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CAROL NEWMAN, et al., vs. ROBERT MANAK, et al.,

TIMOTHY L. GORDON, M.D.

COURT REPORTERS OF AKRON, CANTON ANT) CLEVELAND

330-376-8100 330-452-2400 216-621-6969

## CAROL NEWMAN, et al., vs. ROBERT MANAK, et al

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<p>1 IN THE COURT OF COMMON PLEAS</p> <p>2 CUYAHOGA COUNTY, OHIO</p> <p>3 - - -</p> <p>4 CAROL NEWMAN, et al., )</p> <p>5 Plaintiffs, )</p> <p>6 vs. ) CASE NO. 308680</p> <p>7 ROBERT MANAK, et al., )</p> <p>8 Defendants. )</p> <p>9 - - -</p> <p>10</p> <p>11</p> <p>12 Videotaped Deposition of</p> <p>13 TIMOTHY L. GORDON, M.D., a Witness herein, called</p> <p>14 by the Defendants for Direct Examination pursuant</p> <p>15 to the Rules of Civil Procedure, taken before me,</p> <p>16 the undersigned, Tracy J. Schell, a Certified</p> <p>17 Court Reporter and Notary Public in and for the</p> <p>18 State of Ohio, at the medical offices of Highland</p> <p>19 Musculo-Skeletal Associates, Inc., 850 Brainard</p> <p>20 Road, Highland Heights, Ohio, on Wednesday, the</p> <p>21 29th day of April, 1998, at 11:40 o'clock a.m.</p> <p>22</p> <p>23 - -</p> <p>24</p> <p>25</p>		<p>1 I N D E X</p> <p>2</p> <p>3 Page</p> <p>4 Direct Examination by Ms. Workum 4</p> <p>5 Cross-Examination by Mr. Vergon 16</p> <p>6 Cross-Examination by Mr. Caravona 24</p> <p>7 Redirect Examination by Ms. Workum 84</p> <p>8 Recross-Examination by Mr. Vergon 86</p> <p>9 Recross-Examination by Mr. Caravona 92</p> <p>10</p> <p>11</p> <p>12</p> <p>13 Plaintiffs' Exhibits Description Page</p> <p>14 1 Sports Rehabilitation Consultants Records 44</p> <p>15 2 Corporate Record 68</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p>1 APPEARANCES:</p> <p>2 On Behalf of the Plaintiffs:</p> <p>3 CARAVONA &amp; CZACK, PLL</p> <p>4 BY: Donald Caravona</p> <p>5 Attorney at Law</p> <p>6 1900 Terminal Tower</p> <p>7 Cleveland, Ohio 44113</p> <p>8 On Behalf of the Defendant Robert Manak:</p> <p>9 LAW OFFICES OF MARILLYN FAGAN DAMELIO</p> <p>10 SY: Denise B. Workum</p> <p>11 Attorney at Law</p> <p>12 Lakeside Place - Suite 410</p> <p>13 323 Lakeside Avenue West</p> <p>14 Cleveland, Ohio 44113</p> <p>15 On Behalf of the Defendant Cox, Bahr Lumber</p> <p>16 Company:</p> <p>17 SMITH, MARSHALL, WEAVER &amp; VERGON</p> <p>18 BY: Frederick P. Vergon, Jr.</p> <p>19 Attorney at Law</p> <p>20 500 National city</p> <p>21 East Sixth Building</p> <p>22 1965 East Sixth Street</p> <p>23 Cleveland, Ohio 44114</p> <p>24 ALSO PRESENT:</p> <p>25 Kenneth M. Simon, Videographer</p> <p>1 - -</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>		<p>1 TIMOTHY L. GORDON, M.D.</p> <p>2 of lawful age, a Witness herein, having been</p> <p>3 first duly sworn, as hereinafter certified,</p> <p>4 deposed and said as follows:</p> <p>5 DIRECT EXAMINATION</p> <p>6 BY MS. WORKUM:</p> <p>7 Q. Good morning, Dr. Gordon.</p> <p>8 Can you state your full name, please?</p> <p>9 A. Timothy L. Gordon, M.D.</p> <p>10 Q. And, Dr. Gordon, are you a licensed</p> <p>11 physician and surgeon in the State of Ohio?</p> <p>12 A. Yes, I am.</p> <p>13 Q. When did you obtain your medical license?</p> <p>14 A. I obtained my medical license in 1986.</p> <p>15 Q. Where did you go to medical school?</p> <p>16 MR. CARAVONA: I will stipulate</p> <p>17 that this man is an expert in testifying.</p> <p>18 BY MS. WORKUM:</p> <p>19 Q. Well, then, let's just skip to -- your area</p> <p>20 of specialty, Doctor, is orthopedics.</p> <p>21 Can you explain to the jury what</p> <p>22 "orthopedics" is?</p> <p>23 A. "Orthopedic surgery" is the surgical</p> <p>24 specialty in the area of medicine that deals with</p> <p>25 injuries, diseases, problems of the</p>

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1 musculoskeletal system. That includes the bones,  
 2 joints, spine, ligaments, tendons, nerves, things  
 3 likethat.  
 4 Q. And, Doctor, are you Board certified as an  
 5 orthopedic surgeon?  
 6 A. Yes, I am.  
 7 Q. Can you explain to the jury what Board  
 8 certification entails?  
 9 A. Well, Board certification entails a process  
 10 beyond residency training. It's above and beyond  
 11 being medically licensed. It involves sitting  
 12 for an extensive written examination. Then once  
 13 that is passed, an individual has to be in  
 14 private practice for two years. And then has to  
 15 pass an extensive oral examination. And then can  
 16 apply to be a Board fellow, Board certified.  
 17 I've done all those things, and I'm Board  
 18 certified.  
 19 Q. And when did you become Board certified?  
 20 A. 1993.  
 21 Q. During the course of your practice, have  
 22 you had an opportunity to treat and examine  
 23 patients who have been involved in motor vehicle  
 24 accidents?  
 25 A. Yes.

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1 Q. At my request, did you examine the  
 2 Plaintiff in this case, Carol Newman?  
 3 A. Yes.  
 4 Q. And what was the date of your examination?  
 5 A. The examination was May 7, 1997.  
 6 Q. Did you keep a record of the examination?  
 7 A. Yes, I have a report here.  
 8 Q. Okay. Feel free to refer to that during  
 9 the rest of the deposition, Doctor.  
 10 When you saw Ms. Newman, did you take a  
 11 history from her?  
 12 MR. CARAVONA: Excuse me. I don't  
 13 mean to be interruptive, but you asked if he kept  
 14 a record of the examination?  
 15 MS. WORKUM: Yes.  
 16 MR. CARAVONA: And the response  
 17 was a report?  
 18 MS. WORKUM: He said, "I have a  
 19 report in front of me."  
 20 MR. CARAVONA: Okay. Go ahead,  
 21 Doctor. I'm sorry.  
 22 BY MS. WORKUM:  
 23 Q. My question was, did you take a history  
 24 from Ms. Newman at the time of your examination?  
 25 A. Yes, I did.

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1 Q. And what history did she give to you?  
 2 A. She reported to me that she was 61 years  
 3 old. She worked for her husband, who was a  
 4 dentist. She had been involved in two motor  
 5 vehicle accidents, one May 26th of 1994. And  
 6 then one subsequently, June 16th of 1994.  
 7 She apparently went to the emergency room  
 8 after the first motor vehicle accident. She  
 9 apparently got some physical therapy after the  
 10 first motor vehicle accident. Also saw a  
 11 chiropractor apparently at the referral of  
 12 someone who she had been getting massages from  
 13 previously. Subsequently had some massages.  
 14 Was in a second motor vehicle accident as  
 15 noted. Apparently sought some treatment from her  
 16 family doctor at that point. Saw some other  
 17 doctors.  
 18 And that basically brought us up  
 19 to -- when I saw her at that time, she indicated  
 20 she had headaches off and on, some intermittent  
 21 soreness in the neck and upper back after  
 22 gardening or picking up her grandchildren.  
 23 Q. Doctor, did Ms. Newman give you any  
 24 information about her medical condition prior to  
 25 the date of the first car accident?

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1 A. Yes.  
 2 Q. And what was that information?  
 3 A. Well, she reported she had carpal tunnel  
 4 surgery in the past. Treated with  
 5 Dr. Rodriguez. Also that she had had a history  
 6 of headaches before the motor vehicle accident.  
 7 She denied any neck pain prior to the motor  
 8 vehicle accident. She reported she had back pain  
 9 after gardening prior to the motor vehicle  
 10 accidents.  
 11 Q. Doctor, did you have an opportunity to  
 12 review various medical documents which detailed  
 13 Ms. Newman's care and treatment since the first  
 14 motor vehicle accident?  
 15 MR. CARAVONA: Objection.  
 16 THE WITNESS: Yes.  
 17 BY MS. WORKUM:  
 18 Q. And from what institutions or physicians  
 19 were those records?  
 20 A. I reviewed records from Parma Community  
 21 Hospital emergency room. Also records, various  
 22 X-ray reports, records from Tri County Physical  
 23 Therapy. Also records from Dr. Dehling, also  
 24 chiropractic records, records of Dr. Solomon, and  
 25 records from a Patricia Francis, also a

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1 psychologist, Bendetto. And I subsequently  
 2 reviewed some additional records made available.  
 3 Q. And what -- from whom are the additional  
 4 records?  
 5 A. They're from Dr. Gordon Bell, a Dr. Mark  
 6 Pelligrino, a Dr. Harold Mars, MRI report, a  
 7 record from -- a report from Cynthia Dehling, and  
 8 that's it.  
 9 Q. Doctor, did you conduct an examination of  
 10 Ms. Newinan?  
 11 A. Yes.  
 12 Q. And what were your findings?  
 13 A. Well, I performed a physical exam. And  
 14 what I found was that she walked normally. She  
 15 could walk on her heels and walk on her toes.  
 16 When I examined her neck, she had some  
 17 decreased extension that she demonstrated. She  
 18 reported some diffuse tenderness with palpation  
 19 over the skin of the posterior neck and inner  
 20 scapula region. The muscles were soft. The  
 21 muscles relaxed with reciprocal movement.  
 22 There was no tenderness elsewhere in the  
 23 back. She could bend forward and put her  
 24 fingertips to her toes. And there was good range  
 25 of motion of the shoulders and scapula.

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1 The examination of the upper extremities  
 2 revealed that the reflexes were symmetric, the  
 3 sensation was intact. Good grip bilaterally.  
 4 There was no muscle wasting or atrophy. And the  
 5 measurements of her arms circumferentially were  
 6 about the same.  
 7 There was good resistive strength in the  
 8 upper extremities. In the lower extremities,  
 9 reflexes were symmetric, sensation intact.  
 0 And sitting straight-leg raising was  
 1 negative. Knees were non-tender. Good range of  
 2 motion. Ligaments stable. And there was some  
 3 mild crepitus of the knees on both sides.  
 4 Q. Doctor, did you have any objective findings  
 5 to support Ms. Newman's complaints to you?  
 6 A. Based on the evaluation at that time, no.  
 7 Q. Can you explain to the jury the difference  
 8 between "subjective complaints" and "objective  
 9 findings"?  
 0 A. Yes. "Subjective complaints" are  
 1 complaints that a patient tells us. It's part of  
 2 the history. It's essentially the story they  
 3 choose to tell. We can't tell whether it's real  
 4 or not. It's just whatever story they choose to  
 5 tell.

1 An analogy might be if a patient says they  
 2 have a red car, we write down they have a red  
 3 car. That's what they want to tell us. We don't  
 4 know if they do or don't.  
 5 As far as objective, "objective findings"  
 6 are things that we can look at, kind of, you  
 7 know, feel, touch or determine whether they're  
 8 real -- really there or not. Those kind of  
 9 things.  
 10 Q. Doctor, based on your training, experience,  
 11 the history that you took and the examination,  
 12 along with your review of records, do you have an  
 13 opinion to a reasonable degree of medical  
 14 certainty as to whether Ms. Newman sustained any  
 15 injury in the motor vehicle -- in the first motor  
 16 vehicle accident on May 26, 1994?  
 17 A. Yes, I have an opinion.  
 18 Q. And what is that opinion?  
 19 A. Well, based on her history, she could have  
 20 sustained soft tissue strains, contusions as a  
 21 result of that accident.  
 22 Q. Doctor, based on those same factors, do you  
 23 have an opinion to a reasonable degree of medical  
 24 certainty as to whether she had any medical  
 25 improvement from the date of the first accident

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1 in May of 1994 to the date of the second accident  
 2 in June of 1994?  
 3 MR. CARAVONA: Objection.  
 4 THE WITNESS: Yes, I have an  
 5 opinion.  
 6 BY MS. WORKUM:  
 7 Q. And what is that opinion?  
 8 A. Well, based on the medical records and my  
 9 evaluation, it's my opinion that she did have  
 10 significant improvement after the first accident  
 11 prior to the second accident.  
 12 Q. Do you have an opinion to a reasonable  
 13 degree of medical certainty as to whether  
 14 Ms. Newman sustained any injury in the second  
 15 accident in June of 1994?  
 16 MR. CARAVONA: Objection. Go  
 17 ahead, Doctor.  
 18 THE WITNESS: Yes.  
 19 BY MS. WORKUM:  
 20 Q. And what is that opinion?  
 21 A. Well, again, based on the history, she  
 22 could have sustained soft tissue strains by her  
 23 history as a result of that accident.  
 24 Q. Based on all those same factors, Doctor, do  
 25 you have an opinion to a reasonable degree of

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1 medical certainty as to whether Ms. Newman  
 2 suffered any permanent injury as a result of  
 3 either motor vehicle accident?  
 4 A. Yes, I have an opinion.  
 5 Q. And what is that opinion?  
 6 A. It's my opinion that she did not sustain  
 7 any permanent injuries.  
 8 Q. Doctor, based on all of those factors, do  
 9 you have an opinion to a reasonable degree of  
 0 medical certainty as to whether Ms. Newman had  
 1 any type of preexisting medical condition which  
 2 would explain her complaints?  
 3 MR. CARAVONA: Objection.  
 4 THE WITNESS: Yes, I do.  
 5 BY MS. WORKUM:  
 6 Q. And what is that opinion?  
 7 A. Well, based on the **history** provided by the  
 8 patient to myself and to other evaluators after  
 9 the motor vehicle accidents, the past history is  
 0 consistent with her having prior neck, upper  
 1 back, shoulder complaints of a long-standing  
 2 nature. **Also a** history of fibrositis.  
 3 This is all before the motor vehicle  
 4 accident.  
 5 "Fibrositis" is essentially inflammation

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1 of soft tissue, which can cause multiple aches  
 2 and pains all over the body. This clearly was  
 3 going on prior to the motor vehicle accident by  
 4 the history she provided. All these issues were  
 5 preexisting  
 6 In addition, there were preexisting  
 7 significant degenerative changes of various parts  
 8 of her body including the cervical spine that  
 9 preexisted the motor vehicle accident.  
 0 MR. CARAVONA: Objection. Move to  
 1 strike as not responsive.  
 2 BY MS. WORKUM:  
 3 Q. Doctor, can you explain to the jury what  
 4 you mean by "degenerative"?  
 5 A. "Degenerative changes" are basically  
 6 arthritis. These are changes that occur in  
 7 various parts of the body with aging and time  
 8 commonly. And they are basically a natural  
 9 deterioration over time.  
 0 Q. And what part of the body is the cervical  
 1 spine?  
 2 A. That's the neck. This is the neck up  
 3 here. (Indicating.)  
 4 Q. Okay. Now, you also talked about the fact  
 5 that Ms. Newman had had carpal tunnel surgery. ,

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1 What's the significance of that?  
 2 A. Well, carpal tunnel surgery is fairly  
 3 common in middle-aged woman. And the most common  
 4 cause for it is degenerative changes about the  
 5 wrist.  
 6 Q. Did you have an opportunity to review  
 7 Dr. Dehling's records and see references to  
 8 complaints of headaches?  
 9 A. Yes.  
 0 Q. Okay. And based on your review of the  
 1 documentation, as well as your history from  
 2 Ms. Newman, do you have an opinion to a  
 3 reasonable degree of medical certainty as to  
 4 whether those headaches were caused by the motor  
 5 vehicle accident?  
 6 MR. CARAVONA: Objection. Outside  
 7 the course and scope of the report.  
 8 Go ahead, Doctor.  
 9 THE WITNESS: Based on the  
 0 histories that she provided to myself and to  
 1 other examiners, she clearly had a prior history  
 2 of headaches. So they would not be as a result  
 3 of the motor vehicle accident.  
 4 MR. CARAVONA: Move to strike.  
 5 MS. WORKUM: Thank you, Doctor.

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1 I don't have any other questions.  
 2 THE WITNESS: You're welcome.  
 3 MR. CARAVONA: Do you want to go,  
 4 Fred?  
 5 MR. VERGON: Why don't you go,  
 6 then I'll go.  
 7 MR. CARAVONA: I would prefer not  
 8 to do that.  
 9 MR. VERGON: Okay. I'll go.  
 0 CROSS-EXAMINATION  
 1 BY MR. VERGON:  
 2 Q. Doctor, I represent Bahr Lumber Company and  
 3 the driver of the lumber company truck.  
 4 VIDEOGRAPHER: You need a  
 5 microphone.  
 6 Off the record.  
 7 (Thereupon, a discussion  
 8 was held off the record.)  
 9 VIDEOGRAPHER: We're back on.  
 0 BY MR. VERGON:  
 1 Q. Doctor, I represent Bahr Lumber Company and  
 2 the driver of the lumber company truck, Mr. Cox,  
 3 in this case, who is involved in the second  
 4 accident with Ms. Newman. And I just have a  
 5 couple questions for you.

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1 You indicated that prior to the accident,  
 2 Ms. Newman had some carpal tunnel problems?  
 3 **A. Yes.**  
 4 Q. Do your records indicate when that was  
 5 done?  
 6 **A.** I believe she reported that she had had  
 7 carpal tunnel surgery in 1985.  
 8 Q. Okay. And you indicated that that was  
 9 a -- the primary cause of carpal tunnel is a  
 10 degenerative change?  
 11 **A.** The most common cause of carpal tunnel  
 12 problems in middle-aged women is degenerative  
 13 changes.  
 14 Q. And that's the aging and deterioration  
 15 process that we all go through?  
 16 **A.** That's correct.  
 17 Q. Okay. You indicated that she had a history  
 18 of -- from the records and from her own history,  
 19 of headaches.  
 20 Did the records or did she tell you how  
 21 long she had experienced problems with headaches?  
 22 **A.** The records indicate apparently since 1978.  
 23 Q. Are there any indications of what she told  
 24 you or what the records disclosed to you as to  
 25 what the cause of those headaches were?

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1 **A.** Well, there were various references to  
 2 problems that are commonly related to headaches.  
 3 Certainly allergies, sinusitis, things like  
 4 fibrositis also are commonly related to  
 5 headaches. And degenerative changes of the  
 6 cervical spine can.  
 7 Q. Doctor, you've indicated that there was a  
 8 reference to degenerative changes in the cervical  
 9 spine.  
 0 Could you tell the ladies and gentlemen of  
 1 the jury what symptoms degenerative changes in  
 2 the spine would bring about?  
 3 **MR. CARAVONA:** Object -- objection  
 4 as to the symptoms on the findings.  
 5 **BY MR. VERGON:**  
 6 Q. Go ahead, Doctor.  
 7 **A.** Well, degenerative changes, what they are  
 8 is they're deterioration of a body structure. In  
 9 this case, we're talking about the cervical  
 10 spine. This would be the neck.  
 11 And the records indicate that she had  
 12 significant degenerative changes that preexisted  
 13 the motor vehicle accident.  
 14 And common symptoms of degenerative changes  
 15 of the cervical spine are neck pain, headaches,

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1 pain that can radiate to the shoulders, upper  
 2 back, arms. Those are common symptoms.  
 3 Q. Doctor, was there any documentation of  
 4 these degenerative changes in her cervical spine  
 5 that you reviewed?  
 6 **A.** Yes.  
 7 Q. What type of things did you review?  
 8 **A.** I reviewed X-ray reports of plain X-rays  
 9 and also an MRI scan.  
 0 Q. And the X-rays and the MRI scan were taken  
 1 prior to her two accidents in 1994?  
 2 **A.** No. They were taken after.  
 3 Q. Do those X-rays and the MRI show the  
 4 existence of degenerative changes?  
 5 **MR. CARAVONA:** Objection.  
 6 **THE WITNESS:** Yes. The X-ray was  
 7 taken right after the motor vehicle accidents  
 8 showing significant degenerative changes. We  
 9 know that these types of degenerative changes  
 10 described are long standing. They take years to  
 11 develop. The MRI just confirmed the degenerative  
 12 changes that were seen on the plain X-rays.  
 13 **MR. CARAVONA:** I'm sorry to  
 14 interrupt, Doctor.  
 15 Move to strike any reference to an MRI.

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1 It's not contained in the report.  
 2 **THE WITNESS:** It's retained in  
 3 the records I reviewed. We --  
 4 **MR. CARAVONA:** I understand that,  
 5 Doctor.  
 6 **THE WITNESS:** Sure.  
 7 **MR. CARAVONA:** You're familiar  
 8 with the rules of court. You testify a lot.  
 9 **THE WITNESS:** Not that familiar.  
 0 **BY MR. VERGON:**  
 1 Q. Doctor, the -- can you tell the ladies and  
 2 gentlemen of the jury what an "MRI" is?  
 3 **MR. CARAVONA:** Objection. Rather  
 4 than interrupt you, Fred, --  
 5 **MR. VERGON:** Sure.  
 6 **MR. CARAVONA:** -- show a running  
 7 objection as to any reference of materials that  
 8 are excluded outside of his report.  
 9 **BY MR. VERGON:**  
 0 Q. What's an "MRI," Doctor?  
 1 **A.** Sure. An "MRI" is a magnetic resonance  
 2 image. And what this is is a high-tech study  
 3 that can image various parts of the body. The  
 4 cervical spine was imaged in this case. And what  
 5 it reveals is significant degenerative change of

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1 the cervical **spine** that correlates with the  
2 changes on the **plain films** that were taken at the  
3 time **of** the motor vehicle accident going along  
4 with these being long-standing degenerative  
5 changes.

6 Q. Doctor, in your examination of Ms. Newman,  
7 you went through some of the -- some of your  
8 findings. And maybe I should just go back and  
9 ask you a few questions about those to explain  
0 them to the ladies and gentlemen of the jury.

1 First of all, you indicated that there was  
2 a "good range of motion."

3 What do you mean by that?

4 A. Well, a "good range of motion" means that  
5 the patient demonstrated a good range of motion  
6 of whatever area of the body is referred to.  
7 Meaning, they moved it well.

8 Q. Okay. You indicated that "sensation was  
9 intact."

0 What does that mean?

1 A. Well, "sensation" is touch, feeling that  
2 we -- we test that in an exam, and that seemed  
3 intact. It was okay.

4 Q. You said that her reflexes were okay?

5 A. Yes. I think I may have used the phrase

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1 symmetric --

2 Q. "Symmetric."

3 A. -- meaning they were the same on both  
4 sides, which is normal.

5 Q. Okay. You indicated that you did not find  
6 any "atrophy."

7 What do you mean by that, Doctor?

8 A. "Atrophy" refers to muscle wasting. This  
9 is when a muscle being smaller than it would be  
0 expected to be; that can occur from lack of use,  
1 injury, various causes.

2 Q. Okay. Doctor, based upon your examination  
3 of Ms. Newman, you indicated that you found no  
4 objective findings to substantiate her complaint;  
5 is that correct?

6 A. Yes.

7 Q. Doctor, you said that her first accident in  
8 May of 1994, she could have sustained some soft  
9 tissue injuries.

0 Is that your opinion?

1 A. By her history, based on the history.

2 Q. And what do you mean by "soft tissue  
3 injuries"?

4 A. What I'm referring to would be soft tissue  
5 strains or contusions. These are common problems

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1 that resolve quickly.

2 Q. And, Doctor, I believe it was your opinion  
3 that after her second accident in June of 1994,  
4 she may have sustained the same type of injury;  
5 is that correct?

6 A. Based on her history, yes.

7 Q. Doctor, in your practice of orthopedics, do  
8 you have an opinion as to how quickly -- for lack  
9 of a better word, soft tissue injuries resolve  
0 themselves?

1 MR. CARAVONA: Objection. Go  
2 ahead, Doctor.

3 THE WITNESS: It has been my  
4 experience based on treating them that soft  
5 tissue injuries significantly improve in a  
6 four- to six-week period usually.

7 BY MR. VERGON:

8 Q. Was there anything about your examination  
9 of Ms. Newman and the records that you reviewe  
0 that would have indicated to you that the  
1 injuries she sustained in these two automobile  
2 accidents should have taken longer than four to  
3 six weeks to resolve?

4 MR. CARAVONA: Objection.

5 THE WITNESS: There's no

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1 indication of that.

2 MR. VERGON: Okay, Doctor.

3 Thank you. I think that's all I have.

4 THE WITNESS: You're welcome.

5 CROSS-EXAMINATION

6 BY MR. CARAVONA: "

7 Q. Doctor, my name is Donald Caravona, and I  
8 represent Carol Newman.

9 May I look at your file?

0 Off the record, please.

1 THE WITNESS: Certainly.

2 VIDEOGRAPHER: Off the record.

3 (Thereupon, a recess was taken.)

4 VIDEOGRAPHER: We're back on.

5 BY MR. CARAVONA:

6 Q. Okay, Doctor, thank you for letting me look  
7 at your file there.

8 Doctor, you had indicated that is the  
9 record of the examination of Carol Newman, which  
0 was performed by you here in these offices,  
1 correct?

2 A. That's the report that I generated after  
3 the exam.

4 Q. Are there any materials that you would have  
5 received or utilized in forming your opinions

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1 today that are not present here in the blue  
 2 folder or in my hand?  
 3 A. As far as medical records? No.  
 4 Q. No, no. I said any materials,  
 5 correspondence, bills, checks, billings, any  
 6 materials?  
 7 MS. WORKUM: Objection.  
 8 THE WITNESS: I guess I don't  
 9 understand the question.  
 10 BY MR. CARAVONA:  
 11 Q. Well, is this everything you utilized in  
 12 getting the assignment? (Indicating.)  
 13 How did you come to examine Carol Newman?  
 14 A. Okay. You're asking me a different  
 15 question now.  
 16 So you're asking me how did -- again, the  
 17 question, please?  
 18 Q. How did you come to examine Carol Newman?  
 19 A. I believe Ms. Workum asked me to perform an  
 20 independent medical exam.  
 21 Q. Via telephone?  
 22 A. I don't recall.  
 23 Q. Or did you receive a letter outlining what  
 24 she wanted you to do?  
 25 A. She may have sent a letter asking for the

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1 exam.  
 2 Q. So that would be a piece of material that  
 3 was involved in this case that is not in the  
 4 file, correct?  
 5 A. I don't refer to that kind of information  
 6 in forming my opinions. 'What's in my file is the  
 7 information that I use to form my opinions.  
 8 Q. Okay. Would you tell me how you know what  
 9 to do with the patient who comes in?  
 10 A. I performed an independent medical exam;  
 11 that's what my role is.  
 12 Q. Do you know what portion of the body is in  
 13 issue?  
 14 A. I ask the patient. That's part of the  
 15 history.  
 16 Q. So you only get that information from the  
 17 patient, not from Ms. Workum?  
 18 A. I don't rely on any information provided  
 19 from Ms. Workum to make medical opinions.  
 20 Q. I didn't ask you that, sir.  
 21 A. Okay.  
 22 Q. I'm asking you if that material is  
 23 available for me to review. And I'm not trying  
 24 to be difficult, but --  
 25 A. I'm not sure what --

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1 Q. Well, let me --  
 2 A. Specifically what are you asking me?  
 3 Q. Okay. All right. Here's what I'm asking  
 4 you: I am very familiar with Ms. Workum's law  
 5 firm. I am against them many, many times. And I  
 6 know for a fact that they send letters out  
 7 outlining what they want examined, what they feel  
 8 the cause of injury is, what they feel the  
 9 dispute is between Ms. Workum, Mr. Vergon and  
 10 myself.  
 11 MS. WORKUM: Objection. Move to  
 12 strike Mr. Caravona's editorial comments.  
 13 BY MR. CARAVONA:  
 14 Q. I know that is a fact.  
 15 Did you receive a letter -- and under oath,  
 16 I want to ask you, did you receive a letter with  
 17 those things contained in it?  
 18 A. I've already answered the question about  
 19 did I receive a letter. And I said, you know, I  
 20 may have gotten a letter asking for the review  
 21 and the independent medical exam.  
 22 As far as --  
 23 Q. Okay. And I don't mean to take up a lot of  
 24 your time. I know it's very valuable. If you  
 25 could -- and the ground rules would be if I asked

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1 you a question, if you could answer it. And if I  
 2 think you didn't, I will move to strike it.  
 3 Where is that letter?  
 4 A. Well, whatever letter or communications  
 5 were sent, I don't usually keep them in that they  
 6 don't affect my opinions. And I don't really  
 7 consider them in forming my medical opinions.  
 8 I rely on the patient's history, the  
 9 evaluation of the patient and a review of the  
 10 medical records.  
 11 Q. Okay. All right. Is a ruptured Achilles  
 12 tendon a soft tissue injury?  
 13 A. It's a tendon injury.  
 14 Q. Is it a soft tissue injury?  
 15 A. Not by my definition.  
 16 Q. Not by your definition.  
 17 It's not bone, is it?  
 18 A. No. It's a tendon.  
 19 Q. Doctor, in your examination and history  
 20 taking of Carol, did she ever allege that she had  
 21 a carpal tunnel injury as a result of either of  
 22 these two accidents?  
 23 A. Not that I'm aware of.  
 24 Q. And in the report that you authored that we  
 25 have here today, at no place in there did you



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1 indicate that she complained to you of a carpal  
 2 tunnel problem; is that accurate?  
 3 A. That's accurate.  
 4 Q. And is it also accurate that in your report  
 5 dated May 7, 1997, at no time did you make any  
 6 conclusion as to the cause of her headaches?  
 7 And you can review your report if you would  
 8 like, sir.  
 9 A. Well, I have reviewed subsequent records  
 0 since my report --  
 1 Q. Sir, --  
 2 A. And I'm testifying --  
 3 Q. Okay.  
 4 A. -- today regarding all the records I  
 5 reviewed. And there are more records than what I  
 6 reviewed at the time of my report.  
 7 Q. Well, but I'm asking you a specific  
 8 question.  
 9 A. All right.  
 0 Q. I don't know what you reviewed. And you  
 1 are obligated by the court to supplement your  
 2 report.  
 3 I'm asking you, did you author a second  
 4 report after May 7, 1997?  
 5 MS. WORKUM: Objection.

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1 THE WITNESS No.  
 2 BY MR CAMVONA:  
 3 Q. Okay. In your report of May 7, 1997, did  
 4 you give an opinion as to whether or not the  
 5 headaches were involved in either of these two  
 6 accidents?  
 7 A. I did not state specifically in the  
 8 report. But there's records available at that  
 9 time --  
 0 Q Doctor, --  
 1 A. Which you're well aware of, --  
 2 MR. CARAVONA: Move to strike.  
 3 THE WITNESS: -- that prove they  
 4 are not related.  
 5 BY MR CARAVONA:  
 6 Q. I'm going to repeat the question again.  
 7 A. Sure.  
 8 Q. In your report, did you give any opinion as  
 9 to whether or not headaches were related to the  
 0 automobile accidents in question?  
 1 A. I've already answered that question.  
 2 Q. Answer it again.  
 3 A. I've told you, I did not specifically --  
 4 Q. Okay.  
 5 A. -- make an opinion regarding that. But the

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1 report is an outline.  
 2 Q. All right.  
 3 A. I'm testifying today --  
 4 Q. Doctor, --  
 5 A. -- not to my report, but of the overall  
 6 evaluation of this patient.  
 7 Q. Doctor, you know, we can keep going over  
 8 and over this. I'm asking you -- and you're  
 9 going to have an opportunity, Ms. Workum is going  
 0 to talk to you, if you could just please answer  
 1 my questions.  
 2 A. I'm trying to.  
 3 Q. That will move things along, all right?  
 4 A. I'm trying to.  
 5 Q. Okay. In your report of May 7, 1997, which  
 6 you submitted to Ms. Workum, did you make any  
 7 opinion as to whether or not she was suffering  
 8 from traumatic stress disorder as a result of the  
 9 accident?  
 0 A. No.  
 1 Q. The materials that you reviewed, is that  
 2 the entirety of materials that you reviewed in  
 3 reference to Carol Newman? (Indicating.)  
 4 A. You're referring to the medical records  
 5 here? (Indicating.)

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1 Q. That you have in this room  
 2 A. Yes.  
 3 Q. Okay. And you would agree that since you  
 4 authored your report of May 7, 1997, the  
 5 following information has been in your  
 6 possession: That's a medical report from the  
 7 Cleveland Clinic by Cynthia Dehling dated  
 8 June 24th, '97?  
 9 A. Yes, I received that. -- I saw that today.  
 0 Q. An MRI taken by Dr. Mars in 1997?  
 1 A. Well, ordered by Dr. Mars. Yes, it's  
 2 there.  
 3 Q. A medical report of Dr. Mars?  
 4 A. Yes.  
 5 Q. A medical report of Dr. Pelligrino?  
 6 A. Yes.  
 7 Q. And a medical report of Gordon Bell?  
 8 A. Yes.  
 9 Q. These were all received after your report  
 0 was authored?  
 1 A. Yes, they were looked at today.  
 2 Q. Okay. In your history, I note that you  
 3 didn't mention anything as to the mechanism of  
 4 injury in either of the two accidents; is that  
 5 accurate?

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1 A. I'm not sure what you mean by that  
 2 question.  
 3 Q. You didn't say anything as to how they  
 4 happened, what happened to her inside the car, or  
 5 the degree of impact, did you?  
 6 A. Well, I took a history. She told me  
 7 regarding the first accident that she was  
 8 involved in, it apparently sounds like a rear-end  
 9 type accident from what she described.  
 10 And then the second accident, she described  
 11 how it happened. I note that in the report in  
 12 the history.  
 13 Q. Do you say anything as to the degree of  
 14 impact in either of those two accidents?  
 15 A. I don't understand what you mean by "degree  
 16 of impact."  
 17 Q. Well, the amount of damage to the vehicles?  
 18 A. It's not that important to me. She gives  
 19 me a history she's in an accident, I wrote it  
 20 down.  
 21 Q. Okay. So the degree of impact is not  
 22 important to you in giving an evaluation of  
 23 injury?  
 24 A. I base my evaluation on the medical  
 25 records, subsequent clinical evaluations,

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1 histories and medical information.  
 2 Q. And if degree of impact would be important  
 3 in determining the degree of injury, you would  
 4 have asked those questions as to degree of impact  
 5 and noted it in your report?  
 6 A. She has already told me she was in a motor  
 7 vehicle accident, so I'm aware of that by  
 8 history.  
 9 Q. How long have you been employed by the  
 10 Highland Musculo-Skeletal Corporation?  
 11 A. About seven years.  
 12 Q. Are you a shareholder?  
 13 A. I'm not going to answer any questions  
 14 regarding corporate structure.  
 15 If you want to ask me medical questions,  
 16 I'm happy to answer those.  
 17 Q. Okay. You were aware that there were  
 18 several records obtained by Ms. Workman and  
 19 Mr. Vergon as to Carol Newman's treatment and  
 20 care?  
 21 A. Yes.  
 22 Q. And you're aware that she had given  
 23 interrogatories and depositions as to everyone  
 24 she had treated with prior to your examining her?  
 25 A. I'm not sure if I'm specifically aware of

1 that.  
 2 Q. Well, Doctor, I submit to you that  
 3 she had told these attorneys everyone she had  
 4 treated with, where her care was rendered.  
 5 And I see in here that she reports she  
 6 called Dr. Rodriguez on page 1 of your report?  
 7 A. Yes.  
 8 Q. All right. And Dr. Rodriguez is a  
 9 physician who had treated her for a number of  
 10 years; is he not?  
 11 A. Apparently by her history, she had been  
 12 seen by him in the past before the accident.  
 13 Q. Can you show the members of the jury  
 14 Dr. Rodriguez's records?  
 15 A. I don't have any of Dr. Rodriguez's  
 16 records.  
 17 Q. Well, if there was a long-standing  
 18 degenerative problem, wouldn't it have been  
 19 important to get those?  
 20 A. It's there in the history. It's there in  
 21 the X-rays. We know it's there. I don't have to  
 22 have his records to tell me that she has had a  
 23 long-standing degenerative problem. It's in the  
 24 history and the X-rays.  
 25 Q. Do you know why she didn't go to

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1 Dr. Rodriguez?  
 2 A. I'm sorry?  
 3 Q. Do you know why she didn't go to  
 4 Dr. Rodriguez?  
 5 You state in here, "He did not evaluate  
 6 her, but recommended physical therapy."  
 7 A. That's the history she told me. I wrote it  
 8 down.  
 9 Q. Well, I'm just relating to you that  
 10 Dr. Rodriguez had surgery and was not practicing  
 11 at that time.  
 12 MS WORKUM: Objection. Move to  
 13 strike.  
 14 BY MR. CARAVONA:  
 15 Q. Did you know that?  
 16 A. I wasn't aware of that.  
 17 Q. Doctor, in your orthopedic practice, I'm  
 18 sure you cover the gamut of ruptured Achilles  
 19 tendons, ACL tears down to the soft tissue  
 20 injuries; is that accurate?  
 21 A. I treat numerous orthopedic problems.  
 22 Q. And when we talk about soft tissue  
 23 injuries, in your practice, you have had people  
 24 who would have had a soft tissue injury who have  
 25 received physical therapy that you have

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1 recommended; is that accurate?  
 2 A. It has happened before.  
 3 Q. What kind of physical therapy do you  
 4 recommend for soft tissue injuries to the neck  
 5 and lower back of your patients on a general  
 6 basis?  
 7 A. I don't, as a routine, prescribe physical  
 8 therapy for just soft tissue injuries. I've done  
 9 it occasionally, but it's not a routine part of  
 10 treatment.  
 11 Q. Okay. Well, occasionally when you do it,  
 12 what would be the modalities of treatment?  
 13 A. Oh, it depends. It depends on the  
 14 individual, their complaints. It could be  
 15 anywhere from a few visits of passive modalities  
 16 to some exercise-type programs. It depends.  
 17 Q. Hot packs, cold packs?  
 18 A. Only for a few visits.  
 19 Q. Okay. And ultrasound?  
 20 A. Again, those are passive modalities. Only  
 21 for a few visits.  
 22 Q. And in your practice, I'm sure that you've  
 23 had people that would come to you and have a  
 24 problem with soft tissue. And then on the next  
 25 exam, would be doing pretty well. And then

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1 possibly about three weeks later, would come back  
 2 and be in pain again.  
 3 Have you had that in your practice?  
 4 A. Your question is very vague, and kind of  
 5 goes around a number of corners. I don't really  
 6 understand what you're asking me on a specific  
 7 medical basis.  
 8 Q. Well, "exacerbation" and "remission," tell  
 9 the jury what that is.  
 10 A. What, to define the words?  
 11 Q. Do you know what, medically, that means  
 12 when we are talking about soft tissue injuries?  
 13 A. Well, you're mixing these together now.  
 14 You've asked me to define exacerbation and  
 15 remission, just the words.  
 16 Q. Uh-huh.  
 17 A. Now, I'm not making any relationship to  
 18 these to soft tissue injuries or anything else.  
 19 But as I understand, "exacerbation" just -- that  
 20 word means it's basically a history issue of  
 21 something came back or it got worse, commonly.  
 22 And "remission" would be it went away.  
 23 That's basically what we're talking about.  
 24 Q. And, Doctor, in your opinion, are soft  
 25 tissue injuries subject to exacerbation and

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1 remission?  
 2 A. Well, you have to define a specific  
 3 situation. They're all different. We have to  
 4 look at the specifics of each individual case.  
 5 Q. Well, Doctor, I'm asking you in general  
 6 terms, anywhere in any medical treatise do you  
 7 ever -- have you ever read an article that said,  
 8 soft tissue injuries are subject to exacerbation  
 9 and remission?  
 10 MS. WORKUM: Objection.  
 11 THE WITNESS: Well, what you're  
 12 asking about are basically subjective reports of  
 13 symptoms. And subject complaints can change, go  
 14 away, come back for all kinds of reasons.  
 15 They're only subjective.  
 16 And what I try to do is basic --  
 17 BY MR. CARAVONA:  
 18 Q. Doctor, please answer my question.  
 19 A. I am answering your question. You're  
 20 asking me very open-ended, general questions.  
 21 Q. Doctor, I'm asking you yes or no, are soft  
 22 tissue injuries subject to exacerbation and  
 23 remission, yes or no?  
 24 A. I can't answer that with a yes or no  
 25 question, because it depends on the specifics of

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1 the situation.  
 2 Q. Doctor, in your practice, have you ever had  
 3 a patient with soft tissue injuries that was  
 4 subject to exacerbation and remission?  
 5 A. Again, are you asking me just about a  
 6 report of a complaint? Is that what you're  
 7 talking about? I don't understand your question.  
 8 Q. Doctor, I'm asking you very specifically,  
 9 in your practice here at Highland  
 10 Musculo-Skeletal since you've been here, have you  
 11 ever had a patient who had a soft tissue injury  
 12 who was subject to exacerbation and remission?  
 13 MS. WORKUM: Objection.  
 14 THE WITNESS: Again, I can't  
 15 really answer that specifically without a  
 16 specific case scenario in front of me, because  
 17 it's too general of a question.  
 18 BY MR. CARAVONA:  
 19 Q. Doctor, I'm asking about your practice,  
 20 your experience, your patients here, one of  
 21 them, are you telling the jury you can't answer  
 22 that question, it's too general?  
 23 A. You have to define it more clearly as to,  
 24 you know, what specific scenario are we talking  
 25 about?

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1 Q. Doctor, let me ask you this question: --  
 2 A. Sure.  
 3 Q. Would you feel comfortable standing up in  
 4 front of 100 of your peers and saying that, "I  
 5 have never heard of exacerbation and remission in  
 6 soft tissue injuries"?  
 7 MS. WORKUM: Objection.  
 8 THE WITNESS: I don't think I've  
 9 said that.  
 10 BY MR. CARAVONA:  
 11 Q. Well, I'm asking you, have you ever heard  
 12 of soft tissue injuries being subject to  
 13 exacerbation and remission?  
 14 MS. WORKUM: Objection.  
 15 THE WITNESS: Well, again, we  
 16 were trying to back up and you've asked me that  
 17 already, and what I'm telling you is, is this  
 18 based on a patient's subjective complaints, or  
 19 what are you asking me this question based on?  
 20 I don't understand the question based on  
 21 what I'm trying to clarify for you.  
 22 BY MR. CARAVONA:  
 23 Q. Doctor, you've diagnosed this person as  
 24 having a soft tissue injury; have you not?  
 25 A. Who; which person?

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1 Q. Carol Newinan  
 2 A. Okay. Now, we're talking specifically  
 3 about someone specific, okay.  
 4 I haven't diagnosed her with that. I said  
 5 based on her history she could have had a soft  
 6 tissue injury.  
 7 Q. And I'm asking you, in your practice with  
 8 all your patients that you've seen, have you ever  
 9 treated someone with a soft tissue injury to the  
 10 neck or back whose condition was subject to  
 11 exacerbation and remission?  
 12 A. I have to answer it that you keep asking me  
 13 the same question.  
 14 Q. And I'm waiting for an answer, and I  
 15 haven't been given an answer.  
 16 A. Then I'll keep giving you the same answer,  
 17 because I'm trying to be clear. You see, I have  
 18 to answer questions clearly with -- that make  
 19 medical sense to me. They may not make sense to  
 20 you, and I apologize for that, but based on how  
 21 you're asking me the question, I don't know if  
 22 you're talking about just subjective complaints  
 23 or objective findings or what you're asking me  
 24 about. So --  
 25 Q. I'm asking you about this type of injury.

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1 Is it subject to exacerbation and  
 2 remission, yes or no?  
 3 MS. WORKUM: Objection.  
 4 THE WITNESS: Sir, if you're  
 5 asking me about this specific injury, based on  
 6 what I reviewed, at most, by history, she had a  
 7 soft tissue strain, which should have gotten  
 8 better in four to six weeks and resolved.  
 9 And there's no indication that it  
 10 did -- would have recurred based in any causal  
 11 relationship to either of these motor vehicle  
 12 accidents, if that helps answer your question.  
 13 MR. CARAVONA: Move to strike.  
 14 BY MR. CARAVONA:  
 15 Q. Doctor, have you ever had a person in your  
 16 practice where you've taken an X-ray and found  
 17 severely degenerative arthritis, or arthritis  
 18 similar to what you found here, and they did not  
 19 have a complaint of long-standing pain?  
 20 A. I suppose anything is possible. I would  
 21 find it unusual that with this amount of  
 22 degenerative arthritis, that someone didn't have  
 23 some symptom or some finding, you know, related  
 24 to it. I suppose it's possible, but unlikely.  
 25 Q. And, Doctor, in the records that you have

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1 before you, excluding -- well, here.  
 2 You indicated that there was a history of  
 3 neck and shoulder pain for 15 years?  
 4 A. There appears to be an indication of prior  
 5 neck problems, prior complaints that were  
 6 chronic.  
 7 (Thereupon; Plaintiffs' Exhibit 1  
 8 to the Gordon deposition was  
 9 marked for purposes of  
 10 identification.)  
 11 BY MR. CARAVONA:  
 12 Q. Handing you what has been marked  
 13 Plaintiff's Exhibit 1, which is the Sports Rehab  
 14 Consultants.  
 15 I think on the page I have open here, is  
 16 that what you're referring to for the jury?  
 17 (Indicating.)  
 18 A. This is one reference to it, yes.  
 19 Q. Where are the other references in the  
 20 physicians that she had long-standing neck pain  
 21 for 15 years?  
 22 A. Well, let's see. There's an insurance form  
 23 that is dated June of 1994 --  
 24 Q. Uh-huh.  
 25 A. -- apparently requesting further

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1 -treatment with therapy that **notes** a history of  
 2 insidious onset. Chronic complaints of right  
 3 grade and left shoulder, upper extremity  
 4 weakness - presented with right grade and left  
 5 upper trapezius and cervical pain. Also  
 6 **complains** of lumbar pain without radiculopathy,  
 7 history of fibrositis, headaches --  
 8 Q. Where? Where does it say the history of  
 9 fibrositis?  
 10 A. It says it right here. I can show it to  
 11 you. I'm reading right from it.  
 12 Q. Where? No. But, I mean, in what part of  
 13 the body?  
 14 A. Fibrositis is a generalized condition.  
 15 Q. I see.  
 16 A. That's the general understanding.  
 17 Q. And my question to you was, you have one  
 18 record where there was a history of neck and  
 19 shoulder pain.  
 20 And I asked you, can you show me where  
 21 there was a history of neck pain long-standing  
 22 before this? Neck pain.  
 23 A. There is a history 3/27/94, a history of  
 24 cervical shoulder pain, 15 years.  
 25 Q. All right. That's the one entry that you

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1 have brought out in your report of May 7th.  
 2 My question to you is, in all the records  
 3 that you have, in any other record do you  
 4 specifically see any complaint of neck pain for a  
 5 long period of time?  
 6 A. Yes. There is an indication, as I just  
 7 told you, of chronic complaints. "Chronic"  
 8 meaning going on for some time.  
 9 Q. To what part of the body, Doctor?  
 10 A. Shoulders, upper extremities, upper  
 11 trapezius and cervical. "Cervical" meaning the  
 12 neck.  
 13 Q. Doctor, that -- those are the complaints  
 14 that were just given; were they not?  
 15 Tell the jury what you're reading from  
 16 then. What is the --  
 17 A. I'm reading from an insurance form filled  
 18 out by her caregivers in June of **1994**.  
 19 There's chronic complaints. Which the  
 20 complaints that are described here are consistent  
 21 with what I know to be commonly symptomatic of  
 22 long-standing neck complaints and degenerative  
 23 arthritis of the neck.  
 24 Q. What does "insidious onset" mean, Doctor?  
 25 A. It means they don't know what caused it.

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1 Q. And the chronic complaint of what part of  
 2 the body?  
 3 A. It says, "Chronic complaints right  
 4 grade and left shoulder, upper extremity  
 5 weakness - presented with right grade and left  
 6 upper trapezius and cervical pain."  
 7 All of those go together.  
 8 Q. And this was right after the automobile  
 9 accident; was it not?  
 10 A. Yeah. And they were indicated to be  
 11 chronic, meaning they've been going on for some  
 12 time by the history she provided, which goes  
 13 along with the other history provided.  
 14 Q. Doctor, do you have any -- any records or  
 15 anything to indicate from Dr. Rodriguez or anyone  
 16 else that she was receiving treatment prior to  
 17 this automobile accident?  
 18 A. It would be my assumption --  
 19 Q. Doctor, I don't want assumptions.  
 20 A. Okay.  
 21 Q. I want to know if you have records.  
 22 Now, I'm going to ask you politely, please  
 23 answer my questions.  
 24 A. And I will try to politely answer them,  
 25 okay.

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1 MR CARAVONA: Read back the  
 2 question to the Doctor.  
 3 (Thereupon, the Reporter read  
 4 the record as requested.)  
 5 THE WITNESS: Okay. I don't have  
 6 any records of any medical providers for any  
 7 reasons before the motor vehicle accident.  
 8 She obviously was getting some kind of  
 9 care -- medical care prior to the accident. I  
 10 don't have any records, none exist in my  
 11 possession. So there is obviously records that  
 12 are out there that we don't have.  
 13 BY MR. CAMVONA:  
 14 Q. Doctor, in the history reviewed by  
 15 Dr. Dehling -- you reviewed that history, didn't  
 16 you?  
 17 A. Which history are you mentioning  
 18 specifically?  
 19 Q. Did you review Dr. Dehling's history in the  
 20 reports that you have?  
 21 A. Yes.  
 22 Q. Dr. Bitbitskay. did you review that  
 23 history?  
 24 A. Which is -- who's Dr. Bitbitskay?  
 25 He's a chiropractor, okay.

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1 Q. Dr. Solomon, did you review that history?  
 2 A. Yes.  
 3 Q. Did you review Dr. Pelligrino's history?  
 4 A. Yes.  
 5 Q. Did you review Dr. Mars' history?  
 6 A. Yes.  
 7 Q. And in those reports, did you anywhere find  
 8 a history of prior neck complaints?  
 9 Take your time.  
 10 A. Well, again, this is -- these histories are  
 11 based on what she chose to tell this examiner.  
 12 A history is subjective. Going back to  
 13 what we defined earlier, that's what the  
 14 patient --  
 15 Q. Doctor, would you please answer my  
 16 question?  
 17 A. I have to explain the question as to  
 18 what --  
 19 Q. No, you don't have to, Your counsel -- you  
 20 know -- you know how the procedure works,  
 21 Doctor. You do this all the time.  
 22 MS. WORKUM: Objection. Move to  
 23 strike.  
 24 BY MR. CARAVONA:  
 25 Q. Just answer it yes or no. I don't need

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1 your speeches. Answer it yes or no.  
 2 MS. WORKUM: Objection. Move to  
 3 strike.  
 4 THE WITNESS: Look, in the course  
 5 of practicing medicine, I explain things to my  
 6 patients, because information can be confusing.  
 7 And I'm explaining what a history is, and that's  
 8 pertinent to this.  
 9 MR. CARAVONA: Move to strike.  
 10 Would you please read back my question to  
 11 the Doctor again?  
 12 COURT REPORTER: Let me find it.  
 13 One moment.  
 14 THE WITNESS: Should we go off  
 15 the record at this point to give us a chance to  
 16 review things?  
 17 COURT REPORTER: Can we for just a  
 18 moment? I have to find the question, because  
 19 there's colloquy.  
 20 MR. CARAVONA: Sure, okay. Go off  
 21 the record.  
 22 (Thereupon, a discussion  
 23 was held off the record.)  
 24 VIDEOGRAPHER: Back on the  
 25 record.

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1 (Thereupon, the Reporter read  
 2 the record as requested.)  
 3 THE WITNESS: I had a chance to  
 4 review the records, and it appears that she did  
 5 not provide that history to those subsequent  
 6 evaluators.  
 7 BY MR. CARAVONA:  
 8 Q. Doctor, in the history that we've talked  
 9 about as Plaintiffs' Exhibit I that you mentioned  
 10 long -- or 15 years' complaints of neck and  
 11 shoulder pain?  
 12 A. Yes.  
 13 Q. If that were the case and a person were to  
 14 come to you and tell you, "Doctor, I've had a  
 15 history of -- 15 years of neck and shoulder pain,  
 16 and now I've had an accident and it's bothering  
 17 me," what would your diagnosis be?  
 18 A. I just can't make a diagnosis only on a  
 19 history.  
 20 Q. Well, would you consider that an  
 21 aggravation of a preexisting condition?  
 22 MS. WORKUM: Objection.  
 23 THE WITNESS: Once again, I've  
 24 already answered your question. I cannot make a  
 25 diagnosis based on just a history.

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1 BY MR. CARAVONA:  
 2 Q. Do you know what the diagnosis was made by  
 3 Sports Rehabilitation Consultants?  
 4 A. I don't recall specifically right now.  
 5 Q. Did you review the records carefully?  
 6 A. I would have to refer back to them --  
 7 Q. Please do so.  
 8 A. -- to answer that question specifically.  
 9 Which --  
 10 Q. I think it's the third page.  
 11 A. Do you have it in front of you?  
 12 Q. It's the third page.  
 13 A. Third page of --  
 14 Q. Here. (Indicating)  
 15 A. Terrific.  
 16 Q. What is their diagnosis based upon the  
 17 history that you've been talking about there?  
 18 A. Well, I'm not sure whose diagnosis this  
 19 is. This is signed by Dr. Rodriguez apparently.  
 20 It's a referral to therapy. A doctor makes a  
 21 diagnosis. I'm unclear as to whether she ever  
 22 saw Rodriguez, or that seems to be unclear from  
 23 what you've told me.  
 24 Q. Well, excuse me, Doctor.  
 25 A. Yeah.

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1 Q. Aren't those the exact records that you  
 2 quoted the 15 years complained of cervical pain?  
 3 A. You're asking me specifically regarding one  
 4 page of records.  
 5 Q. I understand that.  
 6 A. And I'm trying to explain what this is, --  
 7 I Q. Okay.  
 8 A. -- what I'm looking at.  
 9 What I'm looking at is a referral for  
 0 physical therapy.  
 1 Q. What is the diagnosis there, Doctor'?'  
 2 A. I have to explain what it is I'm looking  
 3 at.  
 4 Q. Now, Doctor, you can have an opportunity to  
 5 do that with Ms. Workum.  
 6 You've referred to those records,  
 7 Plaintiffs' Exhibit 1, as a reason for there  
 8 being long-standing complaints of cervical pain  
 9 and shoulder pain.  
 10 And I'm asking you, in that record that you  
 11 had in your hand and you've brought out as  
 12 long-standing complaints, what is the diagnosis  
 13 in those records?  
 14 MS. WORKUM: Objection.  
 15 THE WITNESS: Okay. It sounds

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1 like you're making speeches now.  
 2 You want to ask me about what the diagnosis  
 3 is regarding the -- apparently Dr. Rodriguez made  
 4 based on this -- this is what I see --  
 5 BY MR. CARAVONA:  
 6 Q. On the records that you referred to, sir.  
 7 A. Okay. In this one piece of paper that  
 8 apparently has Dr. Rodriguez's name at the  
 9 bottom, she is referred for some therapy. And  
 0 the diagnosis section says, "Sprain/strain  
 1 cervical and lumbar spine," is what it says.  
 2 Q. On that one piece of paper?  
 3 A. That's correct.  
 4 Q. How many places did you find 15 years  
 5 complained of cervical pain?  
 6 A. Only one place in the past medical history  
 7 where it was stated. It doesn't need to be  
 8 stated more than that. It's in the past medical  
 9 history.  
 0 Q. On one piece of paper?  
 1 A. No. They're also referred to in the  
 2 subsequent insurance information describing the  
 3 problem, it's in there, too. And they both go  
 4 together and make sense.  
 5 Q. Doctor, -- thank you.

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1 A. Uh-huh.  
 2 MR. CARAVONA: I may look through  
 3 your report for a moment here.  
 4 Off the record.  
 5 THE WITNESS: Okay.  
 6 VIDEOGRAPHER: Off the record.  
 7 (Thereupon, a discussion  
 8 was held off the record.)  
 9 VIDEOGRAPHER: We're back on.  
 10 BY MR. CARAVONA:  
 11 Q. Doctor, in your conclusion of your report,  
 12 you've indicated she could have sustained a soft  
 13 tissue strain of the neck and back and a  
 14 contusion of the right knee as a result of the  
 15 motor vehicle accident of May 26, 1994. And that  
 16 the accident of June 16, 1994 may have prolonged  
 17 her condition for two or three weeks.  
 18 Is that your conclusions?  
 19 A. Again, based on the history that she  
 20 provided, that's a reasonable opinion.  
 21 Q. Okay. Now let's talk a little bit about  
 22 your examination.  
 23 And you and Ms. Workum have worked together  
 24 before; have you not, Doctor?  
 25 MS. WORKUM: Objection.

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1 THE WITNESS: I'm not sure what  
 2 you mean by "worked together before."  
 3 BY MR. CARAVONA:  
 4 Q. You've performed examinations, you've  
 5 testified for the purpose of presenting medical  
 6 evidence on behalf of Denise Workum and her law  
 7 firm?  
 8 MS. WORKUM: Objection.  
 9 BY MR. CARAVONA:  
 0 Q. Have you not done that?  
 1 A. I've been requested previously to perform  
 2 independent medical exams by Ms. Workum, yes.  
 3 Q. Independent exams by Ms. Workum?  
 4 A. Yes.  
 5 Q. All right. She chose you?  
 6 A. She asked me to perform this exam is my  
 7 recollection.  
 8 Q. All right. I didn't choose you. I would  
 9 assume that independent would mean that she and I  
 0 could agree upon a person?  
 1 A. I'm not sure that's possible. But the  
 2 point is is that I'm asked -- my role here is to  
 3 be an independent medical evaluator. Meaning, I  
 4 have not treated this individual. I'm prevented  
 5 from treating her by the rules of doing

1 independent medical exams, to evaluate this  
 2 individual -- and based on the history, the  
 3 records, my evaluation, to form opinions on an  
 4 independent basis.  
 5 Q. And what rules are you referring to, the  
 6 standards of practice?  
 7 A. No. Agreements between the local bar  
 8 association and the local medical society.  
 9 Q. The standards of practice?  
 10 A. I think it's in regards to independent  
 11 medical exams specifically is what I'm talking  
 12 about.  
 13 Q. Now, the information you received was  
 14 strictly that information that Ms. Workuni gave  
 15 you?  
 16 A. I also took a history from the patient  
 17 myself.  
 18 Q. Right.  
 19 A. I reviewed records myself based on my  
 20 experience and training, all those other issues,  
 21 too, she didn't provide that to me.  
 22 Q. All right. Well, in your experience and  
 23 training if there were a question about a  
 24 long-standing problem, and you knew her family  
 25 doctor was Dr. Rodriguez, did you ever ask her

1 BY MR. CARAVONA:  
 2 Q. How many of these do you do a week?  
 3 A. I suppose it depends on the week.  
 4 Q. Let's take last week.  
 5 A. I'm not sure what you mean by --  
 6 Q. Last week?  
 7 A. -- "perform these."  
 8 Q. It was the week before this one.  
 9 A. That's not what I'm saying.  
 10 Q. Oh.  
 11 A. You had asked the question about "perform  
 12 these "  
 13 What do you mean "these"?  
 14 Q. All right. You've heard of Marillyn  
 15 Damelio; have you not?  
 16 A. The name's familiar, yes.  
 17 Q. Rick Dilisi?  
 18 A. I've heard the name before.  
 19 Q. Laurie Letts?  
 20 A. I've heard the name before.  
 21 Q. Mark Micheli?  
 22 A. I recognize the name.  
 23 Q. Jennifer Vinciguerra or Jennifer Sammon?  
 24 A. It doesn't sound all that familiar.  
 25 Q. Those are some of the lawyers in

1 for Dr. Rodriguez's records?  
 2 A. I don't think that it's necessary that I  
 3 have his records to make the opinions I've made.  
 4 I've already reviewed information, for  
 5 example, the X-rays. Clearly there are  
 6 long-standing prior degenerative changes.  
 7 Q. So you never asked her for Dr. Rodriguez's  
 8 records?  
 9 A. I don't think I asked her specifically for  
 10 any records.  
 11 Q. You don't think that the treating physician  
 12 for her for a number of years would have been  
 13 important in coming to an independent decision?  
 14 A. I'm comfortable making the opinions I've  
 15 made based on all the information I've reviewed  
 16 to this point.  
 17 Q. And let's get back to the fact about you  
 18 and Ms. Workum.  
 19 You work together quite frequently, don't  
 20 you?  
 21 MS. WORKUM: Objection.  
 22 THE WITNESS: Again, I've already  
 23 told you that I've been asked to perform  
 24 independent medical exams in the past by  
 25 Ms. Workum.

1 Ms./Workman's law offices, all right.  
 2 A. Okay.  
 3 MS. WORKUM: Objection. It's  
 4 not a question.  
 5 BY MR. CARAVONA:  
 6 Q. You have worked with Keller & Curtin  
 7 before, have you not, another law firm?  
 8 A. The name's familiar.  
 9 Q. The name's familiar?  
 10 A. Yes.  
 11 Q. You certainly know who Mike Curtin is,  
 12 Doctor; don't you? And you've testified for him?  
 13 A. I may have in the past.  
 14 Q. All right. And you've heard the name of  
 15 Gallagher Sharp, that law firm, Hauxhurst  
 16 Gallagher Sharp, and you've testified for them  
 17 before?  
 18 A. Yeah. The names of the law firms kind of  
 19 start to run together for me. There are a bunch  
 20 of names, and I don't really pay that much  
 21 attention to them.  
 22 Q. Would you agree, Doctor, there are a whole  
 23 bunch of lawyers in this town that do defense  
 24 work in personal injury accidents, don't they?  
 25 MS. WORKUM: Objection.



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1: How would he know that?  
 2 THE WITNESS: I don't know if  
 3 there's a whole bunch of them or not.  
 4 BY MR. CARAVONA:  
 5 Q. All right. Well, you know all the people  
 6 in her office.  
 7 How many times this month have you  
 8 testified for Denise Workum?  
 9 A. I don't know all the people in her office.  
 0 Q. Well, you've mentioned you were familiar  
 1 with them. My question --  
 2 A. I mentioned their names -- I said their  
 3 names were familiar.  
 4 Q. Well, Doctor, --  
 5 A. That doesn't mean I know them.  
 6 Q. -- how many times this month have you  
 7 testified for her?  
 8 MS. WORKUM: Objection.  
 9 THE WITNESS: I can think of  
 0 one. I can recall one.  
 1 BY MR. CARAVONA:  
 2 Q. In addition to today, right?  
 3 A. Yes, in addition to today.  
 4 Q. Okay. Doctor, when you went into  
 5 residency, did they give you what they felt the

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1 role of a physician should be with the patient?  
 2 Could you tell me a little bit about that?  
 3 A. I don't understand your question.  
 4 Q. Well, I mean, as a physician, what is your  
 5 role with the patient? What are you to do?  
 6 A. Well, that's a very vast question.  
 7 What do you mean specifically?)  
 8 Q. Well, you take an oath just as we do, don't  
 3 you?  
 0 A. Yes. That's an oath you take in medical  
 1 school.  
 2 Q. Okay. And what does that oath pertain to?  
 3 Tell me what you're supposed to do for your  
 4 patients?  
 5 A. Well, it depends on what you mean  
 5 specifically.  
 7 Ask me specific questions.  
 3 Q. I'm a -- I'm a patient and I come to you,  
 0 Doctor.  
 0 What are your obligations to me? What are  
 1 your professional responsibilities to me as a  
 2 patient?  
 3 A. Are you coming to see me for treatment?  
 4 Q. Yes. That's what people do with doctors,  
 5 don't they, they go to them for treatment?

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1 A. Well, doctors serve many roles. Doctors  
 2 perform treatment, --  
 3 Q. Okay.  
 4 A. -- evaluations. Doctor also provide second  
 5 opinions.  
 6 Q. Okay.  
 7 A. They aren't necessarily treatment. They're  
 8 just another opinion at the request of --  
 9 Q. That's an evaluation, isn't it, the same  
 0 thing?  
 1 A. It's not the same thing. It's a  
 2 non-treatment evaluation. Doctors also do  
 3 non-treatment evaluations for all kinds of  
 4 things, Workers' Compensation issues, insurance  
 5 company issues, work evaluations, all kinds of  
 6 things. That's a part of being a doctor.  
 7 Q. All right. Well, let's talk about the  
 8 practice of medicine and treating patients.  
 9 What is your understanding that a -- what  
 0 is a physician to do in the practice of medicine  
 1 in treating patients?  
 2 MS. WORKUM: Objection.  
 3 THE WITNESS: Again, I don't  
 4 really understand your -- your question.  
 5 Patients who come to me for treatment

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1 specifically, I treat as an orthopedic surgeon  
 2 BYMR CARAVONA:  
 3 Q Do you keep records on them?  
 4 A. I keep -- we're talking about treatment,  
 5 treating patients. Yes, I keep records on them.  
 6 Q. In no way were you treating Carol Newman,  
 7 were you?  
 8 A. I can't have treated her, as I've already  
 9 told you. In order to do an independent medical  
 3 exam, it's essentially against the rules for me  
 1 to be her treating doctor or to have treated her.  
 2 Q. Well, you keep using the word  
 3 "independent." And I know that several times  
 4 during depositions, you've been given Webster's  
 5 definition of "independent."  
 5 Do you still feel that you're free of bias  
 7 or influence by anyone when Denise Workum hired  
 3 you, Denise Workum's paying you and Denise Workuin  
 3 gave you all the material except for the history  
 0 by the patient that you have before you?  
 1 MS WORKUM Objection  
 2 THE WITNESS I've already told  
 3 you what my role here is. My role is as an  
 4 independent evaluator to take the patient's  
 5 history, in this case, evaluate them, review

1 records and form opinions.  
 2 It doesn't matter to me who has asked me to  
 3 do the evaluation. The opinions and the  
 4 evaluation are based on the information that I  
 5 have and obtain.  
 6 BY MR. CARAVONA:  
 7 Q. You're paid for this, aren't you?  
 8 A. Of course I expect to be paid. I'm paid  
 9 for all my time as a physician.  
 10 Q. All right. And you're paid by the person  
 11 who you render the services to, correct?  
 12 A. I am paid by the person who asks for my  
 13 opinions.  
 14 Q. All right.  
 15 A. My opinions have nothing to do with who has  
 16 asked for them.  
 17 Q. What were you paid for the evaluation of  
 18 Carol Newman?  
 19 A. I don't recall a specific amount, or  
 20 whether I was actually paid or not. I don't  
 21 know.  
 22 Q. Well, you wouldn't be doing it if you  
 23 weren't paid, would you?  
 24 A. But I'm saying, you said specifically this  
 25 individual. I don't know if I've been paid or

1 MS. WORKUM: Objection.  
 2 THE WITNESS: I'm not sure I said  
 3 it exactly that way.  
 4 BY MR. CARAVONA:  
 5 Q. Well, do you have a sign-in sheet for these  
 6 independent medical exams?  
 7 A. I don't think specifically.  
 8 Q. Do you do them on a certain day of the  
 9 week?  
 10 A. No.  
 11 Q. You did at one time have a sign-in sheet  
 12 for independent medical exams, did you not?  
 13 MS. WORKUM: Objection.  
 14 THE WITNESS: I don't recall that  
 15 we did or didn't.  
 16 BY MR. CARAVONA:  
 17 Q. You don't recall that?  
 18 A. I don't do that. I mean, that's maybe  
 19 something that may have gone on in the past. I  
 20 don't recall specifically.  
 21 Q. Do you intentionally no longer have that  
 22 sheet so myself, as a plaintiff's lawyer, cannot  
 23 determine how many of these you do a week?  
 24 MS. WORKUM: Objection. Move to  
 25 strike.

1 not for this.  
 2 Q. Have you --  
 3 A. I would expect to be, of course.  
 4 Q. Would you -- have you previously given  
 5 testimony that it's between 1,000 and \$1,500 to  
 6 do the examination and write the report?  
 7 A. That could have been the case at that  
 8 time. It could be more. It could be less. It  
 9 depends.  
 10 Q. So it could be up to 2,000?  
 11 MS. WORKUM: Objection. Move to  
 12 strike.  
 13 THE WITNESS: It depends.  
 14 BY MR. CARAVONA:  
 15 Q. Well, but you did give testimony that  
 16 your -- your fee, the range for the exam and the  
 17 writing of the report was between 1,000 and  
 18 \$1,500?  
 19 A. I think probably the testimony was more  
 20 along the lines of could be in that range; it  
 21 could be more, it could be less. Nothing  
 22 specific.  
 23 Q. Okay. And you further said in 1996, that  
 24 25 percent of your practice was evaluations for  
 25 defense firms in personal injury; did you not?

1 THE WITNESS: I can't answer that  
 2 question. I've already told you I don't know if  
 3 we did or didn't have one.  
 4 BY MR. CARAVONA:  
 5 Q. Well, you're an employee of a corporation;  
 6 are you not?  
 7 A. Yes.  
 8 Q. And what's the name of the corporation?  
 9 A. I think you've mentioned it in the past.  
 10 It's Highland Musculo-Skeletal, Incorporated.  
 11 Q. And you own stock in that corporation,  
 12 don't you?  
 13 A. I've already answered that question. I'm  
 14 not going to answer any questions regarding  
 15 corporate structure.  
 16 Q. Sir, I think your economic bias is  
 17 important.  
 18 MS. WORKUM: Objection. Move to  
 19 strike.  
 20 BY MR. CARAVONA:  
 21 Q. You've been to meetings for this  
 22 corporation on July 10, 1997, July 19, 1996,  
 23 July 5, 1994, August 3rd of 1993, have you not?  
 24 (Thereupon, Plaintiffs' Exhibit 2  
 25 to the Gordon deposition was

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1 ' marked for purposes of  
 2 identification.)  
 3 BY MR. CARAVONA:  
 4 Q. I'm going to hand you Plaintiffs'  
 5 Exhibit 2.  
 6 MS. WORKUM: Objection. Move to  
 7 strike.  
 8 THE WITNESS: Again, any  
 9 questions regarding corporate structure, you  
 10 know, they're my business.  
 11 I'm happy to answer medical questions, but  
 12 I'm not going to answer any questions regarding  
 13 corporate structure here.  
 14 BY MR. CARAVONA:  
 15 Q. Well, Doctor, you're not here as a treating  
 16 physician, are you?  
 17 A. I can't be, as I've already told you. In  
 18 order for me to perform an independent medical  
 19 exam by the rules that everybody has agreed to,  
 20 is that I can't be a treating physician for this  
 21 individual.  
 22 Q. And, Doctor, you're refusing to answer any  
 23 questions I ask you about Plaintiffs' Exhibit 2,  
 24 which is a corporation of which you are a  
 25 partner?

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1 Are you refusing to answer those questions?  
 2 A. Again, I've already told you. I'm here as  
 3 a medical expert witness. And I'm happy to  
 4 answer any questions regarding medical questions.  
 5 Q. Well, Doctor, let me ask you a question as  
 6 to whether or not you agree with this statement,  
 7 which is contained in the case of Calderone  
 8 versus Sharkey. I would like you to listen to  
 9 this statement and tell me whether you agree with  
 10 this.  
 11 When a doctor determines that he can take  
 12 time away from treating patients and go into this  
 13 separate business of being a professional  
 14 witness, quote, "By examining another doctor's  
 15 patients for the purpose of collecting a fee for  
 16 testifying against their claims, he has  
 17 undertaken a side business. He is no longer a  
 18 healer of the sick in that venture; he has  
 19 become, for the time being, a businessman."  
 20 MS. WORKUM: Objection.  
 21 MR. CARAVONA: "He is no longer  
 22 different from any other ethical businessman. If  
 23 the business he chooses requires record keeping,  
 24 then he must keep records."  
 25 MS. WORKUM: Objection to the --

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1 MR. VERGON: Objection.  
 2 MS. WORKUM: -- editorial  
 3 comments. There's no question there.  
 4 BY MR. CARAVONA:  
 5 Q. Do you agree or disagree with that  
 6 statement, Doctor?  
 7 MR. VERGON: Objection.  
 8 THE WITNESS: There are so many  
 9 comments of that editorial entourage that I'm not  
 10 sure what I'm even answering as far as a  
 11 question. It's a very vast statement. I'm not  
 12 really going to answer a question that I don't  
 13 understand.  
 14 BY MR. CARAVONA:  
 15 Q. Well, Doctor, you're not treating this  
 16 patient, are you?  
 17 MS. WORKUM: Objection. Asked  
 18 and answered many times.  
 19 BY MR. CARAVONA:  
 20 Q. And you're deriving an economic benefit as  
 21 a result of sitting there and looking into the  
 22 camera; are you not?  
 23 A. Well, you're taking my time  
 24 answering -- asking questions. I'm trying to  
 25 answer them within the realm of this setting.

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1 Q. Doctor, --  
 2 A. My time is valuable, of course.  
 3 Q. And what are you charging for your time now  
 4 in addition to the 1,000 to 1,500 for the exam?  
 5 What are you charging per hour now?  
 6 A. I don't think we've ever established what  
 7 that 1,000 to 1,500 -- you keep bringing it up  
 8 and bringing it into questions.  
 9 Your question specifically that I am to  
 10 answer is what again?  
 11 Q. How much are you charging for your time  
 12 now?  
 13 A. You mean, for deposition, is that what  
 14 you're asking me?  
 15 Q. That's what we're doing.  
 16 A. I charge \$900 an hour for deposition time.  
 17 Q. What about the pre-conference that you were  
 18 having when I got here?  
 19 A. I would charge the same rate for that.  
 20 Q. All right. How long did you meet with  
 21 Ms. Workum before I got here?  
 22 A. Oh, I don't recall specifically how long it  
 23 was. Maybe 15 minutes or so.  
 24 Q. Okay. Well, let's go to your term  
 25 "independent," okay.

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1 Why wouldn't they allow me to sit in the  
 2 room if you were being independent?  
 3 MS. WORKUM: Objection.  
 4 MR. VERGON: Objection.  
 5 THE WITNESS: I don't know the  
 6 answer to that.  
 7 BY MR. CARAVONA:  
 8 Q. Well, your receptionist stopped me.  
 9 MS. WORKUM: Is that a  
 0 question? Objection.  
 1 BY MR. CARAVONA:  
 2 Q. Would you have allowed me to sit in the  
 3 room when Ms. Workum and Mr. Vergon were with  
 4 you?  
 5 A. I don't know the answer to that question.  
 6 Q. Well, your secretary said if I wasn't with  
 7 them, I couldn't go in the room.  
 8 Do you know who instructed her in that?  
 9 MS. WORKUM: Objection.  
 10 THE WITNESS: I don't have any  
 11 problem with you, or any problem like that.  
 12 I'm not real sure what you're asking me.  
 13 BY MR. CARAVONA:  
 14 Q. Well, I'm asking you, why was I deprived of  
 15 being in the room when you were there with

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1 Ms. Workum and Mr. Vergon preparing to testify  
 2 today if you're trying to be independent?  
 3 MS. WORKUM: Objection.  
 4 MR. VERGON: Objection.  
 5 THE WITNESS: I don't know the  
 6 answer to that.  
 7 BY MR. CARAVONA:  
 8 Q. Well, what is the lady's name sitting at  
 9 the front desk with the blonde hair?  
 0 A. She is the receptionist.  
 1 Q. What is her name?  
 2 A. Joan.  
 3 Q. Joan what?  
 4 A. Look. I'm happy to answer questions  
 5 directed at me. I'm not going to bring in other  
 6 people's names or into this entourage here.  
 7 Q. Doctor, I'm asking you that question --  
 8 A. Sure.  
 9 Q. -- because the woman said, "The Doctor will  
 10 not allow you to be there unless you're with  
 11 Ms. Workum."  
 12 Now, somebody gave her that information.  
 13 MS. WORKUM: Objection. That's  
 14 not a question.  
 15 BY MR. CARAVONA

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1 Q. Did you give her that information?  
 2 A. That information, not that I -- I don't  
 3 understand your question.  
 4 Q. Did you direct her not to allow me into  
 5 that room?  
 6 A. I don't think so.  
 7 Q. Well, what's her last name, because I want  
 8 to ask her those questions?  
 9 MS. WORKUM: Objection.  
 10 BY MR. CARAVONA:  
 11 Q. Would you please spell it for the record?  
 12 A. Look, if you want to start inquiring to  
 13 names or other than questions to me, you can talk  
 14 to our corporate counsel. I'm not comfortable  
 15 with this. This is beyond --  
 16 Q. Mr. Dipalma?  
 17 A. Yes.  
 18 Q. All right. Well, as I said, you're  
 19 deriving a benefit by sitting here and giving  
 20 testimony; you're not a treating physician,  
 21 you've been hired by Ms. Workum to give an  
 22 evaluation and opinion.  
 23 You keep claiming it's independent, and I  
 24 disagree with that. I think you're testifying  
 25 for the defense.

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1 MS. WOKKUM: Objection.  
 2 MR. VERGON: Objection.  
 3 MS. WORKUM: Move to strike.  
 4 BY MR. CARAVONA:  
 5 Q. Do you agree or disagree with that?  
 6 MS. WORKUM: Objection.  
 7 MR. VERGON: Objection.  
 8 THE WITNESS: Well, I'm telling  
 9 you what I'm testifying as, and I've told you  
 10 that already. I'm testifying based on the  
 11 information available, based on my evaluation.  
 12 It has nothing to do with who asked for the  
 13 information or the report or the opinions.  
 14 BY MR. CARAVONA:  
 15 Q. And I'm supposed to feel comfortable with  
 16 you being independent; is that what you're saying  
 17 to me, Doctor?  
 18 MS. WOKKUM: Objection.  
 19 MR. VERGON: Objection.  
 20 BY MR. CARAVONA:  
 21 Q. When you're paid by the other side?  
 22 MS. WORKUM: Objection.  
 23 THE WITNESS: All I can do is  
 24 answer you, the questions you've asked in the way  
 25 I have.

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1 BY MR. CARAVONA:  
 2 Q. All **right**. Well, Doctor, let me ask you a  
 3 hypothetical.  
 4 You believe you're independent in this  
 5 situation as you sit here and look into the  
 6 camera?  
 7 A. I've already told you how I feel my role  
 8 is.  
 9 Q. All right.  
 10 A. To base my opinions on the information, the  
 11 facts, the medical information and form  
 12 opinions. It doesn't matter to me who has asked  
 13 for **those** opinions to be made. I will base those  
 14 based on the information before me and my  
 15 training and experience.  
 16 Q. Are you aware that the corporation you work  
 17 for in the Trial Verdict Reporters I have here  
 18 has testified for the defense more than any  
 19 corporation, individual doctor or group in the  
 20 State of Ohio?  
 21 MS. WORKUM: Objection.  
 22 MR. VERGON: Objection.  
 23 THE WITNESS: I don't know how to  
 24 respond to that. I don't have that information  
 25 BY MR. CARAVONA:

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1 Q. You don't? Did you get it at the corporate  
 2 meetings at the end of the year?  
 3 A. No.  
 4 Q. There is no physician, no group of  
 5 physicians or no corporation that has testified  
 6 more in Cuyahoga County than your corporation by  
 7 whom you're employed.  
 8 MS. WORKUM: Objection.  
 9 BY MR. CARAVONA  
 10 Q. And you're sitting here and telling me  
 11 you're independent, Doctor?  
 12 MS. WORKUM: Objection.  
 13 MR. VERGON: Objection.  
 14 THE WITNESS: You're asking me  
 15 questions based on information that I'm not  
 16 familiar with.  
 17 BY MR. CARAVONA  
 18 Q. Who hired you and who's paying you?  
 19 MS. WORKUM: Objection. It's  
 20 asked and answered.  
 21 THE WITNESS: I think we've  
 22 covered that already now, --  
 23 BY MR. CARAVONA  
 24 Q. It's Ms. Workum.  
 25 A. -- and I'll tell you again.

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1 You're going to answer my questions now?  
 2 Q. I'll tell you.  
 3 A. You're going to answer my questions for me,  
 4 okay.  
 5 What I've **already** told you is that it  
 6 doesn't matter to me who asks for the independent  
 7 medical **evaluation** to be **done**. That my role is  
 8 to look at the records, evaluate the individual  
 9 and form opinions. And I will form opinions  
 10 based on what the information shows.  
 11 It doesn't matter to me which side that  
 12 favors. It depends on what the information  
 13 yields and what makes sense to me based on my  
 14 experience and training.  
 15 Q. But, Doctor, the letter that was sent to  
 16 you from Ms. Workum outlining what you were to  
 17 do --  
 18 MS. WORKUM: Objection.  
 19 BY MR. CARAVONA:  
 20 Q. -- is not here; is it?  
 21 MS. WORKUM: Objection. If such  
 22 a thing even exists.  
 23 BY MR. CARAVONA:  
 24 Q. Well now, wait a second. Whoa, wait a  
 25 minute.

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1 Doctor, did you or did you *not* receive a  
 2 letter from Ms. Workum as to this assignment?  
 3 MS. WORKUM: That's a different  
 4 question.  
 5 BY MR. CARAVONA  
 6 Q. Did you or did you not?  
 7 A. I've answered you --  
 8 Q. Yes, that it did exist.  
 9 A. I said I may have gotten a letter from her.  
 10 Q. Doctor, are you saying may --  
 11 MS. WORKUM: I'll tell you right  
 12 now on the record, I did send him a letter. But  
 13 I didn't tell him what to do.  
 14 MR. CARAVONA: All right.  
 15 THE WITNESS: And I object to the  
 16 form of your question.  
 17 BY MR. CARAVONA  
 18 Q. Where is the letter, Doctor? I want to see  
 19 the letter.  
 20 A. Well, I've already told you that I base my  
 21 opinions, is what we're here all about today, on  
 22 the medical information. And the medical  
 23 information I have reviewed, and I based opinions  
 24 on that.  
 25 Whatever is in Ms. Workum's letter or

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1 letter she may have sent doesn't affect my  
 2 opinions.  
 3 Q Why isn't it here?  
 4 A. Because they're not important to me as an  
 5 evaluator.  
 6 Q Why isn't your bill here for what your  
 7 services are?  
 8 A. Because it's not important to me that that  
 9 be here.  
 10 Q. Let me ask you a question, Doctor, if you  
 11 think you're independent. I would like to give  
 12 you a hypothetical, okay?  
 13 A. It's up to you.  
 14 Q. You perform surgery on me for a ruptured  
 15 Achilles tendon. You send me a bill for \$7,500.  
 16 I come to you and say, "Doctor, I don't agree  
 17 with that charge. I think I owe you \$3,000,  
 18 because my partner and I, Mike Czack, do not have  
 19 medical insurance and we've got to pay everything  
 20 out of our pocket."  
 21 And you say, "Well, no, Mr. Caravona, I  
 22 think that I owe you -- that you owe me \$7,500,"  
 23 okay.  
 24 MS. WORKUM: Objection. Where's  
 25 the question?

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1 BY MR. CARAVONA:  
 2 Q. All right. Now, you're aware, as you sit  
 3 here today, that Ms. Workuni and Mr. Vergon and I  
 4 have a disagreement as to the injuries that Carol  
 5 Newman has, in fact, incurred; would you agree  
 6 with that?  
 7 A. I can infer that from --  
 8 Q. All right.  
 9 A. -- the conversations we're having.  
 10 Q. Just as you and I would have a disagreement  
 11 as to the bill of \$7,500 or \$3,000; is that  
 12 accurate?  
 13 MS. WORKUM: Objection.  
 14 THE WITNESS: I really don't  
 15 understand your question.  
 16 BY MR. CARAVONA:  
 17 Q Well, let me ask you this  
 18 A. If you're asking me if people disagree,  
 19 fine.  
 20 Q. All right. Well, --  
 21 A. I understand your question.  
 22 Q. Would you feel comfortable if I said to  
 23 you, "You know what, Doctor, you're saying "X"  
 24 number of dollars and I'm saying less. Let's get  
 25 an independent person who I choose, my partner,

1 Mike Czack."  
 2 Would you feel comfortable with that,  
 3 Doctor?  
 4 MS. WORKUM: Objection.  
 5 MR. VERGON: Objection.  
 6 THE WITNESS: I don't understand  
 7 your question. And --  
 8 BY MR. CARAVONA:  
 9 Q. You don't understand the question?  
 10 A. -- what it's based on and what you're  
 11 asking me.  
 12 Q. You don't understand that question?  
 13 A. You seem to be going off on a very  
 14 theoretical tangent that I don't really  
 15 appreciate here. I'm not -- I'm trying to grasp  
 16 what you're asking me.  
 17 Q. What don't you appreciate about that,  
 18 Doctor?  
 19 A. What you're asking me. You need to clarify  
 20 it.  
 21 Q. Would you feel comfortable with my partner  
 22 giving the independent evaluation of what was  
 23 fair?  
 24 MS. WORKUM: Objection.  
 25 MR. VERGON: Objection.

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1 BY MR. CARAVONA:  
 2 Q. When he had a financial interest in it?  
 3 MS. WORKUM: Objection.  
 4 THE WITNESS: I guess based on  
 5 what? I don't understand all the -- all the  
 6 factors involved. I don't know how to answer the  
 7 question.  
 8 BY MR. CARAVONA:  
 9 Q. But you don't deny that this corporation  
 10 has testified more than any other medical  
 11 corporation, doctor or group of doctors in  
 12 Cuyahoga County in the last two years?  
 13 MS. WORKUM: Objection.  
 14 MR. VERGON: Objection.  
 15 THE WITNESS: I don't know that  
 16 information. I'm not familiar with that  
 17 information,  
 18 MR. CARAVONA: I thank you for  
 19 your time.  
 20 THE WITNESS: You're welcome.  
 21 REDIRECT EXAMINATION  
 22 BY MS. WORKUM:  
 23 Q. Dr. Gordon, did the additional medical  
 24 documentation which was generated and received by  
 25 you after you wrote your initial report change in

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1 any way the opinions that you expressed in your  
 2 report?  
 3 MR. CARAVONA: Objection.  
 4 THE WITNESS: No, it didn't.  
 5 BY MS. WORKUM:  
 6 Q. Okay. Now, Doctor, do you expect  
 7 Ms. Newman's doctors to be paid for their time  
 8 when they're deposed?  
 9 A. I certainly would expect them to bill for  
 10 it and expect them to be paid, of course.  
 11 Q. Dr. Gordon, have you ever been asked to  
 12 perform an independent medical evaluation and  
 13 found or rendered an opinion that was contrary to  
 14 the person who asked you to do the examination?  
 15 MR. CARAVONA: Objection.  
 16 THE WITNESS: Certainly I have.  
 17 As I've stated --  
 18 MR. CARAVONA: Objection.  
 19 THE WITNESS: As I've stated --  
 20 previously, it doesn't matter to me who asks for  
 21 the examination. The opinions are based on what  
 22 information is available, the evaluation and all  
 23 the factors I've talked about before. It doesn't  
 24 matter who asked for the information.  
 25 BY MS. WORKUM:

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1 Q. And your opinion in this case was that  
 2 Ms. Newman suffered a soft tissue injury?  
 3 A. Based on her history, yes.  
 4 MS. WORKUM: Okay, thank you. I  
 5 don't have any questions.  
 6 MR. VERGON: Doctor, I just have  
 7 a couple more questions.  
 8 RECROSS-EXAMINATION  
 9 BY MR. VERGON  
 10 Q. Since Mr. Caravona apparently takes issue  
 11 with your opinions --  
 12 (Thereupon, microphones were  
 13 exchanged between counsel.)  
 14 BY MR. VERGON:  
 15 Q. Doctor, since Mr. Caravona takes issue with  
 16 some of your opinions you've rendered in this  
 17 case, could you please -- maybe it's quicker to  
 18 refer to your review of the medical records of  
 19 other care providers for Ms. Newman, okay.  
 20 And I think the first thing you  
 21 reviewed, chronologically at least, was after her  
 22 May 26, 1994 accident was the Parma Community  
 23 Hospital emergency room report; is that right?  
 24 A. That's right.  
 25 Q. Okay. And at that time, she gave a history

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1 to the emergency room physician?  
 2 A. Yes.  
 3 Q. Okay. And she denied striking her head on  
 4 the inside -- on anything inside the car?  
 5 A. That's the documented history at the time,  
 6 yes.  
 7 Q. She denies any loss of consciousness?  
 8 A. Correct.  
 9 Q. And she was complaining of pain in her low  
 10 back and her neck?  
 11 A. Correct.  
 12 Q. And they did a physical examination of her;  
 13 is that correct?  
 14 A. Yes.  
 15 Q. And they found that she was not in any  
 16 acute distress?  
 17 A. Yes.  
 18 Q. And they took X-rays at Panna Community  
 19 Hospital?  
 20 A. Yes.  
 21 Q. Did you review the X-ray reports?  
 22 A. Yes.  
 23 Q. What did those X-rays show?  
 24 A. They showed degenerative changes with --  
 25 significant degenerative changes at the two level

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1 in the cervical spine.  
 2 Q. Okay. What about the lumbar spine?  
 3 A. Also degenerative changes.  
 4 Q. Okay. And what about the right knee, which  
 5 was X-rayed?  
 6 A. Also degenerative changes.  
 7 Q. The next record that you reviewed was the  
 8 Tri County Physical Therapy records where she  
 9 went on May 27th at the referral of  
 10 Dr. Rodriguez; is that correct?  
 11 A. That's correct.  
 12 Q. Okay. And apparently she treated with Tri  
 13 County Physical Therapy for a period of time?  
 14 A. Yes.  
 15 Q. Okay. And did those -- did the records  
 16 from Tri County indicate anything about her past  
 17 medical history as it relates to her cervical or  
 18 shoulder?  
 19 A. Yes.  
 20 Q. What was that?  
 21 A. Well, there's indications in those records  
 22 that she reported a prior history of neck and  
 23 shoulder problems. They appear to be  
 24 long-standing in nature, referred to be as  
 25 chronic. Meaning, ongoing, going on for a long

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1 **time.** Those records are in the therapy records.  
 2 Q. Okay. And was there also an insurance form  
 3 in there that referred to some of her history,  
 4 Doctor?  
 5 A. Yes.  
 6 Q. Okay. And what did that insurance form  
 7 show you?  
 8 A. Well, it indicated, as we've already talked  
 9 about, the insidious onset of her symptoms.  
 10 Meaning, no specific cause given to it. That  
 11 they were chronic. Meaning, they were  
 12 long-standing. These are the kind of things that  
 13 are indicated in those records.  
 14 Q. Okay. Did you review a physical therapy  
 15 note from Tri County dated June 16, 1994, Doctor?  
 16 A. Yes.  
 17 Q. And what did that note indicate?  
 18 A. It indicated that she was feeling better by  
 19 her report.  
 20 Q. Okay. And was -- did she also present  
 21 herself the following day on June 17th?  
 22 A. Yes.  
 23 Q. Okay. And what did that note reveal?  
 24 A. Well, she noted that she had been in a  
 25 motor vehicle accident the day previously.

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1 Q. And by June 20th, what was she reporting to  
 2 Tri County?  
 3 A. That she was feeling a little bit better.  
 4 And that she was noted to be returning to normal.  
 5 Q. Okay. What about the note for July 1, 1994  
 6 to Tri County, Doctor.  
 7 Did she report any problems at that time?  
 8 A. No. It indicates that she reported no  
 9 problems on July 1st of '94.  
 10 Q. And July 19th, apparently, she went back to  
 11 Tri County.  
 12 And what was her report of her condition at  
 13 that time?  
 14 A. Improved, felt better.  
 15 Q. Okay. And she went back, I guess, ten days  
 16 later, July 29th  
 17 And what did that report show?  
 18 A. It indicates they discharged her from  
 19 therapy as an improved patient.  
 20 Q. Okay. So the physical therapy that  
 21 Ms. Newman's had immediately following her two  
 22 automobile accidents lasted from May until the  
 23 end of July of 1994; is that correct?  
 24 A. Mid-July or end of July, yes.  
 25 Q. Doctor, the treatment that Ms. Newman had

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1 after the end of July 1994 by Dr. Dehling and the  
 2 chiropractor, Dr. Bitbitskay, and, I guess,  
 3 Dr. Solomon, what -- do the records indicate why  
 4 she went to those doctors?  
 5 MR. CARAVONA: Objection. Outside  
 6 the course and scope of the report.  
 7 THE WITNESS: The records  
 8 indicate that she had seen Dr. Dehling.  
 9 Complaints noted, dizzy spells and noted to be  
 10 secondary to a sinus infection. That was treated  
 11 with antibiotics. A history of motor vehicle  
 12 accidents noted.  
 13 BY MR. VERGON:  
 14 Q. From the records that you reviewed, Doctor,  
 15 was she making any neck or back complaints  
 16 following her discharge from surgery at the end  
 17 of July?  
 18 A. You mean, discharge from therapy?  
 19 Q. Therapy, I mean. I'm sorry.  
 20 A. Not as I recall.  
 21 Q. Okay. Those visits to the doctors after  
 22 the end of July were for headaches?  
 23 A. They appear to be.  
 24 Q. Okay. Doctor, I assume that the sinus  
 25 condition was not related to any automobile

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1 accident?  
 2 A. I would not expect so, no.  
 3 Q. Did Ms. Newman relate her headaches to any  
 4 other things that seemed to bring them on?  
 5 A. There was a mention in --  
 6 MR. CARAVONA: I'm going to  
 7 object.  
 8 This is outside the course and scope of  
 9 cross, but go ahead.  
 10 THE WITNESS: It  
 11 notes -- Dr. Dehling notes that the headaches  
 12 seem to be exacerbated with change in weather and  
 13 exposure to smoke and certain wines.  
 14 MR. CARAVONA: Once again, Fred, I  
 15 don't mean to interrupt, but --  
 16 MR. VERGON: Go ahead.  
 17 MR. CARAVONA: -- I'm going to  
 18 move to strike any reference as to cause of  
 19 headaches or comments about the headaches,  
 20 because it is outside of his report.  
 21 MR. VERGON: Okay, Doctor.  
 22 Thank you.  
 23 THE WITNESS: You're welcome.  
 24 RE-CROSS-EXAMINATION  
 25 BY MR. CARAVONA:



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1: Q. Doctor, you were asked about the physicians  
2 being compensated for their time.  
3 You don't know what the physicians are  
4 going to charge, or other treating physicians,  
5 for their testimony, do you?  
6 A. No.  
7 Q. I hope it's not \$900 an hour.  
8 MS. WORKUM: Objection. Move to  
9 strike.  
10 MR. VERGON: Objection.  
11 BY MR. CARAVONA:  
12 Q. Well, let me ask you this, Doctor: All  
13 those questions that you were asked about were  
14 out of Plaintiffs' Exhibit 1 that we have marked  
15 previously; isn't that accurate?  
6 MS. WORKUM: What questions?  
7 MR. CARAVONA Regarding the  
8 treatment up to July?  
9 THE WITNESS: What questions are  
10 you asking me?  
11 BY MR. CARAVONA:  
12 Q. The ones Mr. Vergon referred to about her  
13 feeling better.  
14 A. There indicates references regarding the  
15 physical therapy records.

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1 Q. That are in Exhibit 1  
2 And one last question, Doctor. You were  
3 asked by Ms. Workum that you have examined people  
4 and -- for the defense.  
5 Is it fair to say that you examine for the  
6 defense in automobile accidents all the time?  
7 MS. WORKUM: Objection.  
8 THE WITNESS: No.  
9 BY MR. CARAVONA:  
0 Q Ninety-five percent of the time?  
1 A. I don't know a percentage.  
2 Again, I've already told you, it doesn't  
3 matter to me who asks me to perform an  
4 independent medical exam.  
5 Q. But you give it straight as it is?  
6 A. Based on the review of the records, the  
7 evaluation, I call them as I see them.  
8 Q. Doctor, I have a small office in here, and  
9 we have a few lawyers, and we have 51 reports  
10 from this organization. And not one of them  
11 agrees with any of the treating physicians.  
12 MS WORKUM. Objection Move to  
13 strike.  
14 MR VERGON: Objection.  
15 BY MR. CARAVONA:

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1 Q. And I'll show them to you if you would  
2 like.  
3 MS. WORKUM: Objection. Move to  
4 strike.  
5 BY MR. CARAVONA:  
6 Q. Do you want me to?  
7 A. I don't understand the question.  
8 MS. WORKUM: There was no  
9 question. There was a statement.  
0 MR. CARAVONA: I have no further  
1 questions.  
2 VIDEOGRAPHER: Doctor, you have  
3 the right to review the videotape and/or read  
4 this transcript, or you can waive such rights?  
5 THE WITNESS: I'll waive it.  
6 Thank you.  
7 VIDEOGRAPHER: Thank you.  
8 Counsel, should we waive the filing of the  
9 videotape?  
10 MR. CAKAVONA: I'll waive it for  
11 you.  
12 VIDEOGRAPHER: Thank you. This  
13 concludes the deposition.  
14 (Thereupon, the deposition  
15 was concluded at 1:07 p.m.)

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1 CERTIFICATE  
2  
3 STATE OF OHIO, }  
4 SUMMIT COUNTY, } SS  
5 I, Tracy J. Schell, a Certified Court  
6 Reporter and Notary Public within and for the  
7 State of Ohio, duly commissioned and  
8 qualified, do hereby certify that the within  
9 named witness, TIMOTHY L. GORDON, M.D., was by me  
10 first duly sworn to testify the truth, the whole,  
11 truth and nothing but the truth in the cause  
12 aforesaid; that the testimony then given by him  
13 was by me reduced to Stenotypy in the presence of  
14 said witness, afterwards prepared and produced by  
15 means of Computer-Aided Transcription and that  
1 the foregoing is a true and correct transcription  
2 of the testimony so given by him as aforesaid.  
3 I do further certify that this deposition  
4 was taken at the time and place in the foregoing  
5 caption specified, and was completed without  
6 adjournment.  
7 I do further certify that I am not a  
8 relative, counsel or attorney of either party, or  
9 otherwise interested in the events of this  
0 action.  
1 IN WITNESS WHEREOF, I have hereunto set my  
2 hand and affixed my seal of office at Cleveland,  
3 Ohio on this 4th day of May, 1998.  
4  
5 Tracy J. Schell, Certified  
6 Court Reporter and Notary Public  
7 in and for the State of Ohio.  
8  
9 My commission expires November 5, 1998.  
0  
1  
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3  
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5 - - -

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