

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS : CIVIL TERM : PART 28



-----X
CARLOS PAIBA,

Plaintiff,

-against-

Index No. 704365/2019

56-11 94TH STREET COMPANY LLC AND
GINSBERG HOLDINGS L.P.,

JURY TRIAL

Defendants.

-----X

Supreme Courthouse
88-11 Sutphin Boulevard
Jamaica, New York 11435
March 17, 2026

B E F O R E:

THE HONORABLE LAURENTINA McKETNEY-BUTLER,
J U S T I C E of the Supreme Court

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

WILLIAM SCHWITZER ASSOCIATES
Attorneys for the Plaintiff
820 2nd Avenue - 10th Floor
New York, New York 10017
BY: RORY M. SHECTMAN, ESQ.

PERRY, VAN ETTEN, ROZANSKI & KUTNER, LLP
Attorneys for the Defendants
225 Broadhollow Road - Suite 430
Melville, New York 11747
BY: THOMAS F. MAHER, ESQ.

VALERIE MCNALLY
VICKY ZUBIRIA
SENIOR COURT REPORTERS

1 THE CLERK: All rise, the Judge is entering.
2 Queens Supreme Court, Part 28 continues to be in
3 session with the continued jury trial, Index
4 No. 704365/2019 in the matter of Carlos Paiba vs. 56-11
5 94th Street Company LLC and Ginsberg Holdings LLP.

6 All appearances remain the same.

7 THE COURT: Thank you.

8 Everyone can have a seat.

9 MR. SHECTMAN: Good morning.

10 MR. MAHER: Good morning, your Honor.

11 THE COURT: So are we ready to proceed?

12 MR. SHECTMAN: Ready to proceed, your Honor.

13 THE COURT: Are there any documents that need to
14 be placed in evidence or marked for ID before we have the
15 jury come in?

16 MR. SHECTMAN: May I ask Mr. Maher something?
17 Your Honor, may I ask Mr. Maher something?

18 THE COURT: All the time that we had out here?

19 MR. SHECTMAN: Forget it, I won't ask him, it's
20 okay.

21 THE COURT: What's the question, Counsel?

22 MR. SHECTMAN: I'm fine. I don't want to ask him,
23 it's fine.

24 THE COURT: We don't have any witnesses in the
25 courtroom?

1 MR. SHECTMAN: He's right outside in the hallway.

2 THE COURT: Do we have any witnesses in the
3 courtroom?

4 MR. SHECTMAN: No.

5 THE COURT: So then we are ready for the jury?

6 MR. SHECTMAN: Yes, Judge.

7 THE COURT: Let's bring the jury in.

8 THE COURT OFFICER: All rise. Jury entering.

9 (Whereupon, at this time, the jury entered the
10 courtroom.)

11 THE CLERK: Do all Counsel stipulate to the
12 presence and seating of the jury?

13 MR. SHECTMAN: Yes.

14 MR. MAHER: Yes.

15 THE COURT: Good afternoon, Jurors.

16 THE JURORS: Good afternoon.

17 THE COURT: Have a seat.

18 Again, I would like to thank the jurors for all
19 your punctuality and your continued attendance throughout
20 this trial.

21 And we are ready to proceed with the plaintiff,
22 who is going to be continuing with a witness that was
23 previously on the stand and who will take the stand again
24 today, okay. Thank you.

25 You may proceed.

1 MR. SHECTMAN: Thank you.

2 Your Honor, at this time I would like to call
3 Dr. Steven Touliopolous.

4 And your Honor, he hadn't testified previously,
5 your Honor.

6 THE COURT: Oh, he was scheduled to testify.

7 MR. SHECTMAN: Right. He couldn't testify the
8 other day. Yeah, he was scheduled.

9 THE COURT: Yes, thank you.

10 So you heard the correction. This is a new
11 doctor, new witness.

12 (Whereupon, at this time, the witness takes the
13 stand.)

14 THE CLERK: Sir, please remain standing to be
15 sworn in.

16 THE WITNESS: Yes.

17 THE CLERK: Judge, may I swear the witness?

18 THE COURT: Please.

19 THE CLERK: Raise your right hand.

20 Do you swear or affirm that the testimony you are
21 about to give shall be the truth, the whole truth and
22 nothing but the truth?

23 THE WITNESS: I do.

24 THE CLERK: You can be seated. Adjust the mic how
25 you need it once you're seated. And then in a loud, clear

1 voice, please state your first and last name and then spell
2 your first and last name for the record.

3 THE WITNESS: My name is Steven --

4 THE COURT: I'm sorry, Doctor, is your microphone
5 on.

6 THE WITNESS: My name is Steven Touliopoulos,
7 spelt S-T-E-V-E-N T-O-U-L-I-O-P-O-U-L-O-S.

8 THE CLERK: Please give your complete mailing
9 address.

10 THE WITNESS: Yes.

11 23-25 31 Street, Suite 800, Astoria, New York
12 11105.

13 THE CLERK: Thank you.

14 THE COURT: Very good.

15 Good morning, Doctor. Good afternoon, I'm sorry.

16 THE WITNESS: Good morning, your Honor.

17 THE COURT: You may proceed, Counsel.

18 MR. SHECTMAN: Thank you.

19 D R. S T E V E N T O U L I O P O U L O S, called as a witness
20 by and on behalf of the Plaintiff, after having been first duly
21 sworn, was examined and testified as follows:

22 DIRECT EXAMINATION

23 BY MR. SHECTMAN:

24 Q Dr. Touliopoulos, good afternoon.

25 A Good afternoon.

1 Q Dr. Touliopolous, would you please tell the jury, what
2 is your current specialty?

3 A I am an orthopedic surgeon and I'm board certified both
4 in orthopedic surgery and orthopedic sports medicine.

5 Q Can you tell the jury what is involved in the field of
6 orthopedics?

7 A Yes.

8 Orthopedics is a study of musculoskeletal disorders.
9 So issues or problems with bones and muscles, joints, tendons,
10 ligaments and so forth.

11 Q Now, you mentioned you are board certified in two
12 specialties, correct?

13 A Yes.

14 Q Which are they again?

15 A Orthopedic surgery and orthopedic sports medicine.

16 Q Would you explain to the jury what it means when a
17 doctor is board certified.

18 A Yes.

19 First you have to finish an accredited residency
20 program and then you have to take a two-part exam. The first
21 part is a written exam based on your fund of knowledge. And
22 then, two years later, you take an oral examine where you
23 present surgeries that you performed. And after you pass both
24 parts you become board certified.

25 Q Is every orthopedic surgeon board certified?

1 A No.

2 Q So what you have is somewhat of a higher credentialing
3 than someone without board certification?

4 A Yes.

5 Q Okay. And you mentioned that you are board certified
6 in two specialties?

7 A Yes.

8 Q Doctor, I'm assuming but I have to ask you anyway. Are
9 you licensed to practice medicine in the State of New York?

10 A Yes, I am.

11 Q When were you so licensed?

12 A 1993.

13 Q Can you please walk us through your educational
14 background starting with college through medical school, as well
15 as any other schooling you've had to date.

16 A Yes.

17 I went to college at Columbia University. I majored in
18 chemical engineering. After I got my Bachelor's Degree in
19 Chemical Engineering, I stayed on at Columbia and I received a
20 Master's in Bioengineering before entering medical school at
21 SUNY Downstate. After I finished medical school, I stayed on at
22 SUNY Downstate to do my orthopedic residency training. And
23 after I finished that, I did my sports fellowship at Lenox Hill
24 Hospital.

25 Q Doctor, do you currently or have you ever held any

1 privileges at any hospitals?

2 A Yes.

3 Q Can you tell us which ones.

4 A Yes.

5 I have privileges at Mount Sinai Hospital of Queens,
6 New York-Presbyterian Lower Manhattan Hospital and Lenox Hill
7 Hospital.

8 Q Had you ever had or do you currently hold any teachings
9 positions?

10 A Yes.

11 Q Can you tell us about those.

12 A I am an assistant professor of orthopedic surgery at
13 New York-Presbyterian Cornell Medical Center.

14 Q Have you published any works in your specialty over the
15 years?

16 A Yes.

17 Q Can you give just an idea of how many and what the
18 subjects were that you published in.

19 A The subjects included causes of light pain, finger
20 dislocation, gunshot wounds to the foot. So various topics.

21 Q Okay.

22 Are you currently or have you ever been a member of any
23 professional organizations?

24 A Yes.

25 I'm a member of the American Academy of Orthopaedic

1 Surgery.

2 Q Doctor, do you currently maintain an office or multiple
3 offices where you practice your specialty?

4 A Yes.

5 Q Where are those located?

6 A I have an office in Queens as well as an office in
7 Manhattan.

8 Q Now, when you mentioned before about being board
9 certified in orthopedics and in sports medicine, when patients
10 come to you, is it -- are they always victims of trauma? Is it
11 sometimes sports, for example? If you can give us some
12 breakdown of maybe the percentage of patients that come with you
13 and where those particular conditions originated.

14 A So we see various types of patients, including younger
15 pediatric patients, adolescents, adults and even geriatric
16 patients, older patients. And they may present with congenital
17 problems, problems that they're born with, development problems,
18 degenerative joint disease, as well as traumatic injuries.

19 Q Doctor, can you tell me if you are experienced in
20 treating patients that have had some kind of a hip injury or hip
21 pathology?

22 A Yes.

23 Q Can you tell us, prior to today's date, just some
24 approximation on how many different occasions have you seen a
25 patient with some type of a hip pathology, and whether it was

1 from trauma or unrelated to trauma.

2 A Oh, it would be a number in the thousands over the --
3 my career, which is almost 30 years.

4 Q And Doctor, do you in you day-to-day performance of
5 your specialty, do you read MRI films?

6 A Yes.

7 Q How often would you say you read an MRI film?

8 A Oh, almost on a daily basis.

9 Q And how many -- again, just some approximation -- on
10 how many different occasion do you believe that you have read an
11 MRI? Meaning, how many MRIs have you read?

12 A Again, it would be a number in the thousands.

13 MR. SHECTMAN: Your Honor, I would ask
14 Dr. Touliopolous to be qualified as an expert in
15 orthopedics and orthopedics sports medicine.

16 THE COURT: Any objection?

17 MR. MAHER: No objection, your Honor.

18 THE COURT: Okay, then Dr. Touliopolous is deemed
19 an expert, and you may proceed.

20 MR. SHECTMAN: Sure.

21 Q Now, Doctor, did I ask you as Mr. Paiba's treating
22 physician to bring your file to court?

23 A Yes.

24 Q And this is the file reflective of your treatment of
25 Mr. Paiba over the years, correct?

1 A Yes, it is.

2 Q Okay, then what I would ask with the Court's
3 permission, if I ask you a question and you don't recall off the
4 top of your head a date or a fact, that you can look at your
5 records to refresh your memory when I'm asking the question,
6 okay?

7 THE COURT: Defendant, is there?

8 MR. MAHER: Well, if the Doctor is going to refer
9 to the contents of his file, I would like it to be marked
10 for identification and have an opportunity to review the
11 contents.

12 THE COURT: Okay, then let's do that. Let's have
13 the Doctor's medical records reviewed by the defense
14 counsel and we can mark it for ID, whatever number we are
15 up to.

16 And I will ask for the conversation between the
17 parties to stop.

18 Let's mark it as ID.

19 THE COURT OFFICER: So plaintiff's ID?

20 MR. SHECTMAN: Yes.

21 (Whereupon, at this time, the medical records of
22 Dr. Touliopoulos was marked as Plaintiff's Exhibit 11 for
23 identification, by the Reporter.)

24 THE COURT OFFICER: Plaintiff's Exhibit 11 now
25 marked for ID.

1 THE COURT: Okay, let's have the defendant look at
2 it, please.

3 MR. MAHER: Judge, in the interest of time, since
4 we only have very limited time before the lunch break, I'm
5 going agree to let him begin his testimony and I'll reserve
6 my right to look at it later this morning.

7 THE COURT: Okay. I don't really work on the
8 interest of time. I work on the interest of justice. But
9 if that is what you wish.

10 MR. MAHER: It's okay. I know we don't have much
11 more time this morning.

12 Q So, Doctor, can you tell us what was the very first
13 date of your initial evaluation of Mr. Carlos Paiba?

14 THE COURT: And you are referring to your report,
15 doctor?

16 A Yes, I am, doctor.

17 THE COURT: Or your medical record, I'm sorry, not
18 your report.

19 A The very first was July 22nd of 2020.

20 Q Did you take a history from Mr. Paiba at that time?

21 A Yes.

22 Q Can you tell the jury, what is a history?

23 A A history is basically what brings the patient to the
24 office, what happened, what hurts as well as perhaps any sort of
25 prior issues in his history that may be relevant.

1 Q Can you tell me, Doctor, when you asked him for the
2 history, what is the history as relayed to you on that very
3 first initial evaluation?

4 A When he presented, he was 53 years of age and he had a
5 medical history that was significant for diabetes. He fell from
6 a ladder while working as a plaster or construction worker on
7 March 6th of 2019. He reported taken via ambulance to a
8 hospital where he was evaluated for injuries of his back, left
9 hip and left knee.

10 He had been under the care of Dr. Merola who had
11 performed lower back surgery on this patient. He also had
12 undergone left knee surgery under the care of another physician.
13 And it was Dr. Merola that referred the patient to me for his
14 left hip injury.

15 He denied any prior history of left hip pain or injury
16 prior to this work accident. He had complaints of significant
17 hip pain, difficulty with daily activities, such as standing and
18 walking and sitting despite taking anti-inflammatory
19 medications.

20 At this point in time he stated that he had not
21 received any therapy for his hip. And when I asked for the
22 patient to localize his pain, he exhibited a C sign, which is
23 the letter C. So basically what this is is when I ask the
24 patient where your hip pain is, they make the letter C and they
25 kind of put it around their hip. And that usually signifies

1 some sort of pathology or injuries inside the hip joint.

2 Q Now, I believe you said that this patient was referred
3 to you by doctor Merola?

4 A Yes.

5 Q In the course of your 30 years, has Dr. Merola ever
6 referred any other patients to you for evaluation of a hip
7 injury?

8 A Yes, he has.

9 Q Okay.
10 Now, by the time Carlos had come to you, I believe you
11 said he already had one back surgery, correct?

12 A Yes.

13 Q Okay. Now, at that time when he came to you, that
14 first visit, did you perform a physical examination?

15 A Yes, I did.

16 Q Can you tell us what you did and what, if anything, you
17 found that you believe is significant?

18 A When I examined him on this date, he had -- we call it
19 an antalgic gait. Basically he was limp, but he was not using a
20 cane at this point in time. Left hip examination revealed a
21 positive log roll test. It's basically performed when the hip
22 is rotated in and outward. As well as a positive FABER test,
23 which stands for Flexion Abduction and External Rotation.
24 There's three modes of rotation. And that was also positive.
25 And these tests in addition to the C sign usually signify some

1 sort of pathology or injury inside the hip joint.

2 The compression test was negative. That's a test where
3 if it is positive, it may signify some sort of underlying
4 fracture, but that was negligent. His hip motion was limited in
5 all planes except for external rotation.

6 So his flexion was 45 degrees actively. So when I
7 asked the patient to move his hip up, it went to 45 degrees;
8 normal is 120. When I moved his hip, we call that passive
9 motion, it was 75 degrees. His abduction, bringing his hip away
10 from his body, was 15 degrees actively and 25 degrees passively;
11 normal is 45 degrees. His active abduction was bringing his hip
12 towards his body was 15 degrees and passively it was 20 degrees.
13 His internal rotation was 5 to 10 degrees.

14 And as I said early, his external rotation was greater
15 than the other hip. Which usually signifies some sort of injury
16 to the ligaments or the capsule of the hip that makes the hip
17 loose and actually rotates more than normal in one direction.

18 What I also noted was atrophy of the thigh muscles. So
19 the thigh muscles on the left side were thinner or smaller than
20 the thigh muscles on the right side.

21 Q Doctor, can you tell me what is the significant then of
22 Mr. Paiba coming to you and complaining of hip pain, you
23 conducted a physical examination and finding a positive leg roll
24 test, positive FABERS test, as well as the reductions in range
25 of motion that you found, so putting that altogether, what is

1 the significance of that?

2 A Well, based on these findings, I believe that there was
3 a problem that involved the hip joint. And frequently when
4 there's a combined back and hip injuries, since the back and hip
5 ever connected by certain muscle groups, it can be hard to
6 different between the two.

7 Same thing with the neck and shoulder. You can have a
8 neck injury that can call shoulder pain and a shoulder injury
9 that can cause neck pain, and the same applies to the lower back
10 and the hip.

11 Q Doctor, just based on your physical examinations, those
12 findings, at that point, did you have at least some type of a
13 differential diagnosis as to what you thought the problem might
14 have been even before looking at the MRI?

15 A Well, you know, based on his increased external
16 rotation, I believe there was some sort of capsule or a ligament
17 injury to the hip.

18 I also had a suspicion for a labral tear because of the
19 positive tests I had performed. And whenever there is a hip
20 injury, you always worry about some sort of chondral or
21 cartilage damage.

22 Q Now, at some point, you did, in fact, review the MRI of
23 the left hip, correct?

24 A Yes.

25 MR. SHECTMAN: Your Honor, I actually have it cued

1 up, but I didn't know what time we'd break for lunch, but I
2 have it all cued up.

3 THE COURT: We break for lunch at the same time we
4 have been breaking for lunch every day, Counsel.

5 MR. SHECTMAN: Then I will continue to go, your
6 Honor, I'm just asking.

7 Q So, Doctor, what I will do then is, I'll set it up for
8 you to show the jury the MRI findings; fair enough?

9 A Sure.

10 MR. SHECTMAN: Your Honor, may I approach the TV
11 monitor to set up for the MRI.

12 THE COURT: We need to get the monitor turned
13 around for the jury, please.

14 MR. SHECTMAN: With the Court's permission, your
15 Honor, may I ask the Doctor to step down so he can walk us
16 through the MRI? Would that be okay?

17 MR. MAHER: Your Honor, I just think --
18 preliminary I think Counsel needs to lay a foundation as to
19 what MRI we're talking about, when it was taken, etcetera.

20 THE COURT: I agree.

21 Q So Doctor, is this the MRI that you reviewed of the
22 left hip of Carlos Paiba taken on January 20, 2020?

23 THE COURT: If you need to get closer to it,
24 Doctor, feel free to.

25 A Yeah. I saw the name and the date, yes. So I would

1 say yes, that is.

2 MR. SHECTMAN: I will note for the record, that
3 this is from the DVD, Plaintiff's Exhibit 1 in evidence,
4 your Honor.

5 May I have the Doctor step down?

6 THE COURT: Yes.

7 (Whereupon, at this time, the witness stepped down
8 from the witness stand to testify closer to the exhibits.)

9 Q Doctor, I am going to give you two things. One is a
10 mouse to scroll through the images, and the second, more
11 important, is a microphone. So please, if you can use the
12 microphone when speaking to the jury.

13 A Sure.

14 THE COURT: Can the jurors see?

15 Counsel, I need to be able to see as well.

16 MR. SHECTMAN: Understood, Judge. I want to make
17 sure the jury can see, as well.

18 THE WITNESS: Okay, so the MRI uses magnets to
19 look inside our body instead of x-rays --

20 THE COURT: Was there a question? I'm sorry, I
21 don't recall a question.

22 Q Doctor, can you tell us first, what are we looking at?

23 A Yes.

24 This is the MRI scan images of the left hip on patient
25 Carlos Paiba performed on -- where is the date -- January 20th

1 of 2020.

2 Q What is an MRI, Doctor?

3 A An MRI is a type of imaging study that uses magnets to
4 look inside our body. An x-ray and a CAT scan uses radiation to
5 look inside our bodies. And it's performed by taking, we call
6 it slices through the body. And the slices are a few
7 millimeters thick.

8 And when the slice is done this way, it's called axial.
9 And when it's done in this direction, it's called sagittal. And
10 when it's done in this direction, it's called coronal. Those
11 are the three types of images that we have of the hip.

12 And the hip is a ball and socket. So this is the ball,
13 which is called the femoral head. And the socket is called the
14 acetabulum. And around the acetabulum is a type of cartilage
15 called a labrum. In the knee we have a meniscus but in the hip
16 we have a labrum, and it makes the hip joint deeper and helps to
17 stabilize the hip.

18 Now, this black object, here, is the labrum. And this
19 white line is the tear of the labrum. So the white line
20 signifies fluid between the labrum and the bone.

21 So on these images, there is a notation of a labral
22 tear. I don't see any evidence of arthritis on these MRI
23 images. And there's also a little bit of fluid in the hip
24 joint.

25 Q Doctor, what is the significance, if any, that there's

1 no arthritis seen on this MRI?

2 A Well, arthritis is something that can be present in a
3 patient in his 50s, and depending on the degree of arthritis, it
4 may change the course of treatment. So something that we look
5 for.

6 Q Doctor, I do have a model here, and this was
7 Plaintiff's 7 for identification --

8 THE COURT: Counsel, before you go into the model,
9 I think that we have reached that time.

10 MR. SHECTMAN: Okay.

11 THE COURT: I am going to let you continue with
12 the MRI film before we go into the model.

13 MR. SHECTMAN: Okay.

14 THE COURT: Unplug your machine so it doesn't
15 topple off the table.

16 We're off the record.

17 (Whereupon, at this time, an off-the-record
18 discussion was held.)

19 THE COURT: We will resume after lunch. The jury
20 is going to be excused until two clock.

21 Again, I am going to ask you to not discuss the
22 case amongst yourself or with others and not to use any
23 electronic devices to look up anything that you have heard
24 so far. Okay. So two o'clock. Enjoy your lunch.

25 THE COURT OFFICER: All rise. Jury exiting.

1 (Whereupon, at this time, the jury exited the
2 courtroom.)

3 THE COURT: And Doctor, you are excused from the
4 stand and directed to return at 2 o'clock to continue.

5 Counsel, you may want to take this opportunity to
6 mark the medical records of the Doctor. Or you want to
7 wait?

8 MR. MAHER: Well, the courtroom is going to be
9 closed right now, right?

10 THE COURT: Yes.

11 MR. MAHER: So I will review it before I begin my
12 cross-examination, if that's okay with you, your Honor.

13 THE COURT: Before your cross-examination, very
14 well.

15 So everyone is excused until 2 o'clock.

16 MR. SHECTMAN: Thank you, have a nice lunch.

17 (Whereupon, at this time, a luncheon recess was
18 taken.)

19 (Continued on following page.)
20
21
22
23
24
25

1 * * * * *

2 A F T E R N O O N S E S S I O N

3 * * * * *

4 THE CLERK: All rise, the Judge is entering.

5 THE COURT: Good afternoon all.

6 You can have a seat.

7 MR. SHECTMAN: Good afternoon.

8 MR. MAHER: Good afternoon.

9 THE COURT: Counsel, do I have that affirmation
10 available?

11 MR. SHECTMAN: I'm going to send it after we leave
12 here, your Honor. I have a letter, I'm just going to
13 convert it to an affirmation. You'll have it today, your
14 Honor.

15 THE COURT: That's what you have been saying since
16 the beginning of the month.

17 Doctor, would you take the stand as to where we
18 left off.

19 (Whereupon, at this time, the witness takes the
20 stand.)

21 THE COURT: Thank you.

22 Your records are still there?

23 THE WITNESS: Yes.

24 THE COURT: Are we ready?

25 MR. MAHER: Yes, your Honor.

1 THE COURT: You said before cross-examination you
2 would look at.

3 MR. MAHER: I think when Mr. Sheckman is done, if
4 we could just take a brief recess, I'm going to page
5 through it, make sure there's nothing in there out of the
6 ordinary and then we'll come back in.

7 THE COURT: Very good.

8 Then we can have the jury back in, please.

9 THE COURT OFFICER: All rise. Jury entering.

10 (Whereupon, at this time, the jury entered the
11 courtroom.)

12 THE CLERK: Do all Counsel stipulate to the
13 presence and seating of the jury?

14 MR. SHECTMAN: Yes.

15 MR. MAHER: Yes.

16 THE COURT: Good afternoon, Jurors. Everyone have
17 a seat. I hope you enjoyed your lunch.

18 Officer, if we move the television back just so
19 that it's at the edge of that desk so that I can see it
20 better.

21 That's good right there.

22 MR. SHECTMAN: Is this good, your Honor?

23 THE COURT: Yes.

24 MR. SHECTMAN: Your Honor, with the Court's
25 permission, may I have the Doctor step down again, I

1 believe we were in the middle of his testimony utilizing
2 the MRI and we stopped.

3 THE COURT: Actually, you pulled out the spinal
4 cord, which is why we stopped when we did, but certainly.

5 MR. SHECTMAN: Okay.

6 Doctor, can you please step down.

7 (At this time, the witness leaves the stand to
8 testify using the exhibits.)

9 THE COURT: So we are continuing with what has
10 been marked Plaintiff's Exhibit 1; is that correct?

11 MR. SHECTMAN: Yes, your Honor, in evidence.

12 DIRECT EXAMINATION CONTINUED

13 BY MR. SHECTMAN:

14 Q So Doctor, just to pick up where we left off before
15 lunch, could you show us, again, the tear of the labrum that you
16 see on this film.

17 A Yes.

18 The tear is this white line, and this black area is the
19 labrum. The white line is where the tear is.

20 Q And Doctor, I put the model on my desk. This is
21 Plaintiff's -- I'm sorry, I cant' read it -- this is Plaintiff's
22 7 for identification. Would this model help you at all in
23 explaining your testimony to the jury to use? Or are you able
24 to testify to the jury just using the film?

25 A I believe it would help me.

1 Q Sure, then if you want to put the microphone down. And
2 if you could explain the anatomy as we see in the hip and then
3 where would the labrum be?

4 A So this is the socket of the hip. What we don't see is
5 the ball. So the ball goes like this, into the socket. And
6 around the socket --

7 THE COURT: Counsel, I just think you have to turn
8 one of the mics off.

9 MR. SHECTMAN: Sure, Judge.

10 A -- and around the socket is the labrum. And the
11 function of the labrum is to actually make the socket deeper and
12 to form a suction seal to help keep the ball in the cup.

13 The tear was in the front area of the cup, and it was
14 found to be a large tear and a complex tear, as well as a
15 displaced tear. And that was treated with a debridement.

16 So we actually removed the torn portions of the labrum.
17 We preserved any portions of the labrum that were still working,
18 still healthy and functional.

19 MR. SHECTMAN: Okay, Doctor, I am going to put
20 this down for now. If you can resume back on the witness
21 stand for a moment.

22 (At this time, the witness returns to the stand
23 to.)

24 MR. MAHER: Just, Counsel, are you going to be
25 done with the MRI?

1 MR. SHECTMAN: Yes, I am done with the MRI for
2 now.

3 MR. MAHER: So perhaps the Officer can remove it
4 so I can return to my seat.

5 MR. SHECTMAN: Sure.

6 THE COURT: So you are finished with the
7 television?

8 MR. SHECTMAN: I am, your Honor.

9 Q Now, Doctor, still on your first visit. Can you tell
10 us, what was your impression after examining Carlos, speaking
11 with him and reviewing the MRI that you just showed us?

12 A I believe that the accident resulted in the anterior
13 labral tear of the hip. I also suspected capsular injury and
14 chondral injury and possible further internal derangement.

15 Q What was your plan at that point?

16 A The plan was conservative treatment. I did recommend
17 physical therapy, which I prescribed for the patient. I also
18 recommended anti-inflammatory medications and to continue with
19 his pain management specialist. And I also ordered x-rays of
20 the hip.

21 Q Now, can you tell me, Doctor, based on your physical
22 findings as well as reviewing the MRI, at that time, had you
23 formulated an opinion based on a reasonable certainty as to
24 whether or not he was disabled from his employment?

25 A I found him to be disabled from his employment, that is

1 correct.

2 Q Now, Doctor, when you say physical therapy, are we
3 talking in an office? Something someone can do at home? What
4 kind of therapy had you prescribed? In other words, what did
5 you think was adequate at that point?

6 MR. MAHER: Objection.

7 THE COURT: Overruled.

8 A So I did prescribe physical therapy, which basically
9 means the patient going to a facility to receive the therapy.
10 But I do also believe that once he knows what to do, he can do
11 most of this on his own.

12 And the important thing is that he attempts to do some
13 exercises for the hip; where he does it exactly, I don't believe
14 would make a difference in the situation.

15 Q Why do you think it wouldn't have made a difference?

16 MR. MAHER: Objection.

17 THE COURT: Sustained.

18 Q All right, Doctor, can we move on to the next visit; I
19 believe that's 9/16/20.

20 A Yes.

21 Q And this was a follow-up visit, correct?

22 A That's correct.

23 Q And can you tell me what, if anything, were his
24 complaints on that particular visit?

25 A He had left hip pain that he noted to be 8 to 9 out of

1 10, and it actually increased with activity. He also had
2 frequent clicking and popping of his hip. The symptoms
3 adversely affected his daily activities. And he stated that he
4 tried therapy and home exercises as well as medications with no
5 significant improvement.

6 Q Now, had you conducted a physical examination on that
7 visit?

8 A Yes.

9 Q And what, if anything, did you find?

10 A Again, the patient had tenderness along the front of
11 the hip. We call that the anterior aspect of the hip. He also
12 had a persistently positive C sign and FABERS test. His flexion
13 was 90 degrees. His abduction was 30 degrees. And again, there
14 was increased external rotation compared to the other side.

15 Q Now, Doctor, on that visit, did you discuss the
16 treatment options with the patient?

17 A Yes.

18 Q And what was discussed between you and Mr. Paiba?

19 A At this point, we did discuss arthroscopic hip surgery.
20 Again, he was more than one year post injury, he had ongoing
21 pain adversely affecting his daily activities. He also had
22 mechanical symptoms, such as popping and clicking, for which
23 therapy would really not even help. And because of his ongoing
24 pain and disability, as well as the positive findings on exam
25 and the positive MRI findings, I did suggest arthroscopic hip

1 surgery.

2 Q Now, Doctor, when somebody has a torn labrum, do you
3 always perform hip surgery?

4 A Not always.

5 Q Why did you believe then it was necessary specifically
6 in Carlos' case?

7 A Well, in some patients a hip tear may be present but it
8 may not bother them, or it may bother them once in a blue moon.
9 It may not bother them enough to have surgery, in which case we
10 just kind of watch it and see how it does.

11 In this case, it was a significant issue for the
12 patient. He had significant pain and dysfunction, and I did
13 believe that the surgery was the best option.

14 Q Now, I believe you saw him a third time, that would be
15 November 11th, before an operation was performed; is that
16 correct?

17 A Yes.

18 Q And any change in the symptoms from the last visit or
19 was there anything new reported to you?

20 A He continued to have significant pain. At this point
21 his pain was 10 out of 10. So it was quite significant. He had
22 trouble walking even three blocks, and this was primarily due to
23 his hip symptoms. He was limping frequently. Again, his
24 symptoms persisted and were resistant to medications, activity
25 modification and exercises. And he also did have symptoms

1 related to his back for which he was under the care of
2 Dr. Merola.

3 Q Did you perform a physical examination on the third
4 visit of November 11, 2020?

5 A Yes.

6 Q On that physical examination, any difference from the
7 previous physical exam or they're pretty much the same?

8 A The tests were -- remained positive, and there was
9 still limitation of hip motion. The limitation motion can vary
10 from day-to-day but it did remain stiffly limited.

11 Q Doctor, I am going to then ask you -- actually, I
12 believe you saw him a fourth time before the operation, that was
13 January 20th of '21?

14 A Yes.

15 Q And briefly, what were the complaints related to you at
16 that time?

17 A He had hip pain. At this point it was 8 to 9 out of 10
18 and increasing with activity with popping and clicking. And
19 difficulty ambulating, as well as going up and down steps and
20 walking on uneven surfaces. Again, his hip symptoms adversely
21 affected his daily activity. And his examination, again,
22 revealed positive FABERS test and limited hip motion.

23 Q Pretty much what you found on the previous visits?

24 A Yes.

25 Q Okay.

1 Now, Doctor, did you perform an operation on his hip?

2 A Yes.

3 Q After those, I believe, four visits?

4 A I'm sorry?

5 Q After those, I believe it was four visits?

6 A Yes.

7 Q And what was the date of your operation?

8 A The date of the operation was January 28th of 2021.

9 MR. SHECTMAN: Excuse me for a moment.

10 Your Honor, can I have these marked as the next
11 three exhibits. These are just for identification. These
12 will not be put into evidence.

13 THE COURT: And you have seen them?

14 MR. MAHER: Yes, I have, your Honor. No
15 objection.

16 THE COURT: Okay.

17 And they are being marked for ID?

18 MR. SHECTMAN: Just for identification, yes, your
19 Honor.

20 THE COURT: You said three?

21 MR. SHECTMAN: Yes, your Honor.

22 THE COURT: 12, 13 and 14?

23 MR. SHECTMAN: Yes.

24 THE COURT: Okay, I think that's what we are up
25 to.

1 (Whereupon, at this time, the demonstrative
2 blow-ups were marked as Plaintiff's Exhibits 12, 13 and 14
3 for identification, by the Reporter.)

4 THE COURT OFFICER: Plaintiff's 12, 13 and 14
5 marked for ID.

6 THE COURT: Thank you.

7 MR. SHECTMAN: Your Honor, with the Court's
8 permission, may we have the Doctor step down and I would
9 like to put the first board on the aisle for the jury to
10 see.

11 THE COURT: What number, Counsel?

12 MR. SHECTMAN: Number 12, your Honor, for
13 identification.

14 Doctor, if I can ask if you would kindly step
15 down, and if you could stand on the right so the jury can
16 see it, and if you could use the microphone.

17 (At this time, the witness leaves the stand to
18 testify next to the aisle where the exhibits are
19 displayed.)

20 Q So Doctor, do these illustrations accurately show the
21 surgery that was performed on Carlos?

22 A Yes.

23 Q And would it help you in testifying to the jury to use
24 these?

25 A Yes.

1 Q Okay, so then what I would ask you, Doctor, is can you
2 tell us what your postoperative diagnosis is first, let's start
3 there. What was your postoperative diagnosis?

4 A That of a labral tear of the acetabulum, a chondral
5 injury of the acetabulum, synovitis and hip instability.

6 Q Doctor, if you could start with A, if you can explain
7 what we see in that.

8 A So A depicts an image of a normal hip. So you have
9 this structure, here, which are the ligaments and the capsule
10 that surrounds the hip joint. It helps keep the hip in the
11 joint. You have the femoral head, which is the ball. You have
12 the acetabulum, which is the cup. And then around the cup you
13 have the labrum which, again, helps form a suction seal and
14 helps keep the hip in the socket.

15 Q And to the right of A, what do we see in the bigger
16 picture? What do we see depicted?

17 A So this is an image of depicting the operative findings
18 in the hip, and these include the chondral injuries to the
19 acetabulum and the femoral head.

20 At the time of the surgery, he was found to have
21 injuries to the front of the acetabulum, the intra-acetabulum
22 right where the labral tear was situated. This was a grade 4.
23 There are different grades. Grade zero is a normal cartilage
24 and usually it's shiny like the end of a chicken bone. And
25 there's various grades. Grade 1, which is just softening. And

1 basically grade 4 is where it's down where you lose full
2 thickness cartilage covering the bone.

3 And this sometimes is difficult to see on an MRI scan
4 because the cartilage is still attached. It's been loosened.
5 And we call this a wave sign. So during the surgery, we note
6 that the entire cartilage flap has been detached from the bone,
7 and that was addressed by a debridement. And so we debrided the
8 chondral injury.

9 We also noted some synovitis synovium. It's normally
10 found in our joints. It's what creates the normal lubrication
11 fluid that we have in our joints. And when the synovium gets
12 inflamed and enlarged, we call this synovitis and that can
13 create water in the hip. And on the pre-operative MRI scan
14 there was water noted in the hip, which goes along with the
15 findings of synovitis.

16 Q Can you explain, Doctor, what we see depicted in B?

17 A Again, this is the capsule that surrounds the bone
18 socket, it helps keep the bone in the socket. And with a
19 traumatic injury, the ligaments can get stretched and you can
20 end up with a loose hip.

21 And again, that's something that's hard to note on an
22 MRI scan. It's more of a clinical diagnosis made by noting that
23 the leg turns out more. We call this turning out, external
24 rotation. Signifies that the ligaments here have been
25 stretched. And that was addressed by tightening up the

1 ligaments with sutures.

2 MR. SHECTMAN: Officer, can we please put the next
3 board, number 13 for identification. And if we can kindly
4 take this one down.

5 THE COURT OFFICER: Publishing Plaintiff's
6 Exhibit 13 for ID.

7 Q Doctor, can you explain what we see depicted in C,
8 which would be the upper portion of the illustration?

9 A So the surgery is performed via arthroscopy. Meaning
10 that there were three -- I believe three or four -- they were
11 incisions made in the hip where we go in with a camera in one
12 hole. And in the other holes, we go in with the instruments
13 that we use to perform the surgery. One of those instruments is
14 called a shaver, and with that shaver we are able to debride the
15 labral tear and as well as perform a synovectomy to remove the
16 synovitis as well as debride the injured cartilage to the hip.

17 Q Can you tell us what's depicted in D?

18 A This is more or less what is seen after the surgery is
19 performed where the cartilage is debrided, the labrum is
20 debrided. And again, what's left behind is what we believe to
21 be the healthy labrum. So we don't remove all the labrum but we
22 remove the part that's not functional, that's not repairable.

23 Q Doctor, what is the reason for that, removing only the
24 portion that's not repairable?

25 A Well, you want to maintain healthy tissues and although

1 some of the labrum was removed, there is some still left in him
2 that can still function.

3 MR. SHECTMAN: Officer, if you wouldn't mind,
4 could you please take down this illustration and put up the
5 next one.

6 THE COURT OFFICER: Publishing Plaintiff's
7 Exhibit 14 to the jury.

8 Q Doctor, can you please explain what's depicted in E.

9 A So this is the final portion of the surgery where we
10 tighten up the ligaments of the hip, and we call this a
11 capsulorrhaphy. And basically we place sutures through the
12 ligament and tie them to shorten the ligament, to tighten it up.
13 And that is found clinically by noting that the leg no longer
14 turns out. When the patient awakens from surgery, we no longer
15 note the leg turns out more than the other side.

16 (Whereupon, the following was recorded and
17 transcribed by Official Court Reporter Valerie McNally.)

18 (Continued on next page.)

19 * * * * *

20

21

22

23

24

25

1 DIRECT EXAMINATION

2 BY MR. SHECTMAN:

3 Q What do we see lastly depicted in F?

4 A It's pictured the type of sutures that were part of the
5 capsulorrhaphy.

6 Q This would be when the sutures are pulled tight and
7 tied?

8 A Yes.

9 Q Great. Doctor, you can, if you want to, put the
10 microphone down.

11 (Whereupon, the witness resumed the witness
12 stand.)

13 MR. SHECTMAN: Officer, if you don't mind taking
14 down this illustration. Thank you.

15 Q Doctor, you have your operative report in front of you,
16 correct?

17 A Yes.

18 Q Can you tell me, Doctor, what was the hope when you
19 performed this surgery? What were you trying to accomplish?

20 A Well, the hope is to decrease his level of pain and
21 increase his function, meaning that maybe perhaps better motion,
22 improve strength and improved ability to perform daily
23 activities, such as being able to walk further, sit longer
24 without as much pain.

25 Q Now, you mentioned earlier a large displaced and

1 complex tear involving the anterior labrum.

2 Q Could you explain what that is?

3 A Yes. So, there are different types of tears to the
4 labrum; some are repairable and some are not. And the ones that
5 are not are the ones that are complex. In other words, they are
6 torn in more than one plane and it was also displaced and
7 that's -- actually the fact that the labrum was not where it
8 was, in my opinion, is what was causing his popping and
9 clicking, because when he moved a certain way, the labrum would
10 move and click and pop and then it would go back into place and
11 the popping would stop, but the displacement of the labral tear
12 is what I believe was causing the initial clicking and popping.

13 Q Could you tell me, Doctor, after the conclusion of the
14 procedure whether or not there was any bracing or any kind of
15 support put on Carlos' hip?

16 A Yes. We do use a hip abduction brace, which is a brace
17 that wraps around the abdomen and around the thigh and it
18 prevents the patient from hyperextending or flexing the hip
19 while during the healing process and initially he is discharged
20 with crutches.

21 Q Now, Doctor, if I could ask you to turn to your first
22 postoperative visit, which I believe was February 10, 2021.

23 A That visit was by my colleague Dr. DeMarco, yes.

24 Q Same practice, right?

25 A Yes.

1 Q So I believe the surgery was 1/28/21. This would be
2 about two weeks post-op?

3 A Yes.

4 Q What were the complaints at that time?

5 A The patient had just undergone surgery, he had
6 extending soreness, stiffness and discomfort with some
7 intermittent pain in the thigh and calf, but this had improved.

8 Q Okay. Thank you, Doctor.

9 I am just going to move around a little bit, Doctor. I
10 am going to jump to now November 29, 2023. Could you tell me --
11 this would be about over two years after the operation, correct?

12 A Yes.

13 Q Could you tell me at that point what were his
14 complaints?

15 A Yes. Again at this day, he again saw Dr. DeMarco and
16 he reported some improvement following the surgery, but did
17 present with an increased pain and discomfort and dysfunction of
18 his left hip.

19 Q Now, Doctor, at that point was there a determination
20 whether there was posttraumatic arthritis?

21 MR. MAHER: Objection.

22 THE COURT: Overruled.

23 A Yes. In Dr. DeMarco's assessment, it is that of
24 posttraumatic degenerative arthritis of the left hip.

25 MR. MAHER: I renew my objection. The Doctor is

1 talking about a conclusion made by another doctor.

2 THE COURT: That would be sustained.

3 Q Doctor, did you at some point make an opinion whether
4 or not there was arthritis, meaning you yourself?

5 A Yes.

6 Q And what is your opinion?

7 A That he does.

8 Q Based on what?

9 A Based on the lack of symptoms prior to surgery, the
10 operative findings, and comparison of the preoperative and
11 postoperative MRI studies of the hip.

12 Q I mistakenly disconnected. Was there another MRI taken
13 after the surgery at some point?

14 A Yes.

15 Q Did that MRI show arthritis?

16 A Yes.

17 Q My apologies. Doctor, if could you move to -- by the
18 way, did you continue to treat him throughout the years until
19 the current time?

20 A Yes.

21 Q Could we turn to the most recent visit, 1/14/26.

22 A Yes.

23 Q Could you tell me, what were his complaints at that
24 time?

25 A The patient again had some initial improvement in pain

1 and function, but did develop a degree of recurrent symptoms of
2 stiffness, discomfort, soreness as well as intermittent pain
3 with weight-bearing, activities, meaning activities where he
4 stands and walks, as well as when sitting for prolonged periods
5 of time.

6 Again, it was attributed to progressive posttraumatic
7 left hip degenerative joint disease. He did have difficulty
8 walking one to two blocks, but this was due to his combined
9 injuries, which also included his knee and his back. And he
10 remained out of work at this point in time.

11 Q Doctor, what is the reason, if any, that even after
12 performing the procedure that you performed that Carlos would
13 still be having the problems that he presented with?

14 MR. MAHER: Objection.

15 THE COURT: Sustained.

16 Q Doctor, after you performed -- withdrawn.

17 Could you tell me the symptoms that Carlos still
18 presented in January, whether those were expected or unexpected
19 or something else?

20 A Those were expected concerning the operative findings.

21 Q Why?

22 A Again, during the surgery in the front of the hip where
23 the tear is, there was also damage to the cartilage and that is
24 something that even though that's cleaned, it's not something
25 that could be fixed. And once you have damaged cartilage, it's

1 a progressive problem. Arthritis never gets better, it only
2 gets worse over time and the big question is how quickly will it
3 progress and some patients it progresses much more quickly, in
4 others it takes a longer to do that.

5 Q Doctor, did you conduct a physical examination on the
6 most reason visit of 1/14/26?

7 A Yes.

8 Q Could you tell us what you did as far as the physical
9 exam on your most recent evaluation and what if anything did you
10 find?

11 A On this date he was using a cane, he had antalgic gait,
12 which is a limp. He had difficulty getting on and off the
13 examination table. His left hip examination revealed there were
14 healed incisions. No signs of infection. There was some
15 discomfort noted with the FABER test and the log roll test. The
16 C-sign produced discomfort.

17 His hip motion was limited, not only because of his hip
18 injury but because of his ongoing back symptoms. His flexion
19 was 70 degrees, his abduction was --

20 Q Let me stop you there. What is normal hip flexion for
21 someone that doesn't have a condition or injury of the hip?

22 A Approximately 120 degrees.

23 Q And what was Carlos noted to have?

24 A Seventy degrees.

25 Q So if he had 70 degrees of motion out of 125 --

1 A 120.

2 Q -- 120, what percent limitation would that still be in
3 the year 2026? So converting what he had to the normal, putting
4 that in terms of percentage limitation.

5 A I am going to estimate because I don't have a
6 calculator, but approximately about a 40 percent loss.

7 Q You checked abduction too?

8 A His abduction was 25 degrees.

9 Q What is normal abduction?

10 A Forty degrees. I am sorry. 45 degrees.

11 Q So if he could do 25 out of 45, what percent limitation
12 would that be?

13 A That would be about 40 percent reduction.

14 Q Now, Doctor, the first motion you mentioned, left hip
15 flexion, could you stand up and demonstrate what flexion looks
16 like, meaning what is flexion? Show us the range of motion.

17 THE WITNESS: Your Honor, can I stand?

18 THE COURT: Yes.

19 A So I will show like all the motions I am discussing.
20 Flexion is basically --

21 THE COURT: Just answer the question the attorney
22 asked.

23 Q Show us flexion.

24 A Flexion is this. It's basically bringing your hip up
25 forward.

1 Q And the motion of abduction, could you show us
2 abduction?

3 A Yes. So abduction is basically bringing your hips to
4 the side, which would be this way.

5 Q Can you shows adduction?

6 A Adduction is bringing your hip inward. You kind of
7 cross it inward and that was also limited in this patient.

8 Q Could you tell us what is the normal adduction and what
9 did he have?

10 A Normal adduction is approximately 40 degrees and his
11 was 20 degrees.

12 Q That's an easy one. That's a 50 percent limitation?

13 A Yes.

14 Q What is internal rotation and what is external
15 rotation?

16 A So internal rotation is turning -- rolling your hip
17 inward. External is rolling your hip outward.

18 Q Could you tell us what was internal rotation as far as
19 Carlos and what was his external rotation?

20 A His internal rotation was 20 degrees and his external
21 rotation was 35 degrees.

22 Q What is normal internal rotation?

23 A Normal internal rotation is 45 degrees.

24 Q What percent limitation did he have on internal
25 rotation?

1 A A little bit more than 50 percent.

2 Q What about external rotation?

3 A Normal is 45 degrees.

4 Q So what limitation would he have?

5 A That would be about 20 percent limitation, ballpark.

6 Q Okay.

7 Now, Doctor, at that point you now had seen him since
8 2020 to '26. Did you formulate an opinion based upon a
9 reasonable degree of medical certainty as to what, if any,
10 future treatment of the hip that you believe Carlos needed?

11 A Yes.

12 Q What is your opinion?

13 A That at present, he is a candidate for periodic
14 injection treatments to his hip to help his arthritic symptoms
15 but eventually he would require a hip replacement.

16 Q Could you explain, what is a hip replacement?

17 A A hip replacement is basically replacing the socket and
18 ball of the hip with a metal socket and a metal ball with a
19 plastic liner.

20 Q Does every patient of yours in your opinion require a
21 future hip replacement?

22 A No.

23 Q Why in this particular instance involving Carlos do you
24 believe it necessary?

25 A Again, it's based on his ongoing symptoms, positive

1 findings, both on exam as well as the subsequent MRI scans
2 showing that he is having a progressive arthritic condition to
3 his hip.

4 Q Now, Doctor, what is the recovery like -- withdrawn.
5 What is the recovery like after a procedure such as
6 that, a hip replacement?

7 A Well, following a hip replacement, the patient is
8 hospitalized. Depending on the condition of the patient, they
9 may stay in the hospital one night. More complicated cases
10 where they have a back and/or knee condition, their recovery
11 maybe slowed down and they need a prolonged hospitalization.

12 Depending how he does in the hospital, either he would
13 go home and receive home physical therapy or if he needs more
14 intensive therapy, he may be transferred from the hospital to a
15 rehab center where he would get in-patient therapy.

16 Initially he would be walking with a walker and
17 transition to a cane and, hopefully, eventually get rid of the
18 cane, but that also depends on his back and knee conditions.

19 Q Doctor, as of that visit, January 14, 2026, had you
20 formulated an opinion based on a reasonable degree of orthopedic
21 certainty as to whether or not Carlos was disabled from his
22 prior employment as a construction worker?

23 A Yes.

24 Q What is your opinion?

25 A That he is.

1 Q Why do you feel that, Doctor?

2 A Well, this is a patient that has trouble walking and
3 sitting and his former job was that of a construction worker, so
4 in my opinion he was not able to perform any sort of
5 construction work because of his hip condition.

6 Q Doctor, when you talk about his need for a future hip
7 replacement, is there particular period of time in which that
8 you believe he is going to need it; for example, within a
9 certain amount of months or years? What timetable are we
10 talking about?

11 A In my opinion it would be within a 12- to 15-year
12 period.

13 Q And why is that?

14 A Based on how much the condition has progressed over the
15 last few years and the way it would progress, I estimate it
16 would be 12 to 15 years.

17 Q Doctor, are you familiar with the costs attending of
18 this type of procedure?

19 A Yes.

20 Q What are they? In other words, could you break them
21 down, what the separate costs would be?

22 A So, it would be the hospital and anesthesia fee would
23 be \$53,000. The surgeons fee would be \$25,000.

24 Q Total looking at 78,000?

25 A Yes.

1 Q Now, Doctor, did you formulate an opinion based upon a
2 reasonable degree of medical certainty based on your treatment
3 of Carlos and the review of records, including the MRI and the
4 operative report, as to what you believed Carlos diagnosis is?

5 A Yes.

6 Q What is your diagnosis?

7 A That of progressive posttraumatic degenerative joint
8 disease of the left hip.

9 Q As far as the labrum, what is your diagnosis as far as
10 the labrum?

11 A That of a posttraumatic labral tear.

12 MR. SHECTMAN: Your Honor, may I ask for the
13 hospital record which is in evidence, the Elmhurst Hospital
14 record?

15 THE COURT: What number is it?

16 MR. SHECTMAN: I think it might be Number 2. I
17 know it is sitting on the table.

18 THE COURT OFFICER: Number 6.

19 MR. SHECTMAN: May I see it for a moment? I want
20 to turn to a certain page.

21 No, this is not it. It's closest to the wall.

22 Thank you so much.

23 If I could hand the record, Defendant's B in
24 evidence, and if I could. This is on, for the record,
25 page 8.

1 I will show it to Counsel.

2 You can hand this to the Doctor.

3 THE COURT OFFICER: Showing the witness
4 Defendant's B marked into evidence.

5 Q Doctor, if I could ask you -- you are on page 8,
6 correct?

7 A Yes.

8 Q Could you tell me what were the complaints at the
9 emergency room that Carlos made, the complaints made on that
10 page at Elmhurst Hospital?

11 A Pain to back, hip, right abdomen and left knee.

12 Q Doctor, I would like you to assume that Carlos was
13 involved in an accident on March 6, 2019, where he fell off of a
14 ladder while standing nine feet in the air.

15 I would also like you to assume that after the fall, he
16 presented to Elmhurst Hospital with a complaint being, among
17 others, pain in the hip.

18 Doctor, I would also like you to assume that during the
19 surgery, you found a large complex displaced tear which you
20 noted and you in fact saw.

21 I would also ask you to assume that Carlos had worked
22 40 hours as a construction worker going up and down ladders in
23 the week immediately preceding the accident and, in fact, was
24 working on a ladder at the time the accident happened.

25 I would like you to assume that Carlos had not

1 complained of pain in the hip prior to the fall.

2 Do you have an opinion, Doctor, based upon the
3 hypothetical that I posed to you as to the cause of the labral
4 tear that you diagnosed?

5 A Yes.

6 Q What is your opinion?

7 A That the cause of the tear is from this fall.

8 Q Why?

9 A Again, he was working full-time, full duty, never had
10 any complaints of hip pain or dysfunction, was complaining of
11 hip pain as soon as the accident occurred in the hospital
12 records and developed a painful clicking and popping of his hip,
13 that would have been difficult for him to work with if it
14 actually pre-dated this accident.

15 Q Doctor, I'm going to follow-up on something you just
16 said. If, in fact, Carlos had this condition before the fall,
17 what would you expect if someone is going up and down on a
18 ladder on a daily basis, what would you expect?

19 MR. MAHER: Objection.

20 THE COURT: Overruled.

21 A So this is -- before the surgery he had difficulty
22 walking three blocks, he had difficulty sitting, so climbing a
23 ladder on a daily basis would have been very, very difficult and
24 very painful.

25 Q Doctor, do you have an opinion based upon a reasonable

1 degree of orthopedic certainty as to whether Carlos' pain is
2 permanent?

3 A Yes.

4 Q What is your opinion?

5 A That it is.

6 Q Why do you feel that way?

7 A If anything, the arthritic condition will progress over
8 the next few years and eventually he will have a hip replacement
9 and with a hip replacement, symptoms of the arthritis should be
10 improved. Until that point, the pain will be there and will
11 progress.

12 Q Doctor, do you also have an opinion based upon a
13 reasonable degree of medical certainty as to whether or not the
14 range of motion loss that you noted is permanent?

15 A Yes.

16 Q What is your opinion?

17 A That it is permanent.

18 Q Why do you feel that will way?

19 A It's remained limited throughout our treatment of this
20 patient and again, as arthritis progresses and the hip loses
21 more and more cartilage, it gets stiff and the hip motion
22 actually decreases with time.

23 Q Doctor, do you have an opinion based upon a reasonable
24 degree of medical certainty as to whether or not the restriction
25 on his activities, for example the squatting and walking, things

1 of that nature, whether or not the restriction on those
2 activities is permanent?

3 A Yes.

4 Q What is your opinion and why?

5 A He is going to have limitations as far as his ability
6 to stand or walk for long periods of time because he has hip
7 arthritis basically and as time goes by, this condition will
8 worsen and will increase.

9 Q Doctor, what is degeneration?

10 A Degeneration is a medical term, basically wearing out.

11 Q What did you say?

12 A Wearing out.

13 Q Doctor, could you tell me what is the effect, if any --
14 if someone has degeneration, what is the effect, if any, of the
15 susceptibility of that particular person to sustaining an injury
16 if they have degeneration?

17 A If the patient does have preexisting degeneration, if
18 he had degeneration before an accident, degeneration can make
19 structures weaker, so if there's degeneration to the labrum, it
20 makes it more likely to tear with an accident versus a labrum
21 that would be healthy, it would take less force for it to tear.

22 Q Why would degeneration have that effect?

23 A It makes the structures weaker on the histological
24 level, the cells are altered.

25 Q Now Doctor, you are aware that Carlos fell off of a

1 ladder standing at least nine feet on the ladder?

2 A Yes.

3 Q I would like you to assume that Carlos testified that
4 he fell off the ladder to the left, on to the left.

5 Do you have opinion as to whether or not that mechanism
6 of injury could cause the tear you diagnosed?

7 A I have an opinion.

8 Q What is your opinion?

9 A That it can.

10 Q Doctor, you mentioned earlier but I forgot the exact
11 term you used, but you talked about the back and the hip are
12 connected.

13 Why is that significant here, because you mentioned
14 that earlier?

15 A Well, he did have initial complaints about the hip in
16 the emergency room, such when he was treated for a back
17 condition and I saw the patient a while later and it's not
18 unusual in my practice where patients come to me after back
19 surgery with hip pain, because sometimes the hip -- the severity
20 of the hip injury is not as apparent until the back injury has
21 been addressed, because the back condition, such as pinched
22 nerve, could radiate into the hip and can mask or hide a hip
23 problem.

24 Q Now, Doctor, I would like you to assume in this
25 particular case in October of 2019, Dr. Merola performed the

1 first of two operations and that first operation was to
2 decompress the pressure off the nerves.

3 Assuming it was successful, might that then lift the
4 mask of the hip?

5 MR. MAHER: Objection, Your Honor.

6 THE COURT: Sustained.

7 MR. MAHER: Calls for speculation.

8 THE COURT: Sustained.

9 Q In your experience, let's speak specific in what you
10 have seen, have you seen instances yourself in your practice
11 where after a back surgery, complaints of hip pain were more
12 apparent, not speculating but that you actually seen that
13 happen?

14 A Yes.

15 Q Please explain that.

16 A Once the back condition is addressed, and if the
17 patient was something sciatica, sciatica is pain backwards down
18 the leg, it could go down into the hip and buttock area, once
19 that's resolved or improved, it can become more apparent to the
20 patient as well as the surgeon and treating physicians that
21 there actually is a perhaps problem inside the hip joint.

22 MR. SHECTMAN: Thank you, Doctor. I have nothing
23 further.

24 THE COURT: Thank you.

25 MR. MAHER: Judge, if we could take a few moments.

1 THE COURT: Jurors, we're going to take a short
2 recess. I ask the jurors not to discuss the matter with
3 anyone or amongst yourselves.

4 THE COURT OFFICER: All rise. Jury exiting.

5 (Whereupon, at this time, the jury exited the
6 courtroom.)

7 (Whereupon, at this time, a brief recess was
8 taken.)

9 THE COURT CLERK: All rise. Judge is entering.

10 THE COURT: Are you ready to call the jury back
11 in?

12 MR. SHECTMAN: Yes, Your Honor.

13 MR. MAHER: Yes, Your Honor.

14 THE COURT OFFICER: Jury entering.

15 (Whereupon, at this time, the jury entered the
16 courtroom.)

17 THE COURT CLERK: Counsel stipulate to the
18 presence and seating of the jury?

19 MR. SHECTMAN: Yes.

20 MR. MAHER: Yes, Your Honor.

21 THE COURT: Very good. You can have a seat.
22 Counsel for defense.

23 MR. MAHER: If I may inquire of the witness.

24 THE COURT: Yes, please.

25 MR. MAHER: Thank you.

1 CROSS-EXAMINATION

2 BY MR. MAHER:

3 Q Good afternoon, Doctor.

4 A Good afternoon.

5 Q Can you hear me okay?

6 A Yes.

7 Q All right.

8 Now, Doctor, is this the first time that you've ever
9 come to court to testify?

10 A No, it is not.

11 Q Okay. And how frequently would you say that you come
12 to court to testify?

13 A Over my career, I would say an average of 4 to 5 times
14 a year. As of recent, it's been somewhat more.

15 Q Okay. In the, say, last two years, how frequently have
16 you been coming to court to testify?

17 A Two years, may have been seven times and last year
18 maybe 10 to 12 times.

19 Q Okay. And are you being compensated for your
20 appearance here today?

21 A Yes, I am.

22 Q And how are you being paid?

23 A It's determined by my office manager depending on what
24 needed to be reschedule for my practice.

25 Q You don't charge a flat fee for coming to court?

1 A The range can be between 10 to \$15,000, but there are
2 other factors that are taken into account.

3 Q For your appearance here today, how much are you
4 charging?

5 A I am not certain if I've been reimbursed yet, but it
6 would be probably in that range.

7 Q Of 10 to \$15,000 for today's visit alone?

8 A Yes.

9 Q And that compensation would come from the law firm
10 that's representing the plaintiff in this case, correct?

11 A I believe so, yes.

12 Q Not from the court or anyone else, it would come from
13 the plaintiff's office, right?

14 A That is correct.

15 Q And do you from time to time also prepare narrative
16 reports at the request of plaintiff's personal injury attorneys?

17 A Yes.

18 Q And how frequently do you do that?

19 A It is a small percentage of the patients I treat. I
20 don't have the percentage, but it is not that frequent.

21 Q Well, I wasn't asking you of the total number of
22 patients that you see. I wanted to know the number of these
23 type of reports on average that you generate in a year for a
24 fee.

25 A I do generate those reports. I don't know the number

1 and I am not really comfortable with guessing.

2 Q Would you say it's more than ten times a year?

3 A I think the number is more than ten, yes.

4 Q Would you say it's more than 20 times a year?

5 A That I'm not certain of it.

6 Q Between 10 and 20 times a year on average you prepare
7 reports at the request of plaintiff's personal injury attorneys,
8 correct?

9 A I think it's a number more than ten. I don't really
10 know the range though.

11 Q And did I ask, how much do you charge for those reports
12 on average?

13 A No, you didn't.

14 Q I will ask you that at this time.

15 A Again, the fee would vary depending upon the number of
16 hours it takes to generate, but it would be a range between 500
17 to a thousand dollars.

18 Q And you prepared a report in this case, correct?

19 A Yes.

20 Q And how much did you charge for that?

21 A \$500.

22 Q When you come to court as you are today, do you always
23 come for the person whose bringing the lawsuit or sometimes you
24 come on behalf of the defendant or a combination or something
25 else?

1 A The vast majority is on behalf of patients I've treated
2 and I come on their behalf. There may have been one occasion
3 where I did testify for the defense.

4 Q One occasion in your career?

5 A That is correct, yes.

6 Q How long has your career been?

7 A I started practice in 1997.

8 Q And you've been coming to court since that time, 1997?

9 A Well, initially not really that often, but more or
10 less, yes.

11 Q So over the last 20 years you've been to court, I don't
12 know, at least 60 or 70 times and only on one occasion did you
13 appear on behalf of the party that was defending the lawsuit; is
14 that fair to say?

15 A Yes. There was only one occasion that I recall.

16 Q All right.

17 Now, Dr. Touliopoulos, as you sit here today do you
18 have any independent recollection of your treatment of Mr. Paiba
19 or are you relying on your notes?

20 A I am relying primarily on my notes.

21 Q And Doctor, do you know when Mr. Paiba's accident
22 occurred?

23 A His accident or accident date is, I believe, March 6,
24 2019.

25 Q Okay. And when was it that you saw Mr. Paiba for the

1 first time?

2 A On July 22nd of 2020.

3 Q So you had never treated or evaluated him before the
4 accident of March 6, 2019, correct?

5 A Not that I'm aware of, no.

6 Q Well, if you had treated him in the past, wouldn't that
7 have been something that would have been in your records?

8 A It would have been. There's very low probability if he
9 saw me 25 years ago that I may not have those records, but in my
10 database, I do not have any other visit for this patient.

11 Q Fair to say you never saw him before the date of
12 accident?

13 A As far as I am aware, yes.

14 Q Then would it also be fair to say you don't have any
15 personal knowledge as to what his physical condition was before
16 the date of the accident, correct?

17 A I never saw him. I'm relying on his history, that is
18 correct.

19 Q You relied basically on what he told you verbally,
20 correct?

21 A That is correct.

22 Q And would it also be fair to say, Doctor, that you
23 didn't review any medical records relating to pre-accident care
24 or treatment that he may have received for any reason?

25 A I do know of instances, he had injuries in the past,

1 but none that were referable to his hip.

2 Q My question related to your review of records. Did you
3 review records relating to any pre-accident care or treatment of
4 Mr. Paiba?

5 A At the time of the initial evaluation?

6 Q Well, let's start with that.

7 A At the time of the initial evaluation, the only thing I
8 was able to review was the MRI scan that was performed after the
9 accident.

10 Q So again my question, I am seeking to get a yes or no
11 answer, essentially, but did you review any records regarding
12 treatment that plaintiff may have received before March 6th of
13 2019?

14 A Not that I -- not that I recall, no.

15 Q Okay. So that wasn't part of your evaluation process
16 when you were rendering an opinion whether or not the accident
17 of March 6, 2019 caused the injury which you just described at
18 length, correct?

19 A On the initial evaluation I asked the patient if there
20 was a prior history of trauma or symptoms. He denied that.
21 Obviously if there were, I would want to review those specific
22 records in reference to his hip.

23 Q When you did see Mr. Paiba for the first time, is it
24 also fair to say that it was more than one year after the
25 subject accident had occurred?

1 A That's correct.

2 Q Now, did you have an opportunity at any point in time
3 to review the emergency room records from Elmhurst Hospital from
4 the date of the incident?

5 A Yes.

6 Q Do those records indicate whether or not an x-ray of
7 Mr. Paiba's left hip was ordered by the attending physicians?

8 A I don't have those records in my possession. I did
9 review them, I just don't recall if an x-ray was ordered or
10 performed.

11 Q And so you also don't recall whether or not a CT scan
12 of plaintiff's left hip was ordered on the day of the accident?

13 A It may have been ordered. I don't recall seeing it. I
14 did see a CT of the abdomen, but I don't recall seeing one for
15 the hip.

16 Q I am going to represent to you, Doctor, that no such
17 testing was made on that date. Would that be consistent with
18 the review of the records that you had an opportunity to
19 perform, meaning that you had an opportunity to review the
20 records from Elmhurst Hospital and based upon that review, you
21 didn't see any evidence that a left hip x-ray or a left hip CT
22 scan was ordered or performed on the date of the accident?

23 A Again, I don't recall reviewing that. I am starting to
24 believe that may be a correct statement.

25 Q You wouldn't disagree with me if I said that was true,

1 right?

2 A Not if you reviewed the record. I trust that you were
3 thorough.

4 Q So if a patient comes into the emergency room and
5 actually points it out, makes a complaint of hip pain but the
6 attending physicians don't feel that that's a reason to do a hip
7 x-ray or a hip CT scan, isn't that an indication that the
8 attending physicians didn't believe there was a significant
9 injury to the hip?

10 MR. SHECTMAN: Objection, Your Honor.

11 THE COURT: Sustained.

12 Q In emergency room practice if a patient makes
13 complaints of pain which the attending physician thinks is
14 significant, would it be their custom and practice to order
15 diagnostic testing of that body part?

16 MR. SHECTMAN: Objection, Your Honor.

17 THE COURT: Overruled.

18 A So it depends on the circumstance. If there's
19 suspicion for a fracture, then definitely x-ray and/or CAT scan
20 would be ordered. If their suspicion is that of a sprain or
21 contusion based on their exam, they may not order diagnostic
22 studies in the ER.

23 Q In other words, hypothetically if Mr. Paiba came into
24 the emergency room and the attending physicians thought maybe he
25 had a contusion of his hip only, they wouldn't order diagnostic

1 imaging, right?

2 MR. SHECTMAN: Objection, Your Honor.

3 THE COURT: Sustained.

4 Q Doctor, is it fair to say that when individuals have a
5 significant traumatic injury to the hip, it's very common for
6 them to make complaints of groin pain?

7 A They may have complaints of groin pain with a hip
8 injury, yes.

9 Q And isn't it fair to say that is one of the hallmarks
10 of a hip injury, is a complaint of groin pain, correct?

11 A Well, it's -- I would say it would be a common
12 complaint. I don't know if I would call it a hallmark, but it
13 would be a common location to have pain with a hip injury.

14 Q Okay. And in your review of the emergency room records
15 from Elmhurst Hospital, did you see any indication in those
16 records that Mr. Paiba made a complaint of groin pain on the
17 date of the accident?

18 A Again, I don't have the records in front of me. I
19 don't recall. There was notation for hip pain in the record.

20 Q Hip pain, but not groin pain, correct?

21 A Without reviewing them, I am not certain.

22 Q Did you have an opportunity to review the records of
23 Dr. Jeffrey Kaplan?

24 A Yes.

25 Q And based upon your review of Dr. Kaplan's records, do

1 you know when Mr. Paiba went to see Dr. Kaplan for the first
2 time?

3 A Again, I did review those records. I don't have -- I
4 did not bring his records or the hospital record with me.

5 Q Okay. Would it help you if I were to show you a copy
6 of the initial note from Dr. Kaplan from March 14th of 2019?

7 A Yes, it would.

8 MR. MAHER: I am going to ask a page of Dr.
9 Kaplan's report be marked for ID and be shown to the
10 witness.

11 THE COURT: Did you show it to the plaintiff?

12 MR. MAHER: Yes. 3/14/2019. This is from the
13 initial visit.

14 THE COURT: Are we going to mark it?
15 Do you plan to offer it into evidence?

16 MR. MAHER: Not through this witness.

17 THE COURT: Let's mark it.

18 MR. MAHER: Do have you any objection to it coming
19 into evidence?

20 MR. SHECTMAN: It's not his report. We should
21 have done that with Dr. Kaplan. I would object to this
22 coming in through a doctor that didn't prepare it.

23 THE COURT: It's ID.

24 MR. MAHER: Yes, good.

25 (Whereupon, at this time, the document was marked

1 as Defendant's Exhibit J for identification, by the
2 Reporter.)

3 THE COURT OFFICER: Showing Defendant's J to the
4 witness.

5 Q Doctor, let me know when you are ready.

6 Have you have had an opportunity to look over Dr.
7 Kaplan's notes from 3/14/2019?

8 A Yes.

9 (Whereupon, the following was recorded and
10 transcribed by Official Court Reporter Vicky Zubiria.)

11 (Continued on following page.)

12 * * * * *

13

14

15

16

17

18

19

20

21

22

23

24

25

1 CROSS-EXAMINATION CONTINUED

2 BY MR. MAHER:

3 Q And if you look in the first paragraph where it says
4 Subjective Transcription.

5 A Yes.

6 Q And in the second sentence, there's a notation relating
7 to the discharge summary from the hospital?

8 A Yes.

9 Q Okay. And does Dr. Kaplan note the types of diagnostic
10 imagings that were taken at Elmhurst Hospital?

11 A Yes.

12 MR. SHECTMAN: I'm just going to object to reading
13 from the document, your Honor.

14 THE COURT: Dr. Touliopolous, please don't read
15 from the document. Thank you so much.

16 Q Would it be fair to say, Doctor, that based upon your
17 review of this, does this refresh your recollection that the
18 Elmhurst Hospital records showed evidence that CT scans were
19 taken of the abdomen, pelvis, cervical spine, chest, head, left
20 knee, lumbar spine and thoracic spine, but that no CT or x-ray
21 scans were taken of the left hip?

22 A That is correct, but the pelvis does include the
23 patient's bilateral hips.

24 Q Now, the complaints of pain that were noted by
25 Dr. Kaplan at the time of Mr. Paiba's first visit -- you see

1 that section, where it says his complaints of pain?

2 A Yes.

3 Q Okay. And is it fair to say that based upon your
4 review of this note that at the time of Mr. Paiba's first visit
5 to Dr. Kaplan's office on March 14, 2019, Mr. Paiba made no
6 complaints of either left hip pain or groin pain?

7 MR. SHECTMAN: Your Honor, I'm just going to make
8 an objection.

9 I can state the basis, if you let me. He would be
10 reading from the report to answer the question.

11 MR. MAHER: I'm asking him a question, whether
12 he's reviewed it and whether or not that's fair to say that
13 was the finding of the time.

14 THE COURT: Overruled.

15 MR. SHECTMAN: Just objection to the hearsay.

16 THE WITNESS: I may answer, your Honor?

17 THE COURT: Yes.

18 A There is no mention regarding the hip or the groin.

19 Q Okay. And you would expect that if Mr. Paiba had made
20 such complaints, that Dr. Kaplan would have put that in his
21 report, right?

22 MR. SHECTMAN: Objection, your Honor.

23 THE COURT: Sustained.

24 Q At the time of this initial visit, did Dr. Kaplan
25 recommend diagnostic testing of Mr. Paiba?

1 MR. SHECTMAN: Your Honor, I'm just going to
2 object.

3 THE COURT: Sustained.

4 Q Is there any indication in this note that Dr. Kaplan
5 ordered an MRI of plaintiff's hip at the time of the initial
6 examination of March 14th of 2019?

7 MR. SHECTMAN: Objection, your Honor.

8 THE COURT: Sustained.

9 Q Are you aware that Dr. Kaplan also had an opportunity
10 to do a telehealth visit with Mr. Paiba on May 13th of 2020?

11 A I do recall reviewing a telemed visit, yes.

12 Q Of May 13, 2020?

13 A I don't recall the date.

14 Q Okay. All right.

15 Do you recall when reviewing Dr. Kaplan's notes in
16 conjunction with, you know, forming your opinion that on May 13,
17 2020, plaintiff advised Dr. Kaplan that he did not have any
18 anterior hip pain or groin pain, and that his complaints of pain
19 were referring to his buttock and sciatic-type pain; do you
20 recall that?

21 MR. SHECTMAN: Objection, your Honor. He's
22 reading from a record not in evidence.

23 THE COURT: Rephrase your question. Sustained.

24 Q You had an opportunity to review Dr. Kaplan's records,
25 did you not?

1 A Yes.

2 Q Okay. And is it true, based upon your review of those
3 records, that when Mr. Paiba was seen by Dr. Kaplan, albeit in a
4 telemedicine visit, and this is now like more than a year after
5 the accident, he had no complaints of hip or groin pain?

6 MR. SHECTMAN: Objection, your Honor.

7 THE COURT: Sustained.

8 Q Did you review the record?

9 MR. SHECTMAN: Objection, your Honor.

10 THE COURT: Overruled.

11 A Yes.

12 Q Okay. Is that a fair statement of what's contained
13 within the record that you reviewed in preparation for your
14 testimony?

15 MR. SHECTMAN: Objection, asked and answered.

16 THE COURT: Sustained.

17 Q Well, hypothetically, Doctor, if Dr. Kaplan's records
18 reflect that a year and two months after the accident the
19 patient still had no complaints of back pain, wouldn't that be
20 something that would be very significant in deciding whether or
21 not a particular accident caused a particular injury?

22 MR. SHECTMAN: Objection, your Honor.

23 THE COURT: Overruled.

24 A Yeah, I believe you misspoke. You said back pain.

25 Did you mean left hip pain?

1 THE COURT: Doctor, if you need clarification, ask
2 for clarification. Don't ask the attorney the question.

3 THE WITNESS: Okay.

4 Q If I misspoke, then that's what I meant. I will reask
5 the question again, okay.

6 If you reviewed a record in preparation for your
7 testimony from another treating physician which indicated that
8 more than a year after the accident, the patient still didn't
9 have hip pain or groin pain, wouldn't you find that to be
10 significant?

11 A I would say it depends on the circumstances. First, it
12 was a telemed visit, it's a visit via phone, and it's really --
13 you really can't say on the phone where the hip pain -- if
14 there's hip pain or where it's coming from. And again,
15 initially, as I mentioned earlier, I believe the pain was masked
16 by his back condition.

17 So I don't recall what was said in that visit but it
18 would not surprise me if, based on a phone call, that the doctor
19 may have believed that the pain was not coming from the hip.

20 Q Okay. But as we sit here now, you're offering an
21 opinion not only regarding the course of treatment, but that a
22 particular incident caused a particular injury, right?

23 A Yes.

24 Q And in that role, wouldn't it be fair to say that you
25 are kind of acting like a detective trying to put pieces of

1 evidence together to see what happened here?

2 A Well, I wouldn't say detective but to determine
3 causation, the cause of the problem, we do look at the history
4 and the pertinent medical records that we can obtain.

5 Q Right. And in this case, the records from the day of
6 the accident, Elmhurst Hospital, contain no complaints of groin
7 pain being, correct?

8 MR. SHECTMAN: Objection, asked and answered.

9 Q And in this case --

10 THE COURT: Sustained.

11 Q -- both Dr. Kaplan's records of March 14, 2019 and
12 May 13th of 2020 indicate that the patient had no complaints of
13 hip or groin pain, correct?

14 MR. SHECTMAN: Objection, asked and answered.

15 THE COURT: Sustained.

16 Q To the extent, Doctor, hypothetically that everything
17 that I just said is accurate relating to the medical records,
18 would it be fair to say that in reaching your conclusion, you're
19 overlooking those findings of the treating doctors before your
20 very first visit?

21 MR. SHECTMAN: Objection, your Honor.

22 THE COURT: Overruled.

23 You can answer.

24 A I'm sorry, can you repeat the question.

25 Q Yes, yes.

1 What I'm asking you is, I made certain representations
2 to you regarding what's in the records from before the time you
3 first saw the patient, and I'm asking you whether that's
4 something that should be considered by you in reaching a
5 decision as to whether or not a particular accident caused a
6 particular type of injury?

7 A So when I first saw the patient, I did not have his
8 records. But based on his history to me, which I believe to be
9 accurate, I believe that the hip problem was caused by the
10 accident.

11 I did eventually review his records. I don't recall
12 the specifics. But when I did review the records, it did not
13 alter my opinion that the hip was from this accident.

14 Q Would it be fair to say, Doctor, that you relied more
15 upon your opinion as to the reliability of the patient's
16 complaint then upon the information contained in the medical
17 records from the prior treating doctors?

18 A Well, I would say I relied primarily on the patient
19 history and telling me where it hurts and my exam. I did review
20 the records, including the hospital records. I do note the
21 injury to the hip. And as I said earlier, I do believe that the
22 hip problem was attributed a lot by other physicians to his back
23 problem initially.

24 Q Okay.

25 Now, Doctor, who referred Mr. Paiba to you?

1 A Dr. Merola.

2 Q And was Mr. Paiba the first patient that Dr. Merola
3 ever referred to you?

4 A No, it is not.

5 Q Is it fair to say that Dr. Merola has referred dozens,
6 if not hundreds of patients to you?

7 A We worked together for over 20 years and we do refer
8 each other patients.

9 Q Okay. And is it also fair to say that in the vast
10 majority of instances when Dr. Merola refers a patient to you,
11 that that patient also has a claim pending for personal injury?

12 A I, I -- I don't know that's a true statement. Some of
13 them may, but I would not say all of them do.

14 Q Would it be fair to say that many, many of the patients
15 that you receive a referral from Dr. Merola to treat actively
16 are pursuing litigation for personal injury claims?

17 A Again, there are some that he refers to me that are,
18 but I wouldn't use the word many, many, many.

19 Q Can you put a number on it?

20 A I cannot.

21 Q Okay.

22 Now, do you know where Mr. Paiba was living back in
23 2020?

24 A No, I do not.

25 Q So if he was living in New Jersey, you were unaware of

1 that, correct?

2 A I -- let me see if I have that information.

3 I take that back. Yes, I do have an address on his
4 intake form of a New Jersey address.

5 Q He was living in New Jersey at the time of his initial
6 visit to your office in July of 2020, correct?

7 A Yes.

8 Q And where were your offices located?

9 A In -- in Manhattan as well as Queens.

10 Q And where did you see this patient?

11 A I -- I don't know. I can't tell from this report. I
12 would need to check my computer database.

13 Q So you're not even sure if he came to your office in
14 Manhattan or Astoria?

15 A Yeah, I don't know which location he came to.

16 Q In any event, he didn't see you in New Jersey?

17 A That is correct.

18 Q Okay. And he was able to make it to your office from
19 New Jersey?

20 A That is correct.

21 Q Now, you took a history from Mr. Paiba on the time of
22 your first visit of July 22, 2020, correct?

23 A That is correct.

24 Q And in that history portion of your report, do you
25 indicate that Mr. Paiba advised that he had fallen from a

1 ladder?

2 A That is correct.

3 Q But beyond just stating that the patient fell from a
4 ladder, does your notes contain any specific information as to
5 the manner in which he fell?

6 A No, it does not.

7 Q So you don't know how he fell, you just reported that
8 he was injured in a fall, correct?

9 A Yes, in this initial report it does not note the way he
10 fell, only that he did fall.

11 Q Right. And as you sit here today, you don't have any
12 independent recollection of how the plaintiff reported that he
13 had fallen, correct?

14 A No, I don't recall what was discussed at that initial
15 evaluation, no.

16 Q Let me just put it to do you this way: As you sit here
17 right now, all you know is that the patient told you he fell
18 from a ladder, you don't know how he fell?

19 A That is correct.

20 Q All right.

21 And wouldn't it be fair is to say, Doctor, that again,
22 if you are putting your detective hat on and you're trying to
23 figure out whether or not a acetabular injury was caused by an
24 accident, it would be important to know the mechanism of the
25 fall, right?

1 A Well, what's important to know is that the symptoms
2 started after the fall. The mechanism, as described earlier, is
3 that he fell onto his left side, but the hip could've been
4 injured in other ways.

5 He could have fallen onto his legs, which would have
6 caused a hip injury. He could've twisted, had a fall and not
7 landed on the hip. So the exact mechanism was not described,
8 but the fact that his pain started after the fall led me to
9 believe that the injury was caused by the fall.

10 Q Meaning, based upon the plaintiff's subjective
11 representations to you of pain, that's what you're basing your
12 opinion on?

13 A Yes, I based -- I'm relying on the patient history that
14 he developed a hip pain from this accident, yes.

15 Q Would it be fair to say that when Mr. Paiba saw you, he
16 made no indication that his left hip twisted or turned in any
17 way when he fell, correct?

18 A That's correct.

19 Q All right.

20 And wouldn't that be something that would be important
21 to know if you were trying to figure out whether or not a
22 particular incident could cause a particular type of injury?

23 A Again, frequently a lot of times a patient doesn't
24 recall exactly how a body part might be injured because the
25 accident happened so fast. And I'm, again, relying on the fact

1 that his pain started immediately after the accident and was
2 reported in the hospital records.

3 Q Right, but again, going back to those hospital records,
4 there was no indication of groin pain?

5 MR. SHECTMAN: Objection, your Honor. Asked and
6 answered. This will be the third time it's asked.

7 MR. MAHER: Well, he's referring to it.

8 THE COURT: Counsel, I am just going to remind you
9 that I don't need a narrative behind it.

10 MR. SHECTMAN: Objection, your Honor.

11 THE COURT: Overruled. I mean, you can state the
12 reason, but I don't need a narrative.

13 Q You can answer.

14 A Yeah. So I did not see any indication for groin pain
15 in the hospital records.

16 Q Which if you had seen it would have been an indication
17 that there had been a recent traumatic injury to the hip,
18 correct?

19 A Well, the groin is part of the hip. You can have hip
20 pain and not pain in the groin.

21 Q Okay. Now -- this is turning out to another subject
22 now.

23 By the time the plaintiff, Mr. Paiba, came to your
24 office for the first time, had an MRI of the left hip already
25 been performed?

1 A Yes.

2 Q And do you recall where that hip MRI was performed?

3 A It was performed at Kolb Radiology.

4 Q Okay. And was a report prepared following the left hip
5 MRI of January 20, 2020?

6 A Report prepared by the radiologist?

7 Q Yes. Was there a report prepared by the radiologist
8 who read the film?

9 A Yes.

10 Q Okay. And who authored that report?

11 A Dr. Thomas Kolb.

12 Q And did you have an opportunity to review Dr. Kolb's
13 report regarding the January 20, 2020 MRI of the left hip?

14 A Yes.

15 Q And do you have a copy of that in front of you?

16 A Yes.

17 Q Okay. Now, would it be fair to say that the report
18 prepared by Dr. Kolb makes no mention of observing any bone
19 marrow edema or bony contusion?

20 MR. SHECTMAN: Objection. Hearsay.

21 THE COURT: Is this part of the -- is this in
22 evidence?

23 MR. SHECTMAN: No, your Honor. Just the film is
24 in evidence, not the report.

25 MR. MAHER: I believe the reports are all in

1 evidence with Dr. Merola, but.

2 THE COURT: I'm sorry?

3 MR. MAHER: I believe that Dr. Merola's records
4 are also -- I'm asking him, he's reviewed the report, I'm
5 asking him whether the report -- I'm not asking him to read
6 from the report. I'm asking him whether the report makes
7 any mention of observing any bone marrow edema or bony
8 contusion.

9 THE COURT: You can answer the question.

10 MR. SHECTMAN: Same objection.

11 THE COURT: Overruled.

12 You can answer the question.

13 A There's no notation for bone marrow edema.

14 Q Okay.

15 And does the word swelling or edema appear anywhere in
16 the report?

17 MR. SHECTMAN: Your Honor, objection. Same
18 objection.

19 THE COURT: Sustained.

20 I don't want him to read from the report.

21 MR. MAHER: I'm not asking him to.

22 THE COURT: If he is referring to his own personal
23 notes, his medical records that have been put in for ID,
24 then that's fine.

25 MR. MAHER: All I'm asking him is whether or not

1 the report contains any mention of edema.

2 THE COURT: Without reviewing the report, he may
3 answer the question.

4 MR. MAHER: He's looking at the report right now.
5 I mean, it's been -- your Honor, I may object because he
6 read from his notes the whole time --

7 THE COURT: Counsel, only one of us can talk at a
8 time.

9 MR. MAHER: You're right about that.

10 THE COURT: Not that only one of us can talk. The
11 court reporter can only take one of us down at a time, and
12 at this point it's going to be me. And if he's reading
13 from a report, an MRI report, it cannot be read. So that
14 the objection is overruled -- is sustained.

15 MR. MAHER: I'm not asking him -- I'm not asking
16 him to read from the report. I'm asking him to look at the
17 report and confirm that certain findings are not there.
18 I'm not asking him to read it.

19 MR. SHECTMAN: Your Honor, to do that he would
20 have to read the report.

21 THE COURT: The objection is sustained.

22 MR. MAHER: Okay.

23 Q Hypothetically, Dr. Touliopolous, if an MRI report that
24 was taken after the accident showed no edema, would that be
25 something that would be significant to you?

1 MR. SHECTMAN: Objection, your Honor.

2 THE COURT: Overruled.

3 A Again, it depends on the circumstances. This MRI was
4 taken about ten months after the accident, so if there was edema
5 of the bone it would most likely have resolved at this point.
6 And not -- and not all hip trauma results in edema.

7 So edema -- if I can just describe for the jury --
8 edema is bruising of the bone that you can have --

9 THE COURT: I think you are going beyond the
10 question asked.

11 Counsel, you can continue asking questions.

12 MR. MAHER: Yes.

13 Q In other words, let me ask you this way, Doctor: An
14 MRI film, can it detect the presence of edema, which is
15 basically a fancy word for swelling?

16 A Yes.

17 Q Okay. And so if somebody has a recent traumatic
18 injury, would you expect that there would be some edema or
19 swelling that would show up on the MRI film?

20 A If it's recent, there may or may not be edema.

21 Q There was a significant traumatic injury to the hip,
22 would it be fair to say that there would be some edema on that
23 film?

24 A It depends on the significant traumatic event.

25 Q Okay. Wouldn't the absence of edema be an indication

1 that whatever the findings were on the film were not caused by
2 recent trauma?

3 A Again, edema is not always present with trauma and
4 edema does eventually resolve. And this MRI scan was done many
5 months after the injury.

6 Q Let me ask you this way: If the MRI film showed edema,
7 would you say that that was a reason to believe that the injury
8 was caused by a recent traumatic event?

9 A Yes. So if the MRI did show edema, that could be
10 consistent with a recent trauma, although there are other causes
11 of edema.

12 Q Okay. So if you saw the edema, you would say, hey,
13 this happened by trauma, that's how I know the accident caused
14 the injury. But when you don't see the edema, you say, well,
15 you know, it doesn't necessarily mean it wasn't caused by
16 trauma.

17 Is that what you're saying, Doctor?

18 A No. As I said earlier, edema is not always present
19 with a traumatic event. But when it is present, it can be
20 consistent with trauma.

21 Q Now, Doctor, would you agree with me that while a tear
22 of the labrum can occur as a result of a traumatic event, it can
23 also occur naturally over time as a result of aging, overuse and
24 things like that?

25 A The answer is yes, you can have a degenerative tear

1 that occurs with degenerative joint disease.

2 Q Okay. So that's an important question then, right?
3 Whether or not the tear was caused by trauma or just naturally
4 over time, right?

5 MR. SHECTMAN: Objection, your Honor. Just ask
6 him a question.

7 THE COURT: Sustained.

8 Q Did you order an x-ray of the plaintiff's left hip back
9 on August 6th of 2020?

10 A I'm sorry, what's the date?

11 Q August 6th of 2020. I believe you requested that an
12 x-ray of the left hip be taken at Lenox Hill Radiology?

13 A I didn't order it on August 6th. It may have been
14 performed on August 6th.

15 Q I don't know, I'm looking at something here, it says
16 exam requested by Steven Touliopolous.

17 MR. SHECTMAN: Objection, your Honor. Objection.

18 THE COURT: Sustained.

19 MR. MAHER: All right. Can we perhaps mark this
20 for identification to clear up that issue?

21 THE COURT: What is that being used for?

22 MR. MAHER: To refresh his recollection that he
23 ordered an x-ray --

24 THE COURT: We do not have to mark it as ID. You
25 asked the question -- what was the question?

1 MR. MAHER: Well, I'm asking him whether or not he
2 ordered an x-ray of the plaintiff's left hip on August 6th
3 of 2020 to be performed at Lenox Hill Radiology.

4 THE COURT: Okay. Now you can show. The witness
5 has answered.

6 A Yes, so the --

7 THE COURT: Just look at it, Doctor, and then hand
8 it back to the court officer. Refresh your recollection,
9 if necessary.

10 A The test was performed on August 6th of 2020 but it was
11 ordered on July 22nd of 2020.

12 Q By you?

13 A Yes.

14 Q And did you review those results?

15 A Yes.

16 Q Okay. And why did you order that test?

17 A Why did I order x-rays? To look at the bony structures
18 of the hip.

19 Q Okay. And can a chondral injury appear on an x-ray?

20 A Ordinarily not because cartilage does not have calcium.

21 Q So you're saying you couldn't see a chondral injury on
22 an x-ray, it's impossible?

23 A Unless the chondral injury is calcified, you really
24 can't see a chondral injury on an x-ray.

25 You can see an osteochondral injury on an x-ray because

1 that has bone. But only a chondral injury, which is just
2 cartilage and cartilage ordinarily does not have cartilage, so
3 that is something that would be not be picked up on a --
4 ordinarily on a x-ray.

5 Q Okay.

6 Did you review this film?

7 A Yes.

8 Q And do you recall what the reporting radiologist found
9 upon reading this film?

10 MR. SHECTMAN: Objection, your Honor.

11 THE COURT: Sustained.

12 Q Having had an opportunity to look at the report, do you
13 recall that the findings were that this was an unremarkable
14 x-ray of the left hip?

15 MR. SHECTMAN: Objection, your Honor.

16 THE COURT: Sustained.

17 Q Doctor, were there any positive findings at the time of
18 the August 6, 2020 hip x-ray?

19 MR. SHECTMAN: Objection, your Honor.

20 THE COURT: Sustained.

21 Q Did you change your course of treatment or plan of
22 action following the x-ray that was taken on August 6th of 2020?

23 A No.

24 Q Now, between the date of the accident, March 6, 2019,
25 and when you first saw the plaintiff on July 22nd of 2020, do

1 you know whether Mr. Paiba had received any physical therapy for
2 his left hip?

3 A He did not.

4 Q Okay. So more than a year and a half after the
5 accident, he hadn't gone for a single physical therapy visit on
6 his left hip; is that correct?

7 A I'm sorry?

8 Q More than a year and a half after the accident,
9 Mr. Paiba still hadn't gone for a single physical therapy visit
10 for treatment of his left hip?

11 A That's correct.

12 Q And would it be fair to say that conservative measures
13 should be attempted before a recommendation for hip surgery is
14 made?

15 A Well, I did recommend conservative treatment initially
16 for his left hip injury in this case. There may be other cases
17 where operative intervention may be required immediately.

18 Q Okay. And do you know if Mr. Paiba actually went for
19 any physical therapy following your initial visit of July 22nd
20 of 2020?

21 A I believe I have notation that he did, at least
22 somewhat. But more importantly, he was complying with his home
23 exercises.

24 Q And how would you know that?

25 A He did report that to me.

1 Q You mean he told you he was doing home exercises, but
2 you don't actually know what he was doing and how frequently he
3 was doing it?

4 A He reported to me that he was and there's no reason for
5 me to believe that he wasn't.

6 Q Okay. But if he was going to a physical therapy
7 center, you would be able to actually look at the records to see
8 where he went and, more importantly, what type of treatment they
9 were giving him to try to improve his condition, correct?

10 A If he actually didn't go for therapy sessions -- which
11 I believe he did to some degree -- those records would
12 ordinarily be available for review.

13 Q Your recommendation was that the patient go for
14 physical therapy three times a week; is that correct?

15 A Yes.

16 Q Okay, and is it also fair to say that he failed to
17 comply with that relation?

18 A I just don't know the frequency of his visits for
19 therapy.

20 Q Okay, but you indicated in your own notes that he
21 really wasn't complying with the plan; isn't that correct?

22 A I don't think I use the word noncompliant in my notes.

23 Q Okay, but you were aware when you created your notes
24 that he wasn't going three times a week, as you had instructed
25 him, right?

1 A I -- I just -- I don't have it documented as far as how
2 many sessions or how often he went for therapy, but that he was
3 attempting to be compliant with his home exercises.

4 Q Okay.

5 So now, when did you recommend that this labral surgery
6 or rather this hip surgery be performed?

7 A It was recommended on September 16th of 2020.

8 Q So the second visit?

9 A Yes.

10 Q Okay. While the surgery was recommended on
11 September 16th of 2020, it wasn't actually performed until
12 several months later, correct?

13 A That is correct.

14 Q And you performed the surgery on January 28th of 2021?

15 A That is correct.

16 Q Okay.

17 And I believe you were talking about the operative
18 procedure before with respect to the labrum and I believe -- I
19 don't want to misspeak -- you stated that during the operation
20 you observed a large complex displaced tear of the labrum?

21 A Yes.

22 Q Would it be fair to say that none of the MRIs or x-ray
23 reports that were generated before the date of the surgery
24 contained a mention of a large complex displaced tear of the
25 labrum?

1 A That's correct.

2 Q And you did not attempt to repair the labrum, correct?

3 A That's correct.

4 Q You just -- you did what you called a debridement?

5 A I said debridement but you can say debridement, yes.

6 Q Okay. Potato potahto, right?

7 A Yeah.

8 Q So if we went back and looked at this labrum sometime
9 after the accident, the same tear would be there, right, because
10 you didn't repair it?

11 A I'm sorry, can you repeat the question.

12 Q In other words, you not repairing the tear, a tear, it
13 doesn't regrow back by itself, right?

14 A The tear does not grow back. The part that's torn is
15 removed. There is still labra -- which is the plural of
16 labrum -- still in the hip. And there may be a rim of labrum
17 that is left over, again, where the debridement is. So we do
18 try to preserve any tissue that may still work.

19 Q Right. But if there was that type of complex large
20 labral tear as you describe, would it be fair to say that MRI
21 films done after the accident would still show the presence of
22 the tear because it wasn't actually repaired?

23 A I mean, to answer your question, it may or may not.
24 When we do the debridement, we try to smooth the edges so that
25 there isn't a sudden jump from healthy tissue to non-healthy

1 tissue. And sometimes that is read or even misread as a tear,
2 when in reality it's kind of what's left over from a tear.

3 In this particular case, the subsequent MRI scans did
4 not read any new tearing of the hip.

5 Q And is it also fair to say that the reports that were
6 generated regarding the diagnostic imaging that was performed
7 before the surgery didn't make any mention of a chondral injury
8 to the left hip?

9 A That is correct.

10 Q Now, the plaintiff, Mr. Paiba, he returned to your
11 offices postsurgery on February 10, 2021, did he not?

12 A Let me just pull that report up.

13 Yes, that's when he was seen by Dr. DeMarco.

14 Q Okay. And in reviewing those notes, is there any
15 indication about whether or not Mr. Paiba was being compliant
16 with wearing the brace that you supplied him with following the
17 surgery?

18 A There's a note here that he was not wearing his brace
19 at the time of his visit.

20 Q Okay. So once again, he wasn't following the
21 instructions of his treating doctor regarding his postoperative
22 care, correct?

23 A Yes, Dr. DeMarco did believe that he should wear the
24 brace.

25 Q Which he wasn't doing?

1 A That is correct.

2 Q Okay. And that you had told him he should do.

3 Did you see the plaintiff, Mr. Paiba, again on
4 December 22nd of 2021?

5 A I did not but Dr. DeMarco did.

6 Q Okay. And do Dr. DeMarco's notes indicate whether or
7 not Mr. Paiba has been going for the postsurgical physical
8 therapy that was recommended by you?

9 A There's a note here that says the patient has not
10 really had much physical therapy.

11 Q Okay, so he wasn't going for the physical therapy that
12 you had told him to go for after the surgery?

13 A I -- I -- I don't know if he -- you make it sound like
14 he hadn't had any. According to this note, he didn't have -- he
15 had some but not much.

16 Q Doctor, isn't therapy following surgery very important
17 to obtaining a good result after the surgery you performed?

18 A So, physical therapy is usually something I prescribe
19 after hip surgery. And some patients it's more important than
20 others. With the hip, a lot can be done on your own. And
21 whether he goes for therapy or if he does the exercises at home,
22 in my opinion, both are valid options in this particular case.

23 Q Right. But the structure of a physical therapy center
24 and the machines that they have available to work with the
25 patient would be a lot better than doing something at home,

1 right?

2 A It depends on the -- on the injury and the situation.
3 But there are times where the machines at therapy can be
4 beneficial, yes.

5 Q That's the preferred approach, is for someone to work
6 with a therapist, work with weights, work with the different
7 tools that they have there to guide them through to get them
8 better, right?

9 A Well, the idea behind the therapy is to help regain
10 your strength and motion after surgery or after an injury. And
11 again, it can be something that can be performed at home.

12 Q Okay. And as you sit here, you can tell from your
13 notes that he didn't really comply with the directive regarding
14 therapy and you don't have any personal knowledge as to whether
15 or not he actually did any of these home therapy things,
16 correct?

17 A Only that it has been recommended to the patient and,
18 as far as I'm aware, that he had been.

19 Q Okay. So as far as you know, he may not have done
20 anything after the surgery except maybe a handful of PT visits?

21 MR. SHECTMAN: Objection, your Honor.

22 THE COURT: Sustained.

23 MR. MAHER: All right, we'll move on.

24 Q Did you order another MRI of the hip back on
25 February 4th of 2020?

1 A It was performed on February 4th of 2022.

2 Q Okay. And that was requested by Dr. DeMarco of your
3 office?

4 A Yes.

5 Q Okay. Is there any mention in this report of an
6 arthritic condition in the left hip?

7 MR. SHECTMAN: Objection, your Honor, it's
8 hearsay.

9 THE COURT: Sustained.

10 You can rephrase the question.

11 Q Well, Doctor, you ordered another MRI of the patient,
12 or at least your office did, on February 4th of 2022 done at
13 Lenox Hill Radiology, right?

14 A Yes.

15 Q Okay. And a report that was generated by the
16 radiologist was sent to your office, right?

17 A That's correct.

18 Q And it would have been reviewed by either you or
19 Dr. DeMarco in the course of treating the patient, correct?

20 A That's correct.

21 Q Okay. And does this report contain any indication that
22 there's an arthritic condition in the left hip as of February 4,
23 2022?

24 MR. SHECTMAN: Objection, your Honor. Same
25 objection.

1 THE COURT: Sustained.

2 Q Does this report contain any indication regarding the
3 condition of the hip labrum?

4 MR. SHECTMAN: Objection, your Honor. Same
5 objection.

6 THE COURT: Sustained.

7 Q Based upon the diagnostic imaging that was ordered by
8 your office, is it fair to say that apart from slight anterior
9 and labral fraying, no other tearing was observed in the hip on
10 February 4th of 2022?

11 MR. SHECTMAN: Objection, same objection.

12 THE COURT: Overruled.

13 A That is correct.

14 Q Okay.

15 And slight fraying, what does that mean in your field
16 of expertise?

17 A Well, when the labrum was debrided, there are edges to
18 the labrum and it's not gonna be smooth like the way you're born
19 with. There may be some irregularities or fraying, which is --
20 it's hard to describe it in layperson's terms, but it's -- the
21 edges may be a little rough, basically, is a good way of saying
22 that.

23 Q Is it also fair to say that slight fraying might be a
24 condition that someone would observe if someone had some mild
25 degeneration of the hip?

1 A Well, this patient -- this is an area of the surgery.
2 I believe it's postsurgical. But to answer your question, yes,
3 you can have fraying in someone who has degeneration of the hip.

4 Q Okay. And was another MRI ordered by your office with
5 an exam date of July 6th of 2023?

6 A Yes.

7 Q Was that report sent to your office?

8 A Yes.

9 Q And did you have an opportunity to review that report?

10 A Yes.

11 Q And do you recall what the reporting radiologist had to
12 say about that film?

13 MR. SHECTMAN: Objection, your Honor. It's
14 hearsay.

15 THE COURT: Sustained.

16 MR. MAHER: I am serious.

17 MR. SHECTMAN: What?

18 THE COURT: I'm going to ask the counsel, once
19 again, to refrain from having conversation between the
20 counsels during cross.

21 MR. SHECTMAN: Your Honor, I didn't say anything.
22 I just said objection.

23 MR. MAHER: No. I disagree with his
24 characterization.

25 MR. SHECTMAN: Judge, what did I say? I didn't

1 say anything.

2 THE COURT: Proceed, Counsel.

3 MR. MAHER: Okay.

4 Q Dr. Touliopoulos, are you familiar with a condition
5 known as mild degenerative cartilage thinning?

6 A Yes.

7 Q Okay, and what is that?

8 A I would say that would be a finding that you find in a
9 joint that has early arthritis.

10 Q And when it's a degenerative thinning, is that
11 something that would occur slowly over time?

12 A Chondral thinning, chondral injury can have both a
13 traumatic origin as well as a atraumatic origin. It can occur
14 with a degenerative process over time.

15 Q Okay. So these findings could be consistent with a
16 degenerative condition that occurred over time?

17 MR. SHECTMAN: Objection, your Honor.

18 THE COURT: Sustained.

19 Rephrase the question. These findings, I don't
20 know what?

21 Q The findings that are contained in the report of
22 July 6, 2023 could be consistent with a progressive degenerative
23 condition?

24 MR. SHECTMAN: Objection, your Honor.

25 THE COURT: Sustained.

1 Q Is it fair to say that there's no indication in this
2 report that the findings were caused directly by trauma?

3 MR. SHECTMAN: Objection, your Honor.

4 THE COURT: Sustained.

5 Q Okay. Now, Doctor, just quickly now, I want you to
6 assume for the moment that there's been testimony in this case
7 that the plaintiff sustained a traumatic herniation of his
8 lumbar spine, it's claimed, traumatic meniscal injury to his
9 left knee and you're offering an opinion that he had a traumatic
10 tear to his left labrum. And if all of those statements are
11 true, okay, if this all happened on March 6th of 2019, would you
12 expect that the patient would be able to walk?

13 A So I did not treat, initially, his knee condition or
14 have I treated his back condition, so I can't comment on those
15 other areas. But with respect to his hip, yes, he would be able
16 to walk on a labral tear.

17 (Whereupon, the following was recorded and
18 transcribed by Official Court Reporter Valerie McNally.)

19 (Continued on next page.)

20 * * * * *

21

22

23

24

25

1 CROSS-EXAMINATION

2 BY MR. MAHER:

3 Q Is it fair to say, Doctor, that an acute labral tear
4 causes extreme pain in a patient?

5 A Labral tears can cause pain. Some patients, they could
6 be extreme depending upon the size of the tear and what it's
7 doing to the hip. In others, the pain may be more bearable, may
8 be more intermittent in nature.

9 Q If as it's claimed in this case that the patient had a
10 traumatic herniation of a lumbar disc, a traumatic meniscal tear
11 of the left knee and, as you are stating, a traumatic tear of
12 the labrum, would you expect that a patient with all three of
13 those injuries simultaneously would be able to get up and walk
14 around a few days after the accident?

15 A I am not a spine expert; I do treat knee disorders and
16 from my experience, a patient that has both an ipsilateral
17 labral tear of the hip and ipsilateral meniscus tear of the
18 knee, could possibly walk after the accident.

19 Again, there are other factors that have to be
20 considered. In some patients, they may not be able to, but some
21 patients they would be able to.

22 Q In this case, I think we were referring earlier about
23 Mr. Paiba's first visit to Dr. Kaplan's office on March 14,
24 2019 -- so five days after the accident, right?

25 A Yes.

1 Q Right. And I don't know if you still have those notes
2 still in front of you related to that visit.

3 A I believe so.

4 Q Okay. Is there an indication in those notes that Dr.
5 Kaplan told Mr. Paiba to stop using the cane that he brought
6 with him to the visit?

7 MR. SHECTMAN: Note my objection, Your Honor.

8 THE COURT: Overruled.

9 A In his plan, he did recommend a lumbosacral orthosis,
10 which is basically a back brace, in his plan.

11 Q And he told the plaintiff to stop using a cane that he
12 brought with him, presumably because he didn't need it?

13 A He did recommend to discontinue the use of the cane. I
14 don't know his reasoning, but he did say that in his report.

15 Q It's a fair assumption, isn't it, Doctor?

16 A I don't know his reasoning. Sometimes you don't want
17 the patient to become dependent on the cane, but he did say to
18 discontinue the use of the cane.

19 Q This was only five days after the accident, it wasn't
20 weeks or months later where he was saying, hey, guy, you got to
21 stop using the cane?

22 A He did recommend this in his report, yes.

23 MR. MAHER: I have no further questions for the
24 witness.

25 MR. SHECTMAN: Briefly, Your Honor?

1 THE COURT: Thank you.

2 MR. SHECTMAN: May I?

3 THE COURT: Yes.

4 REDIRECT EXAMINATION

5 BY MR. SHECTMAN:

6 Q Doctor, now --

7 THE COURT: You are going to need a microphone.

8 Q Doctor, you were asked -- withdrawn.

9 I believe, Doctor, you were talking about the back pain
10 possibly masking the hip pain, correct?

11 A Yes.

12 Q And you were asked whether or not -- I believe you
13 testified that there had been no significant physical therapy on
14 the hip prior to coming to you, correct?

15 A That's correct.

16 Q Would that be consistent if they are not sure that
17 there's even a hip problem because of the back, would you expect
18 someone to be getting PT on the hip?

19 MR. MAHER: Objection.

20 THE COURT: Sustained.

21 Turn off one of those microphones, please.

22 MR. SHECTMAN: Oh, excuse me.

23 Q Doctor, why do you believe that home -- withdrawn.

24 At what point do you believe home exercises is an
25 adequate substitute for an in-office physical therapy?

1 MR. MAHER: Objection.

2 THE COURT: Overruled.

3 A At what point -- well, home exercises would be always
4 recommended and even if they are doing therapy which they may do
5 a couple times a week, home exercise would be something I would
6 recommend they do more often.

7 Q Doctor, if there weren't complaints of the hip until --
8 well, other than the initial emergency room and there weren't
9 complaints until July of 2020 when he came in to you after the
10 surgery, would you expect there would be physical therapy on the
11 hip before coming to you?

12 MR. MAHER: Objection.

13 THE COURT: Overruled.

14 A Until he saw me, until the patient had the MRI and came
15 to see me, there wasn't a firm diagnosis for the hip or a plan
16 until he saw me. None of the other physicians, I believe, treat
17 disorders of the hip.

18 Q Doctor, you were asked whether the large displaced
19 complex tear noted in the operation, it was not actually
20 specified that way in the MRI. Could you explain why that is?

21 MR. MAHER: Objection.

22 THE COURT: I am sorry, Counsel. Repeat the
23 question.

24 MR. SHECTMAN: Sure.

25 Q During surgery you noted a large displaced complex

1 tear, correct?

2 A Yes.

3 Q Could you explain why that exact phrasing was not noted
4 on the MRI that he asked you about?

5 MR. MAHER: Objection.

6 THE COURT: Overruled -- sustained. I am sorry.

7 Q Doctor, when you looked at the MRI, did you see a large
8 complex displaced tear?

9 A No.

10 Q Why is that? How could you then find it during
11 surgery?

12 MR. MAHER: Objection.

13 THE COURT: Sustained.

14 Q Doctor, why did you not see the large complex tear on
15 the MRI?

16 MR. MAHER: Same objection.

17 THE COURT: Sustained.

18 Q Doctor, what is better when you want to see inside the
19 body, an MRI or looking inside the body during an operation?

20 MR. MAHER: Objection. Beyond the scope of
21 redirect.

22 THE COURT: Sustained.

23 MR. SHECTMAN: I am just addressing this. It was
24 asked about.

25 THE COURT: Sustained.

1 Q Doctor, how did the tear appear on the MRI to you?

2 A During the surgery?

3 Q No, when you looked at the MRI, how did the tear appear
4 on the labrum?

5 MR. MAHER: Objection. The doctor testified on
6 direct about the MRI.

7 THE COURT: Stop with the narrative. I heard the
8 objection. The objection is sustained.

9 Q Doctor, would wearing a brace 24/7 change Mr. Paiba's
10 condition?

11 A No.

12 Q If the plaintiff had been -- withdrawn.

13 Mr. Maher asked you whether or not Mr. Paiba was
14 compliant with physical therapy, correct?

15 A Yes.

16 Q Had he been compliant pursuant to what you recommended,
17 what if any change in his condition would there have been?

18 A At this point none, because he is developing
19 progressive arthritis and that's not a factor of the therapy
20 that he would not have received.

21 Q So if I heard you correctly, if he followed every
22 single session he was supposed to, the result ends up being the
23 same?

24 MR. MAHER: Objection.

25 THE COURT: Sustained.

1 Q What would be the difference in the end results, if
2 any, if he followed every single therapy session that you
3 prescribed?

4 MR. MAHER: Objection. This is beyond the scope
5 of redirect.

6 THE COURT: Sustained.

7 MR. SHECTMAN: May I look at my notes, Your Honor?

8 THE COURT: Sure.

9 MR. SHECTMAN: Thank you, Doctor. I have nothing
10 further. It was a pleasure.

11 THE WITNESS: Thank you.

12 MR. MAHER: No further questions.

13 THE COURT: Thank you, Dr. Touliopoulos. You are
14 excused. Thank you.

15 MR. SHECTMAN: Your Honor, may we approach
16 briefly? We want to give you the schedule.

17 THE COURT: Dr. Touliopoulos, you have your
18 records. Your records are not in evidence so you can take
19 them.

20 MR. SHECTMAN: They are for ID. He can take them.

21 THE COURT: I know, Counsel. That's what I just
22 instructed the doctor to do.

23 MR. SHECTMAN: Fair enough. I am just confirming.

24 (Whereupon, at this time, the witness exited the
25 courtroom.)

1 MR. SHECTMAN: May we approach for a minute, Mr.
2 Maher and I? It relates to the schedule.

3 THE COURT: Could I let go of the jury?

4 MR. SHECTMAN: No witnesses for tomorrow, this is
5 for them, that's why we want to let Your Honor know. We'll
6 be back on Thursday.

7 MR. MAHER: That's correct.

8 THE COURT: It's what we discussed yesterday.

9 MR. SHECTMAN: I am just letting you know nothing
10 has changed.

11 MR. MAHER: There's one change, but we can discuss
12 that after the jury is let go.

13 THE COURT: Jurors, we're finished with the
14 testimony for today. Tomorrow there are no witnesses
15 scheduled to testify, so while you don't have to be here
16 today -- you don't have to be here tomorrow, you are not on
17 jury duty tomorrow, so you should be wherever you need to
18 be tomorrow and then we're back here on Thursday morning.

19 MR. MAHER: Judge, the first witness is going to
20 be in the afternoon, so that is what I was going to discuss
21 with you.

22 THE COURT: Let me excuse the jury for a moment
23 and I will tell you in a moment what time you should be
24 back.

25 THE COURT OFFICER: All rise. Jury exiting.

1 (Whereupon, at this time, the jury exited the
2 courtroom.)

3 MR. MAHER: Briefly, I'm going to be calling Dr.
4 Katzman Thursday afternoon at 2:00 PM. Dr. Greslamer,
5 something came up with his family and I am going to be
6 calling him on Monday. That's the present plan.

7 THE COURT: I don't have anything -- if Dr. Elbaz
8 is in Egypt and I don't have anything from plaintiff with
9 respect to any testimony --

10 MR. SHECTMAN: You are going to have it today.

11 THE COURT: Counsel, I have been hearing that
12 since the beginning of the month.

13 MR. SHECTMAN: I am going to state on the record,
14 you will have it today.

15 THE COURT: You said it on the record since the
16 beginning.

17 MR. SHECTMAN: You will have it today, Your Honor.

18 THE COURT: And it needs to be reviewed and
19 approved.

20 MR. SHECTMAN: I know. I am going to send it to
21 you today. What I am requesting --

22 THE COURT: It's not as matter-of-fact as that.
23 You have been saying this since the beginning of the month
24 and it's been a consistent pattern and I still haven't
25 gotten it.

1 Mr. Maher, what time is your doctor going to be
2 here on the 23rd?

3 MR. MAHER: He can't be here before 12:30, so I've
4 instructed him to be here at 2:00 PM due to the Court's
5 rules.

6 THE COURT: What time and how long do you think
7 the testimony of Dr. Elbaz is going to take?

8 MR. SHECTMAN: One hour.

9 THE COURT: That's for your direct.

10 MR. SHECTMAN: Yes.

11 THE COURT: And then we have to do cross and then
12 redirect. We're talking about certainly more than an hour.

13 MR. SHECTMAN: I can't speak for how long his
14 cross will be, but I assume my direct will be done in an
15 hour.

16 MR. MAHER: I mean, in a perfect world I would
17 prefer not to try to jam in two witnesses because I don't
18 want a situation where I lose Dr. Katzman because something
19 doesn't happen with the hook-up or some other issue because
20 I have my own time constraints and certainly a remote
21 witness has much more flexibility than somebody who is
22 physically coming.

23 THE COURT: And the point is that --

24 MR. MAHER: I would like to call Dr. Katzman at
25 2:00 o'clock as the next witness in the case because

1 there's no witnesses available for tomorrow.

2 THE COURT: And Dr. Katzman would be if we don't
3 finish with Dr. Elbaz in the morning?

4 MR. MAHER: Then I am going to have a real
5 problem.

6 THE COURT: When is Dr. Katzman next available?

7 MR. MAHER: That I don't know. I did inquire of
8 Dr. Katzman regarding his continued availability and he was
9 a little up-in-the-air with me, that's why I believe that I
10 can get him on and off the stand, just as we did with Dr.
11 Touliopoulos, on Thursday afternoon.

12 I just don't want to set up a situation where I
13 have him come in here and I can't get his testimony in and
14 then it becomes a problem for me to reproduce him, so I
15 think that counsel and I were working together on this. I
16 think he is fine with just doing Dr. Katzman on Thursday
17 afternoon and I asked Dr. Bendo to try to move up -- you
18 know, move up to the morning -- I haven't gotten a response
19 from him -- on Friday.

20 Right now he is booked for Friday afternoon. Like
21 I said, I implored him to maybe come in a little earlier if
22 he would.

23 MR. SHECTMAN: To be clear, Dr. Elbaz is for
24 Monday, not Thursday. He was never for Thursday.

25 THE COURT: I know. We were talking about Monday

1 afternoon.

2 MR. SHECTMAN: Just clarifying.

3 THE COURT: Mr. Maher, with respect to Thursday,
4 we only have one witness in the afternoon and that is Dr.
5 Katzman, as far as I am concerned. Then Monday was
6 mentioned, that he would be testifying Monday afternoon. I
7 am trying to get clarification on Thursday afternoon who
8 was testifying.

9 MR. MAHER: Dr. Mark Katzman. He is a
10 radiologist.

11 THE COURT: That's at 2:00 o'clock?

12 MR. MAHER: 2:00 o'clock.

13 THE COURT: And then on the 20th?

14 MR. MAHER: On the 20th, on Friday, I have Dr.
15 John Bendo, a spinal surgeon. He has agreed to be here at
16 2:00 o'clock on Friday. And as I said, I am hoping between
17 now and then I can move him up a little bit in the day in
18 the hopes, A, we have enough time for everybody to ask the
19 questions and not keep the jury waiting here until the end
20 of the day.

21 THE COURT: We can let the jury know they are
22 returning on Thursday, March 19th at 2:00 PM.

23 MR. MAHER: That's correct.

24 THE COURT: Officer, they can be released.

25 THE COURT OFFICER: Tell them 2:00 PM?

1 THE COURT: Yes. And then we'll figure it out --
2 we'll reconfirm it on Thursday how we're proceeding with
3 the week --

4 MR. MAHER: That's sounds fair.

5 THE COURT: -- whether or not we're doing the
6 morning or afternoon or both.

7 MR. MAHER: Or both. Right. My preference is, as
8 I am telling his office, be here at 9:30 in the morning and
9 no matter what happens, we're going to get through this
10 because I told him flat out that Your Honor doesn't want
11 witnesses -- in other words, he could be put in a situation
12 where he is directed by the Court to show up here on Monday
13 and I don't what his schedule is, so I am encouraging him
14 to get here early so we don't run into that situation.

15 I don't know his complete schedule and again, I am
16 dealing through someone else whose contacting him, but I'll
17 certainly be reaching out again tomorrow personally to try
18 to get things the way that would work best for all parties
19 in this case.

20 THE COURT: Dr. Greslamer, you don't have any
21 idea --

22 MR. MAHER: I didn't hear what you said.

23 THE COURT: Doctor -- I'm going to say his name
24 wrong -- Dr. Greslamer.

25 MR. MAHER: Yes, Dr. Greslamer, now I would plan

1 on calling him on Monday, all things being equal, but
2 again --

3 THE COURT: Monday afternoon?

4 MR. MAHER: I would try to have him here Monday
5 morning.

6 THE COURT: Monday morning we have presumably Dr.
7 Elbaz.

8 MR. MAHER: I can see if Dr. Greslamer would come
9 on Tuesday, we can see that. I don't want to avoid --
10 having the doctor come here on two days, if I could avoid
11 that.

12 THE COURT: If it's Tuesday, it's 11:30 because
13 it's the motion calendar.

14 MR. MAHER: Let me speak with Dr. Greslamer again
15 and well try to figure out what is the best -- is this
16 Elbaz, he is going to be available at exactly 10:00 AM?

17 MR. SHECTMAN: I can make it earlier.

18 MR. MAHER: Court is not going to start before
19 that.

20 MR. SHECTMAN: I'll speak to him today.

21 MR. MAHER: In all events, it wouldn't be
22 before --

23 THE COURT: Anyway, we're here for tomorrow --

24 MR. MAHER: Thursday.

25 THE COURT: We are here Thursday the 19th at

1 2:00 o'clock.

2 MR. SHECTMAN: Yes, Your Honor.

3 MR. MAHER: Thank you, Your Honor.

4 THE COURT: We're finished today. Everyone is
5 excused until Thursday, March 19th at 2:00 PM.

6 (Whereupon, the trial was adjourned until
7 Thursday, March 19, 2026.)

8 * * * * *

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

\$	2	674:12, 674:16, 674:22, 674:25	612:25, 613:5 800 [1] - 569:11	according [1] - 656:14 account [1] - 621:2 accredited [1] - 570:19 accurate [2] - 636:17, 637:9 accurately [1] - 596:20 acetabular [1] - 640:23 acetabulum [8] - 583:14, 597:4, 597:5, 597:12, 597:19, 597:21 acting [1] - 635:25 action [1] - 650:22 active [1] - 579:11 actively [3] - 579:6, 579:10, 638:15 activities [8] - 577:17, 592:3, 592:21, 601:23, 605:3, 615:25, 616:2 activity [4] - 592:1, 593:24, 594:18, 594:21 acute [1] - 663:3 addition [1] - 578:25 address [3] - 569:9, 639:3, 639:4 addressed [4] - 598:7, 598:25, 617:21, 618:16 addressing [1] - 667:23 adduction [4] - 608:5, 608:6, 608:8, 608:10 adequate [2] - 591:5, 665:25 adjust [1] - 568:24 adolescents [1] - 573:15 adults [1] - 573:15 adversely [3] - 592:3, 592:21, 594:20 advised [2] - 633:17, 639:25 affected [2] - 592:3, 594:21 affecting [1] - 592:21 affirm [1] - 568:20 affirmation [2] - 586:9, 586:13 afternoon [22] - 567:15, 567:16, 569:15, 569:24, 569:25, 586:5, 586:7, 586:8, 587:16, 620:3, 620:4, 670:20,
\$15,000 [2] - 621:1, 621:7 \$25,000 [1] - 611:23 \$500 [1] - 622:21 \$53,000 [1] - 611:23	2 [3] - 585:4, 585:15, 612:16 20 [11] - 579:12, 581:22, 608:11, 608:20, 609:5, 622:4, 622:6, 623:11, 638:7, 643:5, 643:13 2019 [14] - 577:7, 613:13, 617:25, 623:24, 624:4, 625:13, 625:17, 629:6, 632:5, 633:6, 636:11, 650:24, 662:11, 663:24 2020 [28] - 576:19, 581:22, 583:1, 594:4, 609:8, 624:2, 633:10, 633:12, 633:17, 636:12, 638:23, 639:6, 639:22, 643:5, 643:13, 648:9, 648:11, 649:3, 649:10, 649:11, 650:18, 650:22, 650:25, 651:20, 653:7, 653:11, 657:25, 666:9 2021 [5] - 595:8, 602:22, 653:14, 655:11, 656:4 2022 [4] - 658:1, 658:12, 658:23, 659:10 2023 [3] - 603:10, 660:5, 661:22 2026 [2] - 607:3, 610:19 20th [4] - 582:25, 594:13, 674:13, 674:14 22 [1] - 639:22 22nd [6] - 576:19, 624:2, 649:11, 650:25, 651:19, 656:4 23-25 [1] - 569:11 23rd [1] - 672:2 24/7 [1] - 668:9 25 [4] - 579:10, 607:8, 607:11, 624:9 28 [1] - 566:2 28th [2] - 595:8, 653:14 29 [1] - 603:10 2:00 [8] - 671:4, 672:4, 672:25, 674:11,	3	9	
'		3/14/2019 [2] - 629:12, 630:7 30 [3] - 574:3, 578:5, 592:13 31 [1] - 569:11 35 [1] - 608:21	9 [2] - 591:25, 594:17 9/16/20 [1] - 591:19 90 [1] - 592:13 94th [1] - 566:5 9:30 [1] - 675:8	
'21 [1] - 594:13 '26 [1] - 609:8		4	A	
1		4 [4] - 597:22, 598:1, 620:13, 658:22 40 [4] - 607:6, 607:13, 608:10, 613:22 45 [7] - 579:6, 579:7, 579:11, 607:10, 607:11, 608:23, 609:3 4th [4] - 657:25, 658:1, 658:12, 659:10	abdomen [4] - 602:17, 613:11, 626:14, 631:19 Abduction [1] - 578:23 abduction [11] - 579:9, 579:11, 592:13, 602:16, 606:19, 607:7, 607:8, 607:9, 608:1, 608:2, 608:3 ability [2] - 601:22, 616:5 able [13] - 582:15, 588:23, 599:14, 601:23, 611:4, 625:8, 639:18, 652:7, 662:12, 662:15, 663:13, 663:20, 663:21 absence [1] - 646:25 Academy [1] - 572:25 accident [47] - 577:16, 590:12, 613:13, 613:23, 613:24, 614:11, 614:14, 616:18, 616:20, 623:21, 623:23, 624:4, 624:12, 624:16, 624:23, 625:3, 625:9, 625:16, 625:25, 626:12, 626:22, 628:17, 634:5, 634:18, 634:21, 635:8, 636:6, 637:5, 637:10, 637:13, 640:24, 641:14, 641:25, 642:1, 645:24, 646:4, 647:13, 650:24, 651:5, 651:8, 654:9, 654:21, 663:14, 663:18, 663:24, 664:19 accomplish [1] - 601:19	
1 [3] - 582:3, 588:10, 597:25 1/14/26 [2] - 604:21, 606:6 1/28/21 [1] - 603:1 10 [11] - 579:13, 592:1, 593:21, 594:17, 602:22, 620:18, 621:1, 621:7, 622:6, 655:11 10:00 [1] - 676:16 11 [3] - 575:22, 575:24, 594:4 11105 [1] - 569:12 11:30 [1] - 676:12 11th [1] - 593:15 12 [7] - 595:22, 596:2, 596:4, 596:12, 611:11, 611:16, 620:18 120 [4] - 579:8, 606:22, 607:1, 607:2 125 [1] - 606:25 12:30 [1] - 672:3 13 [7] - 595:22, 596:2, 596:4, 599:3, 599:6, 633:12, 633:16 13th [2] - 633:10, 636:12 14 [8] - 595:22, 596:2, 596:4, 600:7, 610:19, 632:5, 636:11, 663:23 14th [2] - 629:6, 633:6 15 [3] - 579:10, 579:12, 611:16 15-year [1] - 611:11 16th [2] - 653:7, 653:11 1993 [1] - 571:12 1997 [2] - 623:7, 623:8 19th [2] - 674:22, 676:25	2019 [14] - 577:7, 613:13, 617:25, 623:24, 624:4, 625:13, 625:17, 629:6, 632:5, 633:6, 636:11, 650:24, 662:11, 663:24 2020 [28] - 576:19, 581:22, 583:1, 594:4, 609:8, 624:2, 633:10, 633:12, 633:17, 636:12, 638:23, 639:6, 639:22, 643:5, 643:13, 648:9, 648:11, 649:3, 649:10, 649:11, 650:18, 650:22, 650:25, 651:20, 653:7, 653:11, 657:25, 666:9 2021 [5] - 595:8, 602:22, 653:14, 655:11, 656:4 2022 [4] - 658:1, 658:12, 658:23, 659:10 2023 [3] - 603:10, 660:5, 661:22 2026 [2] - 607:3, 610:19 20th [4] - 582:25, 594:13, 674:13, 674:14 22 [1] - 639:22 22nd [6] - 576:19, 624:2, 649:11, 650:25, 651:19, 656:4 23-25 [1] - 569:11 23rd [1] - 672:2 24/7 [1] - 668:9 25 [4] - 579:10, 607:8, 607:11, 624:9 28 [1] - 566:2 28th [2] - 595:8, 653:14 29 [1] - 603:10 2:00 [8] - 671:4, 672:4, 672:25, 674:11,	5	6	
		5 [2] - 579:13, 620:13 50 [2] - 608:12, 609:1 500 [1] - 622:16 50s [1] - 584:3 53 [1] - 577:4 56-11 [1] - 566:4		
		6		
		6 [8] - 612:18, 613:13, 623:23, 624:4, 625:17, 650:18, 650:24, 661:22 60 [1] - 623:12 6th [11] - 577:7, 625:12, 648:9, 648:11, 648:13, 648:14, 649:2, 649:10, 650:22, 660:5, 662:11		
		7		
		7 [2] - 584:7, 588:22 70 [3] - 606:19, 606:25, 623:12 704365/2019 [1] - 566:4 75 [1] - 579:9 78,000 [1] - 611:24		
		8		
		8 [4] - 591:25, 594:17,		

<p>671:4, 673:11, 673:17, 673:20, 674:1, 674:4, 674:6, 674:7, 675:6, 676:3</p> <p>age [1] - 577:4</p> <p>aging [1] - 647:23</p> <p>ago [1] - 624:9</p> <p>agree [3] - 576:5, 581:20, 647:21</p> <p>agreed [1] - 674:15</p> <p>air [2] - 613:14, 673:9</p> <p>aisle [2] - 596:9, 596:18</p> <p>albeit [1] - 634:3</p> <p>almost [2] - 574:3, 574:8</p> <p>alone [1] - 621:7</p> <p>alter [1] - 637:13</p> <p>altered [1] - 616:24</p> <p>altogether [1] - 579:25</p> <p>AM [1] - 676:16</p> <p>ambulance [1] - 577:7</p> <p>ambulating [1] - 594:19</p> <p>American [1] - 572:25</p> <p>amount [1] - 611:9</p> <p>anatomy [1] - 589:2</p> <p>anesthesia [1] - 611:22</p> <p>answer [12] - 607:21, 625:11, 632:10, 632:16, 636:23, 642:13, 644:9, 644:12, 645:3, 647:25, 654:23, 660:2</p> <p>answered [5] - 634:15, 636:8, 636:14, 642:6, 649:5</p> <p>antalgic [2] - 578:19, 606:11</p> <p>anterior [5] - 590:12, 592:11, 602:1, 633:18, 659:8</p> <p>anti [2] - 577:18, 590:18</p> <p>anti-inflammatory [2] - 577:18, 590:18</p> <p>anyway [2] - 571:8, 676:23</p> <p>apart [1] - 659:8</p> <p>apologies [1] - 604:17</p> <p>apparent [3] - 617:20, 618:12, 618:19</p> <p>appear [5] - 623:13, 644:15, 649:19, 668:1, 668:3</p> <p>appearance [2] - 620:20, 621:3</p> <p>appearances [1] -</p>	<p>566:6</p> <p>applies [1] - 580:9</p> <p>approach [4] - 581:10, 657:5, 669:15, 670:1</p> <p>approved [1] - 671:19</p> <p>approximation [2] - 573:24, 574:9</p> <p>area [4] - 588:18, 589:13, 618:18, 660:1</p> <p>areas [1] - 662:15</p> <p>arthritic [5] - 609:14, 610:2, 615:7, 658:6, 658:22</p> <p>arthritis [14] - 583:22, 584:1, 584:2, 584:3, 603:20, 603:24, 604:4, 604:15, 606:1, 615:9, 615:20, 616:7, 661:9, 668:19</p> <p>arthroscopic [2] - 592:19, 592:25</p> <p>arthroscopy [1] - 599:9</p> <p>aspect [1] - 592:11</p> <p>assessment [1] - 603:23</p> <p>assistant [1] - 572:12</p> <p>assume [9] - 613:12, 613:15, 613:18, 613:21, 613:25, 617:3, 617:24, 662:6, 672:14</p> <p>assuming [2] - 571:8, 618:3</p> <p>assumption [1] - 664:15</p> <p>Astoria [2] - 569:11, 639:14</p> <p>atraumatic [1] - 661:13</p> <p>atrophy [1] - 579:18</p> <p>attached [1] - 598:4</p> <p>attempt [1] - 654:2</p> <p>attempted [1] - 651:13</p> <p>attempting [1] - 653:3</p> <p>attempts [1] - 591:12</p> <p>attendance [1] - 567:19</p> <p>attending [6] - 611:17, 626:7, 627:6, 627:8, 627:13, 627:24</p> <p>attorney [2] - 607:21, 635:2</p> <p>attorneys [2] - 621:16, 622:7</p> <p>attributed [2] - 605:6, 637:22</p> <p>August [8] - 648:9,</p>	<p>648:11, 648:13, 648:14, 649:2, 649:10, 650:18, 650:22</p> <p>authored [1] - 643:10</p> <p>availability [1] - 673:8</p> <p>available [6] - 586:10, 652:12, 656:24, 673:1, 673:6, 676:16</p> <p>average [4] - 620:13, 621:23, 622:6, 622:12</p> <p>avoid [2] - 676:9, 676:10</p> <p>awakens [1] - 600:14</p> <p>aware [6] - 616:25, 624:5, 624:13, 633:9, 652:23, 657:18</p> <p>axial [1] - 583:8</p>	<p>586:16, 671:12, 671:16, 671:23</p> <p>behalf [5] - 569:20, 622:24, 623:1, 623:2, 623:13</p> <p>behind [3] - 599:20, 642:9, 657:9</p> <p>Bendo [2] - 673:17, 674:15</p> <p>beneficial [1] - 657:4</p> <p>best [3] - 593:13, 675:18, 676:15</p> <p>better [6] - 587:20, 601:21, 606:1, 656:25, 657:8, 667:18</p> <p>between [10] - 575:16, 580:6, 583:20, 592:18, 621:1, 622:6, 622:16, 650:24, 660:19, 674:16</p> <p>Beyond [1] - 667:20</p> <p>beyond [3] - 640:3, 646:9, 669:4</p> <p>big [1] - 606:2</p> <p>bigger [1] - 597:15</p> <p>bilateral [1] - 631:23</p> <p>Bioengineering [1] - 571:20</p> <p>bit [4] - 583:23, 603:9, 609:1, 674:17</p> <p>black [2] - 583:18, 588:18</p> <p>blocks [3] - 593:22, 605:8, 614:22</p> <p>blow [1] - 596:2</p> <p>blow-ups [1] - 596:2</p> <p>blue [1] - 593:8</p> <p>board [10] - 570:3, 570:11, 570:17, 570:24, 570:25, 571:3, 571:5, 573:8, 596:9, 599:3</p> <p>bodies [1] - 583:5</p> <p>body [9] - 579:10, 579:12, 582:19, 583:4, 583:6, 627:15, 641:24, 667:19</p> <p>bone [12] - 583:20, 597:24, 598:2, 598:6, 598:17, 598:18, 643:18, 644:7, 644:13, 646:5, 646:8, 650:1</p> <p>bones [1] - 570:9</p> <p>bony [3] - 643:19, 644:7, 649:17</p> <p>booked [1] - 673:20</p>	<p>born [2] - 573:17, 659:18</p> <p>bother [3] - 593:8, 593:9</p> <p>brace [7] - 602:16, 655:16, 655:18, 655:24, 664:10, 668:9</p> <p>bracing [1] - 602:14</p> <p>break [4] - 576:4, 581:1, 581:3, 611:20</p> <p>breakdown [1] - 573:12</p> <p>breaking [1] - 581:4</p> <p>brief [2] - 587:4, 619:7</p> <p>briefly [4] - 594:15, 664:25, 669:16, 671:3</p> <p>bring [3] - 567:7, 574:22, 629:4</p> <p>bringing [6] - 579:9, 579:11, 607:24, 608:3, 608:6, 622:23</p> <p>brings [1] - 576:23</p> <p>brought [2] - 664:5, 664:12</p> <p>bruising [1] - 646:8</p> <p>buttock [2] - 618:18, 633:19</p> <p>BY [7] - 569:23, 588:13, 601:2, 620:2, 631:2, 663:2, 665:5</p>
B				
<p>Bachelor's [1] - 571:18</p> <p>background [1] - 571:14</p> <p>backwards [1] - 618:17</p> <p>ball [8] - 583:12, 589:5, 589:12, 597:11, 609:18</p> <p>ballpark [1] - 609:5</p> <p>based [29] - 570:21, 580:2, 580:11, 580:15, 590:21, 590:23, 604:8, 604:9, 609:8, 609:25, 610:20, 611:14, 612:1, 612:2, 614:2, 614:25, 615:12, 615:23, 626:20, 627:21, 628:25, 631:16, 632:3, 634:2, 635:18, 637:8, 641:10, 641:13, 659:7</p> <p>basing [1] - 641:11</p> <p>basis [4] - 574:8, 614:18, 614:23, 632:9</p> <p>bearable [1] - 663:7</p> <p>bearing [1] - 605:3</p> <p>become [3] - 570:24, 618:19, 664:17</p> <p>becomes [1] - 673:14</p> <p>begin [2] - 576:5, 585:11</p> <p>beginning [4] -</p>	C			
<p>C-sign [1] - 606:16</p> <p>calcified [1] - 649:23</p> <p>calcium [1] - 649:20</p> <p>calculator [1] - 607:6</p> <p>calendar [1] - 676:13</p> <p>calf [1] - 603:7</p> <p>camera [1] - 599:11</p> <p>candidate [1] - 609:13</p> <p>cane [10] - 578:20, 606:11, 610:17, 610:18, 664:5, 664:11, 664:13, 664:17, 664:18, 664:21</p> <p>cannot [2] - 638:20, 645:13</p> <p>cant' [1] - 588:21</p> <p>capsular [1] - 590:13</p> <p>capsule [4] - 579:16, 580:16, 597:9, 598:17</p> <p>capsulorrhaphy [2] - 600:11, 601:5</p> <p>care [6] - 577:10,</p>				

<p>577:12, 594:1, 624:23, 625:3, 655:22</p> <p>career [4] - 574:3, 620:13, 623:4, 623:6</p> <p>Carlos [23] - 566:4, 576:13, 578:10, 581:22, 582:25, 590:10, 596:21, 605:12, 605:17, 606:23, 608:19, 609:10, 609:23, 610:21, 612:3, 612:4, 613:9, 613:12, 613:21, 613:25, 614:16, 616:25, 617:3</p> <p>Carlos' [3] - 593:6, 602:15, 615:1</p> <p>cartilage [16] - 580:21, 583:14, 597:23, 598:2, 598:4, 598:6, 599:16, 599:19, 605:23, 605:25, 615:21, 649:20, 650:2, 661:5</p> <p>case [17] - 584:22, 593:6, 593:9, 593:11, 617:25, 621:10, 622:18, 636:5, 636:9, 651:16, 655:3, 656:22, 662:6, 663:9, 663:22, 672:25, 675:19</p> <p>cases [2] - 610:9, 651:16</p> <p>CAT [2] - 583:4, 627:19</p> <p>causation [1] - 636:3</p> <p>caused [14] - 625:17, 634:21, 635:22, 637:5, 637:9, 640:23, 641:6, 641:9, 647:1, 647:8, 647:13, 647:15, 648:3, 662:2</p> <p>causes [3] - 572:19, 647:10, 663:4</p> <p>causing [2] - 602:8, 602:12</p> <p>cells [1] - 616:24</p> <p>Center [1] - 572:13</p> <p>center [3] - 610:15, 652:7, 656:23</p> <p>certain [9] - 580:5, 602:9, 611:9, 612:20, 621:5, 622:5, 628:21, 637:1, 645:17</p>	<p>certainly [4] - 588:4, 672:12, 672:20, 675:17</p> <p>certainty [7] - 590:23, 609:9, 610:21, 612:2, 615:1, 615:13, 615:24</p> <p>certification [1] - 571:3</p> <p>certified [7] - 570:3, 570:11, 570:17, 570:24, 570:25, 571:5, 573:9</p> <p>cervical [1] - 631:19</p> <p>change [6] - 584:4, 593:18, 650:21, 668:9, 668:17, 670:11</p> <p>changed [1] - 670:10</p> <p>characterization [1] - 660:24</p> <p>charge [3] - 620:25, 622:11, 622:20</p> <p>charging [1] - 621:4</p> <p>check [1] - 639:12</p> <p>checked [1] - 607:7</p> <p>chemical [1] - 571:18</p> <p>Chemical [1] - 571:19</p> <p>chest [1] - 631:19</p> <p>chicken [1] - 597:24</p> <p>chondral [13] - 580:20, 590:14, 597:4, 597:18, 598:8, 649:19, 649:21, 649:23, 649:24, 650:1, 655:7, 661:12</p> <p>circumstance [1] - 627:18</p> <p>circumstances [2] - 635:11, 646:3</p> <p>claim [1] - 638:11</p> <p>claimed [2] - 662:8, 663:9</p> <p>claims [1] - 638:16</p> <p>clarification [3] - 635:1, 635:2, 674:7</p> <p>clarifying [1] - 674:2</p> <p>cleaned [1] - 605:24</p> <p>clear [3] - 568:25, 648:20, 673:23</p> <p>CLERK [12] - 566:1, 567:11, 568:14, 568:17, 568:19, 568:24, 569:8, 569:13, 586:4, 587:12, 619:9, 619:17</p> <p>click [1] - 602:10</p> <p>clicking [6] - 592:2,</p>	<p>592:22, 594:18, 602:9, 602:12, 614:12</p> <p>climbing [1] - 614:22</p> <p>clinical [1] - 598:22</p> <p>clinically [1] - 600:13</p> <p>clock [1] - 584:20</p> <p>closed [1] - 585:9</p> <p>closer [2] - 581:23, 582:8</p> <p>closest [1] - 612:21</p> <p>colleague [1] - 602:23</p> <p>college [2] - 571:14, 571:17</p> <p>Columbia [2] - 571:17, 571:19</p> <p>combination [1] - 622:24</p> <p>combined [2] - 580:4, 605:8</p> <p>comfortable [1] - 622:1</p> <p>coming [11] - 579:22, 620:16, 620:25, 623:8, 629:18, 629:22, 635:14, 635:19, 665:14, 666:11, 672:22</p> <p>comment [1] - 662:14</p> <p>common [3] - 628:5, 628:11, 628:13</p> <p>Company [1] - 566:5</p> <p>compared [1] - 592:14</p> <p>comparison [1] - 604:10</p> <p>compensated [1] - 620:19</p> <p>compensation [1] - 621:9</p> <p>complained [1] - 614:1</p> <p>complaining [2] - 579:22, 614:10</p> <p>complaint [6] - 613:16, 627:5, 628:10, 628:12, 628:16, 637:16</p> <p>complaints [25] - 577:16, 591:24, 594:15, 603:4, 603:14, 604:23, 613:8, 613:9, 614:10, 617:15, 618:11, 627:13, 628:6, 628:7, 631:24, 632:1, 632:6, 632:20, 633:18, 634:5, 634:19, 636:6, 636:12, 666:7, 666:9</p>	<p>complete [2] - 569:8, 675:15</p> <p>complex [11] - 589:14, 602:1, 602:5, 613:19, 653:20, 653:24, 654:19, 666:19, 666:25, 667:8, 667:14</p> <p>compliant [4] - 653:3, 655:15, 668:14, 668:16</p> <p>complicated [1] - 610:9</p> <p>comply [2] - 652:17, 657:13</p> <p>complying [2] - 651:22, 652:21</p> <p>compression [1] - 579:2</p> <p>computer [1] - 639:12</p> <p>concerned [1] - 674:5</p> <p>concerning [1] - 605:20</p> <p>conclusion [3] - 602:13, 604:1, 636:18</p> <p>condition [26] - 606:21, 610:2, 610:8, 610:10, 611:5, 611:14, 614:16, 615:7, 616:7, 617:17, 617:21, 618:16, 624:15, 635:16, 652:9, 658:6, 658:22, 659:3, 659:24, 661:4, 661:16, 661:23, 662:13, 662:14, 668:10, 668:17</p> <p>conditions [2] - 573:13, 610:18</p> <p>conduct [1] - 606:5</p> <p>conducted [2] - 579:23, 592:6</p> <p>confirm [1] - 645:17</p> <p>confirming [1] - 669:23</p> <p>congenital [1] - 573:16</p> <p>conjunction [1] - 633:16</p> <p>connected [2] - 580:5, 617:12</p> <p>conservative [3] - 590:16, 651:12, 651:15</p> <p>considered [2] - 637:4, 663:20</p> <p>consistent [7] -</p>	<p>626:17, 647:10, 647:20, 661:15, 661:22, 665:16, 671:24</p> <p>constraints [1] - 672:20</p> <p>construction [5] - 577:6, 610:22, 611:3, 611:5, 613:22</p> <p>contacting [1] - 675:16</p> <p>contain [4] - 636:6, 640:4, 658:21, 659:2</p> <p>contained [4] - 634:12, 637:16, 653:24, 661:21</p> <p>contains [1] - 645:1</p> <p>contents [2] - 575:9, 575:11</p> <p>continue [6] - 581:5, 584:11, 585:4, 590:18, 604:18, 646:11</p> <p>Continued [4] - 585:19, 600:18, 630:11, 662:19</p> <p>continued [4] - 566:3, 567:19, 593:20, 673:8</p> <p>CONTINUED [2] - 588:12, 631:1</p> <p>continues [1] - 566:2</p> <p>continuing [2] - 567:22, 588:9</p> <p>contusion [4] - 627:21, 627:25, 643:19, 644:8</p> <p>conversation [2] - 575:16, 660:19</p> <p>convert [1] - 586:13</p> <p>converting [1] - 607:3</p> <p>copy [2] - 629:5, 643:15</p> <p>cord [1] - 588:4</p> <p>Cornell [1] - 572:13</p> <p>coronal [1] - 583:10</p> <p>correct [69] - 570:12, 574:25, 578:11, 580:23, 588:10, 591:1, 591:21, 591:22, 593:16, 601:16, 603:11, 613:6, 621:10, 621:14, 622:8, 622:18, 623:5, 624:4, 624:16, 624:18, 624:20, 624:21, 625:18, 626:1, 626:24, 628:10, 628:20,</p>
---	---	---	--	--

<p>631:22, 636:7, 636:13, 639:1, 639:6, 639:17, 639:20, 639:22, 639:23, 640:2, 640:8, 640:13, 640:19, 641:17, 641:18, 642:18, 651:6, 651:11, 652:9, 652:14, 652:21, 653:12, 653:13, 653:15, 654:1, 654:2, 654:3, 655:9, 655:22, 656:1, 657:16, 658:17, 658:19, 658:20, 659:13, 665:10, 665:14, 665:15, 667:1, 668:14, 670:7, 674:23</p> <p>correction [1] - 568:10</p> <p>correctly [1] - 668:21</p> <p>costs [2] - 611:17, 611:21</p> <p>could've [2] - 641:3, 641:6</p> <p>Counsel [15] - 566:21, 567:11, 569:17, 581:4, 581:18, 587:12, 589:24, 596:11, 613:1, 619:17, 619:22, 661:2, 666:22, 669:21, 671:11</p> <p>counsel [11] - 575:14, 582:15, 584:8, 585:5, 586:9, 589:7, 642:8, 645:7, 646:11, 660:18, 673:15</p> <p>counsels [1] - 660:20</p> <p>couple [1] - 666:5</p> <p>course [5] - 578:5, 584:4, 635:21, 650:21, 658:19</p> <p>court [11] - 574:22, 620:9, 620:12, 620:16, 620:25, 621:12, 622:22, 623:8, 623:11, 645:11, 649:8</p> <p>Court [6] - 566:2, 600:17, 630:10, 662:18, 675:12, 676:18</p> <p>COURT [198] - 566:7, 566:11, 566:13, 566:18, 566:21, 566:24, 567:2,</p>	<p>567:5, 567:7, 567:8, 567:15, 567:17, 568:6, 568:9, 568:18, 569:4, 569:14, 569:17, 574:16, 574:18, 575:7, 575:12, 575:19, 575:24, 576:1, 576:7, 576:14, 576:17, 581:3, 581:12, 581:20, 581:23, 582:6, 582:14, 582:20, 584:8, 584:11, 584:14, 584:19, 584:25, 585:3, 585:10, 585:13, 586:5, 586:9, 586:15, 586:21, 586:24, 587:1, 587:7, 587:9, 587:16, 587:23, 588:3, 588:9, 589:7, 590:6, 591:7, 591:17, 595:13, 595:16, 595:20, 595:22, 595:24, 596:4, 596:6, 596:11, 599:5, 600:6, 603:22, 604:2, 605:15, 607:18, 607:21, 612:15, 612:18, 613:3, 614:20, 618:6, 618:8, 618:24, 619:1, 619:4, 619:9, 619:10, 619:14, 619:17, 619:21, 619:24, 627:11, 627:17, 628:3, 629:11, 629:14, 629:17, 629:23, 630:3, 631:14, 632:14, 632:17, 632:23, 633:3, 633:8, 633:23, 634:7, 634:10, 634:16, 634:23, 635:1, 636:10, 636:15, 636:22, 642:8, 642:11, 643:21, 644:2, 644:9, 644:11, 644:19, 644:22, 645:2, 645:7, 645:10, 645:21, 646:2, 646:9, 648:7, 648:18, 648:21, 648:24, 649:4, 649:7, 650:11,</p>	<p>650:16, 650:20, 657:22, 658:9, 659:1, 659:6, 659:12, 660:15, 660:18, 661:2, 661:18, 661:25, 662:4, 664:8, 665:1, 665:3, 665:7, 665:20, 666:2, 666:13, 666:22, 667:6, 667:13, 667:17, 667:22, 667:25, 668:7, 668:25, 669:6, 669:8, 669:13, 669:17, 669:21, 670:3, 670:8, 670:13, 670:22, 670:25, 671:7, 671:11, 671:15, 671:18, 671:22, 672:6, 672:9, 672:11, 672:23, 673:2, 673:6, 673:25, 674:3, 674:11, 674:13, 674:21, 674:24, 674:25, 675:1, 675:5, 675:20, 675:23, 676:3, 676:6, 676:12, 676:23, 676:25</p> <p>Court's [5] - 575:2, 581:14, 587:24, 596:7, 672:4</p> <p>courtroom [10] - 566:25, 567:3, 567:10, 585:2, 585:8, 587:11, 619:6, 619:16, 669:25, 671:2</p> <p>covering [1] - 598:2</p> <p>create [1] - 598:13</p> <p>created [1] - 652:23</p> <p>creates [1] - 598:10</p> <p>credentialing [1] - 571:2</p> <p>CROSS [3] - 620:1, 631:1, 663:1</p> <p>cross [7] - 585:12, 585:13, 587:1, 608:7, 660:20, 672:11, 672:14</p> <p>CROSS- EXAMINATION [3] - 620:1, 631:1, 663:1</p> <p>cross-examination [3] - 585:12, 585:13, 587:1</p> <p>crutches [1] - 602:20</p>	<p>CT [6] - 626:11, 626:14, 626:21, 627:7, 631:18, 631:20</p> <p>cued [2] - 580:25, 581:2</p> <p>cup [4] - 589:12, 589:13, 597:12</p> <p>current [2] - 570:2, 604:19</p> <p>custom [1] - 627:14</p>	<p>deeper [2] - 583:16, 589:11</p> <p>defendant [3] - 575:7, 576:1, 622:24</p> <p>Defendant's [4] - 612:23, 613:4, 630:1, 630:3</p> <p>defending [1] - 623:13</p> <p>defense [3] - 575:13, 619:22, 623:3</p> <p>definitely [1] - 627:19</p> <p>degeneration [11] - 616:9, 616:10, 616:14, 616:16, 616:17, 616:18, 616:19, 616:22, 659:25, 660:3</p> <p>degenerative [11] - 573:18, 603:24, 605:7, 612:7, 647:25, 648:1, 661:5, 661:10, 661:14, 661:16, 661:22</p> <p>Degree [1] - 571:18</p> <p>degree [9] - 584:3, 605:1, 609:9, 610:20, 612:2, 615:1, 615:13, 615:24, 652:11</p> <p>degrees [24] - 579:6, 579:7, 579:9, 579:10, 579:11, 579:12, 579:13, 592:13, 606:19, 606:22, 606:24, 606:25, 607:8, 607:10, 608:10, 608:11, 608:20, 608:21, 608:23, 609:3</p> <p>DeMarco [6] - 602:23, 603:15, 655:13, 655:23, 656:5, 658:2</p> <p>deMarco [1] - 658:19</p> <p>DeMarco's [1] - 603:23</p> <p>deMarco's [1] - 656:6</p> <p>demonstrate [1] - 607:15</p> <p>demonstrative [1] - 596:1</p> <p>denied [2] - 577:15, 625:20</p> <p>dependent [1] - 664:17</p> <p>depicted [6] - 597:16, 598:16, 599:7, 599:17, 600:8, 601:3</p> <p>depicting [1] - 597:17</p>
D				
			<p>daily [8] - 574:8, 577:17, 592:3, 592:21, 594:21, 601:22, 614:18, 614:23</p> <p>damage [2] - 580:21, 605:23</p> <p>damaged [1] - 605:25</p> <p>database [2] - 624:10, 639:12</p> <p>date [22] - 571:15, 573:23, 575:4, 576:13, 578:18, 581:25, 582:25, 595:7, 595:8, 606:11, 623:23, 624:11, 624:16, 626:4, 626:17, 626:22, 628:17, 633:13, 648:10, 650:24, 653:23, 660:5</p> <p>dated [1] - 614:14</p> <p>day-to-day [2] - 574:4, 594:10</p> <p>days [4] - 663:14, 663:24, 664:19, 676:10</p> <p>dealing [1] - 675:16</p> <p>debride [2] - 599:14, 599:16</p> <p>debrided [4] - 598:7, 599:19, 599:20, 659:17</p> <p>debridement [7] - 589:15, 598:7, 654:4, 654:5, 654:17, 654:24</p> <p>December [1] - 656:4</p> <p>deciding [1] - 634:20</p> <p>decision [1] - 637:5</p> <p>decompress [1] - 618:2</p> <p>decrease [1] - 601:20</p> <p>decreases [1] - 615:22</p> <p>deemed [1] - 574:18</p>	

<p>depicts [1] - 597:8</p> <p>derangement [1] - 590:14</p> <p>describe [3] - 646:7, 654:20, 659:20</p> <p>described [3] - 625:17, 641:2, 641:7</p> <p>desk [2] - 587:19, 588:20</p> <p>despite [1] - 577:18</p> <p>detached [1] - 598:6</p> <p>detect [1] - 646:14</p> <p>detective [3] - 635:25, 636:2, 640:22</p> <p>determination [1] - 603:19</p> <p>determine [1] - 636:2</p> <p>determined [1] - 620:23</p> <p>develop [1] - 605:1</p> <p>developed [2] - 614:12, 641:14</p> <p>developing [1] - 668:18</p> <p>development [1] - 573:17</p> <p>devices [1] - 584:23</p> <p>diabetes [1] - 577:5</p> <p>diagnosed [2] - 614:4, 617:6</p> <p>diagnosis [8] - 580:13, 597:2, 597:3, 598:22, 612:4, 612:6, 612:9, 666:15</p> <p>diagnostic [7] - 627:15, 627:21, 627:25, 631:9, 632:25, 655:6, 659:7</p> <p>difference [4] - 591:14, 591:15, 594:6, 669:1</p> <p>different [6] - 573:24, 574:10, 580:6, 597:23, 602:3, 657:6</p> <p>differential [1] - 580:13</p> <p>difficult [3] - 598:3, 614:13, 614:23</p> <p>difficulty [6] - 577:17, 594:19, 605:7, 606:12, 614:21, 614:22</p> <p>direct [3] - 668:6, 672:9, 672:14</p> <p>DIRECT [3] - 569:22, 588:12, 601:1</p> <p>directed [2] - 585:4, 675:12</p> <p>direction [3] - 579:17,</p>	<p>583:9, 583:10</p> <p>directive [1] - 657:13</p> <p>directly [1] - 662:2</p> <p>disability [1] - 592:24</p> <p>disabled [3] - 590:24, 590:25, 610:21</p> <p>disagree [2] - 626:25, 660:23</p> <p>disc [1] - 663:10</p> <p>discharge [1] - 631:7</p> <p>discharged [1] - 602:19</p> <p>discomfort [5] - 603:6, 603:17, 605:2, 606:15, 606:16</p> <p>disconnected [1] - 604:12</p> <p>discontinue [2] - 664:13, 664:18</p> <p>discuss [6] - 584:21, 592:15, 592:19, 619:2, 670:11, 670:20</p> <p>discussed [3] - 592:18, 640:14, 670:8</p> <p>discussing [1] - 607:19</p> <p>discussion [1] - 584:18</p> <p>disease [4] - 573:18, 605:7, 612:8, 648:1</p> <p>dislocation [1] - 572:20</p> <p>disorders [3] - 570:8, 663:15, 666:17</p> <p>displaced [9] - 589:15, 601:25, 602:6, 613:19, 653:20, 653:24, 666:18, 666:25, 667:8</p> <p>displacement [1] - 602:11</p> <p>displayed [1] - 596:19</p> <p>doctor [34] - 568:11, 570:17, 571:8, 571:25, 573:2, 573:19, 576:15, 576:16, 578:3, 579:21, 580:11, 582:9, 582:22, 583:25, 584:6, 586:17, 588:6, 594:11, 596:14, 597:6, 599:7, 599:23, 600:8, 604:1, 629:22, 635:1, 635:18,</p>	<p>650:17, 655:21, 656:16, 668:5, 669:22, 672:1, 676:10</p> <p>Doctor [101] - 569:4, 569:15, 574:4, 574:21, 575:8, 576:12, 577:1, 581:7, 581:15, 581:21, 581:24, 582:5, 583:2, 585:3, 585:6, 587:25, 588:14, 588:20, 589:19, 590:9, 590:21, 591:2, 591:18, 592:15, 593:2, 595:1, 596:8, 596:20, 597:1, 598:16, 601:9, 601:15, 601:18, 602:13, 602:21, 603:8, 603:9, 603:19, 603:25, 604:3, 604:17, 605:11, 605:16, 606:5, 607:14, 609:7, 610:4, 610:19, 611:1, 611:6, 611:17, 612:1, 613:2, 613:5, 613:12, 613:18, 614:2, 614:15, 614:25, 615:12, 615:23, 616:9, 616:13, 616:25, 617:10, 617:24, 618:22, 620:3, 620:8, 623:21, 624:22, 626:16, 628:4, 630:5, 631:16, 634:17, 636:16, 637:14, 637:25, 640:21, 646:13, 647:17, 647:21, 649:7, 658:11, 662:5, 663:3, 664:15, 665:6, 665:8, 665:9, 665:23, 666:7, 666:18, 667:7, 667:14, 667:18, 668:1, 668:9, 669:9, 675:23</p> <p>Doctor's [1] - 575:13</p> <p>doctors [2] - 636:19, 637:17</p> <p>document [3] - 629:25, 631:13, 631:15</p> <p>documented [1] -</p>	<p>653:1</p> <p>documents [1] - 566:13</p> <p>dollars [1] - 622:17</p> <p>done [13] - 583:8, 583:9, 583:10, 587:3, 589:25, 590:1, 629:21, 647:4, 654:21, 656:20, 657:19, 658:12, 672:14</p> <p>down [22] - 581:15, 582:5, 582:7, 587:25, 588:6, 589:1, 589:20, 594:19, 596:8, 596:15, 598:1, 599:4, 600:4, 601:10, 601:14, 610:11, 611:21, 613:22, 614:17, 618:17, 618:18, 645:11</p> <p>Downstate [2] - 571:21, 571:22</p> <p>dozens [1] - 638:5</p> <p>Dr [81] - 568:3, 569:24, 570:1, 574:14, 574:18, 575:22, 577:10, 577:13, 578:5, 594:2, 602:23, 603:15, 603:23, 617:25, 623:17, 628:23, 628:25, 629:1, 629:6, 629:8, 629:21, 630:6, 631:9, 631:14, 631:25, 632:5, 632:20, 632:24, 633:4, 633:9, 633:15, 633:17, 633:24, 634:3, 634:17, 636:11, 638:1, 638:2, 638:5, 638:10, 638:15, 643:11, 643:12, 643:18, 644:1, 644:3, 645:23, 655:13, 655:23, 656:5, 656:6, 658:2, 658:19, 661:4, 663:23, 664:4, 669:13, 669:17, 671:3, 671:4, 671:7, 672:7, 672:18, 672:24, 673:2, 673:3, 673:6, 673:8, 673:10, 673:16, 673:17, 673:23,</p>	<p>674:4, 674:9, 674:14, 675:20, 675:24, 675:25, 676:6, 676:8, 676:14</p> <p>due [3] - 593:22, 605:8, 672:4</p> <p>duly [1] - 569:20</p> <p>during [10] - 598:5, 602:19, 605:22, 613:18, 653:19, 660:20, 666:25, 667:10, 667:19, 668:2</p> <p>duty [2] - 614:9, 670:17</p> <p>DVD [1] - 582:3</p> <p>dysfunction [3] - 593:12, 603:17, 614:10</p>
E				
<p>early [3] - 579:14, 661:9, 675:14</p> <p>easy [1] - 608:12</p> <p>edema [23] - 643:19, 644:7, 644:13, 644:15, 645:1, 645:24, 646:4, 646:6, 646:7, 646:8, 646:14, 646:18, 646:20, 646:22, 646:25, 647:3, 647:4, 647:6, 647:9, 647:11, 647:12, 647:14, 647:18</p> <p>edge [1] - 587:19</p> <p>edges [3] - 654:24, 659:17, 659:21</p> <p>educational [1] - 571:13</p> <p>effect [3] - 616:13, 616:14, 616:22</p> <p>Egypt [1] - 671:8</p> <p>either [3] - 610:12, 632:6, 658:18</p> <p>Elbaz [6] - 671:7, 672:7, 673:3, 673:23, 676:7, 676:16</p> <p>electronic [1] - 584:23</p> <p>Elmhurst [9] - 612:13, 613:10, 613:16, 626:3, 626:20, 628:15, 631:10, 631:18, 636:6</p> <p>emergency [8] - 613:9, 617:16, 626:3, 627:4, 627:12, 627:24,</p>				

<p>628:14, 666:8 employment [3] - 590:24, 590:25, 610:22 encouraging [1] - 675:13 end [4] - 597:24, 598:20, 669:1, 674:19 ends [1] - 668:22 engineering [1] - 571:18 Engineering [1] - 571:19 enjoy [1] - 584:24 enjoyed [1] - 587:17 enlarged [1] - 598:12 entered [3] - 567:9, 587:10, 619:15 entering [7] - 566:1, 567:8, 571:20, 586:4, 587:9, 619:9, 619:14 entire [1] - 598:6 equal [1] - 676:1 ER [1] - 627:22 essentially [1] - 625:11 estimate [2] - 607:5, 611:15 etcetera [1] - 581:19 evaluated [2] - 577:8, 624:3 evaluation [9] - 576:13, 577:3, 578:6, 606:9, 625:5, 625:7, 625:15, 625:19, 640:15 event [5] - 639:16, 646:24, 647:8, 647:19, 647:22 events [1] - 676:21 eventually [5] - 609:15, 610:17, 615:8, 637:11, 647:4 evidence [18] - 566:14, 582:3, 583:22, 588:11, 595:12, 612:13, 612:24, 613:4, 626:21, 629:15, 629:19, 631:18, 633:22, 636:1, 643:22, 643:24, 644:1, 669:18 exact [3] - 617:10, 641:7, 667:3 exactly [3] - 591:13, 641:24, 676:16 exam [10] - 570:20,</p>	<p>570:21, 592:24, 594:7, 606:9, 610:1, 627:21, 637:19, 648:16, 660:5 examination [14] - 578:14, 578:20, 579:23, 585:12, 585:13, 587:1, 592:6, 594:3, 594:6, 594:21, 606:5, 606:13, 633:6 EXAMINATION [7] - 569:22, 588:12, 601:1, 620:1, 631:1, 663:1, 665:4 examinations [1] - 580:11 examine [1] - 570:22 examined [2] - 569:21, 578:18 examining [1] - 590:10 example [3] - 573:11, 611:8, 615:25 except [2] - 579:5, 657:20 excuse [3] - 595:9, 665:22, 670:22 excused [4] - 584:20, 585:3, 585:15, 669:14 exercise [1] - 666:5 exercises [9] - 591:13, 592:4, 593:25, 651:23, 652:1, 653:3, 656:21, 665:24, 666:3 Exhibit [7] - 575:22, 575:24, 582:3, 588:10, 599:6, 600:7, 630:1 exhibited [1] - 577:22 Exhibits [1] - 596:2 exhibits [4] - 582:8, 588:8, 595:11, 596:18 exited [4] - 585:1, 619:5, 669:24, 671:1 exiting [3] - 584:25, 619:4, 670:25 expect [8] - 614:17, 614:18, 632:19, 646:18, 662:12, 663:12, 665:17, 666:10 expected [2] - 605:18, 605:20 experience [2] - 618:9, 663:16 experienced [1] -</p>	<p>573:19 expert [3] - 574:14, 574:19, 663:15 expertise [1] - 659:16 explain [11] - 570:16, 589:2, 597:6, 598:16, 599:7, 600:8, 602:2, 609:16, 618:15, 666:20, 667:3 explaining [1] - 588:23 extending [1] - 603:6 extent [1] - 636:16 External [1] - 578:23 external [10] - 579:5, 579:14, 580:15, 592:14, 598:23, 608:14, 608:17, 608:19, 608:20, 609:2 extreme [2] - 663:4, 663:6</p>	<p>614:16, 640:8, 640:10, 640:25, 641:2, 641:6, 641:8, 641:9 fallen [3] - 639:25, 640:13, 641:5 familiar [2] - 611:17, 661:4 family [1] - 671:5 fancy [1] - 646:15 far [11] - 584:24, 606:8, 608:18, 612:9, 616:5, 624:13, 653:1, 657:18, 657:19, 674:5 fast [1] - 641:25 February [7] - 602:22, 655:11, 657:25, 658:1, 658:12, 658:22, 659:10 fee [5] - 611:22, 611:23, 620:25, 621:24, 622:15 feet [2] - 613:14, 617:1 fell [12] - 577:5, 613:13, 616:25, 617:4, 640:3, 640:5, 640:7, 640:10, 640:17, 640:18, 641:3, 641:17 fellowship [1] - 571:23 femoral [3] - 583:13, 597:11, 597:19 few [5] - 583:6, 611:15, 615:8, 618:25, 663:14 field [2] - 570:5, 659:15 figure [4] - 640:23, 641:21, 675:1, 676:15 file [3] - 574:22, 574:24, 575:9 film [14] - 574:7, 584:12, 588:16, 588:24, 643:8, 643:23, 646:14, 646:19, 646:23, 647:1, 647:6, 650:6, 650:9, 660:12 films [2] - 574:5, 654:21 final [1] - 600:9 findings [20] - 580:2, 580:12, 581:8, 590:22, 592:24, 592:25, 597:17, 598:15, 604:10,</p>	<p>605:20, 610:1, 636:19, 645:17, 647:1, 650:13, 650:17, 661:15, 661:19, 661:21, 662:2 fine [4] - 566:22, 566:23, 644:24, 673:16 finger [1] - 572:19 finish [2] - 570:19, 673:3 finished [4] - 571:21, 571:23, 590:6, 670:13 firm [2] - 621:9, 666:15 first [34] - 569:1, 569:2, 569:20, 570:19, 570:20, 576:12, 576:19, 577:3, 578:14, 582:22, 590:9, 596:9, 597:2, 602:21, 607:14, 618:1, 620:8, 624:1, 625:23, 629:1, 631:3, 631:25, 632:4, 635:11, 636:20, 637:3, 637:7, 638:2, 639:22, 642:24, 650:25, 663:23, 670:19 five [2] - 663:24, 664:19 fixed [1] - 605:25 flap [1] - 598:6 flat [2] - 620:25, 675:10 flexibility [1] - 672:21 flexion [1] - 602:18 Flexion [1] - 578:23 flexion [10] - 579:6, 592:12, 606:18, 606:20, 607:15, 607:16, 607:20, 607:23, 607:24 fluid [3] - 583:20, 583:23, 598:11 follow [2] - 591:21, 614:15 follow-up [2] - 591:21, 614:15 followed [2] - 668:21, 669:2 following [13] - 585:19, 600:16, 603:16, 610:7, 630:9, 630:11,</p>
F				
<p>FABER [2] - 578:22, 606:15 FABERS [3] - 579:24, 592:12, 594:22 facility [1] - 591:9 fact [9] - 575:4, 580:22, 602:7, 613:20, 613:23, 614:16, 641:8, 641:25, 671:22 factor [1] - 668:19 factors [2] - 621:2, 663:19 failed [1] - 652:16 fair [34] - 581:8, 623:14, 624:11, 624:14, 624:22, 625:24, 628:4, 628:9, 631:16, 632:3, 632:12, 634:12, 635:24, 636:18, 637:14, 638:5, 638:9, 638:14, 640:21, 641:15, 643:17, 646:22, 651:12, 652:16, 653:22, 654:20, 655:5, 659:8, 659:23, 662:1, 663:3, 664:15, 669:23, 675:4 fall [11] - 613:15, 614:1, 614:7,</p>				

643:4, 650:22, 651:19, 655:16, 655:20, 656:16, 662:17 follows [1] - 569:21 foot [1] - 572:20 force [1] - 616:21 forget [1] - 566:19 forgot [1] - 617:10 form [3] - 589:12, 597:13, 639:4 former [1] - 611:3 forming [1] - 633:16 formulate [2] - 609:8, 612:1 formulated [2] - 590:23, 610:20 forth [1] - 570:10 forty [1] - 607:10 forward [1] - 607:25 foundation [1] - 581:18 four [3] - 595:3, 595:5, 599:10 fourth [1] - 594:12 fracture [2] - 579:4, 627:19 fraying [5] - 659:9, 659:15, 659:19, 659:23, 660:3 free [1] - 581:24 frequency [1] - 652:18 frequent [2] - 592:2, 621:20 frequently [7] - 580:3, 593:23, 620:11, 620:15, 621:18, 641:23, 652:2 Friday [4] - 673:19, 673:20, 674:14, 674:16 front [8] - 589:13, 592:10, 597:21, 601:15, 605:22, 628:18, 643:15, 664:2 full [3] - 598:1, 614:9 full-time [1] - 614:9 function [4] - 589:11, 600:2, 601:21, 605:1 functional [2] - 589:18, 599:22 fund [1] - 570:21 future [3] - 609:10, 609:21, 611:6	generate [3] - 621:23, 621:25, 622:16 generated [3] - 653:23, 655:6, 658:15 geriatric [1] - 573:15 Ginsberg [1] - 566:5 gonna [1] - 659:18 grade [4] - 597:22, 597:23, 597:25, 598:1 grades [2] - 597:23, 597:25 great [1] - 601:9 greater [1] - 579:14 Greslamer [6] - 671:4, 675:20, 675:24, 675:25, 676:8, 676:14 groin [16] - 628:6, 628:7, 628:10, 628:16, 628:20, 632:6, 632:18, 633:18, 634:5, 635:9, 636:6, 636:13, 642:4, 642:14, 642:19, 642:20 groups [1] - 580:5 grow [1] - 654:14 guessing [1] - 622:1 guide [1] - 657:7 gunshot [1] - 572:20 guy [1] - 664:20	hearing [1] - 671:11 hearsay [4] - 632:15, 643:20, 658:8, 660:14 held [2] - 571:25, 584:18 help [8] - 588:22, 588:25, 589:12, 592:23, 596:23, 609:14, 629:5, 657:9 helps [5] - 583:16, 597:10, 597:13, 597:14, 598:18 herniation [2] - 662:7, 663:10 hide [1] - 617:22 higher [1] - 571:2 Hill [5] - 571:23, 572:6, 648:12, 649:3, 658:13 hip [206] - 573:20, 573:25, 577:9, 577:14, 577:15, 577:17, 577:21, 577:24, 577:25, 578:1, 578:6, 578:20, 578:21, 579:1, 579:4, 579:7, 579:8, 579:9, 579:11, 579:15, 579:16, 579:22, 580:3, 580:4, 580:10, 580:17, 580:19, 580:23, 581:22, 582:24, 583:11, 583:12, 583:15, 583:16, 583:17, 583:23, 589:2, 589:4, 590:13, 590:20, 591:13, 591:25, 592:2, 592:11, 592:19, 592:25, 593:3, 593:7, 593:23, 594:9, 594:17, 594:20, 594:22, 595:1, 597:5, 597:8, 597:10, 597:14, 597:18, 598:13, 598:14, 598:20, 599:11, 599:16, 600:10, 602:15, 602:16, 602:18, 603:18, 603:24, 604:11, 605:7, 605:22, 606:13, 606:17, 606:20, 606:21, 607:14, 607:24, 608:6,	608:16, 608:17, 609:10, 609:14, 609:15, 609:16, 609:17, 609:18, 609:21, 610:3, 610:6, 610:7, 611:5, 611:6, 612:8, 613:11, 613:17, 614:1, 614:10, 614:11, 614:12, 615:8, 615:9, 615:20, 615:21, 616:6, 617:11, 617:15, 617:19, 617:20, 617:22, 618:4, 618:11, 618:18, 618:21, 625:1, 625:22, 626:7, 626:12, 626:15, 626:21, 627:5, 627:6, 627:7, 627:9, 627:25, 628:5, 628:7, 628:10, 628:13, 628:19, 628:20, 631:21, 632:6, 632:18, 633:5, 633:18, 634:5, 634:25, 635:9, 635:13, 635:14, 635:19, 636:13, 637:9, 637:13, 637:21, 637:22, 641:3, 641:6, 641:7, 641:14, 641:16, 642:17, 642:19, 642:24, 643:2, 643:4, 643:13, 646:6, 646:21, 648:8, 648:12, 649:2, 649:18, 650:14, 650:18, 651:2, 651:6, 651:10, 651:13, 651:16, 653:6, 654:16, 655:4, 655:8, 656:19, 656:20, 657:24, 658:6, 658:22, 659:3, 659:9, 659:25, 660:3, 662:15, 663:7, 663:17, 665:10, 665:14, 665:17, 665:18, 666:7, 666:11, 666:15, 666:17 hips [2] - 608:3, 631:23 histological [1] - 616:23	history [16] - 576:20, 576:22, 576:23, 576:25, 577:2, 577:5, 577:15, 624:17, 625:20, 636:3, 637:8, 637:19, 639:21, 639:24, 641:13 hold [1] - 572:8 Holdings [1] - 566:5 hole [1] - 599:12 holes [1] - 599:12 home [15] - 591:3, 592:4, 610:13, 651:22, 652:1, 653:3, 656:21, 656:25, 657:11, 657:15, 665:23, 665:24, 666:3, 666:5 Honor [77] - 566:10, 566:12, 566:17, 568:2, 568:4, 568:5, 569:16, 574:13, 574:17, 580:25, 581:6, 581:10, 581:15, 581:17, 582:4, 585:12, 586:12, 586:14, 586:25, 587:22, 587:24, 588:11, 590:8, 595:10, 595:14, 595:19, 595:21, 596:7, 596:12, 607:17, 612:12, 618:5, 619:12, 619:13, 619:20, 627:10, 627:16, 628:2, 631:13, 632:7, 632:16, 632:22, 633:1, 633:7, 633:21, 634:6, 634:9, 634:22, 636:21, 642:5, 642:10, 643:23, 644:17, 645:5, 645:19, 646:1, 648:5, 648:17, 650:10, 650:15, 650:19, 657:21, 658:7, 658:24, 659:4, 660:13, 660:21, 661:17, 661:24, 662:3, 664:7, 664:25, 669:7, 669:15, 670:5, 671:17, 675:10 hook [1] - 672:19 hook-up [1] - 672:19
G	H			
gait [2] - 578:19, 606:11	half [2] - 651:4, 651:8 hallmark [1] - 628:12 hallmarks [1] - 628:9 hallway [1] - 567:1 hand [4] - 568:19, 612:23, 613:2, 649:7 handful [1] - 657:20 hard [3] - 580:5, 598:21, 659:20 hat [1] - 640:22 head [5] - 575:4, 583:13, 597:11, 597:19, 631:19 healed [1] - 606:14 healing [1] - 602:19 healthy [6] - 589:18, 599:21, 599:25, 616:21, 654:25 hear [2] - 620:5, 675:22 heard [4] - 568:10, 584:23, 668:7, 668:21			

<p>hope [3] - 587:17, 601:18, 601:20</p> <p>hopefully [1] - 610:17</p> <p>hopes [1] - 674:18</p> <p>hoping [1] - 674:16</p> <p>hospital [13] - 577:8, 610:9, 610:12, 610:14, 611:22, 612:13, 614:11, 629:4, 631:7, 637:20, 642:2, 642:3, 642:15</p> <p>Hospital [13] - 571:24, 572:5, 572:6, 572:7, 612:13, 613:10, 613:16, 626:3, 626:20, 628:15, 631:10, 631:18, 636:6</p> <p>hospitalization [1] - 610:11</p> <p>hospitalized [1] - 610:8</p> <p>hospitals [1] - 572:1</p> <p>hour [3] - 672:8, 672:12, 672:15</p> <p>hours [2] - 613:22, 622:16</p> <p>hundreds [1] - 638:6</p> <p>hurts [2] - 576:24, 637:19</p> <p>hyperextending [1] - 602:18</p> <p>hypothetical [1] - 614:3</p> <p>hypothetically [4] - 627:23, 634:17, 636:16, 645:23</p>	<p>image [2] - 597:8, 597:17</p> <p>images [5] - 582:10, 582:24, 583:11, 583:21, 583:23</p> <p>imaging [4] - 583:3, 628:1, 655:6, 659:7</p> <p>imagings [1] - 631:10</p> <p>immediately [3] - 613:23, 642:1, 651:17</p> <p>implored [1] - 673:21</p> <p>important [8] - 582:11, 591:12, 640:24, 641:1, 641:20, 648:2, 656:16, 656:19</p> <p>importantly [2] - 651:22, 652:8</p> <p>impossible [1] - 649:22</p> <p>impression [1] - 590:10</p> <p>improve [2] - 601:22, 652:9</p> <p>improved [4] - 601:22, 603:7, 615:10, 618:19</p> <p>improvement [3] - 592:5, 603:16, 604:25</p> <p>in-office [1] - 665:25</p> <p>in-patient [1] - 610:15</p> <p>incident [3] - 626:4, 635:22, 641:22</p> <p>incisions [2] - 599:11, 606:14</p> <p>include [2] - 597:18, 631:22</p> <p>included [2] - 572:19, 605:9</p> <p>including [3] - 573:14, 612:3, 637:20</p> <p>increase [2] - 601:21, 616:8</p> <p>increased [4] - 580:15, 592:1, 592:14, 603:17</p> <p>increasing [1] - 594:18</p> <p>independent [2] - 623:18, 640:12</p> <p>Index [1] - 566:3</p> <p>indicate [4] - 626:6, 636:12, 639:25, 656:6</p> <p>indicated [2] - 635:7, 652:20</p> <p>indication [13] - 627:7, 628:15,</p>	<p>633:4, 641:16, 642:4, 642:14, 642:16, 646:25, 655:15, 658:21, 659:2, 662:1, 664:4</p> <p>individuals [1] - 628:4</p> <p>infection [1] - 606:14</p> <p>inflamed [1] - 598:12</p> <p>inflammatory [2] - 577:18, 590:18</p> <p>information [3] - 637:16, 639:2, 640:4</p> <p>initial [17] - 576:13, 577:3, 602:12, 604:25, 617:15, 625:5, 625:7, 625:19, 629:6, 629:13, 632:24, 633:5, 639:5, 640:9, 640:14, 651:19, 666:8</p> <p>injection [1] - 609:14</p> <p>injured [4] - 599:16, 640:8, 641:4, 641:24</p> <p>injuries [9] - 573:18, 577:8, 578:1, 580:4, 597:18, 597:21, 605:9, 624:25, 663:13</p> <p>injury [58] - 573:20, 577:14, 577:15, 578:7, 579:1, 579:15, 580:8, 580:17, 580:20, 590:13, 590:14, 592:20, 597:5, 598:8, 598:19, 606:18, 606:21, 616:15, 617:6, 617:20, 621:16, 622:7, 625:17, 627:9, 628:5, 628:8, 628:10, 628:13, 634:21, 635:22, 637:6, 637:21, 638:11, 638:16, 640:23, 641:6, 641:9, 641:22, 642:17, 646:18, 646:21, 647:5, 647:7, 647:14, 649:19, 649:21, 649:23, 649:24, 649:25, 650:1, 651:16, 655:7, 657:2, 657:10, 661:12, 662:8</p> <p>inquire [2] - 619:23, 673:7</p> <p>inside [8] - 578:1,</p>	<p>579:1, 582:19, 583:4, 583:5, 618:21, 667:18, 667:19</p> <p>instability [1] - 597:5</p> <p>instance [1] - 609:23</p> <p>instances [3] - 618:10, 624:25, 638:10</p> <p>instead [1] - 582:19</p> <p>instructed [3] - 652:24, 669:22, 672:4</p> <p>instructions [1] - 655:21</p> <p>instruments [2] - 599:12, 599:13</p> <p>intake [1] - 639:4</p> <p>intensive [1] - 610:14</p> <p>interest [3] - 576:3, 576:8</p> <p>intermittent [3] - 603:7, 605:2, 663:8</p> <p>internal [9] - 579:13, 590:14, 608:14, 608:16, 608:18, 608:20, 608:22, 608:23, 608:24</p> <p>intervention [1] - 651:17</p> <p>intra [1] - 597:21</p> <p>intra-acetabulum [1] - 597:21</p> <p>involved [3] - 570:5, 580:3, 613:13</p> <p>involving [2] - 602:1, 609:23</p> <p>inward [3] - 608:6, 608:7, 608:17</p> <p>ipsilateral [2] - 663:16, 663:17</p> <p>irregularities [1] - 659:19</p> <p>issue [3] - 593:11, 648:20, 672:19</p> <p>issues [2] - 570:9, 576:25</p> <p>itself [1] - 654:13</p>	<p>639:16, 639:19</p> <p>job [1] - 611:3</p> <p>John [1] - 674:15</p> <p>joint [13] - 573:18, 578:1, 579:1, 580:3, 583:16, 583:24, 597:10, 597:11, 605:7, 612:7, 618:21, 648:1, 661:9</p> <p>joints [3] - 570:9, 598:10, 598:11</p> <p>Judge [5] - 566:1, 567:6, 582:16, 586:4, 589:9</p> <p>judge [6] - 568:17, 576:3, 618:25, 619:9, 660:25, 670:19</p> <p>July [10] - 576:19, 624:2, 639:6, 639:22, 649:11, 650:25, 651:19, 660:5, 661:22, 666:9</p> <p>jump [2] - 603:10, 654:25</p> <p>Jurors [2] - 567:15, 587:16</p> <p>JURORS [1] - 567:16</p> <p>jurors [5] - 567:18, 582:14, 619:1, 619:2, 670:13</p> <p>jury [43] - 566:3, 566:15, 567:5, 567:7, 567:8, 567:9, 567:12, 570:1, 570:5, 570:16, 576:22, 581:8, 581:13, 582:12, 582:17, 584:19, 584:25, 585:1, 587:8, 587:9, 587:10, 587:13, 588:23, 588:24, 596:9, 596:15, 596:23, 600:7, 619:4, 619:5, 619:10, 619:14, 619:15, 619:18, 646:7, 670:3, 670:12, 670:17, 670:22, 670:25, 671:1, 674:19, 674:21</p> <p>justice [1] - 576:8</p>
I				
<p>ID [13] - 566:14, 575:14, 575:18, 575:19, 575:25, 595:17, 596:5, 599:6, 629:9, 629:23, 644:23, 648:24, 669:20</p> <p>idea [3] - 572:17, 657:9, 675:21</p> <p>identification [11] - 575:10, 575:23, 584:7, 588:22, 595:11, 595:18, 596:3, 596:13, 599:3, 630:1, 648:20</p> <p>illustration [3] - 599:8, 600:4, 601:14</p> <p>illustrations [1] - 596:20</p>				
			J	
			<p>jam [1] - 672:17</p> <p>January [9] - 581:22, 582:25, 594:13, 595:8, 605:18, 610:19, 643:5, 643:13, 653:14</p> <p>Jeffrey [1] - 628:23</p> <p>Jersey [5] - 638:25, 639:4, 639:5,</p>	
				K
				<p>Kaplan [13] - 628:23, 629:1, 629:6, 629:21, 631:9,</p>

<p>631:25, 632:20, 632:24, 633:4, 633:9, 633:17, 634:3, 664:5 Kaplan's [9] - 628:25, 629:9, 630:7, 632:5, 633:15, 633:24, 634:17, 636:11, 663:23 Katzman [9] - 671:4, 672:18, 672:24, 673:2, 673:6, 673:8, 673:16, 674:5, 674:9 keep [5] - 589:12, 597:10, 597:14, 598:18, 674:19 kind [8] - 573:20, 577:25, 591:4, 593:10, 602:14, 608:6, 635:25, 655:2 kindly [2] - 596:14, 599:3 knee [13] - 577:9, 577:12, 583:15, 605:9, 610:10, 610:18, 613:11, 631:20, 662:9, 662:13, 663:11, 663:15, 663:18 knowledge [3] - 570:21, 624:15, 657:14 known [1] - 661:5 knows [1] - 591:10 Kolb [3] - 643:3, 643:11, 643:18 kolb's [1] - 643:12</p>	<p>612:10, 616:19, 616:20, 647:22, 653:18, 653:20, 653:25, 654:2, 654:8, 654:16, 659:3, 659:17, 659:18, 662:10, 663:12, 668:4 lack [1] - 604:9 ladder [11] - 577:6, 613:14, 613:24, 614:18, 614:23, 617:1, 617:4, 640:1, 640:4, 640:18 ladders [1] - 613:22 landed [1] - 641:7 large [10] - 589:14, 601:25, 613:19, 653:20, 653:24, 654:19, 666:18, 666:25, 667:7, 667:14 last [7] - 569:1, 569:2, 593:18, 611:15, 620:15, 620:17, 623:11 lastly [1] - 601:3 law [1] - 621:9 lawsuit [2] - 622:23, 623:13 lay [1] - 581:18 layperson's [1] - 659:20 least [5] - 580:12, 617:1, 623:12, 651:21, 658:12 leave [1] - 586:11 leaves [2] - 588:7, 596:17 led [1] - 641:8 left [53] - 577:8, 577:9, 577:12, 577:14, 577:15, 578:20, 579:19, 580:23, 581:22, 582:24, 586:18, 588:14, 591:25, 599:20, 600:1, 603:18, 603:24, 605:7, 606:13, 607:14, 612:8, 613:11, 617:4, 626:7, 626:12, 626:21, 631:19, 631:21, 632:6, 634:25, 641:3, 641:16, 642:24, 643:4, 643:13, 648:8, 648:12, 649:2, 650:14, 651:2,</p>	<p>651:6, 651:10, 651:16, 654:17, 655:2, 655:8, 658:6, 658:22, 662:9, 662:10, 663:11 leg [5] - 579:23, 598:23, 600:13, 600:15, 618:18 legs [1] - 641:5 length [1] - 625:18 Lenox [5] - 571:23, 572:6, 648:12, 649:3, 658:13 less [3] - 599:18, 616:21, 623:10 letter [3] - 577:23, 577:24, 586:12 letting [1] - 670:9 level [2] - 601:20, 616:24 licensed [2] - 571:9, 571:11 lift [1] - 618:3 ligament [3] - 580:16, 600:12 ligaments [7] - 570:10, 579:16, 597:9, 598:19, 598:24, 599:1, 600:10 light [1] - 572:19 likely [2] - 616:20, 646:5 limitation [9] - 594:9, 607:2, 607:4, 607:11, 608:12, 608:24, 609:4, 609:5 limitations [1] - 616:5 limited [7] - 576:4, 579:4, 594:10, 594:22, 606:17, 608:7, 615:19 limp [2] - 578:19, 606:12 limping [1] - 593:23 line [4] - 583:19, 588:18, 588:19 liner [1] - 609:19 litigation [1] - 638:16 living [3] - 638:22, 638:25, 639:5 LLC [1] - 566:5 LLP [1] - 566:5 localize [1] - 577:22 located [2] - 573:5, 639:8 location [2] - 628:13, 639:15 log [2] - 578:21, 606:15</p>	<p>look [18] - 575:4, 576:1, 576:6, 582:19, 583:4, 583:5, 584:4, 584:23, 587:2, 630:6, 631:3, 636:3, 645:16, 649:7, 649:17, 650:12, 652:7, 669:7 looked [3] - 654:8, 667:7, 668:3 looking [6] - 580:14, 582:22, 611:24, 645:4, 648:15, 667:19 looks [1] - 607:15 loose [2] - 579:17, 598:20 loosened [1] - 598:4 lose [2] - 598:1, 672:18 loses [1] - 615:20 loss [2] - 607:6, 615:14 loud [1] - 568:25 low [1] - 624:8 lower [2] - 577:11, 580:9 Lower [1] - 572:6 lubrication [1] - 598:10 lumbar [3] - 631:20, 662:8, 663:10 lumbosacral [1] - 664:9 lunch [9] - 576:4, 581:1, 581:3, 581:4, 584:19, 584:24, 585:16, 587:17, 588:15 luncheon [1] - 585:17</p>	<p>614:19, 618:5, 618:7, 618:25, 619:13, 619:20, 619:23, 619:25, 620:2, 629:8, 629:12, 629:16, 629:18, 629:24, 631:2, 632:11, 642:7, 643:25, 644:3, 644:21, 644:25, 645:4, 645:9, 645:15, 645:22, 646:12, 648:19, 648:22, 649:1, 657:23, 660:16, 660:23, 661:3, 663:2, 664:23, 665:19, 666:1, 666:12, 666:21, 667:5, 667:12, 667:16, 667:20, 668:5, 668:24, 669:4, 669:12, 670:7, 670:11, 670:19, 671:3, 672:3, 672:16, 672:24, 673:4, 673:7, 674:9, 674:12, 674:14, 674:23, 675:4, 675:7, 675:22, 675:25, 676:4, 676:8, 676:14, 676:18, 676:21, 676:24 Maher [6] - 566:16, 566:17, 668:13, 670:2, 672:1, 674:3 mailing [1] - 569:8 maintain [2] - 573:2, 599:25 majored [1] - 571:17 majority [2] - 623:1, 638:10 management [1] - 590:19 manager [1] - 620:23 Manhattan [4] - 572:6, 573:7, 639:9, 639:14 manner [1] - 640:5 March [14] - 577:7, 613:13, 623:23, 624:4, 625:12, 625:17, 629:6, 632:5, 633:6, 636:11, 650:24, 662:11, 663:23, 674:22 mark [8] - 575:14, 575:18, 585:6,</p>	
L				M	
<p>labra [1] - 654:15 labral [16] - 580:18, 583:21, 590:13, 597:4, 597:22, 599:15, 602:11, 612:11, 614:3, 653:5, 654:20, 659:9, 662:16, 663:3, 663:5, 663:17 labrum [40] - 583:15, 583:16, 583:18, 583:19, 583:20, 588:15, 588:19, 589:3, 589:10, 589:11, 589:16, 589:17, 593:2, 597:13, 599:19, 599:21, 600:1, 602:1, 602:4, 602:7, 602:9, 612:9,</p>	<p>577:12, 577:14, 577:15, 578:20, 579:19, 580:23, 581:22, 582:24, 586:18, 588:14, 591:25, 599:20, 600:1, 603:18, 603:24, 605:7, 606:13, 607:14, 612:8, 613:11, 617:4, 626:7, 626:12, 626:21, 631:19, 631:21, 632:6, 634:25, 641:3, 641:16, 642:24, 643:4, 643:13, 648:8, 648:12, 649:2, 650:14, 651:2,</p>	<p>limping [1] - 593:23 line [4] - 583:19, 588:18, 588:19 liner [1] - 609:19 litigation [1] - 638:16 living [3] - 638:22, 638:25, 639:5 LLC [1] - 566:5 LLP [1] - 566:5 localize [1] - 577:22 located [2] - 573:5, 639:8 location [2] - 628:13, 639:15 log [2] - 578:21, 606:15</p>	<p>machine [1] - 584:14 machines [2] - 656:24, 657:3 magnets [2] - 582:18, 583:3 MAHER [9] - 566:10, 567:14, 574:17, 575:8, 576:3, 576:10, 581:17, 585:8, 585:11, 586:8, 586:25, 587:3, 587:15, 589:24, 590:3, 591:6, 591:16, 595:14, 603:21, 603:25, 605:14,</p>	<p>management [1] - 590:19 manager [1] - 620:23 Manhattan [4] - 572:6, 573:7, 639:9, 639:14 manner [1] - 640:5 March [14] - 577:7, 613:13, 623:23, 624:4, 625:12, 625:17, 629:6, 632:5, 633:6, 636:11, 650:24, 662:11, 663:23, 674:22 mark [8] - 575:14, 575:18, 585:6,</p>	

629:14, 629:17, 648:19, 648:24, 674:9 marked [12] - 566:14, 575:9, 575:22, 575:25, 588:10, 595:10, 595:17, 596:2, 596:5, 613:4, 629:9, 629:25 marrow [3] - 643:19, 644:7, 644:13 mask [2] - 617:22, 618:4 masked [1] - 635:15 masking [1] - 665:10 Master's [1] - 571:20 matter [4] - 566:4, 619:2, 671:22, 675:9 matter-of-fact [1] - 671:22 McNally [2] - 600:17, 662:18 mean [8] - 634:25, 642:11, 645:5, 647:15, 652:1, 654:23, 659:15, 672:16 meaning [8] - 574:11, 599:9, 601:21, 604:4, 605:3, 607:16, 626:19, 641:10 means [2] - 570:16, 591:9 meant [1] - 635:4 measures [1] - 651:12 mechanical [1] - 592:22 mechanism [4] - 617:5, 640:24, 641:2, 641:7 medical [18] - 571:14, 571:20, 571:21, 575:13, 575:21, 576:17, 577:5, 585:6, 609:9, 612:2, 615:13, 615:24, 616:10, 624:23, 636:4, 636:17, 637:16, 644:23 Medical [1] - 572:13 medications [4] - 577:19, 590:18, 592:4, 593:24 medicine [5] - 570:4, 570:15, 571:9, 573:9, 574:15 member [2] - 572:22, 572:25 memory [1] - 575:5	meniscal [2] - 662:8, 663:10 meniscus [2] - 583:15, 663:17 mention [7] - 632:18, 643:18, 644:7, 645:1, 653:24, 655:7, 658:5 mentioned [9] - 570:11, 571:5, 573:8, 601:25, 607:14, 617:10, 617:13, 635:15, 674:6 Merola [12] - 577:10, 577:13, 578:3, 578:5, 594:2, 617:25, 638:1, 638:2, 638:5, 638:10, 638:15, 644:1 Merola's [1] - 644:3 metal [2] - 609:18 mic [1] - 568:24 microphone [7] - 569:4, 582:11, 582:12, 589:1, 596:16, 601:10, 665:7 microphones [1] - 665:21 mics [1] - 589:8 middle [1] - 588:1 might [5] - 580:13, 612:16, 618:3, 641:24, 659:23 mild [2] - 659:24, 661:5 millimeters [1] - 583:7 mind [2] - 600:3, 601:13 minute [1] - 670:1 misread [1] - 655:1 misspeak [1] - 653:19 misspoke [2] - 634:24, 635:4 mistakenly [1] - 604:12 model [5] - 584:6, 584:8, 584:12, 588:20, 588:22 modes [1] - 578:24 modification [1] - 593:25 moment [6] - 589:21, 595:9, 612:19, 662:6, 670:22, 670:23 moments [1] - 618:25 Monday [10] - 671:6,	673:24, 673:25, 674:5, 674:6, 675:12, 676:1, 676:3, 676:4, 676:6 monitor [2] - 581:11, 581:12 month [3] - 586:16, 671:12, 671:23 months [6] - 611:9, 634:18, 646:4, 647:5, 653:12, 664:20 moon [1] - 593:8 morning [13] - 566:9, 566:10, 569:15, 569:16, 576:6, 576:11, 670:18, 673:3, 673:18, 675:6, 675:8, 676:5, 676:6 most [5] - 591:11, 604:21, 606:6, 606:9, 646:5 motion [16] - 579:4, 579:9, 579:25, 594:9, 594:22, 601:21, 606:17, 606:25, 607:14, 607:16, 608:1, 615:14, 615:21, 657:10, 676:13 motions [1] - 607:19 Mount [1] - 572:5 mouse [1] - 582:10 move [10] - 579:7, 587:18, 591:18, 602:10, 603:9, 604:17, 657:23, 673:17, 673:18, 674:17 moved [2] - 579:8, 602:9 MR [214] - 566:9, 566:10, 566:12, 566:16, 566:19, 566:22, 567:1, 567:4, 567:6, 567:13, 567:14, 568:1, 568:7, 569:18, 569:23, 574:13, 574:17, 574:20, 575:8, 575:20, 576:3, 576:10, 580:25, 581:5, 581:10, 581:14, 581:17, 582:2, 582:16, 584:10, 584:13, 585:8, 585:11, 585:16, 586:7,	586:8, 586:11, 586:25, 587:3, 587:14, 587:15, 587:22, 587:24, 588:5, 588:11, 588:13, 589:9, 589:19, 589:24, 590:1, 590:3, 590:5, 590:8, 591:6, 591:16, 595:9, 595:14, 595:18, 595:21, 595:23, 596:7, 596:12, 599:2, 600:3, 601:2, 601:13, 603:21, 603:25, 605:14, 612:12, 612:16, 612:19, 614:19, 618:5, 618:7, 618:22, 618:25, 619:12, 619:13, 619:19, 619:20, 619:23, 619:25, 620:2, 627:10, 627:16, 628:2, 629:8, 629:12, 629:16, 629:18, 629:20, 629:24, 631:2, 631:12, 632:7, 632:11, 632:15, 632:22, 633:1, 633:7, 633:21, 634:6, 634:9, 634:15, 634:22, 636:8, 636:14, 636:21, 642:5, 642:7, 642:10, 643:20, 643:23, 643:25, 644:3, 644:10, 644:17, 644:21, 644:25, 645:4, 645:9, 645:15, 645:19, 645:22, 646:1, 646:12, 648:5, 648:17, 648:19, 648:22, 649:1, 650:10, 650:15, 650:19, 657:21, 657:23, 658:7, 658:24, 659:4, 659:11, 660:13, 660:16, 660:17, 660:21, 660:23, 660:25, 661:3, 661:17, 661:24, 662:3, 663:2, 664:7, 664:23, 664:25, 665:2, 665:5, 665:19, 665:22,	666:1, 666:12, 666:21, 666:24, 667:5, 667:12, 667:16, 667:20, 667:23, 668:5, 668:24, 669:4, 669:7, 669:9, 669:12, 669:15, 669:20, 669:23, 670:1, 670:4, 670:7, 670:9, 670:11, 670:19, 671:3, 671:10, 671:13, 671:17, 671:20, 672:3, 672:8, 672:10, 672:13, 672:16, 672:24, 673:4, 673:7, 673:23, 674:2, 674:9, 674:12, 674:14, 674:23, 675:4, 675:7, 675:22, 675:25, 676:4, 676:8, 676:14, 676:17, 676:18, 676:20, 676:21, 676:24 MRI [59] - 574:5, 574:7, 574:11, 580:14, 580:22, 581:8, 581:11, 581:16, 581:19, 581:21, 582:18, 582:24, 583:2, 583:3, 583:22, 584:1, 584:12, 588:2, 589:25, 590:1, 590:11, 590:22, 592:25, 598:3, 598:13, 598:22, 604:11, 604:12, 604:15, 610:1, 612:3, 625:8, 633:5, 642:24, 643:2, 643:5, 643:13, 645:13, 645:23, 646:3, 646:14, 646:19, 647:4, 647:6, 647:9, 654:20, 655:3, 657:24, 658:11, 660:4, 666:14, 666:20, 667:4, 667:7, 667:15, 667:19, 668:1, 668:3, 668:6 MRIs [2] - 574:11, 653:22 multiple [1] - 573:2 muscle [1] - 580:5
---	--	--	---	--

<p>muscles [4] - 570:9, 579:18, 579:19, 579:20 musculoskeletal [1] - 570:8</p>	<p>617:1 non [1] - 654:25 non-healthy [1] - 654:25 noncompliant [1] - 652:22</p>	<p>O</p>	<p>661:16 occurs [1] - 648:1 October [1] - 617:25</p>	<p>592:23, 606:18, 609:25 op [1] - 603:2</p>
<p>N</p>	<p>none [3] - 625:1, 653:22, 668:18 None [1] - 666:16</p>	<p>o'clock [7] - 584:24, 585:4, 585:15, 672:25, 674:11, 674:12, 674:16 object [5] - 583:18, 629:21, 631:12, 633:2, 645:5</p>	<p>off-the-record [1] - 584:17 offer [1] - 629:15 offering [2] - 635:20, 662:9 office [21] - 573:2, 573:6, 576:24, 591:3, 620:23, 621:13, 632:5, 639:6, 639:13, 639:18, 642:24, 658:3, 658:12, 658:16, 659:8, 660:4, 660:7, 663:23, 665:25, 675:8</p>	<p>operation [10] - 593:15, 594:12, 595:1, 595:7, 595:8, 603:11, 618:1, 653:19, 666:19, 667:19 operations [1] - 618:1</p>
<p>name [6] - 569:1, 569:2, 569:3, 569:6, 581:25, 675:23</p>	<p>normal [14] - 579:8, 579:11, 579:17, 597:8, 597:23, 598:10, 606:20, 607:3, 607:9, 608:8, 608:10, 608:22, 608:23, 609:3</p>	<p>objection [68] - 574:16, 574:17, 591:6, 591:16, 595:15, 603:21, 603:25, 605:14, 614:19, 618:5, 627:10, 627:16, 628:2, 629:18, 632:8, 632:15, 632:22, 633:7, 633:21, 634:6, 634:9, 634:15, 634:22, 636:8, 636:14, 636:21, 642:5, 642:10, 643:20, 644:10, 644:17, 644:18, 645:14, 645:21, 646:1, 648:5, 648:17, 650:10, 650:15, 650:19, 657:21, 658:7, 658:24, 658:25, 659:4, 659:5, 659:11, 660:13, 660:22, 661:17, 661:24, 662:3, 664:7, 665:19, 666:1, 666:12, 666:21, 667:5, 667:12, 667:16, 667:20, 668:5, 668:8, 668:24, 669:4</p>	<p>officer [4] - 599:2, 600:3, 649:8, 674:24 OFFICER [15] - 567:8, 575:19, 575:24, 584:25, 587:9, 596:4, 599:5, 600:6, 612:18, 613:3, 619:4, 619:14, 630:3, 670:25, 674:25 Officer [3] - 587:18, 590:3, 601:13 offices [3] - 573:3, 639:8, 655:11 Official [3] - 600:17, 630:10, 662:18 often [4] - 574:7, 623:9, 653:2, 666:6 older [1] - 573:16 once [8] - 568:25, 591:10, 593:8, 605:25, 618:16, 618:18, 655:20, 660:18 one [27] - 578:11, 579:17, 582:9, 589:8, 592:20, 599:4, 599:11, 599:13, 600:5, 602:6, 605:8, 608:12, 610:9, 623:2, 623:4, 623:12, 623:15, 625:24, 626:14, 628:9, 645:7, 645:10, 645:11, 665:21, 670:11, 672:8, 674:4 ones [3] - 572:3, 602:4, 602:5 ongoing [4] - 592:20,</p>	<p>operative [8] - 597:17, 598:13, 601:15, 604:10, 605:20, 612:4, 651:17, 653:17 opinion [31] - 590:23, 602:8, 604:3, 604:6, 609:8, 609:12, 609:20, 610:20, 610:24, 611:4, 611:11, 612:1, 614:2, 614:6, 614:25, 615:4, 615:12, 615:16, 615:23, 616:4, 617:5, 617:7, 617:8, 625:16, 633:16, 635:21, 637:13, 637:15, 641:12, 656:22, 662:9 opportunity [12] - 575:10, 585:5, 626:2, 626:18, 626:19, 628:22, 630:6, 633:9, 633:24, 643:12, 650:12, 660:9 option [1] - 593:13 options [2] - 592:16, 656:22 oral [1] - 570:22 order [8] - 627:14, 627:21, 627:25, 648:8, 648:13, 649:16, 649:17, 657:24 ordered [14] - 590:19, 626:7, 626:9, 626:12, 626:13, 626:22, 627:20, 633:5, 648:23, 649:2, 649:11, 658:11, 659:7, 660:4 ordinarily [4] - 649:20, 650:2, 650:4, 652:12 ordinary [1] - 587:6 organizations [1] - 572:23 origin [2] - 661:13 originated [1] - 573:13</p>
<p>narrative [4] - 621:15, 642:9, 642:12, 668:7</p>	<p>notation [5] - 583:21, 628:19, 631:6, 644:13, 651:21</p>	<p>observe [1] - 659:24 observed [2] - 653:20, 659:9 observing [2] - 643:18, 644:7 obtain [1] - 636:4 obtaining [1] - 656:17 obviously [1] - 625:21 occasion [5] - 574:10, 623:2, 623:4, 623:12, 623:15</p>	<p>officer [4] - 599:2, 600:3, 649:8, 674:24 OFFICER [15] - 567:8, 575:19, 575:24, 584:25, 587:9, 596:4, 599:5, 600:6, 612:18, 613:3, 619:4, 619:14, 630:3, 670:25, 674:25 Officer [3] - 587:18, 590:3, 601:13 offices [3] - 573:3, 639:8, 655:11 Official [3] - 600:17, 630:10, 662:18 often [4] - 574:7, 623:9, 653:2, 666:6 older [1] - 573:16 once [8] - 568:25, 591:10, 593:8, 605:25, 618:16, 618:18, 655:20, 660:18 one [27] - 578:11, 579:17, 582:9, 589:8, 592:20, 599:4, 599:11, 599:13, 600:5, 602:6, 605:8, 608:12, 610:9, 623:2, 623:4, 623:12, 623:15, 625:24, 626:14, 628:9, 645:7, 645:10, 645:11, 665:21, 670:11, 672:8, 674:4 ones [3] - 572:3, 602:4, 602:5 ongoing [4] - 592:20,</p>	<p>operational [1] - 618:1 operative [8] - 597:17, 598:13, 601:15, 604:10, 605:20, 612:4, 651:17, 653:17 opinion [31] - 590:23, 602:8, 604:3, 604:6, 609:8, 609:12, 609:20, 610:20, 610:24, 611:4, 611:11, 612:1, 614:2, 614:6, 614:25, 615:4, 615:12, 615:16, 615:23, 616:4, 617:5, 617:7, 617:8, 625:16, 633:16, 635:21, 637:13, 637:15, 641:12, 656:22, 662:9 opportunity [12] - 575:10, 585:5, 626:2, 626:18, 626:19, 628:22, 630:6, 633:9, 633:24, 643:12, 650:12, 660:9 option [1] - 593:13 options [2] - 592:16, 656:22 oral [1] - 570:22 order [8] - 627:14, 627:21, 627:25, 648:8, 648:13, 649:16, 649:17, 657:24 ordered [14] - 590:19, 626:7, 626:9, 626:12, 626:13, 626:22, 627:20, 633:5, 648:23, 649:2, 649:11, 658:11, 659:7, 660:4 ordinarily [4] - 649:20, 650:2, 650:4, 652:12 ordinary [1] - 587:6 organizations [1] - 572:23 origin [2] - 661:13 originated [1] - 573:13</p>
<p>naturally [2] - 647:23, 648:3</p>	<p>normally [1] - 598:9 notation [5] - 583:21, 628:19, 631:6, 644:13, 651:21</p>	<p>occasions [1] - 573:24 occur [4] - 647:22, 647:23, 661:11, 661:13 occurred [4] - 614:11, 623:22, 625:25,</p>	<p>officer [4] - 599:2, 600:3, 649:8, 674:24 OFFICER [15] - 567:8, 575:19, 575:24, 584:25, 587:9, 596:4, 599:5, 600:6, 612:18, 613:3, 619:4, 619:14, 630:3, 670:25, 674:25 Officer [3] - 587:18, 590:3, 601:13 offices [3] - 573:3, 639:8, 655:11 Official [3] - 600:17, 630:10, 662:18 often [4] - 574:7, 623:9, 653:2, 666:6 older [1] - 573:16 once [8] - 568:25, 591:10, 593:8, 605:25, 618:16, 618:18, 655:20, 660:18 one [27] - 578:11, 579:17, 582:9, 589:8, 592:20, 599:4, 599:11, 599:13, 600:5, 602:6, 605:8, 608:12, 610:9, 623:2, 623:4, 623:12, 623:15, 625:24, 626:14, 628:9, 645:7, 645:10, 645:11, 665:21, 670:11, 672:8, 674:4 ones [3] - 572:3, 602:4, 602:5 ongoing [4] - 592:20,</p>	<p>operational [1] - 618:1 operative [8] - 597:17, 598:13, 601:15, 604:10, 605:20, 612:4, 651:17, 653:17 opinion [31] - 590:23, 602:8, 604:3, 604:6, 609:8, 609:12, 609:20, 610:20, 610:24, 611:4, 611:11, 612:1, 614:2, 614:6, 614:25, 615:4, 615:12, 615:16, 615:23, 616:4, 617:5, 617:7, 617:8, 625:16, 633:16, 635:21, 637:13, 637:15, 641:12, 656:22, 662:9 opportunity [12] - 575:10, 585:5, 626:2, 626:18, 626:19, 628:22, 630:6, 633:9, 633:24, 643:12, 650:12, 660:9 option [1] - 593:13 options [2] - 592:16, 656:22 oral [1] - 570:22 order [8] - 627:14, 627:21, 627:25, 648:8, 648:13, 649:16, 649:17, 657:24 ordered [14] - 590:19, 626:7, 626:9, 626:12, 626:13, 626:22, 627:20, 633:5, 648:23, 649:2, 649:11, 658:11, 659:7, 660:4 ordinarily [4] - 649:20, 650:2, 650:4, 652:12 ordinary [1] - 587:6 organizations [1] - 572:23 origin [2] - 661:13 originated [1] - 573:13</p>
<p>nature [2] - 616:1, 663:8</p>	<p>noted [12] - 579:18, 591:25, 598:9, 598:14, 606:15, 606:23, 613:20, 615:14, 631:24, 666:19, 666:25, 667:3</p>	<p>occur [4] - 647:22, 647:23, 661:11, 661:13 occurred [4] - 614:11, 623:22, 625:25,</p>	<p>officer [4] - 599:2, 600:3, 649:8, 674:24 OFFICER [15] - 567:8, 575:19, 575:24, 584:25, 587:9, 596:4, 599:5, 600:6, 612:18, 613:3, 619:4, 619:14, 630:3, 670:25, 674:25 Officer [3] - 587:18, 590:3, 601:13 offices [3] - 573:3, 639:8, 655:11 Official [3] - 600:17, 630:10, 662:18 often [4] - 574:7, 623:9, 653:2, 666:6 older [1] - 573:16 once [8] - 568:25, 591:10, 593:8, 605:25, 618:16, 618:18, 655:20, 660:18 one [27] - 578:11, 579:17, 582:9, 589:8, 592:20, 599:4, 599:11, 599:13, 600:5, 602:6, 605:8, 608:12, 610:9, 623:2, 623:4, 623:12, 623:15, 625:24, 626:14, 628:9, 645:7, 645:10, 645:11, 665:21, 670:11, 672:8, 674:4 ones [3] - 572:3, 602:4, 602:5 ongoing [4] - 592:20,</p>	<p>operational [1] - 618:1 operative [8] - 597:17, 598:13, 601:15, 604:10, 605:20, 612:4, 651:17, 653:17 opinion [31] - 590:23, 602:8, 604:3, 604:6, 609:8, 609:12, 609:20, 610:20, 610:24, 611:4, 611:11, 612:1, 614:2, 614:6, 614:25, 615:4, 615:12, 615:16, 615:23, 616:4, 617:5, 617:7, 617:8, 625:16, 633:16, 635:21, 637:13, 637:15, 641:12, 656:22, 662:9 opportunity [12] - 575:10, 585:5, 626:2, 626:18, 626:19, 628:22, 630:6, 633:9, 633:24, 643:12, 650:12, 660:9 option [1] - 593:13 options [2] - 592:16, 656:22 oral [1] - 570:22 order [8] - 627:14, 627:21, 627:25, 648:8, 648:13, 649:16, 649:17, 657:24 ordered [14] - 590:19, 626:7, 626:9, 626:12, 626:13, 626:22, 627:20, 633:5, 648:23, 649:2, 649:11, 658:11, 659:7, 660:4 ordinarily [4] - 649:20, 650:2, 650:4, 652:12 ordinary [1] - 587:6 organizations [1] - 572:23 origin [2] - 661:13 originated [1] - 573:13</p>
<p>necessarily [1] - 647:15</p>	<p>note [14] - 582:2, 598:5, 598:21, 600:15, 629:6, 631:9, 632:4, 633:4, 655:18, 656:9, 656:14, 664:7</p>	<p>occur [4] - 647:22, 647:23, 661:11, 661:13 occurred [4] - 614:11, 623:22, 625:25,</p>	<p>officer [4] - 599:2, 600:3, 649:8, 674:24 OFFICER [15] - 567:8, 575:19, 575:24, 584:25, 587:9, 596:4, 599:5, 600:6, 612:18, 613:3, 619:4, 619:14, 630:3, 670:25, 674:25 Officer [3] - 587:18, 590:3, 601:13 offices [3] - 573:3, 639:8, 655:11 Official [3] - 600:17, 630:10, 662:18 often [4] - 574:7, 623:9, 653:2, 666:6 older [1] - 573:16 once [8] - 568:25, 591:10, 593:8, 605:25, 618:16, 618:18, 655:20, 660:18 one [27] - 578:11, 579:17, 582:9, 589:8, 592:20, 599:4, 599:11, 599:13, 600:5, 602:6, 605:8, 608:12, 610:9, 623:2, 623:4, 623:12, 623:15, 625:24, 626:14, 628:9, 645:7, 645:10, 645:11, 665:21, 670:11, 672:8, 674:4 ones [3] - 572:3, 602:4, 602:5 ongoing [4] - 592:20,</p>	<p>operational [1] - 618:1 operative [8] - 597:17, 598:13, 601:15, 604:10, 605:20, 612:4, 651:17, 653:17 opinion [31] - 590:23, 602:8, 604:3, 604:6, 609:8, 609:12, 609:20, 610:20, 610:24, 611:4, 611:11, 612:1, 614:2, 614:6, 614:25, 615:4, 615:12, 615:16, 615:23, 616:4, 617:5, 617:7, 617:8, 625:16, 633:16, 635:21, 637:13, 637:15, 641:12, 656:22, 662:9 opportunity [12] - 575:10, 585:5, 626:2, 626:18, 626:19, 628:22, 630:6, 633:9, 633:24, 643:12, 650:12, 660:9 option [1] - 593:13 options [2] - 592:16, 656:22 oral [1] - 570:22 order [8] - 627:14, 627:21, 627:25, 648:8, 648:13, 649:16, 649:17, 657:24 ordered [14] - 590:19, 626:7, 626:9, 626:12, 626:13, 626:22, 627:20, 633:5, 648:23, 649:2, 649:11, 658:11, 659:7, 660:4 ordinarily [4] - 649:20, 650:2, 650:4, 652:12 ordinary [1] - 587:6 organizations [1] - 572:23 origin [2] - 661:13 originated [1] - 573:13</p>
<p>neck [3] - 580:7, 580:8, 580:9</p>	<p>notes [16] - 623:19, 623:20, 630:7, 633:15, 640:4, 644:23, 645:6, 652:20, 652:22, 652:23, 655:14, 656:6, 657:13, 664:1, 664:4, 669:7</p>	<p>occur [4] - 647:22, 647:23, 661:11, 661:13 occurred [4] - 614:11, 623:22, 625:25,</p>	<p>officer [4] - 599:2, 600:3, 649:8, 674:24 OFFICER [15] - 567:8, 575:19, 575:24, 584:25, 587:9, 596:4, 599:5, 600:6, 612:18, 613:3, 619:4, 619:14, 630:3, 670:25, 674:25 Officer [3] - 587:18, 590:3, 601:13 offices [3] - 573:3, 639:8, 655:11 Official [3] - 600:17, 630:10, 662:18 often [4] - 574:7, 623:9, 653:2, 666:6 older [1] - 573:16 once [8] - 568:25, 591:10, 593:8, 605:25, 618:16, 618:18, 655:20, 660:18 one [27] - 578:11, 579:17, 582:9, 589:8, 592:20, 599:4, 599:11, 599:13, 600:5, 602:6, 605:8, 608:12, 610:9, 623:2, 623:4, 623:12, 623:15, 625:24, 626:14, 628:9, 645:7, 645:10, 645:11, 665:21, 670:11, 672:8, 674:4 ones [3] - 572:3, 602:4, 602:5 ongoing [4] - 592:20,</p>	<p>operational [1] - 618:1 operative [8] - 597:17, 598:13, 601:15, 604:10, 605:20, 612:4, 651:17, 653:17 opinion [31] - 590:23, 602:8, 604:3, 604:6, 609:8, 609:12, 609:20, 610:20, 610:24, 611:4, 611:11, 612:1, 614:2, 614:6, 614:25, 615:4, 615:12, 615:16, 615:23, 616:4, 617:5, 617:7, 617:8, 625:16, 633:16, 635:21, 637:13, 637:15, 641:12, 656:22, 662:9 opportunity [12] - 575:10, 585:5, 626:2, 626:18, 626:19, 628:22, 630:6, 633:9, 633:24</p>

<p>Orthopaedic [1] - 572:25</p> <p>orthopedic [10] - 570:3, 570:4, 570:15, 570:25, 571:22, 572:12, 610:20, 615:1</p> <p>orthopedics [5] - 570:6, 570:8, 573:9, 574:15</p> <p>orthosis [1] - 664:9</p> <p>osteochondral [1] - 649:25</p> <p>outside [1] - 567:1</p> <p>outward [2] - 578:22, 608:17</p> <p>overlooking [1] - 636:19</p> <p>overruled [17] - 591:7, 603:22, 614:20, 627:17, 632:14, 634:10, 634:23, 636:22, 642:11, 644:11, 645:14, 646:2, 659:12, 664:8, 666:2, 666:13, 667:6</p> <p>overuse [1] - 647:23</p> <p>own [5] - 591:11, 644:22, 652:20, 656:20, 672:20</p>	<p>631:25, 632:4, 663:23, 668:9</p> <p>paid [1] - 620:22</p> <p>pain [75] - 572:19, 577:15, 577:17, 577:22, 577:24, 579:22, 580:8, 580:9, 590:19, 591:25, 592:21, 592:24, 593:12, 593:20, 593:21, 594:17, 601:20, 601:24, 603:7, 603:17, 604:25, 605:2, 613:11, 613:17, 614:1, 614:10, 614:11, 615:1, 615:10, 617:19, 618:11, 618:17, 627:5, 627:13, 628:6, 628:7, 628:10, 628:13, 628:16, 628:19, 628:20, 631:24, 632:1, 632:6, 633:18, 633:19, 634:5, 634:19, 634:24, 634:25, 635:9, 635:13, 635:14, 635:15, 635:19, 636:7, 636:13, 641:8, 641:11, 641:14, 642:1, 642:4, 642:14, 642:20, 663:4, 663:5, 663:7, 665:9, 665:10</p> <p>painful [2] - 614:12, 614:24</p> <p>paragraph [36] - 631:3</p> <p>Part [1] - 566:2</p> <p>part [10] - 570:20, 570:21, 599:22, 601:4, 625:15, 627:15, 641:24, 642:19, 643:21, 654:14</p> <p>particular [16] - 573:13, 591:24, 609:23, 611:7, 616:15, 617:25, 634:21, 635:22, 637:5, 637:6, 641:22, 655:3, 656:22</p> <p>parties [2] - 575:17, 675:18</p> <p>parts [1] - 570:24</p> <p>party [1] - 623:13</p>	<p>pass [1] - 570:23</p> <p>passive [1] - 579:8</p> <p>passively [2] - 579:10, 579:12</p> <p>past [2] - 624:6, 624:25</p> <p>pathology [4] - 573:21, 573:25, 578:1, 579:1</p> <p>patient [62] - 573:25, 576:23, 577:11, 577:13, 577:22, 577:24, 578:2, 579:7, 582:24, 584:3, 590:17, 591:9, 592:10, 592:16, 593:12, 600:14, 602:18, 603:5, 604:25, 608:7, 609:20, 610:7, 610:8, 610:15, 611:2, 615:20, 616:17, 617:17, 618:17, 618:20, 624:10, 625:19, 627:4, 627:12, 634:19, 635:8, 636:12, 637:3, 637:7, 637:18, 638:2, 638:10, 638:11, 639:10, 640:3, 640:17, 641:13, 641:23, 652:13, 656:9, 656:25, 657:17, 658:11, 658:19, 660:1, 662:12, 663:4, 663:9, 663:12, 663:16, 664:17, 666:14</p> <p>patient's [2] - 631:23, 637:15</p> <p>patients [21] - 573:9, 573:12, 573:14, 573:15, 573:16, 573:20, 578:6, 593:7, 606:3, 617:18, 621:19, 621:22, 623:1, 638:6, 638:8, 638:14, 656:19, 663:5, 663:20, 663:21</p> <p>pattern [1] - 671:24</p> <p>pediatric [1] - 573:15</p> <p>pelvis [2] - 631:19, 631:22</p> <p>pending [1] - 638:11</p> <p>percent [8] - 607:2,</p>	<p>607:6, 607:11, 607:13, 608:12, 608:24, 609:1, 609:5</p> <p>percentage [4] - 573:12, 607:4, 621:19, 621:20</p> <p>perfect [1] - 672:16</p> <p>perform [9] - 578:14, 593:3, 594:3, 595:1, 599:13, 599:15, 601:22, 611:4, 626:19</p> <p>performance [1] - 574:4</p> <p>performed [30] - 570:23, 577:11, 578:21, 580:19, 582:25, 583:5, 593:15, 596:21, 599:9, 599:19, 601:19, 605:12, 605:16, 617:25, 625:8, 626:10, 626:22, 642:25, 643:2, 643:3, 648:14, 649:3, 649:10, 653:6, 653:11, 653:14, 655:6, 656:17, 657:11, 658:1</p> <p>performing [1] - 605:12</p> <p>perhaps [5] - 576:24, 590:3, 601:21, 618:21, 648:19</p> <p>period [2] - 611:7, 611:12</p> <p>periodic [1] - 609:13</p> <p>periods [2] - 605:4, 616:6</p> <p>permanent [4] - 615:2, 615:14, 615:17, 616:2</p> <p>permission [4] - 575:3, 581:14, 587:25, 596:8</p> <p>persisted [1] - 593:24</p> <p>persistently [1] - 592:12</p> <p>person [2] - 616:15, 622:23</p> <p>personal [7] - 621:16, 622:7, 624:15, 638:11, 638:16, 644:22, 657:14</p> <p>personally [1] - 675:17</p> <p>pertinent [1] - 636:4</p> <p>phone [3] - 635:12, 635:13, 635:18</p>	<p>phrasing [1] - 667:3</p> <p>physical [30] - 578:14, 579:23, 580:11, 590:17, 590:21, 591:2, 591:8, 592:6, 594:3, 594:6, 594:7, 606:5, 606:8, 610:13, 624:15, 651:1, 651:5, 651:9, 651:19, 652:6, 652:14, 656:7, 656:10, 656:11, 656:18, 656:23, 665:13, 665:25, 666:10, 668:14</p> <p>physically [1] - 672:22</p> <p>physician [4] - 574:22, 577:12, 627:13, 635:7</p> <p>physicians [7] - 618:20, 626:7, 627:6, 627:8, 627:24, 637:22, 666:16</p> <p>pick [1] - 588:14</p> <p>picked [1] - 650:3</p> <p>picture [1] - 597:16</p> <p>pictured [1] - 601:4</p> <p>pieces [1] - 635:25</p> <p>pinched [1] - 617:21</p> <p>place [2] - 600:11, 602:10</p> <p>placed [1] - 566:14</p> <p>plaintiff [14] - 567:21, 621:10, 625:12, 629:11, 633:17, 640:12, 642:23, 650:25, 655:10, 656:3, 662:7, 664:11, 668:12, 671:8</p> <p>Plaintiff [1] - 569:20</p> <p>Plaintiff's [9] - 575:19, 621:13, 621:16, 622:7, 626:12, 633:5, 641:10, 648:8, 649:2</p> <p>Plaintiff's [11] - 575:22, 575:24, 582:3, 584:7, 588:10, 588:21, 596:2, 596:4, 599:5, 600:6</p> <p>plan [10] - 590:15, 590:16, 629:15, 650:21, 652:21, 664:9, 664:10, 666:15, 671:6, 675:25</p> <p>plane [1] - 602:6</p>
P				
<p>page [10] - 585:19, 587:4, 600:18, 612:20, 612:25, 613:5, 613:10, 629:8, 630:11, 662:19</p> <p>Paiba [36] - 566:4, 574:25, 576:13, 576:20, 579:22, 581:22, 582:25, 592:18, 623:18, 623:25, 625:4, 625:23, 627:23, 628:16, 629:1, 632:5, 632:19, 632:25, 633:10, 634:3, 637:25, 638:2, 638:22, 639:21, 639:25, 641:15, 642:23, 651:1, 651:9, 651:18, 655:10, 655:15, 656:3, 656:7, 664:5, 668:13</p> <p>Paiba's [7] - 574:21, 623:21, 626:7,</p>				

<p>planes [1] - 579:5 plaster [1] - 577:6 plastic [1] - 609:19 pleasure [1] - 669:10 pleural [1] - 654:15 PM [4] - 671:4, 672:4, 674:22, 674:25 point [23] - 577:20, 578:20, 580:12, 580:22, 590:15, 591:5, 592:19, 593:20, 594:17, 603:13, 603:19, 604:3, 604:13, 605:10, 609:7, 615:10, 626:2, 645:12, 646:5, 665:24, 666:3, 668:18, 672:23 points [1] - 627:5 pop [1] - 602:10 popping [7] - 592:2, 592:22, 594:18, 602:8, 602:11, 602:12, 614:12 portion [4] - 599:8, 599:24, 600:9, 639:24 portions [2] - 589:16, 589:17 posed [1] - 614:3 positions [1] - 572:9 positive [14] - 578:21, 578:22, 578:24, 579:3, 579:23, 579:24, 580:19, 592:12, 592:24, 592:25, 594:8, 594:22, 609:25, 650:17 possession [1] - 626:8 possible [1] - 590:14 possibly [2] - 663:18, 665:10 post [2] - 592:20, 603:2 post-op [1] - 603:2 postoperative [5] - 597:2, 597:3, 602:22, 604:11, 655:21 postsurgery [1] - 655:11 postsurgical [2] - 656:7, 660:2 posttraumatic [5] - 603:20, 603:24, 605:6, 612:7, 612:11 potato [1] - 654:6</p>	<p>potato [1] - 654:6 practice [9] - 571:9, 573:3, 602:24, 617:18, 618:10, 620:24, 623:7, 627:12, 627:14 pre [4] - 598:13, 614:14, 624:23, 625:3 pre-accident [2] - 624:23, 625:3 pre-dated [1] - 614:14 pre-operative [1] - 598:13 preceding [1] - 613:23 preexisting [1] - 616:17 prefer [1] - 672:17 preference [1] - 675:7 preferred [1] - 657:5 preliminary [1] - 581:18 preoperative [1] - 604:10 preparation [2] - 634:13, 635:6 prepare [3] - 621:15, 622:6, 629:22 prepared [5] - 622:18, 643:4, 643:6, 643:7, 643:18 Presbyterian [2] - 572:6, 572:13 prescribe [2] - 591:8, 656:18 prescribed [3] - 590:17, 591:4, 669:3 presence [5] - 567:12, 587:13, 619:18, 646:14, 654:21 present [10] - 570:23, 573:16, 584:2, 593:7, 603:17, 609:13, 647:3, 647:18, 647:19, 671:6 presented [4] - 577:4, 605:13, 605:18, 613:16 preserve [1] - 654:18 preserved [1] - 589:17 pressure [1] - 618:2 presumably [2] - 664:12, 676:6 pretty [2] - 594:7, 594:23 prevents [1] - 602:18 previous [2] - 594:7, 594:23 previously [2] -</p>	<p>567:23, 568:4 primarily [3] - 593:22, 623:20, 637:18 privileges [2] - 572:1, 572:5 probability [1] - 624:8 problem [12] - 580:3, 580:13, 606:1, 617:23, 618:21, 636:3, 637:9, 637:22, 637:23, 665:17, 673:5, 673:14 problems [5] - 570:9, 573:17, 605:13 procedure [5] - 602:14, 605:12, 610:5, 611:18, 653:18 proceed [7] - 566:11, 566:12, 567:21, 567:25, 569:17, 574:19, 661:2 proceeding [1] - 675:2 process [3] - 602:19, 625:15, 661:14 produced [1] - 606:16 professional [1] - 572:23 professor [1] - 572:12 program [1] - 570:20 progress [4] - 606:3, 611:15, 615:7, 615:11 progressed [1] - 611:14 progresses [2] - 606:3, 615:20 progressive [6] - 605:6, 606:1, 610:2, 612:7, 661:22, 668:19 prolonged [2] - 605:4, 610:11 PT [2] - 657:20, 665:18 published [2] - 572:14, 572:18 publishing [2] - 599:5, 600:6 pull [1] - 655:12 pulled [2] - 588:3, 601:6 punctuality [1] - 567:19 pursuant [1] - 668:16 pursuing [1] - 638:16 put [16] - 577:25, 588:20, 589:1, 589:19, 595:12, 596:9, 599:2, 600:4,</p>	<p>601:9, 602:15, 632:20, 635:25, 638:19, 640:16, 644:23, 675:11 putting [3] - 579:25, 607:3, 640:22</p>	<p>632:10, 633:22, 645:12, 650:9 ready [7] - 566:11, 566:12, 567:5, 567:21, 586:24, 619:10, 630:5 real [1] - 673:4 reality [1] - 655:2 really [11] - 576:7, 592:23, 622:1, 622:9, 623:9, 635:12, 635:13, 649:23, 652:21, 656:10, 657:13 reask [1] - 635:4 reason [8] - 599:23, 605:11, 606:6, 624:24, 627:6, 642:12, 647:7, 652:4 reasonable [7] - 590:23, 609:9, 610:20, 612:2, 614:25, 615:13, 615:23 reasoning [2] - 664:14, 664:16 receive [3] - 591:9, 610:13, 638:15 received [6] - 571:19, 577:21, 624:24, 625:12, 651:1, 668:20 recent [9] - 604:21, 606:9, 620:14, 642:17, 646:17, 646:20, 647:2, 647:8, 647:10 recess [4] - 585:17, 587:4, 619:2, 619:7 recollection [5] - 623:18, 631:17, 640:12, 648:22, 649:8 recommend [8] - 590:16, 632:25, 651:15, 653:5, 664:9, 664:13, 664:22, 666:6 recommendation [2] - 651:13, 652:13 recommended [7] - 590:18, 653:7, 653:10, 656:8, 657:17, 666:4, 668:16 reconfirm [1] - 675:2 record [18] - 569:2, 576:17, 582:2, 584:16, 584:17, 612:13, 612:14,</p>
Q				
<p>qualified [1] - 574:14 Queens [4] - 566:2, 572:5, 573:6, 639:9 questions [4] - 646:11, 664:23, 669:12, 674:19 quickly [3] - 606:2, 606:3, 662:5 quite [1] - 593:21</p>	<p>qualified [1] - 574:14 Queens [4] - 566:2, 572:5, 573:6, 639:9 questions [4] - 646:11, 664:23, 669:12, 674:19 quickly [3] - 606:2, 606:3, 662:5 quite [1] - 593:21</p>	<p>qualified [1] - 574:14 Queens [4] - 566:2, 572:5, 573:6, 639:9 questions [4] - 646:11, 664:23, 669:12, 674:19 quickly [3] - 606:2, 606:3, 662:5 quite [1] - 593:21</p>	<p>qualified [1] - 574:14 Queens [4] - 566:2, 572:5, 573:6, 639:9 questions [4] - 646:11, 664:23, 669:12, 674:19 quickly [3] - 606:2, 606:3, 662:5 quite [1] - 593:21</p>	<p>qualified [1] - 574:14 Queens [4] - 566:2, 572:5, 573:6, 639:9 questions [4] - 646:11, 664:23, 669:12, 674:19 quickly [3] - 606:2, 606:3, 662:5 quite [1] - 593:21</p>
R				
<p>radiate [1] - 617:22 radiation [1] - 583:4 radiologist [6] - 643:6, 643:7, 650:8, 658:16, 660:11, 674:10 Radiology [4] - 643:3, 648:12, 649:3, 658:13 raise [1] - 568:19 range [7] - 579:24, 607:16, 615:14, 621:1, 621:6, 622:10, 622:16 rather [1] - 653:6 ray [20] - 583:4, 626:6, 626:9, 626:21, 627:7, 627:19, 631:20, 648:8, 648:12, 648:23, 649:2, 649:19, 649:22, 649:24, 649:25, 650:4, 650:14, 650:18, 650:22, 653:22 rays [3] - 582:19, 590:19, 649:17 reached [1] - 584:9 reaching [3] - 636:18, 637:4, 675:17 read [16] - 574:5, 574:7, 574:10, 574:11, 588:21, 631:14, 643:8, 644:5, 644:20, 645:6, 645:13, 645:16, 645:18, 645:20, 655:1, 655:4 reading [5] - 631:12,</p>	<p>radiate [1] - 617:22 radiation [1] - 583:4 radiologist [6] - 643:6, 643:7, 650:8, 658:16, 660:11, 674:10 Radiology [4] - 643:3, 648:12, 649:3, 658:13 raise [1] - 568:19 range [7] - 579:24, 607:16, 615:14, 621:1, 621:6, 622:10, 622:16 rather [1] - 653:6 ray [20] - 583:4, 626:6, 626:9, 626:21, 627:7, 627:19, 631:20, 648:8, 648:12, 648:23, 649:2, 649:19, 649:22, 649:24, 649:25, 650:4, 650:14, 650:18, 650:22, 653:22 rays [3] - 582:19, 590:19, 649:17 reached [1] - 584:9 reaching [3] - 636:18, 637:4, 675:17 read [16] - 574:5, 574:7, 574:10, 574:11, 588:21, 631:14, 643:8, 644:5, 644:20, 645:6, 645:13, 645:16, 645:18, 645:20, 655:1, 655:4 reading [5] - 631:12,</p>	<p>radiate [1] - 617:22 radiation [1] - 583:4 radiologist [6] - 643:6, 643:7, 650:8, 658:16, 660:11, 674:10 Radiology [4] - 643:3, 648:12, 649:3, 658:13 raise [1] - 568:19 range [7] - 579:24, 607:16, 615:14, 621:1, 621:6, 622:10, 622:16 rather [1] - 653:6 ray [20] - 583:4, 626:6, 626:9, 626:21, 627:7, 627:19, 631:20, 648:8, 648:12, 648:23, 649:2, 649:19, 649:22, 649:24, 649:25, 650:4, 650:14, 650:18, 650:22, 653:22 rays [3] - 582:19, 590:19, 649:17 reached [1] - 584:9 reaching [3] - 636:18, 637:4, 675:17 read [16] - 574:5, 574:7, 574:10, 574:11, 588:21, 631:14, 643:8, 644:5, 644:20, 645:6, 645:13, 645:16, 645:18, 645:20, 655:1, 655:4 reading [5] - 631:12,</p>	<p>radiate [1] - 617:22 radiation [1] - 583:4 radiologist [6] - 643:6, 643:7, 650:8, 658:16, 660:11, 674:10 Radiology [4] - 643:3, 648:12, 649:3, 658:13 raise [1] - 568:19 range [7] - 579:24, 607:16, 615:14, 621:1, 621:6, 622:10, 622:16 rather [1] - 653:6 ray [20] - 583:4, 626:6, 626:9, 626:21, 627:7, 627:19, 631:20, 648:8, 648:12, 648:23, 649:2, 649:19, 649:22, 649:24, 649:25, 650:4, 650:14, 650:18, 650:22, 653:22 rays [3] - 582:19, 590:19, 649:17 reached [1] - 584:9 reaching [3] - 636:18, 637:4, 675:17 read [16] - 574:5, 574:7, 574:10, 574:11, 588:21, 631:14, 643:8, 644:5, 644:20, 645:6, 645:13, 645:16, 645:18, 645:20, 655:1, 655:4 reading [5] - 631:12,</p>	<p>radiate [1] - 617:22 radiation [1] - 583:4 radiologist [6] - 643:6, 643:7, 650:8, 658:16, 660:11, 674:10 Radiology [4] - 643:3, 648:12, 649:3, 658:13 raise [1] - 568:19 range [7] - 579:24, 607:16, 615:14, 621:1, 621:6, 622:10, 622:16 rather [1] - 653:6 ray [20] - 583:4, 626:6, 626:9, 626:21, 627:7, 627:19, 631:20, 648:8, 648:12, 648:23, 649:2, 649:19, 649:22, 649:24, 649:25, 650:4, 650:14, 650:18, 650:22, 653:22 rays [3] - 582:19, 590:19, 649:17 reached [1] - 584:9 reaching [3] - 636:18, 637:4, 675:17 read [16] - 574:5, 574:7, 574:10, 574:11, 588:21, 631:14, 643:8, 644:5, 644:20, 645:6, 645:13, 645:16, 645:18, 645:20, 655:1, 655:4 reading [5] - 631:12,</p>

<p>612:23, 612:24, 627:2, 628:19, 629:4, 633:22, 634:8, 634:13, 635:6, 671:13, 671:15</p> <p>recorded [3] - 600:16, 630:9, 662:17</p> <p>records [50] - 575:5, 575:13, 575:21, 585:6, 586:22, 612:3, 614:12, 624:7, 624:9, 624:23, 625:2, 625:3, 625:11, 625:22, 626:3, 626:6, 626:8, 626:18, 626:20, 628:14, 628:16, 628:18, 628:22, 628:25, 629:3, 629:4, 631:18, 633:24, 634:3, 634:17, 636:4, 636:5, 636:11, 636:17, 637:2, 637:8, 637:11, 637:12, 637:17, 637:20, 642:2, 642:3, 642:15, 644:3, 644:23, 652:7, 652:11, 669:18</p> <p>recovery [3] - 610:4, 610:5, 610:10</p> <p>recurrent [1] - 605:1</p> <p>REDIRECT [1] - 665:4</p> <p>redirect [3] - 667:21, 669:5, 672:12</p> <p>reduction [1] - 607:13</p> <p>reductions [1] - 579:24</p> <p>refer [2] - 575:8, 638:7</p> <p>referable [1] - 625:1</p> <p>reference [1] - 625:22</p> <p>referral [1] - 638:15</p> <p>referred [6] - 577:13, 578:2, 578:6, 637:25, 638:3, 638:5</p> <p>referring [5] - 576:14, 633:19, 642:7, 644:22, 663:22</p> <p>refers [2] - 638:10, 638:17</p> <p>reflect [1] - 634:18</p> <p>reflective [1] - 574:24</p> <p>refrain [1] - 660:19</p> <p>refresh [4] - 575:5, 631:17, 648:22, 649:8</p>	<p>regain [1] - 657:9</p> <p>regarding [10] - 625:11, 632:18, 635:21, 637:2, 643:13, 655:6, 655:21, 657:13, 659:2, 673:8</p> <p>regrow [1] - 654:13</p> <p>rehab [1] - 610:15</p> <p>reimbursed [1] - 621:5</p> <p>related [4] - 594:1, 594:15, 625:2, 664:2</p> <p>relates [1] - 670:2</p> <p>relating [4] - 624:23, 625:3, 631:6, 636:17</p> <p>relation [1] - 652:17</p> <p>relayed [1] - 577:2</p> <p>released [1] - 674:24</p> <p>relevant [1] - 576:25</p> <p>reliability [1] - 637:15</p> <p>relied [3] - 624:19, 637:14, 637:18</p> <p>relying [5] - 623:19, 623:20, 624:17, 641:13, 641:25</p> <p>remain [3] - 566:6, 568:14, 594:10</p> <p>remained [3] - 594:8, 605:10, 615:19</p> <p>remind [1] - 642:8</p> <p>remote [1] - 672:20</p> <p>remove [4] - 590:3, 599:15, 599:21, 599:22</p> <p>removed [3] - 589:16, 600:1, 654:15</p> <p>removing [1] - 599:23</p> <p>rendering [1] - 625:16</p> <p>renew [1] - 603:25</p> <p>repair [2] - 654:2, 654:10</p> <p>repairable [3] - 599:22, 599:24, 602:4</p> <p>repaired [1] - 654:22</p> <p>repairing [1] - 654:12</p> <p>repeat [3] - 636:24, 654:11, 666:22</p> <p>rephrase [3] - 633:23, 658:10, 661:19</p> <p>replacement [9] - 609:15, 609:16, 609:17, 609:21, 610:6, 610:7, 611:7, 615:8, 615:9</p> <p>replacing [1] - 609:17</p> <p>report [47] - 576:14, 576:18, 601:15, 612:4, 622:18, 629:9, 629:20,</p>	<p>632:10, 632:21, 639:11, 639:24, 640:9, 643:4, 643:6, 643:7, 643:10, 643:13, 643:17, 643:24, 644:4, 644:5, 644:6, 644:16, 644:20, 645:1, 645:2, 645:4, 645:13, 645:16, 645:17, 645:20, 645:23, 650:12, 651:25, 655:12, 658:5, 658:15, 658:21, 659:2, 660:7, 660:9, 661:21, 662:2, 664:14, 664:22</p> <p>reported [7] - 577:7, 593:19, 603:16, 640:7, 640:12, 642:2, 652:4</p> <p>reporter [1] - 645:11</p> <p>Reporter [6] - 575:23, 596:3, 600:17, 630:2, 630:10, 662:18</p> <p>reporting [2] - 650:8, 660:11</p> <p>reports [8] - 621:16, 621:23, 621:25, 622:7, 622:11, 643:25, 653:23, 655:5</p> <p>represent [1] - 626:16</p> <p>representations [2] - 637:1, 641:11</p> <p>representing [1] - 621:10</p> <p>reproduce [1] - 673:14</p> <p>request [2] - 621:16, 622:7</p> <p>requested [3] - 648:11, 648:16, 658:2</p> <p>requesting [1] - 671:21</p> <p>require [2] - 609:15, 609:20</p> <p>required [1] - 651:17</p> <p>reschedule [1] - 620:24</p> <p>reserve [1] - 576:5</p> <p>residency [2] - 570:19, 571:22</p> <p>resistant [1] - 593:24</p> <p>resolve [1] - 647:4</p> <p>resolved [2] - 618:19, 646:5</p> <p>respect [4] - 653:18,</p>	<p>662:15, 671:9, 674:3</p> <p>response [1] - 673:18</p> <p>restriction [2] - 615:24, 616:1</p> <p>result [4] - 647:22, 647:23, 656:17, 668:22</p> <p>resulted [1] - 590:12</p> <p>results [3] - 646:6, 649:14, 669:1</p> <p>resume [2] - 584:19, 589:20</p> <p>resumed [1] - 601:11</p> <p>return [2] - 585:4, 590:4</p> <p>returned [1] - 655:10</p> <p>returning [1] - 674:22</p> <p>returns [1] - 589:22</p> <p>revealed [3] - 578:20, 594:22, 606:13</p> <p>review [32] - 575:10, 580:22, 585:11, 612:3, 624:23, 625:2, 625:3, 625:8, 625:11, 625:21, 626:3, 626:9, 626:18, 626:19, 626:20, 628:14, 628:22, 628:25, 629:3, 631:17, 632:4, 633:24, 634:2, 634:8, 637:11, 637:12, 637:19, 643:12, 649:14, 650:6, 652:12, 660:9</p> <p>reviewed [9] - 575:13, 581:21, 627:2, 632:12, 634:13, 635:6, 644:4, 658:18, 671:18</p> <p>reviewing [8] - 590:11, 590:22, 626:23, 628:21, 633:11, 633:15, 645:2, 655:14</p> <p>rid [1] - 610:17</p> <p>rim [1] - 654:16</p> <p>rise [8] - 566:1, 567:8, 584:25, 586:4, 587:9, 619:4, 619:9, 670:25</p> <p>role [1] - 635:24</p> <p>roll [3] - 578:21, 579:23, 606:15</p> <p>rolling [2] - 608:16, 608:17</p> <p>room [8] - 613:9, 617:16, 626:3, 627:4, 627:12,</p>	<p>627:24, 628:14, 666:8</p> <p>rotated [1] - 578:22</p> <p>rotates [1] - 579:17</p> <p>Rotation [1] - 578:23</p> <p>rotation [18] - 578:24, 579:5, 579:13, 579:14, 580:16, 592:14, 598:24, 608:14, 608:15, 608:16, 608:18, 608:19, 608:20, 608:21, 608:22, 608:23, 608:25, 609:2</p> <p>rough [1] - 659:21</p> <p>rules [1] - 672:5</p> <p>run [1] - 675:14</p>
S				
<p>sagittal [1] - 583:9</p> <p>saw [17] - 581:25, 593:14, 594:12, 603:15, 613:20, 617:17, 623:25, 624:9, 624:11, 624:17, 637:3, 637:7, 641:15, 647:12, 650:25, 666:14, 666:16</p> <p>scan [11] - 582:24, 583:4, 598:3, 598:13, 598:22, 625:8, 626:11, 626:22, 627:7, 627:19, 647:4</p> <p>scans [4] - 610:1, 631:18, 631:21, 655:3</p> <p>schedule [4] - 669:16, 670:2, 675:13, 675:15</p> <p>scheduled [3] - 568:6, 568:8, 670:15</p> <p>school [3] - 571:14, 571:20, 571:21</p> <p>schooling [1] - 571:15</p> <p>sciatic [1] - 633:19</p> <p>sciatic-type [1] - 633:19</p> <p>sciatica [2] - 618:17</p> <p>scope [2] - 667:20, 669:4</p> <p>scroll [1] - 582:10</p> <p>seal [2] - 589:12, 597:13</p> <p>seat [6] - 566:8, 567:17, 586:6, 587:17, 590:4,</p>				

<p>619:21 seated [2] - 568:24, 568:25 seating [3] - 567:12, 587:13, 619:18 second [3] - 582:10, 631:6, 653:8 section [1] - 632:1 see [44] - 573:14, 582:14, 582:15, 582:17, 583:22, 587:19, 588:16, 589:2, 589:4, 593:10, 596:10, 596:16, 597:7, 597:15, 597:16, 598:3, 598:16, 599:7, 601:3, 612:19, 621:22, 625:23, 626:14, 626:21, 628:15, 629:1, 631:25, 636:1, 639:2, 639:10, 639:16, 642:14, 647:14, 649:21, 649:24, 649:25, 652:7, 656:3, 666:15, 667:7, 667:14, 667:18, 676:8, 676:9 seeing [2] - 626:13, 626:14 seeking [1] - 625:10 send [2] - 586:11, 671:20 sent [2] - 658:16, 660:7 sentence [1] - 631:6 separate [1] - 611:21 September [2] - 653:7, 653:11 serious [1] - 660:16 session [3] - 566:3, 668:22, 669:2 sessions [2] - 652:10, 653:2 set [3] - 581:7, 581:11, 673:12 seven [1] - 620:17 seventy [1] - 606:24 several [1] - 653:12 severity [1] - 617:19 shall [1] - 568:21 shaver [2] - 599:14 Shectman [1] - 587:3 SHECTMAN [123] - 566:9, 566:12, 566:16, 566:19, 566:22, 567:1, 567:4, 567:6,</p>	<p>567:13, 568:1, 568:7, 569:18, 569:23, 574:13, 574:20, 575:20, 580:25, 581:5, 581:10, 581:14, 582:2, 582:16, 584:10, 584:13, 585:16, 586:7, 586:11, 587:14, 587:22, 587:24, 588:5, 588:11, 588:13, 589:9, 589:19, 590:1, 590:5, 590:8, 595:9, 595:18, 595:21, 595:23, 596:7, 596:12, 599:2, 600:3, 601:2, 601:13, 612:12, 612:16, 612:19, 618:22, 619:12, 619:19, 627:10, 627:16, 628:2, 629:20, 631:12, 632:7, 632:15, 632:22, 633:1, 633:7, 633:21, 634:6, 634:9, 634:15, 634:22, 636:8, 636:14, 636:21, 642:5, 642:10, 643:20, 643:23, 644:10, 644:17, 645:19, 646:1, 648:5, 648:17, 650:10, 650:15, 650:19, 657:21, 658:7, 658:24, 659:4, 659:11, 660:13, 660:17, 660:21, 660:25, 661:17, 661:24, 662:3, 664:7, 664:25, 665:2, 665:5, 665:22, 666:24, 667:23, 669:7, 669:9, 669:15, 669:20, 669:23, 670:1, 670:4, 670:9, 671:10, 671:13, 671:17, 671:20, 672:8, 672:10, 672:13, 673:23, 674:2, 676:17, 676:20 shiny [1] - 597:24 short [1] - 619:1 shorten [1] - 600:12 shoulder [3] - 580:7,</p>	<p>580:8 show [16] - 581:8, 588:15, 596:20, 604:15, 607:16, 607:19, 607:23, 608:1, 613:1, 629:5, 629:11, 646:19, 647:9, 649:4, 654:21, 675:12 showed [4] - 590:11, 631:18, 645:24, 647:6 showing [3] - 610:2, 613:3, 630:3 shown [1] - 629:9 shows [1] - 608:5 side [6] - 579:19, 579:20, 592:14, 600:15, 608:4, 641:3 sign [5] - 577:22, 578:25, 592:12, 598:5, 606:16 significance [2] - 580:1, 583:25 significant [19] - 577:5, 577:16, 578:17, 579:21, 592:5, 593:11, 593:12, 593:20, 593:21, 617:13, 627:8, 627:14, 628:5, 634:20, 645:25, 646:21, 646:24, 665:13 signifies [4] - 577:25, 579:15, 583:20, 598:24 signify [2] - 578:25, 579:3 signs [1] - 606:14 simultaneously [1] - 663:13 Sinai [1] - 572:5 single [4] - 651:5, 651:9, 668:22, 669:2 sit [6] - 601:23, 623:17, 635:20, 640:11, 640:16, 657:12 sitting [5] - 577:18, 605:4, 611:3, 612:17, 614:22 situated [1] - 597:22 situation [6] - 591:14, 657:2, 672:18, 673:12, 675:11, 675:14 size [1] - 663:6 slice [1] - 583:8</p>	<p>slices [2] - 583:6 slight [3] - 659:8, 659:15, 659:23 slowed [1] - 610:11 slowly [1] - 661:11 small [1] - 621:19 smaller [1] - 579:19 smooth [2] - 654:24, 659:18 socket [12] - 583:12, 583:13, 589:4, 589:5, 589:6, 589:10, 589:11, 597:14, 598:18, 609:17, 609:18 softening [1] - 597:25 someone [11] - 571:3, 591:3, 606:21, 614:17, 616:14, 657:5, 659:24, 660:3, 665:18, 675:16 sometime [1] - 654:8 sometimes [6] - 573:11, 598:3, 617:19, 622:23, 655:1, 664:16 somewhat [3] - 571:2, 620:14, 651:22 soon [1] - 614:11 soreness [2] - 603:6, 605:2 sorry [14] - 569:4, 569:15, 576:17, 582:20, 588:21, 595:4, 607:10, 636:24, 644:2, 648:10, 651:7, 654:11, 666:22, 667:6 sort [8] - 576:24, 578:1, 579:1, 579:3, 579:15, 580:16, 580:20, 611:4 sound [1] - 656:13 sounds [1] - 675:4 speaking [2] - 582:12, 590:10 specialist [1] - 590:19 specialties [2] - 570:12, 571:6 specialty [4] - 570:2, 572:14, 573:3, 574:5 specific [3] - 618:9, 625:21, 640:4 specifically [1] - 593:5 specifics [1] - 637:12 specified [1] - 666:20 speculating [1] - 618:12</p>	<p>speculation [1] - 618:7 spell [1] - 569:1 spelt [1] - 569:7 spinal [2] - 588:3, 674:15 spine [5] - 631:19, 631:20, 662:8, 663:15 sports [6] - 570:4, 570:15, 571:23, 573:9, 573:11, 574:15 sprain [1] - 627:20 squatting [1] - 615:25 stabilize [1] - 583:17 stand [17] - 567:23, 568:13, 582:8, 585:4, 586:17, 586:20, 588:7, 589:21, 589:22, 596:15, 596:17, 601:12, 607:15, 607:17, 616:6, 673:10 standing [4] - 568:14, 577:17, 613:14, 617:1 stands [2] - 578:23, 605:4 start [4] - 597:2, 597:6, 625:6, 676:18 started [4] - 623:7, 641:2, 641:8, 642:1 starting [2] - 571:14, 626:23 state [4] - 569:1, 632:9, 642:11, 671:13 State [1] - 571:9 statement [3] - 626:24, 634:12, 638:12 statements [1] - 662:10 stating [2] - 640:3, 663:11 stay [1] - 610:9 stayed [2] - 571:19, 571:21 step [6] - 581:15, 582:5, 587:25, 588:6, 596:8, 596:14 stepped [1] - 582:7 steps [1] - 594:19 Steven [4] - 568:3, 569:3, 569:6, 648:16 STEVEN [1] - 569:7 stiff [1] - 615:21 stiffly [1] - 594:10</p>
--	---	--	--	--

<p>stiffness [2] - 603:6, 605:2</p> <p>still [21] - 586:22, 589:17, 589:18, 590:9, 594:9, 598:4, 600:1, 600:2, 605:13, 605:17, 607:2, 634:19, 635:8, 651:9, 654:15, 654:16, 654:18, 654:21, 664:1, 664:2, 671:24</p> <p>stipulate [3] - 567:11, 587:12, 619:17</p> <p>stop [7] - 575:17, 602:11, 606:20, 664:5, 664:11, 664:21, 668:7</p> <p>stopped [2] - 588:2, 588:4</p> <p>Street [2] - 566:5, 569:11</p> <p>strength [2] - 601:22, 657:10</p> <p>stretched [2] - 598:19, 598:25</p> <p>structure [2] - 597:9, 656:23</p> <p>structures [3] - 616:19, 616:23, 649:17</p> <p>studies [2] - 604:11, 627:22</p> <p>study [2] - 570:8, 583:3</p> <p>subject [2] - 625:25, 642:21</p> <p>subjective [1] - 641:10</p> <p>Subjective [1] - 631:4</p> <p>subjects [2] - 572:18, 572:19</p> <p>subsequent [2] - 610:1, 655:3</p> <p>substitute [1] - 665:25</p> <p>successful [1] - 618:3</p> <p>suction [2] - 589:12, 597:13</p> <p>sudden [1] - 654:25</p> <p>suggest [1] - 592:25</p> <p>Suite [1] - 569:11</p> <p>summary [1] - 631:7</p> <p>SUNY [2] - 571:21, 571:22</p> <p>supplied [1] - 655:16</p> <p>support [1] - 602:15</p> <p>supposed [1] - 668:22</p> <p>Supreme [1] - 566:2</p> <p>surfaces [1] - 594:20</p> <p>surgeon [4] - 570:3, 570:25, 618:20,</p>	<p>674:15</p> <p>surgeons [1] - 611:23</p> <p>surgeries [1] - 570:23</p> <p>Surgery [1] - 573:1</p> <p>surgery [49] - 570:4, 570:15, 572:12, 577:11, 577:12, 578:11, 592:19, 593:1, 593:3, 593:9, 593:13, 596:21, 597:20, 598:5, 599:9, 599:13, 599:18, 600:9, 600:14, 601:19, 603:1, 603:5, 603:16, 604:9, 604:13, 605:22, 613:19, 614:21, 617:19, 618:11, 651:13, 653:5, 653:6, 653:10, 653:14, 653:23, 655:7, 655:17, 656:12, 656:16, 656:17, 656:19, 657:10, 657:20, 660:1, 666:10, 666:25, 667:11, 668:2</p> <p>surprise [1] - 635:18</p> <p>surrounds [2] - 597:10, 598:17</p> <p>susceptibility [1] - 616:15</p> <p>suspected [1] - 590:13</p> <p>suspicion [3] - 580:18, 627:19, 627:20</p> <p>sustained [41] - 591:17, 604:2, 605:15, 618:6, 618:8, 627:11, 628:3, 632:23, 633:3, 633:8, 633:23, 634:7, 634:16, 636:10, 636:15, 644:19, 645:14, 645:21, 648:7, 648:18, 650:11, 650:16, 650:20, 657:22, 658:9, 659:1, 659:6, 660:15, 661:18, 661:25, 662:4, 662:7, 665:20, 667:6, 667:13, 667:17, 667:22, 667:25, 668:8, 668:25, 669:6</p>	<p>sustaining [1] - 616:15</p> <p>sutures [4] - 599:1, 600:11, 601:4, 601:6</p> <p>swear [2] - 568:17, 568:20</p> <p>swelling [3] - 644:15, 646:15, 646:19</p> <p>sworn [2] - 568:15, 569:21</p> <p>symptoms [16] - 592:2, 592:22, 593:18, 593:23, 593:24, 593:25, 594:20, 604:9, 605:1, 605:17, 606:18, 609:14, 609:25, 615:9, 625:20, 641:1</p> <p>synovectomy [1] - 599:15</p> <p>synovitis [5] - 597:5, 598:9, 598:12, 598:15, 599:16</p> <p>synovium [2] - 598:9, 598:11</p>	<p>659:9</p> <p>tears [2] - 602:3, 663:5</p> <p>telehealth [1] - 633:10</p> <p>telemed [2] - 633:11, 635:12</p> <p>telemedicine [1] - 634:4</p> <p>television [2] - 587:18, 590:7</p> <p>ten [4] - 622:2, 622:3, 622:9, 646:4</p> <p>tenderness [1] - 592:10</p> <p>tendons [1] - 570:9</p> <p>term [2] - 616:10, 617:11</p> <p>terms [2] - 607:4, 659:20</p> <p>test [12] - 578:21, 578:22, 579:2, 579:24, 592:12, 594:22, 606:15, 649:10, 649:16</p> <p>testified [5] - 568:4, 569:21, 617:3, 665:13, 668:5</p> <p>testify [11] - 568:6, 568:7, 582:8, 588:8, 588:24, 596:18, 620:9, 620:12, 620:16, 623:3, 670:15</p> <p>testifying [3] - 596:23, 674:6, 674:8</p> <p>testimony [11] - 568:20, 576:5, 588:1, 588:23, 634:14, 635:7, 662:6, 670:14, 671:9, 672:7, 673:13</p> <p>testing [3] - 626:17, 627:15, 632:25</p> <p>tests [3] - 578:25, 580:19, 594:8</p> <p>THE [221] - 566:1, 566:7, 566:11, 566:13, 566:18, 566:21, 566:24, 567:2, 567:5, 567:7, 567:8, 567:11, 567:15, 567:16, 567:17, 568:6, 568:9, 568:14, 568:16, 568:17, 568:18, 568:19, 568:23, 568:24, 569:3, 569:4, 569:6, 569:8, 569:10, 569:13, 569:14, 569:16, 569:17,</p>	<p>574:16, 574:18, 575:7, 575:12, 575:19, 575:24, 576:1, 576:7, 576:14, 576:17, 581:3, 581:12, 581:20, 581:23, 582:6, 582:14, 582:18, 582:20, 584:8, 584:11, 584:14, 584:19, 584:25, 585:3, 585:10, 585:13, 586:4, 586:5, 586:9, 586:15, 586:21, 586:23, 586:24, 587:1, 587:7, 587:9, 587:12, 587:16, 587:23, 588:3, 588:9, 589:7, 590:6, 591:7, 591:17, 595:13, 595:16, 595:20, 595:22, 595:24, 596:4, 596:6, 596:11, 599:5, 600:6, 603:22, 604:2, 605:15, 607:17, 607:18, 607:21, 612:15, 612:18, 613:3, 614:20, 618:6, 618:8, 618:24, 619:1, 619:4, 619:9, 619:10, 619:14, 619:17, 619:21, 619:24, 627:11, 627:17, 628:3, 629:11, 629:14, 629:17, 629:23, 630:3, 631:14, 632:14, 632:16, 632:17, 632:23, 633:3, 633:8, 633:23, 634:7, 634:10, 634:16, 634:23, 635:1, 635:3, 636:10, 636:15, 636:22, 642:8, 642:11, 643:21, 644:2, 644:9, 644:11, 644:19, 644:22, 645:2, 645:7, 645:10, 645:21, 646:2, 646:9, 648:7, 648:18, 648:21, 648:24, 649:4, 649:7, 650:11, 650:16, 650:20, 657:22, 658:9,</p>
T				
T-O-U-L-I-O-P-O-U-L				
-O-S [1] - 569:7				
table [3] - 584:15, 606:13, 612:17				
teachings [1] - 572:8				
tear [52] - 580:18, 583:19, 583:22, 588:15, 588:18, 588:19, 589:13, 589:14, 589:15, 590:13, 593:7, 597:4, 597:22, 599:15, 602:1, 602:11, 605:23, 612:11, 613:19, 614:4, 614:7, 616:20, 616:21, 617:6, 647:21, 647:25, 648:3, 653:20, 653:24, 654:9, 654:12, 654:14, 654:20, 654:22, 655:1, 655:2, 662:10, 662:16, 663:3, 663:6, 663:10, 663:11, 663:17, 666:19, 667:1, 667:8, 667:14, 668:1, 668:3				
tearing [2] - 655:4,				

<p>659:1, 659:6, 659:12, 660:15, 660:18, 661:2, 661:18, 661:25, 662:4, 664:8, 665:1, 665:3, 665:7, 665:20, 666:2, 666:13, 666:22, 667:6, 667:13, 667:17, 667:22, 667:25, 668:7, 668:25, 669:6, 669:8, 669:11, 669:13, 669:17, 669:21, 670:3, 670:8, 670:13, 670:22, 670:25, 671:7, 671:11, 671:15, 671:18, 671:22, 672:6, 672:9, 672:11, 672:23, 673:2, 673:6, 673:25, 674:3, 674:11, 674:13, 674:21, 674:24, 674:25, 675:1, 675:5, 675:20, 675:23, 676:3, 676:6, 676:12, 676:23, 676:25</p> <p>therapist [1] - 657:6</p> <p>therapy [38] - 577:21, 590:17, 591:2, 591:4, 591:8, 591:9, 592:4, 592:23, 610:13, 610:14, 610:15, 651:1, 651:5, 651:9, 651:19, 652:6, 652:10, 652:14, 652:19, 653:2, 656:8, 656:10, 656:11, 656:16, 656:18, 656:21, 656:23, 657:3, 657:9, 657:14, 657:15, 665:13, 665:25, 666:4, 666:10, 668:14, 668:19, 669:2</p> <p>thick [1] - 583:7</p> <p>thickness [1] - 598:2</p> <p>thigh [5] - 579:18, 579:19, 579:20, 602:17, 603:7</p> <p>thinks [1] - 627:13</p> <p>thinner [1] - 579:19</p> <p>thinning [3] - 661:5, 661:10, 661:12</p>	<p>third [3] - 593:14, 594:3, 642:6</p> <p>Thomas [1] - 643:11</p> <p>thoracic [1] - 631:20</p> <p>thorough [1] - 627:3</p> <p>thousand [1] - 622:7</p> <p>thousands [2] - 574:2, 574:12</p> <p>three [11] - 578:24, 583:11, 593:22, 595:11, 595:20, 599:10, 614:22, 652:14, 652:24, 663:12</p> <p>throughout [3] - 567:19, 604:18, 615:19</p> <p>Thursday [13] - 670:6, 670:18, 671:4, 673:11, 673:16, 673:24, 674:3, 674:7, 674:22, 675:2, 676:24, 676:25</p> <p>tie [1] - 600:12</p> <p>tied [1] - 601:7</p> <p>tight [1] - 601:6</p> <p>tighten [2] - 600:10, 600:12</p> <p>tightening [1] - 598:25</p> <p>timetable [1] - 611:9</p> <p>tissue [3] - 654:18, 654:25, 655:1</p> <p>tissues [1] - 599:25</p> <p>today [14] - 567:24, 586:13, 620:20, 621:3, 622:22, 623:17, 640:11, 670:14, 670:16, 671:10, 671:14, 671:17, 671:21, 676:20</p> <p>today's [2] - 573:23, 621:7</p> <p>together [3] - 636:1, 638:7, 673:15</p> <p>tomorrow [8] - 670:4, 670:14, 670:16, 670:17, 670:18, 673:1, 675:17, 676:23</p> <p>took [1] - 639:21</p> <p>tools [1] - 657:7</p> <p>top [1] - 575:4</p> <p>topics [1] - 572:20</p> <p>topple [1] - 584:15</p> <p>torn [4] - 589:16, 593:2, 602:6, 654:14</p> <p>total [2] - 611:24, 621:21</p>	<p>Touliopolous [7] - 568:3, 570:1, 574:14, 574:18, 631:14, 645:23, 648:16</p> <p>Touliopoulos [8] - 569:6, 569:24, 575:22, 623:17, 661:4, 669:13, 669:17, 673:11</p> <p>towards [1] - 579:12</p> <p>training [1] - 571:22</p> <p>transcribed [3] - 600:17, 630:10, 662:18</p> <p>Transcription [1] - 631:4</p> <p>transferred [1] - 610:14</p> <p>transition [1] - 610:17</p> <p>trauma [13] - 573:10, 574:1, 625:20, 646:6, 647:2, 647:3, 647:10, 647:13, 647:16, 647:20, 648:3, 662:2</p> <p>traumatic [17] - 573:18, 598:19, 628:5, 642:17, 646:17, 646:21, 646:24, 647:8, 647:19, 647:22, 661:13, 662:7, 662:8, 662:9, 663:10, 663:11</p> <p>treat [6] - 604:18, 621:19, 638:15, 662:13, 663:15, 666:16</p> <p>treated [6] - 589:15, 617:16, 623:1, 624:3, 624:6, 662:14</p> <p>treating [8] - 573:20, 574:21, 618:20, 635:7, 636:19, 637:17, 655:21, 658:19</p> <p>treatment [16] - 574:24, 584:4, 590:16, 592:16, 609:10, 612:2, 615:19, 623:18, 624:24, 625:3, 625:12, 635:21, 650:21, 651:10, 651:15, 652:8</p> <p>treatments [1] - 609:14</p> <p>trial [2] - 566:3, 567:20</p>	<p>tried [1] - 592:4</p> <p>trouble [2] - 593:22, 611:2</p> <p>true [4] - 626:25, 634:2, 638:12, 662:11</p> <p>trust [1] - 627:2</p> <p>truth [3] - 568:21, 568:22</p> <p>try [8] - 652:9, 654:18, 654:24, 672:17, 673:17, 675:17, 676:4, 676:15</p> <p>trying [5] - 601:19, 635:25, 640:22, 641:21, 674:7</p> <p>Tuesday [2] - 676:9, 676:12</p> <p>turn [5] - 589:7, 602:21, 604:21, 612:20, 665:21</p> <p>turned [2] - 581:12, 641:16</p> <p>turning [3] - 598:23, 608:16, 642:21</p> <p>turns [3] - 598:23, 600:14, 600:15</p> <p>TV [1] - 581:10</p> <p>twisted [2] - 641:6, 641:16</p> <p>two [17] - 570:11, 570:20, 570:22, 571:6, 580:6, 582:9, 584:20, 584:24, 603:2, 603:11, 605:8, 618:1, 620:15, 620:17, 634:18, 672:17, 676:10</p> <p>two-part [1] - 570:20</p> <p>type [12] - 573:25, 580:12, 583:3, 583:14, 601:4, 611:18, 621:23, 633:19, 637:6, 641:22, 652:8, 654:19</p> <p>types [4] - 573:14, 583:11, 602:3, 631:9</p>	<p>uneven [1] - 594:20</p> <p>unexpected [1] - 605:18</p> <p>University [1] - 571:17</p> <p>unless [1] - 649:23</p> <p>unplug [1] - 584:14</p> <p>unrelated [1] - 574:1</p> <p>unremarkable [1] - 650:13</p> <p>unusual [1] - 617:18</p> <p>up [35] - 575:15, 579:7, 581:1, 581:2, 581:7, 581:11, 584:23, 588:14, 591:21, 594:19, 595:24, 598:20, 598:25, 600:4, 600:10, 600:12, 607:15, 607:24, 613:22, 614:15, 614:17, 646:19, 648:20, 650:3, 655:12, 663:13, 668:22, 671:5, 672:19, 673:9, 673:12, 673:17, 673:18, 674:17, 675:12</p> <p>up-in-the-air [1] - 673:9</p> <p>upper [1] - 599:8</p> <p>ups [1] - 596:2</p> <p>uses [3] - 582:18, 583:3, 583:4</p> <p>utilizing [1] - 588:1</p>
V				
<p>Valerie [2] - 600:17, 662:18</p> <p>valid [1] - 656:22</p> <p>various [3] - 572:20, 573:14, 597:25</p> <p>vary [2] - 594:9, 622:15</p> <p>vast [2] - 623:1, 638:9</p> <p>verbally [1] - 624:19</p> <p>versus [1] - 616:20</p> <p>via [3] - 577:7, 599:9, 635:12</p> <p>Vicky [1] - 630:10</p> <p>victims [1] - 573:10</p> <p>visit [37] - 578:14, 590:9, 591:18, 591:21, 591:24, 592:7, 592:15, 593:18, 594:4, 602:22, 602:23, 604:21, 606:6, 610:19, 621:7,</p>				
U				
<p>unaware [1] - 638:25</p> <p>under [3] - 577:10, 577:12, 594:1</p> <p>undergone [2] - 577:12, 603:5</p> <p>underlying [1] - 579:3</p> <p>understood [1] - 582:16</p>				

624:10, 629:13, 631:25, 632:4, 632:24, 633:10, 633:11, 634:4, 635:12, 635:17, 636:20, 639:6, 639:22, 651:5, 651:9, 651:19, 653:8, 655:19, 663:23, 664:2, 664:6 visits [5] - 594:23, 595:3, 595:5, 652:18, 657:20 voice [1] - 569:1 vs [1] - 566:4	665:8, 665:23, 668:12 witness [26] - 567:22, 568:11, 568:12, 568:17, 569:19, 582:7, 582:8, 586:19, 588:7, 589:20, 589:22, 596:17, 601:11, 613:3, 619:23, 629:10, 629:16, 630:4, 649:4, 664:24, 669:24, 670:19, 672:21, 672:25, 674:4 WITNESS [12] - 568:16, 568:23, 569:3, 569:6, 569:10, 569:16, 582:18, 586:23, 607:17, 632:16, 635:3, 669:11 witnesses [7] - 566:24, 567:2, 670:4, 670:14, 672:17, 673:1, 675:11 word [4] - 638:18, 644:15, 646:15, 652:22 words [7] - 591:4, 602:5, 611:20, 627:23, 646:13, 654:12, 675:11 worker [4] - 577:6, 610:22, 611:3, 613:22 works [1] - 572:14 world [1] - 672:16 worry [1] - 580:20 worse [1] - 606:2 worsen [1] - 616:8 wounds [1] - 572:20 wraps [1] - 602:17 written [1] - 570:21	590:19, 649:17
W		Y
wait [1] - 585:7 waiting [1] - 674:19 walk [8] - 571:13, 581:15, 601:23, 616:6, 662:12, 662:16, 663:13, 663:18 walker [1] - 610:16 walking [8] - 577:18, 593:22, 594:20, 605:8, 610:16, 611:2, 614:22, 615:25 walks [1] - 605:4 wall [1] - 612:21 watch [1] - 593:10 water [2] - 598:13, 598:14 wave [1] - 598:5 ways [1] - 641:4 weaker [2] - 616:19, 616:23 wear [1] - 655:23 wearing [5] - 616:10, 616:12, 655:16, 655:18, 668:9 week [5] - 613:23, 652:14, 652:24, 666:5, 675:3 weeks [2] - 603:2, 664:20 weight [1] - 605:3 weight-bearing [1] - 605:3 weights [1] - 657:6 white [4] - 583:19, 588:18, 588:19 whole [2] - 568:21, 645:6 wish [1] - 576:9 withdrawn [5] - 605:16, 610:4,	WITNESS [12] - 568:16, 568:23, 569:3, 569:6, 569:10, 569:16, 582:18, 586:23, 607:17, 632:16, 635:3, 669:11 witnesses [7] - 566:24, 567:2, 670:4, 670:14, 672:17, 673:1, 675:11 word [4] - 638:18, 644:15, 646:15, 652:22 words [7] - 591:4, 602:5, 611:20, 627:23, 646:13, 654:12, 675:11 worker [4] - 577:6, 610:22, 611:3, 613:22 works [1] - 572:14 world [1] - 672:16 worry [1] - 580:20 worse [1] - 606:2 worsen [1] - 616:8 wounds [1] - 572:20 wraps [1] - 602:17 written [1] - 570:21	year [14] - 592:20, 607:3, 620:14, 620:17, 621:23, 622:2, 622:4, 622:6, 625:24, 634:4, 634:18, 635:8, 651:4, 651:8 years [17] - 570:22, 572:15, 574:3, 574:25, 577:4, 578:5, 603:11, 604:18, 611:9, 611:15, 611:16, 615:8, 620:15, 620:17, 623:11, 624:9, 638:7 yesterday [1] - 670:8 York [4] - 569:11, 571:9, 572:6, 572:13 York-Presbyterian [2] - 572:6, 572:13 younger [1] - 573:14 yourself [3] - 584:22, 604:4, 618:10 yourselves [1] - 619:3
	X	Z
	x-ray [20] - 583:4, 626:6, 626:9, 626:21, 627:7, 627:19, 631:20, 648:8, 648:12, 648:23, 649:2, 649:19, 649:22, 649:24, 649:25, 650:4, 650:14, 650:18, 650:22, 653:22 x-rays [3] - 582:19,	zero [1] - 597:23 Zubiria [1] - 630:10