SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF NASSAU: TRIAL TERM: PART 24

----------X

ADIS ALVAREZ MIRANDA,

Plaintiff,

Index No. 610566/21

-against-

DENNIS M. CURRY, TOWN OF HEMPSTEAD,

Defendants.

TRIAL

----------X

Nassau Supreme Court
Mineola, New York 11501
May 7, 2024

B E F O R E: THE HONORABLE DAWN JIMENEZ,
Justice of the Supreme Court, and the Jury

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

PETER S. THOMAS, ESQ.
Trial attorney for the Plaintiff
108-18 Queens Blvd., 4th Floor
Forest Hills, New York 11375

SOKOLOFF, STERN, LLP
Attorney for the Defendants
179 Westbury Avenue
Carle Place, New York 11514
BY: BRIAN S. SOKOLOFF, ESQ.
STUART DIAMOND, ESQ.

ALSO PRESENT: Charlene Perez Deklein, Spanish Interpreter

JENNIFER SAMPUGNARO, RPR
OFFICIAL COURT REPORTER.

THE COURT: What is the motion that the defendant has to put on the record?

MR. SOKOLOFF: Yes. So, at this point, your Honor, the defendants are moving for a mistrial in this case for several reasons. Individually and cumulatively they've been denied a fair trial and let me explain why.

THE COURT: Go ahead.

MR. SOKOLOFF: First, in the plaintiff's opening he commented on the defendant Curry's credibility on the plaintiff's credibility saying she doesn't lie, she believes in God. I objected to it during the opening and your Honor did nothing about it during the opening.

Then when his client was on the stand, plaintiff's counsel again asked her if she believes in God. I objected, the Court did nothing about it.

The cases are very clear that the invocation of a witness' religious beliefs to bolster or attack that witness' credibility is highly prejudicial. In fact, they're grounds for reversal because that's how prejudicial it is. And I'm citing to Brink v. Stratton, 176 N.Y. 150. Citing to Saunders vs. Champlain Bus Corporation, 263 AD 683, 1942.

In the case of Toomey, T-O-O-M-E-Y, vs. Farley, that's 2 NY2d 71, 1956 case, the Court of Appeals said, quote, "In all but the rarest of cases the religious faith

and observances of a party are matters entirely irrelevant to the issue presented, and their injection into a trial is improper and constitutes reversible error citing cases." Closed quote.

Also in 1985 in the case of People V. Wood, the New York Court of Appeals also commented on this and said, quote, "Rather the jury was called upon to decide the winner of a closely fought battle of fully qualified experts, each of whom explain the basis for his opinion and testified at great length on a subject not easily understood by laypersons. The improper impeachment of defendant's expert gave the people an unfair advantage which could very well have led the jury to accept their expert's opinion. In no way were the prosecutor's remarks provoked directly or indirectly by defense counsel who did not mention Dr. Tysha's religious beliefs on direct examination." Closed quote.

THE COURT: Besides that, what else did I do?

MR. SOKOLOFF: Just one other case.

THE COURT: You made your point.

MR. SOKOLOFF: I am giving you the case citations. State v. Andrews 16 NY3d 841, 2011. And finally, the case of People vs. Caba, C-A-B-A, 66 AD3d 1121. The Court reversed and remanded for a new trial because of questioning of a witness about religious

beliefs where there was no relevance.

Second --

THE COURT: Mr. Thomas, do you want to comment after everything or --

MR. THOMAS: Yes, let him put his whole megillah on the record.

MR. SOKOLOFF: It is not a megillah, it is a motion for a mistrial.

THE COURT: But thank you for giving me the heads-up because I know with the PJIs I tell the witnesses exactly how they are supposed to weigh testimony. So I will be making sure that those PJIs, which everyone has requested and I have no issue giving and which I typically give, will be given.

So the jury is going to be told exactly how they are supposed to weigh testimony.

MR. SOKOLOFF: There is nothing in the PJI about religious beliefs.

THE COURT: It is about how they are supposed to weigh testimony.

What is your second point?

MR. SOKOLOFF: The second point is yesterday in front of the jury the plaintiff's counsel said the plaintiff isn't here, she's not feeling well. I asked for a curative instruction because the implication was that

the plaintiff wasn't here because of effects of the accident. The Court rejected my request and that went on the record all day. I don't see the plaintiff here today, so it is compounding the problem.

Third --

THE COURT: The plaintiff is not scheduled to testify until this afternoon or later in the morning so she doesn't need to be here. She may be a party, but if she chooses not to show her face during part of the trial that's up to her.

MR. SOKOLOFF: I agree with you, but that's not the issue. The issue is not whether she has a right to be here or not be here, the issue is the plaintiff -- plaintiff's counsel in effect testifying, giving the jury evidence that --

THE COURT: That is not what happened and you know it. You know exactly what the curative you wanted was which I thought was inappropriate. You wanted something on the record stating that she wasn't feeling well, like she had a stomach virus or something like that and we have no idea why she wasn't feeling well.

There was no need to make a bigger issue of it than there was. The bottom line is she decided not to be here yesterday because she didn't feel well enough to attend, period, the end. That's it.

MR. SOKOLOFF: She had a right not to come here if she went shopping, that's not the issue. The issue is the comment that plaintiff's counsel made in front of the jury. That's number two.

I understand you are going to deny the motion, but I am -- I know that, but I am putting it on the record.

And, third, yesterday over my objection the plaintiff was allowed to read from the deposition of a Jack Peretta about whether the defendant Curry after the accident was given a drug test. The implication being they don't care about whether he was on drugs, he might have been --

THE COURT: Excuse me, that is going way beyond. I'm sorry and your own client testified on direct about drug testing on his deposition -- when his deposition was read in. I believe you read in the question about whether or not he had been drug tested and he had indicated no.

There was already evidence in the record that there was no drug testing and that he had not only that, he was asked a question has he been on any drugs on that day or was he taking any medications that may have affected him. So that information was already in the record.

MR. SOKOLOFF: Your Honor, it was brought up by

the plaintiff on his direct. I had to --

THE COURT: It was brought up by you also when you were questioning your client.

MR. SOKOLOFF: Well, I had to because it was improper.

THE COURT: But you did it. So something that is already in evidence that you brought up shouldn't be subject of an objection. Even if it is subject of an objection, look I'm not perfect and I get things wrong, but even so, I don't think it's wrong to the extent where it's reversible error.

MR. SOKOLOFF: Right now we are not talking about reversible error, we are talking about a mistrial because these three items are all highly prejudicial. They were not dealt with immediately. The jury was left to go on.

The PJI instructions at the end of the case are not going to cure anything about whether the witness believes in God or doesn't, and so my argument is to this point at this trial we have been denied a fundamentally fair trial and we're moving for a mistrial.

I understand your Honor is going to deny it, but I have a right to put it on the record.

THE COURT: And I am letting you make your record.

Go ahead, counsel.

MR. THOMAS: Your Honor, briefly. I am going to say out loud what I have been thinking privately. Counsel doesn't understand the issues in this case and he's trying to create issues here to somehow get out of getting this jury to render a decision.

The Court has already ruled on his first application for a mistrial when he made it the first time. He's basically renewing that application. I would ask that the Court --

THE COURT: That was made off the record during -- I believe it was made in the hallway.

MR. SOKOLOFF: Correct. I have never moved for a mistrial before.

THE COURT: It was made amongst counsel and the Court outside the presence of the stenographer because we were asked for a sidebar with regard to something else and then the issue came up.

MR. THOMAS: I ask the Court deny counsel's request for a mistrial because of the mentioning of God. It was an appropriate context and it wasn't meant in any way to mislead the jury or violate any rule or code or anything to that extent.

I don't believe there is any prejudicial effect in the context in which it was brought up.

The second issue was -- what was your second issue?

MR. SOKOLOFF: Your inappropriate comment about the plaintiff.

THE COURT: Not feeling well, that is why she wasn't here yesterday.

MR. THOMAS: Comment was made by me when asked why isn't your client here and I said she is he not here, she's not feeling well. It was not in any way to try curry any favor with the jury to let them know that this accident and the injuries from this accident was the cause for her not feeling well.

That is counsel's extrapolation from a simple comment that somehow I was trying to target the jury about injuries from this accident. She might not have slept well the night before and therefore was tired. Whatever the reason was --

THE COURT: We don't know what the reason was.

MR. THOMAS: The bottom line is, it's a general concept of her not feeling well. She is not legally obligated to be here, so for counsel to basically demand where my client is when she's not legally obligated to be here, I could argue that they are trying to cast some negative inference on the fact that she is not here, and giving the jury the impression that she must be here for

every aspect of the trial. I didn't read that far into that comment, so that's why I don't make that argument.

Third, your argument about --

THE COURT: Drug testing.

MR. THOMAS: The deposition of the defendant Mr. Curry asked whether he was drug tested. He said he wasn't. I asked him on the witness stand if he was drug tested, if he was on drugs, if he was on prescription medication or failed to take prescription medication. That is not -- and I commended him actually when he said that he's never taken drugs. I said good for you.

The reality is that is a concept in an entity like the Town of Hempstead to potentially do some sort of investigation or drug or alcohol screening when their drivers are involved in an accident.

I read to the jury the fact that there is no such protocol for the Town of Hempstead. If anything it helps and supports the defendant's position that there was no drug test requirement or that -- and there was no need for a drug test.

It was an issue that came up in the case. I don't think I did anything that would rise to the level of asking this Court to grant a mistrial. I ask the Court deny all those applications outright.

MR. SOKOLOFF: Can I just respond?

THE COURT: Of course you can.

MR. SOKOLOFF: First of all, on top of the comment that plaintiff's counsel made about his client not being here, the record needs to reflect that throughout the trial, and this was -- this started during counsel's opening, the plaintiff has been in the courtroom and throughout the day she's been standing up and sitting down and standing up, and by doing that she's making clear to the jury -- she's allowed to do it, I am not saying that it is improper -- that she's not comfortable.

During the day she's up and down and up and down and then we come to the next day and she's not here at all, and he says she's not feeling well. The very strong implication is that she's not here because of pain or problems from the accident.

THE COURT: I didn't get that implication and I don't think the jury did either.

MR. SOKOLOFF: Finally, there's never been an allegation in this case that this accident was caused in whole or in part in any way by drugs and so, therefore, asking my client whether the Town of Hempstead drug tested him after the accident has no bearing and it's highly prejudicial and --

THE COURT: You do understand that this is such a general topic. Even when there is a settlement and

someone allocutes their client, the same exact things are asked, whether it's the plaintiff or the defendant who is being allocuted or both. Are you on any medications that might impair your judgment today? Are you doing this of your own free will? It is such a general common question to ask if someone is on any kind of medications that may impede whatever they're doing at that moment.

I think that you're taking this implication to a place beyond.

MR. SOKOLOFF: But that's not what he was asked, is he on drugs today, if he knows what he's testifying today. What he was asked --

THE COURT: I think what the problem with the accident was who caused it because you are alleging as a counterclaim that somehow the plaintiff had something to do with this accident. So I think it's a valid question. I think it's a valid question.

MR. SOKOLOFF: So it wasn't -- it was a question of whether the Town of Hempstead tested him for drugs after the accident.

We don't have a counterclaim, it's not a counterclaim.

THE COURT: It's an --

MR. SOKOLOFF: It's an affirmative defense.

THE COURT: An affirmative defense. I misspoke.

MR. SOKOLOFF: But there's been no evidence anywhere. It's not a good faith basis for asking the question did the town test you for drugs. And I realize we disagree, your Honor, but the implication of injecting drugs even in this sideways way is highly --

THE COURT: It wasn't even done in a sideways way. It was done in a very direct way with your client on the stand, and there was no objection at that time.

MR. SOKOLOFF: I objected yesterday to the --

THE COURT: No, no, no initially when this evidence came in on the record on your client's testimony, right, it came in without objection. He was asked about this very subject and he denied everything, which is fine and I believe him. I'm sure that the jury is going to believe him too.

MR. THOMAS: I do too.

MR. SOKOLOFF: So what is the point of asking him?

THE COURT: It doesn't matter what the point is. They have a strategy. They can do whatever they want with their strategy on their case.

We're done. I have heard enough. I am denying the application. Is there anything else before we bring the jury in?

MR. THOMAS: No. I would like to get Dr.

Macagno on the stand.

COURT OFFICER: Jury entering.

(Whereupon, the jury entered the courtroom.)

THE COURT: Good morning everyone. You can have a seat.

Mr. Thomas, your next witness.

MR. THOMAS: Yes, thank you, Judge.

Your Honor, at this time we call Dr. Macagno to the witness stand.

A N G E L M A C A G N O, called as a witness on behalf of the Plaintiff, having been first duly sworn by the Clerk of the Court, was examined and testified as follows:

THE CLERK: Give your name and office address to the reporter.

THE WITNESS: First name Angel, last name Macagno, M-A-C-A-G-N-O. Business address is 761 Merrick Avenue, Westbury, New York 11590.

THE COURT: Good morning. Just keep your voice elevated so that they can hear you all the way out there, okay, to make sure my jury can hear you.

Counsel, whenever you are ready.

MR. THOMAS: Thank you, Judge.

DIRECT EXAMINATION

BY MR. THOMAS:

Q Good morning, Dr. Macagno.

A Good morning, sir.

Q We have been saying your name wrong all trial.

MR. SOKOLOFF: I haven't.

Q So just pronounce your name for us once again.

A Macagno.

Q I apologize I have been saying Macagno because that's how I read it. Thank you for clearing that up.

Dr. Macagno, please tell the jury, what kind of doctor are you?

A I'm an orthopedic surgeon so I specialize in spine surgery.

Q Can you tell the jury a little bit about your educational background and work experience?

A Sure. I went to medical school in Argentina 1988. Then I was an orthopedic surgeon there full-time for a long time.

Then I moved to United States and here I have to take all the exams that they require. And then I did a full residency in orthopedic surgery at Downstate Medical Center in Brooklyn.

Then I did two fellowship in spine surgery, one in Miami Children's Hospital, and the other one at NYU in adults and children.

Q How long have you been working as a spine surgeon?

A About now in this country, nine years, eight years.
Q How many spine surgery have you performed in your career?
A I don't have the exact number.
Q Ballpark?
A Could be about three hundred a year, about.
Q You're busy?
A Yes.
Q And the company you work for now is called what?
A New York Spine Institute.
Q And have you ever been offered as an expert in the courts in the State of New York before today?
A Yes, they call me sometimes, but I decline.
Q Why?
A Because they were not my patients. I only come -- it is not my job. I'm surgeon basically. I only -- if my patient is involved or some patient where I did surgery I would be happy to, but if not, it is not what I do.
Q So you only come to court if the matter involves one of your patients that you actually operated on?
A Absolutely.
Q You are not a retained expert that will just lend your opinion to any law firm that is looking for an opinion on a case?
A Absolutely not. Yes, you are correct.

Q Do you know the difference between a treating physician like yourself and, let's say, a retained expert like Marc Chernoff the defendant's orthopedic expert?

MR. SOKOLOFF: Objection.

THE COURT: Is Mr. Chernoff a treating doctor? I don't know.

MR. SOKOLOFF: No, he is not a treating doctor, but I'm not sure with the questioning what's the difference.

MR. THOMAS: I will rephrase the question.

Q You are being called here as a treating physician and there are two names in your file. There is Adis Alvarez Miranda and then there is Adis Weber, correct?

A Correct.

Q You understand that to be the same person?

A Yes.

Q She got married after this accident and so her name changed, correct?

A Yes.

Q So as a treating physician versus a consulting expert, do you know the difference between those two?

A Yes.

MR. SOKOLOFF: Objection.

THE COURT: I'm going to overrule.

You can answer.

Q Tell the jury what's the difference?

A Yes, that is one of the main reasons that I don't like when they call me because I know the patient.

Besides all the studies that we have, besides all the charts and records, I knew the patient and I discuss with the patient the kind -- what are the treatments. And in case to do surgery, I discuss personally why we do the surgery. You have to see the patient.

I don't like to be an expert witness if you didn't see the patient. It is going to be all literature, books, MRIs. We don't treat MRIs.

Q You understand that the defendant's orthopedic surgeon was not a treating physician in this case?

MR. SOKOLOFF: Objection.

This is all leading.

THE COURT: Well, it is preliminary questioning so I will give you some leeway, Mr. Thomas.

MR. THOMAS: That's all I have. Just that question.

THE COURT: Then fine.

A Yes, I read the report of the doctor. He didn't treat the patient.

Q Doctor, how many different languages do you speak?

A Spanish is my main language. As you can see English is not my strongest one. I speak English and Portuguese.

Q Tell us a little bit about your career highlights. Are you board certified?

A I am board certified in orthopedic surgery, and I did two fellowships in spine surgery.

Q Tell the jury what does it mean to be board certified in spine surgery?

A In this country it's the top position you can have. When you do your residency, you finish your fellowships, you have to take an exam, a significant exam. You have to do that every ten years where you have to show your cases.

You have -- first day a lot of multiple choice, it is all going to be questions on the computer, but then you have to talk in front of doctors and present the cases and see why you did the case, what is the reason to do it and you can pass or fail.

Q And you passed or failed?

A I passed.

Q Are you a member of any professional organizations?

A Yes, American Academy of Orthopedic Surgeons. NASS, North American Spine Society. These are basically the main. I have more, but they are smaller societies.

Q You are a member of the American Academy of Orthopedic Surgeons?

A Yes.

Q Do you have any academic appointments or positions?

A NYU University, I am an assistant professor in orthopedic surgery.

Q Who do you teach?

A Basically residents in orthopedics, fellows that are doing their specialty in spine surgery and sometimes students.

Q Are you being compensated for your time away from your office and from other obligations and duties that you have today?

A Yes.

Q When I say you, you personally or the --

A I am an employee of New York Spine Institute. They receive the compensation.

Q And was there a compensation for your treatment? Did you get any legal advance or fee from the law firm to treat Adis Weber?

A I don't believe so. I do believe it was a car accident. I don't remember how it was compensated.

Q Tell us about Adis Alvarez Miranda now Adis Weber. What do you know about what happened to her and why she came to you?

A Well, she came to me first time it was after failing extensive conservative treatment. I am a surgeon, normally I don't see patients in the first day they have an accident. Normally they are referred by pain management or primary doctor or physical therapy after they fail conservative treatment.

She was involved in a car accident. I saw MRIs and examined the patient the first day. She had significant problem with the neck and lower back that are my parts. I don't talk about shoulders or knee or anything like that.

We discussed options of treatment for her. The options -- I always press you can continue doing what you do or you are a candidate for surgery.

From there we discuss the pros, cons, alternatives of the surgery.

Q Do you have a file that you brought with you today?

A Yes.

Q Is that file the file that deals with Adis Weber?

A Yes.

MR. THOMAS: Your Honor, at this time I would like to mark the doctor's file.

THE COURT: Are you marking for identification or to move it in evidence?

MR. THOMAS: Parts of it are in evidence in terms of the documents that are already here, but I would ask to move it into evidence subject to redaction of course and we'll go through it to redact those portions that are not the doctor's notes and the doctor's reports.

MR. SOKOLOFF: I don't agree. I think this has to be done document by document. I had one minute to thumb through the whole thing and --

THE COURT: That's okay, I was just asking the question. Your answer can be no, it's fine.

(Whereupon, Plaintiff's Exhibit 31 was marked for identification, only.)

Q Doctor, is this a complete and accurate file that we have for this patient?

A Yes, I do believe so.

Q Are these notes and records that are contained within your file generated by you or the office that you work with?

A Yes.

Q And have they been in your custody the whole time? You know where they came from?

A Yes.

Q Were they produced by your office and did they provide that to you in preparation to come to court here today?

A Yes.

Q Are they true and accurate?

A Yes.

Q Are they business records kept in the ordinary course of business?

A Yes.

MR. THOMAS: Your Honor, at this time I wish to move Plaintiff's Exhibit 31 into evidence subject to redaction.

MR. SOKOLOFF: Objection. I think there has to

be a foundation laid. That wasn't it. There are documents in that file that were not generated by his office.

MR. THOMAS: Subject to redaction.

THE COURT: They would be subject to redaction, but the file itself is admissible. It's a business record. So over the objection I am admitting it as a business record subject to redaction.

You might be right, Mr. Sokoloff. There might be documents in there that need to be redacted.

MR. THOMAS: Again, Judge, my offer into evidence is just the doctor's notes from New York Spine Institute, the office that he works with.

(Whereupon, Plaintiff's Exhibit 31 was received and marked in evidence.)

MR. THOMAS: May I continue.

THE COURT: You may.

Q Dr. Macagno, you are free to refer to your notes and if you need to refresh your recollection by all means please do that, okay?

A (Nodding).

Q Do you remember when at the time Adis Alvarez Miranda first became your patient?

A I saw her for first time on July 22nd, 2021.

Q And, again, that was at New York Spine Institute?

A Yes, one of our offices. I don't know which one.

Q Appointment date September 22nd, 2021 and she was a new patient of yours, correct?

A Correct.

Q What was her chief complaint when she presented?

A She was complaining of neck and lower back pain.

Q And did you take a history?

A Yes.

Q What did you learn?

A She was involved in a motor vehicle accident on March 4th, 2021. She was a restrained driver and was sideswiped by a truck. She went to Nassau Medical Center and she was discharged the same day. At that time she denied any previous history of neck or lower back pain or previous motor vehicle accident.

Q The word sideswiped, do you know where that came from?

A Basically they are the words of the patient, what they tell us. That was impacted I would put. That would change after sometimes learning about this. It was impacted by a truck at that time.

Q For your purpose, does it matter whether it was a T-bone accident or a sideswipe accident, a hit in the rear, any other mechanism of accident? Does it matter to you?

A Not in this case at all.

Q And so she presented with complaints of spinal pain?
A Neck and lower back pain basically.
Q Neck and lower back pain.
Did you ask her whether she had a past medical history?
A Yes, she didn't have anything significant.
Q Tell the jury what is the significance of no prior medical history for neck, back or any spinal complaints?
A Well, it depends. There are pathologists, there are diseases that are going to affect the neck or the lower back and you want to know if that is my case. She can have other problems that aren't affecting the treatment, but in some cases you need to know the patient is a diabetic patient or have some diseases, specifically of the neck, lower back or the spine or the bones.
Q By the time you saw her for the first time she had already gone through a course of physical therapy, correct?
A Yes, she had.
Q She already had some diagnostic testing?
A Correct.
Q And you touched on it before, but just so we are clear, why did her treating doctors refer her to you?
MR. SOKOLOFF: Objection.
That calls for the operation of someone else's mind.

THE COURT: Rephrase your question.

Q Medically why was she referred to you?

MR. SOKOLOFF: Same objection.

THE COURT: Just rephrase.

Q Do you know who referred the patient to you?

A I don't have it in my records specifically who referred.

Q Typically why do other doctors refer their patients to you?

MR. SOKOLOFF: Same objection.

THE COURT: Why do patients come to you?

MR. SOKOLOFF: Same objection.

THE COURT: I am going to overrule.

MR. THOMAS: He objected to you, Judge?

THE COURT: Yes.

Why do patients come to you?

THE WITNESS: Basically I am a surgeon. Normally the patient, the right way should be after consulting conservative treatment for the surgical consult.

Q So you are the surgical consult?

A Correct.

Q After conservative treatment fails?

A Correct.

Q When it comes to surgery where in the line of

importance is the surgical option in a course of treatment for someone like the plaintiff?

A It depends on patient. There are patients that are referred to me and don't need any surgery at all. That is why you exam patient, you check a lot of factors. But, yes, it should be the last option in treatment after -- that is why when I discuss surgery with a patient I give them the option to continue doing conservative treatment.

Q And when she came to you did you have an opportunity to review the MRIs that were done?

A Yes, I reviewed the MRIs personally.

Q And it says here in your note, I personally reviewed all studies available today, including interpretation of actual images.

So tell the jury, what does that mean?

A It means I don't decide surgery based on reports or what other people said. I have to see the images personally to decide if the patient could be a surgical candidate or not.

Q And which MRIs did you review?

A Neck and lower back.

Q And what was your findings on the cervical or the neck MRI after your review?

A That MRI showed disk herniations at three levels, most important C4-C5, C6-C7 will be three disks.

Q And the lumbar spine or the back?

A She had injuries in the last two disks in the lower back, they are called four and five. These are the name, but they are two disks. They have disk dehydration, loss of disk height and we call that black disk disease and they have disk herniations on both levels.

Q And there was also an EMG and CV that was done?

A Yes, probably an EMG.

Q Doctor, could you step down and give us a little anatomy lessen before we get into the MRI itself, with the Court's permission of course. I have a model of the spine here. If any of these can be helpful in explaining to the jury the findings.

A Okay, this is full spine. This is basically the full spine. This is the most important part. We see from this side the head is going to be here. This is the pelvis.

This is the lower back. This is the neck and it is very different. These are the bones, the white ones, and the others are the disks. They are really small in the neck and bigger in the lower back.

The disks are basically cushions between vertebras. There's the cartilage and they have, you have gel. And that is letting you move around the disk. You can do your movement and you have bone against bone that produce a lot of pain. Those are the two reasons.

We have seven cervicales, five lumbars. The most

important lumbars are the last two because most of the movement is going to be there, but they can be more injured when you have a trauma.

When a trauma -- something happens they are combination of components in a car accident. Could be flexion, extension, rotation mostly. That disk break and the gel come out. And that gel that come out compress the nerves. That is a disk herniation.

You have two problems. Neck pain because there's no more cushioning and the compression of the nerve is going to give you numbness, tingling, weakness.

Q What is the disk made of?

A It's a cartilage collagen -- it's a mix of different things, but it's collagen, water. They are nice puffy. They are cushions between vertebras.

Q And they help keep the height and the space between the vertebrae?

A Correct. And the height is really important, mostly the lower back because these yellow things here are the nerves. That can give you sciatic nerve. Can give you -- all the reasons of surgery is not the pain, is the compression of the nerves. Because the compression of the nerves is going to give you normally numbness, tingling. It's going to give you weakness, a loss of functioning.

That is why we do the surgery. People think that

most of the surgery is done only for the pain. We don't do surgery for pain only. We do it in order to decompress the nerves and avoid -- the patient has -- prevent the patient from lost function. That is basically.

Q So that is very important what you just said.

MR. SOKOLOFF: Objection.

Counsel is commenting on his testimony is important.

THE COURT: Rephrase.

Q If you could highlight for the jury what you just said.

The necessity for surgery is not just for the pain, but also to prevent loss of function?

A Correct. That is the most important reason why we perform surgery. I have a lot of patients that come in for me and say, I have lower back pain. Do you have any problem with your legs or arms? No, they are perfect. That is not a real candidate for surgery.

The real candidate is the one that start losing -- you will feel funny sensation at the beginning, numbness, tingling and then pain sometimes, and then you start losing strength. That is really significant.

We don't want to receive the patient that is not having a lot of strength because we cannot fix nerves. We're not there. People think that we can. It's not there.

What we do is decompress the nerve and then let the nerve to recover by itself. We don't want to see a patient that is coming in like this because they are never going to recover that.

Q When a disk -- withdrawn.

You are aware of how this accident happened from the plaintiff, correct?

A Yes.

MR. SOKOLOFF: Objection.

THE COURT: Overruled.

Q And you're familiar with the complaints that she had immediately following the accident?

A Yes, I think I have some records about pain.

Q Is that consistent -- the kind of condition that she presented to you with back in July of 2021, is that consistent with the type of condition that someone would have as a result of the kind of accident that she was involved with?

MR. SOKOLOFF: Objection.

He is not a biomechanical engineer.

MR. THOMAS: All these speaking objections, they have to stop.

THE COURT: I'm going to overrule.

You can answer.

A Yes.

Q And, again, tell the jury, you just mentioned

briefly, but tell the jury again, what is it about the movement of the body in an accident like this that causes the kind of symptoms and complaints that she exhibited after this accident?

A Well, it is basically as I said before, anatomy. It is more complicated like that, but in general when the gel is coming out compress the nerve and the nerves are going to show signs of irritation. That's the most important part.

That happening immediately after the accident or I should say trauma, but over time the nerves, they get more and more every day, that is when the patient comes to see us.

Q This is another model, smaller model but this is the disk with some sort of protrusion which is now affecting what?

A Well, this is -- okay, this is perfect life, okay. It wouldn't happen like this, but basically like I said. This is the disk. This is the lower back, okay. That's vertebra. You have the nerves coming out from the spine. You have the gel in the middle that come out is the one that compress the nerve.

Then our function as surgeon, we cannot fix this, but we can do carpentry and fix the disk and eliminate the disk that is compressing the nerve.

Q I want you to assume that the plaintiff was in this accident at about 8:30 in the morning and when she got home -- she didn't call for an ambulance. She didn't go from the scene of the accident to the hospital, but she got home and at about

10:30 she asked her then fiance to take her to the hospital because as she said, the pain was increasing.

Is that consistent with the type of injury that she sustained that would take two hours for her to start to really feel or recognize any pain complaints?

A Yes, sometimes takes more. It could take days.

Q I want you to further assume also from your notes that her condition was worsening as the days went on.

Is that also consistent with the nature of these types of injuries from this accident?

A Not in every case, but in her case, yes, that is what was referred to me.

Q Anything else you want to highlight for the jury with regard to these models? If not I will ask you to have a seat again.

A Basically what we discussed.

Q Fantastic.

Thank you, I will ask you to have a seat.

Doctor, before you came to the desk here I asked you about the MRIs and I think this is the best way to show you. I have the lumbar spine MRI up on my computer and can we start with the lumbar spine.

MR. SOKOLOFF: Is this in evidence?

MR. THOMAS: Yes, it's in evidence.

Q Doctor, what are we looking at here?

A Basically these are two views of the lumbar spine. The first one on the left is going to be from the side as I showed you before in the specimen. We see the patient from the side. Everything that is in front is going to be the belly and the fat in the back. They are connected. MRIs are pretty useful tool for this.

The other one is like at the same time we are seeing the patient from above.

MR. SOKOLOFF: Excuse me, the image keeps changing. Can we put on the record exactly what images are on the screen?

MR. THOMAS: Your Honor, there's two views here.

Maybe, Doctor, if I can ask you to step down to the screen we might --

THE WITNESS: Sure.

Q Go ahead.

A It is very difficult with the MRI, our dynamic. You can scroll through the MRI. It is not like X-rays where you have one front, one side. This is basically the image is on the side.

Keep going and I will tell you the one that is going to be in the center more.

That is perfect. This is the side. That is what I showed you before. The belly here. This is the back. This is fat. Everyone has that. And this is the spine.

I think I talked about this before what is called black disk disease because we see the MRI like that. When we see these other disks and the vertebras. The disks showed like that they are puffy, full of water, cushioning, really nice disk. But when you get to the last ones they are stiff, they are black. That is because most of the trauma -- because the rest of the spine is good. It is not arthritis. She could have something before, but this is traumatic in nature. You have two disks that are hurt. Those disks produce pain. And the gel is out.

Keep scrolling down. Okay.

This is important to say also because I was reading the report. The disk herniation only produce pain compressing when the nerves -- it is not only compression as I said before. The disk is going to keep it nice. The nerves are coming to this hole outside.

When you have an injury you don't need the compression, this is collapsing on the nerves. And this is the same thing you see here like this, okay. That is the nerve. The nerve is going to be trapped in the spine. That is produce pain also. That was the main problem in this. That is called foramen stenosis. Not only compression in the disk, but it is compression in multiple elements.

Q So we are clear, all these holes are called foramen?

A Correct.

Q And that is the hole where the nerve root comes off the spinal cord?

A Correct.

Q And when that compresses it causes?

A Pain, numbness tingling, weakness, everything that I said before.

Q I want you to assume that before you performed surgery on her she made complaints of a radiating pain from her neck down her arms, from her back down her legs. Is that consistent with the kind of nerve compression that you've just described and we are able to see on the MRIs?

A Absolutely, yes.

Q Do you have an opinion within a reasonable degree of medical certainty whether the accident of March 4th, 2021 was the competent producing cause of her lower back complaints?

MR. SOKOLOFF: Objection.

THE COURT: Overruled.

A Yes, I do.

Q What is that opinion?

A I think that is related.

Q Do you have an opinion within a reasonable degree of medical certainty whether the complaints and symptoms that she presented with after this accident with regard to her cervical spine or her neck were causally related to this accident of April -- of March 4th, 2021?

MR. SOKOLOFF: Same objection.

THE COURT: Overruled.

A Yes, I do, absolutely.

Q What is that opinion?

A Certainly I do believe that the symptoms in this patient when she came to see me are related to the accident described by her.

Q Once again, the basis for these opinions is what?

A Well, patient -- first, patient doesn't have a history. We don't have MRIs before. Even if she has a history, I can talk about that, but she didn't have. This patient didn't have MRIs. She did not complain of significant symptoms. Maybe everyone has some lower back pain in your life or perhaps everyone have neck pain. Not for that you will get treatment or surgery. It was not the case for this patient. Everything started after the accident.

Q Anything else you want to highlight for the jury on the lumbar MRIs?

A Basically this is what we see in MRI in this case.

Q Can we look at the cervical spine?

What are we looking at here?

MR. SOKOLOFF: I'm sorry, can we just identify which image this is for the record?

MR. THOMAS: This is a sagittal T2 image of the cervical spine.

MR. SOKOLOFF: And it's numbered, isn't it?

THE WITNESS: Yes, but this is not the one that I want. It is not the center. You can scroll through them.

Q This one?

A I cannot see. You have to change the contrast. It's all white.

Q Is this the view that you want?

A Yes, that's okay, that could be the view, but you have to change the contrast. We cannot see the disks. That's going to be where the herniation is, but it's all white there.

Q I'm sorry, Doctor, this is the best I can do.

A This is the most important view here.

MR. SOKOLOFF: Hold on, can we just identify the number of the image for the record?

MR. THOMAS: It is seven of twelve.

A Basically this is the same thing, but this is really, really small, okay. The cervical spine, we do the surgery with microscope because they are really tiny in this space.

Basically this is seeing the patient from the side, okay.

Q Doctor, we have a jury behind you who can't see.

A I'm so sorry.

We see the patient from the side. This is going to be the back of your neck, the front of your neck. This is the

spine. This is the brain. That's the spinal cord.

Spinal cord is really important because you have an injury, you die or perhaps paralysis we cannot fix it, okay. If you can see this space is small, but these three disks, I don't know if you can see, have a disk coming out and compressing this part. You see the three disks.

MR. SOKOLOFF: Can I see it too?

THE WITNESS: Yes, I'm sorry.

A You can see the three disks as I put in my report, C4-C5, C5-C6, C6-C7. These are the disks. These are the ones in the pathology that are compressing the nerve and the spinal cord. That small thing could change your life. That is why we try conservative treatment and see if it works. If it doesn't work we need to do surgery or not.

Q Thank you, Doctor.

In terms of the surgery that you performed on the back, where was that done?

A I don't recall. Is it there?

Q This is the lumbar surgery.

A It's on the top. St. Francis Hospital in Long Island.

Q The date of the operation was?

Was it February 16th, 2022?

A Yes, that is the report. That is what I do the day of the surgery.

Q This is your operative report, correct?
A Correct.
Q Your pre-operative diagnosis was what?
A I cannot read that.
Q I can read it to you if that's easier.
MR. SOKOLOFF: No, he asked him a question, your Honor.
A I have it here. Pre-operative diagnosis, this is going to be the lower back. Disk derangement, disk herniation, foramen stenosis and consequent lower back pain with radiculopathy.
Q By the way, Doctor, when there is a herniated disk like this in the neck or spine, does it heal on its own?
A It could -- it is not healing. We will know that it can get better or not compress the nerve, that is why we try conservative treatment first. That is the whole idea to do it.
The problem is when it's getting worse over time you are losing function, that is a red flag. But, yes, it could get better, that is why we don't do surgery on every disk herniation.
Q Do these disks have blood supply?
A The outer layer have blood supply, yes, but not inside.
Q And then your post-operative diagnosis?
A Pretty much the same. We didn't have any surprises

what we found.

Q Let's talk about the operation that you did on her lumbar spine. What was it?

A This is a fusion. There's many ways to do the fusion. In my case I prefer to do it from the back. They are less dangerous. You don't need to open the abdomen.

We do -- basically we make an incision in the back, remove the disk. They are not real disk. When you remove it the real disk you see is a nice disk, you have to cut it. In these cases we are removing pieces of disk. They are not working anymore.

The idea is we will replace the disk with metal. We use titanium now that work real good. We put bone around the titanium. The idea is the bone to grow, that is why it is called fusion and make one vertebra together. Fuse one to the other.

Q What are we looking at here, Doctor?

A This is the spine seen from the front. I think it's better if you have the other view that is in the lateral.

Q The lateral?

A The lateral is nicer to explain.

MR. THOMAS: This is the lumbar post-operative lumbar X-ray and this is the lateral view.

MR. SOKOLOFF: When was it taken?

MR. THOMAS: Counsel, it's in evidence.

October 7th, 2022.

A Okay, that is better view seen from the side. That is why I always tell people we are basically carpenters because -- it sounds scary, but it is the reality.

What we do with this case is as I said between the vertebras we put the disk. The cage that is titanium. Around the cage we are being to put bone. Normally it is coming from dead people, it's cadaver bone. We have to wait for that bone to grow. That could take six months to one year.

We cannot leave the patient with a cast in a bed like 30 years ago. That is why in the back we hook up everything with screws. They are scary, but they are not the scary part of the surgery, they are the last ten minutes of the surgery. And work in the favor of the patient because with this technology patient can start walking the next day.

We don't want to keep the patient in bed because that would be serious consequence. That is why the screws are really significant in these cases and we connect these screws with a rod. That is basically carpentry. The patient can start walking the next day.

Q And then you said these are spacers?

A Yes, I prefer -- I like those personally. That is personal. Spacers -- technology is fantastic now. The spacers you can put flat and then you open inside to regain the height of the disk. Very nice.

Q And what are those spacers made of?

A Titanium. We use titanium for everything now.

Q If I saw correctly you also use some sort of an allograft?

A We use allograft that is graph from cadaver bone.

Q You take a cadaver bone and grind it up?

MR. SOKOLOFF: Objection.

Q What is an allograft?

A I always explain to people, we don't have a cadaver there. It is impressive when you say that. It is already coming in packs. It is already sterile. It is not blood in there. That is why you can -- you don't have cells.

It is basically like coral in the ocean. We used to use that, but we cannot use it anymore because it is -- I think all this -- they don't let us use coral anymore. It is a green thing. It is a donation. You can donate your eyes, your lungs and the same thing with the bone. And it comes processed already. It is sterile and no cells on them.

If you see it is like coral. We put it inside and your bone is going to use that bone to grow.

Q And that is to help with healing?

MR. SOKOLOFF: Objection.

THE COURT: Rephrase.

Q What is the purpose of using cadaver bone into the spacer?

A And around the spacer. Your body is going to use that cadaver bone to grow their own bone to make it faster and easier.

Q And this -- these screws and these two spacers in the lumbar spine, when are they going to come out?

A Hopefully never. They stay there forever.

Q And what does the body do in response to having titanium screws and spacers and rods implanted in the body?

A If they are not moving the body doesn't do anything now. Actually people have the idea that they're -- titanium responds really good to that. It is not the screws that are going to -- it is the bone that grows that is going to make permanent the fusion.

We can take instrumentation, but never happen. It doesn't matter. Who wants another surgery to take the screws out. Some people can, but you don't need it. It is not doing anything else. After you fuse they stay there forever.

Q And there's been some discussion in this case and I have seen in your report that -- withdrawn.

Do you have an opinion within a reasonable degree of medical certainty whether the plaintiff will require any future surgical procedures to her lumbar spine as a result of the injuries from this accident?

A Yes, absolutely. That is what the research says, literature says. Basically it is in the books. We discuss

with the patient before the surgery.

We know that the disk above or below of the fusion, they have 2.5 percent chances to start getting bad per year. That means it is going to be about 25 percent in ten years that is going to need another surgery.

Q Why? Why would she need another surgery?

A This is why we put information to the patient also. You make it stick the last part. That means all the stress is going to go to the disk above and below. That is why we don't want the patient to bend forward, for example, just to avoid having accelerate the degeneration and not to do surgery.

Q So did you ever hear of the concept adjacent segment syndrome?

A That is basically what I am talking about. That is a medical term of that. That is the disk above or below are going to be affected over time.

Q And, again, why are the disks above where the surgical implant is and below where the surgical implant is, why are they affected so strongly?

A Because all the stress that it will share with the other disk in the past is going to go to the disk that is healthy.

Q And again you don't have a crystal ball, correct?

A Correct.

Q You don't know exactly when she would need a future

surgery?

A Correct.

Q But you understand she has a projected life expectancy of over 30 years, do you understand that?

A Correct, yes.

Q And knowing that she has a projected life expectancy of over 30 years, with what degree of medical certainty can you predict, if you can, the need for a future surgery within the next 30 years?

A I would base this based on my experience. I have been doing this for years. The 2.5 percent is talking about perfect healthy disks.

In her case I do believe it's going to be faster than that. As I said before, in the neck she had three disk herniations. The question is going to be why didn't you operate on the three because it is a big difference two and three disks.

The functionality of the patient change. But more than probably that that disk is going to get worse because it's already a sick disk.

Q And you mentioned about increased movement is going to hasten that need. What kind of movements should she avoid in light of the fact that she has this lumbar spine with these fused disks?

A This is perfect light, but we recommend that. No one

should be doing activities bending forward. You get a job and the first thing they tell you, you have to pick something from the floor use your knees, not your body. But you use the body because it's easier.

In her case every time that you bend forward the pressure in the disk that is healthy increase 500 sometimes. That means it's a lot of stress.

Q How about arthritis?

A Arthritis is part of -- it is a baseline. Did you have arthritis before? It is a pre-existing condition and it will accelerate the process also.

Q I want you to assume that Adis Alvarez Miranda now Adis Weber was 46 years-old at the time of this accident. Based on your review of all her diagnostic films did she have an age appropriate spine? Whatever conditions were seen on those films, was that age appropriate for her?

A Yes, absolute he, yes.

Q And let's take a look at the cervical spine. You tell me which image would be best to look at.

A That one is the best one.

MR. SOKOLOFF: Can we please identify it for the record.

MR. THOMAS: Yes, it's an X-ray taken October 7th, 2022, lateral view of the cervical spine.

Q What do we see here in Adis' neck?

A This is basically what you see in the X-rays in the surgery that we named anterior cervical diskectomy and fusion.

Anterior because we approach from the front. You can see it is in the front of the spine, okay. We don't want to go from the back because in the back is the spinal cord and this is a dangerous surgery. You have to do it sometimes, but this is a surgery that I will say we are not going to get paralysis after the surgery. Everyone is scared of that.

We go from the front, move everything to the right. The spine is right there. It's like about two or three centimeters in. It is not in the back. The back hurts because you have muscles. That is how the body works. But you are right there.

We remove the disk. As I said before, pretty similar to the lower back, but we do it from the front. We remove the disk and you have to -- we see with a big microscope, everything is tiny, that the nerves are compressed and you see the spinal cord, but you don't need to touch it.

Then we replace the disk with these small cages between the vertebra. They are titanium cages, same thing. But in the neck it's different because we have to put something in the past. We use the cages. The cages are going in by pressure. You pat the cage. But in the past you didn't have the plates, the technology you have now. You had to use a collar for like six months or something like that. That is

terrible.

Now we have the technology to put small tiny plate. They are one millimeter. We put the plates. As I said before we attach the plate to the bone with screws. That is the carpentry part.

Q And is this also permanent?

A Yes.

Q And the same concept with regard to adjacent segment syndrome as it relates to the cervical spine or the neck?

A Yes. In this case more because the disk below is a really hurt disk. It is really injured in the accident.

Q And when you say the disk below, you mean below where we see the hardware?

A Yes, where we see the disk. The disk in the X-ray you are going to see dark spaces, nothing there. The X-ray don't see disks.

Q Tell us the difference between an MRI and an X-ray?

A Totally different situation. The X-ray is a static images. You get one side, the other side and show mostly bone. It will show metal, bone, but it is not going to show me the soft tissue that is the disk, tendons, disk herniations, spinal cord.

That is why the MRI is so important in these cases. The MRI is dynamic. You can scroll and look and make a map. That is why it is so important not to read the report before

the surgery because there are many things that can impact that. The arteries could be in the wrong position. There are a million things. That is why we see the MRIs before deciding surgery.

Q Based on your actual interpretation of these films, not what anybody else says they show -- and when I say these films I mean the MRIs before the surgery. So your actual viewing of these MRIs consistent with the complaints and other medical records that we provided, it was your opinion within a reasonable degree of medical certainty that these surgeries were medically necessary, true?

A Yes, absolutely.

Q And, once again, that these surgeries were for conditions that were caused, created or contributed to by the happening of this accident?

A I do believe so.

Q Anything else that you want the jury to know about the post-surgical cervical film that we have up here or if you want me to show anything else?

A No. We have get the films standard of care because one of the complications of this surgery is that your bone doesn't grow. That happens most in small, case but it could happen. That is why we do X-rays.

Normally I do it at six weeks after surgery, three months, six months and one year. If nothing more after that

time we assume it's fused and it is going to be like that.

Q Doctor, the images that I have shown were back in 2022. There were also images that were done in 2021. For example, the cervical spine, September 17th, 2021, correct?

A That is basically the same, different time.

Q Why do you take multiple X-rays after the surgery in six-month intervals or period of time after the surgery? Why do you do that?

A Just to be sure nothing is moving, it's fusing correctly because could happen, okay. If something is moving it's because you can see loosening. Sometimes the screws could break. You have to follow that patient over time.

Q And because you followed her post surgery you were able to identify whether there was any slippage or movement or any loosening in any way?

A No, there was not.

Q Everything was good?

A It looks good.

Q Fantastic.

Even though we were talking about your report, the operative report which shows the technique that you used, you basically just described for us what you did, correct?

A Correct.

Q Just so the jury is clear, what is a laminectomy?

A The laminectomy is the first part of the surgery that

is removing the posterior bony elements in the lower back, okay, also in the neck. But laminectomy in this case was the lower back. We remove the back and we are going to see --

Q Where the pedicle is?

A Yes, between the pedicles, yes. You remove that, that is laminectomy.

Sometimes could be the only surgery. You don't need to fuse in some cases. This is not the case, but you can do a laminectomy alone.

Q By doing the laminectomy, removing that part of the bone near where the spinal cord is removes pressure from the spinal cord?

A Correct.

MR. SOKOLOFF: Objection.

This is all leading.

THE COURT: Rephrase.

Q The purpose again of removing the laminae or that portion of the bone as it relates to the spinal cord is what?

A To decompress the spinal cord, the nerves.

Q That wasn't all she needed, correct?

A Correct, because she had another problem in the disk. The disk was not cushioning. You have to address everything.

Q What if this surgery was not performed? Can you tell the jury with the disk condition that she had that lost its height because of the protrusion, what could happen if you

don't address it?

A I am always very clear about surgery with my patients. I want them to know I never comment not to do surgery. I am a spine surgeon, I have enough work. I always tell patients you shouldn't do any surgery unless this and this and this happen, okay.

In her case, as I say, if you are coming here to relieve your pain that is not the reason we do surgery, okay. The surgery is done because you are going to have pain in the future and you are going to have to perform exercises, physical therapy, strengthening of muscles for the rest of your life. It is not going to work.

With the reason of the surgery in this case is the compression of the nerves. She was having more shooting pain, weakness. That is why we perform the surgery.

Q Do you have an opinion within a reasonable degree of medical certainty whether this accident was a substantial factor in causing a significant limitation in her body functions?

A Yes. Related to the cervical and lumbar spine, yes.

Q What is the basis of that opinion?

A Because as I said the patient start describing symptoms after the accident, okay. She could have some pain in the past because everyone has it. Everyone is going to have it because of the lower back or neck pain.

She started describing symptoms that were progressing, didn't respond to conservative treatment and start having increasing weakness or increasing symptoms in the upper, lower extremities related to the irritation of the nerve.

Q Do you have an opinion within a reasonable degree of medical certainty whether the accident of March 4, 2021 was a competent producing cause of permanent consequential limitation to the plaintiff?

A Yes, I do.

Q What is that opinion?

A Because it is not only the injuries that we said. She have problems in the lower and upper extremities and she have pain also, and that is the surgery is secondary to that. That is also going to cause limitations. One of the reasons, that is what I try to explain to the patient, if it is not an emergency don't do it because you are going to have problems. I explain why. I do believe it is related to the accident.

Q And her condition is permanent?

A Yes.

Q Will she ever be one hundred percent the way she was the day before the accident?

A No.

Q Never?

A Never, with or without surgery.

Q We talked about an allograft.

What is an autograft?

A Autograft is some parts, we remove some of the pieces of bone of the same patient that is the perfect bone. We crush it together and the patient that we don't use that was removed and we use as a part of the graft.

Q So you use part of the person's own body as well as a cadaver?

A Yes.

Q And fluoroscopic interpretation?

A That is when we do the surgery I have someone taking a fluoroscopy, that is a dynamic X-rays on scene during the case. That is -- I use it just to be sure the screws are in the same position, you are doing the right thing. I didn't have a radiologist there, we do the interpretation ourselves.

Q Under anesthesia?

A General anesthesia.

Q She wasn't awake during this surgery?

A No, absolutely not.

Q And then your findings here, disk derangement L4-5 and L5-S1 disk herniations, L4-L5 and L5-S1 foraminal stenosis as you have already described, correct?

A Correct, it is what we talked about before.

Q Again, just so the jury sees your surgical report. These are your indications.

You have the understanding that she's had failed

conservative therapy. Surgery was explained. Let's look at that.

What are some of the risks that you informed the plaintiff of before you did this surgery?

A We talk about everything, okay. It's pretty difficult because the risks, reality risks would be from nothing to die or paralysis. That is real. If you read the Tylenol it is going to tell you we take Tylenol, but if you read it is going to say that you can have liver cancer, Hepatitis C, cirrhosis and it is the same thing in spine.

Then I describe the most common things, the complication that the patient could expect that are normal. And then you describe all the other complications.

Q You have an obligation to notify the patient of the potential hazards or risks prior to doing this surgery, do you agree with that?

A Yes.

MR. SOKOLOFF: Objection.

Leading.

THE COURT: Rephrase.

Q Do you have to tell the patient about the possible risks and complications?

A Oh, yes, the pros, cons and alternatives of the surgery are mandatory.

Q Then the surgery further talks about position that

you performed the surgery in?

A Say that again.

Q The position. When you did the lumbar spine surgery, what position --

A It's face down in spacial table.

Q Prepping and draping, why is that important?

A We have to mark the patient and then you prep with some antiseptic. And the draping is sterile drapes. That means we don't see any more than the part where we are going to do surgery. All the other things are covered.

Q You make an incision into her back?

A Yes.

Q And how do you do that?

A With knife. We mark the levels first just to be sure we do the correct levels. That is before preparing the patient when they are asleep on the table. Based on that we draw the lines on the patient's back and we make an incision there.

Q Here it shows separate facial incision was made over the right and level iliac crest. Tell the jury what is that.

A That is we open -- the iliac crests are right there. It is through the same incision we open because we use there to get stem cells from the same incision. The same blood of the patient, we mix it with the dead people bone to activate it.

Q We talked about laminectomy. What is a foraminotomy?

A In the case we know that the patient has symptoms in

one side. That means when we do the laminectomy in this case we have to remove all the bone around the foramen. The foramen is all bony. We see the nerve. We can see the nerve perfectly. The nerve is no smaller in the lumbar spine. That is the main part of the surgery. All the other parts are secondary.

Q You are basically opening up that space a little bigger?

A From the back. We decompress it, we take it out.

Q And that allows the nerve --

A To try to go back to life, yes, or work.

Q So when a nerve is compressed does it have the ability to go back to its normal shape and normal size?

A It's not about size. Is it going to work again, yes, but it depends the time, the accident, how long it took for the patient to get the surgery. Sometimes don't recover completely. You are going to have some permanent numbness, tingling, but we want to recover the function. That is the most important part.

Q Transverse lumbar interbody fusion?

A That is basically the technique to put the cage from the back.

Q Partial corpectomy?

A Well, we have to remove a little bit. We have to make the bone bleed in the top and the bottom for everything to

start the process. That is a corpectomy.

Q And then the intervertebral biomechanical device?

A That is the cage.

Q And then, again, you talk about the process. You inserted pedicle screws?

A Correct.

Q Again, the pedicles are?

A In the back.

Q Posterior and posterolateral fusion. Tell the jury what those are?

A We do the same thing that we do between the bodies. You put the screws and in the back you are going to put more bone, more products just to have two surfaces for the fusion.

Q The rods that we see in the postoperative X-rays, what are those rods meant to do?

A They connect the screws. It is a system. Whoever does carpentry knows the screws cannot are not doing by themselves. You have to connect it to make it stronger, the contact.

Q And that stabilizes?

A Correct.

MR. SOKOLOFF: Objection.

Q What is the purpose of the screws and the rods being fixed in place?

A Well, as I said before, let the patient start moving

around. Stabilize the spine and allow the patient to start moving until the fusion is done for the first year at least.

Q So how long did you track the plaintiff after the surgery to make sure everything was okay?

A I personally like to do it at least for one year and then the patient is going to return to see me every two years as needed because it is not like if they feel okay they are going to come to see me. I do it -- the literature says that you should follow your patient at least three months. I like to do it for one year.

Q I want you to assume that the plaintiff moved to North Carolina after the surgery and then came up to see you at various points in time. Is that consistent with the course of postoperative evaluations that you like to do after you perform these surgeries?

A As I said before, we want to evaluate the patient six weeks, three months, six months and one year at least. I should see her. Telemedicine for those reasons are not really great.

Q Why couldn't she just see a doctor in North Carolina?

MR. SOKOLOFF: Objection.

THE COURT: Rephrase.

Q Do you know if she went to see a doctor in North Carolina?

A I do not know.

Q But who is in the best position to make those postoperative evaluations?

MR. SOKOLOFF: Objection.

THE COURT: I'm going to overrule.

A Well, I did the surgery, I'm the one seeing the X-rays.

Q And then closure. Any issues with closing up after the procedure was performed?

A No, it's a regular thing.

Q Now, the plaintiff showed us her back during the course of this trial and there seems to be some residual mark there. What is that?

A Well, we try -- we don't do work within the past that would put big stitches or clamps or metallic thing. We try to do what we call -- we put the stitches inside that they are going to absorb and we still put a glue, try to make it smaller. But you are always going to have a scar secondary to the surgery.

Q Doctor, I want to fast-forward now to February 7th, 2023. You changed your medical record system, correct?

A Yes, we changed to Epic. That is much better system.

Q So now this is electronic system?

A Both were electronic, but Epic, most of the hospitals are using it now.

Q They have your picture on the most recent --

A It's a really young picture. It is not the most recent picture. I asked them not to change the picture.

MR. SOKOLOFF: I'm sorry, your Honor, I have never seen this. Can I get a copy of it?

MR. THOMAS: It is in the exhibit. I will tell you exactly what exhibit it is.

It's Plaintiff's Exhibit 25.

MR. SOKOLOFF: Can I have it?

MR. THOMAS: Yes, Plaintiff's Exhibit 25 in evidence.

Q This is also part of your office records, correct?

A Correct.

Q Looking at this exhibit you talked about the history. She presents now eight months status post posterior lumbar fusion instrumentation on February 16th, 2022. She reports improvement compared to pre-operative.

Tell the jury about that.

MR. SOKOLOFF: Objection.

I don't know what that means. It says what it says.

THE COURT: He is going to explain it. Overruled.

Go ahead.

A We don't expect the patient to be a miracle. And as a surgeon you shouldn't expect that, but you want the patient

first not to get worse and not to have red flags and start losing strength, shooting pain again to the legs, okay.

We want the patient, we expect the patient to slowly but progressively getting better over time. Doesn't mean they are not going to have pain, not going to have range of motion compromise. But we expect -- that is why I like to see my patient one year to be sure what is going on.

Q So she reported she still had low back pain and stiffness mostly related to muscle spasm.

Tell the jury what is a muscle spasm?

MR. SOKOLOFF: Objection.

That was a leading question.

THE COURT: Overruled.

You can answer it.

A Basically that is why I explained before why this patient is going to have physical therapy or muscle strengthening the rest of their life because the muscles, you lose muscles when you have an accident because of the pain. That spasm give you pain, and then those muscles get smaller, they atrophy.

When you do the surgery, everybody doesn't understand the surgery is for helping you. That is the same thing, you lose even more muscles. That is why it is giving you the muscle spasm because they are not strong, they are not strong enough.

That is why I said before we have to for the rest of this patient's life you have to do not only physical therapy, muscle strengthening, swimming pool. If you don't work your core or your muscles, they strain your muscles and you will be hurt forever.

THE COURT: Mr. Thomas, just be careful of the way you ask questions from here on in. No leading, okay.

MR. THOMAS: Okay.

Q Doctor, does the plaintiff need therapy for the rest of her life?

A As I said before it is not only therapy, it is the interpretation of therapy. In this country it is different from other places. It is not massage or heat that is going to give you temporary relief. It is okay if they do it, but she doesn't have exercises to strengthen the muscles specifically. That is why like therapies that have swimming pools, that is really important, or gym it is not going to work. That is for the rest of the life, yes, you have to take care of your muscles.

Q On this note with regard to her neck it says, having trouble with driving because of lower extremity edema and shooting pain when in driver position.

Did she tell you that?

A Yes, that's what the patient tell me.

Q Does that affect her ability to drive?

A It could, yes.

Q The history. It says here in the history, bottom of the history that she had epidural steroid injections with no long-term relief?

A Those were -- it says history. We repeat the history, same system. That was before the surgery. That was part of the conservative treatment she tried.

Q So that just repeated throughout the record?

A Yes, it is going to stay there on purpose.

Q And, again, injury to neck and back as a result of a motor vehicle accident, correct?

A Yes.

Q And these -- this was the procedure that you did, correct?

A Yes, that is the fusion.

Q This session deals with radiological studies. We've already gone over that as well, correct?

A Correct.

Q Why do you repeat on all your office notes the history, the radiological study findings? Why do you do that?

A Because I want to -- I will read the other part. It is reminder for myself. I don't remember every patient's surgery, what happened before. I see multiple patients a day. I don't remember every one. That is why I wanted to see what was going on over time.

Q And then you indicate that as of October 7th, 2022, evidence of instrumentation and graft in place with no signs of loosening or displacement. That is what you are looking for, correct?

A Correct.

Q What is the difference between objective and subjective?

A Objective is what I see during exam, what I produce myself. Subjective is what the patient telling me or the patient -- things that are related to the patient description.

Q Did you do a physical exam on her at this time?

A Yes.

Q When you did your physical exam did you test range of motion?

A Yes.

Q Tell the jury what are these modalities here that are listed in the range of motion saying that it was decreased?

A Well, you can compare. I cannot read that part, but basically what we put the range of motion that we test with a goniometer, actively and passively. The normal range of motion for a patient that has no surgery or muscle spasm is expected.

Q If normal range of motion on flexion is 50 degrees and you examined 40, that's a ten degree decrease, correct?

A Yeah, that is actually pretty good for two level fusion.

Q And extension, if normal is 60 degrees and you recorded 30 degrees, that is a 50 percent loss of range of motion in extension?

A Yes, correct.

Q If you could just tell the jury, what is extension, what is flexion as it relates to the neck? What is that motion?

A The same thing with the lower back. Flexion is going forward, try to touch the chin with the chest. And extension is going backward.

Q And then rotations, right and left rotations. It says here rotations, normal is 80 degrees. Right she does 30 degrees and left 20 degrees.

A This is the most compromise always, that is why you have to be really careful when you drive, is going one side or the other.

We treat that with -- muscle relaxer work really good, but unfortunately muscle relaxers you cannot drive under because you are going to be driving under the influence. That is why you are going to have some limitation.

Q So the turning motions are the most difficult for her?

A Always the one that the patient refers that they feel the most.

Q And then finally lateral flexion left and right?

A That's the same, going to the side, try to touch the ear to the shoulder.

Q And, again, there is also for left lateral flexion 45 degrees is normal and she can only do 10 degrees. That is more than 50 percent loss of range of motion with regard to that modality, correct?

A Yes. In that exam, yes.

Q You did the same thing in the lumbar spine or the back, correct?

A Correct.

Q Flexion, extension, lateral flexion right and left and then you write the normals here, correct?

A Correct.

Q Do you have an opinion within a reasonable degree of medical certainty whether the plaintiff sustained a substantial limitation in range of motion in the modalities that you've tested both in her cervical and lumbar spine as a result of this accident?

A Yes, I do.

Q Please tell the jury what is that opinion?

A That as I said before the accident the patient had the injuries of the lumbar and cervical spine related to the accident with compromise of the nerves that were getting worse over time. Doesn't respond to conservative treatment. We have to do the surgery. Unfortunately surgeries will have their own

complications or not complication, there are problems in the future.

Everything is starting with the accident that the patient have. If the patient didn't have the accident she is never going to have this kind of surgery.

Q Again, just to follow-up, those exams that we talked about, the modalities, they were all done with a goniometer, correct?

A With a goniometer.

Q You did a neurological exam for both the upper and lower extremity. Tell us about that?

A Correct. Neurological exam is what we did see the first day, checking the different muscle strength. If she have needles or if she feel numbness, tingling or movements in the upper and lower extremities. That is related in this case not to the nerves restriction produced by the nerve irritation or the nerve damage.

Q In the upper extremity you indicate persisting paresthesias lateral aspect of the right forearm.

What is that?

A Still have some numbness, tingling over that region, but the muscle strength get better, got better.

Q And then in the lower extremity, residual weakness paresthesias, right lower extremity?

A Yes, that is weakness -- that is what I am saying.

The surgery per se is the beginning of the process that is going to be for the rest of your life trying to keep your muscles strong, you know, try to adjust yourself to regular life.

Q Then the assessment. What is the purpose of the assessment section?

A The assessment is what we say what the patient have is part of the medical records. What the patient had, how they are doing now, what their limitations, if they reach at this point maximum improvement or not and what is going to be the limitations in the future.

We describe since the beginning a short paragraph what happened in the past and how the patient is now.

Q If I could just read this portion of the assessment into the record. It says, patient is one hundred percent permanently, totally disabled from the job that she was performing. Patient cannot pull, push or lift more than ten to fifteen pounds weight. Cannot perform activities that require bending, twisting, kneeling, crawling or climbing other than stairs. The patient can keep driving, but will have to stop every 20 to 30 minutes in order to stretch lower back and legs.

In case that they perform activities sitting down they have to be allowed to change position from sitting down to standing up every 30 minutes at least. Will need an adjustable chair. She has reached maximum medical improvement for the

lumbar spine.

The purpose for writing all that information, that assessment, please tell us?

A Basically is when patient reach maximum medical improvement, we believe -- not that the patient is perfect, but it is we cannot make it better with surgery or anything. Then we put the limitations as I said before, for example, bending forward. Shouldn't perform any kind of activities because it is going to destroy the other disk. That is the limitation that we put there. She could try sedentary job in the future. She could try.

Q What about the pain she was describing, would that affect her ability to succeed at these types of jobs based on anything you know.

MR. SOKOLOFF: Objection.

A I cannot rely on that, I rely on what I found there. But, yes, pain is part of the problem.

Q Finally the plan. Continue with cervical spine precautions. What kind of precautions did you recommend for her?

A Everything that I said before, bending forward, lifting, pulling, pushing. All those are precautions.

Q Continue medications as needed.

A Basically I don't prescribe after three months pain medication. It is going to be muscle relaxers or Tylenol, but

we discuss the effects if needed.

Q I want you to assume that she's already testified that -- she is still on the witness stand, but she's testified that she had stomach issues with the medication. Is that consistent with the --

MR. SOKOLOFF: Objection.

Not part of the BP.

MR. THOMAS: It is part of the testimony in this case.

THE COURT: I'm going to overrule.

A Yes, that is what we discussed. Pretty much medications are no good forever. You can take it, you know, if you are going to do a long travel in airplane, but don't take it every day. You are going to have liver problems, stomach problems. You have to be really careful with medication.

Q And, again, you refer to pain management in the event that she has continued pain, correct?

A Yes.

Q What is NSAID?

A It is non-steroid anti-inflammatory drugs. Basically Advil, Motrin, over-the-counter medications.

Q You don't know her to be a smoker, correct?

A Not that I recall.

Q And is this the last time that you saw her?

A I think so.

Q February 7th, 2023?

A I believe so. I think so is the last time.

Q Doctor, is there anything else that you want this jury to know about the surgical procedures that you performed on the plaintiff as a result of the injuries from this accident other than what you have already told us?

MR. SOKOLOFF: Objection.

THE COURT: What is the objection?

MR. SOKOLOFF: The witness has to respond to specific questions, it's not about what he wants to tell the jury.

THE COURT: I'm going to overrule.

Is there anything else?

THE WITNESS: I wanted just to describe a short thing here. When we decide surgery with the patient, the worst thing that could happen is trying to sell surgery to the patient and tell the patient you are going to die or get paralysis.

It is a pretty serious situation. We don't take the decision by ourself. That is why we describe the procedure. It is serious because it is going to change your life. In my belief as a surgeon I do believe the patient is going to do better than without the surgery, but the patient needs to know that it is not miracle signs because that is sold constantly by surgeons. In two weeks

you are going to be fantastic playing soccer. It doesn't happen. It doesn't happen.

Q Doctor, at my request did you review the report of the defense expert Dr. Marc Chernoff?

A Yes, I read it.

Q And do you know who he is?

A I know the name. I don't know him personally.

Q And are you aware that he's offered testimony in other matters which you were the treating physician? Are you aware of that?

MR. SOKOLOFF: Objection.

THE COURT: Overruled.

A Yes, I saw him before, his notes before.

Q I want you to assume that Dr. Chernoff, the defense expert orthopedic has made opinions in this case as well based on the review of records. Can you do that?

A Well, he did that. I read the reports saying that surgery shouldn't be done. I don't take it personally. I think he is doing his job as an expert witness.

I one hundred percent disagree with that information. And as I said, I am a professor at NYU, the first thing that we tell the students and I learn it myself, we do not treat images, we treat human beings.

You cannot assume treatments ten years after based on what an MRI said, okay. You have to see the patient. It's

like, I see MRI terrible and the patient doesn't need surgery. I don't care, you don't need surgery.

I think it is part of his job saying what he said, but I don't take it personally. He never saw the patient, he doesn't know before the surgery.

Q So, Doctor, again, I want you to assume that the defense expert rendered an opinion that the surgeries that you performed were not medically necessary and were not -- and that the surgery was not meant to address any complaints from this accident. Can you assume that?

A They can sue me, I don't know.

Q Has Dr. Chernoff ever called, as far as you know, has he ever made a complaint to the Board of Medical Malpractice or Medical Misconduct claiming that you did unrelated, unnecessary surgery on anybody?

A No one ever did it.

MR. THOMAS: Doctor, thank you very much for your time. I have no further questions?

THE COURT: Cross?

CROSS-EXAMINATION

BY MR. SOKOLOFF:

Q Good morning, Dr. Macagno.

A Good morning, sir.

Q When did you learn that Ms. Alvarez Miranda had a lawyer because of the accident in this case?

MR. THOMAS: Objection.

THE COURT: I'm going to overrule.

A I don't know when. Probably when I was called for this.

Q You knew that in September of 2021, correct?

A I do not recall.

Q How soon after you saw Ms. Alvarez Miranda did you conclude that her injuries were causally related to this car accident that she was in?

A As soon as the patient -- the first time that I see her I think I wrote it in my chart.

Q So the very first time that you saw her you were coming to an opinion about whether she had a car accident and what kind of a car accident it was?

MR. THOMAS: Objection.

Whether she had a car accident.

THE COURT: Rephrase your question.

Q When you saw her for the very first time you were already forming a conclusion that what you were looking at was causally related to a car accident?

MR. THOMAS: Objection.

Form of the question.

THE COURT: I'm going to overrule.

A It's not the first time that people ask me for this. Yes, when you put multiple things in -- in order to say that, I

am not an investigator, okay. I don't take pictures or anything.

The symptoms of the patients are consistent with my physical exam, the history provided by the patient for the accident and the images that I have related to that. All this put in question that, and to a reasonable degree of medical certainty at that time, more now, I do believe this is related to the accident.

Q Are you a biomechanical engineer?

A Nope.

Q Do you know what a biomechanical engineer is?

A Yes, one of medical part of -- medical career you have biomechanical.

Q And what do biomechanical engineers look at?

MR. THOMAS: Objection.

He is not a biomechanical engineer.

Q Do you know what they do?

A Yes, they are technical people that measure forces and impacts in dummies, not in real life.

Q And they determine in some cases whether injuries or symptoms that somebody is presenting could be related to a car accident, correct?

MR. THOMAS: Objection.

THE COURT: Rephrase your question.

Q Have you ever read any reports by any biomechanical

engineers?

A Yes, I read the report.

Q You read the report of the biomechanical engineer in this case?

A Yes.

MR. THOMAS: Objection.

It is not in this case. It is their witness, Judge.

MR. SOKOLOFF: We know it's our witness. I am questioning him on cross.

MR. THOMAS: I think it should be identified as such.

Q You read the report of the biomechanical engineer who we hired, correct?

A Yes.

Q Why did you read that report?

A Because I want to see what kind of patient or intervals they are testing for this kind of injuries.

MR. SOKOLOFF: I'm sorry, can you read back that answer?

(Whereupon, the requested testimony was read back by the court reporter.)

Q What do you mean the patient and intervals? What do you mean?

A I'm sorry, I will be really clear with this. When

you do this biomechanical and forces and how the patient works, it's not related to real life. That is nice in the papers --

Q Excuse me, Doctor, I asked you --

MR. THOMAS: Your Honor --

THE COURT: He is answering the question.

A This is not related to real life people, okay. As I said before, the patient is the patient. It is not a dummy, it's not an image. It's not something that is stuck there. They have pre-existing condition.

They were not described here because you cannot describe in biomechanical testing. You cannot describe the disk that the patient have injured before. What are the disks that they injured again after this accident.

They didn't test rotational components, just bending, flexion, extension. Rotational component was almost impossible to test and they are the most important in a pre-existing condition, small arthritis that the patient have to damage the disk. They are not testing, but it's okay. It looks nice, but they are not telling me anything related to that.

MR. SOKOLOFF: I move to strike the answer as not responsive.

Q My question was, why did you read that report?

A I don't know, as part of the exhibit I have here.

Q It is part of what?

A All the documents that I have here, it is part of the

report.

Q Did you get that report from Ms. Alvarez Miranda?

A No, I did not.

Q Who gave you the report of our biomechanical engineer?

A I request it actually.

MR. THOMAS: No objection. No dispute. I provided it to the doctor.

Q When did you get that report?

A Yesterday.

Q You looked at it yesterday?

A Until two in the morning I was reading the day of the case, yes.

Q Did you look at anything else that wasn't part of your medical file before testifying here today?

A Everything that I have here, yes.

Q Well, what else did you look at that wasn't part of your medical file before you got up and testified today?

A I have the reports from the witnesses that you have. I have the report from the radiologist, the report from Dr. Chernoff that is what I talk before. And the report for the biomechanical person.

Q Now, before you made any conclusions about any injuries being causally related to the accident did you ask Ms. Alvarez Miranda how the accident happened?

A Yes, this is what I have described there. It's in the chart.

Q You wrote sideswipe?

A Correct.

Q And you wrote the word sideswipe because that's the words that Ms. Alvarez Miranda used, correct? Sideswipe, right?

A Correct.

Q And did you ask her what vehicle or what type of vehicle she was involved in a sideswipe accident with?

A Let me -- can I check my chart because I don't recall.

Q Please.

A I think she said by a truck.

Q That's in your report?

A That's in my report. Sideswipe by a truck.

Q Did she describe any damage to her vehicle?

A I do not recall at this time.

Q Did I hear you correctly before when you said that you do 300 back surgeries a year?

A It's not back, its cervical, lumbar. I do surgery in children also. Yes, about three hundred.

Q How many workdays are there in a year?

A For me, 365.

Q So you do surgeries on Saturdays and Sundays and

holidays?

A No. You asked me how many days of work. I work seven days a week unless I take vacations. Surgery only on weekends if I am on call because I take calls in Bellevue and NYU.

Q What days of the week do you do surgeries?

A I do surgeries every Friday at NYU, Thursday two times a month, Wednesday, every Wednesday. On Monday, between two or three Mondays a month.

Q How many surgeries do you do a day?

A It depends. I don't do anymore gigantic surgeries. I get too old and tired. I can only do seven hours standing up. I don't take it anymore. My surgeries are smaller.

For example, yesterday I did five surgeries, three cervical and two lumbar spine.

Q Do you have regular sources of referrals that you get referrals from?

MR. THOMAS: Objection, your Honor.

Beyond the scope.

MR. SOKOLOFF: It's cross-examination.

THE COURT: I will give leeway.

Go ahead, you can answer.

A I know physical therapies that they call me for something. I know pain management that they refer most of the patients because we have -- that's the source of referral.

I have doctors -- for example, I get a call the other day for a patient that he found that he had a disk that was outside, and if I can see the patient because it was kind of emergency. I saw the patient.

Yes, we have mostly for primary, physical therapy, pain management. Yes, we have patients that are referred.

Q Do you have patients who lawyers refer to you?

A Not necessary, no. I don't have their referral.

Q Who referred Ms. Alvarez Miranda to you in this case?

A I said before I don't have it in my records. I know Dr. Gregorace is one of the physical therapy that we work, I know him. Probably him, but I don't have it here who referred her to me.

Q When you saw Ms. Alvarez Miranda the first time it was July 22, 2021, correct?

A Correct.

Q And did you see the medical records of any doctor who saw Ms. Alvarez Miranda before you?

A I do not recall now. I don't know. Sometimes we see sometimes we don't.

Q Is that something that you would want to see the records of other doctors who saw your patient before you did?

A Not necessarily. Not necessarily I don't need to see any other doctor's --

Q Well, did you ever see a medical record from

plaintiff's own Ms. Alvarez Miranda's, not only her doctor, but her employer who was a doctor, a Dr. Ezzi?

A Not that I recall, but I never saw anyone in any patient that I recall about that.

Q Did you ever see a record from a doctor before you saw her that said, and I quote, "The patient is having severe low back pain for the past few months as well as severe neck pain for the past few months. The patient had a bad motor vehicle accident. After that she has a lot of pain."

And then also it said, after the accident it gets worse.

A I do not recall that.

Q You never heard that there was a medical record that said that the patient's back pain got worse after a motor vehicle accident?

A No, I don't know.

Q Well, if you saw such a record would that cause you to change your opinion about whether what you say was causally related to the accident wasn't?

A Absolutely not.

Q You wouldn't want to know if she complained to a doctor about having pain before an accident?

MR. THOMAS: Objection, your Honor.

That's not what the note says and plaintiff has already testified about this, and counsel is trying to

mislead this jury.

THE COURT: Sustained.

Asked and answered.

Q You think it has no bearing on the issue?

MR. THOMAS: Same objection.

THE COURT: Sustained.

MR. SOKOLOFF: Sustained?

THE COURT: Yes, sustained.

Q When you saw Ms. Alvarez Miranda on January -- on July 22, 2021 what was her range of motion in her neck and cervical spine?

A The range of motion that she had at that time?

Q At that time, yes.

A Flexion 40 degrees. Extension 30 degrees. Right rotation 30 degrees. Left rotation 20 degrees. Right -- bending, 20 degrees. Left lateral flexion 20. And right lateral flexion 20.

Q And what was her weight?

A Her weight was 176 pounds, 79 kilograms.

Q Do you take a patient's weight every time you see the patient?

A I don't take the weight. My assistant take the weight before I see the patient.

Q But if there is a weight that's listed, you would expect that to be the weight on the day of the appointment; is

that right?

A Yes, correct.

Q And is it the same for the range of motion values that you put in your report at each appointment? Do you take the range of motion at every appointment?

A Yes, we try to do that. I try to do -- it's really difficult because first I don't really change a lot my opinion, but it's really difficult if the patient is in a lot of pain. I have limited range of motion, but, yes, we try to do it as best we can every time that the patient is coming.

Q Now, on January -- July 22nd, 2021 she was a new patient, right?

THE COURT: Yes or no?

THE WITNESS: Yes. Sorry.

Q On page five of your records, you write, alternatives of treatment discussed in detail with patient, right?

A Absolutely, yes.

Q What alternatives of treatment did you discuss with her during her first appointment with you?

A I discussed that because one of the alternatives is surgery. I said before multiple times, I never said that the surgery is emergency or necessary. She had the option to keep doing conservative treatment. It is going to be activity modifications, physical therapy, medications, injections or surgery.

Q Did you discuss that one alternative is seeing a chiropractor?

A No, we include that as a physical therapy. Chiropractor per se is not the treatment that we are looking for. If the patient want to do it it's okay, but it is not going to resolve the problem that the patient have.

Q So seeing a chiropractor is not an alternative to surgery?

A Not a chiropractor specifically. In spine surgery it's an alternative. We include everything in physical therapy, chiropractic care. Personally I don't refer patients to chiropractor, neither to acupuncture. It is not going to fix a mechanical issue. But, yes, if the patient want to do it, it is included in physical therapy, it's an alternative therapy.

Q The surgery, the two surgeries that she had, these were non-emergency surgeries, correct?

A Absolutely correct.

Q She didn't have to have these surgeries, correct?

MR. THOMAS: Objection.

A Absolutely correct.

Q Now, at the very first visit with you did Ms. -- did you discuss surgery with Ms. Alvarez Miranda?

A Yes, that is what my work is, surgery.

Q And did you ever suggest to Ms. Alvarez Miranda that

before she goes forward with either or both of these surgeries and to put her mind at ease, that she might want to get a second opinion on whether she should have surgery?

A If the patient -- it's okay, yes, I have no problem with second and third opinions.

Q My question wasn't whether you have a problem with it. My question was did you suggest that to her as a possibility that she might want to get a second opinion before she has the surgery; yes or no?

A No, we don't do that.

Q So you don't suggest to your patients that to put their mind at ease about whether they're making the right choice they might want to have a second opinion? That's not something that you do; is that right?

A Absolutely not, correct.

Q Did you write in your notes of July 22nd, 2021, her first visit, that she was a candidate for cervical surgery? Is that written down in your notes anywhere?

A Absolutely I indicated surgery that day.

Q Where does it say that?

A Patient is a candidate for anterior cervical diskectomy and fusion, C4-C6, possible C6-c7. After discussing with her alternatives of treatment I discuss with her what is the kind of surgery that she need.

I take a long time to explain every patient pros,

cons and alternatives. And at that time if the patient have the option I can recommend a second opinion. It is not common standard of care recommend a second opinion in the first place.

Q But you didn't do that here, right?

A I don't believe so.

Q And you've never done that with any other patients either, recommend a second opinion, right?

MR. THOMAS: Objection.

Asked and answered.

THE COURT: Sustained.

Q If you never recommend a second opinion, why did you just testify that if the patient has doubts we recommend a second opinion?

A Because that is the way that it works. It is not standard of care to recommend a second opinion. If I am not sure what to do I personally would recommend that she see another doctor, discuss with him what is going on. But if not I explain to the patient -- I always am running late in office, people want to kill me because I take my time to discuss surgeries.

You don't recommend a second opinion if you know what you are going to do. That is why you are there for. You are a surgeon. I don't do it.

Q So you tell people to get second opinions if you don't know what to do, is that fair to say?

A No, I didn't say that.

Q When is it that you recommend second opinions if your answer now is that sometimes you do?

A I say it before, I think I am not clear what I said. You don't recommend a second opinion as standard of care. But, for example, if I have a patient that I do believe -- I have it the other day. I have a patient that besides the symptoms that she has, she has a tumor in the brain. I'm not really sure if the tumor is important with the symptoms and I call, I refer her to a neurosurgeon to have a second opinion what we're going to do first. That is the case.

No, we don't recommend second opinions as part of the treatment.

Q When you saw Ms. Alvarez Miranda on September 22nd, 2021, how long after the accident was it?

A Let me see. I don't recall. Let me check. I don't want to say anything wrong.

She had the accident on March 4 and I have July, so about four months after the accident.

Q And did you discuss with her at your very first appointment with her whether she was working?

A Let me see what I have in the chart. I don't recall. I don't have it here.

Q Did you ask her whether she was working?

A I don't have it here. I do not recall. I don't

think I have it written here.

Q Did she tell you when she saw you for the first time that she was having any problems working?

A I do not recall. I don't have it in my chart.

Q If your patient, the first time you saw that patient told you that he or she was having problems at work, is that something that you would put down in your medical record?

A Not necessarily. Not necessarily. She is having problems with activities of daily living is what I care. Getting in and out of the shower, putting on the shoes. Problem at work, yeah, I could write it down there. I will discuss with the patients if specifically that, but not necessarily would put in the record.

Q So are you saying that you wouldn't not put down in your records if the patient told you about problems at work, but you would put it in your records if the patient told you about problems with daily living?

A Absolutely because that is what we do is we don't work for attorneys, court or anything like that. I am not thinking in a legal case. I am taking the patient from the medical standpoint.

The job, yes, she can tell me that part, but I am not going to ask -- I will ask when we discuss the surgery because I want to know if she is going to be able to do the same job, but what I care the most is activities of daily living.

Q And you did not record in your first visit with her that she told you about any problems that she was having in daily living; is that correct?

A It is not in the chart, you are correct.

Q And had she told you in the first visit that she was having problems putting on her shoes or having problems with doing something else in daily living, according to what you just told us you would have put that in your medical record, right?

A I said in general, I didn't say that I asked her personally. Everything that is not in the record is I don't remember.

Q So sometimes you would write it down, but sometimes you wouldn't?

A Correct.

MR. THOMAS: Objection, your Honor.

All this recharacterization of the same question over and over and over again.

THE COURT: Can we move on. You made your point.

Q Now, you next saw her on September 9th, 2021, correct?

A I think so, correct. Yes.

Q And was that -- did you want to see her on this date?

A Yes, it is a pre-surgical visit. I want to see all

my patients not the day of the surgery because it is really stressful for the patient. I want to see them before the surgery in my office specifically to discuss in detail. I ask my patient to write any questions, to bring family that is interested in this or the husband or the partner to write the questions. I will discuss at length in my office not rushing the patient under stress the day of the surgery.

Q So at the very first appointment did you schedule this pre-surgical appointment?

A No, it doesn't work like that. The first day I discuss the patient alternatives of surgery. She was a candidate. I indicate the surgery, okay. And then the surgery had to go through a process depending on insurance.

They have to be verified by person that this works with us, surgical coordinator. This has to be before booking in the hospital. Now she book the patient or my surgery coordinator in the hospital.

Part of the pre-op that I do it, not every doctor does it, but personally I believe it is better for the patient. What I do is before the surgery come to see me as part of the pre-surgical appointment. It is not standard of care for every doctor. I prefer to do that.

Q She left your office at her very first visit with telling you -- withdrawn.

She left her appointment with you the very first

visit knowing that you told her that she could have surgery, right?

A No, more than that. I put the request for surgery. She knew that we were starting the process. That's my job. I'm a surgeon.

Q So at the very first visit she told you she wanted the surgery, right?

A No, she didn't tell me that. I gave her the alternatives of treatment. I discussed the problem that she had. After that, one of the alternatives of treatment is the surgery.

After discussing the pros, cons and alternatives the patient agreed with surgery. I put the request for surgery the same first visit, that is what surgeon does.

Q So when you wrote on January 22nd, 2021 patient verbalized understanding and wants to proceed with surgery, she told you at that very first visit she wants the surgery, right?

A She didn't tell me, she came to do the surgery. I give her the alternatives of treatment, I discuss in detail. She verbalize understanding me. And he she say, yes I want to proceed with the surgical request. That is how it works, correct.

Q Is there a difference between proceed with the surgery as you wrote and proceed with the surgical request as you just testified?

A It's the same thing.

Q So the first day she told you she wanted the surgery, right?

A After she agreed with the surgery, after I offer her the surgery and alternatives of treatment, correct, that is what we do.

Q She was in the office when she told you that?

A Absolutely. If not I am not going to put the request.

Q Before she left your office after telling you I want the surgery, before that time did you review medical records of any other doctor who treated her?

A No.

Q Did you review the physical therapy records?

A I do not recall right now.

Q Did you -- do you know what doctors she saw before you?

A I do not recall what physical therapists, I do not. I think she was in physical therapy with Dr. Gregorace, but I didn't have it here with me.

Q Not just physical therapists, did she see -- did you ask her if she saw other doctors before you?

A I don't have it in my records.

Q And is that because you didn't ask her have you seen anybody else?

A Probably, yes.

Q Wouldn't it be helpful to you before you recommend surgery or perform surgery, for you to talk to other doctors who treated this woman before you saw her in her first visit?

A Not in this case. Could happen in some patient, but not in this case I didn't feel like I needed to talk to a doctor.

Q Wouldn't it help you before you recommend surgery and did surgery on this patient that you review the records of other doctors who treated her before you?

MR. THOMAS: Objection.

Asked and answered.

THE COURT: Sustained.

Can you move on.

Q On page -- at your September 22nd, '21 visit -- withdrawn.

When Ms. Alvarez Miranda was with you and she told you that she wanted surgery, did you suggest to her that she talk to her family members or anybody else besides you before she decided on surgery?

A Absolutely. I always ask my patients. And if you want to come to the pre-op visit with your family members you can come. If not, at least ask every question that they need.

A lot of time I do it over the phone with the family member because I discuss the surgery again more in detail with

the patient and the family member over the phone. They are working or they are home taking care of the children, yes.

Q When she came to you on September 9th, that's the second visit, her weight was exactly the same as it was for the first visit, right, exactly 176 pounds?

A Could be, yes.

Q Well, take a look. I don't want you to take my word for it.

A It could be.

Q And her range of motion in both her cervical spine and her lumbar spine was exactly the same at her second visit as it was in the first, right?

A Correct.

Q And --

THE COURT: Can I just stop you right now. One of the jurors needs a break. So let's take five minutes.

COURT OFFICER: Jury exiting.

(Whereupon, the jury exited the courtroom.)

(Whereupon, a recess was held.)

COURT OFFICER: Jury entering.

(Whereupon, the jury entered the courtroom.)

THE COURT: Thank you everyone. Have a seat. Let's continue with cross-examination.

Mr. Sokoloff, whenever you are ready.

MR. SOKOLOFF: Thank you.

BY MR. SOKOLOFF:

Q When she came back on September 9th, 2021, did she talk to you about her work?

A September 9th I found it in the first time now that she had occupation. That was the first visit. I missed it before. Medical assistant. She was currently working at that time.

Q Why did you write down that she was a medical assistant?

A Because it is the kind of job. You asked me for that before. It is part of the chart.

Q So when she came back on September 9th did she talk to you about her work?

A Same thing. I have written the same thing. Medical assistant currently working.

Q So as of September 9th she told you she was working?

A That's what was in the chart.

Q Did she tell you at the September 9th visit that she was having any problems at work?

A I don't have that. As I said it before, I don't have a record.

Q You didn't record any?

A No.

Q Now, at that September 9th visit on page four of five in the last paragraph appears this sentence, quote. "The

patient has been counseled with regards to any relevant work/occupational parameters of significance." Closed quote.

What does that mean?

A As I said before, we talk about that. Before this surgery we are going to discuss what kind of surgery she is going to have. What kind of activity they are going to have, and how this kind of surgeries are going to interfere with her job. We discussed her routine.

Q So you talked to her about her job?

A If I discuss it and if it's in there, probably yes. That is the first visit, correct. The second visit.

Q Then on -- withdrawn.

On September 9th the last thing it says or near the end, informed consent was signed today in the office.

Do you see that?

A Yes.

Q That means she gave you her signature to go ahead with the surgery, correct?

A Correct.

Q And when she came to you on September 9th was there anybody with her?

A I don't have it written here.

Q When you talked to her about the surgery either in this visit or the prior visit, was anybody with her?

A I do not recall.

Q When you spoke to her what language did you speak to her in?

A If she prefer Spanish I will talk in Spanish. That is really significant for this -- if the patient is Spanish speaking I will speak in Spanish. That is my primary language.

Q She came back to you on September 30th, correct?

A Yes, that is the first post-op visit.

Q At that visit her weight was exactly the same, 176 pounds, correct?

A Yes, it is what is written there.

Q This was a visit that was after the surgery, correct?

A Yes, the first post-op visit.

Q And in this visit you recorded her range of motion, correct?

A For the lumbar spine, not for the cervical.

Q I'm sorry?

A For the lumbar spine, not for the cervical. I normally don't do range of motion with a patient in pain or after surgery.

Q So her lumbar spine range of motion on September 30th was exactly the same as it was when you first saw her, correct?

A Yes.

Q And under treatment plan on September 30th, 2021 you wrote, continue with cervical spine precautions, right?

A Correct.

Q What does that mean?

A As I said before, after doing the surgery we recommend some -- this is two weeks I think after the surgery, the first visit. I saw her only to check the wound. We recommend what to do and what not to do.

Do not lift weight. Don't go to ride in a park. All the things that the patient should not do in order not to have more pain or have problem with the wound or the surgery.

Q Now, you did not two weeks after the surgery prescribe any pain medication for her, did you?

A I do prescribe pain medication, muscle relaxers until three months after surgery. I don't -- probably I did it if the patient need it. Not everyone need it. But for three months I do prescribe pain medications if the patient need it. Every time less and less. After three months if she want more or if he want more pain medication I send her to pain management. I don't do that.

Q Your record from September 30th does not indicate that you prescribed pain medication, does it?

A Yes, in the printed -- yes, it doesn't say anything about that.

Q But it does mention drugs that you did prescribe, right?

A Yes.

Q And you prescribed Augmentin, right?

A Uh-huh.

Q And what is Augmentin?

A Antibiotics, both of them.

Q That is to prevent an infection?

A Not prevent. Every time when the patient come some secretion a little bit because the sutures are going under, they are absorbable sutures and sometimes they have reaction and can be a little bit of secretion. We prescribe for one week antibiotics because it help to dry.

Q And you also prescribed Bactrim, B-A-C-T-R-I-M, right?

A Same thing, they are both antibiotics.

Q So you gave her two antibiotics?

A Correct.

Q But you didn't prescribe any medication for pain; is that right?

A Correct. Probably she had -- it is not written here. As I said, some people take less than needed or that is prescribed at first visit, they don't need another refill. It is not written there.

Q Well, did you give her a prescription for pain at the first visit?

A No, the prescription is not on the first visit. I don't prescribe medication before surgery. The pain medication

is going to be indicated when the patient leave the hospital after the surgery.

Q So from the time that she first saw you in early July until the end of September 2021, you did not prescribe any pain medication for her; is that correct?

A No, it is not correct. I just explained after the surgery, the same day of the surgery we prescribe medications okay, as routine for every patient unless they are allergic. I prescribe. They have to go with medication home.

I prescribe pain medication, muscle relaxers, short-term of corticosteroid that help with the swelling and something for pooping because pain medication don't let you poop. That is going home with every patient.

Q Why didn't you write it down?

A Because it's not in the chart. This is the day of the surgery. This is standard of care what I do. You don't have to write it down. It is going to be in the records because you have to write the prescription New York State electronic. They are going to be in the records, but not necessarily here.

Q So it's somewhere in your file if you wrote a prescription for pain medication, it would be somewhere in your records?

A It's in the -- I don't recall the old system. It's going to be in the New York State system, okay. That if you

want to see what I prescribed to the patient you can go to the records there and check everything that you prescribed or in the new system we have a place. It is not this copy that say what kind of medication was prescribed. The old system I don't recall if we have it or not.

Q So, Dr. Macagno, my question wasn't about looking for it in the New York State system. My question is, at or around this time in 2021, would you expect to find in your medical file proof that you prescribed medication?

A Not the first time is in the OR prescribed. It is done by the resident fellows, my PAs. They're going to prescribe the medication that I prescribe as the standard of care.

It is not going to be written in the chart. It is the standard of care, it is what we do. You are not going to write in the chart what happened the day after the surgery unless something happened that's bad. It is not going to be there. That is why you have proof. You want proof, yes, we can go to New York State thing, but it's not in the record.

Q Well, as you sit here today in front of the jury you don't recall prescribing her -- not in general. You don't recall prescribing Ms. Alvarez Miranda medication for pain from July until September 30th; is that fair to say?

A First, I do not prescribe medication.

Q Yes or no?

A No, it's not correct what you say.

Q Now, the next time you saw Ms. Alvarez Miranda was when?

A We saw September 9th, September 30. It is going to be one month after the next visit. On 11 -- she saw one of my PAs not me. They can do the post-op checks also.

Q So this was now on November 12th?

A Uh-huh.

Q This is six weeks after the cervical surgery, correct?

A Yes, I do believe so.

Q And you wrote down that there were -- you had a list of current medications, right, on November 12th, current medications on page two.

Do you see that?

A I am looking for that.

Yes, it could be the same. It is not what I write. That is the system. It was designed, the system, because after that time she is not coming -- well, it says the date I prescribed it, correct.

Q So when it says on November 12th current medications, those are the medications that she was taking, correct?

A No, she took before let me see because the date of the medication is 9/30/21 and those medications are only for 7 to 14 days. That means they are old medications.

Q Those were the antibiotics, right?

A Correct.

Q But there is nothing recorded there under current medications about any pain medication, right, on November 12th?

A Correct, there is nothing recorded there.

Q And you did -- on November 12th you did talk to her about her work, correct?

A Let me see. I'm sorry, November 12th the medication was prescribed. And if you go to history of present illness it is going to say medications Percocet, but patient is not taking Percocet anymore, using Tylenol instead. Takes Cyclobenzaprine, the muscle relaxer as need. It is recorded in my history of present illness there.

Q What is meant by the words current medications in your chart that you signed? What does it mean?

A That is just a system. Current medications is a system. It is recorded. Go to history and present illness and I say what I prescribed, what she needs and does not.

The other thing, that is one of the reasons we change the chart. It is coming, picking up the same thing in the chart. But if you read there under my signature, I did not prescribe Percocet because she is taking Tylenol and I prescribed Cyclobenzaprine. It is written there.

Q My question was, on November 12th you did talk to her about work, right?

A I am going to November 12th.

Q Maybe I can help you. On page two of five in the middle it says, occupation medical assistant, currently working.

A That is copying the system the same thing. This is the problem with the system, it keeps copying the same thing. At that time I would put my upgrades --

Q So the word currently doesn't mean currently?

A Correct. It is a system copying the same thing. That is the problem with this kind of system.

Q Well, was she working on November 12th, 2021?

A Let me see because I will let you know.

I don't know if she was working at that time. If you are going to send a patient to go back to work so fast and if I authorize a patient to go back to work I will write it here that I authorize personally the patient to go back to work with restrictions or not.

Q And you say if you authorized her to go back to work that would be in your file?

A Yes, it is going to be written there that I tell her or I would put a note or something saying that she can go back to work with these restrictions.

Q And if you also told her not to go to work you would put that in your file also, right?

A If I discuss with patient that it's danger for her to

go back to work, even if the patient want to I would write it down there, but not necessarily standard of care would I write every time that I have a discussion.

Q But you didn't write anything here about telling her not to go back to work, can we agree with that?

A Yes.

Q Now, on November 6th -- November 12th under treatment plan, one of the things you wrote is the patient is to start with PT.

Do you see that?

A Yes.

Q When you say start with PT, does that mean she wasn't doing PT before?

A Correct, I do not send my patients back to physical therapy, lumbar, cervical until I have the six weeks X-ray, post-op X-rays or six weeks mark. Before that I do not recommend it because it is going to hurt more than help her.

Q Well, was she doing physical therapy before the surgery?

A Yes. If she didn't do physical therapy at least for six weeks I cannot recommend surgery.

Q And then you write, return to the office for follow-up in six weeks, correct?

A That is the three months mark, correct. That is the standard of care.

Q That's November 12th, correct?

A That is going to be --

Q That's the visit we are talking about, right?

A I think so. It's going to be three months from surgery. This is the six weeks. November 12th is going to be six weeks. The surgery was done on September -- December is going to be about the three months.

Q Now, when she saw you in November you didn't talk to her about a second surgery, lumbar surgery, right?

A Let me see what I took here.

November 12th you said, correct?

Q Yes, right.

A No, we didn't discuss lumbar surgery. She is still recovering from the cervical.

Q But you did range of motion testing on November 12th on her lumbar spine, right?

A Let me see what is here.

It is copying the same testing. We are focusing on the neck at this time.

Q So when it says range of motion values, are you saying that was not done at that visit, it was just repeated from a previous record?

A Probably not or could be done. It would be exactly the same is really difficult. Could be not. With the system copy, I don't really -- it is not medical important what is the

range of motion. Yes, cervical spine I do perform, but the lumbar spine I don't really care.

Q But sometimes with her work previous entries in previous day's records migrate into these future records, right?

A Correct.

Q And so when every record says, patient was viewed to be in excessive discomfort in exactly those words and there was evidence of bilateral paraspinal musculature spasms, range of motion was painful. There was tenderness to palpation. Those exact words, exact, appear in every single medical record, right, because that's the flaw in your system, right?

MR. THOMAS: Objection.

THE COURT: Sustained.

Rephrase.

Q Those words that I read, they appear in exactly that language in every medical record, right?

A Yes, but doesn't mean they migrate. I am talking about the range of motion records. But you put that muscle spasm and tender to palpation, it's real because she still have it.

Q So then let me back up.

When you had range of motion values at this November 12th, '21 appointment, did you test her that day?

A For the range of motion probably not.

Q So when you wrote range of motion was decreased and then you have flexion, extension, right rotation and you have all these degrees for each different movement in the November 12th medical record, you're saying that does not mean that you tested her on that day, right?

A Correct. I think it's a migration from the previous one, absolutely, yes. This is my physician assistant record so I don't think he did it also.

Q You signed this record, didn't you?

A Correct, I sign it because I know what happened, correct.

Q And when it says the patient was viewed to be in excessive discomfort, that's also something that was migrated from earlier records, correct?

A It depends. Let me see.

Probably, yes, for the lower back, correct.

Q So when it says patient was viewed to be in excessive discomfort, that's not an observation that you made on November 12th, that was just migrated from an earlier date, right?

A Probably, yes.

Q And when it says there's evidence of bilateral paraspinal musculature spasms, that's also not something you observed that day, that's in the November 12th record because it migrated from an earlier date, right?

A Probably, yes, correct.

Q And when it says range of motion was painful, that's also not something that you observed on November 12th, that's something that just migrated from an earlier record, right?

A Correct.

Q And when it says there was tenderness to palpation, that's also not something that you observed on November 12th, that just migrated from an earlier visit, right?

A Yes. We are talking about lumbar spine, correct.

Q There was tenderness to palpation?

A Lumbar spine we are talking about.

Q Lumbar spine?

A That is correct, it probably migrated. Everything from the lumbar spine probably migrated from the old ones.

Q You don't record in here whether she was actually viewed to be in excessive discomfort on November 12th, 2021, right?

A For the lumbar spine, correct.

Q For the lumbar spine?

A Correct.

Q You don't record in your November 12th record that there was evidence of -- by the way, what is bilateral paraspinal musculature spasms? What is that?

MR. THOMAS: Objection.

A Muscle spasm. You have two kind of muscles in the

lower back, one on each side of the spine that, by the way, the tenderloin in the cow is the same muscle, and those muscles bilateral, that means he has in both sides.

Q So you don't have any records of this date, November 12th, telling us whether she had muscle spasms actually on that date, right?

A Correct.

Q And you don't have anything in your medical records telling us whether she -- range of motion was painful to her on November 12th, 2021, right?

A For the lumbar spine, correct, probably just migrated.

Q And on November 12th there is nothing in the treatment plan that talks about any follow-up for surgery for her lumbar spine, right?

A We didn't discuss.

Let me see. Let me be sure. I was not even focusing on lumbar spine at that time because we were recovering from the cervical spine. She had enough with that.

I will tell you November 12th, no, we were not discussing the lumbar yet.

THE COURT: Mr. Sokoloff, how much more do you have? It is one o'clock.

MR. SOKOLOFF: I have a bit. So we will take our lunch break. I have a bit.

THE COURT: We will come back at 2:15.

MR. THOMAS: That's fine, Judge.

THE COURT: Is this a good time to break?

MR. SOKOLOFF: Yes.

THE COURT: We will be back at 2:15. Enjoy your lunch.

COURT OFFICER: Jury exiting.

(Whereupon, the jury exited the courtroom.)

THE COURT: Enjoy your lunch.

(Whereupon, there was a luncheon recess.)

AFTERNOON SESSION

COURT OFFICER: Jury entering.

(Whereupon, the jury entered the courtroom.)

THE COURT: Everyone can have a seat. I hope you enjoyed your lunch and the lovely weather.

We are going to continue with the cross-examination.

MR. SOKOLOFF: Thank you, your Honor.

BY MR. SOKOLOFF:

Q I believe when we stopped we were at December 10th, 2021.

You saw Ms. Alvarez Miranda then, right?

A December 10th, yes, I have it here.

Q That was three months post cervical operation, correct?

A Correct.

Q And she told you that she had much improvement of the symptoms when compared to before the surgery, correct?

A Yes, that's what it says.

Q She also told you that the radiculopathy bilateral upper extremities had resolved, correct?

A Yes, that was correct.

Q So she no longer had pain or burning or tingling in her upper extremities, right?

A Correct.

Q And your records report that she said that she wanted to schedule an MRI review of her lumbar spine to discuss surgery, correct?

A Let me see.

I don't think it's accurate. She still was complaining of --

Q No, did she tell you what I just read, patient states she would like to schedule an MRI review of the lumbar spine to discuss potential surgical intervention?

A Well, no it says patient will schedule MRI. She doesn't request MRI, I request it.

Q Patient states she would like to. I am on page one of five of December 10th, fourth paragraph.

A Okay, yes, that's what I wrote here, correct.

Q Now, at that time when she came to you she was taking Tylenol and Flexeril as needed, right?

A Correct.

Q Flexeril is a muscle relaxant?

A Correct.

Q Now, you had one MRI of her lumbar spine that was taken when?

A The MRI for lumbar was done -- give me one second. April 22nd, 2021.

Q So you had an MRI from April, correct?

A Correct.

Q Now, before you decided to recommend or do surgery, now we're in December, did you ask her or direct that she have another MRI done so you could see the latest of how her lumbar spine was looking?

A I normally request the MRI if we are talking about surgery. I don't think she had one done.

Q You said you normally request an MRI before surgery?

MR. THOMAS: Objection, Judge.

A There are two things. If the symptoms are worsening or the MRI -- the symptoms are getting worse compared since the first MRI I request an updated one because we want to see updated pathology.

The other thing is this is more than one year where it was requested. They are the two reasons for requesting a new MRI.

Q What was the most recent MRI that you had before you recommended lumbar surgery?

A I think it was from April 22nd. Let me see the next visit.

I think that's the latest one, April 21st, I'm sorry, the original one.

Q So when you started discussing surgery with her in December you did not get a recent MRI of her lumbar spine, correct?

A Correct.

Q And you say you normally do that, you get an MRI that's recent, close in time to the surgery?

A No, I said that is more than one year you will request one.

Q And on December 10th you spoke to her about work, correct?

A December 10th.

Q Page two of five.

A I know the patient asked me about work, but let me see.

Page two, yes, at that time she was not working and she wanted to return to work as a part-time -- the same work part-time and we started discussing work, yes.

Q So in December she told you that she wanted to return to work in January, right? She wanted to go back to work the very next month, right?

A Correct.

Q But she told you that she wanted to go back to work part-time only, right?

A Correct, as I am reading here.

Q She never told you that she wanted to go back to work full-time, correct?

A This is what is written here, correct.

Q And on December 10th you recorded her weight as 176 pounds, the exact same weight as her first visit, right?

A As I'd said before it was not recorded. It is the same because the system keep copying the same.

Q Now, on page four of five of the December 10th visit under treatment plan it says, quote, "Patient will schedule MRI review of lumbar spine for potential surgical intervention secondary to continued low back pain." Right?

A Yes.

Q You never scheduled another MRI, did you?

A I do not schedule MRI. I can request it or not, but I don't schedule MRIs.

Q If you want somebody to have an MRI do you give them a prescription or a script or some kind of document that they would present to somebody in order to get an MRI?

A Correct. If I request it is correct.

Q Did you do that in this case? Did you suggest to her, here's a script or document, go get another MRI so we can see the most recent one?

A I don't have all the requests because they are not in this system, but, yes, could be.

Q But you do have in your documents that you wanted another MRI, right?

A I didn't say I wanted another MRI. I said patient will schedule MRI for --

Q Did you want another MRI?

A I don't remember if I want it or not. I said less

than one year not necessary. I didn't put I requested an MRI.

Q Whether you wanted that or not, you didn't have a more recent MRI of April when you did the surgery, correct?

MR. THOMAS: Objection.

Asked and answered.

THE COURT: Sustained.

Q Now, the next time you saw her was later that month, December 10th. The next visit was December 23rd, correct?

A Correct.

Q Now, by that time -- withdrawn.

She was then three months post-op cervical surgery, right?

A Yes, correct.

Q And you wrote, doing okay, right?

A Yes.

Q And that's because she told you I'm doing okay?

A She told me and I see the patient also, she was doing okay. But she told me.

Q So from what you observed of her, not only did she tell you, but you saw she's doing okay, correct?

A Correct.

Q And then you again on December 23rd, 2021, you again discussed with her the issue of work, correct?

A Correct. I discuss it before, correct.

Q And she said she wants to return to work in

January 2022 part-time, correct?

A Correct.

Q And then under the treatment plan it says, return to the office for follow-up in six months for re-evaluation, right? That's what you wrote. She was supposed to come back to you in six months?

A That was what, 12/23.

Q That is 12/23, two days before Christmas. Page four of five.

A That is regarding the cervical spine, that is one thing. But at the same time we request the authorization for the lumbar surgery because she was doing okay and she did more conservative treatment. She was wearing the brace and she got three epidural injections more without significant improvement.

We discuss the lumbar surgery and we requested the lumbar surgery the same day.

Q So even though she told you she was doing okay in that appointment, in that same appointment you were requesting lumbar surgery, right?

A She was doing okay regarding the cervical surgery. They are two different things. She was complaining of increasing lower back pain. She was wearing a brace and tried three epidural injections. They are two different things.

We follow-up for the cervical spine and for the lumbar spine. She was doing okay regarding the cervical spine,

but the lumbar spine was not.

Q And on December 23rd, 2023, you didn't ask or do anything to get a newer more recent MRI of her lumbar spine, correct?

MR. THOMAS: Objection.

Asked and answered.

THE COURT: Sustained.

MR. SOKOLOFF: I didn't ask about this visit.

A Yes, I didn't ask her.

Q And then you did the lumbar surgery what date?

A I did the lumbar on 2/16/22.

Q Did you say June?

A Two, February.

Q And you did that at St. Francis Hospital, correct?

A Correct.

Q And when she went to St. Francis Hospital she was examined, right?

A Did they in San Francisco Hospital? Yes, I imagine the nurses do an exam. I did exam the day for pre-op visit which was the day before.

Q When you say San Francisco, is it the same thing as St. Francis?

MR. THOMAS: Objection.

A I say st. Francis, yes.

Q It sounds better your way.

When she went to St. Francis before the lumbar surgery, there is an entry on the St. Francis record that says, cervical back normal range of motion and neck supple, S-U-P-P-L-E.

Is that right?

A I don't know who wrote that. Can you say who wrote it?

Q Well, when you saw her for the surgery was her neck supple?

A No, but I don't use that term. I don't know who wrote that. Could be anesthesia. Could be other people. It is not my signature for sure there because I don't even know what the letters means.

Q So is there somebody who works with you or for you by the name of Nino Jiao, J-I-A-O?

A No. Could be for St. Francis in pre-op visit.

Q Take a look at the page that I have clipped from the St. Francis records and tell me if you ever reviewed those before? You can look at all the pages before, but I clipped one particular page.

A No these are the pre-op from St. Francis. I admit the patient. That's not my exam. My exam is a pre-op as I said. I will tell you when. All this is not my entries.

This is a nurse practitioner at St. Francis Hospital that did exam previous to the surgery.

Q And what did the nurse practitioner who did the exam say about Ms. Alvarez Miranda's cervical or neck?

A I found the lower back on here.

Q It is on the page that I clipped and it's in yellow if that helps you.

A Yes, this is computer generated.

Q I asked you what did the nurse practitioner write?

A They say that it is a normal range of motion and neck supple, but it's impossible.

Q So what does the word supple mean to you as a doctor?

A That it's okay, it's moving in all directions, its soft, but --

Q Now --

MR. THOMAS: Objection.

Your Honor, he's in the middle of answering his question and counsel is cutting him off.

THE COURT: But what?

Q Are you going to further explain what it means?

A Yes. I feel two levels in the neck. She will never have the normal range of motion. That's my -- I don't -- normal range of motion is impossible to have two levels that are not moving. She has no normal range of motion. But I cannot respond for the nurse.

Q Now, you next saw -- after the surgery you next saw Ms. Alvarez Miranda on February 10, 2022, correct?

A No, February 10th was the pre-op before the surgery.
Q I'm sorry, February 10th was before the surgery?
A Correct, that is as I said before the visit that I do pre-op, correct.
Q Now, the first thing that you wrote on this medical record in February of 2022, patient is 35 months post-op for that's the cervical, right?
A Yes.
Q She was 35 months post-op?
A No, that is wrong. That is a dictation. We know it is not --
Q Why did you write she was 35 months post-op if she wasn't?
A It's wrong. It could be an error with the dictation.
Q Was that on there when you signed the medical record that she was 35 months post-op?
A No, it's not. She have the surgery on 9/17, it is not 35 months. It is basically an error in the dictation.
Q You dictate the records?
A Yes, these records are dictated.
Q And before you sign them do you review them to make sure that what was dictated actually found its way onto the page?
A Yes, but sometimes there are things that are not significant that you do not see correct.

Q You wrote also, doing okay. Is that something that you dictated?

A Yes. As I said before she was doing okay with the neck as expected for the surgery, correct.

Q If you go to page three, again she was 176 pounds, right?

A I already explained that, correct.

Q And then under neurological exam, UE, that means upper extremity?

A Correct.

Q You wrote improved, right?

A Correct.

Q And then under treatment plan -- withdrawn.

When did you do the surgery, the lumbar?

A I did it one week after that.

Q The 17th?

A The 16th.

Q Now, so on the 10th under treatment plan you wrote, at this time I will request authorization for the spinal fusion, right?

On page four of six under treatment plan. You were still waiting for authorization to do the lumbar surgery?

A No, I request the surgery before. That is keeping in the record the request from before.

Q So that's another entry that is not accurate from --

MR. THOMAS: Objection.

A No, it's completely accurate.

THE COURT: Sustained.

Rephrase your question.

Q That entry for the February 10th visit is something that did not happen, and you didn't discuss with her at that visit, right?

MR. THOMAS: Objection.

THE COURT: Sustained.

Q Now, is it correct you discussed with her different things that could go wrong during the surgery, right?

A Correct.

Q And she could die during the surgery, right?

A Yes. Not probably, but we discuss it.

Q And her surgery went smoothly, didn't it?

A It was okay, yes.

Q There were no complications whatsoever with this surgery, correct?

A Correct.

Q The next time you saw her after the surgery was in March, right, March 22nd, '22?

A No, I saw her in February 16th, '22.

Q That was the surgery, right?

A No, I'm sorry. That was the day of the surgery. Post-op -- on the first post-op was March 3, 2022, that is

about two weeks after surgery, correct.

Q And when she came back to you about two weeks after the lumbar surgery, she reported to you that she was improving compared to how she felt before the surgery, correct?

A Yes, with significant lumbar pain, but improving.

Q Did you write patient reports improvement compared to pre-operative?

A Yes, it's in the record signed by me.

Q And then you wrote, quote, "Right lower extremity symptoms continue to improve."

That's what you wrote also, right?

A Correct.

Q And that's because she told you that her right lower extremities were improving, right?

A Correct.

Q And then you wrote, quote, "Separately patient is status post anterior cervicectomy fusion C4-6 on 9/17/2021. Recovering well."

You wrote that as well, right?

A Correct, it's in the record.

Q And that was because she was recovering well from the cervical surgery, right?

MR. THOMAS: Objection.

It speaks for itself.

THE COURT: I'm going to sustain the objection.

Q When you wrote that was it accurate?

A It is. Whatever is written there is accurate, it's what I wrote.

Q On page three of five you recorded her weight. It is still at exactly 176 pounds, right?

A Yes. I explained that before, correct.

Q And then under treatment plan on page four of five, this is two weeks post lumbar surgery. You wrote, begin physical therapy six weeks postoperative, right?

A Yes, that is standard of care.

Q Have you ever talked to Ms. Alvarez Miranda about physical therapy?

A Absolutely. We talk all the time and I explain for the cervical this is standard of care. This is a two week, we check the wound. Six weeks I explained it before we get the first X-rays and if it's okay we discuss with the patient, if she is not in a lot of pain we are going to start physical therapy. It's not mandatory.

Q When is the last time before today that you spoke to Ms. Alvarez Miranda about physical therapy?

A Probably the last time because the request is what I said before. Let me see when is the last time. I think it was in February 2022. Let me see what day. 2/7/23.

Q You spoke to her about physical therapy then?

A I always explain to the patients all the time, but

let me see what I wrote here.

Q I just want you to tell me if you did.

A Well, I do not recall. This is 2023, I have to read my records.

Q Now, the next time after the --

MR. THOMAS: Are you withdrawing that question?

MR. SOKOLOFF: He answered it.

THE COURT: He said that he has to go through his records because he doesn't have an independent recollection.

MR. SOKOLOFF: Okay.

A I didn't read it here, but yes, we always discuss that.

Q You next saw her after the two week post-op visit, you next saw her in February of 2023, correct, February 7th?

A I saw her May 31st, '22 and then August 4, '22. May and August after the surgery.

Q You also saw her on February 7th, 2023, correct?

A Correct, yes, I said that.

Q Now, on that date she was eight months post lumbar surgery, right?

A Correct.

Q Actually, it was a year post, wasn't it? Look at the record from February 7th, 2023, the one with your picture on it.

A Yes, it is going to be one year post-op.

Q But you wrote actually in your medical record, patient presents eight months status post posterior lumbar, right?

A Yes, it's copied from the previous note. Same thing, but we know it's one year. It's written as one year. You are correct it's one year.

Q Did you write patient presents eight months post status?

MR. THOMAS: Objection.

The doctor has already said it carried over.

MR. SOKOLOFF: No, no, no.

MR. THOMAS: That's what he said many times before.

THE COURT: Did you write that it was eight months? Is that what it says in the report?

THE WITNESS: Yes, it says eight months.

THE COURT: But you are acknowledging it was a year?

THE WITNESS: Absolutely, yes, that is why.

THE COURT: Can we move on.

Q And you wrote, patient reports improvement compared to pre-operative, right?

A Yes.

Q So that means one year after the surgery she told you

she's feeling better than she did before the surgery, correct?

A Correct.

Q You write, right lower extremity radicular symptoms are significantly improved, right?

A Correct.

Q And that's because she told you that, right?

A Correct.

Q And then you write in the third paragraph, of note, the patient has completed physical therapy for both cervical and lumbar spine.

You wrote that, right?

A It's what they report. I'm sorry, I'm a little bit lost.

Q You wrote that, correct?

A What is the office visit, I'm sorry?

Q One year after -- February 7th, 2023, of note, patient has completed physical therapy for both cervical and lumbar spine, right?

A Let me look there.

Completed physical therapy here because she move out of the state --

Q I am asking you if you wrote what I just read?

MR. THOMAS: Objection, your Honor.

MR. SOKOLOFF: It's a yes or no question.

MR. THOMAS: He didn't read the whole note

because it continues.

MR. SOKOLOFF: You can ask what you want.

THE COURT: Sustained.

Answer the question.

A It is a partial too because I put she complete physical therapy because she has moved out of the state and we will see her back in four months. That is what is written. That is the reason she completed.

Q So what you actually wrote was, quote, "Of note, the patient has completed physical therapy for both cervical and lumbar spine, period. She has moved out of state and will see us back in four months." Closed quote. Right?

A Correct, yes.

Q You didn't write anything about her needing physical therapy in the new state where she moved to, right?

MR. THOMAS: Objection as to what is not written, Judge.

THE COURT: I'm going to overrule.

You can answer.

A What we discuss with patient --

Q No, I am asking about what you wrote. You didn't write anything about her needing physical therapy in another state, did you?

A It is not written here, correct.

Q And then on page four of five you wrote, patient is

one hundred percent permanently totally disabled from the job she was performing, correct?

A Correct.

MR. THOMAS: Objection.

It is paying five of six.

MR. SOKOLOFF: It says four of five on mine.

Q That statement refers only to the job that she was holding at the time of the accident, correct?

A Exactly what is written there, correct.

Q It doesn't refer to any other kind of job, right?

MR. THOMAS: Objection to what it doesn't refer to, Judge.

We are asking the same question five different ways, please. Objection to what it doesn't refer to. It speaks for itself.

Q You didn't write anything about her ability or inability to work in any other kind of job?

MR. THOMAS: Objection.

A That's incorrect. It is written there. Patient, and I put there the restrictions and we talked about this before. Patient cannot pull, push or lift more than 10 to 15 pounds weight. Cannot perform activities that require bending, twisting, kneeling. We put that she can keep driving, but we have to stop every 20 to 30 minutes. That's her restrictions for any other kind of jobs. And I put more things there. And

we talked about that.

Q By writing what you wrote, patient cannot pull, push or lift more than 10 to 15 pounds of weight, that means that she can pull, push or lift something less than 10 to 15 pounds of weight, right?

MR. THOMAS: Objection.

THE COURT: Sustained.

The document speaks for itself.

Q You did not permanently restrict her from driving a car, did you?

A I said -- it's written there. Can keep driving, but will have to stop every 20 to 30 minutes.

Q You testified -- withdrawn.

There was a record that you wrote that counsel questioned you about that talked about future medical needs, right, for Ms. Alvarez Miranda? Stuff that you said you think she will need or might need; is that right?

A I don't know may need or -- that is a narrative that I wrote at the end, yes, and I put everything that the patient is going to need in the future.

Q That narrative you wrote at the end of what?

A It's the last -- it's after the last visit that I wrote, the one you're referring to.

Q What was the date of that last visit?

A No, it's not the last visit. It's a narrative in the

visit before. The date is 4/27/23. It's a narrative explaining -- it's another thing. You know what a narrative is. One is the record and the other is a narrative requested for when, how it is going to happen in the future, what are the future needs for the patient. It's written there.

Q So on 4/27/23, that was your last visit with her?

MR. THOMAS: Objection, your Honor.

He keeps mischaracterizing the testimony.

MR. SOKOLOFF: It's a question.

MR. THOMAS: He said the last visit was February 7th, 2023.

A The last one is a narrative based on the February visit. Narrative is something different than progress note.

Q So after your last visit with her you wrote a narrative?

A Correct.

Q And the information that you put in that narrative is nowhere in your medical reports, is it?

MR. THOMAS: Objection, your Honor.

It's in his narrative.

MR. SOKOLOFF: Your Honor --

THE COURT: Are your medical reports different than your narrative?

THE WITNESS: The narrative is basically in the records that I write, but the narrative is in my records.

The narrative is what is requested to see what is going to happen in the future. That is for legal issues, it is not another exam. It is based on the last exam I did.

Q The narrative report you wrote for the lawyers, right?

A Correct, it is request for the lawyers. That is pretty common.

Q And you didn't put -- before you were asked for a narrative by the lawyers there's no entry anywhere in your medical records, not the narrative, the medical records, that she will need physical therapy for the rest of her life, correct?

MR. THOMAS: Objection.

THE COURT: I'm going to overrule.

Can you answer that?

THE WITNESS: I do not recall if it is written or not there. If it is not written it is an error. It should be because I explained before she is going to need it for the rest of her life.

Q Can you show us where in your actual medical records, not the lawyer's narrative, but in the medical records where you wrote that?

MR. THOMAS: Objection.

It is not a lawyer's narrative. He said it was

a narrative that was prepared.

THE COURT: Sustained.

Q Can you show us where in the medical records, not the narrative, in the medical records where you wrote anywhere that she'll need physical therapy for the rest of her life?

A As I explained before if it is not written there it's an error because patient knows and I said that before my talk here, patient will need physical therapy.

No, it's not physical therapy only, it's going to be gym, swimming pool, muscle strengthening for the rest of her life. I am not going to change that if it is not written, it is not written, but I discuss with every patient in my life. It's going to happen.

And I explained it before to the jury here before this question. It is not written, well it's not written there, but it's not -- the reality is that she's going to need it. I explain to all my patients.

Q You say it is not written down because of an error?

A I skip it. I don't know why it is not written. I am sure someplace it is written, but it could not be written there. Yes, you're right.

Q I am just asking what you said.

THE COURT: He is acknowledging, he's saying yes, you're right.

Q I'm right, it was an error to not write it down?

A Yes, it is not written down.

Q So is it fair to say that every time you saw her you made the same error of not writing down that she needed physical therapy for life?

MR. THOMAS: Objection.

THE COURT: Sustained.

Let's move on.

Q You also, can you point out where in the medical records, not the narrative, where in the medical records it says anything about her needing future surgery or the possibility of future surgery? I am just asking you where in the medical regards it is?

A It doesn't need to be written there. When I discuss the patient, the possible complications that is written there when I have the discussion is going to see -- I will discuss with the patient.

This is not the legal issue. I don't work for attorneys. I work for the patient. She's my boss. I discuss with the patient what could happen. We talk about that.

One of the things I will say is you have the chances, and I explain here that you are going to have surgeries in the future. That is included in my pre-operative discussion. Not exactly the words that you want, I'm sorry, but it is discussed with the patient.

Q You said before that it is not certain that she's

going to need future surgery, correct?

A No, I didn't say that.

Q You said you didn't have a crystal ball, right?

A I didn't say that. I said that as part of my statement. What I said because I repeat it all the time, I cannot predict future. The statistics say this, but in this case I know that it is going to be different because she has already injuries of other disk.

Statistics that would say 2.5 percent per year is referring to next disk that is pristine, that is great. She doesn't have that. She has disk that are injured. I explained that before.

I didn't do the surgery because I didn't believe at this point she need it, but I discussed with patients all the time that probably going to need in the future. In this case I do believe what she is going to need more surgeries because that disk is not pristine.

Q You can't tell us when that will be, can you?

A I will charge a lot if I can tell you the future. I cannot.

MR. SOKOLOFF: Give me just one second, Judge.

Nothing further. Thank you.

THE COURT: Any redirect?

MR. THOMAS: Yes, Judge.

REDIRECT EXAMINATION

BY MR. THOMAS:

MR. THOMAS: Can we mark this please.

THE COURT: Is that part of the record, part of the medical record?

MR. THOMAS: It's part of the medical record, but I want to isolate it.

THE COURT: It is already in evidence, but you're isolating it?

MR. THOMAS: Correct.

(Whereupon, Plaintiff's Exhibit 32 was received and marked in evidence.)

COURT OFFICER: Marked into evidence.

Q Doctor, do you see those two pages that are in front of you?

A Yes.

Q Do you recognize what they are?

A They are -- this is a note from 5/31, 2022.

Q In this note from May of 2022 it starts at the top, based on this clinical evaluation, the current problem is causally related to this accident on March 4th, 2021.

Clinical evaluation, tell the jury what that is?

A As I said before, I relayed the accident based on the history of the patient, my clinical evaluation and the images. Everything is coming together in order for me to say that is

related to the accident.

Q Prognosis is guarded, what does that mean?

A We never know. They are surgeries, it is not going to be a hundred percent. It is guarded. We have to follow over time.

Q Patient has no reached maximum medical improvement yet.

A Because it was not one year. I discussed that.

Q Regarding the cervical spine, future spine surgery is anticipated. The present surgeon and assistant surgeon fee is $50,000 per surgery. This is the total for the surgeon and assistant surgeon. This does not include hospital and/or anesthesia.

A Correct.

Q Is that accurate?

A Yes, that's accurate.

Q And you understand that Dr. Carfi who prepared the life care plan in this matter has already offered testimony in this case?

MR. SOKOLOFF: Objection.

THE COURT: Are you aware of that?

THE WITNESS: I don't think we talked about that. I think we discussed something, but I don't recall.

THE COURT: He doesn't recall.

Q Do you know how much the hospital and anesthesia fees

would be if surgeon fees are $50,000, ballpark?

A It is difficult to say. It changes by the hospitals. I would say that is why we don't write it anymore there. There are hospitals that are going to charge for that surgery $150,000, and they of course are going to charge 50 to $200,000. It depends on the hospital.

Q It also says there will be a need for physical therapy three times a week at $375 per session. Continued orthopedic care on an annual rate of three times a year for the rest of the patient's life at a cost of $377 per visit plus $200 per X-ray. Those are New York numbers?

A These are our numbers.

Q Future --

MR. SOKOLOFF: I'm sorry, I didn't hear the answer.

MR. THOMAS: Those are our numbers.

THE COURT: Those are our numbers.

Q Future adjacent level surgery is anticipated at an interval of 10 to 12 years for the rest of the patient's life.

Is that true and accurate?

A Yes, this is what I was talking before.

Q When you say you didn't have a crystal ball, you just meant you didn't know exactly when or what date this procedure would occur, but you do believe she still can anticipate a future surgery?

A Yes, and I explained why.

MR. SOKOLOFF: Objection.

That was absolutely leading.

THE COURT: Okay. Can we just not lead.

MR. THOMAS: Fine.

Q Future MRI studies at a rate of one per year at $2,000 per study without contrast, and the $3,500 per study with and without contrast.

Tell jury what does it mean to have an MRI with or without contrast?

A Well, it depends on what you are looking for in the MRI and that is basically in a perfect -- it is really difficult to predict.

MRI with contrast we are going to request if we think there is some scar tissue compressing known disk herniation. If it is a different situation we will request it with contrast.

Q Contrast is a dye that's --

A Yes, we put dye.

Q And then the MRI is done?

A With the dye.

Q Continuing.

Regarding the lumbar spine, future spine surgery is anticipated. The present surgeon and assistant surgeon fee is $50,000 per surgery. This is the total for the surgeon and

assistant surgeon, and this does not include hospital and/or anesthesia.

So that's now with regard to the lumbar spine, before you talked about the cervical spine?

A Correct.

Q Also physical therapy as well for the lumbar spine?

A It's similar, correct.

Q And the same for the adjacent level surgery?

A Correct.

Q And then future MRIs as well for the lumbar spine?

A Correct.

Q And then at the end here it says, I am a physician dually licensed to practice in the State of New York and affirm the truth of the foregoing under the penalties of perjury pursuant to CPLR 2106. This report was prepared by me and is based upon my observations and treatment of the patient and contains my opinions which are made within a reasonable degree of medical certainty.

Is that true and accurate when you wrote it and then signed it?

A That's correct.

Q And this is part of your medical file, correct?

A It's in the file, correct.

Q Doctor, counsel asked you about whether the plaintiff wanted to go back to work part-time or full-time. Do you

remember that?

A Yes.

Q What does it say to you as her treating physician that she wants to go back to work at all?

MR. SOKOLOFF: Objection.

THE COURT: Rephrase.

Q Can you tell the jury what your recommendation is with regard to her going back to work in any capacity?

A Yes, we discussed this. It's different for the cervical and lumbar spine and it's patient by patient based.

When the patient coming to you saying I want to go back to work it is really important because I don't like when the patient doesn't want to go back to work mostly in someplace that they are getting paid. And the patient is pushing you to go back to work is important.

It is important in this case because maybe for the neck she could go full capacity. She has was combination with the lumbar spine. We discuss it with patient. We discuss the red flags if something happen. But that's okay.

It is like going back to work is part of life. Not everyone has money or they need to work. You need to pay the bills and it happens all the time. It's pretty common that the patient says I need to work, I need to do something.

Q You are not against her working if she feels she can work?

A I cannot. And sometimes they say they are going to go part-time, but work says you have to do full duty because part-time is not. I say you have to do what you have to do. If something happens these are the red flags, please stop and come to see me.

Q Doctor, remember when counsel was asking you questions about you said that she wants the surgery. She wants a surgery after consultation.

Do you remember he was asking about all those questions?

A Uh-huh.

Q Do you have an opinion within a reasonable degree of medical certainty if somebody after consultation with you indicates that they would like to do the surgery, whether that person has pain, suffering or limitations that believe the surgery would help?

MR. SOKOLOFF: Objection.

THE COURT: Can you re-read the question?

MR. THOMAS: I will rephrase the question, Judge.

Q You're the surgical consult, right?

A I'm the surgeon, yes, they send it to me.

Q So when the plaintiff went to see you there was no secret that you as a spine surgeon would be discussing spinal surgery with her, correct?

A Correct.

Q And when she indicated to you that she wanted to do the spine surgery or willing to do the spine surgery after you indicated to her what the risks and concerns were with doing the surgery?

A Absolutely, that is why I requested. If the patient say no, I have a lot of patients that will say, I will think about that. Let me think. Let me talk to me family. That is perfectly okay. We are talking about surgery.

I said before this is not an emergency, you can take your time. But, you know, that is my proposal. That was my indication.

Q And the complaints, signs and symptoms that were relayed to you when she agreed to do the surgery after your consultation, in a nutshell what were those complaints, signs and symptoms?

A Well, this is always the same. It has to be -- it has to be something that is consistent, okay. Complaint of patient because sometimes the patient complains of something crazy and you say, well, something is wrong here. My physical exam, and the MRI images.

And the complaints were basically knowing the lower back pain and the neck pain that I understand. If she come to me and say I want to have surgery because I have lower back pain because that is not a reason we do the surgery. But she

was having increasing symptoms, upper and lower extremities in both cases.

Even performing epidural injection, that is not even a requirement in the lumbar spine. That is not mandatory to do it before the surgery, but she did it. She tried everything. And she was complaining of increasing weakness. That is the reason to indicate surgery.

MR. THOMAS: Thank you very much, Doctor.

Your Honor, I have no further questions.

MR. SOKOLOFF: I have some recross.

THE COURT: Cross on that limited redirect?

MR. SOKOLOFF: Yes.

Can we put up that page please?

THE COURT: Which page? Oh, okay.

RECROSS-EXAMINATION

BY MR. SOKOLOFF:

Q And this document which you wrote regarding the cervical spine future spine surgery as anticipated. The present surgeon and assistant surgeon fee is $50,000 per surgery.

Now, when you write the present surgery, do you mean that that's what you charge, $50,000 per surgery?

A Correct. I cannot tell what other people is going to charge. That is what my office charge for surgery.

Q Is that what you got in this case, $50,000 per

surgery?

MR. THOMAS: Objection, your Honor.

THE COURT: Rephrase the question.

Q Did you charge $50,000 per surgery?

THE COURT: Not him. He works for an institute.

MR. THOMAS: Right, New York Spine Institute.

He is not even getting paid.

Q Did your employer get $50,000 per surgery on Ms. Alvarez Miranda?

A If the case was done under No-Fault, a different insurance have different prices. You have to do what is No-Fault. If No-Fault I do believe the cervical surgery is going to be about $10,000 and the lumbar is going to be about $20,000. That is No-Fault rate. Then if it's not No-Fault I can charge whatever I want.

I have surgeons in New York that is going to charge for this surgery more than $100,000 believe it or not. This is what our office charge for this kind of surgeries that sometimes is wrong because the lumbar should be double than the cervical.

Q So in this case you're saying that your office got $10,000 per surgery?

A I didn't say that.

MR. THOMAS: Again, Judge, misleading the jury. Mischaracterizing the testimony of the witness.

THE COURT: Sustained. The document speaks for itself.

Q What were you talking about -- what did you mean by $10,000?

A I don't know. I don't recall. If this was a car accident and that was covered by No-Fault insurance we have to -- I cannot charge whatever I want. That is why Medicare or No-Fault or Workers' Comp, they have the prices. They have specific price for that. You have to charge whatever the prices are under them.

Q So there are -- is it fair to say there are some sources that say that the price of each one of these surgeries is $10,000?

A No.

MR. THOMAS: Objection.

THE COURT: He is saying no.

MR. THOMAS: Can we approach on this issue?

(Whereupon, a discussion was held off the record, at sidebar, between the Court and counsel.)

THE COURT: Do you know what your office charged for each surgery?

THE WITNESS: Those are the numbers from my office, $50,000.

THE COURT: For each surgery?

THE WITNESS: For each surgery, yes.

THE COURT: Okay, let's move on.

Q The physical therapy that you have here, does your office provide physical therapy?

A This is based on the physical therapy that works in the office, yes.

Q So your office gives physical therapy?

A Say that again.

Q Your office, the one you work for, they provide physical therapy?

A Yes, they have a physical therapy site inside the office. In one of the offices in Westbury, okay.

Q And the physical therapy is to strengthen the muscles, correct?

A That is what I explained before because people is telling me, well you are not going to need massage for the rest of your life. No, you're going to need more than that. You're going to need strengthening exercises, swimming pool and everything. You need to have a gym in the office to work with that.

Q People can do exercises and swimming without going to a physical therapist, right?

A That's correct, in some way. Not in New York. You have three months in summer. You need a place that is dedicated to that. And the gym, I always recommend to be careful because not everyone knows what exercises they should

do. It should be supervised because you can hurt yourself.

Q How about in North Carolina, are there swimming pools indoors in the winter?

A I cannot answer that.

MR. SOKOLOFF: Go to the bottom of this, please.

Q You wrote this, I am a physician dually licensed to practice in the State of New York and affirm the truth of the foregoing under penalties of perjury pursuant to CPLR 2106. You wrote that?

A Yes, I already answered that question.

Q What is CPLR 2106?

A I have no idea. That is my legal part that is doing that.

Q You have no idea?

A I have no idea what is -- I think -- we have attorneys in the office that help us with that. That is the way it should be signed.

Q So your office has attorneys that work in the office?

A No.

MR. THOMAS: Objection, your Honor.

This is an affirmation.

THE COURT: I am going to sustain the objection.

Are we done? Anything else?

MR. SOKOLOFF: I'm done.

THE COURT: Great, thank you.

You are excused.

THE WITNESS: Thank you so much.

THE COURT: You are welcome so much.

Are we going to continue with Ms. Miranda?

MR. THOMAS: Yes, he is still on cross-examination.

THE CLERK: Just to remind you, you are still under oath.

THE WITNESS: Thank you.

THE COURT: You may continue with your cross.

CROSS-EXAMINATION

BY MR. SOKOLOFF:

Q Before you worked for Dr. Ezzi you worked at a factory, correct?

A Yes.

Q And you started at the factory doing what?

A Regular employee.

Q What were your duties and responsibilities at the factory?

A The responsibilities varied in accordance to the product that was being done.

Q What do you mean?

A Because at that factory they did different medications.

Q So it was a factory that made medications?

A They pack medications.
Q And you started there in 2011, correct?
A Yes.
Q How much did you make when you started working there?
A It's so many years ago I don't remember exactly.
Q At some point after you were working at the factory for a few years you received a promotion, correct?
A Yes.
Q And you were promoted to the position of line leader; is that correct?
A Yes.
Q And what were your duties and responsibilities as a line leader in this medication factory?
A To direct personnel, to make sure that the medication was the correct one and that the tools that were being used was the correct one for the medication because each medication had a proper tools.

And it also -- I also had to check the components and the expiration date. I had to do the daily reports, how many units were produced during that -- for that product.
Q Finished?
A Yes. I did a lot of stuff.
Q How many people did you supervise when you were the line leader?
A The least I supervised were four people, and the most

I supervised were 18.

Q And when you functioned in that job as a line leader, you were also involved in keeping records, correct?

A Yes.

Q And you did that with a paper and pencil, right?

A My daily report of production I did it with pencil, but the general report of the copy did it on the computer.

Q You got the promotion in 2014, correct?

A Yes.

Q There came a time when you were working for PL Development at the medication factory that you were making $48,000 a year, correct?

A Yes.

Q And you were working overtime when you were working for the factory, right?

A Yes.

Q And while you were working in that factory as a supervisor making $48,000 a year, you were also working -- you had another job, right?

A Yes, a part-time.

Q And what was that job?

A I worked as an HHA taking care of older people at their house, but on the weekends.

Q And there came a time when you gave up the job as the supervisor in the factory and you gave up the job on the

weekends, right?

A Yes.

Q Because you wanted to spend more time with your children, correct?

A Yes, that's correct.

Q Being with your family at that -- withdrawn.

And when was that that you gave up the job in the factory and the job on the weekends?

A The weekends I left around the end of 2018, and the factory I left in November of 2019.

Q And you gave up both of those jobs because your priority was spending time with your family, correct?

A Correct.

Q You at that time had the financial ability to -- withdrawn.

Did you have another job lined up when you stopped working for PL Development?

A What do you mean?

Q There came a time that you told PL Development that you didn't want to work there anymore, right?

A No, I didn't say that I didn't want to work there anymore. I was waiting for a promotion, but that opportunity was given to someone else.

Q So are you saying that you quit?

MR. THOMAS: Objection.

Are you saying? All this recharacterization of testimony is totally inappropriate.

THE COURT: Sustained.

Q Did you quit?

A When I had the job at Dr. Ezzi, yes.

Q The job going to work for Dr. Ezzi paid less than the job that you had at the factory, right?

A Yes.

Q You went from making $48,000 a year to a job that paid $35,000 a year, correct?

A Yes.

May I add something?

Q Okay.

A But I started working again with the elderly people on Mondays, on my off day.

Q So you went to work for Dr. Ezzi, you weren't working Mondays?

A I rested on Mondays.

Q So when you worked for Dr. Ezzi how many days a week did you work?

A Five days, including Saturdays.

Q So you worked from Tuesday to Saturday for Dr. Ezzi?

A Yes.

Q Before you came to the United States when you were in Columbia you had a job working full-time as a receptionist

during the day, correct?

A Yes.

Q When was that?

A Could have been around 2004 and after 2006 until the time I came in 2009. I came here in 2010.

Q And you also had experience in Columbia going to night school for three years to be an executive secretary, correct?

A Yes, correct.

Q And did you ever work as an executive secretary in Columbia?

A Yes.

Q For whom did you work in Columbia?

A At the University of Sinu. And a clinic Cartagena Del Mar, an ophthalmologist.

Q And in that position at university of Sinu, S-I-N-U, you worked in the admissions department?

A Yes.

Q And your duties included sending letters to students; is that correct?

A Yes, it's correct.

Q And also providing information about course offerings to people?

A Yes, correct.

Q And you also at the university, you processed

admissions paperwork, correct?

A Yes, correct.

Q And from when to when did you work for the university?

A I think it was from 2004 to 2006, something like that.

Q And did you stop working there because you had a child?

A Yes.

Q Is it correct that on a scale of one to ten your ability to understand English is an eight?

A Yes.

Q And your ability to speak English is seven out of ten, correct?

A Yes.

Q You have not explored going to work in North Carolina, correct?

A No.

Q I'm correct?

A Yes, it's correct, I have not done it.

Q Dr. Macagno has not talked to you about your ability to return to work, correct?

A No.

Q He didn't speak to you about it, right?

A Clearly, no.

Q When did you get married?
A November 5th of 2021.
Q When you got married was your husband employed?
A Yes.
Q What did he do?
A He's NYPD detective.
Q Besides working as an NYPD detective -- withdrawn.
Your husband's name is Adrian Weber?
A Yes.
Q Besides being a detective for the New York City Police Department, Adrian Weber also owns a business; is that correct?
A No.
Q Did he own a business?
A No. He works for a private company.
Q And in February -- withdrawn.
When you were deposed, when you were questioned on Zoom on February 20th, 2023, you testified that your husband was in the process of retiring from NYPD, correct?
A Yes, correct.
Q And you said that he had six months worth of sick leave before he retired?
A Yes, he had also vacation time.
Q And has he retired as of today?
A Yes.

Q You also said that your husband had another day job where he is paid very well, correct?

MR. THOMAS: Objection.

Relevance. He is not a party.

MR. SOKOLOFF: I would rather not have to argue the relevance in front of the jury.

MR. THOMAS: His income is irrelevant.

THE COURT: Yes, where are we going with this?

I'm going to sustain the objection. Let's move on. He doesn't have a derivative claim here. He is not a party.

MR. SOKOLOFF: Judge, there was testimony about physical therapy and ability or inability to pay for it, so financial condition of the witness is an issue.

MR. THOMAS: Your Honor, totally inappropriate. He is not a party to this lawsuit and I don't want to -- there is no reason for me to go into the speech in front of this jury. That's my objection.

THE COURT: Can we limit what we have to say here, please.

Q In February 2023 your husband was paying all the bills in the house, correct?

A Bills and mortgage.

Q You have never lived in the same household with your husband, correct?

A No.
Q Has he moved to North Carolina?
A Not yet.
Q What job did he have besides NYPD?
A He worked as a private security for the owner of the company.
Q And you testified that that pays very well, correct?
A Yes.
MR. THOMAS: Objection.
It's an irrelevant statement, Judge.
THE COURT: It's asked and answered.
Q You have three children, correct?
A Yes.
Q And how old are they?
A The oldest one is 27. The second one is 19. The last one is 15.
Q You moved to North Carolina so you can be with your oldest child, the one who is now 27, correct?
A Correct.
Q She had a child and that's your grandchild, correct?
A Yes, and she's pregnant again.
Q So you're going to have a second grandchild?
MR. THOMAS: Objection, your Honor.
Captain obvious. These questions are really --
THE COURT: Okay, your objection is noted.

Let's streamline our cross.

Q You have no plan to move out of North Carolina, correct?

A No.

Q And you have no plan to move out of the house that you're living in, correct?

A No.

Q Am I right?

A Yes.

Q This is a private house that you live in, correct?

A Yes, correct.

Q And there are two stories in that house?

A Yes, correct.

Q And in that house you do housekeeping, correct?

A No.

Q Did you testify in February of 2023 that you do housekeeping?

A No. I said that I pick up things that are above a table and light things, but I don't do vacuuming. I don't mop. I don't do anything heavy including laundry. My daughters do it.

Q You do housecleaning, correct?

A No, I don't clean the house. I just collect like plates that my kids leave out on the table, on the island, on the counters. Light things. I can't do cleaning.

Q You clean the table after meals, correct?
A I only pick up the things. I can't bend to clean a table or anything or wiping.
Q And you do the dishes, don't you?
A I have a washing machine.
Q A dishwasher?
A Yes, yes.
Q But do you clean the dishes by putting them in the dishwasher?
A My kids do all that. They love me a lot.
Q At your February 20th, 2023 deposition you were asked these questions and gave this answer on page 30, line 4.
Quote, "So are you able to --
MR. THOMAS: You mean question? You said quote.
MR. SOKOLOFF: It's late, sorry.
Q "QUESTION: So are you able to do any housecleaning now?
"ANSWER: Simple things, top only."
MR. THOMAS: On top only.
Q "On top only.
"QUESTION: What do you mean on top?
"ANSWER: For example, to clean the table, to pick up things from the table, to cook, do the dishes."
You testified to that in February of 2023, correct?
MR. THOMAS: Objection, your Honor.

It's not inconsistent. Improper use of deposition testimony.

THE COURT: I'm going to overrule.

Did you testify to that?

THE WITNESS: Yes, but I didn't explain that when I wash the dishes I wasn't washing --

Q My question was only if you testified to that?

A Okay, I said it.

Q You have not retrained or hired any help, any outside help to help you do household chores, correct?

A No.

Q Since your accident you were never treated by any mental health professional, correct?

A No.

Q You never saw a psychologist, correct?

A No.

Q You never saw a psychiatrist, correct?

A No.

Q You never saw any other mental health professional, correct?

A No.

Q In February of 2023 when you testified you said that no healthcare professional had said anything to you about your ability to ever return to work, correct?

A Yes, correct.

Q No doctor has ever told you when, if ever, you will need future surgery, correct?

MR. THOMAS: Objection, your Honor.

There's evidence in the record.

MR. SOKOLOFF: It's about what was said to her by a doctor.

THE COURT: Rephrase the question.

MR. SOKOLOFF: What's that?

THE COURT: Rephrase your question.

MR. THOMAS: I will withdraw my objection, Judge. Let him ask that question, it's okay.

THE COURT: Go ahead.

Do you want the question read back?

MR. SOKOLOFF: Okay.

THE WITNESS: I heard the question.

THE COURT: Can you answer?

THE WITNESS: Yes.

Dr. Macagno said that I would need a second surgery in the future like in approximately 10 to 12 years.

Q You have to -- withdrawn.

Do you recall testifying when Mr. Thomas was questioning you and saying that you never spoke to a vocational rehabilitation therapist that my side of the case hired?

A A vocational therapist?

Q A vocational rehabilitation therapist.
A No.
Q Did you ever speak to somebody by the name of Capotosto?
A I don't know who Capotosto is. I don't remember.
Q Were you ever interviewed -- withdrawn.
Do you know what Zoom is?
A Yes.
Q Were you ever interviewed on Zoom by a person who asked you questions about your ability to work?
A I don't remember that.
Q Would it refresh your recollection if I tell you that you appeared on a Zoom with your lawyer Mr. Duenas to answer questions about your ability to work?
A I don't remember. Don't remember.
Q When you worked for Dr. Ezzi before your accident, did you work the same number of hours every week?
A Before the accident, yes.
Q How many hours a week did you work for Dr. Ezzi before the accident?
A Forty hours.
Q Did you take off for any periods of time in the time that you worked for Dr. Ezzi before the accident?
A No.
Q Did you -- when you testified on direct examination

from Mr. Thomas, you testified that you lost friends because you don't want to see people. Is that fair, that's what you said?

A Yes.

Q Now, when you moved down know to North Carolina you didn't know anybody, correct?

A Correct.

Q You didn't lose any friends in North Carolina, did you?

A Can I answer?

THE COURT: Yes.

A My friends mostly were in New York, but I also had friends in the church that I go.

Q And you testified that you had some problems with your stomach you said because of medication?

A Yes.

Q You never went to see a doctor about that, did you?

A I simply reduced the dosage and I would take something for my stomach.

Q So my question was, you never went to a doctor for any stomach problems because of your medication; yes or no?

A No.

MR. SOKOLOFF: Give me just a minute.

No further questions. Thank you.

THE COURT: Any redirect?

MR. THOMAS: Yes, briefly, Judge.

REDIRECT EXAMINATION

BY MR. THOMAS:

Q Adis, when he first got up to question you he asked you about hiring a lawyer, that you hired a lawyer a few days after the accident.

Do you remember that?

A Yes.

Q Tell the jury, why did you feel like you needed a lawyer?

A The truth is I needed someone to advise me because I felt that I had not done any mistakes and I was having a lot of pain and I needed advice.

Q Had you ever hired a lawyer for any reason before being involved in this accident?

A Never in my life.

Q Were you happy with the lawyer that you ultimately hired?

MR. SOKOLOFF: Objection.

THE COURT: Sustained.

Q Counsel asked you if the airbags deployed in the car.

Do you remember that?

A Yes.

Q Do you know why the airbags did not deploy?

MR. SOKOLOFF: Objection.

THE COURT: Do you know why; yes or no?

THE WITNESS: Yes.

Q Why?

MR. SOKOLOFF: Objection.

Calls for an expert opinion.

MR. THOMAS: Judge, I don't think it does. I would be happy to approach and explain.

THE COURT: You don't have to. I will give you limited latitude.

A Yes.

Q Tell us how you know?

A Because the hit was in the front of the car. The hit was on the right side 90 degrees on the passenger side.

Q Above the windows or at the window level?

MR. SOKOLOFF: Objection.

Leading.

THE COURT: Just rephrase.

Q Do you know where the sensors are for the airbags on that car?

A In the front and in the back, I'm not sure.

Q When counsel asked you, you said that you had less frequency of neck pain after the surgery than before the surgery, and that the severity of the pain was also less.

Do you remember that?

A Yes.

Q Did the surgery that you had to your neck, did it help you?

A Yes.

Q Did the surgery that you had to your back, did it help you?

A Yes.

Q And did it fix all your problems?

A No.

Q Do you still have complaints now?

A Yes, of pain.

Q Counsel asked you about flying to North Carolina, New York City and North Carolina.

Do you remember that?

A Yes.

Q Tell the jury, how long is that flight from New York City to North Carolina?

A Approximately one hour and 45 minutes.

Q Do you do anything before you get on the plane to prepare for the flight?

A Yes, I take Tylenol.

Q I asked you if you fly first class.

Do you remember that?

A Yes.

Q Why don't you fly first class?

A Because I don't have a way to buy the tickets.

Q Counsel asked you if you decided to move to North Carolina on your own as opposed to what, being forced to move to North Carolina?

MR. SOKOLOFF: Objection.

THE COURT: Sustained.

Rephrase.

Q Do you remember he said you chose to move to North Carolina on your own?

A Yes.

Q Why North Carolina? How did you end up in North Carolina?

A First my daughter moved to North Carolina and second she said that the weather was very nice there and that the cold was not as cold as New York. The winter was not as cold as New York. And it doesn't snow or very little.

Q Why did your daughter move to North Carolina?

MR. SOKOLOFF: Objection.

Relevance.

THE COURT: Sustained.

MR. THOMAS: Judge, my question was why North Carolina as opposed to someplace else.

MR. SOKOLOFF: She answered that. Now we are talking about why her daughter moved.

THE COURT: I'm going to sustain the objection.

Q Counsel asked about your husband Adrian Weber.

Do you remember that?

A Yes.

Q When did you and Adrian become fiance?

A February 14th of '21.

Q That's Valentine's Day?

A Yes.

Q That's just less than a month before this accident?

A Correct.

Q How did this accident affect your plans for a wedding?

A I wasn't able to do the wedding that I had planned. As soon as we got engaged we were making plans, consulting places for the wedding and the list of guests.

Q How many people were you planning on having at your wedding?

A A hundred.

Q How many did you actually have at your wedding?

A Only my family.

Q What about the honeymoon?

A I didn't have any of that. This accident damaged all of my plans.

Q Counsel asked what your husband does.

Do you remember that?

A Yes.

Q He works at days and he works at night, correct?

A Yes.

Q If this accident did not happen were you planning on still working even after your husband retired?

A Yes.

Q Tell the jury why. If you got married to a man who is retiring from the police department, maybe had a pension, maybe you wouldn't have to work?

MR. SOKOLOFF: Objection.

No, I will withdraw the objection.

THE COURT: You can answer.

A I don't have the right to my husband's pension. I am a mother of children that I have to take care of. My children are not his children, and I'm the one that has to provide for them.

Q Was your plan to keep working to help provide for your children?

A Yes.

Q What about savings, did you have any savings before this accident?

A Yes, I had some savings.

Q What happened to your savings?

A I had to use half of the down payment for the house.

Q And your youngest is fifteen, correct?

A Yes.

Q Does he plan on going to college?

MR. SOKOLOFF: Objection.

THE COURT: Overruled.

A Both my children want to go to the university.

Q And if this accident did not happen was it your intention to help them with school?

A Yes.

Q Dr. Carfi testified in this case, the life care planner, about some of the things that he believed he would need in the future going forward.

You spoke with Dr. Carfi, right?

MR. SOKOLOFF: Objection to the form.

THE COURT: I'm going to overrule.

A Yes.

Q What did you tell Dr. Carfi about what equipment you use in the shower?

MR. SOKOLOFF: Objection.

That's hearsay.

MR. THOMAS: No.

MR. SOKOLOFF: Yes.

MR. THOMAS: No. What she said to Dr. Carfi.

MR. SOKOLOFF: Yes, hearsay.

THE COURT: Overruled.

You can answer.

A I use a chair to shower and brushes to do my back and feet. And I use a removable faucet.

Q So a handheld shower faucet?
A Yes.
Q Did you need only those things before this accident when you took a shower?
A No.
Q Finally, there's been records offered into evidence that say this accident happened when you were sideswiped by a truck.

Did you ever tell any of your medical providers that you were sideswiped by a truck?
A Never.
Q Can you tell the jury now in terms of how the two vehicles came together, can you describe that?

MR. SOKOLOFF: Your Honor, this is beyond the scope of cross.

THE COURT: Outside the scope. Unless I missed something from the other day. I may have.

MR. THOMAS: I thought I took pretty decent notes.

Q Counsel asked you about how you knew you were going 38 miles an hour at the time of contact with the dump truck.

Do you remember that?
A Yes.
Q And tell the jury how you knew you were going 38 miles an hour?

A Because regularly I'm checking the speed and at the moment of the impact I checked the speed that I was going.

Q On cross-examination counsel read from your prior deposition of June 7th, 2021. He read page 10, line 20 and he read driving on Jerusalem in right lane, I hope I was going to stop -- I hoped it was going to stop. I had the right of way. All of a sudden I felt an impact in my right side. Big iron piece came inside my car, got really scared and I moved left to cover myself from the glass.

Do you remember saying that?

A Yes.

Q And when you said that you felt the impact in your right side, what part of the truck impacted your right side?

A The front of his car and the metal that he had in the front of the car. And it broke all the windows and a piece of metal came in.

Q So the front of his truck made contact with the side of your car, correct?

A Correct.

Q It wasn't the side of his truck that made contact?

MR. SOKOLOFF: Objection.

THE COURT: Overruled.

Q It wasn't the side of his truck that made contact with the side of your car, correct?

A Exactly.

MR. THOMAS: I have no further questions. Thank you very much.

THE COURT: Thank you. You are excused.

Does plaintiff have anything else to present?

MR. THOMAS: Your Honor, plaintiff having no further witnesses, plaintiff rests.

THE COURT: Thank you.

That's all the testimony that we have for today. Please don't discuss any of the testimony you've heard over the last several days amongst yourselves or with anyone else.

We're off tomorrow. Tomorrow I have conferences so you are off tomorrow. You go back into your lives and do whatever it is you usually do.

On Thursday please be here at 9:30 and we're going to actually continue because we already had the defendant testify and we also had defendant's expert testify. So we actually started defendant's case. We are going to continue with defendant's case on Thursday.

How many experts do we have on Thursday? Two, one in the morning and one in the afternoon?

MR. DIAMOND: Yes.

THE COURT: Thank you very much.

MR. THOMAS: Before we break can we just approach in terms of scheduling?

THE COURT: Sure.

(Whereupon, a discussion was held off the record, at sidebar, between the Court and counsel.)

THE COURT: The attorneys were just letting me know the scheduling. It's changed a little bit. So we are going to have two witnesses on Thursdays, it will be a full day. We will be off on Friday. Then we are going to have two witnesses on Monday the 13th and then we should be doing closings on Tuesday the 14th.

SWORN JUROR: So Friday we're off?

So you're off tomorrow and you're off on Friday. Thursday and Monday we still have testimony. It will be full days of testimony.

Any other questions?

SWORN JUROR: Just if it goes past Tuesday.

THE COURT: I don't think it will. I honestly don't think it will. I mean you're going to get the case for deliberations probably on Tuesday. You can take as long as you want to deliberate. You can be here all day Tuesday. You can be here all day Wednesday. You can be here all day Thursday. You are here until you answer all the questions, however long it takes you.

Typically I have conferences on Wednesdays and so I don't do testimony on Wednesday, but if you get the case on Tuesday after closings and I have to give you the

charges on the law.

So after I finish all that, I think we can safely say that you will have the case Tuesday afternoon. If you are still deliberating on Wednesday the 15th I will have you come in if you don't have a verdict by then. The longest I see you going is Wednesday.

SWORN JUROR: I just can't be here on Thursday.

THE COURT: We will keep that under consideration. Thank you for letting us know.

You are excused. See you Thursday.

Off the record.

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

COURT OFFICER: Jurors exiting.

(Whereupon, the jury exited the courtroom.)

THE COURT: On the record.

MR. SOKOLOFF: Judge, I am a little bit concerned. Juror number -- I guess it's juror number three seemed to express a reticence about the case going beyond Tuesday, and I think we need to inquire.

THE COURT: You mean she, number two?

MR. THOMAS: Juror number two just said she can't be here --

THE COURT: She can't be here on Thursday, that's it. She just can't be here on Thursday. So we

shouldn't have an issue with any of that.

MR. DIAMOND: She initially said Wednesday.

MR. SOKOLOFF: She initially said Wednesday, but I would like the jurors to be told that they don't have to rush to get done by a certain time.

THE COURT: Well, I think I made that clear to them. I told them that they will have the case Tuesday, probably by Tuesday afternoon. And, you know, then Wednesday and I said Thursday and I explained to them they deliberate for as long as they need to until all the questions are answered is what I think I said. I think that's clear to them.

MR. SOKOLOFF: Well, you didn't say quite that, but I would like you to say that at some point before they deliberate that there's really -- they don't have to rush to get done by a certain time. They need to take all the time they need.

THE COURT: I will let them know they can take all the time they need. I already told them if they are in the midst of deliberating on Tuesday and they don't have a verdict by Tuesday afternoon, that even though I'm down usually on Wednesday, that I will have them come in and I will have them continue to deliberate.

I think I made it clear to them that they have as much time as they need on as many days as they need. I

don't think there is the need to overanalyze anything, okay.

See you all on Thursday.

(Whereupon, the trial was adjourned until May 9, 2024.)

BY MR. SOKOLOFF: [2] 495/21 574/12
BY MR. THOMAS: [2] 434/25 590/3
COURT OFFICER: [7] 434/2 517/17 517/20 534/7 535/2 561/13 601/14
MR. DIAMOND: [2] 599/22 602/2
MR. SOKOLOFF: [117] 422/3 422/8 423/19 423/21 424/7 424/17 424/22 425/11 426/1 426/25 427/4 427/12 428/13 429/3 430/25 431/2 431/18 432/10 432/18 432/24 433/1 433/9 433/17 435/4 437/4 437/7 437/23 438/14 441/23 442/25 445/23 446/3 446/10 446/12 450/6 451/9 451/18 453/23 454/9 456/16 457/1 457/22 458/1 458/14 459/7 460/6 461/24 463/7 463/22 467/21 472/14 476/18 479/22 480/21 481/3 482/3 482/8 482/18 483/11 491/15 492/6 493/7 493/9 494/11 498/9 498/19 499/20 502/20 505/7 517/25 533/24 534/4 535/8 542/8 550/7 550/11 551/12 552/24 553/2 554/6 556/9 556/21 560/21 562/20 563/14 564/2 566/5 567/17 569/10 569/12 573/5 573/24 582/5 582/12 585/15 587/5 587/8 587/14 589/23 590/19 590/25 591/4 591/15 593/4 593/17 593/22 595/8 596/1 596/11 596/16 596/19 596/21 597/14 598/21 601/17 602/3 602/13
MR. THOMAS: [111] 424/5 428/2 428/19 429/7 429/19 430/5 433/16 433/25 434/7 434/23 437/10 438/18 441/14 441/18 442/22 443/4 443/11 443/16 446/14 451/20 453/24 454/12 457/24 458/16 461/22 461/25 467/23 482/5 482/9 484/8 492/8 495/17 496/1 496/15 496/21 497/15 497/23 498/6 498/11 499/4 500/7 502/18 504/23 505/5 507/20 509/8 512/16 516/11 530/13 532/24 534/2 537/8 540/4 542/5 542/23 544/14 547/1 547/8 548/23 550/6 551/10 551/13 552/23 552/25 553/16 554/4 554/11 554/18 555/6 556/7 556/10 556/19 557/14 557/24 559/5 560/24 561/3 561/6 561/10 563/16 564/5 567/19 569/8 570/2 570/6 570/24 571/15 571/17 573/20 574/5 577/25 582/3 582/7 582/15 583/9 583/23 585/14 585/19 585/25 587/3 587/10 590/1 591/6 593/20 596/18 596/20 597/18 599/1 599/5 599/24 601/22
SWORN JUROR: [3] 600/10 600/15 601/7
THE CLERK: [2] 434/14 574/7
THE COURT: [159] 422/1 422/7 423/18 423/20 424/3 424/9 424/19 425/6 425/16 426/14 427/2 427/6 427/24 428/11 428/15 429/5 429/18 430/4 431/1 431/16 431/24 432/13 432/23 432/25 433/6 433/10 433/19 434/4 434/19 437/5 437/24 438/16 438/20 441/16 442/1 443/5 443/17 446/1 446/4 446/11 446/13 446/15 450/9 451/10 451/22 456/17 457/2 463/23 472/16 476/20 480/22 481/4 482/21 483/13 484/6 492/10 493/8 493/12 494/12 495/19 496/2 496/17 496/23 497/24 499/5 502/21 505/2 505/6 505/8 506/13 509/10 512/19 516/13 517/15 517/22 530/14 533/22 534/1 534/3 534/5 534/9 535/4 540/6 542/7 544/17 547/3 547/9 548/25 550/8 551/15 551/18 551/21 553/3 553/18 555/7 556/22 557/15 558/2 558/23 559/6 560/23 561/4 561/8 562/21 562/24 563/17 564/4 566/6 567/18 569/11 569/14 570/3 570/5 571/1 571/16 571/20 571/24 572/1 573/22 573/25 574/3 574/10 578/3 582/8 582/19 583/11 583/25 586/3 587/7 587/9 587/12 587/16 589/11 589/25 590/20 591/1 591/8 591/17 593/5 593/19 593/24 595/10 596/2 596/12 596/22 597/16 598/22 599/3 599/7 599/23 600/1 600/4 600/16 601/8 601/16 601/21 601/24 602/6 602/18
THE WITNESS: [20] 434/16 446/17 454/15 458/2 459/8 493/14 506/14 551/17 551/20 556/24 557/17 562/22 571/22 571/25 574/2 574/9 586/5 587/15 587/17 591/2

$

$10,000 [4] 570/13 570/22 571/4 571/13
$100,000 [1] 570/17
$150,000 [1] 563/5
$2,000 [1] 564/7
$20,000 [1] 570/14
$200 [1] 563/11
$200,000 [1] 563/6
$3,500 [1] 564/7
$35,000 [1] 578/10
$375 [1] 563/8
$377 [1] 563/10
$48,000 [3] 576/12 576/18 578/9
$50,000 [9] 562/11 563/1 564/25 569/19 569/22 569/25 570/4 570/8 571/23

'

'21 [3] 516/15 530/24 594/4
'22 [4] 547/21 547/22 550/16 550/16

-

X [2] 421/2 421/7
-against [1] 421/5

1

10 [7] 544/25 554/21 555/3 555/4 563/19 587/19 598/4

1

10 degrees [1] 488/4
108-18 [1] 421/14
10:30 [1] 453/1
10th [5] 535/10 535/13 536/13 538/7 540/8
10th under [1] 546/18
11 [1] 525/5
1121 [1] 423/24
11375 [1] 421/15
11501 [1] 421/8
11514 [1] 421/18
11590 [1] 434/18
12 [2] 563/19 587/19
12/23 [2] 541/7 541/8
12th [18] 525/7 525/13 525/21 526/4 526/6 526/24 527/1 527/11 529/1 530/24 531/19 532/3 532/7 532/16 533/5 533/10 533/13 533/20
13th and [1] 600/8
14 [1] 525/25
14th [1] 600/9
15 [2] 554/21 583/16
15 pounds [2] 555/3 555/4
150 [1] 422/21
15th [1] 601/4
16 [1] 423/22
16th [4] 459/23 482/15 546/17 547/22
17 [1] 545/17
176 [1] 422/21
176 pounds [6] 505/19 517/5 520/9 538/25 546/5 549/5
179 [1] 421/18
17th [2] 471/4 546/16
18 [2] 421/14 576/1
19 [1] 583/15
1942 [1] 422/22
1956 [1] 422/24
1985 [1] 423/5
1988 [1] 435/15

2

2.5 percent [3] 465/3 466/11 560/9
2/16/22 [1] 542/11
2/7/23 [1] 549/23
20 [6] 490/21 505/16 505/17 554/24 555/12 598/4
20 degrees [3] 487/13 505/15 508/16
2004 [2] 579/4 580/5
2006 [2] 579/4 580/5
2009 [1] 579/5
2010 [1] 579/5
2011 [2] 423/22 575/2
2014 [1] 576/8
2018 [1] 577/9
2019 [1] 577/10
2021 [31] 443/24 444/2 444/11 451/15 456/14 456/25 471/3 471/4 474/6 496/5 503/15 505/10 506/11 508/16 510/15 512/21 514/15 518/2 520/24 523/4 524/8 527/11 532/16 533/10 535/11 536/23 540/22 548/17 561/21 581/2 598/4
2022 [13] 459/23 462/1 467/24 471/3 482/15 486/1 541/1 544/25 545/6 547/25 549/23 561/18 561/19
2023 [15] 481/20 493/1 542/2 550/3 550/15 550/18 550/24 552/16 556/11 581/18 582/21 584/16 585/11 585/24 586/22
2024 [2] 421/9 603/5
20th [2] 581/18 585/11
21 [2] 421/4 525/24
2106 [3] 565/15 573/8 573/11
21st [1] 537/20
22 [3] 503/15 505/10 542/11
22nd [10] 443/24 444/2 506/11 508/16 510/14 514/15 516/15 536/23 537/18 547/21
23 [5] 541/7 541/8 549/23 556/1 556/6
23rd [3] 540/8 540/22 542/2
24 [1] 421/2
25 [2] 482/7 482/9
25 percent [1] 465/4
263 [1] 422/22
27 [2] 583/15 583/18
2:15 [2] 534/1 534/5

3

30 [10] 462/11 466/4 466/7 466/9 490/21 490/24 525/4 554/24 555/12 585/12
30 degrees [4] 487/2 487/13 505/14 505/15
300 [1] 501/20
30th [3] 520/6 520/24 524/23
31 [4] 442/3 442/23 443/14 561/18
31st [1] 550/16
32 [1] 561/11
35 [5] 545/6 545/9 545/12 545/16 545/18
365 [1] 501/24
38 miles [2] 597/21 597/25

4

4/27/23 [2] 556/1 556/6
40 [1] 486/23
40 degrees [1] 505/14
45 [1] 592/17
45 degrees [1] 488/4
46 [1] 467/13
4th [5] 421/14 444/11 456/14 456/25 561/21

5

5/31 [1] 561/18
50 [1] 563/5
50 degrees [1] 486/22
50 percent [2] 487/2 488/5
500 [1] 467/6

6

60 [1] 487/1
610566/21 [1] 421/4
66 [1] 423/23
683 [1] 422/22
6th [1] 528/7

7

71 [1] 422/24
761 [1] 434/17
79 [1] 505/19
7th [11] 462/1 467/24 481/19 486/1 493/1 550/15 550/18 550/24 552/16 556/11 598/4

8

80 degrees [1] 487/12
841 [1] 423/22
8:30 [1] 452/23

9

9/17 [1] 545/17
9/17/2021 [1] 548/17
9/30/21 [1] 525/24
90 degrees [1] 591/13

9
9:30 [1] 599/15
9th [8] 512/21 517/3 518/2 518/4 518/12 519/13 519/20 525/4

A

abdomen [1] 461/6
ability [12] 478/13 484/25 491/13 554/16 577/14 580/11 580/13 580/21 582/13 586/24 588/10 588/14
able [6] 456/11 471/14 511/24 585/13 585/16 594/11
about [138] 422/12 422/15 423/25 424/17 424/19 426/10 426/12 426/15 426/17 427/13 427/13 427/18 429/3 429/14 430/3 431/3 433/12 435/13 436/1 436/6 436/6 439/1 440/18 440/19 441/4 444/20 451/13 452/1 452/23 452/25 453/20 455/1 457/11 461/2 465/4 465/14 466/11 466/21 467/8 468/10 470/17 471/20 473/2 474/25 475/22 476/5 476/21 476/25 477/24 478/14 479/4 482/13 482/17 489/7 489/11 491/12 493/4 493/10 496/13 500/23 501/22 504/4 504/18 504/22 504/25 508/12 510/19 511/15 511/17 512/2 518/3 518/13 519/4 519/9 519/23 521/22 524/6 526/4 526/7 526/25 528/4 529/3 529/7 529/9 530/19 532/9 532/11 533/14 537/5 538/5 538/9 542/8 544/2 548/1 548/2 549/11 549/20 549/24 553/14 553/21 553/22 554/16 554/20 555/1 555/15 555/15 559/10 559/19 562/22 565/4 565/24 567/7 567/9 568/8 568/9 570/13 570/13 571/3 573/2 579/22 580/21 580/24 582/12 586/23 587/5 588/10 588/14 589/17 590/5 592/11 593/23 593/25 594/19 595/18 596/8 596/14 597/20 601/19
above [7] 454/8 465/2 465/9 465/15 465/17 584/18 591/14
absolute [1] 467/17
absolutely [21] 436/21 436/25 456/12 457/3 464/24 470/12 475/18 504/20 506/17 507/18 507/21 508/15 508/19 511/18 515/8 516/21 531/7 549/13 551/20 564/3 568/6
absorb [1] 481/16
absorbable [1] 522/8
academic [1] 439/25
Academy [2] 439/19 439/22
accelerate [2] 465/11 467/11
accept [1] 423/13
accident [96] 425/2 426/11 429/11 429/11 429/15 430/15 431/15 431/19 431/22 432/14 432/16 432/20 437/17 440/17 440/23 441/1 444/10 444/15 444/23 444/23 444/24 449/5 451/6 451/12 451/17 452/2 452/3 452/8 452/23 452/25 453/10 456/14 456/23 456/24 457/6 457/16 464/23 467/13 469/11 470/15 473/17 473/23 474/6 474/17 474/21 478/15 483/18 485/11 488/18 488/21 488/23 489/3 489/4 493/5 495/10 495/25 496/9 496/13 496/14 496/16 496/20 497/5 497/8 497/22 499/13 500/24 500/25 501/10 504/9 504/10 504/15 504/19 504/22 510/15 510/18 510/19 554/8 561/21 561/23 562/1 571/6 586/12 588/16 588/18 588/20 588/23 590/6 590/15 594/7 594/9 594/20 595/2 595/19 596/4 597/3 597/7
accordance [1] 574/20
according [1] 512/7
accurate [11] 442/5 442/17 536/5 546/25 547/2 549/1 549/2 562/15 562/16 563/20 565/19
acknowledging [2] 551/18 558/23
activate [1] 477/23
actively [1] 486/20
activities [7] 467/1 490/18 490/22 491/8 511/9 511/25 554/22
activity [2] 506/23 519/6
actual [4] 447/13 470/5 470/7 557/21
actually [14] 430/10 436/20 464/10 486/24 500/6 532/15 533/6 545/22 550/23 551/2 553/9 594/17 599/16 599/18
acupuncture [1] 507/12
AD [1] 422/22
AD3d [1] 423/23
add [1] 578/12
address [5] 434/14 434/17 472/22 473/1 495/9
ADIS [11] 421/3 437/12 437/13 440/15 440/18 440/18 441/12 443/22 467/12 467/13 590/4
Adis' [1] 467/25
adjacent [4] 465/12 469/8 563/18 565/8
adjourned [1] 603/4
adjust [1] 490/3
adjustable [1] 490/24
admissible [1] 443/6
admissions [2] 579/17 580/1
admit [1] 543/21
admitting [1] 443/7
Adrian [4] 581/8 581/11 593/25 594/3
adults [1] 435/23
advance [1] 440/14
advantage [1] 423/12
advice [1] 590/13
Advil [1] 492/21
advise [1] 590/11
affect [4] 445/10 484/25 491/13 594/9
affected [3] 426/23 465/16 465/19
affecting [2] 445/12 452/12
affirm [2] 565/13 573/7
affirmation [1] 573/21
affirmative [2] 432/24 432/25
after [79] 424/4 426/10 431/22 432/20 437/17 440/21 440/25 444/20 446/18 446/23 447/6 447/22 452/3 452/8 456/23 457/16 464/17 468/8 470/24 470/25 471/6 471/7 473/23 480/3 480/12 480/14 481/7 491/24 494/24 496/7

A
after... [49] 499/13 504/9 504/10 504/14 508/22 510/15 510/19 514/10 514/12 515/4 515/4 515/10 520/11 520/19 521/3 521/4 521/10 521/13 521/16 523/2 523/6 524/16 525/5 525/9 525/18 544/24 546/15 547/20 548/1 548/2 550/5 550/14 550/17 551/25 552/16 555/22 556/14 567/8 567/13 568/3 568/14 575/6 579/4 585/1 590/6 591/22 595/3 600/25 601/2
afternoon [6] 425/7 534/11 599/21 601/3 602/8 602/21
again [33] 422/14 435/5 443/11 443/25 451/25 452/1 453/15 457/8 465/17 465/23 470/13 472/17 475/23 477/2 478/14 479/4 479/7 483/2 485/10 488/3 489/6 492/16 495/6 499/13 512/18 516/25 540/22 540/22 546/5 570/24 572/7 578/14 583/21
against [3] 421/5 448/23 566/24
age [2] 467/15 467/16
ago [2] 462/11 575/5
agree [4] 425/11 441/23 476/16 528/5
agreed [3] 514/13 515/4 568/14
ahead [7] 422/7 428/1 454/16 482/23 502/22 519/17 587/12
airbags [3] 590/21 590/24 591/18
airplane [1] 492/13
alcohol [1] 430/14
all [74] 422/25 425/3 427/14 430/24 431/2 431/13 434/20 435/3 435/19 438/4 438/4 438/10 438/15 438/18 439/12 443/19 444/25 447/4 447/13 449/20 451/20 455/24 458/7 458/11 463/15 465/8 465/20 467/14 472/15 472/20 476/13 477/10 478/2 478/3 478/5 485/19 489/7 491/2 491/22 497/5 499/25 512/17 512/25 521/7 531/3 539/18 543/19 543/23 544/11 548/13 548/25 558/17 560/5 560/14 566/4 566/22 567/9 578/1 582/21 585/10 592/7 594/20 598/7 598/15 599/8 600/19 600/20 600/21 600/21 601/2 602/10 602/16 602/19 603/3
allegation [1] 431/19
alleging [1] 432/14
allergic [1] 523/8
allocuted [1] 432/3
allocutes [1] 432/1
allograft [4] 463/4 463/5 463/8 474/25
allow [1] 480/1
allowed [3] 426/9 431/9 490/23
allows [1] 478/10
almost [1] 499/15
alone [1] 472/9
already [25] 426/19 426/23 427/7 428/7 441/19 445/17 445/19 463/10 463/11 463/18 466/20 475/21 485/17 492/2 493/6 496/19 504/25 546/7 551/11 560/8 561/8 562/18 573/10 599/16 602/19
also [52] 421/22 423/5 423/6 427/2 448/6 450/13 453/7 453/9 455/12 455/21 463/3 465/7 467/11 469/6 471/3 472/2 474/13 474/14 482/11 488/3 501/22 504/10 522/11 525/6 527/23 527/24 531/8 531/13 531/23 532/3 532/7 535/20 540/17 546/1 548/11 550/18 559/8 563/7 565/6 575/18 575/18 576/3 576/18 579/6 579/22 579/25 581/11 581/23 582/1 589/12 591/23 599/17
alternative [4] 507/1 507/7 507/10 507/14
alternatives [13] 441/8 476/23 506/15 506/18 506/20 508/23 509/1 513/11 514/9 514/10 514/12 514/19 515/5
ALVAREZ [28] 421/3 437/12 440/18 443/22 467/12 495/24 496/7 500/2 500/25 501/6 503/9 503/14 503/18 504/1 505/9 507/23 507/25 510/14 516/17 524/22 525/2 535/12 544/2 544/25 549/11 549/20 555/16 570/9
always [14] 441/6 462/3 463/9 473/2 473/4 481/17 487/14 487/23 509/18 516/21 549/25 550/12 568/17 572/24
am [46] 423/21 426/6 426/6 427/24 428/2 431/9 433/22 439/3 440/1 440/11 440/22 443/7 446/13 446/17 465/14 473/2 473/4 489/25 494/21 497/1 498/9 502/4 509/15 509/18 510/4 511/19 511/20 511/22 515/8 525/16 527/1 530/18 536/12 538/20 552/22 553/21 558/11 558/19 558/22 559/11 565/12 573/6 573/22 584/8 595/11 601/17
ambulance [1] 452/24
American [3] 439/19 439/20 439/22
amongst [2] 428/15 599/10
anatomy [2] 448/9 452/4
Andrews [1] 423/22
anesthesia [6] 475/15 475/16 543/11 562/13 562/25 565/2
Angel [1] 434/16
annual [1] 563/9
another [20] 452/11 464/15 465/5 465/6 472/21 509/17 522/20 537/3 539/8 539/16 539/21 539/22 539/24 546/25 553/22 556/2 557/3 576/19 577/16 582/1
answer [22] 437/25 442/2 451/23 483/14 498/20 499/20 502/22 510/3 553/4 553/19 557/16 563/15 573/4 585/12 585/18 585/22 587/16 588/13 589/10 595/10 596/23 600/21
answered [10] 505/3 509/9 516/12 540/5 542/6 550/7 573/10 583/11 593/22 602/11
answering [2] 499/5 544/15
anterior [4] 468/2 468/3 508/21 548/17
anti [1] 492/20
anti-inflammatory [1] 492/20

A
antibiotics [5] 522/4 522/10 522/13 522/14 526/1
anticipate [1] 563/24
anticipated [4] 562/10 563/18 564/24 569/18
antiseptic [1] 477/8
any [75] 426/21 426/22 428/21 428/22 428/24 429/9 429/10 431/20 432/3 432/6 436/23 439/18 439/25 440/14 444/13 444/23 445/8 447/4 448/11 450/16 453/5 460/25 464/21 471/14 471/15 471/15 473/5 477/9 481/7 491/8 495/9 497/25 497/25 500/23 500/23 501/17 503/17 503/24 504/3 509/6 511/3 512/2 513/4 515/12 518/19 518/22 519/1 521/11 522/16 523/4 526/4 533/4 533/14 554/10 554/17 554/25 560/23 566/8 585/16 586/9 586/9 586/12 586/19 588/22 589/8 589/21 589/25 590/12 590/14 594/20 595/18 597/9 599/9 600/14 602/1
anybody [7] 470/6 495/15 515/25 516/19 519/21 519/24 589/6
anymore [9] 461/11 463/14 463/15 502/11 502/13 526/11 563/3 577/20 577/22
anyone [2] 504/3 599/11
anything [37] 427/18 428/23 430/17 430/22 433/23 441/4 445/6 453/13 457/17 464/9 464/17 470/17 470/19 491/6 491/14 493/3 493/13 497/2 499/19 500/14 510/17 511/19 521/21 528/4 533/8 542/3 553/14 553/22 554/16 559/10 573/23 584/20 585/3 586/23 592/18 599/4 603/1
anywhere [4] 433/2 508/18 557/10 558/4
apologize [1] 435/7
Appeals [2] 422/24 423/6
appear [2] 530/11 530/16
appeared [1] 588/13
appears [1] 518/25
application [3] 428/8 428/9 433/23
applications [1] 430/24
appointment [13] 444/2 505/25 506/4 506/5 506/19 510/21 513/8 513/9 513/21 513/25 530/24 541/18 541/18
appointments [1] 439/25
approach [4] 468/3 571/17 591/7 599/25
appropriate [3] 428/21 467/15 467/16
approximately [2] 587/19 592/17
April [6] 456/25 536/23 536/24 537/18 537/20 540/3
April 21st [1] 537/20
April 22nd [2] 536/23 537/18
are [283]
aren't [1] 445/12
Argentina [1] 435/15
argue [2] 429/23 582/5
argument [3] 427/19 430/2 430/3
arms [2] 450/17 456/9
around [9] 448/22 461/13 462/6 464/1 478/2 480/1 524/7 577/9 579/4
arteries [1] 470/2
arthritis [5] 455/7 467/8 467/9 467/10 499/17
as [127] 432/14 434/10 434/12 435/25 436/11 437/11 437/20 438/24 443/7 451/16 452/4 452/19 453/2 453/8 454/2 455/14 459/9 462/5 464/22 466/14 468/14 469/3 469/9 472/18 473/7 473/22 475/5 475/6 475/6 475/21 479/25 480/7 480/16 482/24 484/11 485/10 485/17 486/1 487/6 488/17 488/21 491/7 491/23 493/5 493/22 494/15 494/19 494/21 495/12 495/12 496/10 496/10 498/11 499/6 499/20 499/23 504/7 504/7 506/9 507/3 508/7 510/5 510/12 513/20 514/24 514/24 517/4 517/12 518/16 518/20 519/4 520/21 521/3 522/19 523/8 524/12 524/20 526/12 536/16 538/12 538/20 538/24 538/25 539/1 542/21 543/22 544/10 545/3 546/3 546/4 548/19 551/6 553/16 558/6 560/4 561/23 565/6 565/10 566/3 567/24 569/18 575/12 576/2 576/17 576/22 576/24 578/25 579/10 581/7 581/24 583/5 593/2 593/14 593/14 593/14 593/14 593/21 594/12 594/12 600/18 600/19 602/10 602/10 602/25 602/25 602/25 602/25
ask [27] 428/9 428/19 430/23 432/6 441/20 445/4 453/14 453/18 454/13 484/7 496/24 500/24 501/9 510/24 511/23 511/23 513/3 515/22 515/24 516/21 516/23 537/2 542/2 542/8 542/9 553/2 587/11
asked [40] 422/14 424/24 426/21 428/17 429/7 430/6 430/7 432/2 432/10 432/12 433/12 453/1 453/19 460/6 482/2 499/3 502/2 505/3 509/9 512/10 516/12 518/10 538/9 540/5 542/6 544/7 557/9 565/24 583/11 585/11 588/10 590/4 590/21 591/21 592/11 592/21 593/1 593/25 594/22 597/20
asking [12] 430/23 431/21 433/2 433/17 442/1 552/22 553/21 554/13 558/22 559/11 567/6 567/9
asleep [1] 477/16
aspect [2] 430/1 489/19
assessment [5] 490/5 490/6 490/7 490/14 491/3
assistant [12] 440/1 505/22 518/6 518/9 518/15 527/3 531/7 562/10 562/12 564/24 565/1 569/19
assume [11] 452/22 453/7 456/7 467/12 471/1 480/11 492/2 494/14 494/24 495/6 495/10
at [140] 422/3 423/10 427/17 427/20 431/12 432/7 433/8 434/8 435/20 435/23 441/14 442/22 443/22 443/25 444/13

A

at... [125] 444/21 444/25 447/4 447/23 450/20 452/23 452/25 453/25 454/7 457/20 457/21 461/17 467/13 467/18 467/19 470/24 476/1 480/2 480/5 480/9 480/12 480/17 482/13 486/11 490/9 490/24 491/13 494/3 494/21 496/19 497/7 497/14 500/11 500/14 500/17 501/18 502/7 505/12 505/13 506/4 506/5 507/22 508/2 508/12 509/1 510/20 511/6 511/11 511/15 513/6 513/8 513/23 514/6 514/17 516/15 516/23 517/11 518/6 518/18 518/19 518/24 520/8 522/20 522/22 524/7 527/7 527/13 528/20 529/19 529/21 530/23 533/18 534/1 534/5 535/10 536/15 538/11 541/11 542/14 543/17 543/19 543/24 546/19 547/6 549/5 550/23 554/8 555/19 555/21 560/13 561/19 563/8 563/10 563/18 564/6 564/6 565/12 566/4 571/19 574/13 574/16 574/18 574/23 575/6 575/6 576/11 576/22 577/6 577/14 578/5 578/7 579/14 579/16 579/25 585/11 591/14 594/14 594/17 594/25 594/25 597/21 598/1 599/15 600/3 602/14

atrophy [1] 483/20

attach [1] 469/4

attack [1] 422/17

attend [1] 425/25

attorney [2] 421/14 421/17

attorneys [5] 511/19 559/18 573/16 573/18 600/4

Augmentin [2] 522/1 522/3

August [2] 550/16 550/17

August 4 [1] 550/16

authorization [3] 541/11 546/19 546/22

authorize [2] 527/15 527/16

authorized [1] 527/18

autograft [2] 475/1 475/2

available [1] 447/13

Avenue [2] 421/18 434/18

avoid [3] 450/3 465/10 466/22

awake [1] 475/17

aware [4] 451/6 494/8 494/10 562/21

away [1] 440/6

B

B-A-C-T-R-I-M [1] 522/11

back [100] 441/3 444/6 444/14 445/2 445/3 445/8 445/10 445/14 447/20 447/25 448/2 448/16 448/19 449/19 450/16 451/15 452/15 454/5 454/24 456/9 456/15 457/13 458/25 459/17 460/9 460/10 461/5 461/7 462/11 468/5 468/5 468/11 468/11 468/15 471/2 472/1 472/3 472/3 473/25 477/11 477/17 478/9 478/11 478/13 478/22 479/8 479/12 481/10 483/8 485/10 487/8 488/9 490/21 498/19 498/22 501/20 501/21 504/7 504/14 518/2 518/12 520/6 527/14 527/15 527/16 527/18 527/21 528/1 528/5 528/14 530/22 531/16 533/1 534/1 534/5 538/15 538/18 538/21 539/6 541/5 541/22 543/3 544/3 548/2 553/7 553/12 565/25 566/4 566/8 566/12 566/13 566/15 566/20 568/23 568/24 587/13 591/20 592/4 596/24 599/13

background [1] 435/14

backward [1] 487/10

Bactrim [1] 522/11

bad [3] 465/3 504/8 524/17

ball [3] 465/23 560/3 563/22

ballpark [2] 436/5 563/1

base [1] 466/10

based [15] 447/16 466/10 467/14 470/5 477/16 491/13 494/15 494/24 556/12 557/3 561/20 561/23 565/16 566/10 572/4

baseline [1] 467/9

basically [39] 428/9 429/21 436/16 439/20 440/4 444/18 445/2 446/17 448/13 448/20 450/4 452/4 452/14 453/16 454/1 454/19 457/19 458/17 458/20 461/7 462/3 462/19 463/13 464/25 465/14 468/1 471/5 471/22 478/7 478/21 483/15 486/19 491/4 491/24 492/20 545/18 556/24 564/12 568/22

basis [4] 423/9 433/2 457/8 473/21

battle [1] 423/8

be [149] 424/12 424/14 424/15 425/8 425/8 425/12 425/13 425/23 427/7 429/21 429/22 429/25 436/6 436/17 437/15 438/9 438/10 439/5 439/12 441/24 442/2 443/1 443/5 443/9 443/10 443/10 446/18 447/6 447/18 447/24 448/11 448/15 449/2 449/2 449/5 454/2 454/4 454/22 455/20 458/9 458/11 458/25 460/9 462/17 465/4 465/16 466/13 466/15 467/1 467/19 470/2 471/1 471/9 472/7 474/20 475/12 476/6 477/14 481/11 482/24 483/7 484/4 484/6 487/15 487/19 490/2 490/10 490/23 491/25 492/15 492/22 494/1 494/18 497/21 498/11 498/25 505/25 506/23 511/24 513/14 513/15 516/2 517/6 517/9 522/9 523/1 523/17 523/19 523/22 523/25 524/14 524/17 525/5 525/17 527/19 527/20 529/2 529/4 529/5 529/7 529/23 529/23 529/24 530/8 531/12 531/17 532/16 533/17 534/5 539/19 543/11 543/11 543/16 545/14 551/1 557/19 558/9 558/20 559/13 560/7 560/18 562/4 563/1 563/7 567/24 568/17 568/18 570/13 570/13 570/19 572/24 573/1 573/17 579/7 583/17 591/7 599/15 600/6 600/7 600/9 600/12 600/19 600/20 600/20 601/7 601/23 601/24 601/25 602/4

bearing [2] 431/22 505/4

became [1] 443/23

because [145] 422/19 423/25

B

because... [143] 424/10 424/25 425/1 425/24 427/4 427/14 428/16 428/20 431/14 432/14 435/7 436/15 438/3 449/1 449/9 449/19 449/22 450/24 451/3 453/2 455/2 455/6 455/6 455/12 458/19 459/2 462/4 462/14 462/16 463/14 465/20 466/16 466/19 467/4 468/3 468/5 468/12 468/21 469/10 470/1 470/20 471/10 471/11 471/13 472/21 472/25 473/9 473/22 473/24 473/25 474/11 474/16 476/6 477/21 480/7 483/17 483/18 483/24 484/21 485/21 487/19 491/8 493/21 493/25 495/25 498/17 499/10 501/5 501/11 502/4 502/25 503/3 506/7 506/20 509/14 509/19 511/18 511/23 513/1 515/24 516/25 518/10 522/7 522/10 523/12 523/15 523/18 525/18 525/23 526/22 527/12 528/17 530/12 530/20 531/10 531/24 533/18 537/11 539/2 539/18 540/16 541/12 543/12 548/13 548/21 549/21 550/9 552/6 552/20 553/1 553/5 553/6 557/19 558/7 558/18 560/5 560/7 560/13 560/16 562/8 566/12 566/16 567/2 568/19 568/24 568/25 570/19 572/14 572/25 573/1 574/23 575/16 577/3 577/11 580/7 589/1 589/15 589/21 590/11 591/12 592/25 598/1 599/16

become [1] 594/3

bed [2] 462/10 462/16

been [21] 422/6 426/13 426/18 426/21 427/20 428/3 431/6 431/7 431/18 433/1 434/11 435/3 435/7 435/25 436/11 442/11 464/18 466/11 519/1 579/4 597/6

before [137] 428/14 429/16 433/23 436/12 445/21 448/9 452/4 453/19 454/3 454/24 455/1 455/8 455/14 456/6 456/7 457/10 465/1 466/14 467/10 468/17 469/3 469/25 470/3 470/7 474/21 475/22 476/4 477/15 479/25 480/16 483/15 484/1 484/11 485/6 485/23 488/21 491/7 491/21 494/13 494/13 495/5 499/7 499/12 500/15 500/18 500/21 500/23 501/19 503/10 503/18 503/22 504/5 504/22 505/23 506/21 508/1 508/8 510/4 513/2 513/15 513/20 515/10 515/11 515/16 515/22 516/2 516/4 516/8 516/10 516/19 518/6 518/11 518/20 519/4 519/4 521/3 522/25 525/23 528/13 528/16 528/18 535/18 537/1 537/7 537/16 539/1 540/24 541/8 542/20 543/1 543/19 543/19 545/1 545/2 545/3 545/21 546/3 546/23 546/24 548/4 549/6 549/15 549/19 549/22 551/14 552/1 554/20 556/1 557/9 557/19 558/6 558/7 558/14 558/14 559/25 560/12 561/23 563/21 565/3 568/10 569/5 572/14 574/13 578/24 581/22 588/16 588/18 588/20 588/23 590/14 591/22 592/18 594/7 595/18 597/3 599/24 602/14

begin [1] 549/8

beginning [3] 450/20 490/1 490/12

behalf [1] 434/10

behind [1] 458/22

being [14] 426/11 431/4 432/3 437/11 440/6 462/7 479/23 500/24 574/21 575/15 577/6 581/10 590/15 593/2

beings [1] 494/23

belief [1] 493/22

beliefs [4] 422/17 423/16 424/1 424/18

believe [27] 426/17 428/12 428/24 433/14 433/15 440/16 440/16 442/7 457/5 466/13 470/16 474/17 491/5 493/2 493/22 497/7 509/5 510/6 513/19 525/11 535/10 560/13 560/16 563/24 567/15 570/12 570/17

believed [1] 596/8

believes [3] 422/11 422/14 427/19

Bellevue [1] 502/4

belly [2] 454/4 454/24

below [7] 465/2 465/9 465/15 465/18 469/10 469/12 469/12

bend [3] 465/10 467/5 585/2

bending [7] 467/1 490/19 491/7 491/21 499/14 505/16 554/22

besides [8] 423/18 438/4 438/4 510/7 516/19 581/7 581/10 583/4

best [6] 453/20 458/12 467/19 467/20 481/1 506/10

better [13] 460/15 460/19 461/19 462/2 481/21 483/4 489/22 489/22 491/6 493/23 513/19 542/25 552/1

between [15] 437/1 437/21 448/20 449/15 449/16 462/5 468/20 469/17 472/5 479/11 486/6 502/8 514/23 571/19 600/3

beyond [5] 426/14 432/9 502/19 597/14 601/20

big [4] 466/16 468/16 481/14 598/7

bigger [3] 425/22 448/19 478/8

bilateral [5] 530/9 531/22 532/22 533/3 535/20

bills [3] 566/22 582/22 582/23

biomechanical [14] 451/19 479/2 497/9 497/11 497/13 497/14 497/16 497/25 498/3 498/13 499/1 499/11 500/4 500/22

bit [10] 435/13 439/1 478/24 522/7 522/9 533/24 533/25 552/12 600/5 601/17

black [3] 448/4 455/2 455/6

bleed [1] 478/25

blood [4] 460/21 460/22 463/11 477/22

Blvd [1] 421/14

board [4] 439/2 439/3 439/5 495/13

bodies [1] 479/11

B

body [10] 452/2 464/1 464/7 464/8 464/9 467/3 467/3 468/12 473/18 475/6
bolster [1] 422/17
bone [29] 444/23 448/23 448/23 461/13 461/14 462/7 462/8 462/8 463/5 463/6 463/17 463/20 463/20 463/24 464/2 464/2 464/12 469/4 469/19 469/20 470/21 472/11 472/18 475/3 475/3 477/23 478/2 478/25 479/13
bones [2] 445/15 448/17
bony [2] 472/1 478/3
book [1] 513/16
booking [1] 513/15
books [2] 438/10 464/25
boss [1] 559/18
both [16] 432/3 448/5 481/23 488/17 489/10 508/1 517/10 522/4 522/13 533/3 552/9 552/17 553/10 569/2 577/11 596/3
bottom [5] 425/23 429/19 478/25 485/2 573/5
BP [1] 492/7
brace [2] 541/13 541/22
brain [2] 459/1 510/8
break [6] 449/6 471/12 517/16 533/25 534/3 599/24
BRIAN [1] 421/19
briefly [3] 428/2 452/1 590/1
bring [2] 433/23 513/4
Brink [1] 422/20
broke [1] 598/15
Brooklyn [1] 435/21
brought [5] 426/25 427/2 427/7 428/25 441/10
brushes [1] 596/24
burning [1] 535/23
Bus [1] 422/21
business [7] 434/17 442/19 442/20 443/6 443/8 581/11 581/14
busy [1] 436/7
but [174] 422/25 424/9 425/8 425/11 426/6 426/6 427/6 427/10 427/22 432/10 433/1 433/4 436/13 436/18 437/8 439/12 439/21 441/19 443/6 445/12 448/21 447/5 448/2 449/2 449/14 450/13 452/1 452/5 452/9 452/11 452/14 452/19 452/25 453/11 455/5 455/8 455/22 457/11 458/2 458/9 458/11 458/17 459/4 460/18 460/22 462/4 462/12 463/14 464/14 464/16 466/3 466/18 466/25 467/3 468/6 468/12 468/15 468/18 468/21 468/23 469/20 470/22 472/2 472/8 476/8 478/15 478/18 481/1 481/17 481/23 482/25 483/4 483/6 484/14 486/18 487/18 489/22 490/20 491/5 491/17 491/25 492/3 492/13 493/24 495/4 499/18 499/18 503/12 504/1 504/3 505/24 506/8 506/9 507/5 507/13 509/4 509/17 510/5 511/12 511/16 511/22 511/25 512/13 513/19 515/19 516/5 521/14 521/23 522/16 523/19 524/19 526/3 526/10 526/21 528/2 528/4 529/15 530/1 530/3 530/18 530/19 538/9 538/18 539/9 539/19 539/20 540/18 540/20 541/11 542/1 543/10 543/19 544/9 544/12 544/17 544/22 545/24 547/14 548/5 549/25 550/12 551/2 551/6 551/18 554/23 555/11 556/25 557/22 558/12 558/16 558/20 559/23 560/6 560/14 561/7 561/8 562/23 563/24 566/19 567/2 568/11 568/25 569/5 576/7 576/23 577/22 578/14 584/19 585/8 586/5 589/12 600/24 602/3 602/14
buy [1] 592/25

C

C-A-B-A [1] 423/23
C4 [4] 447/24 459/10 508/22 548/17
C4-6 [1] 548/17
C4-C5 [2] 447/24 459/10
C4-C6 [1] 508/22
C5 [3] 447/24 459/10 459/10
C5-C6 [1] 459/10
C6 [5] 447/24 459/10 459/10 508/22 508/22
C6-C7 [3] 447/24 459/10 508/22
c7 [3] 447/24 459/10 508/22
Caba [1] 423/23
cadaver [7] 462/8 463/5 463/6 463/9 463/24 464/2 475/7
cage [5] 462/6 462/7 468/23 478/21 479/3
cages [4] 468/19 468/20 468/22 468/22
call [10] 434/8 436/13 438/3 448/4 452/24 481/15 502/4 502/23 503/1 510/9
called [11] 423/7 434/10 436/9 437/11 448/2 455/1 455/21 455/24 461/15 495/12 496/3
calls [3] 445/24 502/4 591/5
came [29] 428/18 430/21 433/11 433/12 440/19 440/21 442/12 444/16 447/9 453/19 457/6 480/12 514/18 517/3 518/2 518/12 519/20 520/6 536/15 548/2 576/10 576/24 577/19 578/24 579/5 579/5 597/13 598/8 598/16
can [129] 430/25 431/1 433/20 434/4 434/20 434/21 435/13 437/25 438/24 439/7 439/14 441/6 442/2 445/11 448/11 448/22 449/2 449/20 449/20 450/25 451/23 452/20 453/21 454/10 454/13 454/18 457/11 457/20 457/22 458/3 458/12 458/14 459/4 459/5 459/7 459/9 460/5 460/15 462/15 462/19 462/24 463/12 463/16 464/14 464/16 466/7 466/8 467/21 468/3 469/24 470/1 471/11 472/8 472/23 476/9 478/3 482/4 482/8 483/14 486/18 488/4 490/20 492/12 494/16 495/10 495/11 498/19 501/11 502/12 502/22 503/3 506/10 509/2 511/22 512/19 516/14 516/23 517/15 522/9 524/1 524/19 525/6 527/2 527/21 528/5 535/4 539/9 539/16 543/6 543/19

can... [39] 551/21 553/2 553/19 554/23 555/4 555/11 557/16 557/21 558/3 559/8 560/18 560/19 561/3 563/24 564/4 566/7 566/24 567/18 568/10 569/13 570/15 571/17 572/20 573/1 582/19 583/17 587/16 589/10 595/10 596/23 597/12 597/13 599/24 600/18 600/19 600/20 600/20 601/2 602/18
can't [8] 458/22 560/18 584/25 585/2 601/7 601/23 601/24 601/25
cancer [1] 476/9
candidate [7] 441/7 447/18 450/18 450/19 508/17 508/21 513/12
cannot [29] 450/24 452/19 458/6 458/10 459/3 460/4 462/10 463/14 479/17 486/18 487/18 490/17 490/18 491/6 491/16 494/24 499/10 499/11 528/21 544/23 554/21 554/22 555/2 560/6 560/20 567/1 569/23 571/7 573/4
capacity [2] 566/8 566/17
Capotosto [2] 588/4 588/5
Captain [1] 583/24
car [19] 440/16 441/1 449/5 496/8 496/13 496/14 496/16 496/20 497/21 555/10 571/5 590/21 591/12 591/19 598/8 598/14 598/15 598/18 598/24
care [25] 426/12 470/20 484/18 495/2 507/11 509/3 509/15 510/5 511/9 511/25 513/21 517/2 523/16 524/13 524/15 528/2 528/25 530/2 549/10 549/14 562/18 563/9 576/22 595/12 596/7
career [3] 436/3 439/1 497/12
careful [4] 484/6 487/15 492/15 572/25
Carfi [5] 562/17 596/7 596/10 596/14 596/20
Carle [1] 421/18
Carolina [21] 480/12 480/20 480/24 573/2 580/17 583/2 583/17 584/2 589/5 589/8 592/11 592/12 592/16 593/2 593/3 593/8 593/10 593/11 593/12 593/16 593/21
carpenters [1] 462/3
carpentry [4] 452/20 462/19 469/5 479/17
carried [1] 551/11
Cartagena [1] 579/14
cartilage [2] 448/21 449/13
case [66] 422/5 422/23 422/24 423/5 423/19 423/21 423/23 427/17 428/4 430/21 431/19 433/21 436/24 438/6 438/13 439/14 444/25 445/11 453/11 453/11 457/15 457/19 461/5 462/5 464/18 466/13 467/5 469/10 470/22 472/2 472/8 473/7 473/13 475/12 477/25 478/1 489/15 490/22 492/9 494/15 495/25 498/4 498/7 500/13 503/9 510/11 511/20 516/5 516/6 539/15 560/7 560/15 562/19 566/16 569/25 570/10 570/21 587/24 596/7 599/18 599/19 600/17 600/25 601/3 601/19 602/7
cases [12] 422/16 422/25 423/4 439/10 439/13 445/12 461/10 462/18 469/23 472/8 497/20 569/2
cast [2] 429/23 462/10
causally [6] 456/24 496/8 496/20 500/24 504/18 561/21
cause [5] 429/11 456/15 474/7 474/14 504/17
caused [3] 431/19 432/14 470/14
causes [2] 452/2 456/4
causing [1] 473/18
cells [3] 463/12 463/18 477/22
center [4] 435/20 444/12 454/22 458/3
centimeters [1] 468/11
certain [3] 559/25 602/5 602/16
Certainly [1] 457/5
certainty [11] 456/14 456/22 464/21 466/7 470/10 473/17 474/6 488/15 497/7 565/18 567/13
certified [3] 439/2 439/3 439/5
cervical [49] 447/21 456/23 457/20 457/25 458/18 467/18 467/24 468/2 469/9 470/18 471/4 473/20 488/17 488/22 491/18 501/21 502/15 505/11 508/17 508/21 517/10 520/15 520/17 520/25 525/9 528/15 529/14 530/1 533/19 535/14 540/11 541/10 541/20 541/24 541/25 543/3 544/2 545/7 548/22 549/14 552/9 552/17 553/10 562/9 565/4 566/10 569/18 570/12 570/20
cervicales [1] 448/25
cervicectomy [1] 548/17
chair [2] 490/25 596/24
Champlain [1] 422/21
chances [2] 465/3 559/20
change [12] 444/20 458/6 458/10 459/12 466/18 482/2 490/23 493/21 504/18 506/7 526/19 558/11
changed [4] 437/18 481/20 481/21 600/5
changes [1] 563/2
changing [1] 454/10
charge [12] 560/19 563/4 563/5 569/22 569/24 569/24 570/4 570/15 570/16 570/18 571/7 571/9
charged [1] 571/20
charges [1] 601/1
Charlene [1] 421/22
chart [14] 496/11 501/2 501/11 510/22 511/4 512/4 518/11 518/17 523/15 524/14 524/16 526/15 526/20 526/21
charts [1] 438/5
check [7] 447/5 501/11 510/16 521/5 524/2 549/15 575/18
checked [1] 598/2
checking [2] 489/13 598/1
checks [1] 525/6
Chernoff [6] 437/3 437/5 494/4 494/14 495/12 500/21
chest [1] 487/9
chief [1] 444/5

C
child [3] 580/8 583/18 583/20
children [10] 435/24 501/22 517/2 577/4 583/12 595/12 595/12 595/13 595/16 596/3
Children's [1] 435/23
chin [1] 487/9
chiropractic [1] 507/11
chiropractor [5] 507/2 507/4 507/7 507/9 507/12
choice [2] 439/11 508/13
chooses [1] 425/9
chores [1] 586/10
chose [1] 593/7
Christmas [1] 541/8
church [1] 589/13
cirrhosis [1] 476/10
citations [1] 423/22
citing [3] 422/20 422/21 423/3
City [3] 581/10 592/12 592/16
claim [1] 582/10
claiming [1] 495/14
clamps [1] 481/14
class [2] 592/21 592/24
clean [5] 584/23 585/1 585/2 585/8 585/22
cleaning [1] 584/25
clear [11] 422/16 431/8 445/22 455/24 471/24 473/2 498/25 510/4 602/6 602/12 602/24
clearing [1] 435/8
Clearly [1] 580/25
Clerk [1] 434/12
client [9] 422/13 426/15 427/3 429/8 429/22 431/3 431/21 432/1 433/7
client's [1] 433/11
climbing [1] 490/19
clinic [1] 579/14
clinical [3] 561/20 561/22 561/24
clipped [3] 543/17 543/19 544/4
close [1] 538/2
Closed [4] 423/4 423/17 519/2 553/12
closely [1] 423/8
closing [1] 481/7
closings [2] 600/9 600/25
closure [1] 481/7
code [1] 428/22
cold [3] 593/13 593/14 593/14
collagen [2] 449/13 449/14
collapsing [1] 455/18
collar [1] 468/25
collect [1] 584/23
college [1] 595/25
Columbia [4] 578/25 579/6 579/11 579/13
combination [2] 449/5 566/17
come [23] 426/1 431/12 436/15 436/19 442/15 446/11 446/16 449/6 449/7 450/15 452/17 464/5 480/8 513/20 516/22 516/23 522/6 534/1 541/5 567/5 568/23 601/5 602/22
comes [4] 446/25 452/10 456/1 463/17
comfortable [1] 431/10
coming [14] 451/3 452/6 452/16 455/15 459/5 462/7 463/11 473/7 496/13 506/10 525/19 526/20 561/25 566/11
commended [1] 430/10
comment [8] 424/3 426/3 429/3 429/7 429/14 430/2 431/3 473/3
commented [2] 422/9 423/6
commenting [1] 450/7
common [5] 432/5 476/11 509/2 557/8 566/22
Comp [1] 571/8
company [3] 436/9 581/15 583/6
compare [1] 486/18
compared [6] 482/16 535/18 537/10 548/4 548/6 551/22
compensated [2] 440/6 440/17
compensation [2] 440/12 440/13
competent [2] 456/15 474/7
complain [1] 457/12
complained [1] 504/21
complaining [4] 444/6 536/6 541/21 569/6
complains [1] 568/19
complaint [3] 444/5 495/13 568/18
complaints [14] 445/1 445/8 451/11 452/3 453/5 456/8 456/15 456/22 470/8 495/9 568/13 568/15 568/22 592/9
complete [2] 442/5 553/5
completed [5] 552/9 552/17 552/20 553/8 553/10
completely [2] 478/17 547/2
complicated [1] 452/5
complication [2] 476/12 489/1
complications [6] 470/21 476/13 476/22 489/1 547/17 559/14
component [1] 499/15
components [3] 449/5 499/14 575/18
compounding [1] 425/4
compress [4] 449/7 452/6 452/17 460/15
compressed [2] 468/17 478/12
compresses [1] 456/4
compressing [5] 452/21 455/13 459/6 459/11 564/15
compression [9] 449/10 449/21 449/22 455/14 455/18 455/22 455/23 456/10 473/14
compromise [3] 483/6 487/14 488/23
computer [4] 439/12 453/21 544/6 576/7
concept [4] 429/20 430/12 465/12 469/8
concerned [1] 601/18
concerns [1] 568/4
conclude [1] 496/8
conclusion [1] 496/19
conclusions [1] 500/23
condition [9] 451/14 451/16 453/8 467/10 472/24 474/18 499/9 499/17 582/14
conditions [2] 467/15 470/14
conferences [2] 599/12 600/23
connect [3] 462/18 479/16 479/18
connected [1] 454/5

C
cons [4] 441/8 476/23 509/1 514/12
consent [1] 519/14
consequence [1] 462/17
consequent [1] 460/10
consequential [1] 474/7
conservative [13] 440/22 440/25 446/19 446/23 447/8 459/13 460/16 474/2 476/1 485/7 488/24 506/23 541/13
consideration [1] 601/9
consistent [10] 451/14 451/15 453/3 453/9 456/10 470/8 480/13 492/5 497/3 568/18
constantly [1] 493/25
constitutes [1] 423/3
consult [3] 446/20 446/21 567/21
consultation [3] 567/8 567/13 568/15
consulting [3] 437/20 446/19 594/12
contact [5] 479/19 597/21 598/17 598/20 598/23
contained [1] 442/8
contains [1] 565/17
context [2] 428/21 428/25
continue [14] 441/6 443/16 447/8 491/18 491/23 517/23 520/25 535/6 548/10 574/4 574/10 599/16 599/19 602/23
continued [3] 492/17 539/6 563/8
continues [1] 553/1
Continuing [1] 564/22
contrast [8] 458/6 458/10 564/7 564/8 564/10 564/14 564/17 564/18
contributed [1] 470/14
cook [1] 585/23
coordinator [2] 513/15 513/17
copied [1] 551/5
copy [4] 482/4 524/3 529/25 576/7
copying [5] 527/5 527/6 527/9 529/18 539/2
coral [3] 463/13 463/15 463/19
cord [11] 456/2 459/7 459/2 459/12 468/5 468/18 469/22 472/11 472/12 472/18 472/19
core [1] 484/4
corpectomy [2] 478/23 479/1
Corporation [1] 422/22
correct [266]
correctly [3] 463/3 471/10 501/19
corticosteroid [1] 523/11
cost [1] 563/10
could [49] 423/13 429/23 436/6 447/18 448/8 449/5 450/10 453/6 455/7 458/9 459/12 460/14 460/18 462/9 470/2 470/22 471/10 471/11 472/7 472/25 473/23 476/12 485/1 487/5 490/14 491/10 491/11 493/16 497/21 511/11 514/1 516/5 517/6 517/9 525/17 529/23 529/24 537/3 539/19 543/11 543/11 543/16 545/14 547/11 547/13 558/20 559/19 566/17 579/4
couldn't [1] 480/20
counsel [28] 422/14 423/15 424/23 425/14 426/3 428/1 428/3 428/15 429/21 431/3 434/22 450/7 461/25 504/25 544/16 555/14 565/24 567/6 571/19 590/21 591/21 592/11 593/1 593/25 594/22 597/20 598/3 600/3
counsel's [3] 428/19 429/13 431/5
counseled [1] 519/1
counter [1] 492/21
counterclaim [3] 432/15 432/21 432/22
counters [1] 584/25
country [3] 436/1 439/7 484/12
COUNTY [1] 421/2
course [10] 431/1 441/21 442/19 445/17 447/1 448/10 480/13 481/11 563/5 579/22
court [22] 421/1 421/8 421/11 421/24 422/15 422/24 423/6 423/24 425/2 428/7 428/10 428/16 428/19 430/23 430/23 434/12 436/19 442/15 498/22 511/19 571/19 600/3
Court's [1] 448/10
courtroom [7] 431/6 434/3 517/18 517/21 534/8 535/3 601/15
courts [1] 436/12
cover [1] 598/9
covered [2] 477/10 571/6
cow [1] 533/2
CPLR [3] 565/15 573/8 573/11
crawling [1] 490/19
crazy [1] 568/20
create [1] 428/5
created [1] 470/14
credibility [3] 422/9 422/10 422/18
crest [1] 477/19
crests [1] 477/20
cross [13] 495/19 495/20 498/10 502/20 517/23 535/7 569/11 574/6 574/10 574/11 584/1 597/15 598/3
cross-examination [7] 495/20 502/20 517/23 535/7 574/6 574/11 598/3
crush [1] 475/3
crystal [3] 465/23 560/3 563/22
cumulatively [1] 422/5
curative [2] 424/25 425/17
cure [1] 427/18
current [7] 525/13 525/13 525/21 526/3 526/14 526/16 561/20
currently [5] 518/6 518/15 527/3 527/8 527/8
curry [4] 421/6 426/10 429/10 430/6
Curry's [1] 422/9
cushioning [3] 449/10 455/4 472/22
cushions [2] 448/20 449/15
custody [1] 442/11
cut [1] 461/9
cutting [1] 544/16
CV [1] 448/6
Cyclobenzaprine [2] 526/12 526/23

D
damage [3] 489/17 499/17 501/17
damaged [1] 594/20
danger [1] 527/25
dangerous [2] 461/6 468/6
dark [1] 469/15
date [15] 444/2 459/22 512/24 525/19 525/23 531/19 531/25 533/4 533/6 542/10 550/20 555/24 556/1 563/23 575/19
daughter [3] 593/12 593/16 593/23
daughters [1] 584/20
DAWN [1] 421/10
day [47] 425/3 426/22 431/7 431/11 431/12 439/11 440/23 441/2 444/13 452/10 459/24 462/15 462/20 474/21 485/23 489/13 492/14 500/12 502/10 503/2 505/25 508/19 510/7 513/1 513/7 513/10 515/2 523/7 523/15 524/16 530/24 531/5 531/24 541/16 542/19 542/20 547/24 549/23 578/15 579/1 582/1 594/5 597/17 600/7 600/19 600/20 600/21
day's [1] 530/4
days [14] 453/6 453/8 502/2 502/3 502/6 525/25 541/8 578/19 578/21 590/5 594/25 599/10 600/13 602/25
dead [2] 462/8 477/23
deals [2] 441/12 485/16
dealt [1] 427/15
December [15] 529/6 535/10 535/13 536/13 537/2 537/23 538/5 538/7 538/14 538/24 539/3 540/8 540/8 540/22 542/2
December 10th [5] 535/10 535/13 536/13 538/7 540/8
December 10th visit [1] 539/3
December 10th you [2] 538/5 538/24
December 23rd [3] 540/8 540/22 542/2
decent [1] 597/18
decide [4] 423/7 447/16 447/18 493/15
decided [4] 425/23 516/20 537/1 593/1
deciding [1] 470/3
decision [2] 428/6 493/20
decline [1] 436/13
decompress [4] 450/2 451/1 472/19 478/9
decrease [1] 486/23
decreased [2] 486/17 531/1
dedicated [1] 572/24
defendant [6] 422/2 422/9 426/10 430/5 432/2 599/17
defendant's [7] 423/12 430/18 437/3 438/12 599/17 599/18 599/19
defendants [3] 421/7 421/17 422/4
defense [6] 423/15 432/24 432/25 494/4 494/14 495/7
degeneration [1] 465/11
degree [12] 456/13 456/21 464/20 466/7 470/10 473/16 474/5 486/23 488/14 497/6 565/17 567/12
degrees [15] 486/22 487/1 487/2 487/12 487/13 487/13 488/4 488/4 505/14 505/14 505/15 505/15 505/16 531/3 591/13
dehydration [1] 448/3
Deklein [1] 421/22
Del [1] 579/15
deliberate [4] 600/19 602/10 602/15 602/23
deliberating [2] 601/4 602/20
deliberations [1] 600/18
demand [1] 429/21
denied [4] 422/6 427/20 433/13 444/13
DENNIS [1] 421/6
deny [4] 426/5 427/22 428/19 430/24
denying [1] 433/22
department [3] 579/17 581/11 595/6
depending [1] 513/13
depends [7] 445/9 447/3 478/15 502/11 531/15 563/6 564/11
deploy [1] 590/24
deployed [1] 590/21
deposed [1] 581/17
deposition [7] 426/9 426/16 426/16 430/5 585/11 586/2 598/4
derangement [2] 460/9 475/19
derivative [1] 582/10
describe [9] 476/11 476/13 490/12 493/14 493/20 499/11 499/11 501/17 597/13
described [6] 456/11 457/7 471/22 475/21 499/10 501/1
describing [3] 473/22 474/1 491/12
description [1] 486/10
designed [1] 525/18
desk [1] 453/19
destroy [1] 491/9
detail [4] 506/16 513/3 514/19 516/25
detective [3] 581/6 581/7 581/10
determine [1] 497/20
Development [3] 576/11 577/17 577/19
device [1] 479/2
diabetic [1] 445/13
diagnosis [3] 460/3 460/8 460/24
diagnostic [2] 445/19 467/14
DIAMOND [1] 421/19
dictate [1] 545/19
dictated [3] 545/20 545/22 546/2
dictation [3] 545/10 545/14 545/18
did [183] 422/12 422/15 423/15 423/18 427/6 430/22 431/17 433/3 435/19 435/22 436/17 439/3 439/14 440/13 442/14 444/7 444/9 445/4 445/22 447/9 447/19 457/12 461/2 465/12 467/9 467/14 471/22 476/4 477/3 480/3 481/5 484/23 485/13 486/11 486/13 486/13 488/8 489/10 489/12 491/19 494/3 494/17 495/14 495/16 495/24 496/7 498/16 499/22 500/2 500/3 500/9 500/14 500/17 500/24

did... [129] 501/9 501/17 501/19 502/14 503/17 503/22 503/25 504/5 506/18 507/1 507/22 507/22 507/25 508/7 508/16 509/11 510/20 510/24 511/2 512/1 512/24 513/8 515/11 515/14 515/16 515/21 515/21 516/9 516/18 518/2 518/8 518/12 518/18 520/1 521/10 521/11 521/13 521/23 522/22 523/4 526/6 526/6 526/21 526/24 529/15 530/24 531/8 536/7 537/2 537/23 539/8 539/15 539/15 539/24 540/3 540/19 541/12 542/10 542/11 542/12 542/14 542/18 542/19 543/25 544/1 544/1 544/7 545/12 546/14 546/15 547/6 548/6 550/2 551/8 551/15 552/1 553/23 555/9 555/10 557/4 569/5 570/4 570/8 571/3 574/23 575/4 575/22 575/23 576/5 576/6 576/7 577/16 578/4 578/20 579/10 579/13 580/3 580/7 581/1 581/5 581/14 583/4 584/16 586/4 588/3 588/17 588/19 588/22 588/25 589/8 589/17 590/9 590/24 592/1 592/1 592/4 592/4 592/7 593/10 593/16 594/3 594/9 594/17 595/2 595/18 596/4 596/14 597/3 597/9

didn't [67] 425/24 430/1 431/16 438/9 438/21 445/6 452/24 452/24 457/11 457/12 460/25 466/15 468/23 474/2 475/13 489/4 499/14 507/19 509/4 510/1 512/10 514/8 514/18 515/20 515/24 516/6 518/22 522/16 523/14 528/4 528/20 529/8 529/13 531/9 533/16 539/22 540/1 540/2 542/2 542/8 542/9 547/6 547/15 550/12 552/25 553/14 553/21 554/16 557/9 560/2 560/3 560/4 560/13 560/13 563/14 563/22 563/23 570/23 577/20 577/21 577/21 580/24 586/5 589/6 589/8 594/20 602/13

die [4] 459/3 476/7 493/17 547/13

difference [8] 437/1 437/9 437/21 438/1 466/16 469/17 486/6 514/23

different [21] 438/23 448/17 449/13 468/21 469/18 471/5 484/12 489/13 531/3 541/21 541/23 547/10 554/13 556/13 556/22 560/7 564/16 566/9 570/10 570/11 574/23

difficult [8] 454/17 476/6 487/21 506/7 506/8 529/24 563/2 564/13

direct [8] 423/16 426/15 427/1 433/7 434/24 537/2 575/14 588/25

directions [1] 544/11

directly [1] 423/15

disabled [2] 490/16 554/1

disagree [2] 433/4 494/20

discharged [1] 444/13

discomfort [4] 530/8 531/13 531/18 532/16

discuss [41] 438/5 438/7 441/8 447/7 464/25 492/1 506/18 507/1 507/23 508/23 509/17 509/19 510/20 511/12 511/23 513/3 513/6 513/11 514/19 516/25 519/5 519/10 527/25 529/13 533/16 536/2 536/9 540/24 541/15 547/6 547/14 549/16 550/12 553/20 558/12 559/13 559/15 559/18 566/18 566/18 599/9

discussed [14] 441/5 453/16 492/11 506/16 506/20 514/9 519/8 540/23 547/10 559/23 560/14 562/8 562/23 566/9

discussing [6] 508/22 514/12 533/21 537/22 538/13 567/24

discussion [7] 464/18 528/3 559/15 559/22 571/18 600/2 601/12

disease [2] 448/4 455/2

diseases [2] 445/10 445/14

dishes [4] 585/4 585/8 585/23 586/6

dishwasher [2] 585/6 585/9

disk [65] 447/23 448/3 448/3 448/4 448/4 448/4 448/22 449/6 449/8 449/12 451/5 452/12 452/15 452/20 452/20 455/2 455/5 455/13 455/15 455/22 459/5 460/9 460/9 460/12 460/19 461/8 461/8 461/9 461/9 461/10 461/12 462/6 462/25 465/2 465/9 465/15 465/21 465/21 466/14 466/19 466/20 467/6 468/14 468/16 468/19 469/10 469/11 469/12 469/14 469/14 469/21 469/21 472/21 472/22 472/24 475/19 475/20 491/9 499/12 499/18 503/2 560/8 560/10 560/11 560/17 564/15

diskectomy [2] 468/2 508/22

disks [21] 447/24 448/1 448/3 448/18 448/20 455/3 455/3 455/9 455/9 458/10 459/4 459/6 459/9 459/10 460/21 465/17 466/12 466/17 466/24 469/16 499/12

displacement [1] 486/3

dispute [1] 500/7

do [275]

doctor [47] 435/10 437/5 437/7 438/21 438/23 440/24 442/5 448/8 453/19 453/25 454/13 458/12 458/22 459/15 460/12 461/17 471/2 480/20 480/23 481/19 484/9 493/3 494/3 495/6 495/17 499/3 500/8 503/17 504/1 504/2 504/5 504/22 509/17 513/18 513/22 515/12 516/7 544/10 551/11 561/14 565/24 567/6 569/8 587/1 587/6 589/17 589/20

doctor's [5] 441/15 441/22 441/22 443/12 503/24

doctors [9] 439/13 445/22 446/8 503/1 503/22 515/16 515/22 516/3 516/10

document [7] 441/24 441/24 539/12 539/16 555/8 569/17 571/1

documents [5] 441/19 443/2 443/10 499/25 539/20

does [34] 439/5 444/22

D

does... [32] 444/24 447/15 460/13 464/7 478/12 479/17 484/9 484/25 487/12 508/20 513/19 514/14 519/3 521/2 521/19 521/20 521/23 526/15 526/18 528/12 531/4 544/10 562/2 562/12 564/9 565/1 566/3 572/2 591/6 594/22 595/25 599/4

doesn't [33] 422/10 425/8 427/19 428/4 433/19 457/9 459/13 464/9 464/15 470/22 483/4 483/21 484/15 488/24 494/1 494/2 495/1 495/5 513/10 521/21 527/8 530/18 536/11 550/9 554/10 554/11 554/14 559/13 560/11 562/24 566/13 582/10 593/15

doing [34] 431/8 432/4 432/7 440/5 441/6 447/8 464/16 466/11 467/1 472/10 475/13 476/15 479/17 490/9 494/19 506/23 512/7 521/3 528/13 528/18 540/14 540/16 540/17 540/20 541/12 541/17 541/20 541/25 546/1 546/3 568/4 573/12 574/16 600/9

don't [169] 425/3 426/12 427/10 428/24 429/18 430/2 430/22 431/17 432/21 436/4 437/6 438/2 438/9 438/11 440/16 440/17 440/23 441/4 441/23 444/1 446/6 447/4 447/16 450/1 450/23 451/2 455/17 457/10 459/5 459/18 460/19 461/6 462/16 463/9 463/12 463/15 464/16 465/9 465/23 465/25 468/4 468/18 469/16 472/7 473/1 474/16 475/4 477/9 478/16 481/13 482/19 482/24 484/3 485/22 485/24 491/24 492/13 492/22 493/19 494/7 494/18 495/2 495/2 495/4 495/11 496/3 497/1 499/23 501/11 502/11 502/13 503/8 503/10 503/12 503/19 503/20 503/23 504/16 505/22 506/7 507/11 508/10 508/11 509/5 509/21 509/23 509/25 510/5 510/12 510/16 510/16 510/22 510/23 510/25 510/25 511/4 511/18 512/11 515/23 517/7 518/20 518/20 519/22 520/18 521/7 521/13 521/18 522/20 522/25 523/12 523/16 523/24 524/4 524/21 524/21 527/13 529/25 530/2 531/8 532/15 532/21 533/4 533/8 536/5 537/6 539/10 539/18 539/25 543/6 543/10 543/10 543/12 544/20 555/18 558/19 559/17 562/22 562/23 563/3 566/12 571/5 571/5 575/5 582/16 584/19 584/19 584/20 584/23 585/4 588/5 588/5 588/11 588/15 588/15 589/2 591/6 591/8 592/24 592/25 595/11 599/9 600/16 600/17 600/24 601/5 602/4 602/15 602/20 603/1

donate [1] 463/16

donation [1] 463/16

done [30] 433/6 433/7 433/22 441/24 447/10 448/6 450/1 459/17 471/3 473/9 480/2 489/7 494/18 509/6 524/11 529/6 529/21 529/23 536/22 537/3 537/6 564/20 570/10 573/23 573/24 574/21 580/20 590/12 602/5 602/16

dosage [1] 589/18

double [1] 570/19

doubts [1] 509/12

down [28] 431/7 431/11 431/11 448/8 454/13 455/11 456/9 456/9 477/5 490/22 490/23 508/18 511/7 511/11 511/14 512/13 518/8 523/14 523/17 525/12 528/2 558/18 558/25 559/1 559/3 589/5 595/22 602/22

Downstate [1] 435/20

Dr [19] 433/25 434/8 435/1 435/9 443/18 495/22 503/11 504/2 515/19 524/6 574/13 578/5 578/19 578/22 580/21 587/18 588/16 588/19 588/23

Dr. [12] 423/16 494/4 494/14 495/12 500/21 562/17 578/6 578/16 596/7 596/10 596/14 596/20

Dr. Carfi [5] 562/17 596/7 596/10 596/14 596/20

Dr. Chernoff [3] 494/14 495/12 500/21

Dr. Ezzi [2] 578/6 578/16

Dr. Marc [1] 494/4

Dr. Tysha's [1] 423/16

drapes [1] 477/8

draping [2] 477/6 477/8

draw [1] 477/16

drive [3] 484/25 487/15 487/18

driver [2] 444/11 484/22

drivers [1] 430/15

driving [7] 484/21 487/19 490/20 554/23 555/9 555/11 598/5

drug [11] 426/11 426/16 426/18 426/20 430/4 430/6 430/7 430/14 430/19 430/20 431/21

drugs [11] 426/12 426/21 430/8 430/11 431/20 432/11 432/19 433/3 433/5 492/20 521/23

dry [1] 522/10

dually [2] 565/13 573/6

Duenas [1] 588/13

duly [1] 434/11

dummies [1] 497/19

dummy [1] 499/7

dump [1] 597/21

during [15] 422/11 422/12 425/9 428/12 431/5 431/11 475/11 475/17 481/10 486/8 506/19 547/11 547/13 575/20 579/1

duties [4] 440/7 574/18 575/12 579/19

duty [1] 567/2

dye [3] 564/18 564/19 564/21

dynamic [3] 454/17 469/24 475/11

E

each [9] 423/9 506/4 531/3 533/1 571/12 571/21 571/24 571/25 575/16

ear [1] 488/2

earlier [5] 531/14 531/19 531/25 532/4 532/8

early [1] 523/3
ease [2] 508/2 508/12
easier [3] 460/5 464/3 467/4
easily [1] 423/10
edema [1] 484/21
educational [1] 435/14
effect [2] 425/14 428/24
effects [2] 425/1 492/1
eight [8] 436/1 482/14 550/20 551/3 551/8 551/15 551/17 580/11
either [4] 431/17 508/1 509/7 519/23
elderly [1] 578/14
electronic [3] 481/22 481/23 523/19
elements [2] 455/23 472/1
elevated [1] 434/20
eliminate [1] 452/20
else [21] 423/18 428/17 433/23 453/13 457/17 464/17 470/6 470/17 470/19 493/3 493/13 500/14 500/17 512/7 515/25 516/19 573/23 577/23 593/21 599/4 599/11
else's [1] 445/24
emergency [5] 474/16 503/4 506/22 507/17 568/10
EMG [2] 448/6 448/7
employed [1] 581/3
employee [2] 440/11 574/17
employer [2] 504/2 570/8
end [9] 425/25 427/17 519/14 523/4 555/19 555/21 565/12 577/9 593/10
engaged [1] 594/12
engineer [7] 451/19 497/9 497/11 497/16 498/3 498/13 500/5
engineers [2] 497/14 498/1
English [4] 438/24 438/25 580/11 580/13
Enjoy [2] 534/5 534/9
enjoyed [1] 535/5
enough [5] 425/24 433/22 473/4 483/25 533/19
entered [3] 434/3 517/21 535/3
entering [3] 434/2 517/20 535/2
entirely [1] 423/1
entity [1] 430/12
entries [2] 530/3 543/23
entry [4] 543/2 546/25 547/5 557/10
Epic [2] 481/21 481/23
epidural [4] 485/3 541/14 541/23 569/3
equipment [1] 596/14
error [10] 423/3 427/11 427/13 545/14 545/18 557/18 558/7 558/18 558/25 559/3
ESQ [3] 421/13 421/19 421/19
evaluate [1] 480/16
evaluation [4] 541/4 561/20 561/22 561/24
evaluations [2] 480/14 481/2
even [17] 427/8 427/10 431/25 433/5 433/6 457/10 471/20 483/23 528/1 533/17 541/17 543/12 569/3 569/3 570/7 595/3 602/21
event [1] 492/16
ever [21] 436/11 465/12 474/20 495/12 495/13 495/16 497/25 503/25 504/5 507/25 543/18 549/11 579/10 586/24 587/1 587/1 588/3 588/6 588/9 590/14 597/9
every [34] 430/1 439/10 452/10 453/11 460/19 467/5 480/6 485/22 485/24 490/21 490/24 492/14 502/7 502/8 505/20 506/5 506/10 508/25 513/18 513/21 516/23 521/16 522/6 523/8 523/13 528/3 530/7 530/11 530/17 554/24 555/12 558/12 559/2 588/17
everybody [1] 483/21
everyone [13] 424/12 434/4 454/25 457/13 457/14 468/8 473/24 473/24 517/22 521/14 535/4 566/21 572/25
everything [25] 424/4 433/13 454/4 456/5 457/16 462/11 463/2 468/9 468/17 471/17 472/22 476/5 478/25 480/4 489/3 491/21 500/16 507/10 512/11 524/2 532/13 555/19 561/25 569/5 572/18
evidence [24] 425/15 426/19 427/7 433/1 433/11 441/17 441/18 441/20 442/23 443/12 443/15 453/23 453/24 461/25 482/10 486/2 530/9 531/22 532/22 561/8 561/12 561/13 587/4 597/6
exact [5] 432/1 436/4 530/11 530/11 538/25
exactly [20] 424/11 424/15 425/17 454/10 465/25 482/6 517/4 517/5 517/11 520/8 520/21 529/23 530/8 530/16 549/5 554/9 559/23 563/23 575/5 598/25
exam [20] 439/9 439/9 447/5 486/8 486/11 486/13 488/7 489/10 489/12 497/4 542/19 542/19 543/22 543/22 543/25 544/1 546/8 557/3 557/4 568/21
examination [13] 423/17 434/24 495/20 502/20 517/23 535/7 561/1 569/15 574/6 574/11 588/25 590/2 598/3
examined [4] 434/12 441/2 486/23 542/17
example [7] 465/10 471/4 491/7 502/14 503/1 510/6 585/22
exams [2] 435/19 489/6
excessive [4] 530/8 531/13 531/17 532/16
Excuse [3] 426/14 454/9 499/3
excused [3] 574/1 599/3 601/10
executive [2] 579/7 579/10
exercises [5] 473/10 484/15 572/17 572/20 572/25
exhibit [10] 442/3 442/23 443/14 482/5 482/6 482/7 482/9 482/13 499/23 561/11
exhibited [1] 452/3
existing [3] 467/10 499/9 499/16
exited [3] 517/18 534/8 601/15
exiting [3] 517/17 534/7 601/14
expect [7] 476/12 482/24

E

expect... [5] 482/25 483/3 483/6 505/25 524/8
expectancy [2] 466/4 466/6
expected [2] 486/21 546/4
experience [3] 435/14 466/10 579/6
expert [13] 423/12 436/11 436/22 437/2 437/3 437/21 438/9 494/4 494/15 494/19 495/7 591/5 599/17
expert's [1] 423/14
experts [2] 423/9 599/20
expiration [1] 575/19
explain [16] 422/6 423/9 461/21 463/9 474/15 474/17 482/21 508/25 509/18 544/18 549/13 549/25 558/17 559/21 586/5 591/7
explained [13] 476/1 483/15 523/6 546/7 549/6 549/15 557/19 558/6 558/14 560/11 564/1 572/14 602/9
explaining [2] 448/11 556/2
explored [1] 580/16
express [1] 601/19
extension [9] 449/6 487/1 487/3 487/5 487/9 488/11 499/15 505/14 531/2
extensive [1] 440/22
extent [2] 427/10 428/23
extrapolation [1] 429/13
extremities [7] 474/4 474/12 489/15 535/21 535/24 548/14 569/1
extremity [8] 484/21 489/11 489/18 489/23 489/24 546/9 548/9 552/3
eyes [1] 463/16
Ezzi [10] 504/2 574/13 578/5 578/6 578/16 578/19 578/22 588/16 588/19 588/23

F

face [2] 425/9 477/5
facial [1] 477/18
fact [4] 422/18 429/24 430/16 466/23
factor [1] 473/18
factors [1] 447/5
factory [14] 574/14 574/16 574/19 574/23 574/25 575/6 575/13 576/11 576/15 576/17 576/25 577/8 577/10 578/7
fail [2] 439/15 440/25
failed [3] 430/9 439/16 475/25
failing [1] 440/21
fails [1] 446/23
fair [7] 422/6 427/21 509/25 524/23 559/2 571/11 589/2
faith [2] 422/25 433/2
familiar [1] 451/11
family [9] 513/4 516/19 516/22 516/24 517/1 568/8 577/6 577/12 594/18
fantastic [4] 453/17 462/23 471/19 494/1
far [2] 430/1 495/12
Farley [1] 422/23
fast [2] 481/19 527/14
fast-forward [1] 481/19
faster [2] 464/2 466/13
fat [2] 454/5 454/25
faucet [2] 596/25 597/1
Fault [7] 570/10 570/12 570/12 570/14 570/14 571/6 571/8
favor [2] 429/10 462/14
February [27] 459/23 481/19 482/15 493/1 542/13 544/25 545/1 545/2 545/6 547/5 547/22 549/23 550/15 550/15 550/18 550/24 552/16 556/11 556/12 581/16 581/18 582/21 584/16 585/11 585/24 586/22 594/4
February 10 [1] 544/25
February 10th visit [1] 547/5
February 10th was [2] 545/1 545/2
February 14th of [1] 594/4
February 16th [3] 459/23 482/15 547/22
February 2022 [1] 549/23
February 2023 [1] 582/21
February 20th [2] 581/18 585/11
February 7th [7] 481/19 493/1 550/15 550/18 550/24 552/16 556/11
fee [4] 440/14 562/10 564/24 569/19
feel [9] 425/24 450/20 453/5 480/7 487/23 489/14 516/6 544/19 590/9
feeling [9] 424/24 425/19 425/21 429/5 429/9 429/12 429/20 431/13 552/1
feels [1] 566/24
fees [2] 562/25 563/1
feet [1] 596/25
fellows [2] 440/4 524/11
fellowship [1] 435/22
fellowships [2] 439/4 439/8
felt [4] 548/4 590/12 598/7 598/12
few [4] 504/7 504/8 575/7 590/5
fiance [2] 453/1 594/3
fifteen [2] 490/18 595/23
fifteen pounds [1] 490/18
file [17] 437/12 441/10 441/12 441/12 441/15 442/5 442/9 443/2 443/6 500/15 500/18 523/21 524/9 527/19 527/24 565/22 565/23
film [1] 470/18
films [5] 467/14 467/16 470/5 470/7 470/20
finally [5] 423/23 431/18 487/25 491/18 597/6
financial [2] 577/14 582/14
find [1] 524/8
findings [4] 447/21 448/12 475/19 485/20
fine [5] 433/13 438/20 442/2 534/2 564/5
finish [2] 439/8 601/2
Finished [1] 575/21
firm [2] 436/23 440/14
first [72] 422/8 428/7 428/8 431/2 434/11 434/16 439/11 440/21 440/23 441/2 443/23 443/24 445/16 454/2 457/9 460/16 467/2 471/25 477/14 480/2 483/1 489/13 494/21 496/10 496/12 496/18 496/24 503/14 506/7 506/19 507/22 508/17 509/3 510/11 510/20 511/2 511/5 512/1 512/5 513/8 513/10 513/23 513/25 514/6 514/14 514/17 515/2

F

first... [25] 516/4 517/5 517/12 518/4 518/5 519/11 520/7 520/12 520/21 521/5 522/20 522/23 522/24 523/3 524/10 524/24 537/11 538/25 545/5 547/25 549/16 590/4 592/21 592/24 593/12
five [18] 448/2 448/25 502/14 506/15 517/16 518/24 527/2 536/13 538/8 539/3 541/9 549/4 549/7 553/25 554/5 554/6 554/13 578/21
fix [6] 450/24 452/19 452/20 459/3 507/13 592/7
fixed [1] 479/24
flag [1] 460/18
flags [3] 483/1 566/19 567/4
flat [1] 462/24
flaw [1] 530/12
Flexeril [2] 536/16 536/18
flexion [13] 449/5 486/22 487/6 487/8 487/25 488/3 488/11 488/11 499/15 505/14 505/16 505/17 531/2
flight [2] 592/15 592/19
floor [2] 421/14 467/3
fluoroscopic [1] 475/9
fluoroscopy [1] 475/11
fly [2] 592/21 592/24
flying [1] 592/11
focusing [2] 529/18 533/17
follow [8] 471/12 480/9 489/6 528/23 533/14 541/4 541/24 562/4
follow-up [5] 489/6 528/23 533/14 541/4 541/24
followed [1] 471/13
following [1] 451/12
follows [1] 434/13
foramen [5] 455/22 455/24 460/10 478/2 478/2
foraminal [1] 475/20
foraminotomy [1] 477/24
forced [1] 593/2
forces [2] 497/18 499/1
forearm [1] 489/19
foregoing [2] 565/14 573/8
Forest [1] 421/15
forever [4] 464/6 464/17 484/5 492/12
form [2] 496/22 596/11
forming [1] 496/19
Forty [1] 588/21
forward [9] 465/10 467/1 467/5 481/19 487/9 491/8 491/21 508/1 596/9
fought [1] 423/8
found [6] 461/1 491/16 503/2 518/4 544/3 545/22
foundation [1] 443/1
four [12] 448/2 510/19 518/24 539/3 541/8 546/21 549/7 553/7 553/12 553/25 554/6 575/25
fourth [1] 536/13
Francis [11] 459/20 542/14 542/16 542/22 542/24 543/1 543/2 543/16 543/18 543/21 543/24
Francisco [2] 542/18 542/21
free [2] 432/5 443/18
frequency [1] 591/22
Friday [4] 502/7 600/7 600/10 600/11
friends [4] 589/1 589/8 589/12 589/13
front [20] 424/23 426/3 439/13 454/4 454/19 458/25 461/18 468/3 468/4 468/9 468/15 524/20 561/14 582/6 582/17 591/12 591/20 598/14 598/15 598/17
full [12] 435/16 435/19 448/13 448/13 455/4 538/22 565/25 566/17 567/2 578/25 600/7 600/13
full-time [4] 435/16 538/22 565/25 578/25
fully [1] 423/8
function [5] 450/4 450/13 452/19 460/18 478/18
functionality [1] 466/18
functioned [1] 576/2
functioning [1] 449/24
functions [1] 473/19
fundamentally [1] 427/20
funny [1] 450/20
further [9] 453/7 476/25 495/18 544/18 560/22 569/9 589/24 599/1 599/6
fuse [3] 461/15 464/17 472/8
fused [2] 466/24 471/1
fusing [1] 471/9
fusion [16] 461/4 461/5 461/15 464/13 465/2 468/2 478/20 479/9 479/13 480/2 482/15 485/15 486/25 508/22 546/20 548/17
future [31] 464/21 465/25 466/8 473/10 489/2 490/11 491/10 530/4 555/15 555/20 556/4 556/5 557/2 559/10 559/11 559/22 560/1 560/6 560/15 560/19 562/9 563/13 563/18 563/25 564/6 564/23 565/10 569/18 587/2 587/19 596/9

G

gave [10] 423/12 500/4 514/8 519/17 522/14 576/24 576/25 577/7 577/11 585/12
gel [6] 448/21 449/6 449/7 452/5 452/17 455/10
general [8] 429/19 431/25 432/5 452/5 475/16 512/10 524/21 576/7
generated [3] 442/9 443/2 544/6
get [44] 427/9 428/5 431/16 433/25 440/14 448/9 452/9 455/5 457/14 460/15 460/19 466/19 467/1 468/7 469/19 470/20 477/22 478/16 482/4 483/1 483/19 489/22 493/18 500/2 500/9 502/12 502/16 503/1 508/2 508/8 509/24 537/23 538/1 539/13 539/16 542/3 549/15 570/8 581/1 592/18 600/17 600/24 602/5 602/16
gets [1] 504/10
getting [9] 428/5 460/17 465/3 483/4 488/23 511/10 537/10 566/14 570/7
gigantic [1] 502/11
give [21] 424/14 434/14 438/17 447/7 448/8 449/11 449/20 449/20 449/22 449/23 483/19 484/14 502/21 514/19 522/22 536/22 539/11 560/21 589/23 591/8 600/25

G

given [3] 424/14 426/11 577/23
gives [1] 572/6
giving [6] 423/21 424/9 424/13 425/14 429/25 483/23
glass [1] 598/9
glue [1] 481/16
go [50] 422/7 427/16 428/1 441/21 452/24 454/16 465/9 465/21 468/4 468/9 478/11 478/13 482/23 502/22 513/13 519/17 521/7 523/9 524/1 524/19 526/9 526/17 527/14 527/15 527/16 527/18 527/21 527/23 528/1 528/5 538/15 538/18 538/21 539/16 546/5 547/11 550/8 565/25 566/4 566/11 566/13 566/15 566/17 567/2 573/5 582/17 587/12 589/13 596/3 599/13
God [4] 422/11 422/15 427/19 428/20
goes [2] 508/1 600/15
going [190]
gone [2] 445/17 485/17
goniometer [3] 486/20 489/7 489/9
good [17] 430/11 433/2 434/4 434/19 435/1 435/2 455/7 461/13 464/11 471/17 471/18 486/24 487/18 492/12 495/22 495/23 534/3
got [15] 437/17 452/23 452/25 489/22 500/18 504/14 541/13 569/25 570/21 576/8 581/3 590/4 594/12 595/5 598/8
graft [2] 475/5 486/2
grandchild [2] 583/20 583/22
grant [1] 430/23
graph [1] 463/5
great [4] 423/10 480/19 560/10 573/25
green [1] 463/15
Gregorace [2] 503/11 515/19
grind [1] 463/6
grounds [1] 422/19
grow [5] 461/14 462/9 463/20 464/2 470/22
grows [1] 464/12
guarded [2] 562/2 562/4
guess [1] 601/18
guests [1] 594/13
gym [4] 484/17 558/10 572/18 572/24

H

had [81] 425/20 426/1 426/18 426/18 426/20 427/1 427/4 432/15 441/2 441/24 445/4 445/16 445/18 445/19 448/1 451/11 466/14 468/24 472/21 472/24 475/25 483/8 485/3 488/21 490/8 492/4 495/24 496/13 496/16 503/2 504/8 505/12 506/22 507/16 510/18 512/5 513/13 514/10 518/5 522/18 525/12 530/23 533/5 533/19 535/17 535/21 535/23 536/20 536/24 537/6 537/16 575/16 575/18 575/19 576/19 577/14 578/5 578/7 578/25 579/6 580/7 581/21 581/23 582/1 583/20 586/23 589/12 589/14 590/12 590/14 591/21 592/1 592/4 594/11 595/6 595/20 595/22 598/6 598/14 599/16 599/17
half [1] 595/22
hallway [1] 428/12
handheld [1] 597/1
happen [18] 452/14 464/14 470/23 471/10 472/25 473/6 493/16 494/2 494/2 516/5 547/6 556/4 557/2 558/13 559/19 566/19 595/2 596/4
happened [11] 425/16 440/19 451/6 485/23 490/13 500/25 524/16 524/17 531/10 595/21 597/7
happening [2] 452/8 470/15
happens [4] 449/4 470/22 566/22 567/4
happy [3] 436/18 590/17 591/7
hardware [1] 469/13
has [58] 422/2 424/12 425/12 426/21 428/7 431/6 431/22 441/23 442/25 450/3 454/25 457/10 457/13 466/3 466/6 466/23 473/24 477/25 486/21 490/25 492/17 493/9 494/15 495/12 495/12 504/9 504/24 505/4 508/9 509/12 510/8 510/8 513/15 519/1 533/3 544/22 550/8 551/11 552/9 552/17 553/6 553/10 553/11 560/7 560/11 562/6 562/18 566/17 566/21 567/15 568/17 568/18 573/18 580/21 581/24 583/2 587/1 595/13
hasten [1] 466/22
have [335]
haven't [1] 435/4
having [20] 434/11 450/24 464/7 465/11 473/14 474/3 484/20 504/6 504/22 511/3 511/6 511/8 512/2 512/6 512/6 518/19 569/1 590/12 594/14 599/5
hazards [1] 476/15
he [93] 422/9 426/12 426/12 426/18 426/18 426/20 426/21 426/21 426/22 428/8 429/8 430/6 430/6 430/6 430/7 430/8 430/8 430/10 431/13 432/10 432/11 432/11 432/12 433/12 433/13 437/7 438/21 443/13 446/14 451/19 460/6 467/17 482/21 493/10 494/6 494/17 494/19 495/3 495/4 495/4 495/13 497/16 499/5 503/2 503/2 511/6 514/20 521/17 531/8 533/3 550/7 550/8 550/8 550/9 551/13 552/25 556/8 556/10 557/25 558/23 562/24 567/9 570/5 570/7 571/16 574/5 580/24 581/5 581/14 581/15 581/21 581/22 581/23 581/24 582/2 582/4 582/10 582/10 582/16 583/2 583/4 583/5 590/4 590/4 593/7 594/25 594/25 595/25 596/8 596/8 598/4 598/4 598/14
he's [8] 428/4 428/9 430/11 432/11 494/8 544/15 558/23 581/6
head [1] 448/15
heads [1] 424/10
heads-up [1] 424/10
heal [1] 460/13

H
healing [2] 460/14 463/21
health [2] 586/13 586/19
healthcare [1] 586/23
healthy [3] 465/22 466/12 467/6
hear [5] 434/20 434/21 465/12 501/19 563/14
heard [4] 433/22 504/13 587/15 599/9
hearsay [2] 596/17 596/21
heat [1] 484/13
heavy [1] 584/20
height [5] 448/4 449/16 449/18 462/24 472/25
held [4] 517/19 571/18 600/2 601/12
help [16] 449/16 463/21 516/8 522/10 523/11 527/2 528/17 567/16 573/16 586/9 586/10 586/10 592/2 592/5 595/15 596/5
helpful [2] 448/11 516/2
helping [1] 483/22
helps [2] 430/18 544/5
HEMPSTEAD [5] 421/6 430/13 430/17 431/21 432/19
Hepatitis [1] 476/10
her [190]
here [94] 424/24 425/1 425/3 425/8 425/13 425/13 425/24 426/1 428/5 429/6 429/8 429/8 429/21 429/23 429/24 429/25 431/4 431/12 431/14 435/18 437/11 441/19 442/15 447/12 448/11 448/15 449/19 453/19 453/25 454/12 454/24 455/19 457/21 458/13 460/8 461/17 467/25 470/18 473/7 475/19 477/18 484/7 485/2 486/16 487/12 488/12 493/15 499/10 499/23 499/25 500/15 500/16 503/12 509/4 510/23 510/25 511/1 515/20 519/22 522/18 523/20 524/20 527/15 528/4 529/10 529/17 532/15 535/13 536/14 538/20 538/23 544/3 550/1 550/12 552/20 553/24 558/8 558/14 559/21 565/12 568/20 572/2 579/5 582/10 582/20 599/15 600/19 600/20 600/21 600/21 601/7 601/23 601/24 601/25
here's [1] 539/16
herniated [1] 460/12
herniation [6] 449/8 455/13 458/11 460/9 460/20 564/15
herniations [5] 447/23 448/5 466/15 469/21 475/20
HHA [1] 576/22
highlight [3] 450/10 453/13 457/17
highlights [1] 439/1
highly [4] 422/18 427/14 431/22 433/5
Hills [1] 421/15
him [19] 424/5 426/23 430/7 430/10 431/22 432/19 433/14 433/15 433/18 460/6 494/7 494/13 498/10 503/12 503/12 509/17 544/16 570/5 587/11
hired [6] 498/14 586/9 587/24 590/5 590/14 590/18
hiring [1] 590/5
his [22] 422/13 423/9 424/5 426/16 426/16 427/1 428/7 431/3 443/2 450/7 494/13 494/19 495/3 544/15 550/9 556/20 582/7 595/13 598/14 598/17 598/20 598/23
history [18] 444/7 444/14 445/5 445/8 457/10 457/11 482/13 485/2 485/2 485/3 485/5 485/6 485/20 497/4 526/9 526/13 526/17 561/24
hit [3] 444/23 591/12 591/12
Hold [1] 458/14
holding [1] 554/8
hole [2] 455/16 456/1
holes [1] 455/24
holidays [1] 502/1
home [5] 452/23 452/25 517/2 523/9 523/13
honestly [1] 600/16
honeymoon [1] 594/19
Honor [31] 422/4 422/12 426/25 427/22 428/2 433/4 434/8 441/14 442/22 454/12 460/7 482/3 499/4 502/18 504/23 512/16 535/8 544/15 552/23 556/7 556/19 556/21 569/9 570/2 573/20 582/15 583/23 585/25 587/3 597/14 599/5
HONORABLE [1] 421/10
hook [1] 462/11
hope [2] 535/4 598/5
hoped [1] 598/6
Hopefully [1] 464/6
hospital [15] 435/23 452/25 453/1 459/20 513/16 513/17 523/1 542/14 542/16 542/18 543/24 562/12 562/25 563/6 565/1
hospitals [3] 481/23 563/2 563/4
hour [3] 592/17 597/21 597/25
hours [5] 453/4 502/12 588/17 588/19 588/21
house [8] 576/23 582/22 584/5 584/10 584/12 584/14 584/23 595/22
housecleaning [2] 584/22 585/16
household [2] 582/24 586/10
housekeeping [2] 584/14 584/17
how [48] 422/19 424/11 424/15 424/19 435/8 435/25 436/2 438/23 440/17 451/6 467/8 468/12 477/13 478/15 480/3 490/8 490/13 496/7 499/1 500/25 501/23 502/2 502/10 510/15 514/21 519/7 533/22 537/3 548/4 556/4 562/25 573/2 575/4 575/19 575/23 578/19 583/14 588/19 591/11 592/15 593/10 594/9 594/14 594/17 597/12 597/20 597/24 599/20
however [1] 600/22
huh [3] 522/2 525/8 567/11
human [1] 494/23
hundred [8] 436/6 474/20 490/15 494/20 501/22 554/1 562/4 594/16
hurt [5] 455/9 469/11 484/5 528/17 573/1
hurts [1] 468/11
husband [9] 513/5 581/3 581/18 582/1 582/21 582/25 593/25 594/22 595/3

H

husband's [2] 581/8 595/11

I

I'd [1] 539/1
I'm [50] 422/20 426/15 427/9 433/14 435/11 436/16 437/8 437/24 451/22 457/22 458/12 458/23 459/8 481/4 481/5 482/3 492/10 493/12 496/2 496/23 498/19 498/25 510/8 514/5 520/16 526/8 537/20 540/16 545/2 547/24 548/25 552/12 552/12 552/15 553/18 557/15 558/25 559/23 563/14 567/22 573/24 580/19 582/9 586/3 591/20 593/24 595/13 596/12 598/1 602/21
idea [8] 425/21 460/16 461/12 461/14 464/10 573/12 573/14 573/15
identification [2] 441/16 442/4
identified [1] 498/11
identify [4] 457/22 458/14 467/21 471/14
if [149] 422/14 425/8 426/2 427/8 430/7 430/8 430/8 430/17 432/6 432/11 436/16 436/18 436/19 438/9 443/19 445/11 447/18 448/11 450/10 453/14 454/13 457/10 459/4 459/5 459/13 459/13 460/5 461/19 463/3 463/19 464/9 466/8 470/18 470/25 471/10 472/23 472/25 473/7 474/15 476/7 476/8 480/7 480/23 484/3 484/14 486/22 487/1 487/5 489/4 489/13 489/14 490/9 490/14 492/1 492/12 502/4 503/3 504/17 504/21 505/24 506/8 507/5 507/13 508/4 509/1 509/11 509/12 509/15 509/17 509/21 509/24 510/2 510/6 510/8 511/5 511/12 511/15 511/16 511/24 515/8 515/22 516/21 516/23 519/10 519/10 520/3 520/4 521/13 521/15 521/16 521/17 523/21 523/25 524/5 526/9 526/21 527/13 527/13 527/14 527/16 527/23 527/25 528/1 528/20 537/5 537/9 539/11 539/14 539/25 543/18 544/5 545/12 546/5 549/16 549/16 550/2 552/22 557/17 557/18 558/6 558/11 560/19 563/1 564/14 564/16 566/19 566/24 567/4 567/13 568/6 568/23 570/10 570/12 570/14 571/5 586/7 587/1 588/12 590/21 592/21 593/1 595/2 595/5 596/4 600/15 600/24 601/4 601/5 602/19
iliac [2] 477/19 477/20
illness [3] 526/9 526/13 526/17
image [7] 454/9 454/19 457/23 457/24 458/15 467/19 499/8
images [10] 447/14 447/17 454/10 469/19 471/2 471/3 494/23 497/5 561/24 568/21
imagine [1] 542/18
immediately [3] 427/15 451/12 452/8
impact [4] 470/1 598/2 598/7 598/12
impacted [3] 444/19 444/20 598/13
impacts [1] 497/19
impair [1] 432/4
impeachment [1] 423/11
impede [1] 432/7
implant [2] 465/18 465/18
implanted [1] 464/8
implication [6] 424/25 426/11 431/14 431/16 432/8 433/4
importance [1] 447/1
important [22] 447/24 448/14 449/1 449/18 450/5 450/8 450/14 452/7 455/12 458/13 459/2 469/23 469/25 477/6 478/19 484/17 499/16 510/9 529/25 566/12 566/15 566/16
impossible [3] 499/15 544/9 544/21
impression [1] 429/25
impressive [1] 463/10
improper [5] 423/3 423/11 427/5 431/10 586/1
improve [1] 548/10
improved [2] 546/11 552/4
improvement [9] 482/16 490/10 490/25 491/5 535/17 541/14 548/6 551/22 562/6
improving [3] 548/3 548/5 548/14
in [516]
inability [2] 554/17 582/13
inappropriate [4] 425/18 429/3 578/2 582/15
incision [6] 461/7 477/11 477/17 477/18 477/21 477/22
include [4] 507/3 507/10 562/12 565/1
included [3] 507/14 559/22 579/19
including [3] 447/13 578/21 584/20
income [1] 582/7
inconsistent [1] 586/1
incorrect [1] 554/19
increase [1] 467/6
increased [1] 466/21
increasing [6] 453/2 474/3 474/3 541/22 569/1 569/6
independent [1] 550/9
Index [1] 421/3
indicate [5] 486/1 489/18 513/12 521/19 569/7
indicated [5] 426/18 508/19 523/1 568/2 568/4
indicates [1] 567/14
indication [1] 568/12
indications [1] 475/24
indirectly [1] 423/15
Individually [1] 422/5
indoors [1] 573/3
infection [1] 522/5
inference [1] 429/24
inflammatory [1] 492/20
influence [1] 487/19
information [6] 426/23 465/7 491/2 494/20 556/17 579/22
informed [2] 476/3 519/14
initially [3] 433/10 602/2 602/3
injecting [1] 433/4
injection [2] 423/2 569/3
injections [4] 485/3 506/24

I

injections... [2] 541/14 541/23
injured [5] 449/2 469/11 499/12 499/13 560/11
injuries [13] 429/11 429/15 448/1 453/10 464/23 474/11 488/22 493/5 496/8 497/20 498/18 500/24 560/8
injury [4] 453/3 455/17 459/3 485/10
inquire [1] 601/20
inserted [1] 479/5
inside [6] 460/23 462/24 463/19 481/15 572/10 598/8
instead [1] 526/11
institute [6] 436/10 440/11 443/13 443/25 570/5 570/6
instruction [1] 424/25
instructions [1] 427/17
instrumentation [3] 464/14 482/15 486/2
insurance [3] 513/13 570/11 571/6
intention [1] 596/5
interbody [1] 478/20
interested [1] 513/5
interfere [1] 519/7
interpretation [5] 447/13 470/5 475/9 475/14 484/12
Interpreter [1] 421/22
interval [1] 563/19
intervals [3] 471/7 498/18 498/23
intervention [2] 536/9 539/5
intervertebral [1] 479/2
interviewed [2] 588/6 588/9
into [14] 423/2 430/1 441/20 442/23 443/11 448/9 463/24 477/11 490/15 530/4 561/13 582/17 597/6 599/13
investigation [1] 430/14
investigator [1] 497/1
invocation [1] 422/16
involved [8] 430/15 436/17 441/1 444/10 451/17 501/10 576/3 590/15
involves [1] 436/19
iron [1] 598/7
irrelevant [3] 423/1 582/7 583/10
irritation [3] 452/7 474/4 489/16
is [839]
island [2] 459/21 584/24
isn't [3] 424/24 429/8 458/1
isolate [1] 561/7
isolating [1] 561/9
issue [19] 423/2 424/13 425/12 425/12 425/13 425/22 426/2 426/2 428/18 429/1 429/2 430/21 505/4 507/13 540/23 559/17 571/17 582/14 602/1
issues [5] 428/4 428/5 481/7 492/4 557/3
it [526]
it's [126] 427/10 427/11 429/19 431/22 432/2 432/16 432/17 432/21 432/23 432/24 433/2 439/7 442/2 443/6 449/13 449/13 449/14 449/23 450/25 453/24 458/1 458/6 458/11 459/20 460/17 461/18 461/25 462/8 466/13 466/19 467/4 467/7 467/23 468/10 468/21 471/1 471/9 471/11 476/5 477/5 478/14 481/9 482/1 482/7 493/10 494/25 496/24 498/9 499/2 499/8 499/8 499/18 501/1 501/21 502/20 506/6 506/8 507/5 507/10 507/14 508/4 515/1 519/10 523/15 523/21 523/24 523/24 524/19 525/1 527/25 529/4 530/20 531/6 536/5 544/4 544/9 544/11 544/11 545/14 545/17 547/2 548/8 548/20 549/2 549/16 549/18 551/5 551/6 551/6 551/7 552/12 552/24 555/11 555/22 555/22 555/25 555/25 556/1 556/2 556/5 556/9 556/20 558/6 558/9 558/9 558/13 558/15 558/16 561/6 565/7 565/23 566/9 566/10 566/22 570/14 575/5 579/21 580/20 583/10 583/11 585/15 586/1 587/5 587/11 600/5 601/18
items [1] 427/14
its [6] 460/13 472/24 478/13 501/21 544/11 545/22
itself [7] 443/6 448/9 451/2 548/24 554/15 555/8 571/2

J

Jack [1] 426/10
January [5] 505/9 506/11 514/15 538/15 541/1
January 2022 [1] 541/1
January 22nd [1] 514/15
JENNIFER [1] 421/24
Jerusalem [1] 598/5
Jiao [1] 543/15
JIMENEZ [1] 421/10
job [31] 436/16 467/1 490/16 491/10 494/19 495/3 511/22 511/24 514/4 518/10 519/8 519/9 554/1 554/7 554/10 554/17 576/2 576/19 576/21 576/24 576/25 577/7 577/8 577/16 578/5 578/6 578/7 578/9 578/25 582/1 583/4
jobs [3] 491/13 554/25 577/11
Judge [20] 434/7 434/23 443/11 446/14 498/8 534/2 537/8 553/17 554/12 560/21 560/24 567/20 570/24 582/12 583/10 587/11 590/1 591/6 593/20 601/17
judgment [1] 432/4
July [9] 443/24 451/15 503/15 505/10 506/11 508/16 510/18 523/3 524/23
July 22 [2] 503/15 505/10
July 22nd [3] 443/24 506/11 508/16
June [2] 542/12 598/4
June 7th [1] 598/4
juror [3] 601/18 601/18 601/22
jurors [3] 517/16 601/14 602/4
jury [70] 421/11 423/7 423/13 424/15 424/23 425/14 426/4 427/15 428/6 428/22 429/10 429/14 429/25 430/16 431/9 431/17 433/14 433/24 434/2 434/3 434/21 435/9 435/13 438/1 439/5 445/7 447/15 448/11 450/10 451/25 452/1 453/13 457/17 458/22

J

jury... [36] 470/17 471/24 472/24 475/23 477/19 479/9 482/17 483/10 486/16 487/5 488/20 493/4 493/11 505/1 517/17 517/18 517/20 517/21 524/20 534/7 534/8 535/2 535/3 558/14 561/22 564/9 566/7 570/24 582/6 582/18 590/9 592/15 595/5 597/12 597/24 601/15
just [64] 423/19 430/25 434/19 435/5 436/22 438/18 442/1 443/12 445/21 446/4 450/5 450/10 450/12 451/25 456/10 457/22 458/14 465/10 471/9 471/22 471/24 475/12 475/23 477/14 479/13 480/20 484/6 485/8 487/5 489/6 490/14 493/14 499/14 509/12 512/8 514/25 515/21 517/15 523/6 526/16 529/21 531/19 532/4 532/8 533/11 536/7 550/2 552/22 558/22 559/11 560/21 563/22 564/4 574/7 584/23 589/23 591/17 594/7 599/24 600/4 600/15 601/7 601/22 601/25
Justice [1] 421/11

K

keep [14] 434/19 449/16 454/21 455/11 455/15 462/16 490/2 490/20 506/22 539/2 554/23 555/11 595/15 601/8
keeping [2] 546/23 576/3
keeps [3] 454/9 527/6 556/8
kept [1] 442/19
kids [2] 584/24 585/10
kill [1] 509/19
kilograms [1] 505/19
kind [28] 432/6 435/9 438/6 451/14 451/17 452/2 456/10 466/22 489/5 491/8 491/19 496/14 498/17 498/18 503/3 508/24 518/10 519/5 519/6 519/7 524/4 527/10 532/25 539/12 554/10 554/17 554/25 570/18
knee [1] 441/4
kneeling [2] 490/19 554/23
knees [1] 467/3
knew [5] 438/5 496/5 514/4 597/20 597/24
knife [1] 477/14
know [86] 424/10 425/17 425/17 426/6 429/10 429/18 437/1 437/6 437/21 438/3 440/19 442/12 444/1 444/16 445/11 445/13 446/5 459/5 460/14 465/2 465/25 470/17 473/3 477/25 480/23 480/25 482/19 490/3 491/14 492/12 492/22 493/4 493/24 494/6 494/7 494/7 495/5 495/11 495/12 496/3 497/11 497/17 498/9 499/23 502/23 502/24 503/10 503/12 503/19 504/16 504/21 509/21 509/25 511/24 515/16 527/12 527/13 531/10 538/9 543/6 543/10 543/12 545/10 551/6 555/18 556/2 558/19 560/7 562/3 562/25 563/23 568/11 571/5 571/20 588/5 588/7 589/5 589/6 590/24 591/1 591/11 591/18 600/5 601/9 602/8 602/18
knowing [3] 466/6 514/1 568/22
known [1] 564/15
knows [4] 432/11 479/17 558/7 572/25

L

L4 [2] 475/19 475/20
L4-5 [1] 475/19
L4-L5 [1] 475/20
L5 [3] 475/20 475/20 475/20
L5-S1 [2] 475/20 475/20
laid [1] 443/1
laminae [1] 472/17
laminectomy [8] 471/24 471/25 472/2 472/6 472/9 472/10 477/24 478/1
lane [1] 598/5
language [4] 438/24 520/1 520/5 530/17
languages [1] 438/23
last [25] 434/16 447/6 448/1 449/1 455/5 462/13 465/8 492/24 493/2 518/25 519/13 549/19 549/21 549/22 555/22 555/22 555/24 555/25 556/6 556/10 556/12 556/14 557/3 583/16 599/10
late [2] 509/18 585/15
later [2] 425/7 540/7
lateral [11] 461/19 461/20 461/21 461/23 467/24 487/25 488/3 488/11 489/19 505/16 505/17
latest [2] 537/3 537/20
latitude [1] 591/9
laundry [1] 584/20
law [3] 436/23 440/14 601/1
lawsuit [1] 582/16
lawyer [7] 495/25 588/13 590/5 590/5 590/10 590/14 590/17
lawyer's [2] 557/22 557/25
lawyers [4] 503/7 557/5 557/7 557/10
layer [1] 460/22
laypersons [1] 423/11
lead [1] 564/4
leader [4] 575/9 575/13 575/24 576/2
leading [7] 438/15 472/15 476/19 483/12 484/7 564/3 591/16
learn [3] 444/9 494/22 495/24
learning [1] 444/20
least [8] 480/2 480/5 480/9 480/17 490/24 516/23 528/20 575/25
leave [4] 462/10 523/1 581/22 584/24
led [1] 423/13
leeway [2] 438/17 502/21
left [15] 427/15 454/2 487/11 487/13 487/25 488/3 488/11 505/15 505/16 513/23 513/25 515/10 577/9 577/10 598/8
legal [5] 440/14 511/20 557/2 559/17 573/12
legally [2] 429/20 429/22
legs [4] 450/17 456/9 483/2 490/21
lend [1] 436/22
length [2] 423/10 513/6
less [10] 461/6 521/16 521/16 522/19 539/25 555/4

L

less... [4] 578/6 591/21 591/23 594/7
lessen [1] 448/9
let [32] 422/6 424/5 429/10 451/1 463/15 479/25 501/11 510/16 510/16 510/22 523/12 525/23 526/8 527/12 527/12 529/10 529/17 530/22 531/15 533/17 533/17 536/4 537/18 538/9 549/22 549/23 550/1 552/19 568/8 568/8 587/11 602/18
let's [10] 437/2 461/2 467/18 476/1 517/16 517/23 559/7 572/1 582/9 584/1
letters [2] 543/13 579/19
letting [4] 427/24 448/22 600/4 601/9
level [6] 430/22 477/19 486/24 563/18 565/8 591/14
levels [6] 447/23 448/5 477/14 477/15 544/19 544/21
licensed [2] 565/13 573/6
lie [1] 422/10
life [30] 452/13 457/13 459/12 466/3 466/6 473/11 478/11 483/17 484/2 484/10 484/18 490/2 490/4 493/22 497/19 499/2 499/6 557/12 557/20 558/5 558/11 558/12 559/4 562/18 563/10 563/19 566/20 572/16 590/16 596/7
lift [5] 490/17 521/7 554/21 555/3 555/4
lifting [1] 491/22
light [4] 466/23 466/25 584/19 584/25
like [51] 425/20 425/20 430/13 433/25 437/2 437/2 438/3 438/9 441/4 441/15 447/2 451/3 452/2 452/5 452/14 452/14 454/7 454/18 455/2 455/3 455/19 460/13 462/10 462/22 463/13 463/19 468/10 468/25 468/25 471/1 480/5 480/7 480/9 480/14 483/6 484/16 495/1 511/19 513/10 516/6 536/8 536/12 566/12 566/20 567/14 580/5 584/23 587/19 590/9 602/4 602/14
limit [1] 582/19
limitation [5] 473/18 474/7 487/20 488/16 491/9
limitations [5] 474/14 490/9 490/11 491/7 567/15
limited [3] 506/9 569/11 591/9
line [9] 425/23 429/19 446/25 575/9 575/13 575/24 576/2 585/12 598/4
lined [1] 577/16
lines [1] 477/17
list [2] 525/12 594/13
listed [2] 486/17 505/24
literature [3] 438/10 464/25 480/8
little [11] 435/13 439/1 448/8 478/7 478/24 522/7 522/9 552/12 593/15 600/5 601/17
live [1] 584/10
lived [1] 582/24
liver [2] 476/9 492/14
lives [1] 599/13
living [6] 511/9 511/17 511/25 512/3 512/7 584/6
LLP [1] 421/17
long [13] 435/16 435/25 459/20 478/15 480/3 485/4 492/13 508/25 510/15 592/15 600/19 600/22 602/10
long-term [1] 485/4
longer [1] 535/23
longest [1] 601/6
look [14] 427/9 457/20 467/18 467/19 469/24 476/1 497/14 500/14 500/17 517/7 543/17 543/19 550/23 552/19
looked [1] 500/11
looking [12] 436/23 453/25 457/21 461/17 482/13 486/3 496/19 507/4 524/6 525/16 537/4 564/11
looks [2] 471/18 499/18
loosening [3] 471/11 471/15 486/3
lose [3] 483/18 483/23 589/8
losing [4] 450/19 450/21 460/18 483/2
loss [5] 448/3 449/24 450/13 487/2 488/5
lost [4] 450/4 472/24 552/13 589/1
lot [16] 439/11 447/5 448/23 450/15 450/24 467/7 504/9 506/7 506/8 516/24 549/17 560/19 568/7 575/22 585/10 590/12
loud [1] 428/3
love [1] 585/10
lovely [1] 535/5
low [3] 483/8 504/7 539/6
lower [41] 441/3 444/6 444/14 445/2 445/3 445/10 445/14 447/20 448/1 448/16 448/19 449/19 450/16 452/15 456/15 457/13 460/9 460/10 468/15 472/1 472/3 473/25 474/4 474/12 484/21 487/8 489/11 489/15 489/23 489/24 490/21 531/16 533/1 541/22 544/3 548/9 548/13 552/3 568/22 568/24 569/1
lumbar [79] 447/25 453/21 453/22 454/1 457/18 459/19 461/3 461/22 461/23 464/5 464/22 466/23 473/20 477/3 478/4 478/20 482/14 488/8 488/17 488/22 491/1 501/21 502/15 517/11 520/15 520/17 520/20 528/15 529/9 529/13 529/16 530/2 532/9 532/11 532/12 532/14 532/18 532/19 533/11 533/15 533/18 533/21 536/2 536/8 536/20 536/22 537/3 537/17 537/23 539/5 541/12 541/15 541/16 541/19 541/25 542/1 542/3 542/10 542/11 543/1 546/14 546/22 548/3 548/5 549/8 550/20 551/3 552/10 552/18 553/11 564/23 565/3 565/6 565/10 566/10 566/18 569/4 570/13 570/19
lumbars [2] 448/25 449/1
lunch [4] 533/25 534/6 534/9 535/5
luncheon [1] 534/10
lungs [1] 463/16

M

M-A-C-A-G-N-O [1] 434/17

M
Macagno [12] 434/1 434/8 434/17 435/1 435/6 435/7 435/9 443/18 495/22 524/6 580/21 587/18
machine [1] 585/5
made [25] 423/20 426/3 428/8 428/11 428/12 428/15 429/7 431/3 449/12 456/8 463/1 477/18 494/15 495/13 500/23 512/19 531/18 559/3 565/17 574/25 598/17 598/20 598/23 602/6 602/24
main [5] 438/2 438/24 439/20 455/21 478/5
make [21] 425/22 427/24 430/2 434/21 461/7 461/15 464/2 464/12 465/8 469/24 477/11 477/17 478/25 479/18 480/4 481/1 481/16 491/6 545/21 575/4 575/14
making [7] 424/12 431/8 508/12 576/11 576/18 578/9 594/12
Malpractice [1] 495/13
man [1] 595/5
management [5] 440/24 492/16 502/24 503/6 521/18
mandatory [3] 476/24 549/18 569/4
many [17] 436/2 438/23 461/4 470/1 501/23 502/2 502/10 551/13 575/5 575/19 575/23 578/19 588/19 594/14 594/17 599/20 602/25
map [1] 469/24
Mar [1] 579/15
Marc [2] 437/3 494/4
March [9] 444/11 456/14 456/25 474/6 510/18 547/21 547/21 547/25 561/21
March 22nd [1] 547/21
March 3 [1] 547/25
March 4 [2] 474/6 510/18
March 4th [4] 444/11 456/14 456/25 561/21
mark [7] 441/15 477/7 477/14 481/11 528/16 528/24 561/3
marked [4] 442/3 443/15 561/12 561/13
marking [1] 441/16
married [4] 437/17 581/1 581/3 595/5
massage [2] 484/13 572/15
matter [6] 433/19 436/19 444/22 444/24 464/15 562/18
matters [2] 423/1 494/9
maximum [4] 490/10 490/25 491/4 562/6
may [14] 421/9 425/8 426/22 432/6 443/16 443/17 550/16 550/16 555/18 561/19 574/10 578/12 597/17 603/4
maybe [6] 454/13 457/13 527/2 566/16 595/6 595/7
me [78] 422/6 424/9 426/14 429/7 436/13 438/3 440/21 447/4 450/15 453/12 454/9 457/6 467/19 469/20 470/19 480/6 480/8 484/24 486/9 495/11 496/24 499/3 499/19 501/11 501/24 502/2 502/23 503/13 509/19 510/16 510/16 510/22 511/22 513/20 514/8 514/18 514/20 515/20 518/10 525/6 525/23 526/8 527/12 529/10 529/17 530/22 531/15 533/17 533/17 536/4 536/22 537/18 538/9 538/9 540/17 540/18 543/18 548/8 549/22 549/23 550/1 550/2 552/19 560/21 561/25 565/15 567/5 567/22 568/8 568/8 568/8 568/24 572/15 582/17 585/10 589/23 590/11 600/4
meals [1] 585/1
mean [25] 439/5 447/15 469/12 470/7 483/4 498/23 498/24 519/3 521/2 526/15 527/8 528/12 530/18 531/4 544/10 562/2 564/9 569/21 571/3 574/22 577/18 585/14 585/21 600/17 601/21
means [16] 443/19 447/16 465/4 465/8 467/7 477/9 478/1 482/19 519/17 525/25 533/3 543/13 544/18 546/8 551/25 555/3
meant [5] 428/21 479/15 495/9 526/14 563/23
measure [1] 497/18
mechanical [1] 507/13
mechanism [1] 444/24
medical [65] 435/15 435/20 444/12 445/4 445/8 456/14 456/22 464/21 465/15 466/7 470/9 470/10 473/17 474/6 481/20 488/15 490/8 490/25 491/4 495/13 495/14 497/6 497/12 497/12 500/15 500/18 503/17 503/25 504/13 511/7 511/21 512/8 515/11 518/6 518/8 518/14 524/8 527/3 529/25 530/11 530/17 531/4 533/8 545/5 545/15 551/2 555/15 556/18 556/22 557/11 557/11 557/21 557/22 558/3 558/4 559/8 559/9 559/12 561/5 561/6 562/6 565/18 565/22 567/13 597/9
medically [3] 446/2 470/11 495/8
Medicare [1] 571/7
medication [32] 430/9 430/9 491/25 492/4 492/15 521/11 521/12 521/17 521/20 522/16 522/25 522/25 523/5 523/9 523/10 523/12 523/22 524/4 524/9 524/12 524/22 524/24 525/24 526/4 526/8 575/13 575/14 575/16 575/16 576/11 589/15 589/21
medications [22] 426/22 432/3 432/6 491/23 492/12 492/21 506/24 521/15 523/7 525/13 525/14 525/21 525/22 525/24 525/25 526/4 526/10 526/14 526/16 574/24 574/25 575/1
megillah [2] 424/5 424/7
member [4] 439/18 439/22 516/25 517/1
members [2] 516/19 516/22
mental [2] 586/13 586/19
mention [2] 423/16 521/23
mentioned [2] 451/25 466/21
mentioning [1] 428/20
Merrick [1] 434/17
metal [4] 461/12 469/20 598/14 598/16
metallic [1] 481/14
Miami [1] 435/23

M
microscope [2] 458/19 468/16
middle [3] 452/17 527/3 544/15
midst [1] 602/20
might [10] 426/12 429/15 432/4 443/9 443/9 454/14 508/2 508/8 508/13 555/17
migrate [2] 530/4 530/18
migrated [8] 531/13 531/19 531/25 532/4 532/8 532/13 532/14 533/12
migration [1] 531/6
miles [2] 597/21 597/25
millimeter [1] 469/3
million [1] 470/3
mind [3] 445/25 508/2 508/12
mine [1] 554/6
Mineola [1] 421/8
minute [2] 441/24 589/23
minutes [7] 462/13 490/21 490/24 517/16 554/24 555/12 592/17
miracle [2] 482/24 493/24
MIRANDA [27] 421/3 437/13 440/18 443/22 467/12 495/24 496/7 500/2 500/25 501/6 503/9 503/14 503/18 505/9 507/23 507/25 510/14 516/17 524/22 525/2 535/12 544/25 549/11 549/20 555/16 570/9 574/4
Miranda's [2] 504/1 544/2
mischaracterizing [2] 556/8 570/25
Misconduct [1] 495/14
mislead [2] 428/22 505/1
misleading [1] 570/24
missed [2] 518/5 597/16
misspoke [1] 432/25
mistakes [1] 590/12
mistrial [8] 422/4 424/8 427/13 427/21 428/8 428/14 428/20 430/23
mix [2] 449/13 477/23
modalities [3] 486/16 488/16 489/7
modality [1] 488/6
model [3] 448/10 452/11 452/11
models [1] 453/14
modifications [1] 506/24
moment [2] 432/7 598/2
Monday [3] 502/8 600/8 600/12
Mondays [4] 502/9 578/15 578/17 578/18
money [1] 566/21
month [7] 471/7 502/8 502/9 525/5 538/16 540/7 594/7
months [36] 462/9 468/25 470/25 470/25 480/9 480/17 480/17 482/14 491/24 504/7 504/8 510/19 521/13 521/15 521/16 528/24 529/4 529/7 535/14 540/11 541/4 541/6 545/6 545/9 545/12 545/16 545/18 550/20 551/3 551/8 551/16 551/17 553/7 553/12 572/23 581/21
mop [1] 584/19
more [39] 439/21 449/2 449/10 452/5 452/9 452/10 453/6 454/22 466/18 469/10 470/25 473/14 477/9 479/12 479/13 483/23 488/5 490/17 497/7 514/3 516/25 521/9 521/16 521/17 528/17 533/22 537/13 538/3 540/3 541/12 541/14 542/3 554/21 554/25 555/3 560/16 570/17 572/16 577/3
morning [10] 425/7 434/4 434/19 435/1 435/2 452/23 495/22 495/23 500/12 599/21
mortgage [1] 582/23
most [24] 447/24 448/14 448/25 449/1 450/1 450/14 452/7 455/6 458/13 470/22 476/11 478/19 481/23 481/25 482/1 487/14 487/21 487/24 499/16 502/24 511/25 537/16 539/17 575/25
mostly [7] 449/6 449/18 469/19 483/9 503/5 566/13 589/12
mother [1] 595/12
motion [37] 422/1 424/8 426/5 483/5 486/14 486/17 486/19 486/20 486/22 487/3 487/7 488/5 488/16 505/10 505/12 506/3 506/5 506/9 517/10 520/13 520/18 520/20 529/15 529/20 530/1 530/10 530/19 530/23 530/25 531/1 532/2 533/9 543/3 544/8 544/20 544/21 544/22
motions [1] 487/21
motor [5] 444/10 444/14 485/11 504/8 504/14
Motrin [1] 492/21
move [19] 441/17 441/20 442/23 448/22 468/9 499/20 512/19 516/14 551/21 552/20 559/7 572/1 582/9 584/2 584/5 593/1 593/2 593/7 593/16
moved [12] 428/13 435/18 480/11 553/6 553/11 553/15 583/2 583/17 589/5 593/12 593/23 598/8
movement [6] 448/22 449/1 452/1 466/21 471/14 531/3
movements [2] 466/22 489/14
moving [9] 422/4 427/21 464/9 471/9 471/10 479/25 480/2 544/11 544/22
Mr [8] 430/5 443/9 517/24 518/1 533/22 535/9 561/2 569/16
Mr. [8] 424/3 434/6 437/5 438/17 484/6 587/22 588/13 589/1
Mr. Chernoff [1] 437/5
Mr. Duenas [1] 588/13
Mr. Thomas [6] 424/3 434/6 438/17 484/6 587/22 589/1
MRI [48] 447/22 447/23 448/9 453/21 454/17 454/18 455/2 457/19 469/17 469/23 469/24 494/25 495/1 536/2 536/8 536/10 536/11 536/20 536/22 536/24 537/3 537/5 537/7 537/10 537/11 537/15 537/16 537/23 538/1 539/4 539/8 539/9 539/11 539/13 539/16 539/21 539/22 539/23 539/24 540/1 540/3 542/3 564/6 564/9 564/12 564/14 564/20 568/21

M

MRIs [17] 438/11 438/11 441/1 447/10 447/11 447/19 453/20 454/5 456/11 457/10 457/12 457/18 470/3 470/7 470/8 539/10 565/10
Ms [25] 495/24 496/7 500/2 500/24 501/6 503/9 503/14 503/18 504/1 505/9 507/22 507/23 507/25 510/14 516/17 524/22 525/2 535/12 544/2 544/25 549/11 549/20 555/16 570/8 574/4
much [14] 460/25 481/21 492/11 495/17 533/22 535/17 562/25 569/8 574/2 574/3 575/4 599/2 599/23 602/25
multiple [6] 439/11 455/23 471/6 485/23 496/25 506/21
muscle [20] 483/9 483/10 483/16 483/24 484/3 486/21 487/17 487/18 489/13 489/22 491/25 521/12 523/10 526/12 530/19 532/25 533/2 533/5 536/18 558/10
muscles [14] 468/12 473/11 483/17 483/18 483/19 483/23 484/4 484/4 484/15 484/19 490/3 532/25 533/2 572/13
musculature [3] 530/9 531/23 532/23
must [1] 429/25
my [102] 425/2 426/8 427/19 429/22 431/21 434/21 436/15 436/16 436/16 438/24 438/25 441/3 443/11 445/11 446/6 453/21 459/9 461/5 466/10 473/2 483/6 493/22 494/3 496/11 497/3 499/22 501/11 501/16 502/13 503/10 505/22 506/7 507/24 508/6 508/7 509/19 511/4 513/1 513/3 513/4 513/6 513/16 514/4 515/23 516/21 517/7 520/5 524/6 524/7 524/11 525/5 526/13 526/21 526/24 527/7 528/14 531/7 543/12 543/22 543/22 543/23 544/20 550/4 556/25 558/7 558/12 558/17 559/18 559/22 560/4 561/24 565/16 565/17 568/11 568/11 568/20 569/24 571/22 573/12 576/6 578/15 582/18 584/20 584/24 585/10 586/7 587/10 587/24 589/12 589/19 589/20 590/16 593/12 593/20 594/18 594/21 595/11 595/12 596/3 596/24 598/7 598/8
myself [4] 485/22 486/9 494/22 598/9

N

N.Y [1] 422/21
name [11] 434/14 434/16 434/16 435/3 435/5 437/17 448/2 494/7 543/15 581/8 588/3
named [1] 468/2
names [1] 437/12
narrative [23] 555/18 555/21 555/25 556/1 556/2 556/3 556/12 556/13 556/15 556/17 556/20 556/23 556/24 556/25 557/1 557/5 557/10 557/11 557/22 557/25 558/1 558/4 559/9
NASS [1] 439/19
NASSAU [3] 421/2 421/8 444/12
nature [2] 453/9 455/8
near [2] 472/11 519/13
necessarily [7] 503/23 503/23 511/8 511/8 511/13 523/20 528/2
necessary [5] 470/11 495/8 503/8 506/22 540/1
necessity [1] 450/12
neck [41] 441/3 444/6 444/14 445/2 445/3 445/8 445/10 445/14 447/20 447/22 448/16 448/18 449/9 456/9 456/24 457/14 458/25 458/25 460/13 466/14 467/25 468/21 469/9 472/2 473/25 484/20 485/10 487/6 504/7 505/10 529/19 543/3 543/8 544/2 544/8 544/19 546/4 566/17 568/23 591/22 592/1
need [66] 425/8 425/22 430/19 443/10 443/19 445/13 447/4 455/17 459/14 461/6 464/16 465/5 465/6 465/25 466/8 466/22 468/18 472/7 484/9 490/24 495/1 495/2 503/23 508/24 516/23 521/14 521/14 521/15 522/20 526/12 555/17 555/17 555/18 555/20 557/12 557/19 558/5 558/8 558/16 559/13 560/1 560/14 560/15 560/16 563/7 566/21 566/21 566/23 566/23 572/15 572/16 572/17 572/18 572/23 587/2 587/18 596/9 597/3 601/20 602/10 602/16 602/17 602/19 602/25 602/25 603/1
needed [11] 472/20 480/7 491/23 492/1 516/6 522/19 536/16 559/3 590/9 590/11 590/13
needing [3] 553/14 553/22 559/10
needles [1] 489/14
needs [6] 431/4 493/24 517/16 526/18 555/15 556/5
negative [1] 429/24
neither [1] 507/12
nerve [21] 449/10 449/20 451/1 451/2 452/6 452/18 452/21 455/19 455/20 456/1 456/10 459/11 460/15 474/4 478/3 478/3 478/4 478/10 478/12 489/16 489/17
nerves [17] 449/7 449/19 449/22 449/22 450/3 450/24 452/6 452/9 452/16 455/14 455/15 455/18 468/17 472/19 473/14 488/23 489/16
neurological [3] 489/10 489/12 546/8
neurosurgeon [1] 510/10
never [31] 428/13 430/11 431/18 451/3 464/6 464/14 473/3 474/23 474/24 482/4 489/5 495/4 504/3 504/13 506/21 509/6 509/11 538/21 539/8 544/19 562/3 582/24 586/12 586/15 586/17 586/19 587/23 589/17 589/20 590/16 597/11
new [33] 421/1 421/8 421/15 421/18 423/6 423/24 434/18 436/10 436/12 440/11 443/12 443/25 444/3 506/11 523/18

N
new... [18] 523/25 524/3 524/7 524/19 537/15 553/15 563/11 565/13 570/6 570/16 572/22 573/7 581/10 589/12 592/11 592/15 593/14 593/14
newer [1] 542/3
next [19] 431/12 434/6 462/15 462/20 466/9 512/21 525/2 525/5 537/18 538/16 540/7 540/8 544/24 544/24 547/20 550/5 550/14 550/15 560/10
nice [8] 449/14 455/4 455/15 461/9 462/25 499/2 499/18 593/13
nicer [1] 461/21
night [3] 429/16 579/7 594/25
nine [1] 436/1
Nino [1] 543/15
no [143] 421/3 423/14 424/1 424/13 425/21 425/22 426/18 426/20 430/16 430/19 430/19 431/22 433/1 433/8 433/10 433/10 433/10 433/25 437/7 442/2 445/7 449/9 450/17 460/6 463/18 466/25 470/20 471/16 474/22 475/18 478/4 481/9 484/7 485/3 486/2 486/21 492/12 495/16 495/18 500/3 500/7 500/7 502/2 503/8 504/16 505/4 506/13 507/3 508/4 508/9 508/10 510/1 510/12 513/10 514/3 514/8 515/13 518/23 522/24 523/6 524/25 525/1 525/23 529/13 533/20 535/23 536/7 536/10 538/3 543/10 543/16 543/21 544/22 545/1 545/10 545/17 546/23 547/2 547/17 547/22 547/24 551/12 551/12 551/12 552/24 553/21 555/25 557/10 558/9 560/2 562/6 567/23 568/7 569/9 570/10 570/12 570/12 570/14 570/14 571/6 571/8 571/14 571/16 572/16 573/12 573/14 573/15 573/19 577/21 580/18 580/23 580/25 581/13 581/15 582/17 583/1 584/2 584/4 584/5 584/7 584/15 584/18 584/23 586/11 586/14 586/16 586/18 586/21 586/23 587/1 588/2 588/24 589/21 589/22 589/24 591/1 592/8 595/9 596/18 596/20 597/5 599/1 599/5
No-Fault [7] 570/10 570/12 570/12 570/14 570/14 571/6 571/8
Nodding [1] 443/21
non [2] 492/20 507/17
non-emergency [1] 507/17
non-steroid [1] 492/20
Nope [1] 497/10
normal [13] 476/12 478/13 478/13 486/20 486/22 487/1 487/12 488/4 543/3 544/8 544/20 544/21 544/22
normally [10] 440/22 440/24 446/18 449/23 462/7 470/24 520/18 537/5 537/7 538/1
normals [1] 488/12
North [22] 439/20 480/12 480/20 480/23 573/2 580/16 583/2 583/17 584/2 589/5 589/8 592/11 592/12 592/16 593/1 593/3 593/7 593/10 593/10 593/12 593/16 593/20
not [338]
note [12] 447/12 484/20 504/24 527/21 551/5 552/8 552/16 552/25 553/9 556/13 561/18 561/19
noted [1] 583/25
notes [10] 441/22 442/8 443/12 443/18 453/7 485/19 494/13 508/16 508/18 597/19
nothing [11] 422/12 422/15 424/17 469/15 470/25 471/9 476/7 526/3 526/5 533/13 560/22
notify [1] 476/14
November [30] 525/7 525/13 525/21 526/4 526/6 526/8 526/24 527/1 527/11 528/7 528/7 529/1 529/5 529/8 529/11 529/16 530/24 531/4 531/19 531/24 532/3 532/7 532/16 532/21 533/5 533/10 533/13 533/20 577/10 581/2
November 12th [18] 525/7 525/13 525/21 526/4 526/6 526/24 527/1 527/11 529/1 530/24 531/19 532/3 532/7 532/16 533/5 533/10 533/13 533/20
November 12th is [1] 529/5
November 12th medical [1] 531/4
November 12th on [1] 529/16
November 12th record [2] 531/24 532/21
November 12th the [1] 526/8
November 12th under [1] 528/7
November 12th you [1] 529/11
November 5th of [1] 581/2
November 6th [1] 528/7
now [58] 427/12 436/1 436/9 440/18 452/12 461/13 462/23 463/2 464/10 467/12 468/24 469/2 481/10 481/19 481/22 481/24 482/14 490/9 490/13 497/7 500/23 503/19 506/11 507/22 510/3 512/21 513/16 515/15 517/15 518/4 518/24 521/10 525/2 525/7 528/7 529/8 536/15 536/20 537/1 537/2 539/3 540/7 540/10 544/13 544/24 545/5 546/18 547/10 550/5 550/20 565/3 569/21 583/18 585/17 589/5 592/9 593/22 597/12
nowhere [1] 556/18
NSAID [1] 492/19
number [8] 426/4 436/4 458/15 588/17 601/18 601/18 601/21 601/22
numbered [1] 458/1
numbers [5] 563/11 563/12 563/16 563/17 571/22
numbness [7] 449/11 449/23 450/20 456/5 478/17 489/14 489/21
nurse [4] 543/24 544/1 544/7 544/23
nurses [1] 542/19
nutshell [1] 568/15
NY2d [1] 422/24
NY3d [1] 423/22

N

NYPD [4] 581/6 581/7 581/19 583/4
NYU [5] 435/23 440/1 494/21 502/5 502/7

O

o'clock [1] 533/23
oath [1] 574/8
objected [4] 422/11 422/15 433/9 446/14
objection [102] 426/8 427/8 427/9 433/8 433/12 437/4 437/23 438/14 442/25 443/7 445/23 446/3 446/10 446/12 450/6 451/9 451/18 456/16 457/1 463/7 463/22 472/14 476/18 479/22 480/21 481/3 482/18 483/11 491/15 492/6 493/7 493/8 494/11 496/1 496/15 496/21 497/15 497/23 498/6 500/7 502/18 504/23 505/5 507/20 509/8 512/16 516/11 530/13 532/24 537/8 540/4 542/5 542/23 544/14 547/1 547/8 548/23 548/25 551/10 552/23 553/16 554/4 554/11 554/14 554/18 555/6 556/7 556/19 557/14 557/24 559/5 562/20 564/2 566/5 567/17 570/2 571/15 573/20 573/22 577/25 582/3 582/9 582/18 583/9 583/23 583/25 585/25 587/3 587/10 590/19 590/25 591/4 591/15 593/4 593/17 593/24 595/8 595/9 596/1 596/11 596/16 598/21
objections [1] 451/20
objective [2] 486/6 486/8
obligated [2] 429/21 429/22
obligation [1] 476/14
obligations [1] 440/7
observances [1] 423/1
observation [1] 531/18
observations [1] 565/16
observed [4] 531/24 532/3 532/7 540/19
obvious [1] 583/24
occupation [2] 518/5 527/3
occupational [1] 519/2
occur [1] 563/24
ocean [1] 463/13
October [3] 462/1 467/24 486/1
October 7th [3] 462/1 467/24 486/1
off [15] 428/11 456/1 544/16 571/18 578/15 588/22 599/12 599/13 600/2 600/7 600/10 600/11 600/11 601/11 601/12
offer [2] 443/11 515/4
offered [4] 436/11 494/8 562/18 597/6
offerings [1] 579/22
office [32] 434/14 440/7 442/9 442/14 443/3 443/13 482/11 485/19 509/18 513/3 513/6 513/23 515/7 515/10 519/14 528/22 541/4 552/15 569/24 570/18 570/21 571/20 571/23 572/3 572/5 572/6 572/8 572/11 572/18 573/16 573/18 573/18
offices [2] 444/1 572/11
OFFICIAL [1] 421/24
Oh [2] 476/23 569/14
okay [64] 434/21 442/1 443/20 448/13 452/13 452/13 452/15 455/11 455/19 458/9 458/18 458/21 459/3 462/2 468/4 471/10 472/2 473/6 473/8 473/23 476/5 480/4 480/7 483/2 484/7 484/8 484/14 494/25 497/1 499/6 499/18 507/5 508/4 513/12 523/8 523/25 536/14 540/14 540/16 540/18 540/20 541/12 541/17 541/20 541/25 544/11 546/1 546/3 547/16 549/16 550/11 564/4 566/19 568/9 568/18 569/14 572/1 572/11 578/13 583/25 586/8 587/11 587/14 603/2
old [7] 467/13 502/12 523/24 524/4 525/25 532/14 583/14
older [1] 576/22
oldest [2] 583/15 583/18
on [247]
once [3] 435/5 457/8 470/13
one [100] 423/19 435/22 435/23 436/19 438/2 438/25 441/24 444/1 444/1 450/19 452/17 454/2 454/7 454/19 454/19 454/21 458/2 458/5 461/15 461/15 462/9 466/25 467/20 467/20 469/3 469/19 470/21 470/25 474/14 474/20 478/1 480/5 480/10 480/17 481/5 483/7 485/24 487/15 487/23 490/15 494/20 495/16 497/12 503/11 506/20 507/1 514/10 517/15 522/9 525/5 525/5 526/19 528/8 531/7 533/1 533/23 536/12 536/20 536/22 537/6 537/11 537/13 537/20 537/21 538/3 538/4 539/17 540/1 541/10 543/20 546/15 550/24 551/1 551/6 551/6 551/7 551/25 552/16 554/1 555/23 556/3 556/12 559/20 560/21 562/8 564/6 571/12 572/8 572/11 575/15 575/16 580/10 583/15 583/15 583/16 583/18 592/17 595/13 599/21 599/21
one o'clock [1] 533/23
ones [4] 448/17 455/5 459/10 532/14
only [31] 426/20 436/15 436/16 436/19 442/4 450/1 450/2 455/13 455/14 455/22 472/7 474/11 484/2 484/11 488/4 502/3 502/12 504/1 521/5 525/24 538/19 540/19 554/7 558/9 585/2 585/18 585/19 585/20 586/7 594/18 597/3
onto [1] 545/22
op [21] 513/18 516/22 520/7 520/12 525/6 528/16 540/11 542/19 543/16 543/21 543/22 545/1 545/4 545/6 545/9 545/12 545/16 547/25 547/25 550/14 551/1
open [4] 461/6 462/24 477/20 477/21
opening [5] 422/8 422/11 422/12 431/6 478/7
operate [1] 466/16
operated [1] 436/20
operation [4] 445/24 459/22 461/2 535/14
operative [10] 460/1 460/3

O

operative... [8] 460/8 460/24 461/22 471/21 482/16 548/7 551/23 559/22
ophthalmologist [1] 579/15
opinion [34] 423/9 423/14 436/23 436/23 456/13 456/19 456/21 457/4 464/20 470/9 473/16 473/21 474/5 474/10 488/14 488/20 495/7 496/13 504/18 506/7 508/3 508/8 508/13 509/2 509/3 509/7 509/11 509/13 509/15 509/21 510/5 510/10 567/12 591/5
opinions [7] 457/8 494/15 508/5 509/24 510/2 510/12 565/17
opportunity [2] 447/9 577/22
opposed [2] 593/2 593/21
option [5] 447/1 447/6 447/7 506/22 509/2
options [2] 441/5 441/6
or [173] 422/17 423/15 424/4 425/7 425/13 425/20 426/18 426/22 427/19 428/22 428/22 428/22 430/9 430/14 430/14 430/19 431/14 431/20 432/2 432/3 436/17 439/14 439/16 439/25 440/10 440/14 440/24 440/25 441/4 441/4 441/6 441/17 442/9 444/14 444/14 444/23 445/8 445/10 445/13 445/14 445/14 447/16 447/18 447/21 447/25 450/17 452/8 453/5 456/24 457/14 457/15 459/3 459/14 460/13 460/15 465/2 465/15 468/10 468/25 469/9 470/14 470/18 471/7 471/14 471/14 472/17 473/25 474/3 474/24 476/7 476/15 478/11 481/14 481/14 483/16 484/4 484/13 484/17 486/3 486/9 486/21 487/15 488/8 489/1 489/14 489/14 489/16 490/10 490/17 490/19 491/6 491/25 493/17 495/13 497/1 497/20 498/17 501/9 502/9 506/13 506/22 506/24 508/1 508/9 511/6 511/19 512/6 513/5 513/5 513/16 516/3 516/19 517/2 519/13 519/24 520/18 521/9 521/9 521/17 522/19 524/2 524/5 524/7 524/10 524/25 527/17 527/21 527/21 528/16 529/23 535/23 535/23 537/1 537/2 537/10 539/9 539/12 539/12 539/16 539/25 540/2 542/2 543/14 544/2 552/24 554/16 554/21 555/3 555/4 555/17 555/18 557/18 559/10 562/12 563/23 564/9 565/1 565/25 566/21 567/15 568/3 570/17 571/7 571/8 582/13 585/3 585/3 586/9 589/21 591/1 591/14 593/15 599/10
order [6] 450/2 490/21 496/25 521/8 539/13 561/25
ordinary [1] 442/19
organizations [1] 439/18
original [1] 537/21
orthopedic [11] 435/11 435/16 435/20 437/3 438/12 439/3 439/19 439/23 440/2 494/15 563/9
orthopedics [1] 440/4
other [45] 423/19 435/23 440/7 444/24 445/11 446/8 447/17 454/7 455/3 461/16 461/19 465/21 469/19 470/8 476/13 477/10 478/5 484/13 485/21 487/16 490/19 491/9 493/6 494/9 503/1 503/22 503/24 509/6 510/7 515/12 515/22 516/3 516/10 526/19 537/13 543/11 554/10 554/17 554/25 556/3 560/8 569/23 586/19 597/17 600/14
others [1] 448/18
our [11] 444/1 452/19 454/17 498/9 500/4 533/25 563/12 563/16 563/17 570/18 584/1
ourself [1] 493/20
ourselves [1] 475/14
out [22] 428/3 428/5 434/20 449/7 449/7 452/6 452/16 452/17 455/10 459/5 464/5 464/16 478/9 511/10 552/20 553/6 553/11 559/8 580/13 584/2 584/5 584/24
outer [1] 460/22
outright [1] 430/24
outside [5] 428/16 455/16 503/3 586/9 597/16
over [23] 426/8 443/7 452/9 460/17 465/16 466/4 466/7 471/12 477/18 483/4 485/17 485/25 488/24 489/21 492/21 512/18 512/18 512/18 516/24 517/1 551/11 562/5 599/10
overanalyze [1] 603/1
overrule [12] 437/24 446/13 451/22 481/4 492/10 493/12 496/2 496/23 553/18 557/15 586/3 596/12
Overruled [9] 451/10 456/17 457/2 482/22 483/13 494/12 596/2 596/22 598/22
overtime [1] 576/14
own [10] 426/15 432/5 460/13 464/2 475/6 488/25 504/1 581/14 593/2 593/8
owner [1] 583/5
owns [1] 581/11

P

pack [1] 575/1
packs [1] 463/11
page [23] 506/15 516/15 518/24 525/14 527/2 536/12 538/8 538/11 539/3 541/8 543/17 543/20 544/4 545/23 546/5 546/21 549/4 549/7 553/25 569/13 569/14 585/12 598/4
pages [2] 543/19 561/14
paid [5] 566/14 570/7 578/6 578/10 582/2
pain [81] 431/14 440/24 444/6 444/14 445/1 445/2 445/3 448/23 449/9 449/21 450/1 450/2 450/12 450/16 450/21 451/13 453/2 453/5 455/9 455/13 455/21 456/5 456/8 457/13 457/14 460/10 473/8 473/9 473/14 473/23 473/25 474/13 483/2 483/5 483/8 483/18 483/19 484/22 491/12 491/17 491/24 492/16 492/17 502/24 503/6 504/7 504/8 504/9 504/14 504/22 506/8 520/18 521/9 521/11 521/12 521/15 521/17 521/17

p
pain... [23] 521/20 522/16 522/22 522/25 523/4 523/10 523/12 523/22 524/22 526/4 535/23 539/6 541/22 548/5 549/17 567/15 568/23 568/23 568/25 590/13 591/22 591/23 592/10
painful [3] 530/10 532/2 533/9
palpation [4] 530/10 530/20 532/6 532/10
paper [1] 576/5
papers [1] 499/2
paperwork [1] 580/1
paragraph [4] 490/12 518/25 536/13 552/8
paralysis [4] 459/3 468/7 476/7 493/18
parameters [1] 519/2
paraspinal [3] 530/9 531/23 532/23
paresthesias [2] 489/19 489/24
park [1] 521/7
part [53] 421/2 425/9 431/20 448/14 452/7 459/6 462/12 465/8 467/9 469/5 471/25 472/10 475/5 475/6 477/9 478/5 478/19 482/11 485/7 485/21 486/18 490/8 491/17 492/7 492/8 495/3 497/12 499/23 499/24 499/25 500/14 500/17 510/12 511/22 513/18 513/20 518/11 538/12 538/13 538/19 541/1 560/4 561/4 561/4 561/6 565/22 565/25 566/20 567/2 567/3 573/12 576/20 598/13
part-time [8] 538/12 538/13 538/19 541/1 565/25 567/2 567/3 576/20
partial [2] 478/23 553/5
particular [1] 543/20
partner [1] 513/5
parts [4] 441/3 441/18 475/2 478/5
party [5] 423/1 425/8 582/4 582/11 582/16
PAs [2] 524/11 525/6
pass [1] 439/14
passed [2] 439/16 439/17
passenger [1] 591/13
passively [1] 486/20
past [10] 445/4 465/21 468/22 468/23 473/24 481/13 490/13 504/7 504/8 600/15
pat [1] 468/23
pathologists [1] 445/9
pathology [2] 459/11 537/12
patient [209]
patient's [7] 477/17 484/2 485/22 504/14 505/20 563/10 563/19
patients [26] 436/15 436/20 440/23 446/8 446/11 446/16 447/3 450/15 473/3 473/5 485/23 497/3 502/25 503/6 503/7 507/11 508/11 509/6 511/12 513/1 516/21 528/14 549/25 558/17 560/14 568/7
pay [2] 566/21 582/13
paying [2] 554/5 582/21
payment [1] 595/22
pays [1] 583/7
pedicle [2] 472/4 479/5
pedicles [2] 472/5 479/7
pelvis [1] 448/15
penalties [2] 565/14 573/8
pencil [2] 576/5 576/6
pension [2] 595/6 595/11
people [29] 423/5 423/12 423/23 447/17 449/25 450/25 462/3 462/8 463/9 464/10 464/16 477/23 496/24 497/18 499/6 509/19 509/24 522/19 543/11 569/23 572/14 572/20 575/23 575/25 576/22 578/14 579/23 589/2 594/14
per [18] 465/3 490/1 507/4 560/9 562/11 563/8 563/10 563/11 564/6 564/7 564/7 564/25 569/19 569/22 569/25 570/4 570/8 570/22
percent [11] 465/3 465/4 466/11 474/20 487/2 488/5 490/15 494/20 554/1 560/9 562/4
Percocet [3] 526/10 526/11 526/22
Peretta [1] 426/10
Perez [1] 421/22
perfect [9] 427/9 450/17 452/13 454/23 466/12 466/25 475/3 491/5 564/12
perfectly [2] 478/4 568/9
perform [10] 450/15 473/10 473/15 480/14 490/18 490/22 491/8 516/3 530/1 554/22
performed [8] 436/2 456/7 459/16 472/23 477/1 481/8 493/4 495/8
performing [3] 490/17 554/2 569/3
perhaps [2] 457/14 459/3
period [3] 425/25 471/7 553/11
periods [1] 588/22
perjury [2] 565/14 573/8
permanent [5] 464/13 469/6 474/7 474/18 478/17
permanently [3] 490/16 554/1 555/9
permission [1] 448/10
persisting [1] 489/18
person [5] 437/15 500/22 513/14 567/15 588/9
person's [1] 475/6
personal [1] 462/23
personally [15] 438/7 440/10 447/11 447/12 447/17 462/22 480/5 494/7 494/18 495/4 507/11 509/16 512/11 513/19 527/16
personnel [1] 575/14
PETER [1] 421/13
phone [2] 516/24 517/1
physical [51] 440/25 445/17 473/10 483/16 484/2 486/11 486/13 497/4 502/23 503/5 503/11 506/24 507/3 507/10 507/14 515/14 515/18 515/19 515/21 528/14 528/18 528/20 549/9 549/12 549/17 549/20 549/24 552/9 552/17 552/20 553/6 553/10 553/14 553/22 557/12 558/5 558/8 558/9 559/4 563/7 565/6 568/20 572/2 572/3 572/4 572/6 572/9 572/10 572/12 572/21 582/13
physician [9] 437/2 437/11 437/20 438/13 494/9 531/7

p
physician... [3] 565/12 566/3 573/6
pick [4] 467/2 584/18 585/2 585/22
picking [1] 526/20
picture [5] 481/25 482/1 482/2 482/2 550/24
pictures [1] 497/1
piece [2] 598/8 598/15
pieces [2] 461/10 475/2
PJI [2] 424/17 427/17
PJIs [2] 424/10 424/12
PL [3] 576/10 577/17 577/19
place [7] 421/18 432/9 479/24 486/2 509/3 524/3 572/23
places [2] 484/13 594/13
plaintiff [32] 421/4 421/14 424/24 425/1 425/3 425/6 425/13 426/9 427/1 429/4 431/6 432/2 432/15 434/11 447/2 451/7 452/22 464/21 474/8 476/4 480/3 480/11 481/10 484/9 488/15 493/5 504/24 565/24 567/23 599/4 599/5 599/6
plaintiff's [14] 422/8 422/10 422/14 424/23 425/14 426/3 431/3 442/3 442/23 443/14 482/7 482/9 504/1 561/11
plan [15] 491/18 520/24 528/8 533/14 539/4 541/3 546/13 546/18 546/21 549/7 562/18 584/2 584/5 595/15 595/25
plane [1] 592/18
planned [1] 594/11
planner [1] 596/8
planning [2] 594/14 595/2
plans [3] 594/9 594/12 594/21
plate [2] 469/2 469/4
plates [3] 468/24 469/3 584/24
playing [1] 494/1
please [14] 435/9 443/19 467/21 488/20 491/3 501/13 554/14 561/3 567/4 569/13 573/5 582/20 599/9 599/15
plus [1] 563/10
point [13] 422/3 423/20 424/21 424/22 427/20 433/17 433/19 490/10 512/20 559/8 560/14 575/6 602/14
points [1] 480/13
police [2] 581/11 595/6
pool [3] 484/3 558/10 572/17
pools [2] 484/16 573/2
poop [1] 523/13
pooping [1] 523/12
portion [2] 472/18 490/14
portions [1] 441/21
Portuguese [1] 438/25
position [12] 430/18 439/7 470/2 475/13 476/25 477/3 477/4 481/1 484/22 490/23 575/9 579/16
positions [1] 439/25
possibility [2] 508/8 559/11
possible [3] 476/21 508/22 559/14
post [25] 460/24 461/22 470/18 471/13 482/14 520/7 520/12 525/6 528/16 535/14 540/11 545/6 545/9 545/12 545/16 547/25 547/25 548/17 549/8 550/14 550/20 550/23 551/1 551/3 551/8
post-op [13] 520/7 520/12 525/6 528/16 540/11 545/6 545/9 545/12 545/16 547/25 547/25 550/14 551/1
post-operative [2] 460/24 461/22
post-surgical [1] 470/18
posterior [4] 472/1 479/9 482/14 551/3
posterolateral [1] 479/9
postoperative [4] 479/14 480/14 481/2 549/9
potential [3] 476/15 536/9 539/5
potentially [1] 430/13
pounds [10] 490/18 505/19 517/5 520/9 538/25 546/5 549/5 554/21 555/3 555/4
practice [2] 565/13 573/7
practitioner [3] 543/24 544/1 544/7
pre [20] 460/3 460/8 467/10 482/16 499/9 499/16 512/25 513/9 513/18 513/21 516/22 542/19 543/16 543/21 543/22 545/1 545/4 548/7 551/23 559/22
pre-existing [3] 467/10 499/9 499/16
pre-op [8] 513/18 516/22 542/19 543/16 543/21 543/22 545/1 545/4
pre-operative [6] 460/3 460/8 482/16 548/7 551/23 559/22
pre-surgical [3] 512/25 513/9 513/21
precautions [4] 491/19 491/19 491/22 520/25
predict [3] 466/8 560/6 564/13
prefer [4] 461/5 462/22 513/22 520/3
pregnant [1] 583/21
prejudicial [5] 422/18 422/20 427/14 428/24 431/23
preliminary [1] 438/16
prep [1] 477/7
preparation [1] 442/15
prepare [1] 592/19
prepared [3] 558/1 562/17 565/15
preparing [1] 477/15
Prepping [1] 477/6
prescribe [16] 491/24 521/11 521/12 521/15 521/23 522/9 522/16 522/25 523/4 523/7 523/9 523/10 524/12 524/12 524/24 526/22
prescribed [13] 521/20 522/1 522/11 522/20 524/1 524/2 524/4 524/9 524/10 525/20 526/9 526/18 526/23
prescribing [2] 524/21 524/22
prescription [7] 430/8 430/9 522/22 522/24 523/18 523/22 539/12
presence [1] 428/16
present [11] 421/22 439/13 526/9 526/13 526/17 539/13 562/10 564/24 569/19 569/21 599/4
presented [5] 423/2 444/5

P

presented... [3] 445/1 451/15 456/23
presenting [1] 497/21
presents [3] 482/14 551/3 551/8
press [1] 441/6
pressure [3] 467/6 468/23 472/11
pretty [10] 454/5 460/25 468/14 476/5 486/24 492/11 493/19 557/8 566/22 597/18
prevent [4] 450/3 450/13 522/5 522/6
previous [8] 444/14 444/14 529/22 530/3 530/4 531/6 543/25 551/5
price [2] 571/9 571/12
prices [3] 570/11 571/8 571/10
primary [3] 440/24 503/5 520/5
printed [1] 521/21
prior [4] 445/7 476/15 519/24 598/3
priority [1] 577/12
pristine [2] 560/10 560/17
private [3] 581/15 583/5 584/10
privately [1] 428/3
probably [21] 448/7 466/19 496/3 503/12 516/1 519/10 521/13 522/18 529/23 530/25 531/16 531/21 532/1 532/13 532/14 533/11 547/14 549/21 560/15 600/18 602/8
problem [17] 425/4 432/13 441/3 450/16 455/21 460/17 472/21 491/17 507/6 508/4 508/6 511/11 514/9 521/9 527/6 527/10 561/20
problems [20] 431/15 445/12 449/9 474/12 474/16 489/1 492/14 492/15 511/3 511/6 511/9 511/15 511/17 512/2 512/6 512/6 518/19 589/14 589/21 592/7
procedure [4] 481/8 485/13 493/21 563/23
procedures [2] 464/22 493/4
proceed [4] 514/16 514/21 514/23 514/24
process [7] 467/11 479/1 479/4 490/1 513/13 514/4 581/19
processed [2] 463/17 579/25
produce [5] 448/23 455/9 455/13 455/20 486/8
produced [3] 442/14 489/16 575/20
producing [2] 456/15 474/7
product [2] 574/21 575/20
production [1] 576/6
products [1] 479/13
professional [4] 439/18 586/13 586/19 586/23
professor [2] 440/1 494/21
Prognosis [1] 562/2
progress [1] 556/13
progressing [1] 474/2
progressively [1] 483/4
projected [2] 466/3 466/6
promoted [1] 575/9
promotion [3] 575/7 576/8 577/22
pronounce [1] 435/5
proof [3] 524/9 524/18 524/18
proper [1] 575/17
proposal [1] 568/11
pros [4] 441/8 476/23 508/25 514/12
prosecutor's [1] 423/14
protocol [1] 430/17
protrusion [2] 452/12 472/25
provide [5] 442/15 572/3 572/8 595/13 595/15
provided [3] 470/9 497/4 500/8
providers [1] 597/9
providing [1] 579/22
provoked [1] 423/15
psychiatrist [1] 586/17
psychologist [1] 586/15
PT [3] 528/9 528/12 528/13
puffy [2] 449/14 455/4
pull [4] 490/17 554/21 555/2 555/4
pulling [1] 491/22
purpose [7] 444/22 463/24 472/17 479/23 485/9 490/5 491/2
pursuant [2] 565/15 573/8
push [4] 490/17 554/21 555/2 555/4
pushing [2] 491/22 566/14
put [51] 422/2 424/5 427/23 444/19 454/10 459/9 461/13 462/6 462/7 462/24 463/19 465/7 468/21 469/2 469/3 478/21 479/12 479/12 481/14 481/15 481/16 486/19 491/7 491/10 496/25 497/6 506/4 508/2 508/11 511/7 511/13 511/14 511/16 512/8 514/3 514/13 515/8 527/7 527/21 527/24 530/19 540/1 553/5 554/20 554/23 554/25 555/19 556/17 557/9 564/19 569/13
putting [4] 426/6 511/10 512/6 585/8

Q

qualified [1] 423/8
Queens [1] 421/14
question [51] 426/17 426/21 432/5 432/16 432/17 432/18 433/3 437/10 438/19 442/2 446/1 460/6 466/15 483/12 496/17 496/22 497/6 497/24 499/5 499/22 508/6 508/7 512/17 516/23 524/6 524/7 526/24 544/16 547/4 550/6 552/24 553/4 554/13 556/9 558/15 567/18 567/19 570/3 573/10 585/14 585/16 585/21 586/7 587/7 587/9 587/11 587/13 587/15 589/20 590/4 593/20
questioned [2] 555/15 581/17
questioning [6] 423/25 427/3 437/8 438/16 498/10 587/23
questions [18] 439/12 484/7 493/10 495/18 513/4 513/6 567/7 567/10 569/9 583/24 585/12 588/10 588/14 589/24 599/1 600/14 600/22 602/11
quit [2] 577/24 578/4
quite [1] 602/13
quote [14] 422/25 423/4 423/7 423/17 504/6 518/25 519/2 539/4 548/9 548/16

Q

quote... [4] 553/9 553/12 585/13 585/14

R

radiating [1] 456/8
radicular [1] 552/3
radiculopathy [2] 460/11 535/20
radiological [2] 485/16 485/20
radiologist [2] 475/14 500/20
range [33] 483/5 486/13 486/17 486/19 486/20 486/22 487/2 488/5 488/16 505/10 505/12 506/3 506/5 506/9 517/10 520/13 520/18 520/20 529/15 529/20 530/1 530/9 530/19 530/23 530/25 531/1 532/2 533/9 543/3 544/8 544/20 544/21 544/22
rarest [1] 422/25
rate [3] 563/9 564/6 570/14
rather [2] 423/7 582/5
ray [8] 461/23 467/23 469/14 469/15 469/17 469/18 528/15 563/11
rays [9] 454/18 468/1 470/23 471/6 475/11 479/14 481/6 528/16 549/16
re [2] 541/4 567/18
re-evaluation [1] 541/4
re-read [1] 567/18
reach [2] 490/9 491/4
reached [2] 490/25 562/6
reaction [1] 522/8
read [37] 426/9 426/17 426/17 430/1 430/16 435/8 438/21 460/4 460/5 469/25 476/7 476/9 485/21 486/18 490/14 494/5 494/17 497/25 498/2 498/3 498/13 498/16 498/19 498/21 499/22 526/21 530/16 536/7 550/3 550/12 552/22 552/25 567/18 587/13 598/3 598/4 598/5
reading [3] 455/12 500/12 538/20
ready [2] 434/22 517/24
real [10] 450/17 450/19 461/8 461/9 461/13 476/7 497/19 499/2 499/6 530/20
reality [4] 430/12 462/4 476/6 558/16
realize [1] 433/3
really [34] 448/18 449/18 450/22 453/4 455/4 458/17 458/18 458/19 459/2 462/18 464/11 469/11 469/11 480/18 482/1 484/17 487/15 487/17 492/15 498/25 506/6 506/7 506/8 510/8 513/1 520/4 529/24 529/25 530/2 564/12 566/12 583/24 598/8 602/15
rear [1] 444/23
reason [11] 429/17 429/18 439/14 450/14 473/8 473/13 553/8 568/25 569/7 582/17 590/14
reasonable [10] 456/13 456/21 464/20 470/10 473/16 474/5 488/14 497/6 565/17 567/12
reasons [8] 422/5 438/2 448/24 449/21 474/14 480/18 526/19 537/14
recall [26] 459/18 492/23 496/6 501/12 501/18 503/19 504/3 504/4 504/12 510/16 510/22 510/25 511/4 515/15 515/18 519/25 523/24 524/5 524/21 524/22 550/3 557/17 562/23 562/24 571/5 587/22
receive [2] 440/12 450/23
received [3] 443/14 561/11 575/7
recent [8] 481/25 482/2 537/16 537/23 538/2 539/17 540/3 542/3
receptionist [1] 578/25
recess [2] 517/19 534/10
recharacterization [2] 512/17 578/1
recognize [2] 453/5 561/17
recollection [3] 443/19 550/10 588/12
recommend [21] 466/25 491/19 509/2 509/3 509/7 509/11 509/12 509/15 509/16 509/21 510/2 510/5 510/12 516/2 516/8 521/4 521/6 528/17 528/21 537/1 572/24
recommendation [1] 566/7
recommended [1] 537/17
record [65] 422/2 424/6 425/3 425/19 426/7 426/19 426/24 427/23 427/25 428/11 431/4 433/11 443/7 443/8 454/10 457/23 458/15 467/22 481/20 485/8 490/15 503/25 504/5 504/13 504/17 511/7 511/13 512/1 512/8 512/11 518/21 518/22 521/19 524/19 529/22 530/7 530/11 530/17 531/4 531/7 531/9 531/24 532/4 532/15 532/21 532/21 543/2 545/6 545/15 546/24 548/8 548/20 550/24 551/2 555/14 556/3 561/4 561/5 561/6 571/19 587/4 600/3 601/11 601/13 601/16
recorded [9] 487/2 520/13 526/3 526/5 526/12 526/17 538/24 539/1 549/4
records [47] 438/5 442/8 442/19 446/6 451/13 470/9 482/11 490/8 494/16 503/10 503/17 503/22 506/15 511/15 511/16 515/11 515/14 515/23 516/9 523/17 523/19 523/23 524/2 530/4 530/4 530/19 531/14 533/4 533/8 536/1 543/18 545/19 545/20 550/4 550/9 556/25 556/25 557/11 557/11 557/21 557/22 558/3 558/4 559/9 559/9 576/3 597/6
recover [4] 451/2 451/4 478/16 478/18
recovering [4] 529/14 533/18 548/18 548/21
recross [2] 569/10 569/15
RECROSS-EXAMINATION [1] 569/15
red [4] 460/18 483/1 566/19 567/4
redact [1] 441/21
redacted [1] 443/10
redaction [5] 441/20 442/24 443/4 443/5 443/8
redirect [5] 560/23 561/1 569/11 589/25 590/2
reduced [1] 589/18

R
refer [11] 443/18 445/22 446/8 492/16 502/24 503/7 507/11 510/9 554/10 554/11 554/14
referral [2] 502/25 503/8
referrals [2] 502/16 502/17
referred [9] 440/24 446/2 446/5 446/7 447/4 453/12 503/6 503/9 503/12
referring [2] 555/23 560/10
refers [2] 487/23 554/7
refill [1] 522/20
reflect [1] 431/4
refresh [2] 443/19 588/12
regain [1] 462/24
regard [8] 428/17 453/14 456/23 469/8 484/20 488/5 565/3 566/8
regarding [6] 541/10 541/20 541/25 562/9 564/23 569/17
regards [2] 519/1 559/12
region [1] 489/21
regular [4] 481/9 490/3 502/16 574/17
regularly [1] 598/1
rehabilitation [2] 587/24 588/1
rejected [1] 425/2
related [22] 456/20 456/24 457/6 473/20 474/4 474/17 483/9 486/10 488/22 489/15 496/8 496/20 497/5 497/7 497/21 499/2 499/6 499/19 500/24 504/19 561/21 562/1
relates [3] 469/9 472/18 487/6
relaxant [1] 536/18
relaxer [2] 487/17 526/12
relaxers [4] 487/18 491/25 521/12 523/10
relayed [2] 561/23 568/14
relevance [4] 424/1 582/4 582/6 593/18
relevant [1] 519/1
relief [2] 484/14 485/4
relieve [1] 473/8
religious [5] 422/17 422/25 423/16 423/25 424/18
rely [2] 491/16 491/16
remanded [1] 423/24
remarks [1] 423/14
remember [24] 440/17 443/22 485/22 485/24 512/12 539/25 566/1 567/6 567/9 575/5 588/5 588/11 588/15 588/15 590/7 590/22 591/24 592/13 592/22 593/7 594/1 594/23 597/22 598/10
remind [1] 574/7
reminder [1] 485/22
removable [1] 596/25
remove [9] 461/8 461/8 468/14 468/15 472/3 472/5 475/2 478/2 478/24
removed [1] 475/4
removes [1] 472/11
removing [4] 461/10 472/1 472/10 472/17
render [1] 428/6
rendered [1] 495/7
renewing [1] 428/9
repeat [3] 485/5 485/19 560/5
repeated [2] 485/8 529/21
rephrase [19] 437/10 446/1 446/4 450/9 463/23 472/16 476/20 480/22 496/17 497/24 530/15 547/4 566/6 567/19 570/3 587/7 587/9 591/17 593/6
replace [2] 461/12 468/19
report [33] 438/21 455/13 459/9 459/24 460/1 464/19 469/25 471/20 471/21 475/23 494/3 498/2 498/3 498/13 498/16 499/22 500/1 500/2 500/4 500/9 500/20 500/20 500/21 501/15 501/16 506/4 536/1 551/16 552/12 557/5 565/15 576/6 576/7
reported [2] 483/8 548/3
reporter [3] 421/24 434/15 498/22
reports [11] 441/22 447/16 482/15 494/17 497/25 500/19 548/6 551/22 556/18 556/22 575/19
request [25] 425/2 428/20 494/3 500/6 514/3 514/13 514/21 514/24 515/9 536/11 536/11 537/5 537/7 537/11 538/4 539/9 539/14 541/11 546/19 546/23 546/24 549/21 557/7 564/14 564/16
requested [8] 424/13 498/21 537/14 540/1 541/15 556/3 557/1 568/6
requesting [2] 537/14 541/18
requests [1] 539/18
require [4] 435/19 464/21 490/18 554/22
requirement [2] 430/19 569/4
research [1] 464/24
residency [2] 435/20 439/8
resident [1] 524/11
residents [1] 440/4
residual [2] 481/11 489/23
resolve [1] 507/6
resolved [1] 535/21
respond [5] 430/25 474/2 488/24 493/9 544/23
responds [1] 464/11
response [1] 464/7
responsibilities [3] 574/18 574/20 575/12
responsive [1] 499/21
rest [14] 455/7 473/11 483/17 484/1 484/9 484/18 490/2 557/12 557/20 558/5 558/10 563/10 563/19 572/15
rested [1] 578/18
restrained [1] 444/11
restrict [1] 555/9
restriction [1] 489/16
restrictions [4] 527/17 527/22 554/20 554/24
rests [1] 599/6
result [5] 451/16 464/22 485/10 488/17 493/5
retained [2] 436/22 437/2
reticence [1] 601/19
retired [3] 581/22 581/24 595/3
retiring [2] 581/19 595/6
retrained [1] 586/9
return [8] 480/6 528/22 538/12 538/14 540/25 541/3 580/22 586/24
reversal [1] 422/19
reversed [1] 423/24
reversible [3] 423/3 427/11

R

reversible... [1] 427/13
review [13] 447/10 447/19 447/22 467/14 494/3 494/16 515/11 515/14 516/9 536/2 536/8 539/5 545/21
reviewed [3] 447/11 447/12 543/18
ride [1] 521/7
right [137] 425/12 426/1 427/12 427/23 433/12 443/9 446/18 468/9 468/10 468/13 475/13 477/19 477/20 487/11 487/12 487/25 488/11 489/19 489/24 501/7 505/14 505/15 505/16 506/1 506/12 506/16 508/12 508/14 509/4 509/7 512/9 514/2 514/7 514/17 515/3 515/15 517/5 517/12 517/15 520/25 521/24 522/1 522/12 522/17 525/13 526/1 526/4 526/25 527/24 529/3 529/9 529/12 529/16 530/5 530/12 530/12 530/17 531/2 531/5 531/20 531/25 532/4 532/8 532/17 533/6 533/10 533/15 535/12 535/24 536/16 538/15 538/16 538/19 538/25 539/6 539/21 540/12 540/14 541/5 541/19 542/17 543/5 545/7 546/6 546/11 546/20 547/7 547/11 547/13 547/21 547/23 548/9 548/11 548/13 548/14 548/19 548/22 549/5 549/9 550/21 551/4 551/23 552/3 552/4 552/6 552/11 552/18 553/12 553/15 554/10 555/5 555/16 555/17 557/6 558/21 558/24 558/25 560/3 567/21 570/6 572/21 576/5 576/15 576/19 577/1 577/20 578/7 580/24 584/8 591/13 595/11 596/10 598/5 598/6 598/7 598/13 598/13
rise [1] 430/22
risks [6] 476/3 476/6 476/6 476/15 476/22 568/4
rod [1] 462/19
rods [4] 464/8 479/14 479/15 479/23
root [1] 456/1
rotation [4] 419/6 505/15 505/15 531/2
rotational [2] 499/14 499/15
rotations [3] 487/11 487/11 487/12
routine [2] 519/8 523/8
RPR [1] 421/24
rule [1] 428/22
ruled [1] 428/7
running [1] 509/18
rush [2] 602/5 602/15
rushing [1] 513/6

S

S-I-N-U [1] 579/16
S-U-P-P-L-E [1] 543/4
S1 [2] 475/20 475/20
safely [1] 601/3
sagittal [1] 457/24
said [97] 422/24 423/6 424/23 429/8 430/6 430/10 430/11 447/17 450/5 450/11 452/4 452/14 453/2 455/14 456/6 462/5 462/21 466/14 468/14 469/3 473/22 474/11 479/25 480/16 484/1 484/11 488/21 491/7 491/21 494/21 494/25 495/3 499/7 501/14 501/19 503/10 504/6 504/10 504/14 506/21 506/21 510/4 512/10 518/20 519/4 521/3 522/19 529/11 536/1 537/7 538/3 539/1 539/22 539/25 540/25 543/23 545/3 546/3 549/22 550/8 550/19 551/11 551/13 555/11 555/16 556/10 557/25 558/7 558/22 559/25 560/3 560/4 560/5 561/23 567/7 568/10 581/21 582/1 584/18 585/14 586/8 586/22 586/23 587/5 587/18 589/3 589/15 591/21 593/7 593/13 596/20 598/12 601/22 602/2 602/3 602/9 602/11
same [64] 432/1 437/15 444/13 446/3 446/10 446/12 454/7 455/19 457/1 458/17 460/25 463/17 468/20 469/8 471/5 475/3 475/13 476/10 477/21 477/22 477/22 479/11 483/22 485/6 487/8 488/1 488/8 505/5 506/3 511/24 512/17 514/14 515/1 517/4 517/11 518/14 518/14 520/8 520/21 522/13 523/7 525/17 526/20 527/5 527/6 527/9 529/18 529/24 533/2 538/12 538/25 539/2 539/2 541/11 541/16 541/18 542/21 551/5 554/13 559/3 565/8 568/17 582/24 588/17
SAMPUGNARO [1] 421/24
San [2] 542/18 542/21
Saturday [1] 578/22
Saturdays [2] 501/25 578/21
Saunders [1] 422/21
savings [4] 595/18 595/18 595/20 595/21
saw [48] 441/1 443/24 445/16 463/3 492/24 494/13 495/4 496/7 496/12 496/18 503/4 503/14 503/18 503/22 504/3 504/6 504/17 505/9 510/14 511/2 511/5 512/21 515/16 515/22 516/4 520/22 521/5 523/3 525/2 525/4 525/5 529/8 535/12 540/7 540/20 543/8 544/24 544/24 547/20 547/22 550/14 550/15 550/16 550/18 559/2 586/15 586/17 586/19
say [67] 428/3 437/2 440/10 450/16 452/9 455/12 463/10 468/7 469/12 470/6 473/7 476/9 477/2 490/7 496/25 504/18 508/20 509/25 510/1 510/4 510/17 512/10 514/20 521/21 524/3 524/23 525/1 526/10 526/18 527/18 528/12 538/1 539/22 542/12 542/21 542/24 543/6 544/2 544/8 558/18 559/2 559/20 560/2 560/4 560/6 560/9 561/25 563/2 563/3 563/22 566/3 567/1 567/3 568/7 568/7 568/20 568/24 570/23 571/11 571/12 572/7 577/21 582/19 597/7 601/3 602/13 602/14
saying [20] 422/10 431/9 435/3 435/7 486/17 489/25 494/17 495/3 511/14 527/21 529/21 531/4 558/23 566/11

S
saying... [6] 570/21 571/16 577/24 578/1 587/23 598/10
says [38] 431/13 447/12 464/24 464/25 470/6 480/8 482/19 482/20 484/20 485/2 485/5 487/12 490/15 504/24 519/13 525/19 525/21 527/3 529/20 530/7 531/12 531/17 531/22 532/2 532/6 535/19 536/10 539/4 541/3 543/2 551/16 551/17 554/6 559/10 563/7 565/12 566/23 567/2
scale [1] 580/10
scar [2] 481/17 564/15
scared [2] 468/8 598/8
scary [3] 462/4 462/12 462/12
scene [2] 452/24 475/11
schedule [8] 513/8 536/2 536/8 536/10 539/4 539/9 539/10 539/23
scheduled [2] 425/6 539/8
scheduling [2] 599/25 600/5
school [3] 435/15 579/7 596/5
sciatic [1] 449/20
scope [3] 502/19 597/15 597/16
screen [2] 454/11 454/14
screening [1] 430/14
screws [15] 462/12 462/17 462/18 464/4 464/8 464/11 464/15 469/4 471/11 475/12 479/5 479/12 479/16 479/17 479/23
script [2] 539/12 539/16
scroll [3] 454/18 458/3 469/24
scrolling [1] 455/11
se [2] 490/1 507/4
seat [5] 434/5 453/14 453/18 517/22 535/4
second [31] 424/2 424/21 424/22 429/1 429/1 508/3 508/5 508/8 508/13 509/2 509/3 509/7 509/11 509/13 509/15 509/21 509/24 510/2 510/5 510/10 510/12 517/4 517/11 519/11 529/9 536/22 560/21 583/15 583/22 587/18 593/12
secondary [4] 474/13 478/6 481/17 539/6
secret [1] 567/24
secretary [2] 579/7 579/10
secretion [2] 522/7 522/9
section [1] 490/6
security [1] 583/5
sedentary [1] 491/10
see [111] 425/3 438/8 438/10 438/24 439/13 440/23 447/17 448/14 451/2 452/10 454/3 455/2 455/3 455/19 456/11 457/6 457/19 458/6 458/10 458/22 458/24 459/4 459/5 459/6 459/7 459/9 459/13 461/9 463/19 467/25 468/1 468/4 468/16 468/17 469/13 469/14 469/15 469/16 470/3 471/11 472/3 477/9 478/3 478/3 479/14 480/6 480/8 480/12 480/18 480/20 480/23 483/6 485/23 485/24 486/8 489/12 494/25 495/1 496/10 498/17 503/3 503/17 503/19 503/21 503/23 503/25 504/5 505/20 505/23 509/16 510/16 510/22 512/24 512/25 513/2 513/20 515/21 519/15 524/1 525/15 525/23 526/8 527/12 528/10 529/10 529/17 531/15 533/17 536/4 537/3 537/11 537/18 538/10 539/17 540/17 545/25 549/22 549/23 550/1 553/7 553/11 557/1 559/15 561/14 567/5 567/23 589/2 589/17 601/6 601/10 603/3
seeing [5] 454/7 458/20 481/5 507/1 507/7
seemed [1] 601/19
seems [1] 481/11
seen [6] 461/18 462/2 464/19 467/15 482/4 515/24
sees [1] 475/23
segment [2] 465/12 469/8
sell [1] 493/16
send [4] 521/17 527/14 528/14 567/22
sending [1] 579/19
sensation [1] 450/20
sensors [1] 591/18
sentence [1] 518/25
separate [1] 477/18
Separately [1] 548/16
September [24] 444/2 471/4 496/5 510/14 512/21 516/15 517/3 518/2 518/4 518/12 518/16 518/18 518/24 519/13 519/20 520/6 520/21 520/24 521/19 523/4 524/23 525/4 525/4 529/6
September 17th [1] 471/4
September 2021 [1] 523/4
September 22nd [3] 444/2 510/14 516/15
September 30th [3] 520/6 520/24 524/23
September 30th does [1] 521/19
September 30th was [1] 520/21
September 9th [8] 512/21 517/3 518/2 518/4 518/12 519/13 519/20 525/4
September 9th she [1] 518/16
September 9th visit [2] 518/18 518/24
serious [3] 462/17 493/19 493/21
session [3] 485/16 535/1 563/8
settlement [1] 431/25
seven [5] 448/25 458/16 502/3 502/12 580/13
several [2] 422/5 599/10
severe [2] 504/6 504/7
severity [1] 591/23
shape [1] 478/13
share [1] 465/20
she [321]
she'll [1] 558/5
she's [20] 424/24 429/9 429/22 431/7 431/8 431/9 431/10 431/11 431/12 431/13 431/14 475/25 492/2 492/3 540/20 552/1 558/16 559/18 559/25 583/21
shoes [2] 511/10 512/6
shooting [3] 473/14 483/2 484/22
shopping [1] 426/2

S
short [3] 490/12 493/14 523/11
short-term [1] 523/11
should [16] 446/18 447/6 452/9 466/22 467/1 480/9 480/18 498/11 508/3 521/8 557/19 570/19 572/25 573/1 573/17 600/8
shoulder [1] 488/2
shoulders [1] 441/4
shouldn't [6] 427/7 473/5 482/25 491/8 494/18 602/1
show [11] 425/9 439/10 452/6 453/20 469/19 469/20 469/20 470/6 470/19 557/21 558/3
showed [5] 447/23 454/3 454/24 455/3 481/10
shower [5] 511/10 596/15 596/24 597/1 597/4
shown [1] 471/2
shows [2] 471/21 477/18
sick [2] 466/20 581/21
side [25] 448/14 454/2 454/4 454/19 454/20 454/23 458/20 458/24 462/2 469/19 469/19 478/1 487/15 488/1 533/1 587/24 591/13 591/13 598/7 598/13 598/13 598/17 598/20 598/23 598/24
sidebar [3] 428/17 571/19 600/3
sides [1] 533/3
sideswipe [6] 444/23 501/3 501/5 501/6 501/10 501/16
sideswiped [4] 444/12 444/16 597/7 597/10
sideways [2] 433/5 433/6
sign [2] 531/10 545/21
signature [3] 519/17 526/21 543/12
signed [7] 519/14 526/15 531/9 545/15 548/8 565/20 573/17
significance [2] 445/7 519/2
significant [11] 439/9 441/2 445/6 450/22 457/12 462/18 473/18 520/4 541/14 545/25 548/5
significantly [1] 552/4
signs [5] 452/7 486/2 493/24 568/13 568/15
similar [2] 468/14 565/7
simple [2] 429/13 585/18
simply [1] 589/18
since [3] 490/12 537/10 586/12
single [1] 530/11
Sinu [2] 579/14 579/16
sir [2] 435/2 495/23
sit [1] 524/20
site [1] 572/10
sitting [3] 431/7 490/22 490/23
situation [3] 469/18 493/19 564/16
six [21] 462/9 468/25 470/24 470/25 471/7 480/16 480/17 525/9 528/15 528/16 528/21 528/23 529/5 529/6 541/4 541/6 546/21 549/9 549/15 554/5 581/21
six-month [1] 471/7
size [2] 478/13 478/14
skip [1] 558/19
slept [1] 429/15
slippage [1] 471/14
slowly [1] 483/3
small [8] 448/18 458/18 459/4 459/12 468/19 469/2 470/22 499/17
smaller [6] 439/21 452/11 478/4 481/17 483/19 502/13
smoker [1] 492/22
smoothly [1] 547/15
snow [1] 593/15
so [135] 422/3 424/11 424/15 425/4 425/7 426/23 427/6 427/10 427/19 429/21 430/2 431/20 432/16 432/18 433/17 434/20 435/5 435/11 436/19 437/17 437/20 438/17 440/16 442/7 443/7 445/1 445/21 446/21 447/15 450/5 455/24 458/23 465/12 465/19 469/23 469/25 470/7 470/16 471/24 475/6 475/23 478/12 480/3 481/22 483/8 485/8 487/21 492/25 493/2 493/2 495/6 496/12 501/25 507/7 508/11 509/5 509/24 510/18 511/14 512/13 512/23 513/8 514/6 514/15 515/2 517/16 518/12 518/16 519/9 520/20 522/14 523/3 523/21 524/6 525/7 525/11 525/21 527/8 527/14 529/4 529/20 530/7 530/22 531/1 531/7 531/17 533/4 533/24 535/23 536/24 537/3 537/22 538/14 539/16 540/19 541/17 543/14 544/10 546/18 546/25 551/25 553/9 556/6 556/14 559/2 565/3 567/23 570/21 571/11 572/6 573/18 574/2 574/3 574/25 575/5 577/24 578/16 578/19 578/22 582/14 583/17 583/22 585/13 585/16 589/20 597/1 598/17 599/13 599/18 600/5 600/10 600/11 600/24 601/2 601/25
soccer [1] 494/1
societies [1] 439/21
Society [1] 439/20
soft [2] 469/21 544/12
SOKOLOFF [8] 421/17 421/19 443/9 517/24 518/1 533/22 535/9 569/16
sold [1] 493/25
some [38] 429/23 430/13 436/17 438/17 445/12 445/13 445/19 451/13 452/12 457/13 463/3 464/16 464/18 472/8 473/23 475/2 475/2 476/3 477/8 478/17 481/11 487/20 489/21 497/20 516/5 521/4 522/6 522/19 539/12 564/15 569/10 571/11 572/22 575/6 589/14 595/20 596/8 602/14
somebody [6] 497/21 539/11 539/13 543/14 567/13 588/3
somehow [3] 428/5 429/14 432/15
someone [8] 432/1 432/6 445/24 447/2 451/16 475/10 577/23 590/11
someplace [3] 558/20 566/13 593/21
something [40] 425/19 425/20 427/6 428/17 432/15 449/4 455/8 467/2 468/21 468/25 471/10 499/8 502/24 503/21 508/14 511/7 512/7

S
something... [23] 523/12 524/17 527/21 531/13 531/23 532/3 532/4 532/7 546/1 547/5 555/4 556/13 562/23 566/19 566/23 567/4 568/18 568/19 568/20 578/12 580/5 589/19 597/17
sometimes [21] 436/13 440/5 444/20 450/21 453/6 467/6 468/6 471/11 472/7 478/16 503/19 503/20 510/3 512/13 512/13 522/8 530/3 545/24 567/1 568/19 570/19
somewhere [2] 523/21 523/22
soon [3] 496/7 496/10 594/12
sorry [19] 426/15 457/22 458/12 458/23 459/8 482/3 498/19 498/25 506/14 520/16 526/8 537/20 545/2 547/24 552/12 552/15 559/23 563/14 585/15
sort [3] 430/13 452/12 463/3
sounds [2] 462/4 542/25
source [1] 502/25
sources [2] 502/16 571/12
space [4] 449/16 458/19 459/4 478/7
spacer [2] 463/25 464/1
spacers [6] 462/21 462/23 462/23 463/1 464/4 464/8
spaces [1] 469/15
spacial [1] 477/5
Spanish [6] 421/22 438/24 520/3 520/3 520/4 520/5
spasm [7] 483/9 483/10 483/19 483/24 486/21 530/20 532/25
spasms [4] 530/9 531/23 532/23 533/5
speak [7] 438/23 438/25 520/1 520/5 580/13 580/24 588/3
speaking [2] 451/20 520/5
speaks [4] 548/24 554/15 555/8 571/1
specialize [1] 435/11
specialty [1] 440/5
specific [2] 493/10 571/9
specifically [6] 445/14 446/6 484/15 507/9 511/12 513/3
specimen [1] 454/3
speech [1] 582/17
speed [2] 598/1 598/2
spend [1] 577/3
spending [1] 577/12
spinal [15] 445/1 445/8 456/2 459/1 459/2 459/11 468/5 468/18 469/21 472/11 472/12 472/18 472/19 546/19 567/24
spine [108] 435/11 435/22 435/25 436/2 436/10 439/4 439/6 439/20 440/5 440/11 443/12 443/25 445/14 447/25 448/10 448/13 448/14 452/16 453/21 453/22 454/1 454/25 455/7 455/20 456/24 457/20 457/25 458/18 459/1 460/13 461/3 461/18 464/5 464/22 466/23 467/15 467/18 467/24 468/4 468/10 469/9 471/4 473/4 473/20 476/10 477/3 478/4 480/1 488/8 488/17 488/22 491/1 491/18 502/15 505/11 507/9 517/10 517/11 520/15 520/17 520/20 520/25 529/16 530/1 530/2 532/9 532/11 532/12 532/14 532/18 532/19 533/1 533/11 533/15 533/18 533/19 536/2 536/8 536/20 537/4 537/23 539/5 541/10 541/24 541/25 541/25 542/1 542/3 552/10 552/18 553/11 562/9 562/9 564/23 564/23 565/3 565/4 565/6 565/10 566/10 566/18 567/24 568/3 568/3 569/4 569/18 569/18 570/6
spoke [6] 520/1 538/5 549/19 549/24 587/23 596/10
st [11] 459/20 542/14 542/16 542/22 542/24 543/1 543/2 543/16 543/18 543/21 543/24
Stabilize [1] 480/1
stabilizes [1] 479/20
stairs [1] 490/20
stand [6] 422/13 430/7 433/8 434/1 434/9 492/3
standard [12] 470/20 509/3 509/15 510/5 513/21 523/16 524/12 524/15 528/2 528/25 549/10 549/14
standing [4] 431/7 431/8 490/24 502/12
standpoint [1] 511/21
start [16] 450/19 450/21 453/4 453/21 462/15 462/20 465/3 473/22 474/2 479/1 479/25 480/1 483/1 528/8 528/12 549/17
started [10] 431/5 457/16 474/1 537/22 538/13 574/16 575/2 575/4 578/14 599/18
starting [2] 489/3 514/4
starts [1] 561/19
state [14] 421/1 423/22 436/12 523/18 523/25 524/7 524/19 552/21 553/6 553/11 553/15 553/23 565/13 573/7
statement [3] 554/7 560/5 583/10
states [4] 435/18 536/7 536/12 578/24
static [1] 469/18
stating [1] 425/19
statistics [2] 560/6 560/9
status [4] 482/14 548/17 551/3 551/9
stay [3] 464/6 464/17 485/9
stem [1] 477/22
stenographer [1] 428/16
stenosis [3] 455/22 460/10 475/20
step [2] 448/8 454/13
sterile [3] 463/11 463/18 477/8
STERN [1] 421/17
steroid [2] 485/3 492/20
stick [1] 465/8
stiff [1] 455/5
stiffness [1] 483/9
still [16] 481/16 483/8 489/21 492/3 529/13 530/20 536/5 546/22 549/5 563/24 574/5 574/7 592/9 595/3 600/12 601/4
stitches [2] 481/14 481/15
stomach [6] 425/20 492/4 492/14 589/15 589/19 589/21
stop [9] 451/21 490/20 517/15 554/24 555/12 567/4

S

stop... [3] 580/7 598/6 598/6
stopped [2] 535/10 577/16
stories [1] 584/12
strain [1] 484/4
strategy [2] 433/20 433/21
Stratton [1] 422/20
streamline [1] 584/1
strength [5] 450/22 450/24 483/2 489/13 489/22
strengthen [2] 484/15 572/12
strengthening [5] 473/11 483/17 484/3 558/10 572/17
stress [4] 465/8 465/20 467/7 513/7
stressful [1] 513/2
stretch [1] 490/21
strike [1] 499/20
strong [4] 431/13 483/24 483/24 490/3
stronger [1] 479/18
strongest [1] 438/25
strongly [1] 465/19
STUART [1] 421/19
stuck [1] 499/8
students [3] 440/5 494/22 579/19
studies [4] 438/4 447/13 485/16 564/6
study [3] 485/20 564/7 564/7
stuff [2] 555/16 575/22
subject [9] 423/10 427/8 427/8 433/13 441/20 442/23 443/4 443/5 443/8
subjective [2] 486/7 486/9
substantial [2] 473/17 488/15
succeed [1] 491/13
such [5] 430/17 431/24 432/5 498/12 504/17
sudden [1] 598/7
sue [1] 495/11
suffering [1] 567/15
suggest [5] 507/25 508/7 508/11 516/18 539/15
summer [1] 572/23
Sundays [1] 501/25
supervise [1] 575/23
supervised [3] 573/1 575/25 576/1
supervisor [2] 576/18 576/25
supple [4] 543/3 543/9 544/9 544/10
supply [2] 460/21 460/22
supports [1] 430/18
supposed [4] 424/11 424/16 424/19 541/5
SUPREME [3] 421/1 421/8 421/11
sure [20] 424/12 433/14 434/21 435/15 437/8 454/15 471/9 475/12 477/14 480/4 483/7 509/16 510/8 533/17 543/12 545/22 558/20 575/14 591/20 600/1
surfaces [1] 479/13
surgeon [27] 435/11 435/16 435/25 436/16 438/13 440/22 446/17 452/19 473/4 482/25 493/22 509/23 514/5 514/14 562/10 562/10 562/11 562/12 563/1 564/24 564/24 564/25 565/1 567/22 567/24 569/19 569/19
surgeons [4] 439/19 439/23 493/25 570/16
surgeries [24] 470/10 470/13 480/15 488/25 495/7 501/20 501/25 502/6 502/7 502/10 502/11 502/13 502/14 507/16 507/17 507/19 508/1 509/20 519/7 559/21 560/16 562/3 570/18 571/12
surgery [260]
surgical [19] 446/19 446/21 447/1 447/18 464/22 465/18 465/18 470/18 475/23 493/4 512/25 513/9 513/15 513/21 514/21 514/24 536/9 539/5 567/21
surprises [1] 460/25
sustain [4] 548/25 573/22 582/9 593/24
sustained [22] 453/4 488/15 505/2 505/6 505/7 505/8 509/10 516/13 530/14 540/6 542/7 547/3 547/9 553/3 555/7 558/2 559/6 571/1 578/3 590/20 593/5 593/19
sutures [2] 522/7 522/8
swelling [1] 523/11
swimming [6] 484/3 484/16 558/10 572/17 572/20 573/2
sworn [1] 434/11
symptoms [20] 452/3 456/22 457/5 457/13 473/23 474/1 474/3 477/25 497/3 497/21 510/7 510/9 535/18 537/9 537/10 548/10 552/3 568/13 568/16 569/1
syndrome [2] 465/13 469/9
system [22] 479/16 481/20 481/21 481/22 485/6 523/24 523/25 524/3 524/4 524/7 525/18 525/18 526/16 526/17 527/5 527/6 527/9 527/10 529/24 530/12 539/2 539/19

T

T-bone [1] 444/23
T-O-O-M-E-Y [1] 422/23
T2 [1] 457/24
table [8] 477/5 477/16 584/19 584/24 585/1 585/3 585/22 585/23
take [45] 430/9 435/18 439/9 444/7 453/1 453/4 453/6 462/9 463/6 464/14 464/15 467/18 471/6 476/8 478/9 484/18 492/12 492/13 493/19 494/18 495/4 497/1 502/3 502/4 502/13 505/20 505/22 505/22 506/4 508/25 509/19 517/7 517/7 517/16 522/19 533/24 543/17 568/10 588/22 589/18 592/20 595/12 600/18 602/16 602/18
take it [1] 492/12
taken [4] 430/11 461/24 467/23 536/21
takes [3] 453/6 526/11 600/22
taking [10] 426/22 432/8 475/10 511/20 517/2 525/22 526/10 526/22 536/15 576/22
talk [21] 439/13 441/4 457/11 461/2 476/5 479/4 500/21 516/3 516/6 516/19 518/3 518/12 519/4 520/3 526/6 526/24 529/8 549/13 558/7 559/19 568/8
talked [15] 455/1 474/25

T
talked... [13] 475/22 477/24 482/13 489/6 519/9 519/23 549/11 554/20 555/1 555/15 562/22 565/4 580/21
talking [14] 427/12 427/13 465/14 466/11 471/20 529/3 530/18 532/9 532/11 537/5 563/21 568/9 571/3 593/23
talks [2] 476/25 533/14
target [1] 429/14
teach [1] 440/3
technical [1] 497/18
technique [2] 471/21 478/21
technology [4] 462/15 462/23 468/24 469/2
Telemedicine [1] 480/18
tell [64] 424/10 435/9 435/13 438/1 439/1 439/5 440/18 444/19 445/7 447/15 451/25 452/1 454/21 462/3 467/2 467/19 469/17 472/23 473/5 476/8 476/21 477/19 479/9 482/5 482/17 483/10 484/23 484/24 486/16 487/5 488/20 489/11 491/3 493/10 493/17 494/22 509/24 511/2 511/22 514/8 514/18 518/18 527/20 533/20 536/7 540/20 543/18 543/23 550/2 560/18 560/19 561/22 564/9 566/7 569/23 588/12 590/9 591/11 592/15 595/5 596/14 597/9 597/12 597/24
telling [8] 486/9 499/19 513/24 515/10 528/4 533/5 533/9 572/15
temporary [1] 484/14
ten [8] 439/10 462/13 465/4 486/23 490/17 494/24 580/10 580/14
tender [1] 530/20
tenderloin [1] 533/2
tenderness [3] 530/10 532/6 532/10
tendons [1] 469/21
term [5] 421/2 465/15 485/4 523/11 543/10
terms [4] 441/19 459/16 597/12 599/25
terrible [2] 469/1 495/1
test [9] 426/11 430/19 430/20 433/3 486/13 486/19 499/14 499/16 530/24
tested [7] 426/18 430/6 430/8 431/21 432/19 488/17 531/5
testified [18] 423/10 426/15 434/12 492/2 492/3 500/18 504/25 514/25 555/13 581/18 583/7 585/24 586/7 586/22 588/25 589/1 589/14 596/7
testify [6] 425/7 509/12 584/16 586/4 599/17 599/18
testifying [4] 425/14 432/11 500/15 587/22
testimony [19] 424/11 424/16 424/20 433/11 450/7 492/8 494/8 498/21 556/8 562/18 570/25 578/2 582/12 586/2 599/8 599/9 600/12 600/13 600/24
testing [9] 426/16 426/20 430/4 445/19 498/18 499/11 499/18 529/15 529/18
than [27] 425/23 466/13 466/19 477/9 488/5 490/17 490/19 493/6 493/23 514/3 522/19 528/17 537/13 538/3 540/1 552/1 554/21 555/3 555/4 556/13 556/23 570/17 570/19 572/16 578/6 591/22 594/7
thank [21] 424/9 434/7 434/23 435/8 453/18 459/15 495/17 517/22 517/25 535/8 560/22 569/8 573/25 574/2 574/9 589/24 599/1 599/3 599/7 599/23 601/9
that [992]
that's [76] 422/19 422/24 425/10 425/11 425/25 426/2 426/4 430/2 432/10 435/7 438/18 442/1 452/7 452/15 458/9 458/10 459/1 460/5 484/24 486/23 488/1 501/5 501/15 501/16 502/25 504/24 505/24 508/13 514/4 517/3 518/17 524/17 529/1 529/3 530/12 531/13 531/18 531/23 531/24 532/2 532/3 532/7 534/2 535/19 536/14 537/20 538/2 540/16 541/5 543/22 544/20 545/7 546/25 548/11 548/13 551/13 552/6 554/19 554/24 562/16 564/18 565/3 565/21 566/19 569/22 572/22 577/5 582/18 583/20 589/2 594/5 594/7 596/17 599/8 601/25 602/12
their [16] 423/2 423/13 430/14 432/1 433/21 433/21 440/5 446/8 464/2 483/17 488/25 490/9 498/7 503/8 508/12 576/23
them [24] 429/10 447/7 458/4 463/18 473/3 482/2 513/2 522/4 539/11 545/21 545/21 571/10 585/8 595/14 596/5 602/7 602/7 602/9 602/12 602/18 602/19 602/22 602/23 602/24
themselves [1] 479/18
then [66] 422/13 428/18 431/12 435/16 435/18 435/19 435/22 437/13 438/20 439/12 450/21 450/21 451/1 452/19 453/1 460/24 462/21 462/24 468/19 475/19 476/11 476/13 476/25 477/7 479/2 479/4 480/6 480/12 481/7 483/19 486/1 487/11 487/25 488/12 489/23 490/5 491/6 504/10 513/12 519/12 528/22 530/22 531/2 535/12 540/11 540/22 541/3 542/10 546/8 546/13 548/9 548/16 549/7 549/24 550/16 552/8 553/25 564/20 565/10 565/12 565/19 570/14 600/7 600/8 601/5 602/8
therapies [2] 484/16 502/23
therapist [4] 572/21 587/24 587/25 588/1
therapists [2] 515/18 515/21
therapy [48] 440/25 445/17 473/11 476/1 483/16 484/2 484/9 484/11 484/12 503/5 503/11 506/24 507/3 507/11 507/14 507/15 515/14 515/19 528/15 528/18 528/20 549/9 549/12 549/18 549/20 549/24 552/9 552/17 552/20 553/6 553/10 553/15 553/22 557/12

T
therapy... [14] 558/5 558/8 558/9 559/4 563/8 565/6 572/2 572/3 572/4 572/6 572/9 572/10 572/12 582/13
there [133] 424/1 424/17 425/22 425/23 426/19 426/20 428/24 430/16 430/18 430/19 431/25 433/8 433/23 434/20 435/16 437/12 437/12 437/13 440/13 441/8 442/25 443/1 443/9 443/10 445/9 445/9 447/3 448/6 449/2 450/25 450/25 458/11 459/18 460/12 463/10 463/12 464/6 464/17 468/10 468/13 469/15 470/1 470/2 471/3 471/14 471/16 475/14 477/17 477/20 477/21 481/11 481/12 485/9 488/3 489/1 491/10 491/16 493/3 493/13 499/8 501/1 501/23 504/13 505/24 509/22 511/11 514/23 519/10 519/20 520/10 522/21 524/2 524/18 525/12 526/3 526/3 526/5 526/5 526/13 526/21 526/23 527/20 528/2 530/8 530/10 532/6 532/10 532/22 533/13 534/10 537/9 543/2 543/12 543/14 545/15 545/24 547/17 549/2 552/19 554/9 554/19 554/20 554/25 555/11 555/14 556/5 557/18 558/6 558/15 558/21 559/13 559/14 563/3 563/3 563/7 564/15 567/23 571/11 571/11 573/2 575/2 575/4 576/10 576/24 577/19 577/20 577/21 580/7 582/12 582/17 584/12 593/13 603/1
there's [12] 431/18 433/1 448/21 449/9 454/12 461/4 464/18 531/22 557/10 587/4 597/6 602/15
therefore [2] 429/16 431/20
these [50] 427/14 439/20 442/8 448/2 448/11 448/17 449/19 451/20 453/9 453/14 454/1 455/3 455/24 457/8 459/4 459/10 459/10 460/21 461/10 462/18 462/18 462/21 464/4 464/4 466/23 468/19 469/23 470/5 470/6 470/8 470/10 470/13 475/24 480/15 485/13 486/16 491/13 507/16 507/19 508/1 527/22 530/4 531/3 543/21 545/20 563/12 567/4 571/12 583/24 585/12
they [156] 424/11 424/15 424/19 426/12 427/15 429/23 433/20 433/20 433/20 434/20 435/19 436/13 436/15 438/3 439/21 440/11 440/23 440/24 440/25 442/11 442/12 442/14 442/14 442/17 442/19 443/5 444/18 444/19 448/2 448/3 448/3 448/4 448/18 448/21 449/2 449/4 449/14 449/14 449/16 450/17 451/3 451/20 452/9 454/5 455/4 455/5 455/5 458/19 461/5 461/8 461/10 462/12 462/12 462/13 463/15 464/5 464/6 464/9 464/17 465/3 465/19 467/2 468/20 469/3 470/6 477/16 479/16 480/7 480/7 481/15 481/25 483/4 483/20 483/24 483/24 484/4 484/14 487/23 489/7 490/8 490/9 490/22 490/23 495/11 497/17 497/18 497/20 498/18 499/9 499/10 499/13 499/14 499/16 499/18 499/19 502/23 502/24 508/13 513/14 516/23 517/1 517/2 519/6 522/8 522/8 522/13 522/20 523/8 523/9 523/19 525/6 525/25 530/16 530/18 537/14 539/12 539/18 541/21 541/23 542/18 544/8 552/12 561/17 561/18 562/3 563/5 566/14 566/21 567/1 567/1 567/14 567/22 571/8 571/8 572/8 572/10 572/25 574/23 575/1 583/14 585/10 602/4 602/7 602/9 602/10 602/14 602/15 602/16 602/17 602/18 602/19 602/19 602/20 602/24 602/25 602/25
they're [5] 422/19 432/7 464/10 508/12 524/11
they've [1] 422/6
thing [36] 441/25 455/19 458/17 459/12 463/16 463/17 467/2 468/20 475/13 476/10 479/11 481/9 481/14 483/22 487/8 488/8 493/15 493/16 494/21 515/1 518/14 518/14 519/13 522/13 524/19 526/19 526/20 527/5 527/6 527/9 537/13 541/11 542/21 545/5 551/5 556/2
things [27] 427/9 432/1 449/14 449/19 470/1 470/3 476/11 477/10 486/10 496/25 521/8 528/8 537/9 541/21 541/23 545/24 547/11 554/25 559/20 584/18 584/19 584/25 585/2 585/18 585/23 596/8 597/3
think [56] 427/10 430/22 431/17 432/8 432/13 432/16 432/17 441/23 442/25 449/25 450/25 451/13 453/20 455/1 456/20 461/18 463/14 492/25 493/2 494/19 495/3 496/11 498/11 501/14 505/4 510/4 511/1 512/23 515/19 521/4 529/4 531/6 531/8 536/5 537/6 537/18 537/20 549/22 555/16 562/22 562/23 564/14 568/7 568/8 573/15 580/5 591/6 600/16 600/17 601/2 601/20 602/6 602/11 602/11 602/24 603/1
thinking [2] 428/3 511/20
third [5] 425/5 426/8 430/3 508/5 552/8
this [282]
THOMAS [8] 421/13 424/3 434/6 438/17 484/6 561/2 587/22 589/1
those [34] 424/12 430/24 437/21 441/21 448/23 455/9 462/22 463/1 467/16 479/10 479/15 480/18 481/1 483/19 485/5 489/6 491/22 525/22 525/24 526/1 530/8 530/10 530/16 533/2 543/18 561/14 563/11 563/16 563/17 567/9 568/15 571/22 577/11 597/3
though [3] 471/20 541/17 602/21
thought [2] 425/18 597/18
three [36] 427/14 436/6

T
three... [34] 447/23 447/24 459/4 459/6 459/9 466/14 466/16 466/17 468/11 470/24 480/9 480/17 491/24 501/22 502/9 502/14 521/13 521/14 521/16 528/24 529/4 529/7 535/14 540/11 541/14 541/23 546/5 549/4 563/8 563/9 572/23 579/7 583/12 601/19
three centimeters [1] 468/11
through [8] 441/21 441/25 445/17 454/18 458/3 477/21 513/13 550/8
throughout [3] 431/4 431/7 485/8
thumb [1] 441/25
Thursday [12] 502/7 599/15 599/19 599/20 600/12 600/21 601/7 601/10 601/24 601/25 602/9 603/3
Thursdays [1] 600/6
tickets [1] 592/25
time [116] 428/8 433/8 434/8 435/16 435/17 440/6 440/21 441/14 442/11 442/22 443/22 443/24 444/13 444/21 445/16 445/16 452/9 454/7 460/17 465/16 467/5 467/13 471/1 471/5 471/7 471/12 478/15 480/13 483/4 485/25 486/11 488/24 492/24 493/2 495/18 496/10 496/12 496/18 496/24 497/7 501/18 503/14 505/12 505/13 505/20 506/10 508/25 509/1 509/19 511/2 511/5 515/11 516/24 518/4 518/7 521/16 522/6 523/3 524/8 524/10 525/2 525/19 527/7 527/13 528/3 529/19 533/18 534/3 536/15 538/2 538/11 538/12 538/13 538/19 538/22 540/7 540/10 541/1 541/11 546/19 547/20 549/13 549/19 549/21 549/22 549/25 550/5 554/8 559/2 560/5 560/15 562/5 565/25 565/25 566/22 567/2 567/3 568/11 576/10 576/20 576/24 577/3 577/12 577/14 577/19 578/25 579/5 581/23 588/22 588/22 597/21 602/5 602/16 602/17 602/19 602/25
times [5] 502/8 506/21 551/13 563/8 563/9
tingling [8] 449/11 449/23 450/21 456/5 478/18 489/14 489/21 535/23
tiny [3] 458/19 468/17 469/2
tired [2] 429/16 502/12
tissue [2] 469/21 564/15
titanium [8] 461/13 461/14 462/6 463/2 463/2 464/8 464/10 468/20
today [16] 425/3 432/4 432/11 432/12 436/12 440/8 441/10 442/15 447/13 500/15 500/18 519/14 524/20 549/19 581/24 599/8
together [4] 461/15 475/4 561/25 597/13
told [33] 424/15 493/6 511/6 511/15 511/16 512/2 512/5 512/8 514/1 514/6 514/17 515/2 515/7 516/17 518/16 527/23 535/17 535/20 538/14 538/18 538/21 540/16 540/17 540/18 541/17 548/13 551/25 552/6 577/19 587/1 602/4 602/7 602/19
tomorrow [4] 599/12 599/12 599/13 600/11
too [5] 433/15 433/16 459/7 502/12 553/5
took [5] 478/15 525/23 529/10 597/4 597/18
tool [1] 454/6
tools [2] 575/15 575/17
Toomey [1] 422/23
top [9] 431/2 439/7 459/20 478/25 561/19 585/18 585/19 585/20 585/21
topic [1] 431/25
total [2] 562/11 564/25
totally [5] 469/18 490/16 554/1 578/2 582/15
touch [3] 468/18 487/9 488/1
touched [1] 445/21
town [6] 421/6 430/13 430/17 431/21 432/19 433/3
track [1] 480/3
Transverse [1] 478/20
trapped [1] 455/20
trauma [4] 449/3 449/4 452/9 455/6
traumatic [1] 455/8
travel [1] 492/13
treat [6] 438/11 438/22 440/14 487/17 494/22 494/23
treated [4] 515/12 516/4 516/10 586/12
treating [9] 437/1 437/5 437/7 437/11 437/20 438/13 445/22 494/9 566/3
treatment [37] 440/13 440/22 440/25 441/5 445/12 446/19 446/23 447/1 447/6 447/8 457/15 459/13 460/16 474/2 485/7 488/24 506/16 506/18 506/23 507/4 508/23 510/13 514/9 514/10 514/19 515/5 520/24 528/7 533/14 539/4 541/3 541/13 546/13 546/18 546/21 549/7 565/16
treatments [2] 438/6 494/24
trial [14] 421/2 421/6 421/14 422/6 423/2 423/24 425/9 427/20 427/21 430/1 431/5 435/3 481/11 603/4
tried [3] 485/7 541/22 569/5
trouble [1] 484/21
truck [11] 444/12 444/21 501/14 501/16 597/8 597/10 597/21 598/13 598/17 598/20 598/23
true [4] 442/17 470/11 563/20 565/19
truth [3] 565/14 573/7 590/11
try [16] 429/9 459/13 460/15 474/15 478/11 481/13 481/14 481/16 487/9 488/1 490/3 491/10 491/11 506/6 506/6 506/9
trying [6] 428/4 429/14 429/23 490/2 493/16 504/25
Tuesday [12] 578/22 600/9 600/15 600/18 600/20 600/25 601/3 601/20 602/7 602/8 602/20 602/21
tumor [2] 510/8 510/9
turning [1] 487/21
twelve [1] 458/16
twisting [2] 490/19 554/23

T

two [55] 426/4 435/22 437/12 437/21 439/4 448/1 448/3 448/24 449/1 449/9 453/4 454/1 454/12 455/9 464/4 466/16 468/10 479/13 480/6 486/24 493/25 500/12 502/7 502/9 502/15 507/16 521/4 521/10 522/14 525/14 527/2 532/25 537/9 537/14 538/8 538/11 541/8 541/21 541/23 542/13 544/19 544/21 548/1 548/2 549/8 549/14 550/14 561/14 584/12 597/12 599/20 600/6 600/8 601/21 601/22
Tylenol [7] 476/8 476/8 491/25 526/11 526/22 536/16 592/20
type [3] 451/16 453/3 501/9
types [2] 453/10 491/13
typically [3] 424/13 446/8 600/23
Tysha's [1] 423/16

U

UE [1] 546/8
Uh [3] 522/2 525/8 567/11
Uh-huh [3] 522/2 525/8 567/11
ultimately [1] 590/17
under [22] 475/15 487/18 487/19 513/7 520/24 522/7 526/3 526/21 528/7 539/4 541/3 546/8 546/13 546/18 546/21 549/7 565/14 570/10 571/10 573/8 574/8 601/8
understand [12] 426/5 427/22 428/4 431/24 437/15 438/12 466/3 466/4 483/21 562/17 568/23 580/11
understanding [3] 475/25 514/16 514/20
understood [1] 423/11
unfair [1] 423/12
unfortunately [2] 487/18 488/25
United [2] 435/18 578/24
units [1] 575/20
university [6] 440/1 579/14 579/16 579/25 580/4 596/3
unless [5] 473/5 502/3 523/8 524/17 597/16
unnecessary [1] 495/14
unrelated [1] 495/14
until [11] 425/7 480/2 500/12 521/12 523/4 524/23 528/15 579/4 600/21 602/10 603/4
up [41] 424/10 425/10 426/25 427/2 427/7 428/18 428/25 430/21 431/7 431/8 431/11 431/11 435/8 453/21 462/11 463/6 470/18 478/7 480/12 481/7 489/6 490/24 500/18 502/13 526/20 528/23 530/22 533/14 541/4 541/24 569/13 576/24 576/25 577/7 577/11 577/16 584/18 585/2 585/22 590/4 593/10
updated [2] 537/11 537/12
upgrades [1] 527/7
upon [2] 423/7 565/16
upper [9] 474/3 474/12 489/10 489/15 489/18 535/21 535/24 546/9 569/1
us [24] 435/5 439/1 440/18 444/19 448/8 452/10 463/15 469/17 471/22 481/10 489/11 491/3 493/6 512/8 513/15 533/5 533/9 553/12 557/21 558/3 560/18 573/16 591/11 601/9
use [24] 461/13 463/2 463/3 463/5 463/14 463/14 463/15 463/20 464/1 467/3 467/3 468/22 468/24 475/4 475/5 475/6 475/12 477/21 543/10 586/1 595/22 596/15 596/24 596/25
used [4] 463/13 471/21 501/6 575/15
useful [1] 454/6
using [3] 463/24 481/24 526/11
usually [2] 599/14 602/22

V

vacation [1] 581/23
vacations [1] 502/3
vacuuming [1] 584/19
Valentine's [1] 594/5
valid [2] 432/16 432/17
values [3] 506/3 529/20
varied [1] 574/20
various [1] 480/13
vehicle [8] 444/10 444/15 485/11 501/9 501/10 501/17 504/9 504/15
vehicles [1] 597/13
verbalize [1] 514/20
verbalized [1] 514/16
verdict [2] 601/5 602/21
verified [1] 513/14
versus [1] 437/20
vertebra [3] 452/15 461/15 468/20
vertebrae [1] 449/17
vertebras [4] 448/20 449/15 455/3 462/6
very [28] 422/16 423/13 431/13 433/7 433/13 448/17 450/5 454/17 462/25 473/2 495/17 496/12 496/18 507/22 510/20 513/8 513/23 513/25 514/6 514/17 538/16 569/8 582/2 583/7 593/13 593/15 599/2 599/23
view [7] 458/8 458/9 458/13 461/19 461/23 462/2 467/24
viewed [4] 530/7 531/12 531/17 532/16
viewing [1] 470/8
views [2] 454/1 454/12
violate [1] 428/22
virus [1] 425/20
visit [57] 507/22 508/17 512/1 512/5 512/25 513/23 514/1 514/6 514/14 514/17 516/4 516/15 516/22 517/4 517/5 517/11 518/5 518/18 518/24 519/11 519/11 519/24 519/24 520/7 520/8 520/11 520/12 520/13 521/5 522/20 522/23 522/24 525/5 529/3 529/21 532/8 537/19 538/25 539/3 540/8 542/8 542/19 543/16 545/3 547/5 547/7 550/14 552/15 555/22 555/24 555/25 556/1 556/6 556/10 556/13 556/14 563/10
vocational [3] 587/23 587/25 588/1
voice [1] 434/19

W
wait [1] 462/8
waiting [2] 546/22 577/22
walking [2] 462/15 462/20
want [73] 424/3 433/20 445/11 450/23 451/2 452/22 453/7 453/13 456/7 457/17 458/3 458/8 462/16 465/10 467/12 468/4 470/17 470/19 473/3 478/18 480/11 480/16 481/19 482/25 483/3 485/21 492/2 493/3 494/14 495/6 498/17 503/21 504/21 507/5 507/13 508/2 508/8 508/13 509/19 510/17 511/24 512/24 512/25 513/2 514/20 515/10 516/22 517/7 521/16 521/17 524/1 524/18 528/1 537/11 539/11 539/24 539/25 550/2 553/2 559/23 561/7 566/11 566/13 568/24 570/15 571/7 577/20 577/21 582/16 587/13 589/2 596/3 600/19
wanted [19] 425/17 425/18 485/24 493/14 514/6 515/2 516/18 536/1 538/12 538/14 538/15 538/18 538/21 539/20 539/22 540/2 565/25 568/2 577/3
wants [8] 464/15 493/10 514/16 514/17 540/25 566/4 567/7 567/7
was [314]
wash [1] 586/6
washing [2] 585/5 586/6
wasn't [23] 425/1 425/19 425/21 428/21 429/6 430/7 432/18 433/6 443/1 472/20 475/17 500/14 500/17 504/19 508/6 524/6 528/12 545/13 550/23 586/6 594/11 598/20 598/23
water [2] 449/14 455/4
way [24] 423/14 426/14 428/22 429/9 431/20 433/5 433/7 433/7 434/20 446/18 453/20 460/12 471/15 474/20 484/7 509/14 532/22 533/1 542/25 545/22 572/22 573/17 592/25 598/6
ways [2] 461/4 554/14
we [313]
we'll [1] 441/21
we're [8] 427/21 433/22 450/24 510/10 537/2 599/12 599/15 600/10
We've [1] 485/16
weakness [8] 449/11 449/24 456/5 473/15 474/3 489/23 489/25 569/6
wearing [2] 541/13 541/22
weather [2] 535/5 593/13
Weber [8] 437/13 440/15 440/18 441/12 467/13 581/8 581/11 593/25
wedding [5] 594/10 594/11 594/13 594/15 594/17
Wednesday [10] 502/8 502/8 600/20 600/24 601/4 601/6 602/2 602/3 602/9 602/22
Wednesdays [1] 600/23
week [10] 502/3 502/6 522/10 546/15 549/14 550/14 563/8 578/19 588/17 588/19
weekends [5] 502/4 576/23 577/1 577/8 577/9
weeks [17] 470/24 480/17 493/25 521/4 521/10 525/9 528/15 528/16 528/21 528/23 529/5 529/6 548/1 548/2 549/8 549/9 549/15
weigh [3] 424/11 424/16 424/20
weight [17] 490/18 505/18 505/19 505/20 505/22 505/23 505/24 505/25 517/4 520/8 521/7 538/24 538/25 549/4 554/22 555/3 555/5
welcome [1] 574/3
well [54] 423/13 424/24 425/20 425/21 425/24 427/4 429/5 429/9 429/12 429/16 429/20 431/13 438/16 440/21 445/9 452/4 452/13 457/9 475/6 478/24 479/25 481/5 481/13 485/17 486/18 494/15 494/17 500/17 503/25 504/7 504/17 517/7 522/22 524/20 525/19 527/11 528/18 536/10 543/8 548/18 548/19 548/21 550/3 558/15 564/11 565/6 565/10 568/17 568/20 572/15 582/2 583/7 602/6 602/13
went [14] 425/2 426/2 435/15 444/12 453/8 480/23 542/16 543/1 547/15 567/23 578/9 578/16 589/17 589/20
were [81] 423/14 427/3 427/15 428/17 436/15 442/14 443/2 447/10 456/24 467/15 470/11 470/13 470/14 471/2 471/3 471/3 471/13 471/20 474/1 481/23 485/5 488/23 489/7 494/9 495/8 495/8 496/8 496/12 496/18 496/19 499/10 507/17 514/4 525/12 526/1 533/18 533/20 535/10 541/18 546/21 547/17 548/14 557/9 568/4 568/13 568/15 568/22 571/3 574/18 575/6 575/9 575/12 575/15 575/20 575/23 575/25 576/1 576/3 576/10 576/11 576/14 576/14 576/17 576/18 578/24 581/17 581/17 585/11 586/12 588/6 588/9 589/12 590/17 594/12 594/14 595/2 597/7 597/10 597/20 597/24 600/4
weren't [1] 578/16
Westbury [3] 421/18 434/18 572/11
what [282]
what's [3] 437/8 438/1 587/8
whatever [9] 429/16 432/7 433/20 467/15 549/2 570/15 571/7 571/9 599/14
whatsoever [1] 547/17
when [152] 422/13 426/16 427/2 428/8 429/7 429/22 430/10 430/14 431/25 433/10 438/3 439/8 440/10 443/22 444/5 446/25 447/7 447/9 449/2 449/4 451/5 452/5 452/10 452/23 455/2 455/5 455/14 455/17 456/4 457/6 460/12 460/17 461/8 461/24 463/10 464/5 465/25 469/12 470/6 475/10 477/3 477/16 478/1 478/12 483/18 483/21 484/22 486/13 487/15 491/4 493/15 495/24 496/3 496/3 496/18 496/25 498/25 500/9 501/19 503/14 505/9 510/2

W
when... [90] 510/14 511/2 511/23 514/15 515/7 516/17 517/3 518/2 518/12 519/20 519/23 520/1 520/21 522/6 523/1 525/3 525/21 528/12 529/8 529/20 530/7 530/23 531/1 531/12 531/17 531/22 532/2 532/6 535/10 535/18 536/15 536/21 537/22 540/3 542/16 542/21 543/1 543/8 543/23 545/15 546/14 548/2 549/1 549/19 549/22 556/4 559/13 559/15 560/18 563/22 563/23 565/19 566/11 566/12 567/6 567/23 568/2 568/14 569/21 575/4 575/23 576/2 576/10 576/14 576/24 577/7 577/16 578/5 578/19 578/24 579/3 580/3 580/3 581/1 581/3 581/17 581/17 586/6 586/22 587/1 587/22 588/16 588/25 589/5 590/4 591/21 594/3 597/4 597/7 598/12
whenever [2] 434/22 517/24
where [32] 424/1 427/10 429/22 436/17 439/10 442/12 444/16 446/25 454/18 456/1 458/11 459/17 465/17 465/18 469/12 469/14 472/4 472/11 477/9 508/20 537/13 553/15 557/21 557/22 558/3 558/4 559/8 559/9 559/11 582/2 582/8 591/18
Whereupon [16] 434/3 442/3 443/14 498/21 517/18 517/19 517/21 534/8 534/10 535/3 561/11 571/18 600/2 601/12 601/15 603/4
whether [33] 425/12 426/10 426/12 426/17 427/18 430/6 431/21 432/2 432/19 444/22 445/4 456/14 456/22 464/21 471/14 473/17 474/6 488/15 496/13 496/16 497/20 504/18 508/3 508/6 508/12 510/21 510/24 532/15 533/5 533/9 540/2 565/24 567/14
which [17] 423/13 424/12 424/13 425/18 428/25 433/13 444/1 447/19 452/12 457/23 467/19 471/21 494/9 542/20 565/17 569/14 569/17
while [1] 576/17
white [3] 448/17 458/7 458/11
who [31] 423/15 432/2 432/14 440/3 446/5 446/6 458/22 464/15 481/1 494/6 498/13 500/4 503/7 503/9 503/12 503/17 503/22 504/2 515/12 516/4 516/10 543/6 543/6 543/10 543/14 544/1 562/17 583/18 588/5 588/9 595/5
Whoever [1] 479/16
whole [6] 424/5 431/20 441/25 442/11 460/16 552/25
whom [2] 423/9 579/13
why [79] 422/6 425/21 429/5 429/8 430/2 436/14 438/7 439/13 440/19 445/22 446/2 446/8 446/11 446/16 447/4 447/6 449/25 450/14 459/12 460/15 460/19 461/14 462/3 462/11 462/17 463/12 465/6 465/6 465/7 465/9 465/17 465/19 466/15 469/23 469/25 470/3 470/23 471/6 471/7 473/15 474/17 477/6 480/20 483/6 483/15 483/15 483/23 484/1 484/16 485/19 485/20 485/24 487/14 487/20 493/20 498/16 499/22 509/11 509/22 518/8 523/14 524/18 545/12 551/20 558/19 563/3 564/1 568/6 571/7 590/9 590/24 591/1 591/3 592/24 593/10 593/16 593/20 593/23 595/5
will [77] 424/12 424/14 432/5 436/22 437/10 438/17 447/24 450/20 453/14 453/18 454/21 457/14 460/14 461/12 464/21 465/20 467/11 468/7 469/20 474/20 482/5 484/4 485/21 488/25 490/20 490/24 498/25 502/21 511/11 511/23 513/6 520/3 520/5 527/12 527/15 533/20 533/24 534/1 534/5 536/10 538/3 539/4 539/23 543/23 544/19 546/19 553/7 553/11 555/12 555/17 557/12 558/8 559/15 559/20 560/18 560/19 563/7 564/16 567/19 568/7 568/7 587/1 587/10 591/8 595/9 600/6 600/7 600/12 600/16 600/17 601/3 601/4 601/8 602/7 602/18 602/22 602/23
willing [1] 568/3
window [1] 591/14
windows [2] 591/14 598/15
winner [1] 423/8
winter [2] 573/3 593/14
wiping [1] 585/3
wish [1] 442/22
withdraw [2] 587/10 595/9
withdrawing [1] 550/6
withdrawn [14] 451/5 464/19 513/24 516/16 519/12 540/10 546/13 555/13 577/6 577/15 581/7 581/16 587/21 588/6
within [12] 442/8 456/13 456/21 464/20 466/8 470/9 473/16 474/5 481/13 488/14 565/17 567/12
without [8] 433/12 474/24 493/23 541/14 564/7 564/8 564/10 572/20
witness [14] 423/25 427/18 430/7 434/6 434/9 434/10 438/9 492/3 493/9 494/19 498/7 498/9 570/25 582/14
witness' [2] 422/17 422/18
witnesses [5] 424/10 500/19 599/6 600/6 600/8
woman [1] 516/4
Wood [1] 423/5
word [5] 444/16 501/5 517/7 527/8 544/10
words [7] 444/18 501/6 526/14 530/8 530/11 530/16 559/23
work [82] 435/14 436/9 442/9 459/14 461/13 462/14 473/4 473/12 478/11 478/14 481/13 484/3 484/17 487/17 502/2 502/2 503/11 507/24 511/6 511/11 511/15 511/19 513/10 518/3 518/13 518/19 519/2 526/7 526/25 527/14 527/15 527/16 527/18 527/22 527/23 528/1 528/5 530/3 538/5

W

work... [43] 538/9 538/12 538/12 538/13 538/15 538/15 538/18 538/21 540/23 540/25 554/17 559/17 559/18 565/25 566/4 566/8 566/12 566/13 566/15 566/20 566/21 566/23 566/25 567/2 572/8 572/18 573/18 577/20 577/21 578/6 578/16 578/20 579/10 579/13 580/3 580/16 580/22 586/24 588/10 588/14 588/17 588/19 595/7
work/occupational [1] 519/2
workdays [1] 501/23
worked [9] 574/13 574/13 576/22 578/19 578/22 579/17 583/5 588/16 588/23
Workers' [1] 571/8
working [29] 435/25 461/11 510/21 510/24 511/3 517/2 518/6 518/15 518/16 527/4 527/11 527/13 538/11 566/24 575/4 575/6 576/10 576/14 576/14 576/17 576/18 577/17 578/14 578/16 578/25 580/7 581/7 595/3 595/15
works [13] 443/13 459/13 468/12 499/1 509/14 513/14 514/21 543/14 570/5 572/4 581/15 594/25 594/25
worse [7] 460/17 466/19 483/1 488/23 504/11 504/14 537/10
worsening [2] 453/8 537/9
worst [1] 493/16
worth [1] 581/21
would [55] 428/9 430/22 433/25 436/17 441/14 441/19 443/5 444/19 444/19 451/16 453/4 462/17 465/6 465/25 466/10 467/19 476/6 481/14 491/12 503/21 504/17 505/24 509/16 511/7 511/13 511/16 512/8 512/13 523/22 524/8 527/7 527/19 527/21 527/23 528/1 528/2 529/23 536/8 536/12 539/13 560/9 563/1 563/3 563/24 567/14 567/16 567/24 582/5 587/18 588/12 589/18 591/7 596/8 602/4 602/14
wouldn't [7] 452/14 504/21 511/14 512/14 516/2 516/8 595/7
wound [3] 521/5 521/9 549/15
write [32] 488/12 506/15 508/16 511/11 512/13 513/4 513/5 518/8 523/14 523/17 523/18 524/16 525/17 527/15 528/1 528/2 528/4 528/22 544/7 545/12 548/6 551/8 551/15 552/3 552/8 553/14 553/22 554/16 556/25 558/25 563/3 569/21
writing [3] 491/2 555/2 559/3
written [34] 508/18 511/1 518/14 519/22 520/10 522/18 522/21 524/14 526/23 527/20 538/23 549/2 551/6 553/7 553/17 553/24 554/9 554/19 555/11 556/5 557/17 557/18 558/6 558/11 558/12 558/15 558/15 558/18 558/19 558/20 558/20 559/1 559/13 559/14
wrong [10] 427/9 427/10 435/3 470/2 510/17 545/10 545/14 547/11 568/20 570/19
wrote [49] 496/11 501/3 501/5 514/15 514/24 520/25 523/21 525/12 528/8 531/1 536/14 540/14 541/5 543/6 543/6 543/11 545/5 546/1 546/11 546/18 548/9 548/11 548/16 548/19 549/1 549/3 549/8 550/1 551/2 551/22 552/11 552/14 552/22 553/9 553/21 553/25 555/2 555/14 555/19 555/21 555/23 556/14 557/5 557/23 558/4 565/19 569/17 573/6 573/9

X

X-ray [8] 461/23 467/23 469/14 469/15 469/17 469/18 528/15 563/11
X-rays [9] 454/18 468/1 470/23 471/6 475/11 479/14 481/6 528/16 549/16

Y

yeah [2] 486/24 511/11
year [30] 436/6 462/9 465/3 470/25 480/2 480/5 480/10 480/17 483/7 501/20 501/23 537/13 538/3 540/1 550/23 551/1 551/6 551/6 551/7 551/19 551/25 552/16 560/9 562/8 563/9 564/6 576/12 576/18 578/9 578/10
years [17] 436/1 436/1 439/10 462/11 465/4 466/4 466/7 466/9 466/11 467/13 480/6 494/24 563/19 575/5 575/7 579/7 587/20
years-old [1] 467/13
yellow [2] 449/19 544/4
yes [277]
yesterday [8] 424/22 425/24 426/8 429/6 433/9 500/10 500/11 502/14
yet [3] 533/21 562/7 583/3
YORK [27] 421/1 421/8 421/15 421/18 423/6 434/18 436/10 436/12 440/11 443/12 443/25 523/18 523/25 524/7 524/19 563/11 565/13 570/6 570/16 572/22 573/7 581/10 589/12 592/12 592/15 593/14 593/15
you [1095]
you're [17] 432/8 436/7 451/11 531/4 555/23 558/21 558/24 561/9 567/21 570/21 572/16 572/16 583/22 584/6 600/11 600/11 600/17
you've [4] 456/10 488/16 509/6 599/9
young [1] 482/1
youngest [1] 595/23
your [233]
yours [1] 444/3
yourself [3] 437/2 490/3 573/1
yourselves [1] 599/10

Z

Zoom [4] 581/18 588/7 588/9 588/13