

1 State of Ohio,) SS:

2 County of Cuyahoga.)

3 - - -

4 IN THE COURT OF COMMON PLEAS

5 - - -

6 KEVIN & LYNN BECKER,)

7)

8 Plaintiffs,)

9)

10 v.) Case No. 307384

11)

12 RALPH E. HOLLANDER,)

13)

14 Defendant.)

15 - - -

16 THE VIDEOTAPED DEPOSITION OF WILLIAM R. BOHL, M.D.

17 WEDNESDAY, APRIL 22, 1998

18 - - -

19 The videotaped deposition of WILLIAM R. BOHL,

20 M.D., a witness, called for examination by the

21 Plaintiffs, under the Ohio Rules of Civil Procedure,

22 taken before me, Kristine M. Para, Notary Public in and

23 for the State of Ohio, pursuant to agreement of

24 counsel, at the offices of William R. Bohl, M.D.,

25 Lutheran Medical Building, 2600 Vestry Avenue, Suite

3200, Cleveland, Ohio, commencing at 1:30 p.m., the day

and date above set forth.

24 - - -

25

1 APPEARANCES

2

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11 On behalf of the Defendant Ralph Hollander:

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21

22 ALSO PRESENT

23 JIM TOROK, Mirror Image Video

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1 MR. MALIK: Let me just go
2 on, before we go on the video just to say
3 that this is the deposition of Dr. Bohl
4 taken in lieu of live testimony at trial.

5 - - -

6 WILLIAM R. BOHL, M.D.
7 a witness herein, called for examination by the
8 Plaintiffs, under the Rules, having been first duly
9 sworn, as hereinafter certified, deposed and said as
10 follows:

11 DIRECT EXAMINATION

12 BY MR. MALIK:

13 Q. Would you please state your full name for the
14 record?

15 A. William Reinard Bohl.

16 Q. And what is your profession?

17 A. I'm an orthopedic surgeon.

18 Q. And what is your business address?

19 A. 1730 West 25th Street, Suite 3200, Cleveland,
20 Ohio, 44113.

21 Q. And are you licensed to practice medicine in the
22 State of Ohio?

23 A. Yes.

24 Q. And how long have you been doing that?

25 A. Let's see, my license goes back to 1973.

1 Q. Okey. Would you explain to the jury a little
2 bit about your medical training?

3 A. After finishing college I attended medical
4 school at Case Western Reserve Medical School,
5 graduated in 1972. Then I was a surgery intern for one
6 year at University Hospitals of Cleveland, then a
7 general surgery resident for another year at University
8 Hospitals of Cleveland and then a resident in
9 orthopedic surgery for three years at the Cleveland
10 Clinic.

11 Q. And do you have a specialty today?

12 A. Orthopedic surgery.

13 a. Okay. Would you explain to the jury what
14 orthopedic surgery is?

15 A. It's a field of medicine that involves treatment
16 of conditions and injuries of bones, joints, the spine,
17 soft tissues of the extremities.

18 Q. Are you a member of any medical societies?

19 A. Yes.

20 Q. And which ones?

21 A. American Academy of Orthopedic Surgeons, the
22 Ohio State Orthopedic -- or the Ohio Orthopedic
23 Association, Cleveland Medical Society, Ohio State
24 Medical Association, Cleveland Academy of Medicine,
25 Wilderness Medical Society, Underwater Medical Society,

1 Cleveland Rheumatism Foundation, Arthritis Foundation.

2 There might be a couple others.

3 Q. Okay. And are you a member of any hospital
4 staffs?

5 A. Yes.

6 Q. Which ones?

7 A. Lutheran Hospital, St. Vincent Charity Hospital,
8 Deaconess Hoppital, St. Alexis Hospital, Mt. Sinai
9 Hospital.

10 Q. Are you Board certified?

11 A. Yes.

12 Q. Would you please explain to the jury what Board
13 certification is?

14 A. An orthopeodic surgeon, to become Board
15 certified, you have to complete an approved residency
16 program, you have to get recommendations from --
17 actually, it turned out to be the heads of five
18 different departments at every hospital you go to, so
19 that was about 20 recommendations. You have to pass --
20 you have to be in practice in one location, exclusively
21 orthopeodic surgery for at least a year, and you have
22 to pass written and oral examinations in orthopedic
23 surgery.

24 Q. And just for the record where did you do your
25 undergraduate work?

1 A. Oberlin College.

2 Q. Did you have an occasion to treat the plaintiff
3 in this case, Kevin Becker?

4 A. Yes.

5 Q. And can you tell me how it came about that you
6 began treating him?

7 A. Okay. I'm referring to office notes from our
8 office. Mr. Becker was referred to me by Dr. Robert
9 Blankfield for evaluation of a back problem.

10 Q. Okay. And when was that?

11 A. I first saw him July 12, 1996.

12 Q. And when you saw him did you take a history and
13 perform a physical?

14 A. Yes.

15 Q. Can you tell us what the history and physical
16 revealed?

17 A. First of all, I read over some of Dr.
18 Blankfield's notes which are kind of extensive and
19 difficult to read. My own notes state that he was
20 struck by an automobile January 1996 while at work and
21 thrown onto the hood of a car. He was complaining of
22 pain in his back for a couple -- well, actually a
23 couple days later he began having increased pain in his
24 back which then radiated to his right leg all the way
25 down to his foot.

1 He then also stated he had another injury where
2 he had fallen off a motorcycle at work in May and that
3 that had worsened the pain. He said that the pain was
4 persistent. That's all I have in the way of history.

5 Q. Okay. In terms of a physical, did you perform a
6 physical?

7 A. Yes.

8 Q. And can you tell us what that revealed?

9 A. On examining his back there was tenderness in
10 the lower midline of his back, as well as over the
11 sacroiliac joint and the right sciatic notch which is
12 opposed to your hip area. He was able to bend forward
13 100 degrees and backwards 20 degrees.

14 Q. Okay.

15 A. He had some weakness of the muscles on the right
16 side with -- well, let's see. Actually, no weakness
17 that you could distinguish by manual testing, but if
18 you measured it he had a half inch of calf atrophy on
19 the right side. He had limited straight leg raising on
20 the left side.

21 Q. In laymen's terms what did you find?

22 A. Some tenderness in his lower back and a little
23 weakness in his right leg.

24 Q. Okay. Taking into consideration the two
25 accidents were you able to determine whether or not any

1 of those accidents had an impact on his condition?

2 MR. ROCHE: Object.

3 MR. SCHENK: Objection.

4 A. By history, yes.

5 Q. Okay. Now, did Mr. Becker present to you with
6 any spinal deformity?

7 A. He had some x-rays that I reviewed.

8 Q. M-hm. Okay. And did he have a condition known
9 as spondylolisthesis?

10 A. Yes.

11 Q. And would you explain to the jury what that is?

12 A. There's two types of spondylolisthesis. What a
13 spondylolisthesis is, using the model, is where the
14 body of one vertebrae slips forward on the body of the
15 other through the disc space.

16 The variety Mr. Becker had is shown in this
17 particular model, where in a portion of the vertebrae
18 called the pars interarticularis, instead of bone
19 there's fibrous tissue and so the vertebrae isn't held
20 back and the vertebrae is allowed to slip forward
21 because of that.

22 The other variety is due to arthritis in the
23 facet joints and that wasn't what he had.

24 Q. Okay. What are the ways in which a person can
25 develop spondylolisthesis?

1 A. Probably the most frequent cause is a stress
2 fracture of the pars interarticularis, of the bone, and
3 you see that most often in people who do a lot of
4 backward bending such as gymnasts. You see it in
5 football players who are in the front line who are
6 blocking a lot and getting their back hyperextended.
7 Sometimes you see it in runners due to the rotation of
8 their pelvis.

9 The other mechanism is traumatic where somebody
10 has a severe enough injury to crack the bone across
11 that level. Once you have the boney defect, then the
12 slip can occur.

13 Q. Were you able to determine when Mr. Becker
14 developed this condition?

15 MR. ROCHE: Object.

16 A. No.

17 Q. Okay. Can you tell me to a reasonable degree of
18 medical certainty whether or not the injury, the
19 spondylolisthesis, is consistent with the accidents
20 that took place in January and May?

21 MR. SCHENK: Objection.

22 A. From some x-rays I had seen from earlier, the
23 spondylolisthesis itself, which is the slip with the
24 defect, existed before the accidents.

25 Q. Okay. Can you tell me to a reasonable degree of

1 medical certainty whether or not the first accident or
2 the second accident or both accidents aggravated the
3 condition so as to cause him pain?

4 A. By history it appears more likely than not that
5 both accidents aggravated the condition.

6 (Thereupon, Plaintiff's Exhibit A to
7 the deposition of William R. Bohl, M.D.
8 was marked for identification.)

9 BY MR. MALIK:

10 Q. Handing you what I'm marking as Exhibit A, can
11 you tell me what that is?

12 A. This appears to be a sort of a schematic diagram
13 showing the condition of spondylolisthesis.

14 Q. Okay. Does that fairly and accurately represent
15 spondylolisthesis?

16 A. It represents one variety of it.

17 Q. Does it represent the variety Mr. Becker had?

18 A. It doesn't appear to. It appears to be more
19 consistent with the degenerative variety because you
20 don't see the defect in the vertebrae.

21 Q. Okay. But in both varieties there's a vertebrae
22 that slips forward, correct?

23 A. Yes.

24 Q. Okay. So to the extent that that shows a
25 vertebrae slipping forward, it indicates a condition

1 that Mr. Becker had?

2 A. Yes.

3 MR. MALIK: Okay.

4 (Thereupon, there was a recess.)

5 BY MR. MALIK:

6 Q. Doctor, what were Mr. Becker's complaints to
7 you, if any?

8 A. Pain in his lower back, pain down his right leg.

9 Q. Okay. Were you able, based upon your history
10 and examination, to render a diagnosis?

11 A. Yes.

12 Q. And what is that diagnosis?

13 A. Spondylolisthesis at -- grade one
14 spondylolesthesis at L-5, S-1 with sciatica.

15 Q. When you say grade one what do you mean?

16 A. Spondylolisthesis comes in grades. A grade one
17 is 25 percent or less slip of the vertebrae on the
18 lower vertebrae. A grade two is 25 to 50 percent, and
19 then it goes up to grade five which involves the whole
20 vertebrae falling off.

21 Q. And when you say sciatica what do you mean?

22 A. Sciatica is a symptom. It's an irritation or --
23 an irritation or compression of the components of the
24 sciatic nerve and what you feel is pain radiating down
25 the leg to at least the calf area.

1 Q. If I give you the definition that objective
2 means things that you could see and feel yourself and
3 subjective means what the patient tells you, did Mr.
4 Becker have any objective signs of spondylolesthesis?

5 A. Yes.

6 Q. And what were those?

7 A. The x-ray.

8 Q. And what were his subjective complaints to you?

9 A. Pain.

10 Q. Okay. Have you had the opportunity to examine
11 patients with this condition before?

12 A. Yes.

13 Q. Have you had the opportunity to determine
14 whether or not in your medical experience they were
15 telling you the truth or they were faking?

16 MR. ROCHE: Object.

17 A. I've had the opportunity to try and determine
18 that.

19 Q. Okay. Did you have any reservations that Mr.
20 Becker was telling you anything but the truth?

21 A. No.

22 Q. Did you prescribe any drugs for Mr. Becker?

23 A. I don't believe so.

24 Q. Did you make any surgical recommendations?

25 A. I discussed surgery or I discussed the various

1 options with him for a bit, and based on the
2 persistence of his symptoms I suggested that if he
3 wanted to try and resolve what he had that surgery
4 would be necessary.

5 Q. And what kind of surgery would that be?

6 A. It would be removal of the protruding disc that
7 he had at the L-5, S-1 level and a fusion from the
8 fourth lumbar vertebrae to the sacrum.

9 Q. And when you say a fusion what do you mean?

10 A. What you try and do is form one massive bone out
11 of those three components of the spine. It involves
12 going in -- this would normally be a posterior fusion
13 -- involves going in, removing the joints and laying
14 down bone graft that you usually get from a part of the
15 pelvis in back and then wearing a brace until that all
16 became one big, solid mass of bone.

17 Q. Are there any -- is there any hardware
18 associated with that operation?

19 A. There can be. Usually in a two-level fusion for
20 spondylolisthesis it's not necessary.

21 Q. Okay. Did you prescribe any physical therapy
22 for Mr. Becker?

23 A. There are physical therapies I usually prescribe
24 for this, but I don't have any note that I did.

25 Q. In terms of the mechanics of pain why does

1 somebody feel pain from this kind of condition?

2 A. Two reasons; one is the instability. You've --
3 in this spondylolisthesis you don't have the facet
4 joints and there is a segment of the spine that really
5 is unattached to the rest of the spine except through
6 joints, and that can be painful. The other is with
7 enough slippage of one vertebrae on the other there can
8 be traction on the nerves that go over that level. And
9 that's usually what's -- well, actually in his case,
10 the sciatica can either be due to the slippage or a
11 ruptured disc pushing up under the nerve root, and he
12 had what looked like some degree of disc protrusion on
13 his MRI.

14 Q. Okay. Was the disc protrusion something that
15 you could tell us was a result of the accident, or
16 something that existed before?

17 MR. ROCHE: Objection.

18 A. You couldn't tell.

19 Q. In terms of the pain, can you tell us whether or
20 not it was a dull ache, or can you tell us if it
21 generated sharp pains or both; are you able to
22 characterize the kind of pain from this injury?

23 A. It has a character. I didn't characterize it.

24 Q. Typically, though.

25 A. Typically it's not a sharp pain. It's usually a

1 dull to burning pain down the back of the leg.

2 Q. Okay. How many times did you see Mr. Becker?

3 A. Twice.

4 Q. And, again, that was at the request of Dr.

5 Blankfield, I believe?

6 A. Yes. Well, the second time was just for a
7 follow-up, but the initial time was at the request of
8 Dr. Blankfield.

9 Q. Assume that Mr. Becker would not have had an
10 operation, what would his prognosis have been?

11 MR. ROCHE: Object.

12 a. You can't say for sure. He could have become
13 totally asymptomatic, or he could have gotten worse,
14 anywhere in between.

15 Q. And what are the benefits of having the
16 operation?

17 A. You remove the disc that appears to be causing
18 at least some irritation of the nerve root and you
19 stabilize the lower part of the spine.

20 Q. Did you charge Mr. Becker for your services?

21 A. Yes.

22 Q. Do you recall what your charges were?

23 A. I see an \$80.00 charge for the first visit and a
24 \$35.00 charge for the second visit.

25 Q. Okay. Are those charges reasonable, necessary

1 and a direct result of the accidents?

2 A. Yes.

3 MR. MALIK: Okay. I have
4 nothing further at this time.

5 - - -

6 CROSS-EXAMINATION

7 BY MR. ROCHE:

8 Q. Dr. Bohl, my name is Pat Roche and I represent
9 one of the two defendants in this case, a fellow by the
10 name of Schwartz.

11 As I understand your testimony, first of all,
12 Mr. Becker, before he was involved in either one of
13 these accidents had the condition that you have
14 described as spondylolisthesis, correct?

15 A. I believe so.

16 Q. All right. And do you have an opinion in this
17 case as to whether that was caused by some other
18 accident in Mr. Becker's past or it was there since
19 birth or from some other cause?

20 MR. MALIK: Objection.

21 A. I can only say it's usually from some cause
22 other than the two you mentioned.

23 Q. Okay. Did you know whether or not Mr. Becker
24 had been involved in any other accidents other than the
25 one in January of '96 and the one in May of '96?

1 A. No.

2 Q. Had he ever told you that he was involved in a
3 motorcycle accident in **1993**?

4 A. He may have.

5 Q. Do you recall him telling you that he was
6 involved in an accident, he broke three -- excuse me,
7 he broke seven of his ribs in a motorcycle accident?

8 A. I don't recall him telling me that, no.

9 Q. Okay. Now --

10 A. I probably knew it at the time because it's part
11 of the chart.

12 Q. Okay. Did you review any of the imaging films
13 or records from that accident to determine whether or
14 not that may have caused or contributed to the
15 spondylolesthesis?

16 A. Just prior to everybody coming in here I was
17 shown some x-rays from **1993** of the lumbar spine and
18 that's how I knew that he had the spondylolesthesis at
19 that time.

20 Q. So he had it as early as 1993?

21 A. Yes.

22 Q. Okay. You also found in your studies of this
23 case, I guess from an MRI, that he had a bulging disc,
24 correct?

25 A. Yes.

1 Q. And the bulging disc was caused by the
2 spondylolisthesis; was it not?

3 A. Well, you can't say how it was caused.
4 Sometimes with spondylolesthesis you have a bulging
5 disc and sometimes you don't.

6 Q. Okay. But it's not uncommon to find a bulging
7 disc in patients that have spondylolesthesis; is that
8 right?

9 A. It's not uncommon, no.

10 Q. All right. And in any event you have no opinion
11 today as to whether or not the bulging disc was caused
12 either by the accident of January 8, 1996 or the
13 accident of May 23rd, 1996; is that right?

14 A. That's right.

15 Q. Okay. Now, if you had said that the patient had
16 -- I think you said one-half inch calf atrophy on the
17 right side, right?

18 A. That's what I measured, yes.

19 Q. And that was in July of 1996?

20 A. Yes.

21 Q. Is that right?

22 Do you know whether or not he had complained to
23 any other of your medical associates about problems
24 with his right leg before you saw him? And I'll refer
25 you to a note of February 8, 1996. And I'm referring

1 just about to the middle of the page where it says CO,
2 complaint of.

3 A. Yes. It says here midline low back pain
4 radiates right buttock, right posterior thigh and
5 anterior thigh.

6 Q. And radiates means the pain --

7 A. Goes downward.

8 Q. Goes downward.

9 A. Towards that area.

10 Q. Is it not consistent with your findings of
11 atrophy that he would have had complaints in that right
12 leg area as early as February of 1996?

13 A. He could have.

14 Q. Do you have an opinion as to whether or not the
15 atrophy was caused by either one of these motorvehicle
16 accidents or by some event in Mr. Becker's past?

17 A. Actually, you can't say for sure what caused the
18 atrophy.

19 Q. Okay.

20 A. It can be caused by persistent pain and favoring
21 them.

22 Q. Now, the medical cause, would you agree with me,
23 of the surgery that was eventually had here, and that
24 surgery was done by another physician, is that right,
25 or was it done by you? I don't know.

1 A. Oh, I didn't even know he'd had surgery.

2 You mean for his back?

3 Q. Yes.

4 A. No, I didn't realize he'd had surgery for his
5 back.

6 Q. Well, if he does or did have surgery you would
7 agree the cause of that surgery based on your findings
8 would have been the spondylolisthesis, the bulging disc
9 and complaints of pain radiating down his leg, right?

10 A. Well, that's why I would have done surgery on
11 him.

12 Q. Okay. And you have no opinion as to whether or
13 not any of those conditions are related to either the
14 motorcycle accident of January 8, 1996 or the
15 motorcycle accident of May 23rd, 1996; am I right?

16 A. What do you mean by related?

17 Q. Well, I would like to know whether or not --

18 A. I think the spondylolisthesis was there. I
19 don't know whether the disc was there.

20 Q. Right.

21 A. And you don't do surgery for the condition, you
22 do surgery because the condition is symptomatic,
23 because frequently, in fact, probably more often than
24 not, the spondylolisthesis is not symptomatic.

25 Q. Did you find anything in your examination of

1 this patient or his imaging films to indicate that his
2 physical condition in the low back, the physical
3 condition of his spine and related tissues was changed
4 in any way by what happened to him on May 23rd, 1996,
5 the second motorcycle accident?

6 A. No.

7 MR. ROCHE: All right.

8 That's all I have. Thank you very much.

9 - - -

10 BY MR. SCHENK:

11 Q. Doctor, my name is Jeff Schenk and I represent
12 Ralph Hollander in this lawsuit. I do want to ask you
13 a couple of questions about your treatment of Mr.
14 Becker.

15 My understanding is, and you've testified, that
16 you first saw him in July of 1996, correct?

17 A. Yes.

18 Q. And it's your understanding that he had
19 previously been treating with Dr. Blankfield, correct?

20 A. Yes.

21 Q. And it's your understanding that he was involved
22 in two separate accidents prior to seeing you, at least
23 two separate accidents prior to seeing you?

24 A. He told me about at least two, yes.

25 Q. Okay. And did he tell you that both of those

1 accidents occurred while he was in the course of his
2 employment?

3 A. Yes.

4 Q. And did he -- **so** am I to understand that he had
5 an accident in January of 1996; is that your
6 understanding?

7 A. Yes.

8 Q. And that after that time that he had seen Dr.
9 Blankfield; is that correct?

10 A. Well, he had seen Dr. Brightman after that -- **or**
11 Blankfield after that accident, yes.

12 Q. Okay. And is it your understanding that the
13 second accident which is involved in this lawsuit
14 occurred in May of 1996?

15 A. Yes.

16 Q. And so is it your understanding that he had
17 returned to work after that initial accident in January
18 of 1996?

19 A. Well, you would assume that if he got injured at
20 work that he had returned to work.

21 Q. Okay. And did Mr. Becker indicate to you
22 following the January accident how frequent he had any
23 indication of pain in his lower back or in the right
24 buttocks?

25 A. **No.**

1 Q. If I could, Doctor, and if you could turn to the
2 February 8th, 1996 note of Dr. Blankfield, and it would
3 be on the second page, the following page at the top,
4 right underneath the name Kevin Becker, can you read
5 what that note indicates?

6 MR. MALIK: Whose note is it?

7 MR. SCHENK: I believe it's
8 Blankfield's.

9 MR. MALIK: Objection.

10 A. Spondylolisthesis L-5, S-1, chronic back pain
11 from remote rib fracture, minimal spondylolisthesis,
12 lateral epicondylitis.

13 Q. And next to that note before it begins it says
14 A-S-S, am I to understand, would that mean assessment?

15 A. Yes.

16 Q. Okay. What does assessment mean?

17 A. It's the same as impressions.

18 Q. Did you have any understanding as to whether or
19 not Mr. Becker had a rib fracture in the January 1996
20 motor vehicle accident?

21 A. Well, it says remote rib fracture, so presumably
22 not.

23 Q. Okay. So remote would be prior to, a month
24 before; would that be fair?

25 This note is from February of 1996 and if one of

1 the accidents was involving a January 1996 accident --

2 A. Well, let's see, we already brought up the
3 history of a rib fracture in **1993**, so I'm assuming
4 that's the rib fracture they're referring to.

5 MR. SCHENK: Okay. Thank
6 you, Doctor. I don't have any other
7 questions.

8 - - -

9 REDIRECT EXAMINATION

10 BY MR. MALIK:

11 Q. Doctor, that note that you just read doesn't
12 indicate the location of that specific type back pain,
13 does it?

14 A. Doesn't -- well, let's see, the impression
15 doesn't. On the back -- or on the exam the tenderness
16 is in the right flank and posterior rib area.

17 Q. Okay. In the rib area, that's different than
18 the low back?

19 A. Well, it says right flank and posterior rib.
20 Well, actually, I can't tell for sure. It says tender
21 right flank and then there's an and -- I don't know
22 whether this is an and or an or, or it could be an on,
23 and then it says posterior rib.

24 Q. Okay. And that's not your note, is it?

25 A. No.

1 Q. Okay. Mr. Roche asked you a question whether or
2 not you saw any changes, I believe, in his condition on
3 x-ray or objectively speaking. In order to have a
4 change in symptoms would you expect that that's
5 something that would necessarily show up on an x-ray?

6 A. No.

7 Q. So then Mr. Becker -- Mr. Becker's injuries and
8 pain could have been there without showing up on any
9 type of x-ray?

10 A. Yes.

11 Q. Okay. Thank you.

12 A. Or at least as a change on any x-ray.

13 MR. MALIK: M-hm. Thank
14 you.

15 MR. ROCHE: Doctor, the
16 only one I have --

17 MR. TOROK: Sorry, mike
18 again.

19 MR. ROCHE: You can hear
20 me, can't you?

21 MR. TOROK: I'll turn it
22 up.

23 - - -

24

25

RECROSS-EXAMINATION

2 BY MR. ROCHE:

3 Q. The only question I have is regarding this note
4 on February 8, 1996 that you reviewed before, whether
5 the pain was in the rib area or somewhere else in the
6 back.

7 Does that note not say C/O complain of
8 something, **LBP**, and then a little wavy line, **L-4**;
9 doesn't that mean low back pain about **L-4**?

10	A. Yes.
----	---------

11 Q. And isn't L-4 a vertebrae in the low back?

12 A. Yes, but sometimes they're referring to pain in
13 an L- distribution of the leg, too.

14	Q.	Okay. LBP.
----	----	------------

15	A. Yes, low back pain.
----	------------------------

16 Q. So the pain was in the low back, right?

17	A.	Yes.
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18 MR. ROCHE: Thank you.

19 A. Well, That's what the note says. I don't know
20 how Dr. Blankfield interpreted it.

21 MR. ROCHE: All right. Thank
22 you.

23 — — —

1 REDIRECT EXAMINATION

2 BY MR. MALIK:

3 Q. Not to split hairs too much because the jury has
4 a couple of these videos to see so I want to be quick,
5 but you can have different types of low back pain from
6 different types of injuries, correct?

7 A. Yes.

8 Q. In other words, you could have one type of pain
9 from broken ribs and another type of pain from
10 spondylolisthesis?

11 A. Yes. Well, actually, broken ribs usually don't
12 give you low back pain.

13 MR. MALIK: Okay. Thank
14 you. I have nothing else.

15 MR. ROCHE: Nothing
16 further.

17 MR. SCHENK: Nothing.

18 MR. TOROK: Doctor, you
19 have the right to review this videotape in
20 its entirety --

21 THE WITNESS: I'll waive it.

22 MR. TOROK: Can we also
23 have the stipulation between counsel that
24 Mirror Image Video remain custodian of
25 this video tape until it's time of

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playback at trial?

MR. MALIK: I agree.

MR. SCHENK: Yes.

- - -

(DEPOSITION CONCLUDED.)

(SIGNATURE WAIVED.)

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1 CERTIFICATE

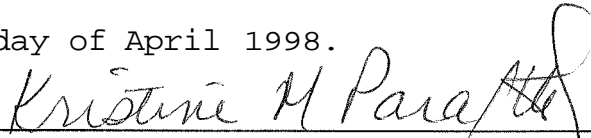
2 State of Ohio,) SS:
County of Cuyahoga.)

3 I, Kristine M. Para, a Notary Public within and
4 for the State of Ohio, duly commissioned and qualified,
5 do hereby certify that the within-named witness,
6 WILLIAM R. BOHL, M.D., was by me first duly sworn to
7 tell the truth, the whole truth and nothing but the
8 truth in the cause aforesaid; that the testimony then
9 given by him as reduced to stenotypy in the presence of
10 said witness, and afterwards transcribed by me through
11 the process of computer-aided transcription, and that
12 the foregoing is a true and correct transcript of the
13 testimony so given by him as aforesaid.

14 I do further certify that this deposition was
15 taken at the time and place in the foregoing caption
16 specified.

17 I do further certify that I am not a relative,
18 employee or attorney of either party, or otherwise
19 interested in the event of this action.

20 IN WITNESS WHEREOF, I have hereunto set my hand
21 and affixed my seal of office at Cleveland, Ohio, on
22 this 29th day of April 1998.

23 
24 Kristine M. Para, Notary Public
25 in and for the State of Ohio.
My Commission expires November 29, 2000.