22
notary 1:18 4:4 61:22 63:7 64:25
notation 10:24
note 19:24 22:7 27:12 28:21 30:12 33:19 34:25 36:25 42:23 44:7,8 49:2 49:21 50:4,12,22 58:8,18
notes 15:9,11,17 16:23 22:8 30:21

31:5,16 35:4 37:11 38:14 46:16 49:10,24 50:8
notice 1:16
november 1:10 10:11 12:12,18 22:3 23:24,25 32:3,25 33:4 35:18 39:8 41:13 41:14,15,18 42:7 42:17,17 45:3 55:17 63:20
number 54:5
numerous 12:21

o

o 3:2 4:2 61:2
oath 3:7
objections 3:12
obtain 55:20 57:6 57:20
obtained 37:23 52:9 58:11
obviously 29:9
occasionally 43:4
occasions 5:23
occupation 27:2
occurred 11:25
office 5:13 7:11,25 15:9,17 16:23 17:3 19:13 20:12 21:23 27:16 38:15 40:18,21 43:22 46:16 48:6,6
okay 5:3,14,15 10:7 13:10,11 30:7 35:19 52:23 56:14
once 20:4 21:9 44:3 58:21
ongoing 38:2 52:18
online 16:17
operative 22:24 25:12
opinion 46:10
order 20:7,11 36:23 55:9 57:9
ordered 20:15 42:10 56:5,8,12 57:14,17
ordering 37:17 56:24
original 3:5,9
orthopedic 51:22 52:5,6
osteophyte 25:20 25:23 26:4,8
osteophytes 25:21 25:24
outcome 25:9 63:17
outpatient 23:4
overall 34:14

p

p 2:2,2 3:2
p.m. 1:11 28:25 33:21 60:5
pa 29:11
page 25:17 45:10 62:4,9 64:5
paid 47:12,20,25
pain 31:12 34:23 35:2 36:8,15 38:3 39:15 41:20,24 42:4 43:5,7,11,12 43:14 45:2 52:19 58:13 59:10,11,15
palpation 40:10
pandemic 5:24
paragraph 58:19 59:13
part 11:7 26:11 27:9 48:6
particular 4:20 10:5 23:12 24:8 39:18
parties 3:4 63:15
pas 28:4
paste 34:6
patient 7:20 9:2 17:15 19:3 21:12 21:21 32:6,14 33:22 34:14 41:19 41:24 42:2,24 43:6,9 44:5 52:16 55:17 57:3,7 58:5 58:10,22 59:2,9
patient's 11:17 50:6 53:5
patients 7:16 12:22 13:18 16:15 23:21 24:19 32:20 51:9 53:10
peer 54:21
people 27:9
percent 53:17,21 53:23 54:3,13,16 54:18 55:2
percentage 53:9
perez 1:3 10:6,7,9 10:10 11:10,15 12:12,17 13:4,9,14 17:2,23 19:11,22 20:8 22:4,20 23:6 25:13 26:25 27:24 28:7,10 29:3 32:3 32:7,23 41:11 46:4,11,19 47:13 49:10 50:2,9,17 51:24 55:11,23,25 56:2 59:24 64:2
perform 23:20 24:7
performed 22:19 25:20 30:22 55:16 59:4
performing 24:3 47:21 55:10
period 53:15 54:25 56:6
personally 22:4 44:14
photograph 12:19
physical 17:8 31:17,21 35:5 39:12 43:16,20 50:19,24 51:4,8,10 51:13,17 59:14
physician 1:15 27:23 28:8 29:5 41:4 45:21
pickman 1:18 63:7 63:23
picture 12:3
pictures 12:23
place 23:8 27:16 32:18 61:11
placement 34:3 45:7
plaintiff 1:4 2:5 10:5 27:14
plaintiff's 11:25
plaintiffs 5:22
plan 31:20 35:2
please 4:9 20:18
plus 52:7
point 10:15,18 13:25 19:21 20:6 27:22 31:11 35:6 38:6 39:9 42:7 53:25

pop 28:2
popped 28:6,14,19
populated 29:19 30:4,16 34:18 36:19 39:19
population 30:10 40:6,7
positive 44:6
possible 12:17
post 33:23 41:21 43:2
posterior 25:20 26:4
postop 30:17 32:16
postoperative 33:20
postoperatively 45:12
postsurgery 29:25
potentially 26:17
practice 6:17 7:25
prepare 43:22
prepared 43:25 46:18,20
preparing 28:9
prescribe 43:13
prescribed 38:7 39:7
prescription 31:6 31:17
present 16:15 27:25 28:14 33:25 42:24 44:9 47:8
presented 43:22 55:11
presents 33:22
pretty 6:13 19:17
prior 13:18 16:18 38:3 43:3 48:22 49:7 50:5
problem 49:12,14 49:16,19
problems 59:21
procedure 25:9,13
process 25:8 26:12
prognosis 45:19
program 35:8
protocol 33:17
provide 13:18
provided 12:3
pt 43:11,16,18
public 1:18 4:4 61:22 63:7 64:25
pulling 19:24
purpose 50:6 52:14
purposes 46:19,20 49:25 50:2,14
pursuant 1:16
push 21:16
put 46:2,4
putting 46:15

q

quantified 40:13 40:16
question 15:15 30:5 47:19
questions 60:4
quite 17:9

r

r 2:2 3:2 4:2,2 61:2 63:2
radicular 20:3
radiculopathy 17:4,11,13,15 43:7
radiological 16:17 56:24 58:9
radiologist 16:4
range 20:19,22 21:3 29:15,24 34:18 36:17 39:20 40:12,15
rate 8:6,8 51:23 52:7 55:6 56:17 58:16,20 59:3,12
rates 51:16,18,19
ray 27:15 32:17 34:2,12 52:4,9,11 52:14,23
rays 45:6 52:8,24
read 49:5
real 30:24
really 6:13 23:17 38:6 55:19
reason 64:5
reasons 50:10
recall 5:18 6:2 8:25 9:3,7,10,13 9:16,20,23 12:9,15 18:7 27:3 47:14 47:24,25 48:3
recollection 29:8 44:14
recommend 39:10 59:12
recommendations 52:3
recommended 37:2 42:2 43:18
recommending 56:15 57:24
record 4:10 13:7 29:11 30:15 33:9 33:10,13 39:19 56:12 63:12
records 7:6 9:25 10:25 13:12,17,20 13:22 14:18,25 17:3 19:4 27:12 29:20 30:3 33:6 33:15 48:7 49:10 50:8,13 55:13
refer 10:6
reference 49:23
referring 51:8 55:3
reflect 18:8 31:5 31:16 34:23 37:11 38:23 50:8 54:10 54:20
reflected 16:23 38:24
reflecting 45:12
reflection 46:8
reflects 6:20 14:8 14:12 28:8,18 29:3 32:8 44:10 44:17 50:22 54:2
regard 57:25 58:2 58:4
regarding 36:7,18 37:6 39:19 40:6 42:20 45:11,19 58:12
regularly 52:12
related 18:9 63:15
relevant 55:22 57:21
relying 11:10 21:11
removal 25:19 26:3
removed 32:17
removing 25:18
report 14:8,11,11 14:23 15:5 16:8 16:13 17:18 18:8 21:5 22:24 25:12 25:18 28:9,18 34:17,22 43:21,23 45:11,19 56:21,25

reporting 64:1
reports 15:2,7,12 15:17,20 16:3 28:6 30:4 37:12 44:4
represent 4:19
represented 7:20
request 46:15
requested 46:3,7,9 46:12 62:8
require 59:21
reserved 3:12
resolution 57:5
resolved 42:22
respective 3:4
responded 47:23
rest 34:11 50:8 53:5
result 18:20
results 30:17 31:3
resume 5:10
returned 21:22 35:12
returns 41:19
revealed 14:24 38:20
reveals 14:12
review 13:17 14:22,23 15:4,13 15:25 16:21 36:25 38:13 55:5
reviewed 14:9,19 15:8,12,19 16:3,5 16:8,14 38:17 44:15 54:21
reviewing 7:14 38:14 55:13 56:11
right 5:11 8:6 10:15,22 23:23 27:7 31:24 48:4,8 48:11 50:10 51:5 51:11 55:12 59:4
room 13:5,9,22
routine 52:22
routinely 23:5,20
russotti 2:4 7:21 8:13,23 9:6

s

s 2:2 3:2,2 64:5
s1 41:25 42:5
save 56:10
saw 10:4,10 14:2 22:4 29:3 30:13 32:6 37:10,14 41:10 55:17,23,25
says 7:7 21:15 28:23 30:16 31:20 35:10 36:14 58:15
scheduled 21:19 22:12,15 59:23
scheduling 20:13
sealing 3:4
second 45:10
see 12:2,11 13:24 18:4 20:8,14 24:19 26:20 27:23 32:2,20,24 37:4 52:19 53:6
seeing 27:2
seen 11:24 12:8,15 33:3 35:25 38:4 38:15 41:12 42:6 56:2
sees 32:15
sensation 17:21 18:6
sense 11:20 27:8
september 9:19
service 3:9
session 50:25
set 51:17,19 63:11 63:20
seven 29:24 32:10 35:22
shapiro 2:4
shed 59:8
sheet 64:1
short 50:18
shoulder 17:7,23
show 28:17 40:14
showed 15:5 34:13 38:18 45:7
shown 12:22
shows 16:13 17:19 28:13 34:2
shrinkage 18:13 18:14,17,18
sign 29:12 44:6 45:23
signature 63:23
signed 3:6,7,8 28:23
significant 11:4,6 18:22
signing 29:4
signs 29:11
simply 15:7
sir 5:7 11:20 24:6 27:3
sit 8:5
sitting 12:16
six 35:13
skipped 20:16
smith 2:9 4:19
somewhat 23:23
sounds 48:4,7
source 54:7
sources 54:10
southern 1:2
spasm 40:11 43:5
specific 9:22
specifically 20:25
specified 61:11
spinal 24:2 39:10 50:23 54:5
spine 14:3 15:3 16:7,22 20:9 21:2 22:12 23:15,19 36:19,24 37:3,6,14 37:19 38:8,17 39:21 40:14 41:23 42:11,14,21 44:18 46:23 47:3,4,4,13 48:10,12,13,14,24 49:2,8,15,18,23 51:11,12,13 56:6,9 57:20,22,25 58:2,4 58:7,12
ss 63:4
stable 34:15
start 5:11
started 6:14
starting 34:6
state 1:19 4:4,9 46:23 47:2,6 48:20 59:6 63:4,8
stated 16:12 17:5 34:12 40:7 50:4 55:19
statement 30:10
states 1:2 33:22 34:25 36:5 40:9 56:21
status 30:16 33:23 41:21 43:2
stay 20:17
stipulated 3:3,11
stitches 32:16
street 2:10
struck 10:21 11:18
studies 16:17 55:6 56:16,25 58:10 59:3,12

study 37:4 56:18 56:19
subject 59:8
subjective 20:23
subscribed 61:18 64:22
subsequent 12:6 13:14 20:14
successful 31:13
sudden 26:15
suggest 47:8
suggesting 52:4
suite 2:5
summary 30:18
supplied 5:13 7:7
supported 14:17
supreme 4:25
sure 16:2 19:17 25:6 27:15 32:17 52:23
surgeon 16:7 23:19 39:10 47:9 47:9 51:12
surgeons 54:6
surgeries 23:18,21 24:2,7,8,11
surgery 17:24 18:3,4 20:5,13 21:19 22:11,19,22 23:4,7,12,13,15 25:2,4,7,16 27:11 30:22,25,25 31:13 32:11,21 35:14,23 39:11 42:4,22 43:4 44:17,22 46:24 47:13,21 48:10,18,21 49:2,8 50:17,18,23 53:3 53:16 54:11,13,24 55:10,19,24 57:23 58:6,20
surgical 19:22 25:13 30:21 41:22 45:15 47:21
surprise 31:10
sustained 11:22 12:19 27:14
sworn 3:6 4:4 61:5 61:18 63:11 64:22
symptomatic 58:10,15 59:16
symptoms 17:5 20:3,4 43:3,9 44:22 57:6,8 58:8

t

t 3:2,2 61:2 63:2,2
take 1:17 32:17 33:13 34:10 35:3
taken 1:15 14:2 45:6 52:25
takes 23:7 36:8
talked 28:7
talking 39:22 40:18 48:16 58:5
tell 52:15
telling 12:20 29:2 34:22 49:6
ten 41:21 42:25 48:17 53:4,12,14 54:14,25 58:20
tenderness 40:10
test 20:23
testified 4:5 5:20 5:21,24 6:11 7:4 7:16 8:12,21 9:5,9 49:22
testify 61:5
testifying 6:15 7:19 8:17 9:23
testimonial 5:12 5:17 6:5,9,19 7:15
testimonies 7:8
testimony 6:3,20 6:21 61:6,10 63:13
testing 20:20,23 29:23
tests 29:15
thank 5:8
therapist 51:10
therapy 31:17,21 35:5 39:12 43:17 43:20 50:19,24 51:4,8,14,17 59:15
things 28:3 30:5 34:19 45:25
think 11:6 19:5 24:18 27:13 32:3
thinking 24:22
thirteen 36:2
thirty 53:21,22 54:3,16,18
thoracic 23:16 41:20,23 47:3 48:13,14 49:18 57:5 58:2,7,12
thorough 16:6
thought 35:17 37:24 47:23
thousand 8:9 47:10 48:2
three 31:22,23 32:21 34:16 50:24 51:23 52:7,10
thursday 24:13
thursdays 24:20
time 1:11 3:12 5:16 7:24 10:4,11 10:15,18 12:5,11 13:2,25 14:6,23 16:21 17:22 18:21 19:21 20:6 21:20 24:20 25:5,5 26:9 27:9,22 31:11 32:2,7 35:6 37:25 38:6 39:7,11 41:7 41:10,14,19 42:7 42:21 43:8 48:23 49:13 50:18 54:25 55:12 56:7,10 58:13 59:22 61:10
timeframe 7:2
times 6:11 7:4 23:22 32:16 50:24 51:23 52:7,10,17 56:2
tingling 17:16
today 5:6 6:4 7:19 8:17 12:16
tolerate 42:4
total 48:2
track 23:18 24:6
transcript 61:9,9
treat 51:9
treated 12:6 38:3
treating 1:14
treatment 12:6,7 13:10 34:25 35:5 38:7 39:6,7 42:3 43:10 46:19 50:2 59:21
trial 3:12 4:23 5:20
trials 4:24
truck 10:21 11:15 11:18
true 42:13 55:12 59:14 61:9 63:12
truth 61:5
truthfulness 11:10 21:11
tuesdays 24:9,12 24:21,24

twelve 48:17 53:5 53:12,15 58:21
two 25:17
tylenol 35:2
type 23:13 45:22 45:23
typical 32:14
typo 25:22

u

u 3:2 4:2
uber 27:5,10 35:10
uncertainty 57:10
undergoing 43:19
undergone 17:23
understand 8:16
understanding 13:13
uneventful 25:15
united 1:2
unremarkable 41:23
unsigned 3:8
unusual 25:11 26:20,23
updated 5:17 37:3
upper 17:6,20 18:10
usage 18:18
use 10:9 19:8 54:7
usual 8:8 13:16 16:14
usually 15:13,25 16:16 24:19 28:2 32:20 44:5 58:21

v

v 64:2
valid 55:21
vehicle 11:7,15,18 11:22,25 12:20
veritext 64:1
videoconference 1:17
visit 13:18 16:18 19:13 20:12 21:19 21:23 22:9,10,11 33:20 35:17,18,20 39:8,23 40:4,19,21 40:24 42:16 52:5 52:24
visits 59:24

w

wait 22:6,7
waived 3:5
want 10:5,8 13:8 22:6,23 24:15
warranted 58:23
water 2:10
way 10:7 19:19 20:16 30:11 37:9 49:5 63:17
weather 43:5
wednesdays 24:9 24:12,21,24
week 6:8 50:25
weekly 23:21 24:3
weeks 35:13
went 13:4
westbury 4:13
whalen 2:11 4:8 4:17 60:3 62:5
whereof 63:19
whichever 20:18 24:4
wingate 2:4 7:21 8:13,23 9:6
wipe 59:18
witness 3:6,9,10 4:3 7:8 60:6 63:10 63:13,19
witnesses' 64:3
word 26:6
words 28:14
work 35:11,12
working 35:9
worse 43:5
worsened 20:4
wound 31:21
written 8:4
wrslaw.com 2:7

x

x 1:3,8 4:2 27:15 32:17 34:2,12 45:6 52:4,8,9,11 52:14,23,24 62:2

y

year 32:10,21 35:22 37:22 38:3 41:21 42:25 51:23 52:7,10,17 53:15 54:25 55:7,18 56:17 58:3,16,21 59:3
years 7:3 48:18 53:5,12 54:14 57:14,18 58:21
york 1:2,19 2:6,6 2:10,10 4:5,14 5:2 51:13 63:4,8 64:1
young 26:18

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.