	FILED	Page 1
1	IN THE COURT OF COMMON F	PLEAS
2	MU SU , OF CUYAHOGA COUNTY, OH	<sup>I</sup> Cn0
3	CERALD E. FUERST OLERK OF COURTS OLERK OF COUNTY	eur
4	SHARON A. WADE,	RG-
5	Plaintiff,	
6	VS.	Case No.
7	JAMES D. WATERS,	399962
8	Defendant.	
9		4 1 1
10		, taking taki
11	Deposition of AHMED ELGHAZAWI	/
13	statute, taken before me, Janice M.	13         
14	Rogers,.a Registered Professional	
15	Reporter and Notary Public in and for	
16	the State of Ohio, pursuant to subpoena	ar a ray proven a
17	and notice, at the offices of Ritzler,	1 T
18	Coughlin & Swansinger, Ltd., 1001	and the second
19	Lakeside Avenue, 1550 North Point Tower,	and a second
20	Cleveland, Ohio, on Friday, September	,
21	14, <b>2001,</b> at 4:15 o'clock p.m.	
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## DEPOSITION OF AHMED ELGHAZAWI, M.D.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Page 2 APPEARANCES: On behalf of the Plaintiff: Ciano & Goldwasser, L.L.P., by ANDREW S. GOLDWASSER, ESQ. Tri-Pointe Building 23825 Commerce Park Drive Cleveland, Ohio 44122 (216) 378-9900 On behalf of the Defendant: Ritzler, Coughlin & Swansinger, Ltd., by JOSEPH G. RITZLER, ESQ. 1001 Lakeside Avenue I550 North Point Tower Cleveland, Ohio 44114 (216) 241-8333 	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 12 23 24 25	<ul> <li>A. About 70 percent.</li> <li>Q. 70 percent?</li> <li>A. Yes.</li> <li>Q. And what about the other 30 percent?</li> <li>A. Im the medical director for Cuyahoga County Health Services here in the downtown area at the Justice Center.</li> <li>I'm here two and-a-half days a week. I do administrative work. I oversee the clinical operation.</li> </ul>	Page 4
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Page 3 AHMED ELGHAZAWI, M.D., of lawful age, called for examination, as provided by the Ohio Rules of Civil Procedure, being by me first duly sworn, <b>as</b> hereinafter certified, deposed and said as follows: EXAMINATIONOF AHMED ELGHAZAWI, M.D. BY-MR.GOLDWASSER: Q. Doctor, would you please state your full name for the record. A. Ahmed, A H M E D, Elghazawi, <b>EL</b> G H A Z A W I. Q. And what is your professional address? A. Tm a physician at 5500 Broadview Road and 5 Severance Circle in Cleveland Heights. Q. You said you were a physician? A. That's correct. Q. And you are licensed to practice medicine in the State of Ohio? A. Yes, I am. Q. How much of your practice in percentage terms is devoted to the	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 23 21 22 23 24 25	<ul> <li>A. Correct.</li> <li>Q. You're not a neurosurgeon?</li> <li>A. That's correct.</li> <li>Q. You're not an oncologist,</li> <li>correct?</li> <li>A. That's correct.</li> <li>Q. You're not a pathologist?</li> <li>A. That's correct.</li> <li>Q. You're not an orthopedic</li> <li>surgeon?</li> <li>A. That's correct,</li> <li>Q. You're not a general</li> <li>surgeon, correct?</li> <li>A. Correct.</li> <li>Q. You're not an internal</li> <li>medicine doctor?</li> <li>A. Iam.</li> <li>Q. You're not a family medicine</li> <li>doctor, correct?</li> <li>A. Correct.</li> <li>Q. You're not a biophysicist?</li> <li>A. No.</li> </ul>	Page 5

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		Page 6			Page ?
	Q. You're not an auto		1	neurologist who may treat a patient	
2	reconstructionist, are you?		2	A. Usually diplopia is treated	
12	A. No.		3	by eye doctors. This is the specialty	
4	Q. Doctor, what is diplopia?		4	that treats them, not neurologists	
5	A. Diplopia is simply double		5	either.	
6	vision is what it means.		6	Q. What is blastoma, Doctor?	
	Q. Do you treat diplopia <b>as</b>		7	$\mathbf{A}$ . It's a tumor. It's a brain	
8	part of your regular practice?		8	tumor in the medulla, which is a	
9	<b>A.</b> No, sir.		9	portion of the brain called the medulla.	
10	Q. Diplopia is a neurologic		10	And medulloblastoma is a tumor that	
11	disorder, is that correct?		11	affects the central nervous system. It	
12	A. It's an ophthalmologic and		12	can start in the brain, in the medulla	
13	neurologic disorder. It can be caused		13	area, and can metastasize to other area,	
14	from either eye disease or a		14	can compress the spinal cord obviously.	
15	neurological disease.		15	And it usually is treated	
16	Q. Have you ever treated		16	by chemotherapy and radiation.	
17	patients suffering from diplopia?		17	Sometimes there is surgical	
18	A. Usually we refer them to		18	intervention. If it's early enough, we	
19	ophthalmologists.		19	will excise the tumor. Then they will	
20	Q. Have you spoken on the		20	follow the excision with radiation	
21	subject of diplopia?		21	therapy or chemo, but usually radiation	
22	A. No. Not personally, no.		22	therapy is effective.	
23	Q. Have you ever written on the		23	Q. Are you familiar with the	
1 24	subject of diplopia?	1	24	cure rates with respect to	
25	A. No. No, sir.		25	medulloblastoma?	
		Page 7			Раде 9
		Page ∛			Page 9
	Q. Do you have any specialized	Page ₹	1	A. It's pretty okay. People	Page 9
2	training whatsoever with respect to	Page ₹	2	just like any other tumor, if it's	Page 9
3	training whatsoever with respect to diplopia?	Page 7	2 3	just like any other tumor, if it's diagnosed early enough, people do well.	Page 9
3 4	training whatsoever with respect to diplopia? A. Other than general medicine	Page 7	2 3 <b>4</b>	just like any other tumor, if it's diagnosed early enough, people do well. Q. Okay. And they do well even	Page 9
3 4 5	training whatsoever with respect to diplopia? A. Other than general medicine training, we take obviously rotation in	Page 7	2 3 <b>4</b> 5	just like any other tumor, if it's diagnosed early enough, people do well. Q. Okay. And they do well even though this is a tumor on the brain, is	Page 9
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3 4 5 6 7	training whatsoever with respect to diplopia? A. Other than general medicine training, we take obviously rotation in ophthalmology as part of the medicine training, so we have knowledge how to	Page ₹	2 3 4 5 6 7	just like any other tumor, if it's diagnosed early enough, people do well. Q. Okay. And they do well even though this is a tumor on the brain, is that correct? A. That's correct,	Page 9
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1       2         3       4         5       6         7       8         9       10         11       12         13       14         15       16         17       18         19       20         21       22         23       24	<ul> <li>deficits where. If they have any eye problems, the cranial nerves which sets in the skull, these cranial nerves can be affected by this kind of tumor. So if there's any involvement in the cranial nerves, and if this involvement affects the eye, for instance, then typically these patients go for frequent eye visits to the eye doctor to assess their vision. Then either prescribe lenses if needed to correct some of the deficits or basically repeat neurological studies, recent MRIs to see if there's any progression of the tumor, and basically follow them up.</li> <li>Q. How long have you been practicing medicine?</li> <li>A. Since in the United States?</li> <li>Q. In the United States?</li> <li>Q. Did you practice medicine prior to coming to the United States?</li> <li>A. Yes.</li> </ul>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 5	A. In 85 through 88, 89. And so we see cases with tumors. And I did write on the subject of spinal tumors in the Radiologic Clinics of North America. <b>Tm</b> pretty sure it's July of <b>1991</b> , the chapter there. And, you know, part of spinal disorders obviously relates to cancers and tumors. And obviously medulloblastoma is a tumor that can involve the spinal cord like some other	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Page 11 Q. For how many years? A. Couple years in Egypt. Q. So from <b>1983</b> to <b>1985</b> you were in Egypt? A. No. I came here at the end of <b>1979</b> . I work in the Saudi Embassy in Washington, D.C. as a consultant through the end of <b>1984</b> . Then I came to Cleveland Clinic, and I did training in internal medicine at that time. Then I did training in spinal disorders. And I had a fellowship in spinal.disorders in Sweden afterwards. Q. When did you graduate from medical school? A. <b>1978</b> , sir. Q. Have you ever treated a patient with medulloblastoma? A. During residency and training we've seen a few cases obviously, because we do rotations as you know in the training. So we see people who have oncological problems. Q. When was your residency,	1 2 3 4 5 6 7 8 9 0 1 2 3 14 15 16 17 18 19 20 21 22 23 24 25	<ul> <li>Q. Have you ever go ahead.</li> <li>Im sorry.</li> <li>A. That's basically one of the tumors that can involve the spine.</li> <li>When you address tumors of the spine, whatever applies to one applies to most of the n, depending on the aggressiveness of the tumor.</li> <li>Medulloblastoma, like I said earlier, if it's treated early enough with the method that I mentioned to you, these patients usually do well long term. And again depending how stable they are, they either follow up with their primary care physicians until something happens or they have any change in their course or they will go to a specialist depending on what the problem is.</li> <li>Q. As part of your clinical practice have you ever treated a patient with medulloblastoma?</li> <li>A. During residency, yes. I don't remember exactly what year. We did an oncology rotation, we have all</li> </ul>	Page 13

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	<ul><li>kinds of tumors. That's not uncommon.</li><li>Q. Since 1989 have you ever</li></ul>		Page 1 1 if you would expect that there is a 2 progression of the tumor, the myelopathy	
ì	treated a patient with medulloblastoma?		<ul><li>a can be caused from radiation itself or</li></ul>	
	4 A. Not specifically with		4 can be caused by what we call a mass	
	<ul><li>5 medulloblastoma, that's correct.</li><li>6 Q. Have you ever spoken on the</li></ul>		<ul><li>5 effect where the tissue of tumor can</li><li>6 compress on the spinal cord and can</li></ul>	
	7 subject of medulloblastoma?		<ul><li>7 also cause myelopathies. In these</li></ul>	
	8 A. Other than what I wrote		8 cases, the only there's really no	
	<ul><li>9 about the brain tumors and spinal</li><li>40 tumors and spinal</li></ul>		9 treatment for it other than therapy, if	
	<ul><li>10 tumors, no.</li><li>11 Q. So you wrote one article on</li></ul>		<ul><li>the patient is weak, or follow-upCAT</li><li>scans or MRIs, which any physician can</li></ul>	
	12 brain tumors		12 order basically.	
	13 A. It's a chapter. $\mathbf{S} \circ \mathbf{\sim}$ .		13 Q. During the course of your	
	<ul><li>14 Q. One chapter. But you never</li><li>15 have written specifically on the subject</li></ul>		<ul><li>14 clinical practice since 1989, have you</li><li>15 had occasion to diagnose a patient with</li></ul>	
	16 of medulloblastoma?.		16 radiation myelopathy?	
	17 A. No.		17 A. Couple of times. I had a	13
	18 Q. You have never spoken		18 patient at the hospital who developed	0.001
	<ul><li>specifically on the subject of</li><li>medulloblastoma, is that correct?</li></ul>		<ul><li>that post chemo and radiation therapy</li><li>for a spinal cord tumor, it was an</li></ul>	12
	21 A. No, sir.		21 osteoblastoma that metastasized. I	
	Q. And you have no specialized		22 remember because it was <b>a</b> young lady.	
	23 training besides your general training		And another case from a colon cancer	
	24 with respect to medulloblastoma, is that 25 correct?		<ul><li>patient that metastasized also and</li><li>developed radiation myelopathy after</li></ul>	
-			ae veropea radiation myeropathy atter	
		ge 1:	Page 17	
-	A. Yes, sir.	-	1 treatment.	
	<ul><li>A. Yes, sir.</li><li>Q. Okay. All right. What is</li></ul>	1	<ol> <li>treatment.</li> <li><i>Q</i>. Have you ever written on the</li> </ol>	
	A. Yes, sir. 2 Q. Okay. All right. What is 3 radiation myelopathy?		<ol> <li>treatment.</li> <li><i>Q</i>. Have you ever written on the</li> <li>subject of radiation myelopathy?</li> </ol>	
	<ul> <li>A. Yes, sir.</li> <li>Q. Okay. All right. What is</li> <li>radiation myelopathy?</li> <li>A, It's a disease that can</li> <li>involve the spinal cord as a side</li> </ul>		<ol> <li>treatment.</li> <li>Q. Have you ever written on the</li> <li>subject of radiation myelopathy?</li> <li>A. No, sir.</li> <li>Q. Have you ever spoken on the</li> </ol>	
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1 2 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	an independent medical examiner. I'm a board certified forensic examiner. I'm board certified in forensic medicine. I'm also a fellow of the American Academy of Disability Evaluating Physicians, a fellow of the American Academy of the Spine, that society, and some other credentials, too. Q. Have you ever failed any board examinations? <sup>2</sup> A. Yes, I failed internal medicine before. Q. Have you retaken the internal medicine boards? A. No, because I wasn't practicing internal medicine really, I didn't need to take it. Q. Besides failing the internal medicine boards, have you failed any other boards? A. No, sir. Q. Doctor, I know that you were out of town and just got back what, two days ago, I think?		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	<ul> <li>Q. Doctor, is this your entire file on Sharon Wade?</li> <li>A. Well, there was a lot more records than that. I had to thin them. There were just too many records. So I kept the relevant records. It was just too many records to put in the file.</li> <li>Q. So the records that are included in this particular file are the records</li> <li>A. I reviewed all the records that was listed in the letter from Mr. Ritzler that he sent to my office and the ones I listed also in my report. I listed in my report, I listed the records that I reviewed.</li> <li>Q. Why did you select these forcings that's repetitive, like so many copies in the file. You know, there's so many very old records that really does not relate to this. So I basically go through them and keep the pertinent ones.</li> </ul>	1 age 2
	· A. That'sright.	Page 19	1	Q. Okay. And in your file we	Page 21
2	• A. That'sright. Q. So are you familiar with the fact that I served your office with a	Page 19	2	have a letter to Joe Ritzler with your	Page 21
3 4	Q. So are you familiar with the fact that I served your office with a subpoena in this case?	Page 19	2 3 4	have a letter to Joe Ritzler with your report dated August 17,2001, correct? A. Yes.	Page 21
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3 4 5 6 7 8 <b>9</b> 10 11 2 13 14 5 6 7 8 <b>9</b> 20 12 22	Q. So are you familiar with the fact that I served your office with a subpoena in this case? A. Yes, sir. Q. When did you come to learn that I served you with a subpoena? A. Maybe last day or two. Q. Okay. A. I have a bad ear infection. Im just a little groggy. I'm trying. MR. GOLDWASSER: Go off the record for one second. (Discussion off record.) Q. Doctor, I'm,currently taking a look at your file. It's in front of me. We're going to mark your file as an exhibit, Exhibit 1.; Why don't we go ahead and mark it now.		2 3 4 5 6 7 8 9 10 1 12 13 14 5 6 7 8 9 10 1 12 13 14 5 6 7 8 9 20 12 22 22 22 22 22 22 22 22 22 22 22 22	have a letter to Joe Ritzler with your report dated August 17,2001, correct? A. Yes. Q. We have a couple of just general correspondence letters. We have an agreement for deposition services, which looks like it wes signed by you and Mr. Ritzler, is that right? A. Yeah. My office people have a stamp for my signature for these, that's right. Q. And your charges for deposition services are \$1,050 for the first hour and-a-half, correct? A. Yes. Q. And additional half hour increments are \$350, is that correct? A. Correct. Q. What are you charging me today for your deposition? A. Well, I think you have	Page 21

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	Page 2			Page 2
1 2 4 5 6 7 8 9 10 111 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Q. That's to be \$700, is that right? A. The reason is, I have to dedicate three hours for deposition. I have to leave my office and go back, if I have to go back, so it includes more than the hour for deposition. So the rate that's there incorporates more than just hour depositions, plus reviewing the file and so on. Q. So when you say your first hour and-a-half is \$1,050, that may be more than an hour and-a-half, is that	1 2 3 4 5 6 <b>7</b> 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	they're in Mr. Ritzler's letter dated July 31,2001 to you. Then there's miscellaneous records which you pulled. Then I note on these records things are highlighted. Is that your highlighting? <b>A.</b> Yes, sir. Q. Okay. Behind the binder clip of records there's handwritten notes. Are these your notes? <b>A.</b> Yes, sir.	
2 <b>3 4 5 6 7 8 9</b> 10 11 12 13 <b>14</b> 15 16 17 18 19 20 21 22 3 <b>24</b> 25	Page 23 Q. So you never responded to the subpoena, you personally, correct? A. I was not in the office. I was out of <b>town</b> . Q. So you never responded to the subpoena, correct? A. No. Q. Okay. Then there is a binder clip of information from your file, correct? A. Yes, sir. Q. And at the top of that is a letter actually to me from Mr. Ritzler advising my office of the independent examination of Sharon Wade? A. Yes, sir. Q. Next behind that is a letter from Mr. Ritzler to you dated July 31, 2001, correct? A. Uh-huh. Q. And that letter asks you for your opinion with respect to six key points, correct? A. Uh-huh. Q. And rather than read them	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 1 22 23 24 25	Hillcrest and <b>271</b> area due to lower back pain. She had some blurring also of vision. X-rays were done. There was no fractures. And she said she received no medications. And she was she was seen after that I assume by her family physicians. And three days later she <b>was</b> seen by another physician, Dr. Zaidi, because of lower back pain. She <b>was</b> treated for a strain and received physical therapy treatments. And she was referred to a neuroophthalmologist because of her eye symptoms. She was told she had some nerve damage. No surgery was recommended. And she was asked to follow up with ophthalmology. She had history of medulloblastoma since 1985. That was treated and treated later on with radiation. The MRI that was done after the treatment showed no recurrence. This was done by Dr. Wright. Q. Doctor, let me interrupt you	Page 25

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1	for one moment.		I	that correct?	
2	A. Sure.		2	<b>A.</b> This is what she told me.	
3	Q. The notes that you are		3	5	
4	reading, are those your notes that you		4	was in the chart as well, I mean in the	
5	took following the examination of Sharon		5	record that was sent to me as well.	
6	Wade orjust following the review of		6	Q. Just so <b>I'm</b> clear, the notes	
7	the records?		7	you just read into the record are from	
8	<b>A.</b> No. This is from the		8	the history portion of the examination	
9	patient as we're talkirig, I wrote this		9	which she presented to you?	
10	as she was sitting with me.		10	A. Correct.	
11	Q. Okay.		11	Q. Correct?	
12	A. So this was before I		12	A. That's correct.	
13	reviewed the records.		13	Q. That doesn't have anything	
14	Q. Why don't you continue on		14	to do with the records that you	
15	then.		15 16	reviewed, the notes you just read?	
16	A. She also had <b>an</b> MRI of the		17	A. This is before I reviewed the records.	
17 10	spine that was negative for any		18	Q. You took a history from her	
18 19	impingement, nerve impingement. She complained mostly of left sided pain.		I9	and examined her before reviewing the	
20	She stated she had a trial of		20	records, is that right?	
20 21	medication and no relief, She had		20	<b>A.</b> I always do that.	
22	lower back pain occasionally. And she		22	Q. Okay. You have another page	
23	had some tingling in the face. And		23	of notes, correct?	
23 24	reported no insomnia; no headaches.		24	<b>A.</b> This is the same one. This	
25	She still had visual		25	is just a copy of this. They sent you	
20	· · · · · · · · · · · · · · · · · · ·				
	1	Page 27			Page 29
	symptoms that she stated to me that		1	a copy and they made me an extra copy.	
2	started before the accident. She was		2	This is the same one.	
3	told she had sixth nerve, abducens nerve		3	Q. Do you have any other notes	
4	palsy. And that's basically the		4	that are not in your file?	
5	history.		5	A. No.	
6	On examination she had	[	6	Q. Okay. The only thing that	
7	lower back and left sided pain. And		7	is not in your file, Doctor, are the	
8	cervical spine was normal. The right		8	records that you were provided by Mr.	
9	upper extremity examination was normal.		9	Ritzler, other than the few that are in	
10	The left upper extremity, she had normal		10	there, is that right?	
11	movement, but she had some generalized		11	<b>A.</b> I kept some pertinent	
12	weakness. She had left lower extremity.		12	records. And as I told you, there was	Ì
13	weakness at the muscle group especially		13	a lot of repetitive records that I did	
14	of the left thigh and knee area. And		14 15	not keep obviously. And I dictated my	
15	she has negative straight leg raising		15 16	examination.	
16 17	bilaterally.		16 17	Q. Okay. Did you review any type of medical literature in	ļ
17 18	She was wearing a brace on the left side. Left side exam was		17	preparation of your opinions in this	
	limited because of the brace she was		19	case?	
19 20	wearing obviously. And this is		20	<b>A.</b> No.	
20 21	basically the history that she said.		20	Q. Okay. Doctor, I've been	
22	And I dictated my exam.		22	told that you intend on testifying for	
23	Q. So what you just read into	E .	23	purposes of trial regarding your	
23 24	the record were your notes from the	ł	24	opinions relative to Sharon Wade and the	
25	history portion of her examination, is		25	injuries she may or may not have	
		1			

ľ	I	age 30			Page 3
1	suffered as a result of the March 23,		1	prepare and render opinions in this	
	<b>1998</b> accident, is that correct?		2	case?	
3	A. Yes.		3	A. I mentioned the yeah,	
, 4	Q. Do you intend on testifying		4	there was a bunch of records here on	
5	live at trial, Doctor?		5	page 4. From 1 to 10, these are the	
6	A. If I was asked to, I would		6	records that I reviewed.	
7	do, yes.		7	Q. Okay. Did you review	
8	Q. You prepared a report which		8	anything else besides what's listed on	
9	sets forth your opinions in this case,		9	page <b>4</b> of your report?	
10	correct?		10	<b>A.</b> No.	
11	A. Yes, sir.		11	Q. Did you review the police	
12	Q. And that report is dated		12	report?	
13	August 17,2001, correct?		13	A. If it's not mentioned there,	
14	A. Yes, sir.		14	then I didn't review it.	
15	Q. Is that the only report you		15	Q. Okay. Is it mentioned	
16	prepared in this case?		16	there?	
17	A. Yes, sir.		17	A. I'll tell you in a second.	1
18	Q. Does that report reflect all		18	Yes, it is.	ĺ
19	of the opinions which you intend on		19	Q. Did you rely on any	
20	rendering in this case?		20	statements in the police report in	
21	A. Yes, sir.		21 m	preparation of rendering your opinions	
22	Q. So when you come into trial		22	in this case?	
23	on Monday or Tuesday, you won't be		3	A. I rely on everything I	
24	testifying to anything that's outside of		24 5	mentioned in my list.	
25	your report, correct?	2	5	Q. Why <b>was</b> it important to you	
	Pa	ge 31			Page 33
i	Pa A. I would testify to what I		1	to review the police report with respect	Page 33
2	<b>A.</b> I would testify to what I reviewed. And my report is there.		2	to your opinions in this case?	Page 33
	<b>A.</b> I would testify to what I reviewed. And my report is there. Unless I'm asked a question outside of			to your opinions in this case? A. Well, you want to know the	Page 33
2 3 4	<b>A.</b> I would testify to what I reviewed. And my report is there. Unless I'm asked a question outside of this that has to do with medicine that		2 3 4	to your opinions in this case? A. Well, you want to know the extent of the accident obviously. You	Page 33
2 3 4 5	<b>A.</b> I would testify to what I reviewed. And my report is there. Unless I'm asked a question outside of this that has to do with medicine that you ask me or he asks me, then I would.		2 3 4 5	to your opinions in this case? A. Well, you want to know the extent of the accident obviously. You want to know if the patient <b>was</b> wearing	Page 33
2 3 4 5 6	A. I would testify to what I reviewed. And my report is there. Unless I'm asked a question outside of this that has to do with medicine that you ask me or he asks me, then I would. Q. But as far as your opinions		2 3 4 5 6	to your opinions in this case? A. Well, you want to know the extent of the accident obviously. You want to know if the patient <b>was</b> wearing his seat belt. You want to know <b>if</b> .	Page 33
2 3 4 5 6 7	A. I would testify to what I reviewed. And my report is there. Unless I'm asked a question outside of this that has to do with medicine that you ask me or he asks me, then I would. Q. But as far as your opinions are concerned		2 3 4 5 6 7	to your opinions in this case? A. Well, you want to know the extent of the accident obviously. You want to know if the patient <b>was</b> wearing his seat belt. You want to know <b>if</b> . there was any trauma that was noted in	Page 33
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. I would testify to what I reviewed. And my report is there. Unless Im asked a question outside of this that has to do with medicine that you ask me or he asks me, then I would. Q. But as far as your opinions are concerned A. My opinions are stated in my report. Q. And you're going to limit your opinions at trial to those opinions that are in the report, correct? A. That's correct. Q. Doctor, we're going to mark your report as Exhibit 2.  (Thereupon, Plaintiff's Deposition Exhibit-2 was marked for purposes of identification.)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 2 2 2 3 2 3 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	2345678) 0112315678)	to your opinions in this case? A. Well, you want to know the extent of the accident obviously. You want to know if the patient <b>was</b> wearing his seat belt. You want to know <b>if</b> . there was any trauma that was noted in the police report, such as bleeding or loss of consciousness. You want to report the extent of the damage that she her car had or the other car had. That may be significant in the reference to the trauma itself. And sometimes it helps in the if there's an issue about biomechanics or the issue of mechanics of the injury, it may help a little bit, but not always. And the state of the patient, you know, how the patient was, what she said and so on. Q. Okay. Does the extent of the impact have anything to do with your opinions in this case?	Page 33
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		Page 3 <sup>,</sup>			Page 36
2 2 2 3 3 4 5 5 6 6 7 7 7 8 8 9 9 10 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<ul> <li>is, how did the patient present after</li> <li>the accident. Sometimes a minor impact</li> <li>can cause significant damage. Sometimes</li> <li>significant impact may cause minor</li> <li>damage, depending on how the patient's</li> <li>response what the patient's</li> <li>complaints were afterwards. Loss of</li> <li>consciousness obviously is important, if</li> <li>somebody loses consciousness, if there's</li> <li>evidence of fractures, evidence of</li> <li>dislocations, bleeding, as I mentioned</li> <li>earlier, things of this nature, like a</li> <li>broken seat that may have moved them in</li> <li>the car. If they hit the interior of</li> <li>the vehicle, for instance, that may be</li> <li>important sometimes.</li> <li>Q. Well, I want to limit really</li> <li>your thoughts with respect to this</li> <li>particular case. Did the police report</li> <li>or anything in the police report have</li> </ul>	Page 3 <sup>,</sup>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 22 23	<ul> <li>in rendering your opinions in these types of cases?</li> <li>A. It's part of the records.</li> <li>And I have to review it in the context of the whole case or the whole situation.</li> <li>Q. It's as important as the police report, correct?</li> <li>A. It's another information that's relevant.</li> <li>Q. Did you review any photographs of the automobiles following the collision in this case?</li> <li>A. You know, again 1 don't think so, because I didn't have the rest of the of these records here with me right now. So I don't remember if I saw pictures or not. I don't think I did.</li> <li>Q. And if you did, you would have noted that in your report, correct?</li> </ul>	Page 36
23 24	any bearing on any of the opinions you intend to render in this case?		23 24	<b>A.</b> Not always. Not always. I mean, I would mention, as I mentioned	
25	<b>A.</b> My opinions as I mentioned		25	to you earlier, if there was anything,	
		Page 35			Page 37
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 7 18 19 20 21 22 23 24 25	to you, in all these records and the emergency room obvjously is very important, because it's the first doctor who saw the patient. Q. I want to know specifically about the police report. Was there anything in the police report which you relied on in formulating your opinions in this case? A, Not the general opinion. The general opinion was based on <b>all</b> these facts together, nothing specifically in the police report. Q. Okay. Did you review an EMS runreport? A. The EMS report, if I didn't mention it, then I didn't have it or didn't review it. Q. Is it mentioned in your report? A. No. Q. So you did not review it, correct? A. Probably not. Q. Would that be something that		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20 21 22 23 24 25	fractures or anything related to the biomechanics of the accident. Usually I don't mention pictures in the reports if it's not relevant. Q. If the photographs were relevant, you would have mentioned them in your report, correct? A. I would mention it, yes. Q. So since they're not mentioned in your report, if you did review the photographs, they weren't relevant, correct? A. If I did review them and there was nothing significant there, I wouldn't mention it. But if there was something significant there that would relate to the clinical diagnosis, I would mention it. Q. But you didn't mention anything in your report, correct? A. That's correct. Q. So therefore is it fair to assume that if you did see the photographs, those photographs meant nothing to you in the rendering of your	

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1	opinions in this case?		1	A. I think some physicians, Im	
23	MR. RITZLER Photographs		2 3	not sure, but Dr. Lerner probably who	
. 4	were not provided. A. I wouldn't say it meant		4	saw the patient before, she was following up with him, I think, or one	
	nothing. I would just say it bears no		5	of the physicians. So his care extends	
6	clinical value. Because again, you		6	from before and after.	
7	know, you may have a significant damage		7	But the majority of the	
8	to a vehicle, What matters is the		8	records, almost all of them was from	
9	patient's state afterwards. The		9	MetroHealth, who were treating the	
10	emergency room physician who sees the		10	patient for the medulloblastoma.	
11	patient immediately, if it's immediately		11	Q. All right. Did you review	
12	obviously, after the accident is		12 13	the Hillcrest emergency room records? A. Yes, sir.	
13	probably very important document, because he sees the patient firsthand.		<b>14</b>	Q. Was Sharon taken there by	
14	Q. Just so <b>Im</b> clear in your		15	ambulance?	
16	testimony, a minimal impact collision		16	<b>A.</b> Yes, sir.	
17	can cause a significant injury, isn't		17	Q. What did Sharon complain of	
18	that true?		18	when she arrived at Hillcrest Hospital?	
19	A. Sure. Sure.		19	A. Neck, back pain, <b>as</b> well as	
20	I can explain to you if		20	blurring of vision.	
21	you like.		21	Q. Did she also complain of	
22	Q. That's okay:		22	dizziness?	
23	Did you review any of the		23 24	<b>A.</b> Probably, yeah.	
24 25	repair estimates relating to the property damage of the vehicles in this		25	Q. Did she also complain of having headaches?	
25	property damage of the venicles in this		2.0	nuving neutrenes.	
		Page 39			Page 41
		Page 39	1	A She may have yes	Page 41
2	case?	Page 39	1	<b>A.</b> She may have, yes. <b>O</b> What was the diagnosis <b>of</b>	Page 41
23	case? A. I think there may have been	Page 39	2	Q. What was the diagnosis of	Page 41
3	case? A. I think there may have been something in the records. Sometimes	Page 39		Q. What was the diagnosis <b>of</b> Sharon upon discharge from Hillcrest	Page 41
	case? A. I think there may have been	Page 39	2 3	Q. What was the diagnosis of	Page 41
3 4	case? A. I think there may have been something in the records. Sometimes they send bills of repairs and stuff. I don't comment on those. Q. So those have no bearing on	Page 39	2 3 4 5 6	Q. What was the diagnosis of Sharon upon discharge from Hillcrest Hospital? A. Closed head injury and hyperextension neck and back injury.	Page 41
3 4 5 6 7	case? A. I think there may have been something in the records. Sometimes they send bills of repairs and stuff. I don't comment on those. Q. So those have no bearing on your opinion one way or the other?	Page 39	2 3 4 5 6 7	<ul> <li>Q. What was the diagnosis of Sharon upon discharge from Hillcrest Hospital?</li> <li>A. Closed head injury and hyperextension neck and back injury.</li> <li>Q. Was all of the treatment</li> </ul>	Page 41
3 4 5 6 7 8	case? A. I think there may have been something in the records. Sometimes they send bills of repairs and stuff. I don't comment on those. Q. So those have no bearing on your opinion one way or the other? A. No.	Page 39	2 3 4 5 6 7 8	Q. What was the diagnosis of Sharon upon discharge from Hillcrest Hospital? A. Closed head injury and hyperextension neck and back injury. Q. Was all of the treatment rendered at Hillcrest Hospital	Page 41
3 4 5 6 7 8 9	<ul> <li>case?</li> <li>A. I think there may have been something in the records. Sometimes they send bills of repairs and stuff.</li> <li>I don't comment on those.</li> <li>Q. So those have no bearing on your opinion one way or the other?</li> <li>A. No.</li> <li>Q. Is that yes?</li> </ul>	Page 39	2 3 4 5 6 7 8 <i>9</i>	Q. What was the diagnosis of Sharon upon discharge from Hillcrest Hospital? A. Closed head injury and hyperextension neck and back injury. Q. Was all of the treatment rendered at Hillcrest Hospital reasonable and necessary, Doctor, in	Page 41
3 4 5 6 7 8 9 <b>10</b>	<ul> <li>case?</li> <li>A. I think there may have been something in the records. Sometimes they send bills of repairs and stuff.</li> <li>I don't comment on those.</li> <li>Q. So those have no bearing on your opinion one way or the other?</li> <li>A. No.</li> <li>Q. Is that yes?</li> <li>A. No.</li> </ul>	Page 39	2 3 4 5 6 7 8 9 0	Q. What was the diagnosis of Sharon upon discharge from Hillcrest Hospital? A. Closed head injury and hyperextension neck and back injury. Q. Was all of the treatment rendered at Hillcrest Hospital reasonable and necessary, Doctor, in your opinion?	Page 41
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	Page4			Page 4
	1 Zaidi before the accident?		Q. In layman's <i>terms</i> , what does	
	2 A. I think so, yeah. He saw	2		
I	3 her before, maybe. I have to go back	3		
	4 and look at all of them. But he saw	4		
	5 her certainly after the accident, April	5		
	6 15, 1998.	6		
	7 Q. Okay. And what was he	7	nerve roots and not causing any nerve	
	8 treating her for, do you know?	8	pressure.	
	9 A. She complained of dizziness	9	The L 4-5 level was also	
	10 at the time, difficulty focusing her	10	a protrusion type, which means that the	
	11 right eye afterwards, as well as neck	11	disk was out of its place. And there	
	12 and back pain, headaches.	12	was no stenosis, meaning that there was	
	13 And he examined her	13	no narrowing of that part of the spine	
	14 initially on April 15th and noted	14	as a result of the disk hemiation.	
	15 tenderness in the neck and back area.	15	And there was no	
	16 She also complained of weakness in her	16	neuroimpingement, meaning that the exit	
	17 left upper and lower extremities, which	17	of the nerves or the nerve foramen or	
	18 is arms and legs.	18	where the nerves come out are not	
	19And she was diagnosed as	19	affected.	
	20 having whiplash of the cervical spine.	20	Q. But was the bulging disk at	
	21 It was felt that this was resolving,	21	L 1-2 caused by the March 23, 1998	
	22 that was residual tenderness in the	22	accident?	
	23 cervical area. Rule out herniated	23	A. Most probably not. I mean,	
	24 lumbar <b>disk</b> , which <b>was</b> the lumbar disk,	24	bulging disk themselves are unless	
	25 the back pain. He recommended MRI of	25	there is a significant nerve root	
	Page 43			Page 45
		1	impingement <b>or</b> a tear that is	Page 45
	the lumbar spine as well as EMG and	1	impingement <b>or</b> a tear that is	Page 45
	<ul><li>the lumbar spine as well as EMG and</li><li>nerve conduction testing.</li></ul>	2	significant, they are incidental	Page 45
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		Page 4(			Page 4
1	rendered at Meridia South Pointe		1	evaluated by Dr. Lerner, correct?	
2	Hospital reasonable and necessary?		2	A. Which page are we on now?	
3	A. Yeah, it was reasonable and		3	Q. Which page are we on?	
4	necessary.		4	A. I thought you were reading	
5	Q. Was all of the treatment		5	from my report.	
6	rendered at Meridia South Pointe		6	Yes, she was seeing Dr.	
7	Hospital a direct and proximate result		7	Lerner as well, that's correct.	
8	of the March 1998 accident?		8	Q. How many times was she seen	
9	A. Yes.		9	by Dr. Lemer, do you know?	
10	Q. I believe we already talked		10	<b>A.</b> I would say <b>two</b> or three	
11	about Dr. Zaidi who treated her through		11	times at least, maybe more.	
12	Meridia Euclid, correct?		12	Q. What was she being treated	
13	A. Yes, sir.		13	for with Dr. Lerner?	
14	Q. And you are of the opinion,		14	A. Because of the intermittent	
15	Doctor, that all of the treatment that		15	diplopia.	
16	Dr. Zaidi rendered was reasonable and		16	Q. Anything else besides that?	
17	necessary, correct?		17	A. This was the main reason,	
18	<b>A.</b> Yeah. You know, the nerve		18	her eye symptoms.	
19	blocks that the patient had in my		19	Q. Okay. He wasn't seeing her	
20	opinion has really no long term clinical		20	for her back at all?	
21	benefit in soft tissue injuries. And		21	A. He may have been, yes. I	
22	she did have some nerve blocks. And I		22	don't have I have to <b>look</b> at his	
23	do not believe that these nerve blocks		23	records specifically.	
24	have any long term clinical benefit for		24	Q. So as you sit here today you	
25	the patient.		25	don't know whether he was treating her	
	1				
	je.				
		Page 4i			Page 49
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O But as far <b>as</b> the treatment	Page 4i	1	for her back?	Page 49
2	Q. But as far <b>as</b> the treatment that <b>was</b> rendered to her by Dr. Zaidi.	Page 4i	1	for her back? A L have to look at them Can	Page 49
2	that was rendered to her by Dr. Zaidi,	Page 4i	2	A. I have to look at them. Can	Page 49
3	that <b>was</b> rendered to her by Dr. Zaidi, that was reasonable and necessary,	Page 4i	2 3	A. I have to look at them. Can I look at them?	Page 49
3 4	that <b>was</b> rendered to her by Dr. Zaidi, that was reasonable and necessary, correct?	Page 4i	2 3 4	A. I have to look at them. Can I look at them? Q. Sure, go ahead.	Page 49
3 4 5	that was rendered to her by Dr. Zaidi, that was reasonable and necessary, correct? A. The other treatments were,	Page <i>4i</i>	2 3 4 5	A. I have to look at them. Can I look at them? Q. Sure, go ahead. (Discussion off record.)	Page 49
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	Pa	nge :			Page 5
1	A. If it was forwarded to me,		1	or the other whether that treatment was	
2	then I reviewed them.		2	a direct and proximate result of the	
4	Q. As you sit here		3	March accident, correct?	
	<b>A.</b> I did not mention them in my		4	A. That's correct.	
5	report, so I'm not sure if I reviewed		5	Q. All right. Was Sharon Wade	
6	them or not.		6	treated at University Ophthalmology,	
7	Q. Okay. And you don't have an		7	Doctor?	
8	opinion one way or the other as you sit		8	A. Yes, sir.	
9	here today whether the Western Reserve		9	Q. And what was she treated at	
10	Ophthalmology treatment to Sharon Wade		10	University Ophthalmology for?	
11	was reasonable and necessary, do you?		11	A. She was treated in the	
12	A. If you tell me what the		12	neurology department by Dr. Lemer, and	
13 14	treatments were, I can tell you. Q. If you didn't review the		13 14	she was treated by Dr. Cappeart.	
14	records		15	Q. I think you're mistaken a little bit. I don't think she was	
16	<b>A.</b> Well, I said there were so		16	treated by Dr. Lerner at University	
17	many records, it may have been there.		17	Ophthalmology.	
18	I'm not sure.		18	<b>A.</b> She was at University	
19	Q. But if it was there, you		19	Hospital, ophthalmology Dr. Cappeart, I	
20	would have noted it in your report,		20	think.	
21	correct?		21	Q. Dr. Cappeart?	
22	A. Yes.		22	A. Yes.	
23	Q. So it's not noted in your		23	Q. And do you know why Dr.	
24	report, so you didn't review it,		24	Cappeart was treating her?	
25	correct?		25	<b>A.</b> For her eye symptoms.	
20				<b>1.</b> Tor her eye symptoms.	
	Pag	e 51			Page 53
	A. Yes, probably.	e 51	1	Q. Okay. Areyouofthe	Page 53
2	<ul><li>A. Yes, probably.</li><li>Q. Okay. So without reviewing</li></ul>	e 51	1 2	Q. Okay. Areyouofthe opinion, Doctor, that all of the	Page 53
2 3	A. Yes, probably. Q. Okay. So without reviewing that	e 51	1 2 3	Q. Okay. Areyouofthe opinion, Doctor, that all of the treatment rendered by Dr. Cappeart was	Page 53
2 3 4	<ul> <li>A. Yes, probably.</li> <li>Q. Okay. So without reviewing that</li> <li>A. You're talking about the</li> </ul>	e 51	1 2 3 4	Q. Okay. Areyouofthe opinion, Doctor, that all of the treatment rendered by Dr. Cappeart was reasonable and necessary?	Page 53
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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	clinical information that I have, that basically restated the previous expert opinion in that area. But I'm not an ophthalmologist. Q. You're not an ophthalmologist, so you have no opinion one way or the other whether Sharon Wade's vision problems were caused by the March 1998 accident? A. My opinion in reference to the diplopia and the eye problems was derived from the clinical information that I had based on the medical records provided to me, not <b>as</b> an ophthalmologist. Q. Okay. So are you intending to state an opinion with respect to Sharon Wade's vision A. Well, I had it in my impression. I'm not an ophthalmologist. I will not testify on eye problems. Q. Okay. Are you intending to state an opinion at trial with respect to her eye problems?. A. No.		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	focusing of her right eye, which was also stated in the ophthalmologist's report. Q. Do you believe, Doctor, that her complaints of dizziness were caused by the March 1998 accident? MR. RITZLER: Objection. Q. You can answer, Doctor. MR. RITZLER Beyond the scope of his report and opinions. A. I have no opinion in reference to that.	
20	i i i i i i i i i i i i i i i i i i i				
	Q. All right.	Page 5:	1	cervical and lumbar strain that was due	Page 57
2 3	Almost done, Doctor. A. Hope so.			to the motor vehicle accident on <b>3-23</b> , 1998. And that's resolved.	
4	Q. Do you have an opinion with		4	I also have an opinion in	
5	respect to whether Sharon Wade's motion, her feeling of motion was affected by		5 6	reference to the disk which I mentioned on page <b>5</b> , that she had an aggravation	
6 7	the March 1998 accident? Do you		7	of preexisting lumbar disk L 4-5 that	
8	understand my question?		8	was previously asymptomatic.	
9	A. No.		<b>9</b> 10	<b>Q.</b> When you say previously asymptomatic, it means it wasn't	
10 11	Q. Okay. MR. RITZLER: I don't.		11	bothering her before the accident, but	
12	Q. Sharon Wade complains of a		12	it was bothering her after, correct?	
13	feeling of dizziness. Are you aware of		13	A. Yes, sir.	
14 15	that, Doctor? A. Yes.		14 15	Q. You state an opinion with respect to her radicular manifestations,	
16	Q. Do you hade an opinion	ļ	16	correct?	
17	whether the dizziness of which Sharon		17	A. Which page?	
18	Wade complains was caused by the March		18	Q. Im looking at your	
19 20	1998 accident? A. When I saw Mrs. Wade, most		19 26	conclusion on page 6. What do you mean by	
20 21	of her complaints to me was the left		20 21	radicular manifestations?	
22	sided weakness basically, and a		22	A. The symptoms are affecting	
23	progression of the left sided weakness		23	her extremities, being left upper, left	
24 25	beside her visual problems. But it was		24 25	Q. And you are of the opinion,	
25	mentioned in the records that she also		29	Q. And you are of the opinion,	

and a second state of the second s

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1		Page :			Page 60
1	Doctor, correct me if I am wrong, that		1	The exacerbation means it	
2	the problems she is with having with		2	brings it to that level. It's bringing	
3	the left side of her body are unrelated		3	it at the level of weakness to her,	
	to the March accident, correct?		4	what's really to her. So it's not more	
5	A. Historically she had left		5	than the weakness than she had before	
6	sided pain according to her that		6	is what it means.	
	predated the accident of 3-23, 1998.			Q. I'm a little bit confused.	
8	The diagnostic studies and the MRIs did		8	Is it your opinion that her left side	
9 10	not show any nerve impingement or nerve damage. The EMG and nerve conduction		9 10	weakness was not aggravated by the accident?	
11	testing did not reveal any evidence that		11	<b>A.</b> No, it was exacerbated.	
12	the nerves going to her leg were		12	Q. And not aggravated?	
13	affected. Plus the disk itself that		13	A. That's correct.	
14	was reported on the MRI was preexisting.		14	Q. You state in your conclusion	
15	Q. Did it seem like her		15	on page $\boldsymbol{6}$ , Doctor, that her radicular	
16	symptoms were exacerbated by the motor		16	manifestations are unrelated to the	
17	vehicle accident of March 23, 1998?		17	March 23,1998 accident and are	
18	MR. RITZLER: What		18	consistent with chronic history of	
19	symptoms?		19	weakness of the left side status post	
20	Q. Her left upper and left		20	medulloblastoma surgery and radiation	
21	lower extremity weakness.		21	therapy.	
22 23	<b>A.</b> When I mentioned to you that these were preexisting symptoms, that		23	<ul><li>A. That's right.</li><li>Q. The next sentence reads,</li></ul>	
24	these symptoms I mentioned to you also		24	this is a common complication of	
25	in the impression which are on 5, that		25	radiation therapy, that is to say,	
		Do ao 50 J	1		Dage (1
,		Page 59	I		Page 61
,	it seems like her symptoms were	Page 59	1	development of myelitis and other	Page 61
2	it seems like her symptoms were exacerbated by the motor vehicle	Page 59	2	myelopathy.	Page 61
3	it seems like her symptoms were exacerbated by the motor vehicle accident on 3-23, 1998.	Page 59	2 3	myelopathy. A. That's right.	Page 61
3 4	it seems like her symptoms were exacerbated by the motor vehicle accident on 3-23, 1998. But the chronic weakness,	Page 59	2 3 4	myelopathy. A. That's right. Q. And you're not a	Page 61
3 4 5	it seems like her symptoms were exacerbated by the motor vehicle accident on 3-23, 1998. But the chronic weakness, meaning the ongoing, long term weakness	Page 59	2 3 4 <b>5</b>	myelopathy. A. That's right. Q. <b>And</b> you're not a radiologist, correct?	Page 61
3 4 5 6	it seems like her symptoms were exacerbated by the motor vehicle accident on 3-23, 1998. But the chronic weakness, meaning the ongoing, long term weakness is <b>a</b> natural progression. When you	Page 59	2 3 4 <b>5</b> 6	<ul> <li>myelopathy.</li> <li>A. That's right.</li> <li>Q. And you're not a</li> <li>radiologist, correct?</li> <li>A. I have the report right</li> </ul>	Page 61
3 4 5 6 7	it seems like her symptoms were exacerbated by the motor vehicle accident on 3-23, 1998. But the chronic weakness, meaning the ongoing, long term weakness is <b>a</b> natural progression. When you have myelopathy from post radiation, the	Page 59	2 3 4 5 6 7	<ul> <li>myelopathy.</li> <li>A. That's right.</li> <li>Q. And you're not a radiologist, correct?</li> <li>A. I have the report right there that revealed that.</li> </ul>	Page 61
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		Page (	
1	correct?		
	A. Yes, sir.		
	Q. And every person you treat		
4	is different, correct?		
5	A. Yes, sir.		
6	Q. If two people are involved		
7	in the same auto accident, it is		
8	possible that one may be <b>hurt</b> and the		
9	other may not, correct?		
0	A. Yes, sir.		
1	Q. some people are more		
12	susceptible to injury than others,		
3	correct?		
4	<b>A.</b> That's correct.		
5	Q. Do you know Dr. Conomy?		
6 7	<b>A.</b> I know Jack very well. Q. Do you know him well?		
8	A. Yes. And he knows me, too.		
o 9	Q. What is your opinion of $\mathbf{D}^{\mathbf{r}}$ .		
)	Conomy?		
1	A. He's <b>a</b> good doctor.		
2	Q. Do you believe he's		
3	qualified to state opinions in this		
4	case?		
5	A. Ofcourse.		
	*		
	1	Page 63	
		1 age 05	
l	Q. And if the opinions are		
2	contrary to yours, what do you make of		
3	that, Doctor?		
	A. He's entitled to his		
	opinions. And people may have different		
	opinions.		· .
	Q. Would you defer to him under		
	issues of neurology?		
)	A. If it's something I can't		
	give <b>an</b> opinion <b>to</b> , I would defer to		
	him, sure. MR, GOLDWASSER I have		
	nothing further. Thank you.		
	MR. RITZLER: That's it.		· · · · · · · · · · · · · · · · · · ·
	MR. GOLDWASSER Waiver?		
	THE WITNESS: Fine.		
			· .
		1	