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IN THE COURT OF COMMON PLEAS

SUMMIT COUNTY, OHIO

- - -

[REDACTED]

)

Plaintiffs, )

vs.

) Case No. [REDACTED]

[REDACTED]

)

et al., )

Defendants.

)

**COPY**

- - -

Videotape deposition of MICHAEL J. DELAHANTY, D.O., a Witness herein, called by the Defendant for **direct examination** pursuant to the Rules of Civil Procedure, taken before me, the undersigned, Cynthia Holderbaum, RPR and Notary Public in and for the State of Ohio, at Edwin **Shaw** Hospital, 1621 Flickinger Road, Akron, Ohio, on Friday, the 5th day of August, 1994, at 11:25 o'clock a.m.

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COMPUTERIZED TRANSCRIPTION BY

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## APPEARANCES:

On Behalf of the Plaintiffs:

Messrs. Scanlon &amp; Henretta Co. L.P.A.

By: Lawrence J. Scanlon, Attorney at Law  
 1512 Ohio Edison Building  
 Akron, Ohio 44308

On Behalf of the Defendants:

Messrs. Joondeph &amp; Shaffer

By: Roger W. Strassburg, Attorney at Law  
 700 Akron Centre Plaza  
 Akron, Ohio 44308

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I N D E XExhibit No.Page / Line

Defendant's Exhibits D-1 &amp; D-2

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- - -

Examination BY:Page / Line

Mr. Strassburg

3 / 10

Mr. Scanlon

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1 (Defendant's Exhibits D-1 and D-2  
2 were marked for identification.)

3 MICHAEL J. DELAHANTY, D.O.

4 of lawful age, a Witness herein, having been first  
5 duly sworn, as hereinafter certified, deposed and  
6 said as follows:

7 - - -

8 DIRECT EXAMINATION

9 BY MR. STRASSBURG:

10 Q. We are here at Edwin Shaw Hospital to take  
11 your deposition. Could I have your name for the  
12 record, please.

13 A. Michael Delahanty, D.O.

14 Q. And where do you live, Doctor?

15 A. Peninsula, Ohio.

16 Q. All right. And how old a man are you?

17 A. 44.

18 Q. Do you have a family?

19 A. Wife and three children.

20 Q. And what do you do for a living?

21 A. I'm a physician specializing in physical  
22 medicine and rehabilitation.

23 Q. And where do you work?

24 A. I work predominantly at Edwin Shaw  
25 Hospital. Also at Summa, Crystal Clinic and

1 various other hospitals in the Akron area.

2 Q. All right. Do you hold any offices at any  
3 of those institutions?

4 A. Yes. I'm the medical director of Edwin  
5 Shaw Hospital, I'm the medical director of  
6 Rehabilitation Services for Summa.

7 Q. Now, Doctor, what have I asked you to do?

8 A. You asked me to see [REDACTED] for an  
9 independent medical evaluation.

10 Q. All right. And what did I ask you to  
11 determine as the purpose of that independent  
12 medical evaluation?

13 A. Your concern was the extent and severity  
14 of [REDACTED]'s disability.

15 Q. All right. And did you see [REDACTED]?

16 A. Yes. I saw him on March 8th, 1994.

17 MR. STRASSBURG: Could we go off the  
18 record, please.

19 (Discussion was had off the record.)

20 BY MR. STRASSBURG:

21 Q. All right. Now -- now that we've  
22 unplugged your phone so we won't have any further  
23 interruptions from the bell.

24 When you saw [REDACTED], what did -- kind  
25 of examination did you perform?

1       A.       I reviewed his records, I took a history  
2       from him, and then I proceeded to give him a  
3       physical examination with attention to his  
4       neuromuscular status.

5       Q.       Is that the type of medical examination  
6       that you perform as a routine part of your business  
7       as a physician at Edwin Shaw or was that something  
8       special for this case? .

9       A.       Not at all. I do many examinations. of  
10      this type on my own patients.

11      Q.       Did you meet with [REDACTED] for a longer or  
12      shorter time than you do with the patients that you  
13      treat yourself?

14      A.       No.

15      Q.       Was there anything different about the  
16      medical examination in length or nature that you  
17      performed on [REDACTED] compared to the ones that **you**  
18      perform when you first meet your own patients?

19      A.       No.

20      Q.       Now, Doctor, do you have any educational  
21      qualifications that were useful to you in  
22      performing your examination and evaluation of Mr.  
23      Ware?

24      A.       Yes.

25      Q.       Would you share them with the jury,

1 please, and us.

2 A. I completed osteopathic medical school in  
3 1981, four years of medical school after four years  
4 of college preceding that. I completed one year of  
5 rotating internship at Memorial Hospital in York,  
6 Pennsylvania. I then completed a three year  
7 residency in physical medicine rehabilitation at  
8 St. Francis Hospital in Pittsburgh, Pennsylvania.

9 I obtained my certification in physical  
10 medicine rehabilitation. I have then been in the  
11 practice of physical medicine rehabilitation here  
12 in Akron since 1985 immediately following  
13 completion of my residency.

14 Q. What is physical medicine rehabilitation?

15 A. Physical medicine rehabilitation is a  
16 specialty area of medicine in which physicians are  
17 trained to work with people with a variety of  
18 severe disabling illnesses and injuries including,  
19 for example, strokes, head injuries, burns,  
20 amputations, diseases like multiple sclerosis,  
21 Parkinson's disease and a long list of other  
22 conditions.

23 Q. Now, you said that you were a D.O.?

24 A. Uh-huh.

25 Q. Are you an M.D.?

1 A. No.

2 Q. What is the difference between a D.O. and  
3 an M.D.?

4 A. My degree is doctor of osteopathy. This  
5 entitles me to all the legal rights and privileges  
6 as the holders of an M.D. degree. I am licensed by  
7 the State Medical Board of Ohio, which is the same  
8 board that licenses the M.D.s. The training is  
9 essentially the same, the rights and privileges are  
10 identical.

11 Q. Is there anything that M.D.s can do that  
12 you can't do?

13 A. Absolutely not.

14 Q. Including drugs, surgery, all that stuff?

15 A. I can administer drugs, do surgery within  
16 my qualifications. I am not a surgical specialist,  
17 but many doctors of osteopathy are.

18 Q. All right. Do you have any Board  
19 certifications or the like?

20 A. Yes. I am certified by the American Board  
21 of Physical Medicine Rehabilitation, which, again,  
22 is the same board that certifies the M.D.s who  
23 specialize in this area.

24 I am also certified by the American  
2E Board of Electrodiagnostic Medicine, which, again,

1 is a board that certifies both D.O.s and M.D.s.

2 Q. What do you have to do to get that Board  
3 certification, do you just send in an application  
4 and you get it or is there more to it?

5 A. Much more to it. You have to successfully  
6 complete your residency with favorable  
7 recommendations from your trainers, you have to  
8 pass a two part examination, a written examination  
9 at the conclusion of your residency, an oral.  
10 examination after one year of practice. Before  
11 you're allowed to sit for your orals, you have to  
12 have recommendations from physicians familiar with  
13 your work during that initial year of practice,  
14 then you have to meet certain ethical, professional  
15 personal standards. After all that you're approved  
16 for Board certification.

17 Q. How many tries did it take you to pass  
18 that test?

19 A. I passed both parts of the examination on  
20 the first try.

21 Q. Do you have any teaching affiliations, Dr.  
22 Delahanty?

23 A. Yes. I'm a clinical assistant professor  
24 for the Northeastern Ohio University College of  
25 Medicine.



1 Q. Now, is your practice currently, is it  
2 clinical? By that I mean do you see and treat real  
3 live people or do you just teach in school and  
4 write papers?

5 A. No, I'm very much a clinical practitioner  
6 and have been ever since I started practice in  
7 1985.

8 Q. What's your patient load like?

9 A. That varies from time to time. I have two  
10 other associates who share the clinical work of the  
11 practice. At times I have more than 20 patients in  
12 the hospital that I'm caring for while they're  
13 undergoing intensive rehabilitation. That's in  
14 addition to a busy office practice in the  
15 afternoons.

16 Q. All right. Well, I appreciate you making  
17 time for us on this matter. Do you have any -- is  
18 there any other work experience that you have that  
19 was useful for you in examining Mr. Ware and coming  
20 to the opinions which pretty soon you're going to  
21 be sharing with us here?

22 A. Well, I would say that I do have an  
23 undergraduate degree in psychology. I would also  
24 say that between college and medical school that I  
25 did spend -- I did not go directly from college to

1 medical school, and during two of the years between  
2 college and medical school I worked in a sheltered  
3 workshop supervising people with a variety of  
4 mental and physical disabilities.

5 I think that's given me a little more  
6 of an appreciation of what it's like to have a  
7 chronic disability and what people actually  
8 experience on a day-to-day basis outside of the  
9 medical setting.

10 Q. Now -- thank you, Doctor. Are your  
11 qualifications solely medical in nature --

12 A. Yes.

13 Q. -- or do they also include psychology as  
14 well?

15 A. No. I, I treat my patients for both their  
16 mental and physical disabilities, and I use a  
17 variety of other health care practitioners to help  
18 me in their care.

19 For example, I will use a physical  
20 therapist to help me address the patient's physical  
21 disability. I will use a psychologist to help me  
22 address the patient's mental disability or  
23 emotional disability, but I am not a psychologist.

24 Q. All right. Do you have qualifications  
25 from your work experience in psychological issues

1     pertaining to rehabilitation?

2           A.     I make no special claim in that area.

3           Q.     All right. That's fair. Thank you. Now,  
4     let's talk about -- turn to your opinions. Dr.  
5     Delahanty, did you reduce your opinions to written  
6     form?

7           A.     Yes.

8           Q.     Directing your attention to what I've  
9     marked as Defendant's Exhibit D-1, would you  
10    identify that document.

11                     . MR. SCANLON: We'll object to the  
12    report.

13    BY MF. STRASSBURG:

14           Q.     You can proceed.

15           A.     I've been handed a copy of my letter of  
16    March 8th, 1994 to Attorney Strassburg which I  
17    dictated following my examination of Mr. Ware.

18           Q.     Is that your report?

19           A.     That is my report in its entirety, yes.

20           Q.     Thank you. Dr. Delahanty, let's turn to  
21    your opinions now. Do you have an opinion to a  
22    reasonable medical probability based upon your  
23    examination of Mr. Ware and -- oh, before I ask you  
24    that, gee, I better ask you what documents you  
25    reviewed in coming to your opinion, would you share

1 that with us?

2 A. Certainly. I have a rather thick chart on  
3 Mr. Ware here including medical records from his  
4 hospitalizations at Akron City; office records from  
5 Dr. Cervino and Bell; records of physical therapy  
6 at Children's Hospital in Akron; Visiting Nurse  
7 Service records; copies of the doctors and hospital  
8 bills.

9 Q. And is that what's all on the table in  
10 front of you in that file?

11 A. Yes. This is my chart with all those  
12 records.

13 Q. All right. And I sent those to you?

14 A. Yes, you did.

15 Q. Did you review all of them or just some of  
16 them?

17 A. All of them.

18 Q. Now let's turn to your opinion. Do you  
19 have an opinion to a reasonable medical probability  
20 based on your examination of [REDACTED] and your  
21 review of the records that you indicated you  
22 reviewed as to whether [REDACTED] is totally disabled  
23 from all forms of gainful employment?

24 A. Yes, I have an opinion.

25 Q. Would you share that opinion with us?

--

1 A. My opinion is that [REDACTED] is not totally  
2 disabled from all forms of gainful employment.

3 Q. What do you base that opinion on?

4 A. I base it on my review of his records, the  
5 history he gave me on March 8th and the examination  
6 I performed on March 8th.

7 Q. All right. How would you describe [REDACTED]  
8 [REDACTED] limitations?

9 A. He has a severe loss of function of his  
10 left hand, he has had a traumatic amputation of  
11 several digits of that hand. In fact, he only has  
12 his thumb and his little finger, that's all he  
13 has. He does not have his index, middle or ring  
14 finger.

15 Q. All right. Did you take all that into  
16 account in coming to your opinions?

17 A. Oh, absolutely.

18 Q. All right. What kind of work can he do?

19 MR. SCANLON: Objection.

20 BY MR. STRASSBURG:

21 Q. You can answer.

22 A. My opinion is that he is capable of  
23 performing sedentary work that does not involve  
24 repetitive use of the left arm, it does not involve  
25 lifting with the left arm.

1 Q. Do you hold that opinion to a reasonable  
2 medical probability?

3 A. Yes.

4 Q. Were you able to determine when Mr. Ware  
5 was able to go back to work?

6 A. On review of all his medical records, I do  
7 note that he was released to work by his treating  
8 physician, Dr. Cervino, as of January 13th, 1989.

9 Q. Let me direct your attention to what I've  
10 marked as Defendant's Exhibit D-2 and ask you, can  
11 you identify that document, please?

12 MR. SCANLON: Objection.

13 BY MR. STRASSBURG:

14 Q. You can answer.

15 A. Yes, I have seen this before.

16 Q. And what is that document?

17 A. This is a Bureau of Workers' Compensation  
18 form concerning [REDACTED] completed by Dr. Cervino  
19 on January 17th of 1989.

20 Q. All right. Did you use that document in  
21 coming to your opinion that -- as to when [REDACTED]  
22 can return to work?

23 A. Yes.

24 Q. All right. Let me ask you again, do you  
25 have an opinion to a reasonable medical probability

1 as to when [REDACTED] was able to go back to work?

2 MR. SCANLON: Objection.

3 BY MR. STRASSBURG:

4 Q. You can answer.

5 A. Yes, I do.

6 Q. What is that opinion?

7 A. My opinion is that he was capable of  
8 returning to work January 3rd of 1989.

9 Q. All right. And what do you base that  
10 opinion on?

11 A. I base it on the fact that his own  
12 physician, Dr. Cervino, recommended this for him,  
13 and I find that consistent with the history I  
14 obtained from the patient, the history obtained  
15 from his records and my examination, that fits my  
16 conclusions. It gives, it's consistent with my  
17 impressions of [REDACTED] situation is that is a  
18 reasonable date for him to have returned to work.

19 MR. STRASSBURG: Thank you, Doctor.  
20 Mr. Scanlon may have some questions for you, I  
21 don't know.

22 THE WITNESS: Okay.

23 - - -

24 CROSS-EXAMINATION

25 BY MR. SCANLON:

1 Q. Dr. Delahanty, we have never met or spoken  
2 before, have we?

3 A. No.

4 Q. And you have met and spoke -- spoken --  
5 met or spoken with Mr. Strassburg on a number of  
6 occasions, according to your file, regarding Mr.  
7 Ware?

8 A. True.

9 Q. You never rendered any treatment to Mr.  
10 Ware, correct?

11 A. No.

12 Q. You were actually asked by Mr. Strassburg  
13 in connection with this lawsuit to look at records  
14 and examine [REDACTED]; is that right?

15 A. Yes, that's true.

16 Q. And did [REDACTED] cooperate?

17 A. Yes.

18 Q. And I want to ask you if you could read  
19 into the record for us what records you reviewed?

20 A. All right. I believe I've done this  
21 already, but I reviewed the Akron City Hospital  
22 records, June 5th, '86 through June 14th, '86;  
23 Akron City Hospital records, July 15th, '86 through  
24 July 18th, 1986; office chart of Dr. Cervino;  
25 Children's Hospital Medical Center records for



1 physical therapy, July 29th to October 30th of  
2 1986; Dr. Bell's office chart, February 5th, '87  
3 through May 16th, 1989; Visiting Nurse Service  
4 records; case damage audit.

5 Q. And you reviewed all of those records?

6 A. Yes, I did.

7 Q. Including what I put in horizontally into  
8 your file or perpendicularly?

9 A. Yeah, these --

10 Q. That's the case-damage audits showing  
11 about \$21,000 in bills?

12 A. Yeah.

13 Q. Okay. No doubt in your mind that [REDACTED]  
14 had a degloving injury of the left hand?

15 A. That's documented in my report.

16 Q. No doubt that [REDACTED] hand was crushed  
17 between two rollers and also sustained a burn?

18 MR. STRASSBURG: Objection. Hearsay.  
19 Outside the scope of his opinion.

20 THE WITNESS: I'll refer to my report.  
21 He denies any history of injury to the left upper  
22 extremity other than that of June 6th, 1986 when  
23 his left hand was caught between two steel  
24 rollers. His hand was degloved to the level of the  
25 wrist. There was also a burn involved as the

1     rollers were compressing hot rubber at the time of  
2     his injury.

3                   MR. STRASSBURG: Motion to strike.  
4     It's outside the scope of his opinion. You're  
5     trying to make him your own expert.

6     BY MR. SCANLON:

7         Q.       That letter that you just read to the  
8     ladies and gentlemen of the jury, that's the letter  
9     you sent to Mr. Strassburg?

10        A.       Yes.

11        Q.       Dated March 8th, 1994, right?

12        A.       Correct.

13        Q.       It wasn't directed to me, was it, Doctor?

14        A.       No.

15        Q.       And it's been marked as an exhibit as D-1  
16     to your deposition today; is that right?

17        A.       Yes.

18        Q.       Is there anything you would change in that  
19     opinion or that letter?

20        A.       No.

21        Q.       Any reason not to believe that there was a  
22     crushing and burning injury to [REDACTED] left  
23     hand?

24                   MR. STRASSBURG: Objection. Hearsay.  
25     Outside the scope of his opinion.

1 THE WITNESS: NO.

2 MR. SCANLON: All right.

3 MR. STRASSBURG: Move to strike.

4 BY MR. SCANLON:

5 Q. And in review of the hospital records, you  
6 determined it took about 30 minutes for [REDACTED] to  
7 be extricated from the machinery; is that right?

8 MR. STRASSBURG: Objection.  
9 Mischaracterizes the report and beyond the scope of  
10 his opinion.

11 THE WITNESS: I did find one reference  
12 in his chart to that 30 minute time period, and  
13 that's why I mentioned that in my report.

14 BY MR. SCANLON:

15 Q. And in his examination, during the part  
16 where you talked to [REDACTED] about how he's been  
17 since the injury, didn't he tell you that he had  
18 nightmares concerning the accident to this day?

19 A. Absolutely. That's also in my report.

20 Q. Are you qualified to tell us what kind of  
21 psychological impact such an injury would have on a  
22 working man?

23 A. Yes.

24 Q. Are you qualified to talk about what kind  
25 of opinion or what kind of condition would relate

1 in ongoing nightmares for almost eight years  
2 following the incident?

3 A. Yes.

4 Q. All right. Tell us about both opinions.

5 A. I'm not a psychologist or a psychiatrist.  
6 I work with many patients with chronic severe  
7 disabilities such as [REDACTED] and more severe  
8 than his as well, and many of them have  
9 psychological problems.

10 I've had other patients with nightmares  
11 persisting following their injuries who have also  
12 been under the care of psychologists and/or  
13 psychiatrists. So, again, I am not a psychologist  
14 or a psychiatrist yet my patients, not just [REDACTED]  
15 [REDACTED], many of my patients have had problems similar  
16 to this.

17 Q. Okay. Is that something then you're  
18 saying that is not necessarily inconsistent with  
19 what happened to him?

20 A. Not at all.

21 Q. Okay. Is there a medical definition or  
22 term for such a condition?

23 A. Now, that is where I reach the limit of my  
24 expertise. I am not qualified to state he has any  
25 particular psychological condition as a result of

1 this. That specific diagnosis would have to be  
2 made by a psychologist or psychiatrist.

3 Q. You mean like posttraumatic stress  
4 disorder?

5 A. That would certainly be one possible  
6 diagnosis that could explain these nightmares.

7 Q. **And** your review of the records indicated  
8 that over the years -- well, let me rephrase that.

9 Your review of the records indicated  
10 that Dr. Cervino, his treating plastic surgeon,  
11 performed multiple surgeries on the left hand,  
12 correct?

13 A. Correct.

14 Q. Open reduction, internal fixation of  
15 several of the multiple fractures in the hand,  
16 multiple debridements, skin grafts and also a flap  
17 graft from the left upper arm to the hand?

18 A. Yes.

19 Q. In spite of all of that, the three middle  
20 digits were amputated?

21 A. Yes.

22 Q. He also saw Dr. Bell for his left shoulder  
23 pain?

24 A. Yes.

25 Q. Does rotator cuff tendonitis ring a bell?

1           A.       **Absolutely.**

2           Q.       I think that's what the chart indicated  
3 Dr. Bell was treating this patient for.

4           A.       That was his diagnosis.

5           Q.       And when he saw you, was he taking  
6 medication?

7           A.       Yes.

8           Q.       What kind of medications?

9           A.       They're listed in my report. He told me  
10 that his medications were Tylenol No. 3, two to  
11 three, sometimes more, as needed daily for pain;  
12 Ativan .5 milligram, one to three daily as needed.

13          Q.       Most of us know what Tylenol is, Doctor.  
14 Is Tylenol No. 3 something we can get over the  
15 counter?

16          A.       Absolutely not.

17          Q.       How does one get that drug?

18          A.       By prescription only. It contains a  
19 narcotic, which is codeine.

20          Q.       And Ativan, is that available over the  
21 counter?

22          A.       Absolutely not. It's available by  
23 prescription only. It's a tranquilizer and a  
muscle relaxer.

25          Q.       Is it also a mood elevator?

1       A.       I would not describe it as a mood  
2 elevator, no. It might be used in some patients  
3 for that, but that would not be its predominant  
4 use.

5       Q.       Now, when you asked -- when Mr. Strassburg  
6 asked you about [REDACTED] condition, he asked you  
7 if Mr. Ware was totally disabled from all forms of  
8 employment. Do you recall that question? At least  
9 in the direct exam today, I don't -- I'm not saying  
10 that you were asked that in your report.

11       A.       Yes. As you have just stated, I was not  
12 asked that specific question at the time of my  
13 exam, but I have been asked that by Mr. Strassburg  
14 today, and I have rendered an opinion.

15       Q.       Yes, sir. And you went on to describe a  
16 severe **loss** of function of the left hand that Mr.  
17 [REDACTED] sustained in the crushing injury of June 5th,  
18 1986. Do you recall that earlier?

19       A.       Yes. I have June 6th as the date but,  
20 yes.

21       Q.       Based on your experience in rehabilitative  
22 medicine, is there any way that a prosthetic device  
23 could be made for [REDACTED] that would replace those  
24 three missing fingers?

25       A.       My opinion on that is a prosthetic device

1 for that hand would be strictly cosmetic. In other  
2 words, it might be something he might wish to wear  
3 at certain times to improve the appearance of his  
4 hand, but it would be of no use whatsoever to the  
5 patient as far as improving his ability to use the  
6 hand.

7 Q. Based on your understanding of what he did  
8 prior to the injury, is there any doubt that he  
9 can't return to that particular function as a  
10 windup man at The RCA Rubber Company?

11 A. I have no doubt whatsoever that he cannot  
12 return to that former job.

13 Q. And what he can do, according to your  
14 examination, is sedentary work that wouldn't  
15 involve lifting or use of the left arm; is that  
16 right?

17 A. Correct.

18 Q. Basically correct paraphrasing of your  
19 answer?

20 A. That's close enough.

21 Q. All right. What kind of work do you, do  
22 you envision or have you an opinion on that  
23 regard? Are we talking about someone collecting  
24 receipts at a gas station?

25 A. I think it's conceivable he could do that.



1 Q. Did [REDACTED] wear a glove on his left hand  
2 when he came to see you?

3 A. I do not recall him having a glove on. If  
4 he did it was removed for the examination.

5 Q. All right. Did he tell you that he  
6 suffered no embarrassment by the sight of that left  
7 hand when he was in public?

8 A. I do not recall him stating that to me,  
9 whether he was embarrassed or not embarrassed by  
10 it.

11 Q. And your opinion in -- regarding sedentary  
12 work as you envision it for [REDACTED] not only is  
13 based on the loss of the digits but some loss of  
14 range of motion in the left arm itself as I  
15 understand it from looking at your report; is that  
16 right?

17 A. Yes, he does have some loss of range of  
18 motion at his left shoulder consistent with a  
19 rotator cuff tendonitis diagnosed by Dr. Bell.

20 Q. So as of March 8th, 1994, [REDACTED] still  
21 obviously had no finger -- three fingers were  
22 missing on his left hand and still had a left  
23 shoulder injury, in your opinion; is that correct?

24 A. Yes.

25 Q. Now, I don't mean to be silly with this

1 question, but there's no doubt that [REDACTED] loss  
2 of those three fingers is a permanent condition,  
3 correct, Doctor?

4 A. Absolutely.

5 Q. What about the shoulder injury, do you see  
6 that as improving, staying the same or getting  
- 7 worse over time?

8 A. I do not see it as worsening. I see it  
9 very unlikely that it would improve.

10 Q. So that's something that [REDACTED], along  
11 with the loss of the digits on his left hand, was  
12 likely to experience for the rest of his life?

13 A. Yes. I note that he has made some  
14 improvements in his shoulder motion with previous  
15 courses of physical therapy, but it appears to me  
16 that that improvement has not been maintained.

17 MR. SCANLON: Thank you, Doctor. I  
18 have no further questions.

19 THE WITNESS: Okay.

20 MR. STRASSBURG: I don't have any  
21 further questions. Doctor, you have the right to  
22 review this -- the transcript of this proceeding  
23 and the videotape or you can waive that right by so  
24 indicating on the record.

25 THE WITNESS: I can waive it.

1 VIDEOTAPE TECHNICIAN: May we also have  
2 a stipulation between counsel that Mirror Image  
3 Video remain custodian of this videotape until the  
4 time of its viewing at trial?

5 MR. SCANLON: Yes.

6 MR. STRASSBURG: Yes.

7 VIDEOTAPE TECHNICIAN: Thank you.

8 We're off the record.

9 - - -

10 (Deposition concluded at 11:55 o'clock a.m.)

11 "(Signature waived.)

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C E R T I F I C A T E

STATE OF OHIO, )  
                  ) **SS:**  
SUMMIT COUNTY.)

I, Cynthia Holderbaum, RPR and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, MICHAEL J. DELAHANTY, D.O., was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the witness was by me reduced to Stenotypy in the presence of said witness, afterwards transcribed upon a computer; and that the foregoing is a true and correct transcription of the testimony **so** given by the witness as aforesaid.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified, and was completed without adjournment.

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

IN WITNESS HEREOF, I have hereunto set my hand and affixed my seal of office at Akron, Ohio on this 8th day of August, 1994.

*Cynthia Holderbaum*  
Cynthia Holderbaum, RPR and Notary  
Public in and for the State of Ohio.

My Commission expires August 23, 1997.

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