

**In The Matter Of:**

*Herbert D. Dawson, et al. v.  
Medina General Hospital, et al.*

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*A. Lawrence Cervino, M.D.  
August 23, 2001*

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*Original File 010823AC.ASC, 46 Pages  
Min-U-Script® File ID: 3037672167*

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[1] IN THE COURT OF COMMON PLEAS  
[2] MEDINA COUNTY, OHIO  
[3] HERBERT D. DAWSON, et al.,  
[4] Plaintiffs,  
[5] -vs- CASE NO. 01 CIV 0166  
[6] MEDINA GENERAL HOSPITAL,  
[7] et al.,  
[8] Defendants.  
[9]  
[10] Deposition of A. LAWRENCE CERVINO, M.D.,  
[11] taken as if upon cross-examination before Aneta  
[12] I. Fine, a Registered Merit Reporter and Notary  
[13] Public within and for the State of Ohio, at the  
[14] offices of Crystal Clinic, 3975 Embassy Parkway,  
[15] Akron, Ohio, at 6:30 p.m. on Thursday, August 23,  
[16] 2001, pursuant to notice and/or stipulations of  
[17] counsel, on behalf of the Defendant, Manuel C.  
[18] Abellera, M.D., in this cause.  
[19]  
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(216) 687-1311,  
[18] On behalf of the Defendant  
[19] Jeffrey R. Kontak, M.D.  
[20]  
[21]  
[22]  
[23]  
[24]  
[25]

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[1]  
[2] (Thereupon, Defendant's Exhibit 1  
[3] was marked for purposes of identification.)  
[4]  
[5] **A:** LAWRENCE CERVINO, M.D., of lawful  
[6] age, called by the Defendant, Manuel C. Abellera,  
[7] M.D., for the purpose of cross-examination, as  
[8] provided by the Rules of Civil Procedure, being  
[9] by me first duly sworn, as hereinafter certified,  
[10] deposed and said as follows:  
[11] CROSS-EXAMINATION OF A. LAWRENCE CERVINO,  
[12] M.D.

[13] **BY MS. LOESEL:**

[14] **Q:** Dr. Cervino, my name is Pam Loesel and I  
[15] represent Dr. Abellera in this case and I thank  
[16] you for coming today. And I first need to know  
[17] if you've ever been deposed —  
[18] **A:** Yes.  
[19] **Q:** — in the past. Okay. Since you have been  
[20] deposed I'll just briefly go through some of the  
[21] things I need you to do as far as the taking of  
[22] this deposition.  
[23] I'll be asking you several questions and the  
[24] court reporter is going to be documenting your  
[25] responses. If I ask you any no or yes types of

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[1] questions, I do need you to respond verbally.  
[2] **A:** Correct.  
[3] **Q:** So that the court reporter can get that  
[4] information down. Also if I ask you a question  
[5] that's unclear I will ask that you please ask me  
[6] to restate the question, to rephrase the question  
[7] and let me know that the question is unclear.  
[8] Will you do that for me?  
[9] **A:** Yes.  
[10] **Q:** Okay. And if you do not ask me to rephrase a  
[11] question then I will assume that you've  
[12] understood the question and will proceed to  
[13] answer, correct?  
[14] **A:** Correct.  
[15] **Q:** And the last thing is if you need me to stop or  
[16] take a break, if you get paged and need to  
[17] respond to a call, please let me know, we'll stop  
[18] and let you go ahead and take care of what you  
[19] need to, okay?  
[20] **A:** Correct.  
[21] **Q:** Okay. I'll try to be as brief as possible. I  
[22] know we're all on tight schedules.  
[23] First off, can you state your name for the  
[24] record, please?  
[25] **A:** Lawrence Cervino.

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[1] **Q:** And what is your current work address?  
[2] **A:** Crystal Clinic, Embassy Parkway.  
[3] **Q:** And what is the address?  
[4] **A:** Akron — 3975.  
[5] **Q:** Okay.  
[6] **A:** Embassy Parkway, Akron.  
[7] **Q:** And is that your only office?  
[8] **A:** I have satellite offices.  
[9] **Q:** And where are those located?  
[10] **A:** Medina, Wooster and Alliance.  
[11] **Q:** And what percentage of your time do you spend in  
[12] the Akron office?  
[13] **A:** 50 percent.  
[14] **Q:** Okay. And the Medina office?  
[15] **A:** 20 percent.  
[16] **Q:** Okay. And what about Wooster and Alliance?  
[17] **A:** 20 percent in Wooster, and 10 percent, Alliance.  
[18] **Q:** Okay. And what is your profession?  
[19] **A:** Plastic surgery.  
[20] **Q:** Okay. And are you Board-certified?  
[21] **A:** Yes.  
[22] **Q:** In any specialty?  
[23] **A:** Yes.  
[24] **Q:** And what areas are you Board-certified in?  
[25] **A:** I have Board-certification in general surgery

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[1] which was a prerequisite when I trained for  
[2] plastic surgery. Plastic and reconstructive  
[3] surgery and hand surgery. Reconstructive hand  
[4] surgery.  
[5] **Q:** Now, those are three separate certifications  
[6] then, is that correct?  
[7] **A:** Correct.  
[8] **Q:** Okay. What area of practice do you spend most of  
[9] your time in?  
[10] **A:** I have a varied practice but I would say  
[11] one-third is hand.  
[12] **Q:** And that would be reconstructive hand surgery?  
[13] **A:** Correct. Acute and reconstructive.  
[14] **Q:** Okay. And by acute, what do you mean?  
[15] **A:** Injuries. Hand injuries and secondary  
[16] reconstruction.  
[17] **Q:** Okay. And your reconstructive work on the hand  
[18] would be what type of work?  
[19] **A:** It's —  
[20] **Q:** Primarily plastic surgery?  
[21] **A:** Everything, bone, joint, tendon, nerve,  
[22] reconstruction in addition to soft tissue  
[23] reconstruction.  
[24] **Q:** Okay.  
[25] **A:** It's a very broad field. There's a three volume

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[1] book just on reconstructive hand surgery. It  
[2] includes Congenital Hand, which are birth  
[3] defects, Traumatic Hand, tumors in the hand.  
[4] Traumatic Hand is unquestionably the largest  
[5] because this involves tendon reconstruction, bone  
[6] reconstruction and nerve reconstruction.  
[7] Q: Now, you said this was approximately one-third of  
[8] your work. What are the other two thirds of your  
[9] work?  
[10] A: One third may be skin tumors, cancers.  
[11] Q: And would this be specifically located on the  
[12] hand again?  
[13] A: No. Anywhere in the body.  
[14] Q: And the other third?  
[15] A: Would be a combination of reconstructive surgery  
[16] for post-traumatic defects from injury, breast  
[17] reconstruction, some cosmetic surgery.  
[18] Q: So the other third would consist of all of those  
[19] areas?  
[20] A: All of those, right.  
[21] Q: Are you licensed in the State of Ohio?  
[22] A: Yes.  
[23] Q: And any other state?  
[24] A: No.  
[25] Q: And are you currently part of a partnership or a

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[1] solo practitioner?  
[2] A: Partnership.  
[3] Q: And your partnership is with whom?  
[4] A: Dr. Wells, W-EL-L-S, and Dr. Pennington,  
[5] P-E-N-N-I-N-G-T-O-N.  
[6] Q: And what is the name of your group?  
[7] A: Crystal Plastic Surgeons.  
[8] Q: And how long have you been with this group?  
[9] A: I've had Crystal Plastic Surgeons for the last 12  
[10] years.  
[11] Q: And where were you prior to that?  
[12] A: Individual private practice, primarily based at  
[13] Children's Hospital in Akron.  
[14] Q: And was your work at Children's Hospital just  
[15] with children?  
[16] A: No.  
[17] Q: Or were you also working with adults at that  
[18] time?  
[19] A: Adults and children.  
[20] Q: What percentage of your current practice is  
[21] children versus adults?  
[22] A: Oh, ten percent children only.  
[23] Q: Okay. And where did you attend medical school?  
[24] A: Columbia University, New York.  
[25] Q: And when did you graduate?

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[1] A: 1964.  
[2] Q: And where was your internship and residency?  
[3] A: I interned at Case Western Reserve, University  
[4] Hospital, and did residency in general surgery at  
[5] the University of Pittsburgh. I did plastic  
[6] surgery residency at the University of Rochester  
[7] in Rochester, New York, and I did a  
[8] reconstructive fellowship in hand surgery at  
[9] Wayne State University in Detroit.  
[10] Q: Where are your hospital staff privileges at?  
[11] A: At all the Akron hospitals except Cuyahoga Falls.  
[12] Q: And by all Akron hospitals, are you saying Akron  
[13] General and Summa?  
[14] A: Akron General, Summa, Barberton, Children's.  
[15] Also on the staff at Medina, Wooster, Wadsworth  
[16] and Alliance.  
[17] Q: Okay. Are these all full privileges or courtesy  
[18] privileges?  
[19] A: I'm courtesy privilege at Wooster but full  
[20] privileges at all other hospitals.  
[21] Q: Okay. Have you published anything —  
[22] A: Yes.  
[23] Q: — Dr. Cervino. And I don't think Murray had  
[24] requested a copy of a CV.  
[25] A: We'd be happy to forward it to you.

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[1] Q: Would you, please? I'd appreciate that.  
[2] Do you do any teaching?  
[3] A: Yes. An associate professor.  
[4] Q: At what school?  
[5] A: Northeast Ohio University College of Medicine.  
[6] Q: And what do you teach there?  
[7] A: Anatomy, and I teach residents in plastic surgery  
[8] here under the umbrella of the university.  
[9] Q: So you would have a resident here working in your  
[10] office with you?  
[11] A: Yes.  
[12] Q: And supervise that resident?  
[13] A: Today I had a medical student in my office who  
[14] happened to be from Case Western Reserve but he's  
[15] with me for the month.  
[16] Q: Okay. So you also do some work with Case along  
[17] with NEOUCOM?  
[18] A: Correct.  
[19] Q: You provided me with a copy of your medical  
[20] record of Mr. Herbert Dawson who is the plaintiff  
[21] in this case. I'm going to hand you this copy,  
[22] Dr. Cervino, and ask you to look at it briefly,  
[23] and identify that for me as a copy of your  
[24] medical record of Mr. Dawson.  
[25] A: It appears to be a medical record, correct.

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[1] Q: Okay. And we've marked that as Defendant's  
[2] Exhibit No. 1.  
[3] A: Sure.  
[4] Q: Is there, this is a complete copy of your chart  
[5] then?  
[6] A: I'd have to look at my chart. I believe it is.  
[7] Q: Okay. I will hand you your chart so you can look  
[8] through it and verify that for me.  
[9] A: It is my chart except for the correspondence  
[10] regarding this deposition.  
[11] Q: Okay. And how many letters did you have with  
[12] regards to the deposition in your chart.  
[13] A: Three letters. Correct. Four letters.  
[14] Q: Okay. Your chart includes some records that are  
[15] not records that you generated, is that correct?  
[16] A: Correct.  
[17] Q: Okay. And what would those records include that  
[18] you've received from outside hospitals or  
[19] physicians' offices?  
[20] A: They would be copy of nerve conduction studies  
[21] ordered by Dr. Kontak in Wadsworth.  
[22] Q: And that would be the only other piece of  
[23] information?  
[24] A: Medical information, correct.  
[25] Q: Okay. Do you have any records from hospitals?

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[1] A: No.  
[2] Q: At all. Okay. Did you review that study from  
[3] Dr. Kontak prior to seeing Mr. Dawson?  
[4] A: I can't recall.  
[5] Q: Okay. So you don't know when that record  
[6] arrived?  
[7] A: I have no idea.  
[8] Q: And when it was placed into your chart?  
[9] A: That's correct.  
[10] Q: When did you first see Mr. Dawson as a patient?  
[11] A: December 12th — I'm sorry, December 20th, 1999.  
[12] Q: And who referred Mr. Dawson to you?  
[13] A: Dr. Kontak.  
[14] Q: And who is Dr. Kontak?  
[15] A: He's a primary care physician with offices on  
[16] High Street in Medina. I'm sorry, in Wadsworth.  
[17] Q: Have you had other referrals from Dr. Kontak in  
[18] the past, Dr. Cervino?  
[19] A: Yes.  
[20] Q: And did you have a conversation with Dr. Kontak  
[21] prior to seeing Mr. Dawson as a patient?  
[22] A: I can't recall.  
[23] Q: Okay. So you don't recall if he verbally gave  
[24] you any history about Mr. Dawson?  
[25] A: That's correct.

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[1] Q: Okay. Now, when you see a patient, Dr. Cervino,  
[2] what is your usual practice as far as assessing  
[3] and evaluating that patient?  
[4] A: I take a history from the patient.  
[5] Q: Okay. And what does that history usually consist  
[6] of?  
[7] A: Their main complaint, and any other pertinent  
[8] information that the patient offers regarding  
[9] that main complaint. It's a focused history.  
[10] Q: Did you take a history of Mr. Dawson?  
[11] A: Correct.  
[12] Q: On the 20th when you saw him?  
[13] A: Correct.  
[14] Q: And who did you obtain that history from?  
[15] A: The patient.  
[16] Q: Okay. And how do you know that?  
[17] A: He told me.  
[18] Q: Is that documented in your notes, that the  
[19] information came directly from the patient and  
[20] not from a family member?  
[21] A: I can't recall. As far as I know it came from  
[22] the patient.  
[23] Q: Okay. And following the taking of a history then  
[24] is it your practice to do a physical examination  
[25] of the patient also?

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[1] A: Correct.  
[2] Q: And what does your physical examination usually  
[3] consist of?  
[4] A: It's generally limited to the area of complaint.  
[5] Q: Okay. And in this case what would that be?  
[6] A: It would be his upper extremity on the left.  
[7] Q: Now, when you say you limit it to that area, does  
[8] that essentially mean that that is the only  
[9] examination you do then, that you did not look at  
[10] any other aspects of the patient, any other parts  
[11] of their body as part of the physical  
[12] examination?  
[13] A: Generally, yes.  
[14] Q: Okay. So in the case of Mr. Dawson, you would  
[15] have only looked at the upper extremity on the  
[16] left side?  
[17] A: Correct.  
[18] Q: And that would essentially be what parts of his  
[19] body?  
[20] A: What parts of — I don't understand your  
[21] question.  
[22] Q: Okay. I guess I'm asking would that purely be  
[23] his left arm or would that entail more than his  
[24] left arm and hand?  
[25] A: It would be the left arm from the shoulder down.

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[1] Q: Okay. And you wouldn't be looking at his chest,  
[2] his neck, his spine, anything like that?

[3] A: No.

[4] Q: Okay. Now, I have a copy here as part of your  
[5] record of a note that was made on 12-20-99. Is  
[6] that, again, the note that you made of your  
[7] history and physical examination of Mr. Dawson?

[8] A: Correct.

[9] Q: Okay. And if you could tell me, Dr. Cervino,  
[10] what information in this note is the history  
[11] portion of your note. If you could just read  
[12] that part to me, please.

[13] A: I can read you the history. 52-year-old  
[14] gentleman recently hospitalized at Medina  
[15] Hospital for acute diverticulitis for which he  
[16] was hospitalized for a week with intravenous  
[17] antibiotics followed then by a left colectomy by  
[18] Dr. Abellera. While he was in the hospital he  
[19] apparently had an infection at the IV site in the  
[20] dorsal aspect of his left hand with lots of  
[21] inflammation and is now left with acute reflux  
[22] sympathetic dystrophy. He says he has lost  
[23] control of his left little and ring fingers and  
[24] is extremely hypersensitive in the whole hand but  
[25] particularly along the ulnar side. That's the

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[1] history.

[2] Q: Okay. So all of that information you just read  
[3] to me is history that was given to you by Mr.  
[4] Dawson, is that correct?

[5] A: Correct.

[6] Q: Okay. And would that history include the  
[7] statement that he has acute reflux sympathetic  
[8] dystrophy?

[9] A: No.

[10] Q: Okay. That was not part of the history that he  
[11] gave you?

[12] A: No.

[13] Q: Okay.

[14] A: He just related to me that, the hypersensitivity  
[15] of the hand.

[16] Q: Okay. What would the statement that he has acute  
[17] reflux sympathetic dystrophy, where would that  
[18] have come from?

[19] A: My assessment.

[20] Q: Okay. So that would be your diagnosis?

[21] A: Correct.

[22] Q: Okay. Dr. Cervino, can you tell me what acute  
[23] reflux sympathetic dystrophy is?

[24] A: It's one of the causes of upper extremity or  
[25] lower extremity, you can have it as well, pain.

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[1] It is a basket term into which mirrors several  
[2] pain patterns, one of which is hyperactivity of  
[3] the sympathetic nervous system.

[4] Q: Okay. And what is hyperactivity at the  
[5] sympathetic nerves?

[6] A: Hyperactivity means increased activity.

[7] Q: How do you determine that?

[8] A: Partly by physical exam.

[9] Q: Okay. And what would you be looking for in that  
[10] physical exam?

[11] A: Evidence of swelling, redness, inflammation,  
[12] hypersensitivity, increased sweating confined to  
[13] the extremity, predominantly on the medial or  
[14] ulnar side of the extremity.

[15] Q: Okay. When you did the examination of  
[16] Mr. Dawson, did you find swelling?

[17] A: Correct.

[18] Q: What kind of swelling did you find?

[19] A: Soft swelling.

[20] Q: And where was the swelling located?

[21] A: In the whole hand.

[22] Q: And what hand would that be?

[23] A: Left hand.

[24] Q: Was the swelling confined to the hand or was it  
[25] into the arm area?

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[1] A: I can't recall.

[2] Q: And did you find redness when you did an  
[3] examination of Mr. Dawson?

[4] A: Yes.

[5] Q: And where was the redness located?

[6] A: Primarily on the ulnar half of his hand.

[7] Q: And when you say the ulnar half —

[8] A: That is the —

[9] Q: — what side is the ulnar?

[10] A: The little finger side.

[11] Q: And where was that redness confined, just to the  
[12] finger, into the hand; do you recall?

[13] A: Finger and hand.

[14] Q: Both areas?

[15] A: Right.

[16] Q: Did it extend into the wrist?

[17] A: I can't recall.

[18] Q: Okay. And you also mentioned that — was there  
[19] inflammation with Mr. Dawson?

[20] A: Yes.

[21] Q: And where was that inflammation located?

[22] A: In the same area as the swelling, primarily on  
[23] the little finger side of the hand as evidenced  
[24] by increased redness and warmth.

[25] Q: Okay. And you also mentioned that there's a

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[1] possibility of hypersensitivity. Did you find  
[2] that with Mr. Dawson?  
[3] A: Yes.  
[4] Q: And where was that?  
[5] A: Again, primarily on the ring and little fingers.  
[6] Q: And how did you determine that there was  
[7] hypersensitivity?  
[8] A: By physical contact. And by history.  
[9] Q: And what history indicated that there was  
[10] hypersensitivity?  
[11] A: Patient said that they were very sensitive.  
[12] Q: Okay.  
[13] A: And they were sensitive to touch.  
[14] Q: Okay. And did you find, through your  
[15] examination, that his hand was sensitive to  
[16] touch?  
[17] A: Yes.  
[18] Q: Okay. Now, you also said that you can diagnose  
[19] reflux sympathetic dystrophy partly by physical  
[20] exam?  
[21] A: Correct.  
[22] Q: What is the other way?  
[23] A: The best way is to do what is known as a  
[24] sympathetic block in the neck called a stellate,  
[25] S-T-E-L-L-A-T-E, stellate ganglion block.

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[1] Q: Now, this is for diagnostic —  
[2] A: And therapeutic.  
[3] Q: — purposes?  
[4] A: But it's a very good diagnostic test.  
[5] Q: How is it used as a diagnostic test?  
[6] A: If the patient responds and improves then it's  
[7] considered to be related.  
[8] Q: And if the patient doesn't respond?  
[9] A: Then you look for other sources.  
[10] Q: So that would rule out reflux sympathetic  
[11] dystrophy as a diagnosis?  
[12] A: Not completely.  
[13] Q: Why not?  
[14] A: Because some patients with reflux sympathetic  
[15] dystrophy don't respond to stellate ganglion  
[16] blocks, though most do. We never use, say always  
[17] or never.  
[18] Q: How many blocks would have to be done in order to  
[19] make that determination?  
[20] A: You'd have to talk to an anesthesiologist but I  
[21] would say, and I obviously, I don't do them. I  
[22] would do several blocks.  
[23] Q: What area of the body does reflux sympathetic  
[24] dystrophy usually affect?  
[25] A: Affects primarily the extremities, primarily

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[1] upper extremity, but it can occur in the lower  
[2] extremity as well, though less often.  
[3] Q: Now, by extremities, are you limiting it purely  
[4] to the feet and the hands or would it also  
[5] include the arms and/or shoulders?  
[6] A: Can include arm and shoulder.  
[7] Q: But not necessarily?  
[8] A: That's correct.  
[9] Q: Okay. Are there other names for RSD?  
[10] A: There's got to be a hundred different names.  
[11] Q: There are?  
[12] A: Right.  
[13] Q: Do you know what —  
[14] A: I can send you a list.  
[15] Q: You can?  
[16] A: Right.  
[17] Q: Okay.  
[18] A: I've lectured on this subject. There's a whole  
[19] list of names over the years, but generally we  
[20] call it reflux sympathetic dystrophy, but some  
[21] pain patterns of unknown cause have been placed  
[22] in the basket of reflux sympathetic dystrophy.  
[23] Q: But they're really not RSD then?  
[24] A: Probably not.  
[25] Q: And how do you make that determination, that

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[1] they're really not part of RSD?  
[2] A: Various tests, for example, such as stellate  
[3] ganglion blocks, three-phase bone scans.  
[4] Q: What is a three-phase bone scan?  
[5] A: There is a, where radioactive dye is inserted,  
[6] injected and then is, bone is scanned in the  
[7] extremity and there are three phases to the scan.  
[8] Q: What are those three phases?  
[9] A: You have to talk to the radiologist about it to  
[10] get all of the exact details, but it's a phase  
[11] where you see, you see pre-vascular, you see  
[12] early appearance of the radioactivity, and then  
[13] you see a delayed phase as the dye leaves, and  
[14] then a third phase where certain amount of  
[15] radioactivity or vascularity persists and it's  
[16] called a three-phase bone scan. Each bone scan  
[17] is generally, has three phases and reflux  
[18] sympathetic dystrophy has a fairly characteristic  
[19] phase.  
[20] Q: Do you know what that characteristic phase would  
[21] be?  
[22] A: No. I'm not an expert on reflux sympathetic  
[23] dystrophy.  
[24] Q: Okay.  
[25] A: But the, but if you want all the information, you

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[1] have to get from, combination of, get this  
[2] information from the radiologist who does the  
[3] three-phase bone scans and from the  
[4] anesthesiologist who treats the disease.  
[5] Q: Now, if there's a normal bone scan would that  
[6] rule out reflux sympathetic dystrophy?  
[7] A: No.  
[8] Q: Why not?  
[9] A: Because no single test can completely rule it  
[10] out.  
[11] Q: Would a combination of these tests rule it out?  
[12] A: Generally it's helpful, yes.  
[13] Q: So if you had a normal bone scan and along with  
[14] the —  
[15] A: Failure —  
[16] Q: — blocks not working, that would be more likely  
[17] than not indicative that this is not the correct  
[18] diagnosis?  
[19] A: That's correct.  
[20] Q: Okay. Now, you said that these were two of the  
[21] ways of diagnosing. Is there more than the  
[22] three-phase bone scan or the nerve blocks?  
[23] A: Those are the most common.  
[24] Q: What are some other ones that —  
[25] A: There are medications that you can inject.

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[1] Q: And what would those medications be?  
[2] A: I would have to give you a list.  
[3] Q: Okay. And —  
[4] A: Where various medications are injected. To test  
[5] the response.  
[6] Q: And anything else you can think of that would be  
[7] a diagnostic tool?  
[8] A: Those would be the most common. There are  
[9] various anti-hypertensive medicines that can be  
[10] given. The three-phase bone scan and stellate  
[11] ganglion blocks are the most important.  
[12] Q: What would the purpose of an anti-hypertensive  
[13] medication —  
[14] A: You'd have to talk to an anesthesiologist.  
[15] You're asking me how it responds and I'm not  
[16] prepared to answer that.  
[17] Q: Okay. I appreciate your letting me know that. I  
[18] think we talked about some of the signs and  
[19] symptoms of RSD?  
[20] A: Okay.  
[21] Q: And you had mentioned as part of those signs and  
[22] symptoms swelling and redness and inflammation,  
[23] hypersensitivity. Were there any other signs and  
[24] symptoms that you would look for as —  
[25] A: Pain.

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[1] Q: And where would that pain be located, if you were  
[2] looking for —  
[3] A: Usually in the extremity.  
[4] Q: Is there ever any changes in muscle mass with  
[5] RSD?  
[6] A: Yes. With lack of use of the extremity you get  
[7] loss of muscle volume.  
[8] Q: Would that be something that would occur over a  
[9] period of time?  
[10] A: Yes.  
[11] Q: How long a time would it take for something like  
[12] that to occur?  
[13] A: Depends on how long he's had it and how little  
[14] use he's had. I mean patients may have 20  
[15] percent use of the extremity, 30 percent, 40, 60,  
[16] 80 percent. If they have limited use or no use  
[17] you'll see muscle atrophy within weeks. You can  
[18] see muscle atrophy within three or four weeks if  
[19] you put your hand in a cast and don't move it and  
[20] take it out.  
[21] Q: Okay.  
[22] A: So it all depends upon the degree, use of the  
[23] extremity. There are bone changes that occur,  
[24] x-ray changes. They usually take a while to  
[25] occur, probably three to six months depending

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[1] upon the age of the patient and the severity of  
[2] the reflux sympathetic dystrophy. The bones get  
[3] a washed out appearance on x-ray and there are  
[4] very characteristic x-ray findings as an  
[5] indication of the late sequelae of reflux  
[6] sympathetic dystrophy.  
[7] Q: Now, by late sequelae, would that — I think you  
[8] mentioned something about an early stage. Are  
[9] there stages —  
[10] A: The first stage is inflammation.  
[11] Q: Okay. How many stages are there?  
[12] A: As many as you want, but generally there are  
[13] considered to be three stages.  
[14] Q: Okay.  
[15] A: And the first stage is inflammation.  
[16] Q: And I think you had indicated that this was a  
[17] stage that you believed —  
[18] A: Right.  
[19] Q: — Mr. Dawson to —  
[20] A: It's an acute stage and there's a subacute stage  
[21] where the inflammation begins to subside and you  
[22] get some loss of muscle mass and you get, you can  
[23] get some changes in the skin, texture and  
[24] composition and there's a late stage where the  
[25] patient has joint stiffness, maybe even ankylosis



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[1] of the joints, meaning inability to move it,  
[2] severe changes on x-ray with washed out bone  
[3] appearance, and minimal activity with a  
[4] inflammation is gone and the hand for example  
[5] would become firm and hard.  
[6] Q: Okay.  
[7] A: So those are phases.  
[8] Q: What kind of changes would you see on the x-rays  
[9] between the early phases versus the later ones?  
[10] A: Oh, the acute phases x-rays may be normal but  
[11] late phases x-rays show a loss of calcium in the  
[12] bone.  
[13] Q: Okay.  
[14] A: Particularly —  
[15] Q: Would that be like an osteoporosis?  
[16] A: Exactly. Yes.  
[17] Q: Does that occur in all cases with RSD?  
[18] A: No.  
[19] Q: Is there a way to arrest RSD at a certain age or  
[20] to reverse it?  
[21] A: Is there a cure for it?  
[22] Q: I guess that would be one question.  
[23] A: Yes, there is a cure. Not all patients are  
[24] cured.  
[25] Q: I know you —

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[1] A: Not 100 percent of the patients who have RSD end  
[2] up with end stage use of extremities. We have a  
[3] number of patients who go through an acute stage  
[4] and then subside, never get into stage two and  
[5] stage three. Many, many patients like that.  
[6] Q: When you say subside, the signs and symptoms?  
[7] A: Correct. Resolve.  
[8] Q: No longer exist. So it is possible for that to  
[9] occur?  
[10] A: Oh, yes. Once you get to stage three, it cannot  
[11] generally, from a practical standpoint, be  
[12] reversed. The sequelae of that cannot be  
[13] reversed.  
[14] Q: What kind of treatment is usually recommended for  
[15] that first stage?  
[16] A: Vigorous hand therapy program with active use of  
[17] the extremity maintaining active range of motion,  
[18] medications, and there's a whole list of  
[19] medications.  
[20] Q: Do you know what some of those are?  
[21] A: I can send you a list.  
[22] Q: Okay.  
[23] A: There has to be a hundred different medications.  
[24] Q: Now, when you're telling me there's a hundred  
[25] different medications, how many medications would

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[1] normally be prescribed for a patient?  
[2] A: Depends upon the response rate of the patient.  
[3] Many patients are placed on anything from  
[4] anti-depressants to anti-epileptics, to  
[5] anti-inflammatories, to anti-hypertensives, are  
[6] four categories. And in that category there's  
[7] got to be eight or ten medications. It is the  
[8] art of management of reflux sympathetic dystrophy  
[9] by pain management experts who use a combination  
[10] of drugs to aid in correction. Some patients  
[11] respond — let me explain.  
[12] Q: Go ahead.  
[13] A: I'll put it in a practical term. Migraine  
[14] headaches.  
[15] Q: Okay.  
[16] A: There has to be 50 different medications that  
[17] have been tried. Some work on some people and  
[18] some don't work on others. You want a list of  
[19] all the medications in the last 20 years keeping  
[20] track for migraines. All of them are still  
[21] current, some are anti-hypertensives, some are  
[22] anti-depressants. Calcium channel blockers they  
[23] call them. All of these medications have been  
[24] used for migraine, and they are still very, very  
[25] good but not all work on the patient and people

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[1] switch medications until they find something  
[2] that's helpful. In addition to obvious pain  
[3] medicine.  
[4] Q: And you mentioned four different categories of  
[5] medication. Is it usually standard treatment to  
[6] have a medication from each of those four  
[7] categories as part of the treatment?  
[8] A: I don't know. I don't treat this.  
[9] Q: Okay. So if you have a patient who comes in with  
[10] RSD who would you refer that patient to for  
[11] treatment?  
[12] A: Pain management. Someone experienced in pain  
[13] management. It is generally, I generally refer  
[14] to an anesthesiologist who has a subspecialty in  
[15] pain management, because they can do, not only  
[16] treat the patient with medication, but also do  
[17] the necessary blocks but pain management also  
[18] involves psychologists, internists.  
[19] Q: Why would a psychologist be involved?  
[20] A: There's been many people believe that certain  
[21] personality profiles exist for patients who get  
[22] RSD, which is reflux sympathetic dystrophy.  
[23] Q: So, in other words, there's certain personalities  
[24] that would be predisposed toward RSD?  
[25] A: Correct.

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[1] Q: And what kind of personalities would those be?  
[2] A: I'd have to get the list with this. Again, I'm  
[3] not an expert on this.  
[4] Q: Okay.  
[5] A: But there is a personality profile for these,  
[6] been well-documented. If you want all your  
[7] answers on RSD you're going to have to get an  
[8] expert on RSD. I just saw this patient once, and  
[9] if you want a seminar on RSD we can refer to you  
[10] the appropriate people who can answer your  
[11] questions.  
[12] Q: Okay. Now, you mentioned therapy also as part of  
[13] the treatment regimen. Would this be an  
[14] occupational or physical therapist that would  
[15] be —  
[16] A: Hand therapist. Well, all depends. It's a  
[17] combination of occupational therapy which does  
[18] hand therapy and makes splints. And then  
[19] physical therapy generally does shoulder and  
[20] larger joints which can be involved.  
[21] Occupational therapy — hand therapy is part of  
[22] occupational therapy, and physical therapy is a  
[23] different discipline and why they're in that  
[24] category is an historical one.  
[25] Q: Are there any other sort of treatments that

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[1] you're aware of for RSD, besides the ones that  
[2] you've mentioned?  
[3] A: Medications, vigorous therapy and blocks are the  
[4] three major categories. Pharmacological and  
[5] physical and the blocks. Those would be the  
[6] three categories.  
[7] Q: Have you diagnosed RSD prior to diagnosing Mr.  
[8] Dawson?  
[9] A: Yes.  
[10] Q: How many patients do you treat with the diagnosis  
[11] of RSD?  
[12] A: I don't treat RSD.  
[13] Q: Okay. So you always refer those patients  
[14] somewhere?  
[15] A: I think there are people better to me.  
[16] Q: How many patients have you diagnosed with RSD and  
[17] referred out?  
[18] A: Several hundred.  
[19] Q: And you pretty much, with all of them then have  
[20] referred them to other physicians for treatment.  
[21]  
[22] (Thereupon, a discussion was had off  
[23] the record.)  
[24]  
[25] Q: When you examined Mr. Dawson did you consider

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[1] some other differential diagnoses besides RSD?  
[2] A: No. I thought his, I thought his findings were  
[3] fairly classic for RSD, based on my physical  
[4] exam.  
[5] Q: So it was the clinical symptoms that —  
[6] A: Correct.  
[7] Q: — made you come up with that as your diagnosis?  
[8] A: Correct.  
[9] Q: Okay. And what do you believe caused Mr.  
[10] Dawson's RSD?  
[11] A: I have no idea.  
[12] Q: What can cause RSD?  
[13] A: Anything.  
[14] Q: Such as. Can you give me some examples.  
[15] A: Bumping your hand on a cabinet.  
[16] Q: So it can be something as simple as that?  
[17] A: Innocent. Injuries, acute illness, anything.  
[18] Q: And how long does it take for RSD to develop when  
[19] you have a simple bump?  
[20] A: Sometimes several days to several weeks.  
[21] Q: Do you know what caused Mr. Dawson's RSD?  
[22] A: No.  
[23] Q: I believe you documented it as part of your note  
[24] that Mr. Dawson also had been taking some  
[25] medication for arthritis, is that correct?

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[1] A: If it's in the records, then it's correct. Yes.  
[2] Q: Did he indicate to you where he was having  
[3] problems with arthritic pain?  
[4] A: No.  
[5] Q: I believe then you also following your  
[6] examination and your referral of Mr. Dawson to, I  
[7] believe, a Dr. Tom Stan, is that correct?  
[8] A: Yes.  
[9] Q: You also wrote a note then to Dr. Kontak?  
[10] A: Correct.  
[11] Q: Regarding your examination of Mr. Dawson?  
[12] A: Correct.  
[13] Q: Have you generally referred your patients to Dr.  
[14] Stan in the past for treatment?  
[15] A: Yes.  
[16] Q: And does he traditionally refer back to you then  
[17] with reports of his treatments?  
[18] A: Yes.  
[19] Q: Now, I believe that your record does not contain  
[20] any information from Dr. Stan, is that correct?  
[21] A: That's correct.  
[22] Q: And what is the reason for him not seeing  
[23] Mr. Dawson?  
[24] A: Insurance. Provider. Dr. Stan was not an  
[25] accepted provider for his insurance company.

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[1] Q: Do you know who Mr. Dawson was referred to  
[2] finally?  
[3] A: My records indicate he was referred to Dr.  
[4] Charles Choi at Fairview Hospital.  
[5] Q: Okay. And did you ever receive any documentation  
[6] or reports back from Dr. Choi with regards to Mr.  
[7] Dawson's treatment?  
[8] A: No.  
[9] Q: Have you ever received any other calls from Mr.  
[10] Dawson for follow-up appointments with your  
[11] office?  
[12] A: No.  
[13] Q: Okay. And are you aware of Mr. Dawson's current  
[14] condition at this time, Dr. Cervino?  
[15] A: No.  
[16] MS. LOESEL: Okay. I'm going to  
[17] go ahead and let the others ask you some  
[18] questions while I kind of look through my  
[19] notes at this point and I may have a couple  
[20] additional questions once they've had an  
[21] opportunity to talk with you.  
[22]  
[23] CROSS-EXAMINATION OF A. LAWRENCE CERVINO, M.D.  
[24] BY MS. HARRIS:  
[25] Q: Doctor, I'm Beverly Harris as I indicated to you

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[1] when we first started. I'm here on behalf of  
[2] Medina General Hospital.  
[3] When you saw Mr. Dawson, as I understand it,  
[4] he was in first at the early stage of what you  
[5] believe was RSD, is that correct?  
[6] A: Correct.  
[7] Q: And in this letter that you wrote to Dr. Kontak,  
[8] I believe you indicated that three-phase bone  
[9] scan generally establishes the diagnosis, is that  
[10] correct?  
[11] A: If that's what I said, yes.  
[12] Q: Okay. Do you have that in front of you?  
[13] A: No. But go ahead.  
[14] Q: That's a correct statement?  
[15] A: Yes.  
[16] Q: Whether or not you said it or not?  
[17] A: Right.  
[18] Q: Am I correct that now, RSD has been re-labeled,  
[19] if you will, to be included under the subheading  
[20] of complex regional pain syndrome?  
[21] A: If that's what you want to call it, yes.  
[22] Q: Do you go by that categorization or is that  
[23] something you don't —  
[24] A: I don't deal with it.  
[25] Q: Under complex regional pain syndrome, do you know

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[1] if this would be, what the RSD would be. Type 1  
[2] or Type 2?  
[3] A: I don't know.  
[4] Q: As I understand it from both your note and your  
[5] letter to Dr. Kontak, it was your belief when you  
[6] referred Mr. Dawson that he was in the early  
[7] phases and should do very well?  
[8] A: That's right what I said.  
[9] MS. HARRIS: Thank you.  
[10]  
[11] CROSS-EXAMINATION OF A. LAWRENCE CERVINO, M.D.  
[12] BY MR. MINGUS:  
[13] Q: Dr. Cervino, my name is Ron Mingus. I represent  
[14] Dr. Kontak and I just have a couple other  
[15] questions for you.  
[16] It was Dr. Kontak who referred Mr. Dawson to  
[17] you?  
[18] A: Correct.  
[19] Q: And after you saw Mr. Dawson, you wanted  
[20] Mr. Dawson to see Dr. Stan?  
[21] A: Correct.  
[22] Q: And it's your understanding Mr. Dawson didn't see  
[23] Dr. Stan because his medical insurer denied him  
[24] coverage for seeing Dr. Stan, correct?  
[25] A: Correct.

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[1] MR. MINGUS: That's all I have  
[2] for you. Thank you.  
[3] MR. DOLATOWSKI: Not yet.  
[4] MS. LOESEL: You don't have  
[5] anything?  
[6] MR. DOLATOWSKI: Are you going to  
[7] re-ask anything?  
[8]  
[9] CONTINUED CROSS-EXAMINATION OF A. LAWRENCE  
[10] CERVINO, M.D.  
[11] BY MS. LOESEL:  
[12] Q: I think the only other thing I was going to ask  
[13] you, doctor, is if there are any other diagnoses  
[14] that would essentially have some of the same  
[15] symptoms that RSD would have that you're aware  
[16] of?  
[17] A: There are other diagnoses. I didn't consider  
[18] them at the time because I referred him to  
[19] Dr. Stan who hopefully would continue with  
[20] appropriate diagnostic studies. It was my  
[21] impression he had RSD. I send patients sometimes  
[22] with regional pain who do not have RSD.  
[23] Q: What other kinds of things would they have  
[24] potentially besides RSD?  
[25] A: They could have pain related to cervical

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[1] radiculopathy in the neck, they may have pain of  
[2] uncertain etiology that is not RSD, but of  
[3] undetermined cause. One can't see pain.  
[4] Q: Okay. What would cervical radiculopathy in the  
[5] neck be?  
[6] A: That would be a disk in the neck.  
[7] Q: And would it be a disk that would just have some  
[8] kind of a calcification around it or impingement  
[9] or what?  
[10] A: It would be impingement. Patients can have  
[11] impingement in the neck secondary to bone spurs,  
[12] to a disk, to degenerative changes in the neck,  
[13] all of which can result in upper extremity pain  
[14] which some symptoms are suggestive of RSD but it  
[15] generally doesn't give the acute inflammation  
[16] that one sees. And this man demonstrated in my  
[17] mind on a clinical examination the classic signs  
[18] of reflux sympathetic dystrophy because he had a  
[19] inflammatory phase.  
[20] Q: Okay.  
[21] A: And that's with distribution in the little finger  
[22] side of the hand and hypersensitivity with  
[23] increased warmth and sweating in the hand. This  
[24] to me is RSD by clinical exam. If he does not  
[25] respond appropriately to stellate ganglion blocks

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[1] and infusion of medications, in which one  
[2] traditionally does, and if he didn't have a  
[3] positive three-phase bone scan, one would then  
[4] begin to search for other causes, but I don't  
[5] treat that kind of problem.  
[6] Q: Okay.  
[7] A: And there's no question in my mind that some  
[8] patients I refer for RSD don't have RSD.  
[9] Q: Okay.  
[10] MS. LOESEL: Okay. Thank you, Dr.  
[11] Cervino. I appreciate it.  
[12]  
[13] CROSS-EXAMINATION OF A. LAWRENCE CERVINO, M.D.  
[14] BY MR. DOLATOWSKI:  
[15] Q: Doctor, my name is John Dolatowski. I represent  
[16] Mr. Dawson. I just got a couple of things.  
[17] Your record says I talked to his referring  
[18] physician, Dr. Jeff Kontak in Wadsworth, and  
[19] strongly suggested that we expedite arrangements  
[20] for him to see Dr. Stan for treatment.  
[21] You made that clear to Dr. Kontak that this,  
[22] there was some urgency in him getting some  
[23] treatment for this, right?  
[24] A: Yes. The earlier you treat the patients the  
[25] better their response. That's well known.

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[1] Q: Do you remember the date that Mr. Dawson was  
[2] referred to you by Dr. Kontak's office?  
[3] A: No.  
[4] Q: Did you ever receive any feedback or any response  
[5] from Dr. Kontak to the letter that you sent him  
[6] on the same date that you saw Mr. Dawson?  
[7] A: No.  
[8] Q: And he had told you by the time he saw you on  
[9] December 20th that he first started experiencing  
[10] this back when he was in the hospital and that  
[11] his surgery was on September 1st of 1999, right?  
[12] That's what your records show?  
[13] A: Yes.  
[14] Q: So we're talking September, October, November,  
[15] almost four months after surgery, correct?  
[16] A: If that's the dates, yes.  
[17] Q: Doctor, do you remember Mr. Dawson testified that  
[18] you at least expressed to him some disdain, the  
[19] fact that this hadn't been, nobody had seen this  
[20] up to this point and you had testified just a  
[21] little while ago that this appeared to be the  
[22] classic case of RSD, even without doing the  
[23] three-phase —  
[24] A: Bone scan.  
[25] Q: — bone scan and so forth? Do you remember

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[1] having that reaction when —  
[2] A: No.  
[3] Q: Okay.  
[4] A: I can't recall.  
[5] Q: Okay. But the redness, inflammation,  
[6] hypersensitivity, all those were apparent to you  
[7] upon your examination?  
[8] A: Yes.  
[9] MR. DOLATOWSKI: Okay. Thank  
[10] you, doctor.  
[11] MS. LOESEL: I have no further  
[12] questions.  
[13] MR. MINGUS: I have a couple,  
[14] doctor.  
[15]  
[16] CONTINUED CROSS-EXAMINATION OF A. LAWRENCE  
[17] CERVINO, M.D.  
[18] BY MR. MINGUS:  
[19] Q: Although you didn't have any personal contact  
[20] with Dr. Kontak after the patient left your care,  
[21] the notes below your note indicate that your  
[22] office and Dr. Kontak's office did have contact  
[23] on December 29, 1999 about referring this patient  
[24] to an anesthesiologist, correct?  
[25] A: Correct.

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[1] Q: And it was at that time there was discussion that  
[2] the appointment that had been arranged for Dr.  
[3] Stan would not be able to take place because the  
[4] medical insurer had denied coverage, correct?  
[5] A: Correct.  
[6] Q: And the very next day after that an appointment  
[7] was made for the patient to see Dr. Choi,  
[8] correct?  
[9] A: If that's what Dr. Kontak's office said, yes. I  
[10] didn't make the appointment for Dr. Choi.  
[11] Q: Okay. You had made the appointment for Dr. Stan?  
[12] A: Correct.  
[13] Q: Okay. And the appointment you had made for Dr.  
[14] Stan, that was for some reason set aside because  
[15] the medical insurer didn't provide coverage?  
[16] A: Correct.  
[17] Q: Okay. And then subsequent arrangements were made  
[18] for this patient to see Dr. Choi, correct?  
[19] A: Correct.  
[20] MR. MINGUS: That's all I have for  
[21] you. Thank you.  
[22] THE WITNESS: Thank you.  
[23] MS. LOESEL: Dr. Cervino, I  
[24] probably should advise you, generally when  
[25] a deposition is taken the party who's been

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[1] deposed has the right to read the  
[2] deposition or can waive the reading of that  
[3] deposition.  
[4] THE WITNESS: I would prefer to  
[5] waive.  
[6] MS. LOESEL: Thank you.  
[7]  
[8] (The reading and signing of the  
[9] deposition was expressly waived by the witness  
[10] and by stipulation of counsel.)  
[11]  
[12]  
[13]  
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[1]  
[2] CERTIFICATE  
[3]  
[4] The State of Ohio, ) SS:  
[5] County of Cuyahoga.)  
[6] I, Aneta I. Fine, a Notary Public within and  
[7] for the State of Ohio, authorized to administer  
[8] oaths and to take and certify depositions, do  
[9] hereby certify that the above-named witness was  
[10] by me, before the giving of their deposition,  
[11] first duly sworn to testify the truth, the whole  
[12] truth, and nothing but the truth; that the  
[13] deposition as above-set forth was reduced to  
[14] writing by me by means of stenotypy, and was  
[15] later transcribed into typewriting under my  
[16] direction; that this is a true record of the  
[17] testimony given by the witness; that said  
[18] deposition was taken at the aforementioned time,  
[19] date and place, pursuant to notice or stipulation  
[20] of counsel; and that I am not a relative or  
[21] employee or attorney of any of the parties, or a  
[22] relative or employee of such attorney, or  
[23] financially interested in this action; that I am  
[24] not, nor is the court reporting firm with which I  
[25] am affiliated, under a contract as defined in  
Civil Rule 28(D).  
IN WITNESS WHEREOF, I have hereunto set my  
hand and seal of office, at Cleveland, Ohio, this  
\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_  
Aneta I. Fine, Notary Public, State of Ohio  
1750 Midland Building, Cleveland, Ohio 44115  
My commission expires March 1, 2006

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