

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

-----X
MARIA LEONOR QUEZADA,

PLAINTIFF,

-against-

Index No.
707315/2018

CJ TAN SPRING, LLC, KENDRA SCOTT DESIGN
INC., KENDRA SCOTT LLC, and JA CARPENTRY
INC. d/b/a JAC,

DEFENDANTS.

-----X
JAMES AGRESTA CARPENTRY INC., d/b/a JA
CARPENTRY INC. i/s/h/a JA CARPENTRY d/b/a
JAC,

THIRD-PARTY PLAINTIFF,

-against-

PRECISE SERVICES CORP.,

THIRD-PARTY DEFENDANT.

-----X

VIDEOCONFERENCE

DATE: January 23, 2026

TIME: 12:00 P.M.

(CONTINUED...)

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)
- (10)
- (11)
- (12)
- (13)
- (14)
- (15)
- (16)
- (17)
- (18)
- (19)
- (20)
- (21)
- (22)
- (23)
- (24)
- (25)

(CONTINUED...)

EXAMINATION BEFORE TRIAL of
ALEXANDRE DE MOURA, M.D., the Non-Party
Witness, taken by the Respective Parties,
pursuant to a Subpoena, before MARTHA
TRIKAS, a Notary Public of the State of New
York.

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)
- (10)
- (11)
- (12)
- (13)
- (14)
- (15)
- (16)
- (17)
- (18)
- (19)
- (20)
- (21)
- (22)
- (23)
- (24)
- (25)

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

BADER, YAKAITIS & NONNENMACHER, LLP
Attorney for the Plaintiff
MARIA LEONOR QUEZADA
1430 Broadway, Suite 1802
New York, New York 10018
BY: PAUL YAKAITIS, ESQ.
shelly@bynlaw.com

AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for the Defendant
CJ TAN SPRING, LLC
200 I.U. Willets Road
Albertson, New York 11507
BY: SEAN O'SULLIVAN, ESQ.
File #: CHU1897185JO
Sean.o'sullivan@admlaw.com

CARIELLO LAW FIRM
Attorneys for the Defendants
KENDRA SCOTT DESIGN INC., KENDRA SCOTT
LLC
333 Earle Ovington Boulevard
Uniondale, New York 11553-3644
BY: ALEX TEMPLE, ESQ.
File #: MARIA LEONOR QUEZADA
atemple@cariellolaw.com

(CONTINUED...)

* * *

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)
- (10)
- (11)
- (12)
- (13)
- (14)
- (15)
- (16)
- (17)
- (18)
- (19)
- (20)
- (21)
- (22)
- (23)
- (24)
- (25)

(CONTINUED...)

LAW OFFICE OF NICOLE LESPERANCE

Attorneys for the DEFENDANT/THIRD-PARTY
Plaintiff

JA CARPENTRY INC. d/b/a JAC
1400 Old Country Road, Suite 201
New York, New York 11590
BY: SCOTT L. GUMPERT, ESQ.
sgumpert@travelers.com

LEWIS BRISBOIS

ATTORNEYS FOR THIRD-PARTY DEFENDANT
PRECISE SERVICES CORP.
7 World Trade Center
Greenwich, Street, 11th Floor
New York, New York 10007
BY: AARON SMALLETS, ESQ.
FILE NO#: 50355.11
aaron.smallets@lewisbrisbois.com

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)
- (10)
- (11)
- (12)
- (13)
- (14)
- (15)
- (16)
- (17)
- (18)
- (19)
- (20)
- (21)
- (22)
- (23)
- (24)
- (25)

S T I P U L A T I O N S :

IT IS STIPULATED AND AGREED by and between the attorneys for the respective parties herein, and in compliance with Rule 221 of the Uniform Rules for the Trial Courts: THAT the parties recognize the provision of Rule 3115 subdivisions (b), (c) and/or (d). All objections made at a deposition shall be noted by the officer before whom the deposition is taken, and the answer shall be given and the deposition shall proceed subject to the objections and to the right of a person to apply for appropriate relief pursuant to Article 31 of the C.P.L.R.; THAT every objection raised during a deposition shall be stated succinctly and framed so as not to suggest an answer to the deponent and, at the request of the questioning attorney, shall include a clear statement as to any defect in form or other basis of error or irregularity. Except to the extent permitted by CPLR Rule 3115 or by this rule, during the course of the examination persons in attendance shall not make statements or comments that interfere with the questioning. THAT a deponent shall answer all questions at a deposition, except (i) to preserve a privilege or right of confidentiality, (ii) to enforce a limitation set forth in an order of a court, or (iii) when the question is plainly improper and would, if answered, cause significant prejudice to any person. An attorney shall not direct a deponent not to answer except as provided in CPLR Rule 3115 or this subdivision. Any refusal to answer or direction not to answer shall be accompanied by a succinct and clear statement on the basis therefore. If the deponent does not answer a question, the examining party shall have the right to complete the remainder of the deposition. THAT an attorney shall not interrupt the

(1)
(2) with the deponent unless all parties
(3) consent or the determining whether the
(4) question should not be answered on the
(5) grounds set forth in Section 221.2 of these
(6) rules, and, in such event, the reason for
(7) the communication shall be stated for the
(8) record succinctly and clearly.
(9) THAT the failure to object to any question
(10) or to move to strike any testimony at this
(11) examination shall not be a bar or waiver to
(12) make such objection or motion at the time
(13) of the trial of this action, and is hereby
(14) reserved; and THAT this examination may be
(15) signed and sworn to by the witness examined
(16) herein before any Notary Public, but the
(17) failure to do so or to return the original
(18) of the examination to the attorney on whose
(19) behalf the examination is taken, shall not
(20) be deemed a waiver of the rights provided
(21) by Rule 3116 and 3117 of the C.P.L.R, and
(22) shall be controlled thereby; and
(23) THAT the certification and filing of the
(24) original of this examination are hereby
(25) waived; and THAT the questioning attorney
shall provide counsel for the witness
examined herein with a copy of this
examination at no charge.

* * *

(17)
(18)
(19)
(20)
(21)
(22)
(23)
(24)
(25)

(1)
(2) VIDEO STIPS
(3) IT IS HEREBY STIPULATED AND AGREED by and
(4) between counsel for all parties present
(5) that this deposition is being conducted by
(6) Videoconference, that the Court Reporter,
(7) all counsel, and the witness are all in
(8) separate remote locations and participating
(9) via Videoconference (LegalView/Zoom/WebEx)
(10) meeting under the control of Lexitas Court
(11) Reporting Service, that the officer
(12) administering the oath to the witness need
(13) witness shall be sworn in remotely by the
(14) Court Reporter after confirming the
(15) witness's identity, that this
(16) Videoconference will not be recorded in any
(17) manner, and that any recording without the
(18) express written consent of all parties
(19) shall be considered unauthorized, in
(20) violation of law, and shall not be used for
(21) any purpose in this litigation
(22) or otherwise.

(13) IT IS FURTHER STIPULATED that exhibits may
(14) be marked by the attorney presenting the
(15) exhibit to the witness, and that a copy of
(16) any exhibit presented to a witness shall be
(17) emailed to or otherwise in possession of
(18) all counsel prior to any questioning of a
(19) witness regarding the exhibit in question.
(20) All parties shall bear their own costs in
(21) the conduct of this deposition by
(22) Videoconference.
(23)
(24)
(25)

(1) **A. DE MOURA, M.D.**

(2) **A L E X A N D R E D E M O U R A, M.D.,**
(3) **called as a witness, having been first duly**
(4) **sworn by a Notary Public of the State of**
(5) **New York, was examined and testified as**
(6) **follows:**

(7) **EXAMINATION BY**

(8) **MR. GUMPERT:**

(9) Q. Please state your name for the
(10) record.

(11) A. **Alexandre De Moura, M.D.**

(12) Q. What is your address?

(13) A. **761 Merrick Avenue, Westbury,**
(14) **New York 11590.**

(15) Q. Good afternoon, Dr. De Moura.
(16) My name is Scott Gumpert.

(17) A. **Good afternoon.**

(18) Q. My name is Scott Gumpert.

(19) I represent one of the
(20) defendants Agresta Carpentry in this
(21) matter.

(22) I want to thank you for
(23) appearing here today. I do appreciate
(24) that. And I expect this to be relatively
(25) brief.

(1) **A. DE MOURA, M.D.**

(2) **Doctor, you are here pursuant**
(3) **to a Subpoena issued by my office; is that**
(4) **correct?**

(5) **A. Correct.**

(6) Q. Okay.

(7) And we're here today to discuss
(8) certain medical treatment that you and your
(9) facility rendered for a Maria Quezada.

(10) Do you recall Miss Quezada
(11) being a patient of yours?

(12) **A. No.**

(13) Q. Okay.

(14) Are you associated with the New
(15) York Spine Institute?

(16) **A. Yes.**

(17) Q. Okay.

(18) And do you have an ownership
(19) interest in New York Spine Institute?

(20) **A. I'm the sole owner of the New**
(21) **York Spine Institute.**

(22) Q. Okay.

(23) Would those answers be the same
(24) as of March 6th of 2018?

(25) **A. Yes.**

(1) **A. DE MOURA, M.D.**

(2) Q. Okay.

(3) Now, Doctor, you're aware that
(4) this Subpoena was with respect to a matter
(5) with Maria Quezada; is that correct?

(6) **A. Yes.**

(7) Q. Okay.

(8) Since receiving the Subpoena up
(9) until today, did you review or access any
(10) records with respect to Maria Quezada?

(11) **A. No.**

(12) Q. Okay.

(13) Have you reviewed any records
(14) to prepare for testifying here today?

(15) **A. I just have the medical records**
(16) **in front of me now but I have not reviewed**
(17) **it.**

(18) Q. Okay.

(19) When you say the medical
(20) records, what facilities of medical records
(21) do you have in front of you?

(22) **A. Medical records that appear**
(23) **contain to my electronic medical records**
(24) **generated at New York Spine Institute.**

(25) Q. Okay.

(1) **A. DE MOURA, M.D.**

(2) **So you do not have any other**
(3) **medical records from any other providers**
(4) **for Miss Quezada; is that correct?**

(5) **A. That's correct.**

(6) Q. Okay.

(7) Among the medical records you
(8) have there, is there any sort of intake
(9) sheet or documentation?

(10) **A. No.**

(11) **I just have my first visit**
(12) **dated June 28th, 2018, 3:30 P.M. going**
(13) **forward.**

(14) Q. Okay.

(15) Is it the normal practice for
(16) you, Doctor, and/or New York Spine
(17) Institute when you would get in patients
(18) have them fill out some sort of an intake?

(19) **A. Yes.**

(20) Q. And do you know if one was done
(21) in this case? Whether you have it in front
(22) of you or not, do you know if one was done?

(23) **A. I would assume so.**

(24) Q. And if it were done, would it
(25) still be in the possession of the New York

(1) **A. DE MOURA, M.D.**

(2) **Spine Institute?**

(3) **A. I believe so.**

(4) **We're going back seven and a**
(5) **half years now.**

(6) **I think so.**

(7) **Q. Right.**

(8) **Okay.**

(9) **And if it were still in the**
(10) **possession of the New York Spine Institute,**
(11) **understandably going back seven and a half**
(12) **years, where would it be?**

(13) **A. Probably in a storage facility.**

(14) **Q. Okay.**

(15) **So other than the medical**
(16) **records that you have in front of you,**
(17) **would New York Spine Institute -- and when**
(18) **I reference New York Spine Institute, I**
(19) **include obviously yourself -- create any**
(20) **other documentation other than the intake**
(21) **sheet and the documents you have in front**
(22) **of you, would there be any other**
(23) **documentation that may be kept in storage**
(24) **or anywhere else?**

(25) **A. Not that I'm aware of.**

(1) **A. DE MOURA, M.D.**

(2) **I have, for example, the**
(3) **radiological reports that were generated at**
(4) **NYSI. I don't have any of the billing**
(5) **information with me.**

(6) Q. Okay.

(7) But somewhere in storage
(8) perhaps adjacent to the intake sheet would
(9) be billing records, et cetera?

(10) Would be correct?

(11) **A. I believe so.**

(12) **Nothing has been subpoenaed**
(13) **from my office so far?**

(14) Q. We received, we got
(15) authorizations a number of years ago and
(16) you provided us with records which
(17) seemingly started on June 28th of 2018 as
(18) well but I'm not sure about the billing or
(19) whatever. But we can straighten that out
(20) subsequently.

(21) Obviously, you can only testify
(22) as to what you know and what you have in
(23) front of you today.

(24) I understand that.

(25) **A. Okay.**

(1) **A. DE MOURA, M.D.**

(2) Q. So being limited I understand
(3) by what you have in front of you, in fact
(4) you didn't review much, do you know how
(5) Miss Quezada came to be treated by New York
(6) Spine Institute?

(7) **A. Don't recall.**

(8) Q. Okay.
(9) Do you know, was it a referral
(10) from some source?

(11) **A. I don't recall, sir.**

(12) Q. Okay.
(13) So I assume you also wouldn't
(14) know whether this was a referral from
(15) another patient or an attorney or something
(16) else; is that correct?

(17) **A. Correct.**

(18) Q. Would that information be
(19) contained in the intake sheet?

(20) **A. Not necessarily so.**

(21) Q. Can you tell me generally, and
(22) I realize this is an estimate, sir, not a
(23) wild guess but an estimate if you can,
(24) Doctor, how many patients does the New York
(25) Spine Institute get that are referred by

(1) **A. DE MOURA, M.D.**

(2) **attorneys as a percentage basis?**

(3) **A. I would have to guess. I don't**
(4) **have a specific number.**

(5) **As you know, my practice has**
(6) **workmans' comp personal injury patients**
(7) **that we also treat along with private**
(8) **insurance.**

(9) **Q. Right.**

(10) **Just generally speaking, would**
(11) **it be the referral of patients to New York**
(12) **Spine Institute by attorneys, whether it be**
(13) **Workers' Comp or personal injury or**
(14) **whatever, would it be more or less than 50**
(15) **percent?**

(16) **A. I don't think attorneys refer**
(17) **to me. I think they recommend me along**
(18) **with many other doctors.**

(19) **Q. Okay.**

(20) **Based on the records you do**
(21) **have in front of you, would it be fair to**
(22) **say that your first meeting with Miss**
(23) **Quezada was on June 28th, 2018 at 3:30**
(24) **P.M.?**

(25) **A. Yes.**

(1) **A. DE MOURA, M.D.**

(2) Q. Okay.

(3) And you have those records in
(4) front of you?

(5) **A. Yes, I do.**

(6) Q. And did you perform the intake
(7) that's reflected in this report?

(8) **A. There are times I do. Depends**
(9) **on the workload of the day but my usual and**
(10) **customary fashion is to have a medical**
(11) **assistant or a physician assistant do the**
(12) **intake. I then see the patient, examine**
(13) **the patient, review radiological studies**
(14) **and determine what medical treatment is**
(15) **required.**

(16) Q. Okay.

(17) This was a struggle last time.
(18) I'm going to try to see if I can share
(19) something with you here.

(20) **MR. GUMPERT: Does anybody see**
(21) **that?**

(22) **THE WITNESS: Yes.**

(23) **THE STENOGRAPHER: Yes.**

(24) **MR. GUMPERT: Thank you.**

(25) **MR. TEMPLE: We see your**

(1) **A. DE MOURA, M.D.**

(2) **e-mail, Scott.**

(3) **MR. GUMPERT: You see my**
(4) **e-mails?**

(5) **That's not good.**

(6) **MR. TEMPLE: You just switched**
(7) **off of your notes app. Now we're in**
(8) **your case file dashboard.**

(9) Q. Doctor, can you take a look at
(10) is this and tell me if this is a copy of
(11) the report that you referenced.

(12) **A. Yes.**

(13) **That's what I have also in**
(14) **front of me.**

(15) Q. Okay.

(16) So do you see it has the
(17) appointment date, the date of birth, new
(18) patient Dr. De Moura under type of visit
(19) and then the body of it starts with chief
(20) of complaint, history of illness, history
(21) of present illness?

(22) **A. Correct.**

(23) Q. Okay.

(24) And as you sit here today,
(25) Doctor, you're not aware of whether you

(1) **A. DE MOURA, M.D.**

(2) took down this information or were present
(3) for it to be taken down by an assistant or
(4) anything else; is that right?

(5) **A.** That verbiage, that sounds like
(6) me. My MA's usually don't usually write
(7) like that.

(8) **Q.** Okay.

(9) The first line under chief
(10) complaint: The patient presents with chief
(11) complaint of neck and lower back pain,
(12) patient is also stating left knee pain,
(13) patient is also having bilateral C6
(14) radicular complaints.

(15) You're saying that sounds like
(16) something you would have written down?

(17) **A. Yes.**

(18) **Q.** And Doctor, you probably got
(19) that directly from Miss Quezada?

(20) **A. Yes.**

(21) **Q.** Okay.

(22) And then just quickly, if you
(23) can read to yourself history of present
(24) illness, just let me know first if that
(25) sounds like something you wrote or

(1) **A. DE MOURA, M.D.**
(2) **something your assistant wrote or something**
(3) **else.**

(4) **A. (Complying.)**
(5) **I would assume it's mine.**

(6) Q. Okay.
(7) So does any of this that you
(8) reviewed now refresh your recollection as
(9) to whether you took this history from,
(10) directly from Miss Quezada?

(11) **A. No.**

(12) Q. Okay.
(13) Do you know generally if you
(14) were to take the history what language it
(15) would be in; in other words, Doctor, are
(16) you bilingual?

(17) **A. I speak four languages.**

(18) Q. Okay.
(19) So if Miss Quezada was fluent
(20) in Spanish only, you would be able take a
(21) history.

(22) **A. Absolutely.**

(23) Q. Okay.
(24) And as part of the history of
(25) present illness, is it your normal practice

(1) **A. DE MOURA, M.D.**
(2) **to question any patient, including Miss**
(3) **Quezada here, as to whether they've had any**
(4) **prior accidents?**

(5) **A. Yes.**

(6) Q. And based on your review of
(7) these records, did you do that on this
(8) occasion with Miss Quezada?

(9) **A. Yes.**

(10) Q. And did she respond?

(11) **A. Yes.**

(12) **She denied any prior accident**
(13) **history.**

(14) Q. And obviously, in making
(15) diagnosis, prognosis and treatment, you
(16) rely on the accuracy of what the history of
(17) the patient tells you.

(18) Would that be fair, Doctor?

(19) **A. Yes.**

(20) Q. Okay.

(21) So let me get a few things out
(22) of the way first.

(23) Doctor, were you provided with
(24) any records that were create by you by your
(25) treatment, were you provided with any

(1) **A. DE MOURA, M.D.**

(2) **records of Miss Quezada at the time of your**
(3) **first initial visit with her?**

(4) **A. I don't recall.**

(5) Q. If you were, would they still
(6) be in the possession of New York Spine
(7) Institute?

(8) **A. I don't know.**

(9) Q. Okay.
(10) If you were provided with
(11) records, would they be listed in your
(12) report?

(13) **A. Not my initial report, no.**

(14) Q. Would they be listed in any of
(15) your reports generated?

(16) **A. Only if specifically requested**
(17) **of us to present, to produce, for example,**
(18) **a narrative.**

(19) Q. Do you know if you ever
(20) produced a narrative for this patient?

(21) **A. I don't know.**

(22) Q. If you did produce a narrative
(23) report, would it be in the records you have
(24) in your possession, would it be in storage
(25) or somewhere else?

(1) **A. DE MOURA, M.D.**

(2) **A. It would be part of this record**
(3) **here (indicating).**

(4) **Q. And you did review those**
(5) **records you have, correct?**

(6) **A. Yes.**

(7) **I looked over these as I said**
(8) **to you before we started. And they**
(9) **basically appear to be notes generated in**
(10) **my EMR as per my patient encounters in my**
(11) **office.**

(12) **Q. And you did not find a**
(13) **narrative report?**

(14) **A. I wasn't physically looking for**
(15) **one.**

(16) **Q. How many pages do you have with**
(17) **you there, Doctor?**

(18) **A. I have 48.**

(19) **Q. Can you just flip through**
(20) **quickly and see if there are any narrative**
(21) **reports there.**

(22) **A. Sure.**

(23) **Q. Thank you, Doctor.**

(24) **A. (Complying.)**

(25) **I think these are just followup**

(1) **A. DE MOURA, M.D.**

(2) **notes in my EMR.**

(3) Q. So based upon your review and
(4) base on your prior testimony that if there
(5) was a narrative report done, it should be
(6) in these records you have, does that make
(7) you feel comfortable in being able to state
(8) that you have not created a narrative
(9) report for Miss Quezada?

(10) **A. I would have to be guessing.**

(11) **As I stated, usually if the**
(12) **narrative would have been performed, it**
(13) **usually would be part of this EMR. I don't**
(14) **see it there.**

(15) So I would assume more probably
(16) than not that one was not requested but I
(17) can't say that with, you know, full
(18) knowledge that maybe one was.

(19) **MR. SULLIVAN: Can we please**
(20) **clarify what was EMR stands for.**

(21) **THE WITNESS: Electric medical**
(22) **record.**

(23) **MR. SULLIVAN: Thank you.**

(24) **MR. GUMPERT: I'm going to**
(25) **share something. Bear with me.**

(1) **A. DE MOURA, M.D.**

(2) **(At this time document was**
(3) **being screen shared on the computer**
(4) **screen.)**

(5) **MR. GUMPERT: Can you guys see**
(6) **it?**

(7) **THE STENOGRAPHER: Yes.**

(8) **THE WITNESS: Yes.**

(9) Q. Doctor, do you see in Elmhurst
(10) ED record? And that's dated 3/7/2018?

(11) **A. (Complying.)**

(12) **Yes.**

(13) Q. Okay.

(14) Do you know if you were
(15) provided with these medical records at any
(16) point during your treatment of Miss
(17) Quezada?

(18) **A. I don't recall.**

(19) Q. Okay.

(20) And if you were, where would
(21) they be?

(22) **A. Well, as I stated prior, if**
(23) **they were provided to us, um, and if the**
(24) **records are still in possession of NYSIA, I**
(25) **would gather they'd be in storage.**

(1) **A. DE MOURA, M.D.**

(2) Q. Is it your standard practice to
(3) review all medical records that you receive
(4) with a referral prior to meeting with a
(5) patient?

(6) **A. I usually do it**
(7) **contemporaneously with a patient if a**
(8) **patient shows up with full medical records.**

(9) Q. Just so you know, this Elmhurst
(10) Hospital report consists of 1,449 pages.

(11) As you sit here today, Doctor,
(12) do you have any recollection of reviewing
(13) at least those records?

(14) **A. 1,400 pages?**

(15) Q. And 49.

(16) Yes.

(17) **A. One day? Wow.**

(18) Q. Not one day but that's the
(19) treatment records we got from Elmhurst.

(20) **A. No, sir.**

(21) **I don't recall reviewing that**
(22) **ever in my life.**

(23) Q. Okay.

(24) So in any case, what I'm
(25) showing you is emergency department dated

(1) **A. DE MOURA, M.D.**

(2) **March 7th of 2018.**

(3) **And what I'm going to do is**
(4) **scroll down. I'm also going to represent**
(5) **to you that the plaintiff claims that the**
(6) **accident occurred on March 6, 2018, the day**
(7) **before.**

(8) **Okay?**

(9) **A. Okay.**

(10) Q. Do you see the part, hopefully
(11) it's moved with you.

(12) Do you see history of present
(13) illness?

(14) **A. Yes. Yes.**

(15) Q. Okay.

(16) And do you see where it says
(17) patient attributes -- it's the second
(18) sentence.

(19) Patient attributes pain to
(20) accident at work where she fell.

(21) Do you see that, Doctor?

(22) **A. Yes.**

(23) Q. Pain started then and two weeks
(24) later had another mechanical fall on left,
(25) on either left lumbar back or lower lumbar

(1) **A. DE MOURA, M.D.**

(2) **back. And then LLBP radiates down left**
(3) **leg.**

(4) **Do you see that, Doctor?**

(5) **A. Yes.**

(6) **Q. Okay.**

(7) **Based on your experience in**
(8) **reviewing records and being a Doctor, that**
(9) **history that Miss Quezada gave to the**
(10) **emergency room department talks about at**
(11) **least one prior fall.**

(12) **Is that correct?**

(13) **A. It looks like it, yes.**

(14) **Q. Based on your review of the**
(15) **medical records that you have of June 28th,**
(16) **2018, would that be inconsistent with the**
(17) **history that Miss Quezada gave you, Doctor?**

(18) **A. My notes indicate that she felt**
(19) **pain the very next day which led her to go**
(20) **to the hospital. And she presented to me**
(21) **with neck and back pain.**

(22) **Q. What specifically Doctor, what**
(23) **I'm saying is: In the emergency room, she**
(24) **said she had two falls two weeks apart.**

(25) **Did she ever convey that**

(1) **A. DE MOURA, M.D.**

(2) **information to you in the history that you**
(3) **told me when you saw her on June 28th that**
(4) **year 2018?**

(5) **A. No.**

(6) **Conversing with her in Spanish,**
(7) **that was not transmitted to me.**

(8) Q. Okay.

(9) In the same record, this is
(10) page 1,396 of 1,449. I want to go up to
(11) page --

(12) Bear with me.

(13) This is page 1,359.

(14) (At this time document was
(15) being screen shared on the computer
(16) screen.)

(17) Q. Do you see that this is also
(18) the Elmhurst emergency room. And this one
(19) is dated March 15th about a week after
(20) 2018.

(21) Do you see that, Doctor?

(22) **A. Yes.**

(23) Q. Okay.

(24) So based on this, it looks like
(25) she went back to the emergency room about a

(1) **A. DE MOURA, M.D.**
(2) **week after she first went to the emergency**
(3) **room, correct?**

(4) **A. Correct.**

(5) Q. Okay.

(6) I'm going to scroll down.

(7) (Whereupon, the aforementioned
(8) document was being scrolled.)

(9) Q. You see in blue there's
(10) allergies, vital signs, assessment and
(11) plan?

(12) **A. Yes.**

(13) Q. Okay.

(14) If I direct your direction to
(15) assessment and plan, the first sentence:
(16) 37 years old female, there is abbreviations
(17) here.

(18) Prior medical history, asthma
(19) and depression presented at ED complaining
(20) of worsening back pain and left leg pain
(21) and status post two mechanical falls over a
(22) four-month period. She was seen in the
(23) Elmhurst Hospital Center ED last week.

(24) And then it goes on to the work
(25) that was done.

(1) **A. DE MOURA, M.D.**

(2) **Do you see that, Doctor?**

(3) **A. Yes.**

(4) Q. And that notes there were two
(5) mechanical falls over a four-month period,
(6) right?

(7) **A. Correct.**

(8) Q. And Doctor, is that consistent
(9) with the history she gave you when you saw
(10) her on June 28th of 2018?

(11) **A. My records indicate that she**
(12) **only fell once on March 16th, 2018.**

(13) Q. When she told you of this one
(14) fall on June 28th of 2018, did she ever get
(15) into the specific mechanics of the fall,
(16) how it occurred, what occurred?

(17) **A. Well, my notes indicate that**
(18) **the patient was on a set of stairs handing**
(19) **Sheetrock to one of her co-workers which**
(20) **was passing the Sheetrock to her let go.**
(21) **The patient then stated that she threw the**
(22) **Sheetrock over her shoulder and the**
(23) **Sheetrock landed on her left knee and left**
(24) **foot which then caused her to slide down**
(25) **the stairs on her behind.**

(1) A. DE MOURA, M.D.

(2) She stated that she felt pain
(3) in the very next day. And then as I stated
(4) earlier, she went to the hospital.

(5) Q. Okay.

(6) This sentence I read with
(7) complaints of worsening back pains, status
(8) post two mechanical falls, Doctor, would
(9) that indicate to you based on your
(10) experience that she had a fall, she had
(11) pain, she had a second fall and the pain
(12) worsened?

(13) A. Well, as per what was written
(14) there, that's what's written there. If
(15) that was interpreted appropriately from the
(16) patient, I don't know.

(17) But that's what that note
(18) indicates, yes, that there were two falls.

(19) Q. And that the original pain got
(20) worse after the second fall.

(21) A. That's what it says.

(22) MR. GUMPERT: I want to share
(23) something else.

(24) (At this time document was
(25) being screen shared on the computer

(1) **A. DE MOURA, M.D.**

(2) **screen.)**

(3) **MR. GUMPERT: Can you see that?**

(4) **THE WITNESS: Yes.**

(5) Q. This is a record from Universal
(6) Pain Management dated November 30th of
(7) 2018, correct?

(8) **A. Yes.**

(9) Q. And the patient is Maria
(10) Quezada?

(11) **A. Yes.**

(12) Q. I want to scroll down to where
(13) it says assessment.

(14) **A. Yes.**

(15) Q. It's sort of a diagnosis of the
(16) examination I gave?

(17) **A. Yes.**

(18) Q. Do you see on the last page,
(19) the last one above where it says plan
(20) repeat MRI, the last diagnosis what that
(21) says, Doctor?

(22) **A. Yes.**

(23) Q. What does it say?

(24) **A. Fibromyalgia.**

(25) Q. Could you tell us what

(1) **A. DE MOURA, M.D.**

(2) **fibromyalgia is.**

(3) **A. Fibromyalgia, it's very**
(4) **difficult to diagnose.**

(5) **It's when you have pain**
(6) **throughout your body. It's not specific.**

(7) **Q. Is that a chronic condition?**

(8) **A. I would assume so.**

(9) **Q. Okay.**

(10) **And it doesn't mention when was**
(11) **the first onset of this, correct?**

(12) **A. Correct.**

(13) **Q. But it would be something that**
(14) **she would perhaps had for some period of**
(15) **time before it was diagnosed?**

(16) **A. I don't know, sir.**

(17) **I never diagnosed her with**
(18) **fibromyalgia.**

(19) **Q. Right.**

(20) **A. Because she specifically**
(21) **presented to me with signs of**
(22) **radiculopathy.**

(23) **Q. In the history you took on June**
(24) **28th, 2018, did she ever tell you she had**
(25) **been diagnosed with fibromyalgia?**

(1) **A. DE MOURA, M.D.**

(2) **A. No.**

(3) **(At this time document was**
(4) **being screen shared on the computer**
(5) **screen.)**

(6) Q. Doctor, do you see this record
(7) before you?

(8) It's from Mount Sinai Queens.
(9) And it's dated September 10th of 2021.

(10) (At this time document was
(11) being screen shared on the computer
(12) screen.)

(13) **A. Yes.**

(14) Q. Good.

(15) Do you see in the first
(16) subheading is pre-anesthesia evaluation and
(17) after that is active hospital problems?

(18) **A. Yes.**

(19) Q. Do you see the wedge
(20) compression fracture of T7-T8 vertebrae?

(21) **A. Yes.**

(22) Q. Do you see scoliosis?

(23) **A. Yes.**

(24) Q. The next one?

(25) **A. Yes.**

(1) **A. DE MOURA, M.D.**

(2) Q. Did Miss Quezada ever advise
(3) you that she had suffered a wedge
(4) compression fracture at T7-T8?

(5) **A. Yes.**

(6) Q. Did you ever treat her for
(7) wedge compression fracture T7-T8?

(8) **A. No.**

(9) Q. Did she ever tell you that she
(10) was diagnosed with scoliosis?

(11) **A. No.**

(12) Q. Just for the record real quick,
(13) Doctor, can you tell me what scoliosis is.

(14) **A. Curvature of the spine.**

(15) Q. If you have curvature of the
(16) spine, can that lead to certain symptoms?

(17) **A. It depends.**

(18) **Usually, scoliosis is**
(19) **asymptomatic.**

(20) Q. Is a symptom or isn't
(21) asymptomatic?

(22) **A. Usually, scoliosis -- it**
(23) **depends on the scoliosis, Counsel. But**
(24) **idiopathic scoliosis is usually**
(25) **asymptomatic.**

(1) **A. DE MOURA, M.D.**

(2) Q. Okay.

(3) Asymptomatic.

(4) If it's listed under active
(5) hospital problems, would that lead one to
(6) believe that it might be symptomatic?

(7) **A. I don't know, sir. I don't**
(8) **know how they determined the diagnosis.**

(9) **I'm not seeing the full chart.**
(10) **Where is the radiological basis**
(11) **for that?**

(12) **It would be interesting to see.**

(13) Q. It would.

(14) Did you take X-rays of her?

(15) **A. Let's see.**

(16) **Well, you know, I took X-rays**
(17) **after surgery.**

(18) Q. Did you determine whether she
(19) had scoliosis?

(20) **A. No.**

(21) Q. No, you didn't determine or no,
(22) she didn't have scoliosis?

(23) That was my fault. Bad
(24) question.

(25) **A. I did not determine that she**

(1) **A. DE MOURA, M.D.**

(2) **had scoliosis.**

(3) Q. Okay.

(4) **A. No.**

(5) **I don't have evidence of any**
(6) **type of film indicating scoliosis.**

(7) Q. So Doctor, based on your review
(8) of the records, what you have and what you
(9) don't have --

(10) **MR. GUMPERT: I'm sorry?**

(11) **I thought someone said**
(12) **something.**

(13) Q. Doctor, you have not been asked
(14) at this point to give any sort of narrative
(15) report in which you base your opinion as to
(16) the cause of connection to the medical
(17) issues that you treated Miss Quezada for;
(18) is that correct?

(19) **A. I testified that already.**

(20) **And as I told you, I'm unaware**
(21) **of that uncertainty.**

(22) Q. However, you have given reports
(23) with other patients in where you put down
(24) causal connection?

(25) **A. Yes.**

(1) **A. DE MOURA, M.D.**

(2) **When it's requested by counsel,**
(3) **yes.**

(4) Q. Yes.

(5) And as part of that generating
(6) what you feel is the causal connection of
(7) injuries to an incident, you rely on your
(8) examination, any diagnostic films, the
(9) history given, et cetera.

(10) Would that be correct?

(11) **A. Yes.**

(12) Q. And obviously, the history
(13) given is only as reliable as the person who
(14) gives it to you.

(15) Is that fair?

(16) **A. Yes.**

(17) Q. So if you were or if you are
(18) asked to give an opinion as to the causal
(19) connection of this incident that occurred
(20) on March 6th, 2018 and you were not advised
(21) that the plaintiff had prior falls either
(22) two weeks before or four months before, had
(23) fibromyalgia, had scoliosis, had a wedge
(24) compression fracture and all this was not
(25) advised you, would that adversely affect

(1) **A. DE MOURA, M.D.**

(2) **your ability to accurately determine the**
(3) **causal connection of the injuries to a**
(4) **specific event?**

(5) **A. Are you asking me to answer**
(6) **that question based on the information you**
(7) **just provided me?**

(8) **Q. Well, consider it --**

(9) **Yes.**

(10) **If you're not told that a**
(11) **person had prior falls either two weeks**
(12) **referring to some records or four months**
(13) **before, that she had pain prior to this,**
(14) **that she had fibromyalgia, that she had**
(15) **scoliosis, that she had a wedge compression**
(16) **fracture at the thoracic level, would the**
(17) **denial of giving you that information**
(18) **adversely impact on your ability to**
(19) **accurately determine the causal connection**
(20) **of injuries to a specific event?**

(21) **A. I believe the information you**
(22) **have given me is confounded. I believe the**
(23) **information you have given me confound the**
(24) **information; however, information is only**
(25) **as precise as the way it's derived in how**

(1) A. DE MOURA, M.D.

(2) it's associated to the patient.

(3) I would have to see, for
(4) example, is there any documentation of an
(5) interpreter service that derived all this
(6) information from a patient that does not
(7) speak English?

(8) I speak Spanish so I can
(9) clearly attest to what she told me and that
(10) within a reasonable degree of medical
(11) certainty, the complaints that she
(12) presented to my office on June 28th, 2018
(13) were causally related to what she told me
(14) the mechanism of injury during the accident
(15) and the following injury that occurred on
(16) March 6th, 2018.

(17) Q. I understand that, Doctor. And
(18) I appreciate that.

(19) But that wasn't the question.

(20) The question is: Assuming all
(21) these medical providers that we've just
(22) gone over did not make this stuff up, that
(23) they were able to communicate in some way
(24) with Miss Quezada and that she told them
(25) she had prior falls two weeks before, four

(1) A. DE MOURA, M.D.
(2) months before, prior pain, that she had
(3) fibromyalgia, that she had all that and she
(4) told these other providers that and she
(5) didn't tell you that which is what you
(6) already testified to, would the fact that
(7) she did not tell you that adverse make it
(8) more difficult for you to determine causal
(9) connection to these injuries to a specific
(10) event?

(11) A. No.

(12) I believe that the cervical
(13) symptoms that I focused on and based on the
(14) history she gave me does not get wiped out
(15) by what you presented to me that an
(16) emergency record shows that she was,
(17) indeed, at the hospital at the time of this
(18) hospital. It says she had another prior
(19) fall prior to that.

(20) But specifically, we know that
(21) she had this accident on March 6th, 2018
(22) and sought treatment for afterwards.

(23) So I would think more probably
(24) than not, this accident of March 6th is the
(25) competent cause effector that had the

(1) **A. DE MOURA, M.D.**
(2) **patient develop symptoms which she then**
(3) **sought treatment for.**

(4) **Whether she has other**
(5) **extraneous things like scoliosis which it's**
(6) **immaterial, whether she had fibromyalgia is**
(7) **immaterial because she has specific**
(8) **complaints of radiculopathy when she came**
(9) **to see me and she also showed me a doctor's**
(10) **note that also confirmed that she had**
(11) **cervical radiculopathy.**

(12) **Q.** **If you weren't provided with**
(13) **any of these records and she didn't give**
(14) **you the accurate history, then you don't**
(15) **know whether she had these complaints prior**
(16) **to this accident.**

(17) **So all I'm asking, Doctor,**
(18) **doesn't it adversely impact your ability to**
(19) **make the causal connection from this**
(20) **incident to these injuries if you're not**
(21) **told a full, accurate history of her prior**
(22) **event to the exact same areas she's talking**
(23) **about with respect to you?**

(24) **MR. YAKAITIS: Scott, I'm going**
(25) **to object.**

(1) A. DE MOURA, M.D.

(2) Some of the records you're
(3) referring to were after the surgery
(4) that brought us here.

(5) The fibromyalgia was in
(6) November of 2018, the scoliosis you
(7) talk about is in 2021. It wasn't
(8) before.

(9) So why would she talk about
(10) that even if she didn't know it?

(11) I think it would be an unusual
(12) patient who would bring anything like
(13) that up.

(14) MR. GUMPERT: This question a
(15) has to be with the prior fall.

(16) MR. YAKAITIS: You're getting
(17) argumentative. And it was one fall
(18) she said, not multiple falls.

(19) You're extrapolating and adding
(20) things in your question. And I
(21) understand it's a good
(22) cross-examination technique but it's
(23) not necessary. And you keep
(24) repeating the same question.

(25) MR. GUMPERT: And the talking

(1) **A. DE MOURA, M.D.**

(2) **objection thing, I'm going to sort of**
(3) **pass on today. I'll let that go as a**
(4) **no.**

(5) Q. Doctor, since we don't want to
(6) discuss this anymore, let's get back to
(7) your report.

(8) (At this time document was
(9) being screen shared on the computer
(10) screen.)

(11) Q. You can see the report,
(12) correct, Doctor?

(13) **A. Yes.**

(14) Q. 6/28/18 3:30 P.M. report,
(15) correct, Doctor?

(16) **A. Yes, sir.**

(17) Q. Okay.

(18) And you're already testified
(19) this is the first time you saw her,
(20) correct?

(21) **A. Yes.**

(22) Q. Okay.

(23) Looks like she brought or you
(24) somehow obtained MRI's that were reviewed?

(25) **A. Correct.**

(1) **A. DE MOURA, M.D.**

(2) Q. And you did an examination at
(3) that time?

(4) **A. Yes.**

(5) Q. Would you have any records or
(6) any memory of how long this first visit
(7) was?

(8) **A. No.**

(9) Q. And do you usually do these
(10) reports somewhat contemporaneously with the
(11) appointments?

(12) **A. Yes.**

(13) Q. So this would have been done
(14) sometime on or around June 28th of 2018?

(15) **A. Yes.**

(16) Q. Okay.

(17) And as part of your report, you
(18) develop a treatment plan?

(19) **A. Yes.**

(20) Q. The first sentence of your
(21) treatment plan: At this point, the patient
(22) is a candidate for ACDF at C5-6.

(23) Does it say that?

(24) **A. Yes.**

(25) Q. So on your first visit with

(1) **A. DE MOURA, M.D.**
(2) **this patient, did you make a recommendation**
(3) **to have her do surgery or something else?**

(4) **Can you explain what that first**
(5) **sentence means in your treatment plan?**

(6) **A. That the patient was being**
(7) **recommended for surgery at C5-C6.**

(8) **Q. And that recommendation was**
(9) **made to the patient?**

(10) **A. Correct.**

(11) **Q. Now, do you know how this**
(12) **patient --**

(13) **You subsequently did the**
(14) **surgery, is that correct, Doctor?**

(15) **A. Yes.**

(16) **Q. And do you know how that**
(17) **surgery was paid for?**

(18) **A. No.**

(19) **This is Workers' Comp, right?**

(20) **Q. Yes.**

(21) **I think it was, yes.**

(22) **So in order to have a surgery**
(23) **approved and paid for by Workers' Comp, you**
(24) **have to get an approval from Workers' Comp.**

(25) **Would that be fair?**

(1) **A. DE MOURA, M.D.**

(2) **A. It depends on the type of**
(3) **surgery.**

(4) Q. Well, in this case, did you
(5) have to get approval from Workers' Comp?

(6) **A. I don't recall, Counsel.**

(7) Q. Do you see a New York Spine
(8) Institute record in front of you, Doctor?

(9) **A. Yes.**

(10) Q. Can you explain to us what this
(11) record indicates, sir.

(12) **A. This is the first time I'm**
(13) **seeing that.**

(14) **It appears to be something that**
(15) **my office uses to request surgery I**
(16) **believe.**

(17) Q. Okay.

(18) So this is to get authorization
(19) from the Workers' Comp board to conduct the
(20) surgery, correct?

(21) **A. I'm not sure, sir, but that's**
(22) **what it looks like.**

(23) Q. Could it be anything else?

(24) **A. Could be just documenting what**
(25) **the patient concerns status is there and**

(1) **A. DE MOURA, M.D.**

(2) **information, right?**

(3) **But it saying clearly, it says**
(4) **request for authorization for ACDF C5-6.**

(5) **Now you're showing me more.**

(6) Q. Yes.

(7) I told you I'm very slow with
(8) the computer.

(9) I apologize, Doctor.

(10) (Whereupon, the aforementioned
(11) document was being scrolled.)

(12) Q. This entire document now with
(13) the front sheet and this, does this refresh
(14) your recollection that this was a request
(15) for Workers' Comp for authorization to do
(16) the surgery?

(17) **A. It appears so.**

(18) Q. Let me go back. Bear with me.
(19) I'm trying to find it again. I lost
(20) everything.

(21) Doctor, before I lost it, if I
(22) advised that the date of that referral was
(23) July 2nd of 2018, would that make sense?

(24) **A. Yes.**

(25) Q. Okay.

(1) **A. DE MOURA, M.D.**

(2) **So if we can assume for**
(3) **purposes of this question that you saw her**
(4) **on the 28th of June 2018 for the first**
(5) **time, at that point your plan was to**
(6) **recommend surgery for fusion for the**
(7) **cervical area of C5-6, correct?**

(8) **A. Yes.**

(9) Q. And then a few days after that,
(10) four days after that on July 2nd, your
(11) office submitted a request for
(12) authorization for the Workers' Comp board
(13) to perform the surgery.

(14) Does that make sense, Doctor?

(15) **A. Yes.**

(16) Q. Okay.

(17) Do your records indicate
(18) whether you saw the plaintiff, the patient,
(19) Miss Quezada at any time between the first
(20) time you saw her on June 28th and when the
(21) referral went out on July 2nd?

(22) **A. No.**

(23) Q. Okay.

(24) Is it normal to recommend a
(25) fusion surgery on the first occasion that

(1) A. DE MOURA, M.D.

(2) you see a patient?

(3) A. As a spinal surgeon?

(4) Q. Yes.

(5) A. With a patient that's going
(6) through conservative treatment and hasn't
(7) gotten better?

(8) Absolutely.

(9) Q. Okay.

(10) And what was the conservative
(11) treatment that you elicited for her?

(12) A. She told me she had undergone

(13) --

(14) I'll pull up my note here.

(15) Q. What was that answer?

(16) MR. GUMPERT: He's still in the
(17) middle of his answer, Sean.

(18) MR. O'SULLIVAN: Okay.

(19) A. My notes indicate that the
(20) patient had undergone physical therapy, she
(21) had injections, she had the imaging that
(22) was done, disk herniation, that along with
(23) her telling me that she's feeling worse.

(24) Q. Did she provide any physical
(25) therapy records?

(1) **A. DE MOURA, M.D.**

(2) **A. I don't recall, Counsel.**

(3) Q. Were you given any physical
(4) therapy records?

(5) **A. As I stated, prior to sitting**
(6) **here today I don't have a recollection.**

(7) Q. Okay.

(8) Do you know how many physical
(9) therapy sessions she went to?

(10) **A. No.**

(11) Q. Do you know what the physical
(12) therapy consisted of?

(13) **A. Specifically what modality they**
(14) **gave her while she was there?**

(15) Q. Yes.

(16) **A. No.**

(17) Q. In your practice, Doctor, is
(18) there a usual -- I understand this could be
(19) a ban, not just specific date.

(20) Is there an accepted period of
(21) time that physical therapy should be done
(22) before one considers surgery?

(23) **A. Six weeks.**

(24) Q. Six weeks.

(25) And do you know if she had been

(1) **A. DE MOURA, M.D.**

(2) **going to physical therapy for six weeks?**

(3) **A. My notes indicate that she had**
(4) **undergone physical therapy prior to seeing**
(5) **me.**

(6) **She came to me for a surgical**
(7) **consultation.**

(8) **Q. And your reliance on the fact**
(9) **that she went to physical therapy is based**
(10) **on her relaying this to you; is that**
(11) **correct?**

(12) **A. Yes.**
(13) **You know that, Counsel.**

(14) **Q. Okay.**
(15) **So that leads to this question:**
(16) **If she's not an accurate historian of her**
(17) **past medical condition, did you seek to**
(18) **confirm that she was getting physical**
(19) **therapy or did you just rely on her word**
(20) **for it?**

(21) **A. I'm not a psychiatrist. I**
(22) **wasn't treating her for a mental disorder.**
(23) **I was treating her for a physical condition**
(24) **that she told me she was not improving,**
(25) **that she had undergone treatments**

(1) A. DE MOURA, M.D.
(2) conservatively prior to seeing me and that
(3) based on the ongoing symptomatology, she
(4) wanted to know whether surgery would be an
(5) option to her.

(6) Just like if you have a pebble
(7) in your shoe, Counselor, I don't care how
(8) tiny that pebble is. You know immediately
(9) whether there is a pebble in your shoe.

(10) The bottom of your foot is not
(11) nearly as sensitive as your central nervous
(12) system.

(13) So as I told you earlier, the
(14) majority of people will get better by six
(15) weeks. The ones that don't get better and
(16) they couldn't tolerate their symptoms, and
(17) as I told all my patients, surgery should
(18) be the last resort.

(19) And those are patients that
(20) surgery can be an option. And that can be
(21) given to them on an initial orthopedic
(22) spine consultation.

(23) Q. I appreciate that answer,
(24) Doctor. I.

(25) Think my question though was:

(1) A. DE MOURA, M.D.

(2) Did you simply rely on her recitation to
(3) you that she was receiving physical
(4) therapy, although you don't know for how
(5) long as the basis for you making the
(6) recommendation for surgery?

(7) A. My basis for recommending
(8) surgery was based on the fact that patient
(9) had a point in time where she stated there
(10) was an injury that occurred.

(11) She developed symptomology
(12) subsequent to that. She claims that she
(13) had treatment for it. Her symptoms were
(14) unremitting. She had objective studies
(15) presented to me of an MRI that showed a
(16) disk herniation at C5-C6. She had clinical
(17) findings of numbness, tingling, weakness in
(18) the C6 distribution.

(19) Putting those facets together
(20) of this puzzle, that led me to tell the
(21) patient as I tell all my patients: If you
(22) can live with this, you don't need surgery.
(23) If you can't live with this, then this is
(24) the procedure I would recommend for this
(25) specific problem.

(1) **A. DE MOURA, M.D.**

(2) Q. And that is given those facts
(3) that you were presented to by Ms. Quezada,
(4) you were comfortable in making that
(5) recommendation on your first visit?

(6) **A. Correct.**

(7) Q. Okay.

(8) And, in fact, you did perform
(9) this surgery, correct?

(10) **A. Yes.**

(11) Q. And because I think it would be
(12) easier her for you to find it than me,
(13) Doctor, can you tell me when that surgery
(14) was done?

(15) **A. September 11, 2018.**

(16) Q. And that was to the C4-5?

(17) **A. No.**

(18) Q. C5-C6 level?

(19) **A. Correct.**

(20) Q. Doctor, are you familiar with
(21) the term adjacent segment syndrome?

(22) **A. It's adjacent segment**
(23) **degeneration.**

(24) Q. Okay.

(25) That sounds good to me.

(1) **A. DE MOURA, M.D.**

(2) **Can you tell me what it is,**
(3) **Doctor.**

(4) **A. Some people, 30 percent of**
(5) **people after undergoing a spinal fusion**
(6) **procedure will develop adjacent segment**
(7) **degeneration. Probably half of those may**
(8) **require surgery.**

(9) **Q. Specifically the 30 percent,**
(10) **before we get to the half of them need the**
(11) **surgery but the 30 percent that do develop**
(12) **it, what specifically is it and how**
(13) **mechanically does it present itself?**

(14) **A. Other people that are**
(15) **symptomatic, they would start developing**
(16) **increasing neck pain, they would start**
(17) **developing increasing radicular symptoms in**
(18) **a different distribution.**

(19) **Q. And implicit in that term is**
(20) **the term adjacent.**

(21) **So this happens in levels near**
(22) **where a surgery has been performed?**

(23) **A. Next to.**

(24) **Q. Next to.**

(25) **Okay.**

(1) **A. DE MOURA, M.D.**

(2) **And generally speaking, of this**
(3) **30 percent who get this, how long does it**
(4) **take to manifest itself?**

(5) **A. Usually, it's like six to ten**
(6) **years.**

(7) Q. So this would be a slow process
(8) that after a fusion is done, the adjacent
(9) next two segments, they develop more and
(10) more. And after about anywhere from six to
(11) ten years they can become symptomatic
(12) enough where half of that 30 percent need a
(13) surgery to that.

(14) Would that be fair, Doctor?

(15) **A. Yes.**

(16) Q. Okay.

(17) After your first treatment --

(18) (At this time document was
(19) being screen shared on the computer
(20) screen.)

(21) Q. We're back to your 6/28 report,
(22) Doctor.

(23) And again, with the treatment
(24) plan, the second sentence there says:
(25) Subsequently, I will have her see my

(1) **A. DE MOURA, M.D.**

(2) **associate, Dr. Macagno (phonetic) for the**
(3) **lumbar spine.**

(4) **Do you see that, Doctor?**

(5) **A. Yes.**

(6) Q. Okay.

(7) And Dr. Macagno was designated
(8) to meet with her initially for complaints
(9) to the lumbar spine as well?

(10) **A. Yes.**

(11) Q. Did you have the records of the
(12) first visit with Ms. Quezada had with Dr.
(13) Macagno?

(14) **A. No.**

(15) **I just had my notes.**

(16) Q. This is a record from New York
(17) Spine Institute. It's dated July 5th,
(18) 2018. And type of visit, new patient Dr.
(19) Macagno.

(20) Do you see that, Doctor?

(21) **A. Yes, I do.**

(22) Q. So based on your
(23) recommendation, Miss Quezada made an
(24) appointment to see Dr. Macagno.

(25) And that appointment was made

(1) **A. DE MOURA, M.D.**
(2) **for July 5th of 2018 at 11:30 A.M.,**
(3) **correct?**

(4) **A. Yes.**

(5) Q. And do you know if --
(6) Did you ever discuss this visit
(7) with Dr. Macagno about Miss Quezada?

(8) **A. I don't recall.**
(9) **I don't think so.**

(10) Q. Okay.

(11) (Whereupon, the aforementioned
(12) document was being scrolled.)

(13) Q. Do you see on this page of this
(14) 7/5/18 report discussion?

(15) **A. Yes.**

(16) Q. And that was created by Dr.
(17) Macagno, correct?

(18) **A. Correct.**

(19) Q. Okay.

(20) And under discussion 1, 2, 3,
(21) 4, 5, 6 -- the sixth line down the first --
(22) the sixth line down.

(23) At this time, patient wants to
(24) discuss surgical options. I think she will
(25) benefit from a posterior spinal fusion

(1) **A. DE MOURA, M.D.**

(2) **instrumentation L5 S1 with transforaminal**
(3) **lumbar interbody fusion.**

(4) **Do you see that Doctor?**

(5) **A. Yes, I do.**

(6) Q. On the first visit with Dr.
(7) Macagno, it looks like he also recommended
(8) at this time a lumbar fusion.

(9) **A. That's correct.**

(10) Q. And then below that, the last
(11) sentence on the next page: We're going to
(12) place surgical request after approval of
(13) cervical surgery already requested by Dr.
(14) De Moura.

(15) **A. Correct.**

(16) Q. So on July 5th, according to
(17) Dr. Macagno, you already requested the
(18) cervical surgery to Workers' Comp.

(19) **A. Correct.**

(20) Q. I know I asked about
(21) plaintiff's attorney, Doctor.

(22) Is there a process by which a
(23) doctor or a medical facility is able to
(24) treat patients through Workers'
(25) Compensation?

(1) **A. DE MOURA, M.D.**

(2) **A. I don't understand your**
(3) **question.**

(4) **Q. Okay.**

(5) Is there some sort of an
(6) approval process Workers' Compensation goes
(7) that gives certain doctors authority to
(8) treat their patients?

(9) **A. Yes.**

(10) You have to be trained in your
(11) specially, you have to board certified and
(12) then if you have a patient that's injured,
(13) the case has to be established by Workers'
(14) Compensation and certain criteria have to
(15) be met for the surgeries to be approved.

(16) **Q. Does the Workers' Compensation**
(17) board I guess it would be, do they
(18) authorize certain providers to treat
(19) patients on the Workers' Compensation, is
(20) there some sort of a designation or
(21) something where Workers' Compensation says
(22) yes, you're allowed to treat patients that
(23) are being paid by Workers' Compensation?

(24) **A. Yes.**

(25) You're rated COS; for example,

(1) A. DE MOURA, M.D.

(2) certified orthopedic surgery.

(3) You have that, you denoted that
(4) Code COS under the Workers' Compensation
(5) board and you can treat patients for
(6) orthopedic conditions.

(7) Q. And can that authority that's
(8) conveyed to the medical provider ever be
(9) reviewed by Workers' Compensation?

(10) A. It's my understanding that's
(11) what they do, sir, to get the -- when they
(12) review a case that's being presented to the
(13) board for approval, there are judges that
(14) are there, there are plaintiff attorneys
(15) that are there on behalf of their clients,
(16) their files from the medical records that
(17) are uploaded to the Workers' Compensation
(18) database system. They have attorneys for
(19) the insurance companies that review it,
(20) right? Not everybody is New York State
(21) insurance funded.

(22) Yes. That's in general how it
(23) works. It's a process.

(24) Q. Specifically what I was asking
(25) about is: Are you aware of whether

(1) **A. DE MOURA, M.D.**

(2) **Workers' Compensation will ever investigate**
(3) **providers who they have given authority to**
(4) **but they go back and investigate to see**
(5) **whether they should be able to keep their**
(6) **authority?**

(7) **A. I'm unaware.**

(8) **I've been doing this thirty**
(9) **years. I've never been subject to any**
(10) **disciplinary action. My reputation**
(11) **precedes me.**

(12) **Q. Understood, Doctor.**

(13) **And I don't challenge that at**
(14) **all.**

(15) **But you're aware that there**
(16) **have been certain medical providers who**
(17) **have been investigated by Workers' Comp and**
(18) **their privileges have been revoked or they**
(19) **have decided to voluntarily relinquish**
(20) **them.**

(21) **Would that be fair?**

(22) **A. That's possible, yes.**

(23) **Q. You are still treating patients**
(24) **under Workers' Compensation currently,**
(25) **correct, Doctor?**

(1) **A. DE MOURA, M.D.**

(2) **A. Yes.**

(3) Q. Are you aware of whether you or
(4) New York Spine Institute has been
(5) investigated by Workers' Compensation for
(6) any grounds?

(7) **A. No.**

(8) **Not that I'm aware of.**

(9) Q. You have not been placed on
(10) notice of any of that.

(11) Is that correct, Doctor?

(12) **A. Never.**

(13) Q. Okay.

(14) Thank you.

(15) I believe this is my last
(16) question before I pass it.

(17) Have you or anyone with New
(18) York Spine Institute ever been sued for
(19) conducting unnecessary surgeries?

(20) **A. Never.**

(21) **MR. GUMPERT: The other**
(22) **attorneys may have some questions to**
(23) **ask you. I'm going to look at my**
(24) **notes to see if I have anymore.**

(25) **But I thank for your patience,**

(1) A. DE MOURA, M.D.

(2) Doctor. And the other attorneys will
(3) start asking you whatever.

(4) Thank you.

(5) THE WITNESS: You're welcome.

(6) MR. YAKAITIS: I have no
(7) questions.

(8) MR. O'SULLIVAN: I have a
(9) couple of questions. Not much.

(10) MR. YAKAITIS: That's what
(11) Scott.

(12) MR. GUMPert: Ouch.

(13) MR. YAKAITIS: You did a lovely
(14) job.

(15) MR. GUMPert: Thank you.

(16) EXAMINATION BY

(17) MR. O'SULLIVAN:

(18) Q. Dr. De Moura, good afternoon.

(19) A. How are you, sir?

(20) Q. How are you?

(21) I have a couple of questions
(22) for you.

(23) First of all, based on your
(24) records, can you tell me what was the last
(25) date that you examined and/or treated Miss

(1) **A. DE MOURA, M.D.**

(2) **Quezada?**

(3) **A. It appears she was last seen by**
(4) **me on January 24th, 2019.**

(5) Q. Based on your review of your
(6) company's records, would it be fair to say
(7) then that Miss Quezada never returned to
(8) your office?

(9) **A. After that date, correct.**

(10) Q. Do you know if the plaintiff
(11) ever made any appointments to go to your
(12) office after January 24th, 2019?

(13) **A. Not that I'm aware.**

(14) Q. With respect to the surgery
(15) that was performed on plaintiff, do you
(16) recall where that was done?

(17) **A. You mean hospital?**

(18) Q. Yes.

(19) **A. Mercy Medical Center.**

(20) **Rockville Centre, Long Island.**

(21) Q. In reviewing your records, I
(22) did not see a copy of the operative report.

(23) Do you ever keep copies of
(24) operative reports concerning patients?

(25) **A. Yes.**

(1) **A. DE MOURA, M.D.**

(2) **I have it in front of me right**
(3) **know.**

(4) Q. You have a copy of the
(5) operative report concerning her?

(6) **A. Yes.**

(7) Q. I just ask you to hold it up,
(8) try to obtain it from other counsel as
(9) well.

(10) With respect to this particular
(11) surgical procedure, was the plaintiff able
(12) to go home the same day as the operation?

(13) **A. Usually, for this type of**
(14) **surgery, patients go home the same day.**

(15) Q. That was a little too quick.
(16) Can you repeat it slower.

(17) **A. Sure.**

(18) **Usually, patients with this**
(19) **type of surgery go home the same day.**

(20) Q. Okay?

(21) **A. I can e-mail you the operative**
(22) **report if you want it.**

(23) Q. Okay.

(24) MR. O'SULLIVAN: Off the
(25) record.

(1) **A. DE MOURA, M.D.**

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

(4) **MR. GUMPERT: If you want I can**
(5) **share it.**

(6) **(At this time document was**
(7) **being screen shared on the computer**
(8) **screen.)**

(9) **Q. With respect to the fusion, Dr.**
(10) **De Moura, how exactly was that done?**

(11) **A. The fusion is a process where**
(12) **the disk is removed first. The emplates of**
(13) **the vertebral bodies are braided with a**
(14) **high-speed burr. The scaffold is put in**
(15) **there either bone or metallic which then**
(16) **allows for the bone cells to grow through**
(17) **it.**

(18) **The site is immobilized usually**
(19) **with a plate and screws to hold the bone**
(20) **still giving them a better chance to grow**
(21) **together.**

(22) **Q. Do you have an assistant with**
(23) **this procedure?**

(24) **A. Yes.**

(25) **Q. Who was that?**

(1) **A. DE MOURA, M.D.**

(2) **A. At that time it was Mr.**
(3) **Conception (phonetic); physician assistant.**

(4) **Q. Do you have a specific**
(5) **recollection as to whether or not Miss**
(6) **Quezada did go home the same day as this**
(7) **procedure was done?**

(8) **A. No. I do not, sir.**

(9) **MR. O'SULLIVAN: All right.**
(10) **Go down to the end, Scott. I**
(11) **think I'm almost done with this.**

(12) **(Whereupon, the aforementioned**
(13) **document was being scrolled.)**

(14) **Q. At the end of this report, it**
(15) **indicates that the patient was viewed to**
(16) **move all extremities without any difficulty**
(17) **after the procedure; is that correct?**

(18) **A. Yes.**

(19) **Q. I think you said yes?**

(20) **A. Yes, sir.**

(21) **MR. O'SULLIVAN: Okay.**
(22) **You can take down the report,**
(23) **Scott.**

(24) **MR. GUMPERT: Okay.**

(25) **Q. And based on your records, did**

(1) **A. DE MOURA, M.D.**

(2) **you have a post-surgical examination of**
(3) **Miss Quezada?**

(4) **A. I usually see the patient back**
(5) **in a week, ten days.**

(6) **Q. Would it be correct based on**
(7) **your records you examined her on September**
(8) **28th, 2018 following her surgery?**

(9) **A. Let me take a look.**

(10) **Yes. I have that note.**

(11) **Q. And what were plaintiff's**
(12) **complaints at that time?**

(13) **A. It doesn't state complaints I**
(14) **don't believe.**

(15) **It just says that she returns**
(16) **two weeks status post fusion surgery.**

(17) **Oh, how much longer do we have?**

(18) **Q. I'm almost done.**

(19) **THE WITNESS: I want to let my**
(20) **dog out.**

(21) **MR. SMALLETS: We can take a**
(22) **break.**

(23) **No problem. Go ahead.**

(24) **THE WITNESS: Thank you.**

(25) **MR. O'SULLIVAN: Take a quick**

(1) A. DE MOURA, M.D.

(2) break?

(3) MR. GUMPERT: Yes.

(4) Three minutes.

(5) (Whereupon, a short recess was
(6) taken.)

(7) Q. Dr. De Moura, with respect to
(8) your record of September 28, 2018, by
(9) reviewing that can you tell: Did you have
(10) any discussions with the plaintiff about
(11) the surgery?

(12) A. I don't recall, Counsel.

(13) Usually when I see patients
(14) post-op, I tell them the surgery was
(15) uneventful. We were able to complete it,
(16) send them for an X-ray to show them what
(17) we've done, check their wounds, make sure
(18) there is no infection, they're healing well
(19) and then subsequent follow-up visits.

(20) Q. Does your record of September
(21) 28 indicate whether or not she made any
(22) comments or not?

(23) A. Well, it says that she's still
(24) having some surgical site pain, some
(25) difficulty swallowing.

(1) **A. DE MOURA, M.D.**

(2) **So that's something new which**
(3) **was relayed to me after the surgery.**

(4) Q. And the difficulty swallowing,
(5) is that something that occurs fairly often
(6) after this type of surgery?

(7) **A. Yes.**

(8) **MR. O'SULLIVAN: Okay.**

(9) **I don't think I have anything**
(10) **else.**

(11) **Thank you.**

(12) **THE WITNESS: You're welcome.**

(13) **EXAMINATION BY**

(14) **MR. TEMPLE:**

(15) Q. Dr. De Moura, my name is Alex
(16) Temple. I'll jump around a little bit;
(17) okay?

(18) How long has New York Spine
(19) Institute been in business?

(20) **A. Since '98, 2000.**

(21) Q. Is that a corporation, a PLLC,
(22) something else?

(23) **A. Alexandre De Moura M.D. P.C.,**
(24) **d/b/a NYSI.**

(25) Q. And just looking at some of the

(1) **A. DE MOURA, M.D.**
(2) **records we have from your facility, I see**
(3) **you have offices in Westbury, New York, as**
(4) **well as Queens, New York City, Bronx,**
(5) **Brooklyn, Deer Park, Newburgh, White Plains**
(6) **and New Jersey; is that correct?**

(7) **A. Yes.**

(8) **Q. Approximately how many --**

(9) **MR. TEMPLE: Withdrawn.**

(10) **Q. The doctors who are associated**
(11) **with the institute, are they employees of**
(12) **yours?**

(13) **A. Yes.**

(14) **Q. Okay.**

(15) **And approximately how many**
(16) **employees at each of these offices?**

(17) **A. It depends, Counselor.**

(18) **Our main center is Westbury,**
(19) **Long Island. We have about fifty**
(20) **employees, four spinal surgeons total, two**
(21) **pain management physicians, physical**
(22) **therapy, pain management, MRI, X-ray in the**
(23) **Westbury facility. And then we have**
(24) **satellite offices in the other boroughs.**

(25) **MR. SULLIVAN: Can I hear the**

(1) **A. DE MOURA, M.D.**
(2) **answer read back by the reporter.**
(3) **(Whereupon, the referred to**
(4) **answer was read back by the**
(5) **Reporter.)**

(6) **MR. O'SULLIVAN: Was that fifty**
(7) **employees or fifteen?**

(8) **I have fifty employees totally**
(9) **at NYSI.**

(10) **MR. O'SULLIVAN: Okay.**

(11) **Q. Do you personally --**
(12) **You are a board certified**
(13) **orthopedic surgeon, correct?**

(14) **A. Yes.**

(15) **Q. And you were so in March of**
(16) **2018?**

(17) **A. Yes.**

(18) **Q. And is your primary focus on**
(19) **spinal surgeries?**

(20) **A. Yes.**

(21) **Q. Do you perform lumbar spine**
(22) **surgeries?**

(23) **A. Yes.**

(24) **Q. And how long have you been**
(25) **performing lumbar spine surgeries?**

(1) **A. DE MOURA, M.D.**

(2) **A. Since '96.**

(3) **Q. What is New York Spine**
(4) **Institute's document retention policy?**

(5) **A. I don't understand that**
(6) **question.**

(7) **Q. I'm sorry?**

(8) **A. I don't understand that**
(9) **question.**

(10) **What do you mean?**

(11) **Q. Do you have a document**
(12) **retention policy or a record retention**
(13) **policy?**

(14) **Maybe it's mandated by the**
(15) **State of New York or anything like that?**

(16) **A. We're compliant with**
(17) **everything. Rivkin Radler is my law firm.**
(18) **Everything we do is compliant with laws**
(19) **with every state we operate in.**

(20) **Q. Do you have any independent**
(21) **knowledge as to how long New York Spine**
(22) **Institute maintains their records?**

(23) **A. I could find out now.**

(24) **Do you want me to text my**
(25) **office manager?**

(1) **A. DE MOURA, M.D.**

(2) Q. Yes.

(3) Actually, that would be
(4) convenient. We would have an idea.

(5) **A. Hold on (complying.)**

(6) **THE WITNESS: How long do we**
(7) **retain medical records for all our**
(8) **patients when they go to storage, et**
(9) **cetera?**

(10) (At this time witness talking
(11) to phone.)

(12) **A. If you want to get the answer**
(13) **I'll tell you.**

(14) Q. Sure.

(15) Now, you said there was a
(16) storage facility.

(17) Where is the storage facility,
(18) do you know?

(19) **A. Right here in Garden City, Long**
(20) **Island.**

(21) Q. Okay.

(22) Is it like an outside vender
(23) that maintains those?

(24) **A. Well, it's a storage facility.**
(25) **We take old medical records in boxes and**

(1) **A. DE MOURA, M.D.**

(2) **put them in.**

(3) Q. That's what I was going to ask
(4) you: Is it New York Spine Institute that
(5) does it or an outside vender that does that
(6) owns that space?

(7) **A. We maintain them.**

(8) Q. All right.

(9) And you referred earlier to
(10) your electronic medical records.

(11) Is that a common system amongst
(12) all of your offices?

(13) **A. Yes.**

(14) Q. Okay.

(15) Do you know what the name of
(16) that software is that you use for your
(17) electronic medical records?

(18) **A. We use ADS. It's all Cloud
(19) based.**

(20) Q. ADS you said?

(21) **A. Yes.**

(22) **It's called Medics Elite I
(23) believe.**

(24) Q. Okay.

(25) If you can just look at the

(1) **A. DE MOURA, M.D.**

(2) **appointment or the visit record from June**
(3) **28th of 2018.**

(4) **MR. TEMPLE: Can you pull that**
(5) **up.**

(6) **MR. GUMPERT: Do you want me to**
(7) **pull it up?**

(8) **MR. TEMPLE: I can share right**
(9) **now. Hang on.**

(10) **MR. GUMPERT: I have it up.**

(11) **(At this time document was**
(12) **being screen shared on the computer**
(13) **screen.)**

(14) **Q. On the first page of that**
(15) **record, patient is also having bilateral C6**
(16) **radicular complaints.**

(17) **Is it specified anywhere in**
(18) **this report? Maybe I'm missing it. As to**
(19) **what those radicular complaints were.**

(20) **A. Yes.**

(21) **It's numbness and tingling into**
(22) **that C6 distribution.**

(23) **Q. Is that reported anywhere in**
(24) **your report?**

(25) **A. Not just by what she told me.**

(1) **A. DE MOURA, M.D.**

(2) **And then clinically, I**
(3) **diagnosed her radiculopathy only in her**
(4) **right upper extremity.**

(5) Q. Independent of what is actually
(6) written in your medical records, do you
(7) have any personal recollection of what was
(8) said during any of these visits?

(9) **A. No, sir.**

(10) Q. Okay.

(11) In what part of the report?
(12) Maybe it's this part.

(13) I'm on the second page where I
(14) can see the neurological exam upper
(15) extremity.

(16) Do you see that section?

(17) **A. Yes.**

(18) Q. Is that to the best of your
(19) knowledge where you recorded your clinical
(20) evaluation that she had radicular symptoms?

(21) **A. Yes.**

(22) **MR. O'SULLIVAN: Can you**
(23) **enlarge that, Alex.**

(24) **MR. TEMPLE: Sure.**

(25) Q. Doctor, when you said there

(1) A. DE MOURA, M.D.

(2) were evidence of four over five muscle
(3) weakness --

(4) MR. TEMPLE: I'm trying to
(5) enlarge that but it's not working,
(6) out.

(7) Can you see that, Sean?

(8) MR. O'SULLIVAN: Clearly
(9) better. Yes.

(10) MR. TEMPLE: Okay.

(11) Q. Doctor De Moura, in that report
(12) where it says there is evidence of four or
(13) five muscle weakness in the right wrist
(14) dorsiflexor, how do you take that
(15) measurement?

(16) A. First of all, I got a response
(17) to my prior examination.

(18) It says our system is the Cloud
(19) so it does not get rid of the records and
(20) not paper chart. So nothing is in storage.

(21) Q. Okay.

(22) A. She wrote: I think legally,
(23) only need to keep records for seven years
(24) I'm pretty sure. Everything gets scanned
(25) and shredded. We do not keep originals.

(1) A. DE MOURA, M.D.

(2) All electronic.

(3) Q. Okay.

(4) A. How do I examine the patient?

(5) Muscle strength is based on
(6) zero to five rating. Five over five is
(7) full muscle strength. Zero is flaccid
(8) paralysis. In between you have
(9) antigravity. Then you also have, let's
(10) say, four over five. It's not really
(11) strong. The patient gives way a little bit
(12) and then on down.

(13) Q. And how is that done?

(14) How do you measure that four
(15) out of five?

(16) A. You have the patient resist
(17) you.

(18) For example, you have the
(19) patient make a muscle with your biceps,
(20) right? And then you pull their arm and
(21) they resist you.

(22) A person whose fully intact,
(23) you can't move them, right?

(24) Q. Okay.

(25) A. That would be five over five.

(1) **A. DE MOURA, M.D.**

(2) Q. And so that's directly
(3) dependent upon the effort that the patient
(4) exerts, correct?

(5) **A. Yes.**

(6) Q. And the decrease sensation to
(7) pinprick and light touch in the C6
(8) distribution, how is that performed or
(9) measure?

(10) **A. I take a paperclip, I open it.**
(11) **You have a pointy side and you have a round**
(12) **side.**

(13) **I show the patient this is**
(14) **pointy while they're looking and this is**
(15) **dull. I then tell them to close their eyes**
(16) **and I tell them to tell me is that sharp or**
(17) **dull.**

(18) **And that's how you document it.**

(19) Q. Okay.

(20) And that's directly derived
(21) from what the patient states to you,
(22) correct?

(23) **A. Correct.**

(24) Q. And then absent right
(25) brachioradialis reflex, how is that

(1) **A. DE MOURA, M.D.**

(2) **measured?**

(3) **A. They take a reflex hammer, you**
(4) **hit the tendon for the brachioradialis and**
(5) **they should have a jerk of the wrist.**

(6) **Q. Out of those three factors,**
(7) **would you say that the radialis was the**
(8) **most objective test?**

(9) **A. No.**

(10) **As far matter of fact, it's I**
(11) **would say subjective is definitely the**
(12) **muscle the testing, right?**

(13) **But the sensation and reflexes,**
(14) **I mean that's pretty objective.**

(15) **Q. The sensation isn't tied to any**
(16) **kind of electrical sensor or anything like**
(17) **that.**

(18) **It's what the patient states,**
(19) **correct?**

(20) **A. But their eyes are closed,**
(21) **right?**

(22) **Q. Understood.**

(23) **But it's what the patients**
(24) **reports, correct?**

(25) **A. Yes.**

(1) **A. DE MOURA, M.D.**

(2) Q. Okay.

(3) So out of those three, you
(4) would say that, so you're saying that the
(5) sensation and the absent reflex would be
(6) more objective than the muscle weakness
(7) testing, correct?

(8) **A. Yes.**

(9) Q. Okay.

(10) On this first visit on June
(11) 28th, 2018 in the discussion portion of the
(12) report, I guess it's the third page maybe
(13) or the fourth page, it says based on the
(14) patient's history and clinical evaluation,
(15) the current problem is a work-related
(16) injury that is consistent with the work
(17) injury described by the patient.

(18) How did you make that
(19) determination that it was consistent with
(20) the work injury described by the patient?

(21) **A. Because what the patient**
(22) **described to me was an accident that**
(23) **occurred on a set point in time.**

(24) **She developed symptoms**
(25) **subsequent to that, she had treatment**

(1) **A. DE MOURA, M.D.**

(2) **subsequent to that, she had objective**
(3) **testing subsequent to that like the MRI.**

(4) **And putting all those pieces of**
(5) **the puzzle together, led her to present to**
(6) **me with a cervical radiculopathy that**
(7) **correlated with the MRI and then she was**
(8) **given a surgical alternative, a surgical**
(9) **option.**

(10) **Q. Did the patient describe to you**
(11) **any kind of mechanical impact to her head**
(12) **or neck or any kind of mechanical loading**
(13) **on her head or neck?**

(14) **A. I'm only by what I have**
(15) **documented, Counsel.**

(16) **I don't have I don't have that**
(17) **specifically documented.**

(18) **Q. So what you have documented is**
(19) **that she slid down the stairs on her**
(20) **behind; is that correct?**

(21) **A. Yes.**

(22) **Q. I looked through the records.**
(23) **I didn't see this there.**

(24) **So did you order or refer Miss**
(25) **Quezada to any kind of neurological**

(1) **A. DE MOURA, M.D.**

(2) **testing; any EMG or NCV studies?**

(3) **Anything like that?**

(4) **You inquire of her whether she**
(5) **had any such testing done before you gave**
(6) **your recommendation for surgery?**

(7) **A. I don't recall.**

(8) **But that's not a prerequisite**
(9) **for indicating a surgery.**

(10) **Q. Sure.**

(11) **I'm just asking if you did**
(12) **request it.**

(13) **A. No.**

(14) **Q. In part, is it part of your**
(15) **standard practice when treating a new**
(16) **patient to evaluate a differential**
(17) **diagnosis to rule out other possible causes**
(18) **for symptoms?**

(19) **A. If it's it striped like a**
(20) **zebra, looks like a zebra, it's a zebra.**

(21) **Q. So do you engage in any kind of**
(22) **independent investigation to rule out other**
(23) **possible causes?**

(24) **A. Medicine is also an art. I'm**
(25) **doing this thirty years.**

(1) A. DE MOURA, M.D.

(2) Of course. You have to assess.

(3) That's why you examine the
(4) patient, that's why you have to look at the
(5) studies.

(6) And based on that, you can
(7) pretty much diagnose from a spinal point of
(8) view what's going on.

(9) It could have a tumor above
(10) their lungs pressing on the exiting nerve
(11) roots giving you the radiculopathy, right?

(12) You can have an MRI that shows
(13) the disk herniation pinching that area and
(14) the patient has specific dermatomal
(15) radicular symptoms that correlate, then
(16) that's what's causing the problem, right?

(17) Q. Did you send any specimens to
(18) pathology during the surgery?

(19) A. No.
(20) We don't do that anymore.

(21) Q. Would there be any reason to do
(22) that?

(23) A. Only if you think there's
(24) something abnormal, like a tumor, things
(25) like that.

(1) **A. DE MOURA, M.D.**

(2) **MR. TEMPLE: I don't know why I**
(3) **kept that up. I was just scrolling**
(4) **through.**

(5) **That was just me just**
(6) **fidgeting.**

(7) **Sorry.**

(8) Q. In looking through your records
(9) from New York Spine Institute, I reviewed
(10) all of your visits with Miss Quezada.

(11) I didn't see anywhere on any of
(12) the records where it identifies what
(13) facility she was being seen at.

(14) Are you able to tell from those
(15) records where she was being evaluated or if
(16) it was by you, would it definitely have
(17) been some particular office is what I'm
(18) asking.

(19) **A. You mean like which office I**
(20) **saw her?**

(21) Q. Yes.

(22) It's hard. It doesn't say on
(23) the reports.

(24) I've the Queens facility, you
(25) know?

(1) **A. DE MOURA, M.D.**

(2) **A. It's usually closest to where**
(3) **they live, you know?**

(4) **Q. Okay.**

(5) **A. But as I said, the medical**
(6) **records are all central, right?**

(7) **Q. They're all centralized, yes.**

(8) **MR. O'SULLIVAN: Does that mean**
(9) **you saw her at the Queens facility?**

(10) **Sorry to interrupt.**

(11) **THE WITNESS: That's a**
(12) **possibility, sir.**

(13) **I'm not sure.**

(14) **Can I take this one phone call?**

(15) **MR. TEMPLE: Sure.**

(16) **(Whereupon, a short recess was**
(17) **taken.)**

(18) **Q. Dr. De Moura, hold on a second.**
(19) **I need to show you again.**

(20) **(At this time document was**
(21) **being screen shared on the computer**
(22) **screen.)**

(23) **Q. So these reports, this is all a**
(24) **template for your office, correct?**

(25) **A. (Complying.)**

(1) A. DE MOURA, M.D.

(2) I use Dragon for this. We have
(3) macros. So for example, the range of
(4) motion testing, I'm doing this for thirty
(5) years. I have numbers of mild, moderate
(6) and severe of where that number correlates.

(7) So if I have a patient whose
(8) coming in and has, you know, 30, 20, 20
(9) like we see here, they make it the moderate
(10) range.

(11) So that's what I use. In using
(12) a goniometer, it's not precise that you can
(13) go --

(14) Just imagine getting a
(15) protractor and measuring something to put
(16) their neck forwards and backwards, right?

(17) If they're severely limited,
(18) right, then that's severe. If they're
(19) moderate and if it's normal, that's
(20) basically how I've been able to come down
(21) with numbers over the years that correlate
(22) with mild, moderate and severe.

(23) Q. Down or near the conclusion of
(24) your report where you're giving the
(25) discussion about based on patient's history

(1) A. DE MOURA, M.D.

(2) and clinical evaluation, the current
(3) policemen is a work-related injury that is
(4) consistent with the work injury described
(5) by the patient.

(6) And then you give a prognosis.

(7) A. Yes.

(8) Q. What differential diagnosis do
(9) you employ before you arrive at that
(10) opinion?

(11) A. I think you're coming up with
(12) differential diagnosis, you're talking more
(13) of like a medical person, an internist.

(14) You know, does the person have
(15) a cold, is there a viral entity to this,
(16) you know?

(17) That's more like general
(18) medicine.

(19) In orthopedics things are
(20) pretty clear cut. You come to a doctor
(21) with hip, going pain, the X-rays shows hip
(22) arthritis, right?

(23) They live with it. If not,
(24) they need a total joint replacement.

(25) Q. Understood.

(1) A. DE MOURA, M.D.

(2) I'm not really asking so much
(3) between the complaint of symptoms and the
(4) anatomical problem.

(5) I'm asking more how you make
(6) the connection between what the plaintiff
(7) is telling you or the patient is telling
(8) you and you're making the causal connection
(9) to the work-related incident.

(10) A. So that's as Mr. Gumpert had
(11) asked me originally, you know?

(12) My information that I acquire
(13) has to be from what the patient tells me.
(14) Patient's telling me that they were injured
(15) at this date, right, it's an established
(16) straight for, let's say, this work injury.
(17) The patient then seeks a subsequent
(18) treatment, doesn't get better, comes to me
(19) with these complaints of neck pain, back
(20) pain, radicular symptoms and then MRI
(21) studies corroborate that, then that's how I
(22) can tell the patient this is what you're
(23) experiencing, this is what's causing your
(24) pain and these are your treatment options.

(25) Q. If the patient didn't report to

(1) A. DE MOURA, M.D.
(2) you any kind of mechanical impact or any
(3) mechanical loading on the cervical spine,
(4) would that lead you to ask your questions
(5) as to how she could have injured her neck?

(6) A. There is a traumatic history
(7) here. It's not like nothing happened.

(8) The patient fell down onto her
(9) buttocks. This is an axial impact.
(10) There's axial loading.

(11) Your head is heavier than a
(12) bowling ball.

(13) You've all gone bowling, right?

(14) Your head is perched on seven
(15) little bones, right?

(16) So imagine a bowling ball all
(17) of a sudden coming to a sudden stop. You
(18) can damage your neck.

(19) And that's what people do. It
(20) doesn't have to be immediate. You can get
(21) an initial whiplash type injury and then
(22) subsequently you get start developing
(23) symptoms from the disk having been damaged
(24) where you get radicular symptoms.

(25) Q. To the best of your knowledge,

(1) A. DE MOURA, M.D.
(2) if you were provided any of her ER records,
(3) that would be contained in the electronic
(4) records that are in your Cloud system,
(5) correct?

(6) A. I don't think so.
(7) I think everything I have here
(8) now are just my records.

(9) Q. So is it possible that there
(10) are additional records, like the intake
(11) form, ER records, anything like that that
(12) was provided to New York Spine Institute
(13) for this patient?

(14) A. I was asked that earlier.
(15) I don't recall. I don't see it
(16) in my system right now.

(17) So I think what I have now is
(18) basically only what was scanned in would
(19) have been in here. And I don't see
(20) anything that has been scanned in.

(21) MR. TEMPLE: All right.
(22) That's it. That's all I have
(23) here.

(24) EXAMINATION BY
(25) MR. SMALLETS:

(1) **A. DE MOURA, M.D.**

(2) Q. Good morning, Dr. De Moura.

(3) I'll just jump right into it.

(4) You kind of answered this before but just
(5) to clear the record, what was Miss Quezada
(6) diagnosed with that led you to order the
(7) cervical fusion?

(8) **A. She was diagnosed with a**
(9) **cervical disk herniation and cervical**
(10) **radiculopathy.**

(11) Q. About how many of your patients
(12) come to see you a year of complaining of
(13) disk herniation and radiculopathy?

(14) **A. I probably see a total of all**
(15) **the new patients, 4,000 patients per year.**
(16) **And I do surgery about less than five**
(17) **percent of that. Around 200, 250 surgeries**
(18) **per year.**

(19) Q. Why don't you order cervical
(20) fusions for all those 4,000 patients?

(21) **A. Because as I told you, most**
(22) **patients get better within six to eight**
(23) **weeks.**

(24) Q. But would you say cervical
(25) fusion would help remediate a herniation?

(1) A. DE MOURA, M.D.

(2) A. Of course.

(3) That's why I do the surgery.

(4) Q. So why not just have every
(5) patient do the surgery?

(6) A. Because as I stated, Counsel,
(7) some patients will get better. They don't
(8) need the surgery. They get better.

(9) Q. My question is: What are the
(10) ramifications of getting a cervical fusion?

(11) A. I don't understand your
(12) question.

(13) Q. I mean is a cervical fusion a
(14) last-ditch effort to give to a patient?

(15) A. Yes.

(16) I already stated that. I
(17) testified today that surgery should be the
(18) last resort.

(19) Q. And why is that?

(20) A. Because the majority of people
(21) will get better without surgical
(22) intervention.

(23) For those people where they can
(24) no longer tolerate their pain, their
(25) symptoms have not improved, they have

(1) **A. DE MOURA, M.D.**
(2) **physical findings that correlate with,**
(3) **let's say, MRI findings and have been**
(4) **through conservative treatment, then if**
(5) **they cannot tolerate their pain, then it's**
(6) **an elective type procedure where yes,**
(7) **surgery could be an option for them.**

(8) Q. So are there complications that
(9) can occur as a result of cervical fusion?

(10) **A. Yes.**

(11) Q. What are those complications?

(12) **A. Infection, bleeding, death,**
(13) **paralysis.**

(14) Q. And even if the cervical fusion
(15) remediates the herniation, can that
(16) herniation come back or the pain, as a
(17) result of that herniation, come back?

(18) **A. Not in the cervical finding,**
(19) **no.**

(20) **MR. SMALLETS: That's all I**
(21) **have.**

(22) **Thank you.**

(23) **MR. GUMPert: Doctor, I just**
(24) **have two questions and unfortunately**
(25) **I have 64 subparts each.**

(1) **A. DE MOURA, M.D.**

(2) **I'm only kidding. I promise.**

(3) **FURTHER EXAMINATION BY**

(4) **MR. GUMPERT:**

(5) Q. Doctor, you've already
(6) testified so I don't have to go over it
(7) again.

(8) But you don't know if --

(9) We went over the emergency room
(10) records of the prior history she gave at
(11) Elmhurst, correct?

(12) **A. Yes.**

(13) Q. Okay.

(14) And do you know when you first
(15) saw her on June 28th of 2018 whether she
(16) made neck complaints at the emergency room?

(17) **A. I don't.**

(18) Q. Okay.

(19) So if the records show she
(20) didn't, then do you know as you sit here
(21) today when she first started to make neck
(22) complaints?

(23) **A. No.**

(24) Q. Okay.

(25) So you previously testified

(1) **A. DE MOURA, M.D.**
(2) **that if six weeks it didn't get better and**
(3) **it got worse, you would recommend surgery**
(4) **which is what you did here, right?**

(5) **Yes?**

(6) **A. Yes.**

(7) **Q. I didn't hear you.**

(8) **But as you sit here today,**
(9) **Doctor, do you know if she had neck**
(10) **complaints for six weeks when she saw you**
(11) **on June 28th of 2018?**

(12) **A. My notes indicated that she**
(13) **developed symptoms after this accident.**

(14) **I don't know the exact**
(15) **duration. I don't know the exact onset of**
(16) **her cervical radicular symptoms but that's**
(17) **what she presented to my office with.**

(18) **Q. Right.**

(19) **So my question is: If she had**
(20) **told you that, yes. I'm starting to get**
(21) **these neck pains last week for the first**
(22) **time, would you have recommended the**
(23) **surgery?**

(24) **A. We know she -- she had an MRI**
(25) **done in May following this accident.**

(1) **A. DE MOURA, M.D.**

(2) **So within that period of time,**
(3) **we know she developed neck pain which she**
(4) **says she did not have before after this**
(5) **accident, sir.**

(6) **That's all I can attest to.**

(7) Q. Right.

(8) But can you have a herniation
(9) that is asymptomatic?

(10) **A. Sure.**

(11) Q. Right.

(12) So that's not really
(13) dispositive of the issue of whether she had
(14) neck pain at the day of the accident or
(15) three days before she saw you, correct?

(16) **A. I would say more probably than**
(17) **not, the symptoms that she had that**
(18) **developed after this accident that led to a**
(19) **physician ordering an MRI of the cervical**
(20) **spine were related to the accident of March**
(21) **6, 2018.**

(22) Q. Okay.

(23) Last one I promise. I have to
(24) share to do it.

(25) (At this time document was

(1) **A. DE MOURA, M.D.**

(2) **being screen shared on the computer**
(3) **screen.)**

(4) Q. Doctor, the surgery that you
(5) did perform, where was that done at?

(6) **A. Mercy Medical Center, Rockville**
(7) **Centre, Long Island.**

(8) Q. Okay.

(9) Do you see a screen here for --
(10) actually you're at the very top listed --

(11) **A. Yes.**

(12) Q. -- as the PCP.

(13) **A. Yes.**

(14) Q. And then you see Maria Quezada,
(15) ambulatory surgery.

(16) **A. Okay.**

(17) Q. Okay.

(18) If I tell you that pursuant to
(19) authorization, these are the records we got
(20) about your surgery with Miss Quezada you'd
(21) say that's right, right?

(22) September 11, 2018.

(23) **A. Yes.**

(24) Q. Okay.

(25) So just let me go down to, you

(1) **A. DE MOURA, M.D.**

(2) **see this part here also it's dated**
(3) **September 11th anesthesia preoperative**
(4) **assessment?**

(5) **A. All right.**

(6) Q. Right.

(7) And this is part of the records
(8) that are done for the surgery procedure at
(9) Mercy?

(10) **A. Okay.**

(11) Q. Yes?

(12) Is that right?

(13) **A. Yes.**

(14) Q. Okay.

(15) So if we go down on this
(16) assessment, we see after a lot of empty
(17) spaces it says: Patient is able to perform
(18) ADL's. Patient is able to climb greater
(19) than two flights without SOB.

(20) What's SOB?

(21) **A. You don't know what SOB is?**

(22) Q. I've been called it a lot of
(23) times. I don't think it applies here,
(24) Doctor. Mostly by me wife and daughter.

(25) **A. Shortness of breath.**

(1) **A. DE MOURA, M.D.**

(2) Q. Oh, patient is able to walk two
(3) blocks without shortness of breath.

(4) Two flights without shortness
(5) of breath, walked two blocks without
(6) shortness of breath, I wish I could.

(7) **A. With all due respect, this has**
(8) **to do with preoperative clearance or**
(9) **anesthesia where the respiratory of the**
(10) **patient is clear, nothing debating the**
(11) **patient and so forth.**

(12) Q. I get that.

(13) But the fact that she cleared
(14) the respiratory, she was able to climb two
(15) flights, go walk two blocks, she performed
(16) all activities of daily living which is
(17) what ADL's are, does that contraindicate
(18) the fact that she said she had so much pain
(19) based on all the other stuff, that that is
(20) why you felt you should recommend surgery?

(21) She was in so much unremitting
(22) pain, it wasn't going away after the six
(23) weeks, after whatever, and does this
(24) contraindicate the pain that she relayed to
(25) you?

(1) **A. DE MOURA, M.D.**

(2) **A. No.**

(3) **Where do they talk about pain?**

(4) **Q. Well, if you're in unremitting**
(5) **pain, are you able to do activities of**
(6) **daily living unencumbered?**

(7) **Are you able to walk up two**
(8) **flights of stairs, are you able to walk two**
(9) **blocks?**

(10) **A. Sure.**

(11) **Why not?**

(12) **Q. I don't know.**

(13) **I don't have the answers. I**
(14) **just ask the questions.**

(15) **A. I got to go, guys.**

(16) **Okay?**

(17) **MR. GUMPERT: Well, then I**
(18) **guess I have no further questions.**

(19) **Thank you, Doctor.**

(20) **THE WITNESS: Have a good day.**

(21) **THE STENOGRAPHER: Mr.**

(22) **O'Sullivan, would you like a copy.**

(23) **MR. O'SULLIVAN: Yes.**

(24) **And can I also get a hard copy?**

(25) **THE STENOGRAPHER: Yes.**

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
(12)
(13)
(14)
(15)
(16)
(17)
(18)

(19)
(20)
(21)
(22)
(23)

(24)
(25)

A. DE MOURA, M.D.
Mr. Temple, would you like a
copy?
MR. TEMPLE: Yes, please.
I'll take an electronic copy.
That's fine.
THE STENOGRAPHER: Mr.
Smallets, would you like a copy?
MR. SMALLETS: Yes, electronic.
Thanks.
THE STENOGRAPHER: Mr.
Yakaitis, would you like a copy?
MR. YAKAITIS: No.
(Whereupon, at 2:16 P.M., the
Examination of this Witness was
concluded.)

ALEXANDRE DE MOURA, M.D.

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

NOTARY PUBLIC

(1) A. DE MOURA, M.D.

(2) E X H I B I T S

(3)

(4) EXHIBITS:

(5)

(6) EXHIBIT EXHIBIT PAGE

(7) NUMBER DESCRIPTION

(8)

(9) NO EXHIBITS

(10)

(11) I N D E X

(12)

(13) EXAMINATION BY PAGE

(14)

(15) MR. GUMPERT 8

(16) MR. O'SULLIVAN 65

(17) MR. TEMPLE 72

(18) MR. SMALLETS 94

(19) MR. GUMPERT 98

(20)

(21)

(22)

(23)

(24)

(25)

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
(12)
(13)
(14)
(15)
(16)
(17)
(18)
(19)
(20)
(21)
(22)
(23)
(24)
(25)

A. DE MOURA, M.D.

C E R T I F I C A T E


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

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

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

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

IN WITNESS WHEREOF, I have hereunto
set my hand this 21st day of February,
2026.



MARTHA TRIKAS

(1) ERRATA SHEET FOR: ALEXANDRE DE MOURA

(2) ALEXANDRE DE MOURA, being duly sworn, deposes and
(3) says: I have reviewed the transcript of my
(4) proceeding taken on 01/23/2026. The following
(5) changes are necessary to correct my testimony.

(4) -----

(5) PAGE	LINE	CHANGE	REASON
(6) -----		-----	-----
(7) -----		-----	-----
(8) -----		-----	-----
(9) -----		-----	-----
(10) -----		-----	-----
(11) -----		-----	-----
(12) -----		-----	-----
(13) -----		-----	-----
(14) -----		-----	-----
(15) -----		-----	-----
(16) -----		-----	-----
(17) -----		-----	-----
(18) -----		-----	-----
(19) -----		-----	-----
(20) -----		-----	-----
(21) -----		-----	-----
(22) -----		-----	-----

(23) Witness Signature: _____

Subscribed and sworn to, before me
(24) this ___ day of _____, 20 ___.

(25) (NOTARY PUBLIC) MY COMMISSION EXPIRES _____

A				
A.M (1) 59:2	accurate (3) 42:14,21 52:16	afternoon (3) 8:15,17 65:18	53:23 74:2,4 76:12	60:12 61:6 62:13
AARON (1) 4:12	accurately (2) 39:2,19	against- (2) 1:5,13	answered (3) 5:20 6:3 95:4	approved (2) 46:23 61:15
aaron.smalle... 4:13	ACDF (2) 45:22 48:4	ago (1) 13:15	answers (2) 9:23 104:13	approximate... 73:8,15
abbreviation... 29:16	acquire (1) 92:12	AGREED (2) 5:4 7:3	antigravity (1) 81:9	area (2) 49:7 87:13
ability (3) 39:2,18 42:18	action (3) 6:7 63:10 107:16	Agresta (2) 1:10 8:20	anybody (1) 16:20	areas (1) 42:22
able (16) 19:20 23:7 40:23 60:23 63:5 67:11 71:15 88:14 90:20 102:17 102:18 103:2 103:14 104:5 104:7,8	active (2) 34:17 36:4	ahead (1) 70:23	anymore (3) 44:6 64:24 87:20	argumentati... 43:17
abnormal (1) 87:24	activities (2) 103:16 104:5	AHMUTY (1) 3:9	apart (1) 27:24	arm (1) 81:20
absent (2) 82:24 84:5	adding (1) 43:19	Albertson (1) 3:11	apologize (1) 48:9	arrive (1) 91:9
Absolutely (2) 19:22 50:8	additional (1) 94:10	Alex (3) 3:17 72:15 79:23	app (1) 17:7	art (1) 86:24
accepted (1) 51:20	address (1) 8:12	Alexandre (6) 2:5 8:11 72:23 105:19 108:1 108:1	appear (2) 10:22 22:9	arthritis (1) 91:22
access (1) 10:9	adjacent (6) 13:8 55:21,22 56:6,20 57:8	allergies (1) 29:10	appearing (1) 8:23	Article (1) 5:10
accident (14) 20:12 26:6,20 40:14 41:21 41:24 42:16 84:22 99:13 99:25 100:5 100:14,18,20	ADL's (2) 102:18 103:17	allowed (1) 61:22	appears (3) 47:14 48:17 66:3	asked (5) 37:13 38:18 60:20 92:11 94:14
accidents (1) 20:4	administerin... 7:7	allows (1) 68:16	applies (1) 102:23	asking (8) 39:5 42:17 62:24 65:3 86:11 88:18 92:2,5
accompanied... 5:22	ADS (2) 77:18,20	alternative (1) 85:8	apply (1) 5:10	assess (1) 87:2
accuracy (1) 20:16	adverse (1) 41:7	ambulatory (...) 101:15	appointment... 17:17 58:24,25 78:2	assessment (5) 29:10,15 32:13 102:4,16
	adversely (3) 38:25 39:18 42:18	anatomical (1) 92:4	appointment... 45:11 66:11	assistant (6) 16:11,11 18:3 19:2 68:22 69:3
	advise (1) 35:2	and/or (3) 5:7 11:16 65:25	appreciate (3) 8:23 40:18 53:23	associate (1) 58:2
	advised (3) 38:20,25 48:22	anesthesia (2) 102:3 103:9	appropriate ... 5:10	associated (3) 9:14 40:2
	affect (1) 38:25	answer (14) 5:8,12,17,21 5:22,22,23 39:5 50:15,17	appropriatel... 31:15	
	aforementio... 29:7 48:10 59:11 69:12		approval (5) 46:24 47:5	

73:10 assume (6) 11:23 14:13 19:5 23:15 33:8 49:2 Assuming (1) 40:20 asthma (1) 29:18 asymptomati... 35:19,21,25 36:3 100:9 atemple@ca... 3:18 attendance (1) 5:15 attest (2) 40:9 100:6 attorney (9) 3:4 5:13,20,25 6:10,13 7:14 14:15 60:21 attorneys (12) 3:9,15 4:4,10 5:5 15:2,12 15:16 62:14 62:18 64:22 65:2 attributes (2) 26:17,19 authority (4) 61:7 62:7 63:3 63:6 authorizatio... 47:18 48:4,15 49:12 101:19 authorizatio... 13:15 authorize (1) 61:18 Avenue (1) 8:13 aware (8) 10:3 12:25	17:25 62:25 63:15 64:3,8 66:13 axial (2) 93:9,10 <hr/> B <hr/> b (2) 5:7 106:2 back (19) 12:4,11 18:11 26:25 27:2,21 28:25 29:20 31:7 44:6 48:18 57:21 63:4 70:4 74:2,4 92:19 97:16,17 backwards (1) 90:16 Bad (1) 36:23 BADER (1) 3:4 ball (2) 93:12,16 ban (1) 51:19 bar (1) 6:6 base (2) 23:4 37:15 based (24) 15:20 20:6 23:3 27:7,14 28:24 31:9 37:7 39:6 41:13 52:9 53:3 54:8 58:22 65:23 66:5 69:25 70:6 77:19 81:5 84:13 87:6 90:25	103:19 basically (3) 22:9 90:20 94:18 basis (6) 5:14,23 15:2 36:10 54:5,7 bear (4) 7:17 23:25 28:12 48:18 behalf (2) 6:10 62:15 believe (10) 12:3 13:11 36:6 39:21,22 41:12 47:16 64:15 70:14 77:23 benefit (1) 59:25 best (2) 79:18 93:25 better (11) 50:7 53:14,15 68:20 80:9 92:18 95:22 96:7,8,21 99:2 biceps (1) 81:19 bilateral (2) 18:13 78:15 bilingual (1) 19:16 billing (3) 13:4,9,18 birth (1) 17:17 bit (2) 72:16 81:11 bleeding (1) 97:12 blocks (4) 103:3,5,15	104:9 blood (1) 107:16 blue (1) 29:9 board (7) 47:19 49:12 61:11,17 62:5 62:13 74:12 bodies (1) 68:13 body (2) 17:19 33:6 bone (3) 68:15,16,19 bones (1) 93:15 boroughs (1) 73:24 bottom (1) 53:10 Boulevard (1) 3:16 bowling (3) 93:12,13,16 boxes (1) 76:25 brachioradia... 82:25 83:4 braided (1) 68:13 break (2) 70:22 71:2 breath (4) 102:25 103:3,5 103:6 brief (1) 8:25 bring (1) 43:12 BRISBOIS (1) 4:9 Broadway (1) 3:5	Bronx (1) 73:4 Brooklyn (1) 73:5 brought (2) 43:4 44:23 burr (1) 68:14 business (1) 72:19 buttocks (1) 93:9 <hr/> C <hr/> c (4) 3:2 5:7 107:2,2 C.P.L.R (2) 5:10 6:11 C4-5 (1) 55:16 C5-6 (3) 45:22 48:4 49:7 C5-C6 (3) 46:7 54:16 55:18 C6 (5) 18:13 54:18 78:15,22 82:7 call (1) 89:14 called (3) 8:3 77:22 102:22 candidate (1) 45:22 care (1) 53:7 CARIELLO ... 3:14 Carpentry (6) 1:7,10,10,10 4:5 8:20 case (6)
--	--	---	---	--

11:21 17:8 25:24 47:4 61:13 62:12 causal (8) 37:24 38:6,18 39:3,19 41:8 42:19 92:8 causally (1) 40:13 cause (3) 5:20 37:16 41:25 caused (1) 30:24 causes (2) 86:17,23 causing (2) 87:16 92:23 cells (1) 68:16 center (5) 4:11 29:23 66:19 73:18 101:6 central (2) 53:11 89:6 centralized (1) 89:7 Centre (2) 66:20 101:7 certain (6) 9:8 35:16 61:7 61:14,18 63:16 certainty (1) 40:11 certification ... 6:12 certified (3) 61:11 62:2 74:12 certify (2) 107:9,14 cervical (19)	41:12 42:11 49:7 60:13,18 85:6 93:3 95:7,9,9,19 95:24 96:10 96:13 97:9,14 97:18 99:16 100:19 cetera (3) 13:9 38:9 76:9 challenge (1) 63:13 chance (1) 68:20 CHANGE (1) 108:5 changes (1) 108:3 charge (1) 6:15 chart (2) 36:9 80:20 check (1) 71:17 chief (3) 17:19 18:9,10 chronic (1) 33:7 CHU189718... 3:12 City (2) 73:4 76:19 CJ (2) 1:7 3:10 claims (2) 26:5 54:12 clarify (1) 23:20 clear (5) 5:13,23 91:20 95:5 103:10 clearance (1) 103:8 cleared (1)	103:13 clearly (4) 6:5 40:9 48:3 80:8 clients (1) 62:15 climb (2) 102:18 103:14 clinical (4) 54:16 79:19 84:14 91:2 clinically (1) 79:2 close (1) 82:15 closed (1) 83:20 closest (1) 89:2 Cloud (3) 77:18 80:18 94:4 co-workers (1) 30:19 Code (1) 62:4 cold (1) 91:15 come (5) 90:20 91:20 95:12 97:16 97:17 comes (1) 92:18 comfortable ... 23:7 55:4 coming (3) 90:8 91:11 93:17 comments (2) 5:16 71:22 COMMISSI... 108:25 common (1)	77:11 communicat... 40:23 communicati... 6:4 comp (11) 15:6,13 46:19 46:23,24 47:5 47:19 48:15 49:12 60:18 63:17 companies (1) 62:19 company's (1) 66:6 Compensatio... 60:25 61:6,14 61:16,19,21 61:23 62:4,9 62:17 63:2,24 64:5 competent (1) 41:25 complaining ... 29:19 95:12 complaint (4) 17:20 18:10,11 92:3 complaints (...) 18:14 31:7 40:11 42:8,15 58:8 70:12,13 78:16,19 92:19 98:16 98:22 99:10 complete (2) 5:24 71:15 compliance (1) 5:5 compliant (2) 75:16,18 complication... 97:8,11 complying (5)	19:4 22:24 24:11 76:5 89:25 compression ... 34:20 35:4,7 38:24 39:15 computer (12) 24:3 28:15 31:25 34:4,11 44:9 48:8 57:19 68:7 78:12 89:21 101:2 Conception (1) 69:3 concerning (2) 66:24 67:5 concerns (1) 47:25 concluded (1) 105:16 conclusion (1) 90:23 condition (3) 33:7 52:17,23 conditions (1) 62:6 conduct (2) 7:17 47:19 conducted (1) 7:4 conducting (1) 64:19 confidentiali... 5:18 confirm (1) 52:18 confirmed (1) 42:10 confirming (1) 7:8 confound (1) 39:23 confounded (...)
---	---	---	---	---

39:22	Conversing (1)	87:15 90:21	current (2)	67:19 69:6
connection (...)	28:6	97:2	84:15 91:2	100:14
37:16,24 38:6	convey (1)	correlated (1)	currently (1)	104:20
38:19 39:3,19	27:25	85:7	63:24	105:22
41:9 42:19	conveyed (1)	correlates (1)	curvature (2)	107:20
92:6,8	62:8	90:6	35:14,15	108:24
consent (2)	copies (1)	corroborate ...	customary (1)	days (4)
6:2 7:10	66:23	92:21	16:10	49:9,10 70:5
conservative ...	copy (11)	COS (2)	cut (1)	100:15
50:6,10 97:4	6:14 7:14	61:25 62:4	91:20	De (116)
conservativel...	17:10 66:22	costs (1)		2:5 8:1,11,15
53:2	67:4 104:22	7:17	D	9:1 10:1 11:1
consider (1)	104:24 105:3	counsel (13)	d (4)	12:1 13:1
39:8	105:5,8,12	6:14 7:3,5,16	5:7 8:2,2	14:1 15:1
considered (1)	CORP (2)	35:23 38:2	106:11	16:1 17:1,18
7:11	1:14 4:10	47:6 51:2	d/b/a (5)	18:1 19:1
considers (1)	corporation (...)	52:13 67:8	1:8,10,10 4:5	20:1 21:1
51:22	72:21	71:12 85:15	72:24	22:1 23:1
consisted (1)	correct (56)	96:6	daily (2)	24:1 25:1
51:12	9:4,5 10:5 11:4	Counselor (2)	103:16 104:6	26:1 27:1
consistent (4)	11:5 13:10	53:7 73:17	damage (1)	28:1 29:1
30:8 84:16,19	14:16,17	Country (1)	93:18	30:1 31:1
91:4	17:22 22:5	4:5	damaged (1)	32:1 33:1
consists (1)	27:12 29:3,4	COUNTY (2)	93:23	34:1 35:1
25:10	30:7 32:7	1:2 107:5	dashboard (1)	36:1 37:1
consultation ...	33:11,12	couple (2)	17:8	38:1 39:1
52:7 53:22	37:18 38:10	65:9,21	database (1)	40:1 41:1
contain (1)	44:12,15,20	course (3)	62:18	42:1 43:1
10:23	44:25 46:10	5:15 87:2 96:2	date (8)	44:1 45:1
contained (2)	46:14 47:20	court (5)	1:19 17:17,17	46:1 47:1
14:19 94:3	49:7 52:11	1:2 5:19 7:4,6	48:22 51:19	48:1 49:1
contempora...	55:6,9,19	7:8	65:25 66:9	50:1 51:1
25:7 45:10	59:3,17,18	Courts (1)	92:15	52:1 53:1
CONTINUE...	60:9,15,19	5:6	dated (8)	54:1 55:1
1:24 2:2 3:21	63:25 64:11	CPLR (2)	11:12 24:10	56:1 57:1
4:2	66:9 69:17	5:14,21	25:25 28:19	58:1 59:1
contraindica...	70:6 73:6	create (2)	32:6 34:9	60:1,14 61:1
103:17,24	74:13 82:4,22	12:19 20:24	58:17 102:2	62:1 63:1
control (1)	82:23 83:19	created (2)	daughter (1)	64:1 65:1,18
7:6	83:24 84:7	23:8 59:16	102:24	66:1 67:1
controlled (1)	85:20 89:24	criteria (1)	day (15)	68:1,10 69:1
6:12	94:5 98:11	61:14	16:9 25:17,18	70:1 71:1,7
convenient (1)	100:15 108:3	cross-examin...	26:6 27:19	72:1,15,23
76:4	correlate (3)	43:22	31:3 67:12,14	73:1 74:1

75:1 76:1	DEMERS (1)	84:19	18:19 19:10	63:25 64:11
77:1 78:1	3:9	determine (7)	82:2,20	65:2 79:25
79:1 80:1,11	denial (1)	16:14 36:18,21	disciplinary ...	80:11 91:20
81:1 82:1	39:17	36:25 39:2,19	63:10	97:23 98:5
83:1 84:1	denied (1)	41:8	discuss (4)	99:9 101:4
85:1 86:1	20:12	determined (1)	9:7 44:6 59:6	102:24
87:1 88:1	denoted (1)	36:8	59:24	104:19
89:1,18 90:1	62:3	determining ...	discussion (5)	doctor's (1)
91:1 92:1	department (...)	6:2	59:14,20 68:3	42:9
93:1 94:1	25:25 27:10	develop (5)	84:11 90:25	doctors (3)
95:1,2 96:1	dependent (1)	42:2 45:18	discussions (1)	15:18 61:7
97:1 98:1	82:3	56:6,11 57:9	71:10	73:10
99:1 100:1	depends (5)	developed (5)	disk (7)	document (19)
101:1 102:1	16:8 35:17,23	54:11 84:24	50:22 54:16	24:2 28:14
103:1 104:1	47:2 73:17	99:13 100:3	68:12 87:13	29:8 31:24
105:1,19	deponent (5)	100:18	93:23 95:9,13	34:3,10 44:8
106:1 107:1	5:12,17,21,23	developing (3)	disorder (1)	48:11,12
108:1,1	6:2	56:15,17 93:22	52:22	57:18 59:12
death (1)	deposes (1)	diagnose (2)	dispositive (1)	68:6 69:13
97:12	108:1	33:4 87:7	100:13	75:4,11 78:11
debating (1)	deposition (8)	diagnosed (7)	distribution ...	82:18 89:20
103:10	5:7,8,9,11,17	33:15,17,25	54:18 56:18	100:25
decided (1)	5:24 7:4,17	35:10 79:3	78:22 82:8	documentati...
63:19	depression (1)	95:6,8	doctor (63)	11:9 12:20,23
decrease (1)	29:19	diagnosis (7)	9:2 10:3 11:16	40:4
82:6	derived (3)	20:15 32:15,20	14:24 17:9,25	documented ...
deemed (1)	39:25 40:5	36:8 86:17	18:18 19:15	85:15,17,18
6:11	82:20	91:8,12	20:18,23	documenting...
Deer (1)	dermatomal ...	diagnostic (1)	22:17,23 24:9	47:24
73:5	87:14	38:8	25:11 26:21	documents (1)
defect (1)	describe (1)	different (1)	27:4,8,17,22	12:21
5:13	85:10	56:18	28:21 30:2,8	dog (1)
Defendant (3)	described (4)	differential (3)	31:8 32:21	70:20
1:15 3:9 4:10	84:17,20,22	86:16 91:8,12	34:6 35:13	doing (3)
DEFENDAN...	91:4	difficult (2)	37:7,13 40:17	63:8 86:25
4:4	DESCRIPTI...	33:4 41:8	42:17 44:5,12	90:4
defendants (3)	106:7	difficulty (3)	44:15 46:14	dorsiflexor (1)
1:9 3:15 8:20	DESIGN (2)	69:16 71:25	47:8 48:9,21	80:14
definitely (2)	1:7 3:15	72:4	49:14 51:17	Dr (18)
83:11 88:16	designated (1)	direct (2)	53:24 55:13	8:15 17:18
degeneration...	58:7	5:20 29:14	55:20 56:3	58:2,7,12,18
55:23 56:7	designation (1)	direction (2)	57:14,22 58:4	58:24 59:7,16
degree (1)	61:20	5:22 29:14	58:20 60:4,21	60:6,13,17
40:10	determinatio...	directly (4)	60:23 63:12	65:18 68:9

71:7 72:15 89:18 95:2 Dragon (1) 90:2 due (1) 103:7 dull (2) 82:15,17 duly (3) 8:3 107:11 108:1 duration (1) 99:15	23:21 electrical (1) 83:16 electronic (7) 10:23 77:10,17 81:2 94:3 105:5,9 elicited (1) 50:11 Elite (1) 77:22 Elmhurst (6) 24:9 25:9,19 28:18 29:23 98:11 emailed (1) 7:15 emergency (9) 25:25 27:10,23 28:18,25 29:2 41:16 98:9,16 EMG (1) 86:2 emplates (1) 68:12 employ (1) 91:9 employees (5) 73:11,16,20 74:7,8 empty (1) 102:16 EMR (4) 22:10 23:2,13 23:20 encounters (1) 22:10 enforce (1) 5:18 engage (1) 86:21 English (1) 40:7 enlarge (2)	79:23 80:5 entire (1) 48:12 entity (1) 91:15 ER (2) 94:2,11 ERRATA (1) 108:1 error (1) 5:14 ESQ (5) 3:6,11,17 4:6 4:12 ESQS (1) 3:9 established (2) 61:13 92:15 estimate (2) 14:22,23 et (3) 13:9 38:9 76:8 evaluate (1) 86:16 evaluated (1) 88:15 evaluation (4) 34:16 79:20 84:14 91:2 event (5) 6:4 39:4,20 41:10 42:22 everybody (1) 62:20 evidence (3) 37:5 80:2,12 exact (3) 42:22 99:14,15 exactly (1) 68:10 exam (1) 79:14 examination ... 2:4 5:15 6:6,8	6:10,10,13,15 8:7 32:16 38:8 45:2 65:16 70:2 72:13 80:17 94:24 98:3 105:15 106:13 107:10,12 examine (3) 16:12 81:4 87:3 examined (5) 6:8,14 8:5 65:25 70:7 examining (1) 5:24 example (6) 13:2 21:17 40:4 61:25 81:18 90:3 exerts (1) 82:4 exhibit (5) 7:14,15,16 106:6,6 exhibits (3) 7:13 106:4,9 exiting (1) 87:10 expect (1) 8:24 experience (2) 27:7 31:10 experiencing... 92:23 EXPIRES (1) 108:25 explain (2) 46:4 47:10 express (1) 7:10 extent (1) 5:14	extraneous (1) 42:5 extrapolatin... 43:19 extremities (1) 69:16 extremity (2) 79:4,15 eyes (2) 82:15 83:20
<hr/> F <hr/>				
F (1) 107:2 facets (1) 54:19 facilities (1) 10:20 facility (11) 9:9 12:13 60:23 73:2,23 76:16,17,24 88:13,24 89:9 fact (8) 14:3 41:6 52:8 54:8 55:8 83:10 103:13 103:18 factors (1) 83:6 facts (1) 55:2 failure (2) 6:5,9 fair (7) 15:21 20:18 38:15 46:25 57:14 63:21 66:6 fairly (1) 72:5 fall (10) 26:24 27:11 30:14,15				

31:10,11,20	17:8	flights (4)	fracture (5)	generated (4)
41:19 43:15	files (1)	102:19 103:4	34:20 35:4,7	10:24 13:3
43:17	62:16	103:15 104:8	38:24 39:16	21:15 22:9
falls (9)	filing (1)	flip (1)	framed (1)	generating (1)
27:24 29:21	6:12	22:19	5:12	38:5
30:5 31:8,18	fill (1)	Floor (1)	front (13)	getting (4)
38:21 39:11	11:18	4:11	10:16,21 11:21	43:16 52:18
40:25 43:18	film (1)	fluent (1)	12:16,21	90:14 96:10
familiar (1)	37:6	19:19	13:23 14:3	give (5)
55:20	films (1)	focus (1)	15:21 16:4	37:14 38:18
far (2)	38:8	74:18	17:14 47:8	42:13 91:6
13:13 83:10	find (4)	focused (1)	48:13 67:2	96:14
fashion (1)	22:12 48:19	41:13	full (5)	given (12)
16:10	55:12 75:23	follow-up (1)	23:17 25:8	5:9 37:22 38:9
fault (1)	finding (1)	71:19	36:9 42:21	38:13 39:22
36:23	97:18	following (4)	81:7	39:23 51:3
February (1)	findings (3)	40:15 70:8	fully (1)	53:21 55:2
107:20	54:17 97:2,3	99:25 108:2	81:22	63:3 85:8
feel (2)	fine (1)	follows (1)	funded (1)	107:13
23:7 38:6	105:6	8:6	62:21	gives (3)
feeling (1)	firm (2)	followup (1)	further (4)	38:14 61:7
50:23	3:14 75:17	22:25	7:13 98:3	81:11
fell (3)	first (33)	foot (2)	104:18	giving (4)
26:20 30:12	8:3 11:11	30:24 53:10	107:14	39:17 68:20
93:8	15:22 18:9,24	form (2)	fusion (16)	87:11 90:24
felt (3)	20:22 21:3	5:13 94:11	49:6,25 56:5	go (20)
27:18 31:2	29:2,15 33:11	forth (4)	57:8 59:25	27:19 28:10
103:20	34:15 44:19	5:18 6:3	60:3,8 68:9	30:20 44:3
female (1)	45:6,20,25	103:11	68:11 70:16	48:18 63:4
29:16	46:4 47:12	107:11	95:7,25 96:10	66:11 67:12
fibromyalgia...	49:4,19,25	forward (1)	96:13 97:9,14	67:14,19 69:6
32:24 33:2,3	55:5 57:17	11:13	fusions (1)	69:10 70:23
33:18,25	58:12 59:21	forwards (1)	95:20	76:8 90:13
38:23 39:14	60:6 65:23	90:16	<hr/>	98:6 101:25
41:3 42:6	68:12 78:14	four (10)	G	102:15
43:5	80:16 84:10	19:17 38:22	Garden (1)	103:15
fidgeting (1)	98:14,21	39:12 40:25	76:19	104:15
88:6	99:21	49:10 73:20	gather (1)	goes (2)
fifteen (1)	five (10)	80:2,12 81:10	24:25	29:24 61:6
74:7	80:2,13 81:6,6	81:14	general (2)	going (18)
fifty (3)	81:6,10,15,25	four-month (2)	62:22 91:17	11:12 12:4,11
73:19 74:6,8	81:25 95:16	29:22 30:5	generally (4)	16:18 23:24
file (4)	flaccid (1)	fourth (1)	14:21 15:10	26:3,4 29:6
3:12,18 4:13	81:7	84:13	19:13 57:2	42:24 44:2

50:5 52:2 60:11 64:23 77:3 87:8 91:21 103:22 goniometer (1) 90:12 good (9) 8:15,17 17:5 34:14 43:21 55:25 65:18 95:2 104:20 gotten (1) 50:7 greater (1) 102:18 Greenwich (1) 4:11 grounds (2) 6:3 64:6 grow (2) 68:16,20 guess (5) 14:23 15:3 61:17 84:12 104:18 guessing (1) 23:10 Gumpert (29) 4:6 8:8,16,18 16:20,24 17:3 23:24 24:5 31:22 32:3 37:10 43:14 43:25 50:16 64:21 65:12 65:15 68:4 69:24 71:3 78:6,10 92:10 97:23 98:4 104:17 106:15,19 guys (2) 24:5 104:15	H	H (1) 106:2 half (5) 12:5,11 56:7 56:10 57:12 hammer (1) 83:3 hand (1) 107:20 handing (1) 30:18 Hang (1) 78:9 happened (1) 93:7 happens (1) 56:21 hard (2) 88:22 104:24 head (4) 85:11,13 93:11 93:14 healing (1) 71:18 hear (2) 73:25 99:7 heavier (1) 93:11 held (1) 68:3 help (1) 95:25 hereinbefore... 107:11 hereunto (1) 107:19 herniation (10) 50:22 54:16 87:13 95:9,13 95:25 97:15 97:16,17 100:8	high-speed (1) 68:14 hip (2) 91:21,21 historian (1) 52:16 history (25) 17:20,20 18:23 19:9,14,21,24 20:13,16 26:12 27:9,17 28:2 29:18 30:9 33:23 38:9,12 41:14 42:14,21 84:14 90:25 93:6 98:10 hit (1) 83:4 hold (4) 67:7 68:19 76:5 89:18 home (4) 67:12,14,19 69:6 hopefully (1) 26:10 hospital (9) 25:10 27:20 29:23 31:4 34:17 36:5 41:17,18 66:17	7:9 idiopathic (1) 35:24 ii (1) 5:18 iii (1) 5:19 illness (5) 17:20,21 18:24 19:25 26:13 imagine (2) 90:14 93:16 imaging (1) 50:21 immaterial (2) 42:6,7 immediate (1) 93:20 immediately ... 53:8 immobilized ... 68:18 impact (5) 39:18 42:18 85:11 93:2,9 implicit (1) 56:19 improper (1) 5:19 improved (1) 96:25 improving (1) 52:24 incident (4) 38:7,19 42:20 92:9 include (2) 5:13 12:19 including (1) 20:2 inconsistent ... 27:16 increasing (2) 56:16,17	independent ... 75:20 79:5 86:22 Index (1) 1:5 indicate (8) 27:18 30:11,17 31:9 49:17 50:19 52:3 71:21 indicated (1) 99:12 indicates (3) 31:18 47:11 69:15 indicating (3) 22:3 37:6 86:9 infection (2) 71:18 97:12 information ... 13:5 14:18 18:2 28:2 39:6,17,21,23 39:24,24 40:6 48:2 92:12 initial (4) 21:3,13 53:21 93:21 initially (1) 58:8 injections (1) 50:21 injured (3) 61:12 92:14 93:5 injuries (5) 38:7 39:3,20 41:9 42:20 injury (12) 15:6,13 40:14 40:15 54:10 84:16,17,20 91:3,4 92:16 93:21
	I	I.U (1) 3:10 i/s/h/a (1) 1:10 idea (1) 76:4 identifies (1) 88:12 identity (1)			

<p>inquire (1) 86:4</p> <p>institute (23) 9:15,19,21 10:24 11:17 12:2,10,17,18 14:6,25 15:12 21:7 47:8 58:17 64:4,18 72:19 73:11 75:22 77:4 88:9 94:12</p> <p>Institute's (1) 75:4</p> <p>instrumentat... 60:2</p> <p>insurance (3) 15:8 62:19,21</p> <p>intact (1) 81:22</p> <p>intake (8) 11:8,18 12:20 13:8 14:19 16:6,12 94:10</p> <p>interbody (1) 60:3</p> <p>interest (1) 9:19</p> <p>interested (1) 107:17</p> <p>interesting (1) 36:12</p> <p>interfere (1) 5:16</p> <p>internist (1) 91:13</p> <p>interpreted (1) 31:15</p> <p>interpreter (1) 40:5</p> <p>interrupt (2) 5:25 89:10</p> <p>intervention ... 96:22</p>	<p>investigate (2) 63:2,4</p> <p>investigated ... 63:17 64:5</p> <p>investigation... 86:22</p> <p>irregularity (...) 5:14</p> <p>Island (4) 66:20 73:19 76:20 101:7</p> <p>issue (1) 100:13</p> <p>issued (1) 9:3</p> <p>issues (1) 37:17</p> <hr/> <p style="text-align: center;">J</p> <hr/> <p>JA (4) 1:7,10,10 4:5</p> <p>JAC (3) 1:8,11 4:5</p> <p>JAMES (1) 1:10</p> <p>January (3) 1:19 66:4,12</p> <p>jerk (1) 83:5</p> <p>Jersey (1) 73:6</p> <p>job (1) 65:14</p> <p>joint (1) 91:24</p> <p>judges (1) 62:13</p> <p>July (6) 48:23 49:10,21 58:17 59:2 60:16</p> <p>jump (2) 72:16 95:3</p> <p>June (16)</p>	<p>11:12 13:17 15:23 27:15 28:3 30:10,14 33:23 40:12 45:14 49:4,20 78:2 84:10 98:15 99:11</p> <hr/> <p style="text-align: center;">K</p> <hr/> <p>keep (5) 43:23 63:5 66:23 80:23 80:25</p> <p>KENDRA (4) 1:7,7 3:15,15</p> <p>kept (2) 12:23 88:3</p> <p>kidding (1) 98:2</p> <p>kind (7) 83:16 85:11,12 85:25 86:21 93:2 95:4</p> <p>knee (2) 18:12 30:23</p> <p>know (55) 11:20,22 13:22 14:4,9,14 15:5 18:24 19:13 21:8,19 21:21 23:17 24:14 25:9 31:16 33:16 36:7,8,16 41:20 42:15 43:10 46:11 46:16 51:8,11 51:25 52:13 53:4,8 54:4 59:5 60:20 66:10 67:3 76:18 77:15 88:2,25 89:3 90:8 91:14,16</p>	<p>92:11 98:8,14 98:20 99:9,14 99:15,24 100:3 102:21 104:12</p> <p>knowledge (4) 23:18 75:21 79:19 93:25</p> <hr/> <p style="text-align: center;">L</p> <hr/> <p>L (3) 4:6 5:3 8:2</p> <p>L5 (1) 60:2</p> <p>landed (1) 30:23</p> <p>language (1) 19:14</p> <p>languages (1) 19:17</p> <p>last-ditch (1) 96:14</p> <p>law (4) 3:14 4:3 7:11 75:17</p> <p>laws (1) 75:18</p> <p>lead (3) 35:16 36:5 93:4</p> <p>leads (1) 52:15</p> <p>led (5) 27:19 54:20 85:5 95:6 100:18</p> <p>left (7) 18:12 26:24,25 27:2 29:20 30:23,23</p> <p>leg (2) 27:3 29:20</p> <p>legally (1) 80:22</p>	<p>LegalView/Z... 7:6</p> <p>LEONOR (3) 1:3 3:5,18</p> <p>LESPERAN... 4:3</p> <p>let's (5) 36:15 44:6 81:9 92:16 97:3</p> <p>level (2) 39:16 55:18</p> <p>levels (1) 56:21</p> <p>LEWIS (1) 4:9</p> <p>Lexitas (1) 7:6</p> <p>life (1) 25:22</p> <p>light (1) 82:7</p> <p>limitation (1) 5:18</p> <p>limited (2) 14:2 90:17</p> <p>line (4) 18:9 59:21,22 108:5</p> <p>listed (4) 21:11,14 36:4 101:10</p> <p>litigation (1) 7:12</p> <p>little (4) 67:15 72:16 81:11 93:15</p> <p>live (4) 54:22,23 89:3 91:23</p> <p>living (2) 103:16 104:6</p> <p>LLBP (1) 27:2</p>
--	---	--	--	--

LLC (4) 1:7,7 3:10,16	M	86:1 87:1	38:20 40:16	9:8 10:15,19
LLP (1) 3:4	M (1) 8:2	88:1 89:1	41:21,24	10:20,22,23
loading (3) 85:12 93:3,10	M.D (105) 2:5 8:1,2,11	90:1 91:1	74:15 100:20	11:3,7 12:15
locations (1) 7:5	9:1 10:1 11:1	92:1 93:1	Maria (8) 1:3 3:5,18 9:9	16:10,14
long (11) 45:6 54:5 57:3	12:1 13:1	94:1 95:1	10:5,10 32:9	23:21 24:15
66:20 72:18	14:1 15:1	96:1 97:1	101:14	25:3,8 27:15
73:19 74:24	16:1 17:1	98:1 99:1	marked (1) 7:14	29:18 37:16
75:21 76:6,19	18:1 19:1	100:1 101:1	marriage (1) 107:16	40:10,21
101:7	20:1 21:1	102:1 103:1	MARTHA (3) 2:7 107:7,25	52:17 60:23
longer (2) 70:17 96:24	22:1 23:1	104:1 105:1	matter (4) 8:21 10:4	62:8,16 63:16
look (5) 17:9 64:23	24:1 25:1	105:19 106:1	83:10 107:18	66:19 76:7,25
70:9 77:25	26:1 27:1	107:1	McMANUS (...) 3:9	77:10,17 79:6
87:4	28:1 29:1	MA's (1) 18:6	mean (6) 66:17 75:10	89:5 91:13
looked (2) 22:7 85:22	30:1 31:1	Macagno (9) 58:2,7,13,19	83:14 88:19	101:6
looking (4) 22:14 72:25	32:1 33:1	58:24 59:7,17	89:8 96:13	medicine (2) 86:24 91:18
82:14 88:8	34:1 35:1	60:7,17	means (1) 46:5	Medics (1) 77:22
looks (6) 27:13 28:24	36:1 37:1	macros (1) 90:3	measure (2) 81:14 82:9	meet (1) 58:8
44:23 47:22	38:1 39:1	main (1) 73:18	measured (1) 83:2	meeting (3) 7:6 15:22 25:4
60:7 86:20	40:1 41:1	maintain (1) 77:7	measuremen... 80:15	memory (1) 45:6
lost (2) 48:19,21	42:1 43:1	maintains (2) 75:22 76:23	measuring (1) 90:15	mental (1) 52:22
lot (2) 102:16,22	44:1 45:1	majority (2) 53:14 96:20	mechanical (8) 26:24 29:21	mention (1) 33:10
lovely (1) 65:13	46:1 47:1	making (4) 20:14 54:5	30:5 31:8	Mercy (3) 66:19 101:6
lower (2) 18:11 26:25	48:1 49:1	55:4 92:8	85:11,12 93:2	102:9
lumbar (8) 26:25,25 58:3	50:1 51:1	management... 32:6 73:21,22	93:3	Merrick (1) 8:13
58:9 60:3,8	52:1 53:1	manager (1) 75:25	mechanically... 56:13	met (1) 61:15
74:21,25	54:1 55:1	mandated (1) 75:14	mechanics (1) 30:15	metallic (1) 68:15
lungs (1) 87:10	56:1 57:1	manifest (1) 57:4	mechanism (1) 40:14	middle (1) 50:17
	58:1 59:1	manner (1) 7:10	medical (34)	mild (2) 90:5,22
	60:1 61:1	March (11) 9:24 26:2,6		mine (1) 19:5
	62:1 63:1	28:19 30:12		minutes (1)
	64:1 65:1			
	66:1 67:1			
	68:1 69:1			
	70:1 71:1			
	72:1,23 73:1			
	74:1 75:1			
	76:1 77:1			
	78:1 79:1			
	80:1 81:1			
	82:1 83:1			
	84:1 85:1			

71:4 missing (1) 78:18 modality (1) 51:13 moderate (4) 90:5,9,19,22 months (3) 38:22 39:12 41:2 morning (1) 95:2 motion (2) 6:7 90:4 Mount (1) 34:8 Moura (116) 2:5 8:1,11,15 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1,18 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1,14 61:1	62:1 63:1 64:1 65:1,18 66:1 67:1 68:1,10 69:1 70:1 71:1,7 72:1,15,23 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1,11 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1,18 90:1 91:1 92:1 93:1 94:1 95:1,2 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1,19 106:1 107:1 108:1,1 move (3) 6:6 69:16 81:23 moved (1) 26:11 MRI (10) 32:20 54:15 73:22 85:3,7 87:12 92:20 97:3 99:24 100:19 MRI's (1) 44:24 multiple (1) 43:18 muscle (7) 80:2,13 81:5,7 81:19 83:12 84:6	<hr/> N <hr/> N (4) 3:2 5:3 8:2 106:11 name (5) 8:9,16,18 72:15 77:15 narrative (9) 21:18,20,22 22:13,20 23:5 23:8,12 37:14 NCV (1) 86:2 near (2) 56:21 90:23 nearly (1) 53:11 necessarily (1) 14:20 necessary (2) 43:23 108:3 neck (15) 18:11 27:21 56:16 85:12 85:13 90:16 92:19 93:5,18 98:16,21 99:9 99:21 100:3 100:14 need (8) 7:7 54:22 56:10 57:12 80:23 89:19 91:24 96:8 nerve (1) 87:10 nervous (1) 53:11 neurological ... 79:14 85:25 never (5) 33:17 63:9 64:12,20 66:7	new (47) 1:2 2:8 3:6,6 3:11,17 4:6,6 4:12,12 8:5 8:14 9:14,19 9:20 10:24 11:16,25 12:10,17,18 14:5,24 15:11 17:17 21:6 47:7 58:16,18 62:20 64:4,17 72:2,18 73:3 73:4,6 75:3 75:15,21 77:4 86:15 88:9 94:12 95:15 107:4,8 Newburgh (1) 73:5 NICOLE (1) 4:3 Non-Party (1) 2:5 NONNENM... 3:4 normal (4) 11:15 19:25 49:24 90:19 Notary (6) 2:8 6:9 8:4 105:24 107:7 108:25 note (4) 31:17 42:10 50:14 70:10 noted (1) 5:8 notes (11) 17:7 22:9 23:2 27:18 30:4,17 50:19 52:3 58:15 64:24 99:12	notice (1) 64:10 November (2) 32:6 43:6 number (4) 13:15 15:4 90:6 106:7 numbers (2) 90:5,21 numbness (2) 54:17 78:21 NYSI (3) 13:4 72:24 74:9 NYSIA (1) 24:24 <hr/> O <hr/> O (2) 5:3 8:2 O'Sullivan (...) 3:11 50:18 65:8,17 67:24 69:9,21 70:25 72:8 74:6,10 79:22 80:8 89:8 104:22 104:23 106:16 oath (1) 7:7 object (2) 6:5 42:25 objection (3) 5:11 6:7 44:2 objections (2) 5:7,9 objective (5) 54:14 83:8,14 84:6 85:2 obtain (1) 67:8 obtained (1) 44:24
--	--	---	---	---

obviously (4) 12:19 13:21 20:14 38:12	29:13 31:5 33:9 36:2 37:3 44:17,22	opinion (3) 37:15 38:18 91:10	P.M (5) 1:20 11:12 15:24 44:14	79:11,12 86:14,14 102:2,7
occasion (2) 20:8 49:25	45:16 47:17 48:25 49:16	option (4) 53:5,20 85:9 97:7	105:14 page (13) 28:10,11,13	participating... 7:5
occur (1) 97:9	49:23 50:9,18 51:7 52:14	options (2) 59:24 92:24	32:18 59:13 60:11 78:14	particular (2) 67:10 88:17
occurred (7) 26:6 30:16,16 38:19 40:15 54:10 84:23	55:7,24 56:25 57:16 58:6 59:10,19 61:4 64:13 67:20	order (5) 5:19 46:22 85:24 95:6,19	79:13 84:12 84:13 106:6 106:13 108:5	parties (8) 2:6 5:5,6 6:2 7:3,10,17 107:15
occurs (1) 72:5	67:23 69:21 69:24 72:8,17	ordering (1) 100:19	pages (3) 22:16 25:10,14	party (1) 5:24
off-the-recor... 68:2	73:14 74:10 76:21 77:14	original (3) 6:9,13 31:19	paid (3) 46:17,23 61:23	pass (2) 44:3 64:16
office (14) 4:3 9:3 13:13 22:11 40:12 47:15 49:11 66:8,12 75:25 88:17,19 89:24 99:17	77:24 79:10 80:10,21 81:3 81:24 82:19 84:2,9 89:4 98:13,18,24 100:22 101:8 101:16,17,24 102:10,14 104:16	originally (1) 92:11	pain (34) 18:11,12 26:19 26:23 27:19 27:21 29:20 29:20 31:2,11 31:11,19 32:6 33:5 39:13 41:2 56:16 71:24 73:21 73:22 91:21 92:19,20,24 96:24 97:5,16 100:3,14 103:18,22,24 104:3,5	passing (1) 30:20 pathology (1) 87:18 patience (1) 64:25 patient (74) 9:11 14:15 16:12,13 17:18 18:10 18:12,13 20:2 20:17 21:20 22:10 25:5,7 25:8 26:17,19 30:18,21 31:16 32:9 40:2,6 42:2 43:12 45:21 46:2,6,9,12 47:25 49:18 50:2,5,20 54:8,21 58:18 59:23 61:12 69:15 70:4 78:15 81:4,11 81:16,19 82:3 82:13,21 83:18 84:17 84:20,21
officer (2) 5:8 7:7	102:10,14 104:16	orthopedic (4) 53:21 62:2,6 74:13	papers (3) 26:23 27:19 27:21 29:20 29:20 31:2,11 31:11,19 32:6 33:5 39:13 41:2 56:16 71:24 73:21 73:22 91:21 92:19,20,24 96:24 97:5,16 100:3,14 103:18,22,24 104:3,5	
offices (4) 73:3,16,24 77:12	old (3) 4:5 29:16 76:25	orthopedics (...) 91:19	paper (1) 80:20	
Oh (2) 70:17 103:2	once (1) 30:12	Ouch (1) 65:12	paperclip (1) 82:10	
okay (96) 9:6,13,17,22 10:2,7,12,18 10:25 11:6,14 12:8,14 13:6 13:25 14:8,12 15:19 16:2,16 17:15,23 18:8 18:21 19:6,12 19:18,23 20:20 21:9 24:13,19 25:23 26:8,9 26:15 27:6 28:8,23 29:5	ones (1) 53:15	outcome (1) 107:17	paralysis (2) 81:8 97:13	
	ongoing (1) 53:3	outside (2) 76:22 77:5	Park (1) 73:5	
	onset (2) 33:11 99:15	Ovington (1) 3:16	part (12) 19:24 22:2 23:13 26:10 38:5 45:17	
	open (1) 82:10	ownership (1) 9:18		
	operate (1) 75:19	owns (1) 77:6		
	operation (1) 67:12	<hr/> P <hr/>		
	operative (4) 66:22,24 67:5 67:21	P (3) 3:2,2 5:3		
		P.C (1) 72:23		

85:10 86:16 87:4,14 90:7 91:5 92:7,13 92:17,22,25 93:8 94:13 96:5,14 102:17,18 103:2,10,11 patient's (3) 84:14 90:25 92:14 patients (26) 11:17 14:24 15:6,11 37:23 53:17,19 54:21 60:24 61:8,19,22 62:5 63:23 66:24 67:14 67:18 71:13 76:8 83:23 95:11,15,15 95:20,22 96:7 PAUL (1) 3:6 PCP (1) 101:12 pebble (3) 53:6,8,9 people (7) 53:14 56:4,5 56:14 93:19 96:20,23 percent (7) 15:15 56:4,9 56:11 57:3,12 95:17 percentage (1) 15:2 perched (1) 93:14 perform (6) 16:6 49:13 55:8 74:21	101:5 102:17 performed (5) 23:12 56:22 66:15 82:8 103:15 performing (1) 74:25 period (5) 29:22 30:5 33:14 51:20 100:2 permitted (1) 5:14 person (7) 5:10,20 38:13 39:11 81:22 91:13,14 personal (3) 15:6,13 79:7 personally (1) 74:11 persons (1) 5:15 phone (2) 76:11 89:14 phonetic (2) 58:2 69:3 physical (14) 50:20,24 51:3 51:8,11,21 52:2,4,9,18 52:23 54:3 73:21 97:2 physically (1) 22:14 physician (3) 16:11 69:3 100:19 physicians (1) 73:21 pieces (1) 85:4 pinching (1) 87:13	pinprick (1) 82:7 place (1) 60:12 placed (1) 64:9 plainly (1) 5:19 Plains (1) 73:5 plaintiff (13) 1:4,12 3:4 4:4 26:5 38:21 49:18 62:14 66:10,15 67:11 71:10 92:6 plaintiff's (2) 60:21 70:11 plan (8) 29:11,15 32:19 45:18,21 46:5 49:5 57:24 plate (1) 68:19 please (3) 8:9 23:19 105:4 PLLC (1) 72:21 point (7) 24:16 37:14 45:21 49:5 54:9 84:23 87:7 pointy (2) 82:11,14 policemen (1) 91:3 policy (3) 75:4,12,13 portion (1) 84:11 possession (6)	7:15 11:25 12:10 21:6,24 24:24 possibility (1) 89:12 possible (4) 63:22 86:17,23 94:9 post (3) 29:21 31:8 70:16 post-op (1) 71:14 post-surgical... 70:2 posterior (1) 59:25 practice (6) 11:15 15:5 19:25 25:2 51:17 86:15 pre-anesthes... 34:16 precedes (1) 63:11 precise (4) 1:14 4:10 39:25 90:12 prejudice (1) 5:20 preoperative... 102:3 103:8 prepare (1) 10:14 prerequisite ... 86:8 present (9) 7:3 17:21 18:2 18:23 19:25 21:17 26:12 56:13 85:5 presented (10) 7:15 27:20 29:19 33:21	40:12 41:15 54:15 55:3 62:12 99:17 presenting (1) 7:14 presents (1) 18:10 preserve (1) 5:17 pressing (1) 87:10 pretty (4) 80:24 83:14 87:7 91:20 previously (1) 98:25 primary (1) 74:18 prior (23) 7:16 20:4,12 23:4 24:22 25:4 27:11 29:18 38:21 39:11,13 40:25 41:2,18 41:19 42:15 42:21 43:15 51:5 52:4 53:2 80:17 98:10 private (1) 15:7 privilege (1) 5:18 privileges (1) 63:18 probably (7) 12:13 18:18 23:15 41:23 56:7 95:14 100:16 problem (5) 54:25 70:23 84:15 87:16
---	--	---	---	---

92:4 problems (2) 34:17 36:5 procedure (8) 54:24 56:6 67:11 68:23 69:7,17 97:6 102:8 proceed (1) 5:9 proceeding (1) 108:2 process (5) 57:7 60:22 61:6 62:23 68:11 produce (2) 21:17,22 produced (1) 21:20 prognosis (2) 20:15 91:6 promise (2) 98:2 100:23 protractor (1) 90:15 provide (2) 6:14 50:24 provided (12) 5:21 6:11 13:16 20:23 20:25 21:10 24:15,23 39:7 42:12 94:2,12 provider (1) 62:8 providers (6) 11:3 40:21 41:4 61:18 63:3,16 provision (1) 5:6 psychiatrist (...) 52:21	Public (6) 2:8 6:9 8:4 105:24 107:7 108:25 pull (4) 50:14 78:4,7 81:20 purpose (1) 7:12 purposes (1) 49:3 pursuant (4) 2:7 5:10 9:2 101:18 put (4) 37:23 68:14 77:2 90:15 putting (2) 54:19 85:4 puzzle (2) 54:20 85:5	104:14,18 Quezada (38) 1:3 3:5,18 9:9 9:10 10:5,10 11:4 14:5 15:23 18:19 19:10,19 20:3 20:8 21:2 23:9 24:17 27:9,17 32:10 35:2 37:17 40:24 49:19 55:3 58:12,23 59:7 66:2,7 69:6 70:3 85:25 88:10 95:5 101:14 101:20 quick (3) 35:12 67:15 70:25 quickly (2) 18:22 22:20	36:10 Radler (1) 75:17 raised (1) 5:11 ramification... 96:10 range (2) 90:3,10 rated (1) 61:25 rating (1) 81:6 read (4) 18:23 31:6 74:2,4 real (1) 35:12 realize (1) 14:22 really (3) 81:10 92:2 100:12 reason (3) 6:4 87:21 108:5 reasonable (1) 40:10 recall (13) 9:10 14:7,11 21:4 24:18 25:21 47:6 51:2 59:8 66:16 71:12 86:7 94:15 receive (1) 25:3 received (1) 13:14 receiving (2) 10:8 54:3 recess (2) 71:5 89:16 recitation (1)	54:2 recognize (1) 5:6 recollection (6) 19:8 25:12 48:14 51:6 69:5 79:7 recommend (...) 15:17 49:6,24 54:24 99:3 103:20 recommenda... 46:2,8 54:6 55:5 58:23 86:6 recommende... 46:7 60:7 99:22 recommendi... 54:7 record (21) 6:5 8:10 22:2 23:22 24:10 28:9 32:5 34:6 35:12 41:16 47:8,11 58:16 67:25 71:8,20 75:12 78:2,15 95:5 107:12 recorded (2) 7:9 79:19 recording (1) 7:10 records (68) 10:10,13,15,20 10:20,22,23 11:3,7 12:16 13:9,16 15:20 16:3 20:7,24 21:2,11,23 22:5 23:6 24:15,24 25:3 25:8,13,19
	Q			
	Queens (6) 1:2 34:8 73:4 88:24 89:9 107:5 question (23) 5:19,23 6:3,5 7:16 20:2 36:24 39:6 40:19,20 43:14,20,24 49:3 52:15 53:25 61:3 64:16 75:6,9 96:9,12 99:19 questioning (4) 5:13,16 6:13 7:16 questions (9) 5:17 64:22 65:7,9,21 93:4 97:24	R	R (4) 3:2 8:2,2 107:2 radialis (1) 83:7 radiates (1) 27:2 radicular (9) 18:14 56:17 78:16,19 79:20 87:15 92:20 93:24 99:16 radiculopath... 33:22 42:8,11 79:3 85:6 87:11 95:10 95:13 radiological ... 13:3 16:13	

27:8,15 30:11	regarding (1)	21:12,13,23	respect (8)	5:9,18,24 12:7
37:8 39:12	7:16	22:13 23:5,9	10:4,10 42:23	15:9 18:4
42:13 43:2	related (3)	25:10 37:15	66:14 67:10	30:6 33:19
45:5 49:17	40:13 100:20	44:7,11,14	68:9 71:7	46:19 48:2
50:25 51:4	107:15	45:17 57:21	103:7	62:20 67:2
58:11 62:16	relatively (1)	59:14 66:22	respective (2)	69:9 76:19
65:24 66:6,21	8:24	67:5,22 69:14	2:6 5:5	77:8 78:8
69:25 70:7	relayed (2)	69:22 78:18	respiratory (2)	79:4 80:13
73:2 75:22	72:3 103:24	78:24 79:11	103:9,14	81:20,23
76:7,25 77:10	relaying (1)	80:11 84:12	respond (1)	82:24 83:12
77:17 79:6	52:10	90:24 92:25	20:10	83:21 87:11
80:19,23	reliable (1)	reported (1)	response (1)	87:16 89:6
85:22 88:8,12	38:13	78:23	80:16	90:16,18
88:15 89:6	reliance (1)	reporter (4)	result (2)	91:22 92:15
94:2,4,8,10	52:8	7:4,8 74:2,5	97:9,17	93:13,15
94:11 98:10	relief (1)	Reporting (1)	retain (1)	94:16,21 95:3
98:19 101:19	5:10	7:7	76:7	99:4,18 100:7
102:7	relinquish (1)	reports (9)	retention (3)	100:11
refer (2)	63:19	13:3 21:15	75:4,12,12	101:21,21
15:16 85:24	rely (4)	22:21 37:22	return (1)	102:5,6,12
reference (1)	20:16 38:7	45:10 66:24	6:9	rights (1)
12:18	52:19 54:2	83:24 88:23	returned (1)	6:11
referenced (1)	remainder (1)	89:23	66:7	Rivkin (1)
17:11	5:24	represent (2)	returns (1)	75:17
referral (6)	remediate (1)	8:19 26:4	70:15	Road (2)
14:9,14 15:11	95:25	reputation (1)	review (12)	3:10 4:5
25:4 48:22	remediates (1)	63:10	10:9 14:4	Rockville (2)
49:21	97:15	request (7)	16:13 20:6	66:20 101:6
referred (3)	remote (1)	5:12 47:15	22:4 23:3	room (7)
14:25 74:3	7:5	48:4,14 49:11	25:3 27:14	27:10,23 28:18
77:9	remotely (1)	60:12 86:12	37:7 62:12,19	28:25 29:3
referring (2)	7:8	requested (5)	66:5	98:9,16
39:12 43:3	removed (1)	21:16 23:16	reviewed (7)	roots (1)
reflected (1)	68:12	38:2 60:13,17	10:13,16 19:8	87:11
16:7	rendered (1)	require (1)	44:24 62:9	round (1)
reflex (3)	9:9	56:8	88:9 108:2	82:11
82:25 83:3	repeat (2)	required (1)	reviewing (5)	rule (8)
84:5	32:20 67:16	16:15	25:12,21 27:8	5:5,7,14,15,21
reflexes (1)	repeating (1)	reserved (1)	66:21 71:9	6:11 86:17,22
83:13	43:24	6:8	revoked (1)	rules (2)
refresh (2)	replacement ...	resist (2)	63:18	5:6 6:4
19:8 48:13	91:24	81:16,21	rid (1)	
refusal (1)	report (28)	resort (2)	80:19	S
5:22	16:7 17:11	53:18 96:18	right (44)	S (4)

3:2 5:3,3 106:2 S1 (1) 60:2 satellite (1) 73:24 saw (11) 28:3 30:9 44:19 49:3,18 49:20 88:20 89:9 98:15 99:10 100:15 saying (4) 18:15 27:23 48:3 84:4 says (17) 26:16 31:21 32:13,19,21 41:18 48:3 57:24 61:21 70:15 71:23 80:12,18 84:13 100:4 102:17 108:2 scaffold (1) 68:14 scanned (3) 80:24 94:18,20 scoliosis (15) 34:22 35:10,13 35:18,22,23 35:24 36:19 36:22 37:2,6 38:23 39:15 42:5 43:6 Scott (12) 1:7,7 3:15,15 4:6 8:16,18 17:2 42:24 65:11 69:10 69:23 screen (23) 24:3,4 28:15 28:16 31:25	32:2 34:4,5 34:11,12 44:9 44:10 57:19 57:20 68:7,8 78:12,13 89:21,22 101:2,3,9 screws (1) 68:19 scroll (3) 26:4 29:6 32:12 scrolled (4) 29:8 48:11 59:12 69:13 scrolling (1) 88:3 Sean (3) 3:11 50:17 80:7 Sean.o'sulliv... 3:12 second (6) 26:17 31:11,20 57:24 79:13 89:18 section (2) 6:3 79:16 see (58) 16:12,18,20,25 17:3,16 22:20 23:14 24:5,9 26:10,12,16 26:21 27:4 28:17,21 29:9 30:2 32:3,18 34:6,15,19,22 36:12,15 40:3 42:9 44:11 47:7 50:2 57:25 58:4,20 58:24 59:13 60:4 63:4 64:24 66:22	70:4 71:13 73:2 79:14,16 80:7 85:23 88:11 90:9 94:15,19 95:12,14 101:9,14 102:2,16 seeing (4) 36:9 47:13 52:4 53:2 seek (1) 52:17 sought (2) 41:22 42:3 seeks (1) 92:17 seemingly (1) 13:17 seen (3) 29:22 66:3 88:13 segment (3) 55:21,22 56:6 segments (1) 57:9 send (2) 71:16 87:17 sensation (4) 82:6 83:13,15 84:5 sense (2) 48:23 49:14 sensitive (1) 53:11 sensor (1) 83:16 sentence (7) 26:18 29:15 31:6 45:20 46:5 57:24 60:11 separate (1) 7:5	September (7) 34:9 55:15 70:7 71:8,20 101:22 102:3 service (2) 7:7 40:5 SERVICES (...) 1:14 4:10 sessions (1) 51:9 set (6) 5:18 6:3 30:18 84:23 107:11 107:20 seven (4) 12:4,11 80:23 93:14 severe (3) 90:6,18,22 severely (1) 90:17 sgumpert@t... 4:7 share (6) 16:18 23:25 31:22 68:5 78:8 100:24 shared (11) 24:3 28:15 31:25 34:4,11 44:9 57:19 68:7 78:12 89:21 101:2 sharp (1) 82:16 sheet (6) 11:9 12:21 13:8 14:19 48:13 108:1 Sheetrock (4) 30:19,20,22,23 shelly@bynl... 3:7 shoe (2)	53:7,9 short (2) 71:5 89:16 shortness (4) 102:25 103:3,4 103:6 shoulder (1) 30:22 show (4) 71:16 82:13 89:19 98:19 showed (2) 42:9 54:15 showing (2) 25:25 48:5 shows (4) 25:8 41:16 87:12 91:21 shredded (1) 80:25 side (2) 82:11,12 Signature (1) 108:23 signed (1) 6:8 significant (1) 5:20 signs (2) 29:10 33:21 simply (1) 54:2 Sinai (1) 34:8 sir (15) 14:11,22 25:20 33:16 36:7 44:16 47:11 47:21 62:11 65:19 69:8,20 79:9 89:12 100:5 sit (4) 17:24 25:11
---	--	--	--	---

site (2) 68:18 71:24	space (1) 77:6	94:12 100:20	16:23 24:7	subjective (1) 83:11
sitting (1) 51:5	spaces (1) 102:17	SPRING (2) 1:7 3:10	104:21,25	submitted (1) 49:11
six (10) 51:23,24 52:2 53:14 57:5,10 95:22 99:2,10 103:22	Spanish (3) 19:20 28:6 40:8	SS (1) 107:4	STIPS (1) 7:2	subparts (1) 97:25
sixth (2) 59:21,22	speak (3) 19:17 40:7,8	stairs (4) 30:18,25 85:19 104:8	STIPULAT... 5:4 7:3,13	Subpoena (4) 2:7 9:3 10:4,8
slid (1) 85:19	speaking (2) 15:10 57:2	standard (2) 25:2 86:15	stop (1) 93:17	subpoenaed ... 13:12
slide (1) 30:24	specially (1) 61:11	stands (1) 23:20	storage (10) 12:13,23 13:7 21:24 24:25 76:8,16,17,24 80:20	Subscribed (2) 105:21 108:23
slow (2) 48:7 57:7	specific (11) 15:4 30:15 33:6 39:4,20 41:9 42:7 51:19 54:25 69:4 87:14	start (4) 56:15,16 65:3 93:22	straight (1) 92:16	subsequent (6) 54:12 71:19 84:25 85:2,3 92:17
slower (1) 67:16	specifically (9) 21:16 27:22 33:20 41:20 51:13 56:9,12 62:24 85:17	started (4) 13:17 22:8 26:23 98:21	straighten (1) 13:19	subsequently... 13:20 46:13 57:25 93:22
Smallets (7) 4:12 70:21 94:25 97:20 105:8,9 106:18	specified (1) 78:17	starting (1) 99:20	Street (1) 4:11	succinct (1) 5:22
SOB (3) 102:19,20,21	specimens (1) 87:17	starts (1) 17:19	strength (2) 81:5,7	succinctly (2) 5:11 6:5
software (1) 77:16	spinal (6) 50:3 56:5 59:25 73:20 74:19 87:7	state (11) 1:2 2:8 8:4,9 23:7 62:20 70:13 75:15 75:19 107:4,8	strike (1) 6:6	sudden (2) 93:17,17
sole (1) 9:20	spine (32) 9:15,19,21 10:24 11:16 12:2,10,17,18 14:6,25 15:12 21:6 35:14,16 47:7 53:22 58:3,9,17 64:4,18 72:18 74:21,25 75:3 75:21 77:4 88:9 93:3	stated (11) 5:11 6:4 23:11 24:22 30:21 31:2,3 51:5 54:9 96:6,16	striped (1) 86:19	sued (1) 64:18
somewhat (1) 45:10		statement (2) 5:13,23	strong (1) 81:11	suffered (1) 35:3
sorry (4) 37:10 75:7 88:7 89:10		statements (1) 5:16	struggle (1) 16:17	suggest (1) 5:12
sort (7) 11:8,18 32:15 37:14 44:2 61:5,20		states (2) 82:21 83:18	studies (5) 16:13 54:14 86:2 87:5 92:21	Suite (2) 3:5 4:5
sounds (4) 18:5,15,25 55:25		stating (1) 18:12	stuff (2) 40:22 103:19	SULLIVAN ... 23:19,23 73:25
source (1) 14:10		status (4) 29:21 31:7 47:25 70:16	subdivision (1) 5:21	SUPREME (1) 1:2
		STENOGRA...	subdivisions ... 5:7	sure (13) 13:18 22:22 47:21 67:17 71:17 76:14 79:24 80:24 86:10 89:13 89:15 100:10

104:10 surgeon (2) 50:3 74:13 surgeons (1) 73:20 surgeries (6) 61:15 64:19 74:19,22,25 95:17 surgery (55) 36:17 43:3 46:3,7,14,17 46:22 47:3,15 47:20 48:16 49:6,13,25 51:22 53:4,17 53:20 54:6,8 54:22 55:9,13 56:8,11,22 57:13 60:13 60:18 62:2 66:14 67:14 67:19 70:8,16 71:11,14 72:3 72:6 86:6,9 87:18 95:16 96:3,5,8,17 97:7 99:3,23 101:4,15,20 102:8 103:20 surgical (8) 52:6 59:24 60:12 67:11 71:24 85:8,8 96:21 swallowing (2) 71:25 72:4 switched (1) 17:6 sworn (7) 6:8 7:8 8:4 105:21 107:11 108:1 108:23	symptom (1) 35:20 symptomatic... 36:6 56:15 57:11 symptomatol... 53:3 symptomolo... 54:11 symptoms (18) 35:16 41:13 42:2 53:16 54:13 56:17 79:20 84:24 86:18 87:15 92:3,20 93:23 93:24 96:25 99:13,16 100:17 syndrome (1) 55:21 system (6) 53:12 62:18 77:11 80:18 94:4,16 <hr/> T <hr/> T (5) 5:3,3 106:2 107:2,2 T7-T8 (3) 34:20 35:4,7 take (15) 17:9 19:14,20 36:14 57:4 69:22 70:9,21 70:25 76:25 80:14 82:10 83:3 89:14 105:5 taken (7) 2:6 5:8 6:10 18:3 71:6 89:17 108:2	talk (3) 43:7,9 104:3 talking (4) 42:22 43:25 76:10 91:12 talks (1) 27:10 TAN (2) 1:7 3:10 technique (1) 43:22 tell (22) 14:21 17:10 32:25 33:24 35:9,13 41:5 41:7 54:20,21 55:13 56:2 65:24 71:9,14 76:13 82:15 82:16,16 88:14 92:22 101:18 telling (4) 50:23 92:7,7 92:14 tells (2) 20:17 92:13 template (1) 89:24 Temple (17) 3:17 16:25 17:6 72:14,16 73:9 78:4,8 79:24 80:4,10 88:2 89:15 94:21 105:2,4 106:17 ten (3) 57:5,11 70:5 tendon (1) 83:4 term (3) 55:21 56:19,20 test (1)	83:8 testified (7) 8:5 37:19 41:6 44:18 96:17 98:6,25 testify (1) 13:21 testifying (1) 10:14 testimony (4) 6:6 23:4 107:13 108:3 testing (6) 83:12 84:7 85:3 86:2,5 90:4 text (1) 75:24 thank (12) 8:22 16:24 22:23 23:23 64:14,25 65:4 65:15 70:24 72:11 97:22 104:19 Thanks (1) 105:10 therapy (12) 50:20,25 51:4 51:9,12,21 52:2,4,9,19 54:4 73:22 they'd (1) 24:25 thing (1) 44:2 things (5) 20:21 42:5 43:20 87:24 91:19 think (21) 12:6 15:16,17 22:25 41:23 43:11 46:21	53:25 55:11 59:9,24 69:11 69:19 72:9 80:22 87:23 91:11 94:6,7 94:17 102:23 third (1) 84:12 THIRD-PA... 1:12,15 4:10 thirty (3) 63:8 86:25 90:4 thoracic (1) 39:16 thought (1) 37:11 three (4) 71:4 83:6 84:3 100:15 threw (1) 30:21 tied (1) 83:15 time (33) 1:20 6:7 16:17 21:2 24:2 28:14 31:24 33:15 34:3,10 41:17 44:8,19 45:3 47:12 49:5,19,20 51:21 54:9 57:18 59:23 60:8 68:6 69:2 70:12 76:10 78:11 84:23 89:20 99:22 100:2 100:25 times (2) 16:8 102:23 tingling (2) 54:17 78:21
--	---	--	--	---

tiny (1) 53:8	60:24 61:8,18 61:22 62:5	47:2 58:18 67:13,19 72:6 93:21 97:6	unnecessary ... 64:19	violation (1) 7:11
today (12) 8:23 9:7 10:9 10:14 13:23 17:24 25:11 44:3 51:6 96:17 98:21 99:8	treated (3) 14:5 37:17 65:25	<hr/> U <hr/>	unremitting ... 54:14 103:21 104:4	viral (1) 91:15
told (17) 28:3 30:13 37:20 39:10 40:9,13,24 41:4 42:21 48:7 50:12 52:24 53:13 53:17 78:25 95:21 99:20	treating (4) 52:22,23 63:23 86:15	U (2) 5:3 8:2	unusual (1) 43:11	visit (12) 11:11 17:18 21:3 45:6,25 55:5 58:12,18 59:6 60:6 78:2 84:10
tolerate (3) 53:16 96:24 97:5	treatment (20) 9:8 16:14 20:15,25 24:16 25:19 41:22 42:3 45:18,21 46:5 50:6,11 54:13 57:17,23 84:25 92:18 92:24 97:4	unauthorize... 7:11	uploaded (1) 62:17	visits (3) 71:19 79:8 88:10
top (1) 101:10	treatments (1) 52:25	unaware (2) 37:20 63:7	upper (2) 79:4,14	vital (1) 29:10
total (3) 73:20 91:24 95:14	trial (3) 2:4 5:6 6:7	uncertainty (1) 37:21	use (4) 77:16,18 90:2 90:11	voluntarily (1) 63:19
totally (1) 74:8	TRIKAS (3) 2:8 107:7,25	undergoing (1) 56:5	uses (1) 47:15	<hr/> W <hr/>
touch (1) 82:7	true (1) 107:12	undergone (4) 50:12,20 52:4 52:25	usual (2) 16:9 51:18	waived (1) 6:13
Trade (1) 4:11	try (2) 16:18 67:8	understand (9) 13:24 14:2 40:17 43:21 51:18 61:2 75:5,8 96:11	usually (16) 18:6,6 23:11 23:13 25:6 35:18,22,24 45:9 57:5 67:13,18 68:18 70:4 71:13 89:2	waiver (2) 6:6,11
trained (1) 61:10	trying (2) 48:19 80:4	understanda... 12:11	<hr/> V <hr/>	walk (4) 103:2,15 104:7 104:8
transcript (1) 108:2	tumor (2) 87:9,24	understandi... 62:10	vender (2) 76:22 77:5	walked (1) 103:5
transforami... 60:2	two (22) 26:23 27:24,24 29:21 30:4 31:8,18 38:22 39:11 40:25 57:9 70:16 73:20 97:24 102:19 103:2 103:4,5,14,15 104:7,8	Understood (...) 63:12 83:22 91:25	verbiage (1) 18:5	want (11) 8:22 28:10 31:22 32:12 44:5 67:22 68:4 70:19 75:24 76:12 78:6
transmitted (...) 28:7	try (2) 16:18 67:8	unencumber... 104:6	vertebrae (1) 34:20	wanted (1) 53:4
traumatic (1) 93:6	trying (2) 48:19 80:4	uneventful (1) 71:15	vertebral (1) 68:13	wants (1) 59:23
treat (7) 15:7 35:6	tumors (1) 87:9,24	unfortunatel... 97:24	VIDEO (1) 7:2	wasn't (5) 22:14 40:19 43:7 52:22 103:22
	type (9) 17:18 37:6	Uniform (1) 5:6	Videoconfer... 1:17 7:4,6,9,18	way (5)
		Uniondale (1) 3:17	view (1) 87:8	
		Universal (1) 32:5	viewed (1) 69:15	

20:22 39:25	wife (1)	62:9,17 63:2	<hr/> Y <hr/>	1,359 (1)
40:23 81:11	102:24	63:17,24 64:5	Yakaitis (9)	28:13
107:17	wild (1)	working (1)	3:4,6 42:24	1,396 (1)
we're (6)	14:23	80:5	43:16 65:6,10	28:10
9:7 12:4 17:7	Willets (1)	workload (1)	65:13 105:12	1,400 (1)
57:21 60:11	3:10	16:9	105:13	25:14
75:16	wiped (1)	workmans' (1)	year (4)	1,449 (2)
we've (2)	41:14	15:6	28:4 95:12,15	25:10 28:10
40:21 71:17	wish (1)	works (1)	95:18	10007 (1)
weakness (4)	103:6	62:23	years (11)	4:12
54:17 80:3,13	Withdrawn (1)	World (1)	12:5,12 13:15	10018 (1)
84:6	73:9	4:11	29:16 57:6,11	3:6
wedge (5)	witness (27)	worse (3)	63:9 80:23	10th (1)
34:19 35:3,7	2:6 6:8,14 7:5	31:20 50:23	86:25 90:5,21	34:9
38:23 39:15	7:7,8,14,15	99:3	York (41)	11 (2)
week (5)	7:16 8:3	worsened (1)	1:2 2:9 3:6,6	55:15 101:22
28:19 29:2,23	16:22 23:21	31:12	3:11,17 4:6,6	11:30 (1)
70:5 99:21	24:8 32:4	worsening (2)	4:12,12 8:5	59:2
weeks (14)	65:5 70:19,24	29:20 31:7	8:14 9:15,19	11507 (1)
26:23 27:24	72:12 76:6,10	wouldn't (1)	9:21 10:24	3:11
38:22 39:11	89:11 104:20	14:13	11:16,25	11553-3644 (1)
40:25 51:23	105:15	wounds (1)	12:10,17,18	3:17
51:24 52:2	107:10,13,19	71:17	14:5,24 15:11	11590 (2)
53:15 70:16	108:23	Wow (1)	21:6 47:7	4:6 8:14
95:23 99:2,10	witness's (1)	25:17	58:16 62:20	11th (2)
103:23	7:9	wrist (2)	64:4,18 72:18	4:11 102:3
welcome (2)	word (1)	80:13 83:5	73:3,4 75:3	12:00 (1)
65:5 72:12	52:19	write (1)	75:15,21 77:4	1:20
went (7)	words (1)	18:6	88:9 94:12	1400 (1)
28:25 29:2	19:15	written (5)	107:4,8	4:5
31:4 49:21	work (6)	7:10 18:16	<hr/> Z <hr/>	1430 (1)
51:9 52:9	26:20 29:24	31:13,14 79:6	zebra (3)	3:5
98:9	84:16,20 91:4	wrote (3)	86:20,20,20	15th (1)
weren't (1)	92:16	18:25 19:2	zero (2)	28:19
42:12	work-related...	80:22	81:6,7	16th (1)
Westbury (4)	84:15 91:3	<hr/> X <hr/>	<hr/> 0 <hr/>	30:12
8:13 73:3,18	92:9	X (6)	01/23/2026 (1)	1802 (1)
73:23	Workers' (23)	1:3,9,16 8:2	108:2	3:5
WHEREOF ...	15:13 46:19,23	106:2,11	<hr/> 1 <hr/>	<hr/> 2 <hr/>
107:19	46:24 47:5,19	X-ray (2)	1 (1)	2 (1)
whiplash (1)	48:15 49:12	71:16 73:22	59:20	59:20
93:21	60:18,24 61:6	X-rays (3)		2:16 (1)
White (1)	61:13,16,19	36:14,16 91:21		105:14
73:5	61:21,23 62:4			

<p>20 (4) 90:8,8 105:22 108:24 200 (2) 3:10 95:17 2000 (1) 72:20 201 (1) 4:5 2018 (34) 9:24 11:12 13:17 15:23 26:2,6 27:16 28:4,20 30:10 30:12,14 32:7 33:24 38:20 40:12,16 41:21 43:6 45:14 48:23 49:4 55:15 58:18 59:2 70:8 71:8 74:16 78:3 84:11 98:15 99:11 100:21 101:22 2019 (2) 66:4,12 2021 (2) 34:9 43:7 2026 (1) 107:21 21st (1) 107:20 221 (1) 5:5 221.2 (1) 6:3 23,2026 (1) 1:19 24th (2) 66:4,12 250 (1) 95:17</p>	<p>28 (2) 71:8,21 28th (17) 11:12 13:17 15:23 27:15 28:3 30:10,14 33:24 40:12 45:14 49:4,20 70:8 78:3 84:11 98:15 99:11 2nd (3) 48:23 49:10,21 <hr/>3<hr/>3 (1) 59:20 3/7/2018 (1) 24:10 3:30 (3) 11:12 15:23 44:14 30 (6) 56:4,9,11 57:3 57:12 90:8 30th (1) 32:6 31 (1) 5:10 3115 (3) 5:7,14,21 3116 (1) 6:11 3117 (1) 6:11 333 (1) 3:16 37 (1) 29:16 <hr/>4<hr/>4 (1) 59:21 4,000 (2)</p>	<p>95:15,20 48 (1) 22:18 49 (1) 25:15 <hr/>5<hr/>5 (1) 59:21 50 (1) 15:14 50355.11 (1) 4:13 5th (3) 58:17 59:2 60:16 <hr/>6<hr/>6 (3) 26:6 59:21 100:21 6/28 (1) 57:21 6/28/18 (1) 44:14 64 (1) 97:25 65 (1) 106:16 6th (5) 9:24 38:20 40:16 41:21 41:24 <hr/>7<hr/>7 (1) 4:11 7/5/18 (1) 59:14 707315/2018 ... 1:6 72 (1) 106:17 761 (1)</p>	<p>8:13 7th (1) 26:2 <hr/>8<hr/>8 (1) 106:15 <hr/>9<hr/>94 (1) 106:18 96 (1) 75:2 98 (2) 72:20 106:19</p>
---	--	---	--