

1 State of Ohio,)
) SS:
 2 County of Lorain.)

3 - - -

4 IN THE COURT OF COMMON PLEAS

5 - - -

6 Susan Innes, Executrix, etc.,)
)
 7 Plaintiff,)
) Case No. 00 CV 126109
 8 vs.)
) Judge Zaleski
 9 Joyful Heart Learning Center,)
 et al.,)
 10)
 Defendants.)

11

12 - - -

13 DEPOSITION OF TIMOTHY GORDON, M.D.

14 THURSDAY, MAY 3, 2001

15 - - -

16 The deposition of Timothy Gordon, M.D., a witness herein,
 17 called by the Defendants for examination under the Ohio
 18 Rules of Civil Procedure, taken before me, Ivy J.
 19 Gantverg, Registered Professional Reporter and Notary
 20 Public in and for the State of Ohio, pursuant to notice,
 21 at 850 Brainard Road, Highland Heights, Ohio, commencing
 22 at 1:50 p.m., on the day and date above set forth.

23

24

1 APPEARANCES:

2 On Behalf of the Plaintiff:

3 Matthew H. Barrett, Esq.
4 Miraldi & Barrett
5 6061 South Broadway
6 Lorain, Ohio 44053

7 On Behalf of the Defendants:

8 Thomas M. Coughlin, Jr., Esq.
9 Keller & Curtin
10 330 Hanna Building
11 Cleveland, Ohio 44115

12 Also Present:

13 Barry Hersch, Videographer

14

15

16

17

18

19

20

21

22

23

24

25

- - -

MR. COUGHLIN: Initially let the record reflect that this is the deposition of Dr. Timothy Gordon which is being taken pursuant to notice.

And it is my understanding, Matt, correct me if I am wrong, that the statutory and procedural formalities of notice, service and the filing of this deposition will be waived; is that okay?

MR. BARRETT: It is okay.

MR. COUGHLIN: This deposition is being taken upon direct examination in order to preserve the doctor's testimony for use at the trial of this action brought by Sue Innes against my clients, said action currently pending before the Honorable Judge Edward Zaleski of the Lorain County Court of Common Pleas bearing Case Number 00 CV 126109.

We can go on the record now, Barry.

(The following proceedings were had on the video record.)

- - -

1 TIMOTHY GORDON, M.D.
2 a witness herein, called by the defendants for
3 examination under the Rules, having been first duly
4 sworn, as hereinafter certified, was deposed and said as
5 follows:

6 DIRECT EXAMINATION

7 BY MR. COUGHLIN:

8 Q. Good afternoon, Dr. Gordon.

9 A. Good afternoon.

10 Q. As you know, I am Tom Coughlin, and I am
11 representing defendants in a lawsuit that has been filed
12 by Sue Innes as the Executor of the Estate of
13 Mr. Baumhardt.

14 As you know, we are going to take your deposition
15 by videotape so that your testimony will be preserved for
16 the jury without having you to -- because it would be too
17 difficult for you to come to trial due to your busy
18 orthopedic practice.

19 Would you please state your full name for the
20 record?

21 A. Timothy O. Gordon.

22 Q. What is your current professional address?

23 A. 850 Brainard Road in Highland Heights, Ohio.

24 Q. And is that where we are now?

25 A. Yes.

1 Q. Dr. Gordon, what is your profession?

2 A. I am an orthopedic surgeon.

3 Q. When were you first licensed to practice medicine
4 in the State of Ohio?

5 A. 1986.

6 Q. You said that you are an orthopedic surgeon, so
7 that means your specialty is in the field of orthopedic
8 surgery; is that correct?

9 A. Yes, it is.

10 Q. Would you please explain to the ladies and
11 gentlemen of the jury what is involved with that specific
12 specialty?

13 A. All right.

14 Orthopedic surgeons are trained in the operative
15 and nonoperative treatment of diseases, injuries,
16 problems related to the musculoskeletal system. That
17 would include the spine, muscles, tendons, joints,
18 ligaments, the extremities, things like that.

19 Q. All right.

20 Are you Board certified?

21 A. Yes.

22 Q. And when were you so Board certified?

23 A. 1993.

24 Q. Just briefly explain what is involved in the Board
25 certification of an orthopedic surgeon?

1 A. All right.

2 Board certification requires an extensive written
3 examination be passed once one completes residency. Then
4 one has to be in private practice for two years, and then
5 passes an extensive oral examination.

6 I have done that and am Board certified.

7 Q. Okay.

8 Is that one of if not the highest achievement
9 obtainable in your specialty?

10 A. Yes.

11 Q. Would you please now give the ladies and gentlemen
12 of the jury a little bit of your background, including
13 college, through medical school, as well as your
14 internships and residencies up until the present time?

15 A. All right.

16 I went to undergrad at the Ohio State University,
17 then went on to do my medical school training at the Case
18 Western Reserve University School of Medicine, and then I
19 did my orthopedic surgery training, a five year training
20 program, at the Mt. Sinai Medical Center.

21 Q. How long have you been in private practice?

22 A. Since 1991.

23 Q. Are you a member of any medical organizations,
24 societies or associations?

25 A. Yes.

1 Q. Could you give a couple examples of those?

2 A. Sure.

3 I am a Fellow of the American Academy of
4 Orthopedic Surgeons. I am also a member of the American
5 Medical Association and local type organizations.

6 Q. Do you have staff and courtesy privileges at any
7 hospitals in this area?

8 A. Yes.

9 Q. And which ones?

10 A. Hillcrest, Euclid, Lake. Also University, Bedford
11 and Richmond.

12 Q. Are you involved in any teaching or publications
13 in the field of orthopedic surgery?

14 A. Yes, I have published articles. I have also
15 taught anatomy at the Case Medical School.

16 Q. Now that we have got that background stuff out of
17 the way, Dr. Gordon, getting to the gist of this case, as
18 part of your practice, do you have occasions to examine
19 individuals and/or individuals' records who are not your
20 patient for the purpose of evaluation, including for the
21 purpose of consultation, second opinion, evaluation on
22 legal matters and/or Bureau of Workers' Compensation
23 proceedings?

24 A. Yes, I do.

25 Q. Would you please tell the ladies and gentlemen of

1 this jury whether you had an opportunity to examine the
2 records of Norwood Baumhardt in this particular matter at
3 my request?

4 A. Yes, I did.

5 Q. As part of your office records, do you have a copy
6 of the report you prepared and dated January 8th, 2001
7 which outlines your review of the records and your
8 opinions in this case?

9 A. Yes.

10 Q. Feel free, Dr. Gordon, to review that report as
11 well as any other records or x-ray films that we have in
12 front of you in answering any of my questions or those
13 presented by counsel for the plaintiff.

14 A. All right.

15 Q. Dr. Gordon, as you know, a major area of dispute
16 in this case concerns whether or not Mr. Baumhardt's
17 revision surgery of his hip, completed approximately one
18 and a half years after this automobile accident, was
19 caused as a direct and proximate result of this accident.

20 To put it to you directly -- and then we will
21 later get on to the reasons for your opinion -- but to
22 put the question to you directly, do you have an opinion
23 within a reasonable degree of medical probability as to
24 whether or not the revision surgery of Mr. Baumhardt's
25 hip performed approximately one and a half years after

1 this automobile accident was necessitated by virtue of
2 this automobile accident?

3 A. Yes, I have an opinion.

4 Q. And what is your opinion?

5 A. It is my opinion that the revision surgery of the
6 hip was not causally related by the motor vehicle
7 accident.

8 Q. Without me asking you a series of questions, and
9 if I need to interrupt, I will, but would you please
10 explain to the ladies and gentlemen of the jury the basis
11 of your opinion?

12 A. Well, the basis of my opinion is that the
13 diagnosis at the time of the hip revision was septic
14 arthritis, a septic hip and a septic loosening of the
15 hip; that I would agree with Dr. Zanotti, the orthopedic
16 surgeon that did the procedure, that the left hip
17 arthroplasty was infected at that time and was loose
18 because of the infection, and that then led to the need
19 for the revision.

20 The motor vehicle accident caused a fracture of
21 the pelvic bone up above the hip replacement, but that
22 went on to heal, and the medical records that we have
23 indicate that this gentleman made a good recovery after
24 that, and the records aren't consistent with the
25 subsequent loosening that was found, and infection,

1 having anything to do with the motor vehicle accident.

2 MR. BARRETT: I am going to object and move
3 to strike any reference to any evidence that is
4 not in evidence, including Dr. Zanotti's
5 references.

6 MR. COUGHLIN: Okay. Well, we will get
7 into that.

8 BY MR. COUGHLIN:

9 Q. Dr. Gordon, you have reviewed records from
10 Dr. Zanotti pertaining to his -- or for example, his
11 operative notes, and things of that nature?

12 A. Yes.

13 Q. And do you agree with the position of Dr. Zanotti
14 as to what problems Mr. Baumhardt was having at or around
15 the time of this surgery that occurred a year and a half
16 after this accident?

17 MR. BARRETT: Objection again. Same
18 objection.

19 A. Yes, I do.

20 Q. Dr. Gordon, just briefly, let's -- so that the
21 jury has a timeline of the events here, it is my
22 understanding this accident occurred on August 25th,
23 1998; is that what you recall?

24 A. Yes.

25 Q. Okay.

1 And I think we have a copy of some x-rays which
2 were taken, I don't know, two or three days or so after
3 this automobile accident.

4 Maybe it would be a good idea where you could
5 discuss those x-rays and demonstrate things for the
6 ladies and gentlemen of the jury which you believe may be
7 of some significance.

8 A. Sure.

9 Q. Okay.

10 THE WITNESS: Where is the best place to
11 hold this so everybody sees it? Is that --

12 THE VIDEOGRAPHER: That is good.

13 THE WITNESS: Pretty good?

14 THE VIDEOGRAPHER: Yes.

15 THE WITNESS: Okay.

16 A. Well, what this is, this is a copy of an x-ray of
17 the pelvis. And this was done, I think it was two days
18 after the accident.

19 And to get you oriented to what you are looking
20 at, this is the replace -- this is the hip replacement
21 over here, this is the left hip, and then the right hip
22 is on this side (indicating).

23 And the fracture line that you can see is right up
24 in here, it is kind of faint, it is a nondisplaced
25 fracture line, and it involves the pelvic bone up here

1 (indicating).

2 And the hip replacement, this is the femoral stem
3 that goes down into the femur. And at the time of the
4 hip replacement, the neck and the head of the femur is
5 removed, and then the acetabular cup is replaced with a
6 metal liner, and then an acetabular polyethylene
7 component on the inside.

8 And what we see here is that this is in really
9 good position. It is -- there is what we call lucency
10 around the cup, which is this area of gap we see here
11 (indicating).

12 And that is what looks like a pretty standard
13 amount of loosening for a prosthesis which is about ten
14 years old. Because around ten years, they certainly
15 start to loosen, and this is a fairly expected amount of
16 lucency or x-ray evidence of loosening for the acetabular
17 component.

18 So that doesn't look really unusual, unexpected.
19 The only thing that looks unusual is the fracture line
20 (indicating).

21 The issue is that, as I have indicated, that he
22 sustained a fracture from the accident, but this
23 subsequently went on to heal.

24 Q. Okay, just to briefly back up, then, Dr. Gordon, I
25 think everyone knows by now that Mr. Baumhardt had a hip

1 prosthesis installed almost ten years before the accident
2 with my client. I think it was March of 1989, if I
3 remember correctly without having notes in front of me.

4 So we were approaching about ten years after he
5 had that initial prosthesis installed; is that your
6 understanding?

7 A. Yes.

8 Q. Okay.

9 And in explaining the x-rays that were taken a
10 couple days after the accident, do you see any evidence
11 demonstrated in those x-rays that there was any
12 disruption to the hip prosthesis which happened in this
13 accident?

14 A. No, I don't. The things you would look for would
15 be, for example, that the metal ball that goes into the
16 plastic cup, it would be out of center. And it is
17 centered well in the hip.

18 The other thing is that this lucency here
19 (indicating) looks like what we call wear and tear
20 loosening over time, it looks pretty expected.

21 And then the other issue is, if the acetabular
22 component had been, let's say, knocked loose at the time
23 of the accident, you would expect that it would be very
24 loose, that this cup position would change, then, as he
25 recovered from the fracture and started walking on it.

1 And the subsequent x-ray showed that this stays in
2 the same position. So it just isn't convincing of a
3 traumatic loosening of the cup at the time of the
4 accident. Because you would have expected, again, the
5 cup to start to move as he started to walk on it. And
6 the records indicate that he was up walking in an
7 expected amount of time, and that nine months after the
8 accident, he was noted to be asymptomatic by Dr. Patel.

9 Q. Okay.

10 I now want to talk about that period of time
11 between the time those x-rays were taken up until the
12 time that Dr. Patel's partner, Dr. Zanotti, performed
13 surgery of the hip.

14 Again, it is my understanding that about 14 months
15 or so passed during that period of time; is that what you
16 recall?

17 A. Right.

18 Q. Did you have an opportunity, Dr. Gordon, to review
19 the medical records from Dr. Patel, Dr. Patel's partner,
20 Dr. Zanotti, as well as the operative notes, therapy
21 records, and things of that nature, which would give you
22 some guidance as to what Mr. Baumhardt was doing or how
23 he was doing during that 14 month period of time?

24 A. Yes.

25 Q. Would you just briefly tell the ladies and

1 gentlemen of the jury if you recall what records, x-rays,
2 things of that nature, that you did review?

3 A. Sure.

4 I reviewed records from Dr. Patel, who initially
5 treated him for the fracture of the pelvis, and his
6 records indicate that during the course of treatment from
7 August of 1998 when the accident occurred until May of
8 1999, a period of about nine months, that the gentleman
9 was making a good recovery, that the fracture was
10 healing.

11 I reviewed the x-rays taken over that period of
12 time of the left hip, and agree that the fracture went on
13 to heal, and the acetabular component, that metal cup
14 part, didn't move, it stayed in the same spot.

15 In May of 1999, Dr. Patel evaluated this
16 gentleman, noted that he was walking, he had been walking
17 his dog, he didn't have any pain with his hip.

18 He examined the hip, noted to have good range of
19 motion. He did what is called a push/pull test, where
20 you actually take the leg when the person is sitting, and
21 you push on it -- or lying down, to push and move that
22 acetabular component. If it is loose, the push/pull test
23 will tell you.

24 No pain in the push/pull test. He stated the man
25 was asymptomatic at that time.

1 So that is consistent with really making a good
2 recovery from the hip fracture, and it is not consistent
3 with the acetabular component being loose or there being
4 a disruption of the plastic component at that time.

5 Then we don't have any records until January of
6 2000, which would be about seven months later, where --

7 Q. Just to back up, how far are we? We are over --
8 about 16 months or 14 months or so past the -- about 16
9 months after the accident?

10 A. Right, about a year and a half, at that point.

11 By May of 1999, nine months after the accident, he
12 is noted to be asymptomatic, the fracture is healed.

13 Then seven months later, after no treatment or
14 complaints, he presents with pain in the hip, which is of
15 recent onset.

16 It is noted in Dr. Zanotti's hospital records and
17 the hospital records where he was treated that he had had
18 pain of about a week or so onset.

19 He was worked up at that point, found to have a
20 hip infection, and then was taken to the operating room
21 and a revision of the prosthesis was done for a diagnosis
22 of an infected hip and loosening of the hip secondary to
23 infection.

24 Q. Okay.

25 Infection, that is a term that you have used, an

1 infection of the hip.

2 What significance is that to you, as an orthopedic
3 surgeon, or what significance does that have with regard
4 to your opinion that the surgery that this man had 16
5 months, 14 months after this accident, did not occur
6 from this accident, what significance does the infection
7 have?

8 A. Okay, well, infection, we used the word infection
9 and we used the word septic, they are synonymous in this
10 case.

11 The infection is important because infection is
12 caused by bacteria. And in this case, bacteria was found
13 to be in the hip joint, and that is what caused the
14 infection in the hip. And that is what caused the
15 loosening in the hip.

16 Because we know that hip replacements are at risk
17 to get infected. And they get infected by bacteria,
18 because bacteria like the metal and plastic components of
19 a hip replacement, they like to grow around it.

20 So if an individual gets bacteremia, which is a
21 big word for bacteria in the blood -- and that can occur
22 from a dental procedure, so that is why people with joint
23 replacements, it is recommended they take antibiotics
24 before dental procedures or surgeries, because there is a
25 risk of getting bacteria floating around the body. And

1 that can end up in the hip joint and cause an infection,
2 and you end up with these problems of a loosened hip
3 joint, and you need a revision surgery.

4 And it is also more common in elderly people who
5 have a lot of medical problems. This gentleman had a
6 fair number of medical problems, and was elderly, and so
7 his risk for infection is higher.

8 So the issue is, is that the infection developed
9 in the hip. It had nothing to do with the car accident.
10 The infection develops in the hip a year and a half or so
11 after the car accident, they go in, open the hip up,
12 revise it, bacteria grows, it is a confirmed infection,
13 and the diagnosis is septic hip, infected hip, loosening
14 secondary to infection.

15 And that is a very well understood problem,
16 because when the bacteria starts to multiply, it makes
17 enzymes that break down the interface of how the
18 component fixes to bone, and the body's inflammatory
19 response to fight the infection also does that.

20 So it is just something we understand, as
21 orthopedic surgeons, causes loosening of these
22 replacement arthroplasties because of infection.

23 Q. And then just to, you know, try to put this more
24 in layman's terms, you have said that you do not believe
25 that the accident with my client was the reason that

1 this man had to have a surgery 16 months later; is that
2 right?

3 A. Correct.

4 Q. What, in your opinion, was the reason that he
5 needed that surgery, then, following this accident?

6 A. The reason he needed the surgery was because of
7 the infected hip joint, and the infection needed to be
8 drained. Because when you have an infection in the
9 joint, you have got to open up the joint and remove the
10 infection, otherwise it won't go away.

11 And then the other issue is very commonly when you
12 open up the joint and you examine the components, they
13 are very loose because of the infection, you have to then
14 clean everything out, treat the individual with
15 antibiotics, and then do a revision replacement, which is
16 what he had. It was done because of the infection.

17 Q. Okay.

18 Unfortunately, Mr. Baumhardt is not with us any
19 more. So you did not have the opportunity, obviously, to
20 examine him; is that --

21 A. That is correct.

22 Q. -- a fair statement?

23 You did, however, were able to review records from
24 Dr. Zanotti, who had the opportunity to perform surgery,
25 and hold the cup and liner in his hands when he did the

1 surgery, correct?

2 A. That is correct.

3 Q. And have you had the opportunity to review

4 Dr. Zanotti's operative notes, as well as the records

5 from the hospital where the surgery was performed?

6 A. Yes.

7 Q. Do you -- well, please discuss, if you would, what

8 those records demonstrate?

9 A. All right.

10 Well, the records demonstrate that an infection of
11 the hip was confirmed through cultures taken at the time
12 of surgery; that when Dr. Zanotti opened up the hip joint
13 and inspected the cup, that it was what he called finger
14 loose, in other words, you could just push it with your
15 finger and make it loose. That is really loose.

16 And that he documented that the plastic cup liner,
17 the polyethylene component, was cracked, and in what I
18 will call pieces.

19 And that, again, would go along with an infection,
20 because what happens is, as the components loosen and the
21 person is walking on it, you get these abnormal forces,
22 the piece is moving, and it is common that it will crack
23 and fragment essentially. So that is not unusual in an
24 infected hip scenario.

25 Q. Finally, Dr. Gordon -- I am almost done -- I

1 anticipate it may be the theory of Dr. Patel -- who was
2 not the doctor that did the surgery like Dr. Zanotti, but
3 was a doctor that did Mr. Baumhardt's initial surgery
4 about ten years before the accident, and then did a
5 subsequent surgery after this accident, but after
6 Dr. Zanotti -- it may be Dr. Patel's theory that somehow
7 the cup -- or not the cup -- the liner within the cup on
8 the hip prosthesis was cracked in the accident, okay?

9 Do you disagree with that theory?

10 A. Yes, I do.

11 Q. And just briefly, if you could, tell the ladies
12 and gentlemen of the jury what evidence, medical records,
13 things of that nature, support your position that you
14 disagree with, with that specific theory?

15 A. All right.

16 Well, if we go back to the beginning, remember we
17 looked at the x-ray which showed there was a fracture of
18 the pelvic bone, that if we wanted to make the
19 assumption, okay, let's say that the theory is that the
20 plastic liner, the plastic acetabular component was
21 cracked at the time. If that was the case, then I would
22 expect it to get worse over time. Because once the
23 component is cracked, it doesn't mend together. It is
24 plastic, it can't heal.

25 So what happens is, as it is cracked, and you

1 start to recover, as this individual started to walk, and
2 walk his dog, and do those kind of things, you would
3 expect that the plastic component would start to bust
4 more, and break apart, as the forces of the hip joint
5 with that component pushing into it broke it apart. That
6 didn't happen.

7 Over a nine month period, he got better. And in
8 nine months after the accident, he was noted to be
9 asymptomatic. That is not consistent with the plastic
10 component fracturing at the time of the accident.

11 If it had fractured, the component, the plastic
12 part, you would expect him to get worse, and worse, and
13 worse, not to get better, and better, and better, and
14 then be asymptomatic. So it just doesn't go along with
15 it.

16 MR. COUGHLIN: Dr. Gordon, that is all the
17 questions that I have. I would like to thank you
18 for taking time out from what I know is a very
19 busy orthopedic practice in order to provide your
20 opinion here this afternoon. Thank you.

21 THE WITNESS: You are welcome.

22 MR. BARRETT: Go off the record, please.

23 THE VIDEOGRAPHER: We are off the record.

24 (Thereupon, a discussion was had off the
25 record.)

1 CROSS EXAMINATION

2 BY MR. BARRETT:

3 Q. Dr. Gordon, during the break, I had an opportunity
4 to review your file there.

5 Before we begin, has anything been removed from
6 your file?

7 A. No.

8 Q. Okay, thank you.

9 Dr. Gordon, my name is Matt Barrett, and I
10 represent the plaintiffs in this case.

11 I understand that you were brought in after
12 Mr. Baumhardt passed away, but I would like to try to get
13 a little bit of an idea of what you know about the case.

14 A. All right.

15 Q. Can you tell me what kind of car crash this was?

16 A. Oh, I think it is noted in the emergency room
17 record. He had some damage to the front end of his
18 vehicle, and the windshield was cracked. It notes that
19 he was unable to recall the speed of the accident.

20 Q. Do you know if this was a sideswipe, or a rear
21 end, or what happened in the crash?

22 A. No, I just know where the damage was, as far as
23 the location of the vehicle.

24 Q. Had you ever been shown pictures of the damage of
25 the vehicle?

1 A. I don't recall that I was.

2 Q. Your whole understanding of the forces involved in
3 this came from one blurb out of the ambulance run report;
4 is that correct?

5 A. Well, there is a description of the damage and his
6 complaints in the emergency room records, also. So that
7 lends some information, too.

8 Q. If I understand correctly, your opinion is based,
9 at least if not wholly, at least in part, on the
10 assumption that Mr. Baumhardt, the injury to his hip had
11 completely healed prior to his -- sometime after the
12 accident but before the surgery of February, 2000; is
13 that correct?

14 A. You know, generally, yes. I mean, I think that he
15 sustained a fracture of the pelvic bone, shall we call
16 it, as a result of the accident, and then that went on to
17 heal, as they usually do, and that the records would
18 indicate that by nine months after the accident, he was
19 asymptomatic.

20 Q. If I noted correctly during your direct
21 examination, I believe you used the terms, completely
22 asymptomatic.

23 Did you attempt to make any inquiries to either of
24 Mr. Baumhardt's doctors, Dr. Patel or Dr. Williams,
25 whether Mr. Baumhardt had returned to normal activities

1 after this crash?

2 MR. COUGHLIN: Objection.

3 A. When I say, asymptomatic, that is a direct quote
4 out of Dr. Patel's May 19th, 1999 record indicating that
5 the exam of the hip, he was asymptomatic.

6 So as far as the hip joint and the hip itself,
7 that clearly was documented to be asymptomatic by
8 Dr. Patel.

9 Q. Do you know if Mr. Baumhardt had returned to
10 normal activities following the crash of August, 2000 --
11 August, 1998?

12 A. You know, I don't really know exactly what he was
13 doing before the accident. They said he was back walking
14 his dog.

15 He also had medical problems, so there is an issue
16 of whether he had some limitations from some other
17 unrelated medical problems.

18 So I really don't know what he was doing before
19 and after. All I can tell you is that the medical
20 records indicate that his hip joint was asymptomatic at
21 nine months after the accident.

22 Q. Doctor, that brings up a point.

23 Do you have any idea where Mr. Baumhardt was
24 coming from at the time of the crash?

25 A. I read a report of Dr. Patel that mentioned

1 bowling. So there was a statement that he was coming
2 from bowling.

3 Q. Do you have any knowledge as to whether he ever
4 returned to bowling after the crash?

5 A. You know, I don't know what he did with bowling
6 before the crash, whether he stood there like my four
7 year old and barely rolled the ball down the lane, or was
8 really whipping the ball, I don't know. So I don't know
9 if he returned to bowling or not. No, I don't know.

10 Q. Thank you, Doctor.

11 Did you discuss Mr. Baumhardt's activities with
12 any of the six witnesses that were supplied to the
13 defense in this case?

14 A. No.

15 Q. Were you given any of their statements regarding
16 his pre-crash and post-crash activities?

17 A. No.

18 Q. You have been hired in this case by the defense
19 team led by Tom Coughlin; is that correct?

20 A. Yes, they asked me to do an independent medical
21 exam.

22 Q. And you and your senior partner, Dr. Corn, have
23 been examining patients for purposes of writing reports
24 and testifying for a number of years; is that correct?

25 A. Yes.

1 Q. And you also review cases for insurance companies?

2 A. Yes.

3 Q. When you are hired for your opinion in these court
4 cases, do you consider yourself to have been treating the
5 patient?

6 A. No, I can't have been a treating doctor. In
7 performing independent medical exams, you can't do that
8 and then perform an independent medical exam, that is
9 kind of against the rules.

10 Q. And in this case, you didn't examine Mr. Baumhardt?

11 A. Unfortunately, I couldn't.

12 Q. Right.

13 And you were not selected by our -- by the
14 plaintiffs to review these records; is that correct?

15 A. Yes, it is.

16 Q. And you were not asked by the judge to review
17 these records?

18 A. That is correct.

19 Q. You were asked by Tom Coughlin to review these
20 records and form an opinion?

21 A. Yes.

22 Q. Does Mr. Coughlin's wife still work for you?

23 A. She never worked for me.

24 MR. COUGHLIN: I think she worked with him.

25 A. (Continuing) Yes, she was a nurse at a hospital I

1 trained at.

2 Q. Okay.

3 A. She never worked for me, though.

4 Q. Your medical practice is called Highland

5 Musculoskeletal Associates; is that correct?

6 A. Yes.

7 Q. And they are on the east side, in the east side
8 suburb of Cleveland in Highland Heights, and also there
9 is an office in Euclid?

10 A. That is correct.

11 Q. And you and Dr. Robert Corn own this corporation?

12 A. Yes, we are the two shareholders.

13 Q. And you are the only two shareholders; is that
14 correct?

15 A. That is correct.

16 Q. And of course, you don't do this for free, you
17 charge --

18 A. Nor do I think either of you are, but --

19 Q. You do have a charge for both the medical -- in
20 this case, record reviews, or medical examinations, and
21 then a separate charge for depositions; is that correct?

22 A. Sure. I would charge for my time and expertise in
23 regards to the evaluation, and writing a report, and so
24 forth, and then I would charge \$900 an hour for
25 deposition time.

1 Q. And in this case, we issued a subpoena to your
2 company here regarding the charges that are incurred, and
3 you turned that over to your corporate counsel, Collin
4 Jennings; is that his name?

5 A. Yes.

6 Q. What we had requested was the amount of medical
7 examinations you do since 1998, October, the number of
8 depositions that both you and Dr. Corn performed since
9 that time on, and then also your range of charges, and
10 which percentage are plaintiffs, which percentage are for
11 defense.

12 I would like to show you his response, and I
13 assume that since he tells us you --

14 A. Sure.

15 Q. -- conferred with him, that I just want you to
16 confirm those numbers.

17 A. Yes, these are the numbers that I provided him for
18 myself. I did not provide the numbers for Dr. Corn, but
19 I provided my own numbers.

20 Q. And sir, is this an accurate copy of the chart
21 that he has in his letter?

22 A. Let's see here.

23 It looks like it is.

24 MR. BARRETT: I would like to mark this as
25 an exhibit, please. The chart, not the letter.

1 (Thereupon, Plaintiff's Exhibit 1 (Gordon)
2 was marked for identification.)

3 BY MR. BARRETT:

4 Q. Now, Dr. Gordon, looking at the chart of the
5 information we requested -- and I will only ask you about
6 your own columns, since it sounds like you did not submit
7 the information for Dr. Corn -- these numbers again are
8 correct?

9 A. Yes.

10 Q. And unfortunately, the medical examinations are
11 not split out by how many you have done for the plaintiff
12 in a case and how many were done for a defendant in a
13 case.

14 I will tell you what, why don't you just explain
15 to me, you know, why?

16 A. As far as I was aware, this is what was provided.
17 I wasn't aware that that was something else that was
18 requested.

19 Q. Is that something you can obtain?

20 A. I don't keep track of the specific breakdown of
21 plaintiff versus defense myself. So I can't tell you a
22 breakdown in numbers.

23 Q. Does anybody here in the company keep track of
24 that information?

25 A. You know, not that I am aware of.

1 Q. Do you track that information on your calendars?

2 A. No. I just keep track of these myself. I don't
3 keep track of that information, as I have already told
4 you.

5 Q. Do you track it at all in your file?

6 A. No.

7 Q. Do you track that in your billings?

8 A. Not that I am aware of.

9 Q. Do you save your 1099s from these companies?

10 A. I don't know. I don't do that part of the aspect
11 here.

12 Q. Now, for the range of charges, we had asked for
13 the minimum and maximum that you charge for an
14 examination.

15 Is \$500 the minimum charge you will have for a --
16 since 1998, October?

17 A. Oh, sure. A general range, you know, it is around
18 500 to around 2,000, to just provide you with a range.
19 That would vary depending on, you know, the complexity of
20 the evaluation, and so forth.

21 Q. So what we got, it wasn't, you know, minimum of
22 500; there are times when you charge less?

23 A. It is a range. And the idea of a range is, it is
24 called a range of charges. So it is around 500 to around
25 2,000.

1 Q. So sometimes you charge more than 2,000?

2 A. Sure, depending on how complex the case is.

3 Q. How much did you charge in this case?

4 A. I don't recall the exact amount in this one.

5 Q. Now, before October of 1998, Dr. Corn, or somebody
6 else here, would destroy all appointment books so that
7 nobody could tell how many defense exams your company
8 performed?

9 MR. COUGHLIN: Objection.

10 A. I don't know the answer to that question.

11 Q. Is Dr. Corn authorized to speak on behalf of the
12 company?

13 A. You know, if you are going to ask questions
14 regarding Dr. Corn, you can ask him.

15 Q. Are you aware of the contempt hearing, and his
16 statement in the contempt hearing regarding this area?

17 MR. COUGHLIN: Objection. Move to strike.

18 A. Any reference to that kind of thing, you need to
19 ask Dr. Corn or our counsel, and I am not going to
20 comment on that.

21 Q. Have you ever read the transcript of September
22 28th, 1998 of the hearing before Judge Nancy Russo in
23 Cleveland on Page 21 through 26, and Page 49, regarding
24 the destruction and the reasoning for the destruction of
25 these calendars?

1 MR. COUGHLIN: Objection.

2 A. Right, I mean, anything regarding that
3 involvement, you are going to have to talk to our
4 corporate counsel. I am not going to comment on this
5 stuff.

6 Q. Well, isn't it true that prior to October of 1998,
7 it was the practice of your business here to destroy this
8 information so that plaintiffs' counsel would not have an
9 opportunity to review how much were for the plaintiffs
10 and how much were for the defense?

11 MR. COUGHLIN: Objection.

12 A. Again, you are going to have to talk to our
13 corporate counsel regarding that.

14 MR. BARRETT: Okay, I am going to ask the
15 trial court to take judicial notice of the recent
16 opinion by the Ohio Supreme Court, 90 Ohio State
17 3d 551 and 552, where the court summarizes
18 Dr. Corn's testimony.

19 MR. COUGHLIN: Objection.

20 BY MR. BARRETT:

21 Q. Finally, Doctor, just to clear up and trying to
22 figure out how many times you do examine patients for the
23 defense versus how many for the plaintiffs to see of any
24 bias, do you know or do you not -- do you know whether
25 you track that information, whether it was a defense

1 examination or a plaintiff's examination, anywhere?

2 A. As I have told you, I don't personally do that.

3 Q. Okay.

4 A. And I don't know if that is done or not. I can
5 only tell you what I do personally, and I do not
6 personally track that.

7 Q. We have been led to believe -- I will tell you
8 what. Instead of doing it that way, let me just have you
9 take a look at that (indicating).

10 And can you please tell me what that is?

11 A. It is a bill.

12 Q. And who is the bill from?

13 A. It is from our corporation.

14 Q. And what is the description on the bill?

15 A. It is a description for a defense IME.

16 Q. And the amount?

17 A. It is 2,300.

18 Q. Is this a copy of that bill?

19 A. Yes.

20 MR. BARRETT: I would like to mark the
21 copy, please, as an exhibit.

22 BY MR. BARRETT:

23 Q. Doctor, after taking a look at that bill, do you
24 believe that maybe there is a way that it is kept here in
25 this office, that it is tracked, whether you are doing a

1 defense IME before you get paid, or a plaintiff's IME?

2 A. Sure. I don't know if it would say, plaintiff IME
3 or not. You know, I don't send the bills out.

4 What I told you is what I do personally. I
5 provided those numbers, and I keep track of how many IMEs
6 I have done. I don't personally keep track of whether
7 they are plaintiff or defense, because it doesn't matter
8 to me. I have told you that information.

9 In regards to the billing, I don't send out the
10 bills.

11 Q. You are vice-president here; is that correct?

12 A. Yes.

13 Q. Taking aside this side business of examinations
14 for court cases, based on just --

15 A. I am not going to call it a side business. You
16 can call it that.

17 Q. Okay, well --

18 A. It is a part of my practice.

19 Q. All right, you have two parts, right, you have one
20 where you have treating patients and one where you are
21 not accountable for those patients or these medical
22 examinations; is that correct?

23 A. Performing evaluations, independent medical exams,
24 nontreatment evaluations is a part of my medical
25 practice.

1 Q. Okay.

2 For all the others, where you are just -- where
3 you are treating the patients, and you report to the
4 patients and not to an attorney or some other claim
5 adjustor, okay, for those patients, does the corporation
6 make enough money there to cover its overhead?

7 A. I don't know.

8 Q. So as the vice-president of the corporation, you
9 don't know if these examinations are necessary to cover
10 your overhead or not?

11 A. I don't know. I don't do the financial part of
12 this.

13 MR. BARRETT: Okay, thank you very much.

14 MR. COUGHLIN: Is that it?

15 MR. BARRETT: Yes.

16 REDIRECT EXAMINATION

17 BY MR. COUGHLIN:

18 Q. Dr. Gordon, it is Tom Coughlin again.

19 There was about 20, 25, maybe a half hour worth of
20 questions about your business, and things of that nature,
21 you know, that you worked with my wife, nothing that
22 really pertained to the facts of this case. I just want
23 to clear a couple of things up. I didn't think your
24 character was going to somehow become an issue in this
25 case.

1 So why don't you tell the ladies and gentlemen of
2 the jury a little bit about who Tim Gordon is?

3 I mean, for example, are you married, do you have
4 children, where you went to high school, let's tell them
5 a little bit about who you are.

6 MR. BARRETT: Objection. This is outside
7 the scope of direct.

8 MR. COUGHLIN: I don't think so.

9 A. All right.

10 Well, I am a person that is married, I have three
11 boys, and you know, I live in the area, I grew up around
12 here.

13 And I see patients here in my office, I treat my
14 own patients, and I do evaluations at the request of
15 attorneys because they need to be done.

16 And as I understand it, that is part of the way
17 you all do things, that when an individual is in
18 litigation and you don't have a treating doctor, you need
19 a fair evaluation by an independent medical doctor.

20 MR. BARRETT: Objection.

21 A. (Continuing) And the way I look at doing these
22 evaluations is provide me with information, and I will
23 look at them, and I will give a fair evaluation of what
24 is going on, based on what makes the most sense.

25 And I have evaluated people and recommended that

1 all their injuries are related to an accident. As in
2 this case, I agreed that the fracture was from the
3 accident.

4 But the other issue of the hip revision surgery is
5 not related to the accident, because it is related to the
6 infected hip, which has nothing to do with the accident.

7 So the issue is, this needs to be done, this is a
8 service I provide, and yes, I charge for it. I charge
9 for surgeries, I charge to see patients, just as everyone
10 involved in this case professionally is charging for
11 their time.

12 So the issue is, I try to look at this information
13 and give a fair assessment based on what makes the most
14 sense.

15 MR. BARRETT: Objection. Move to strike.

16 Q. And practicing medicine, obviously, is your
17 profession, it is you business, it is what you and your
18 family rely upon to support themselves?

19 A. Yes.

20 Q. So certainly you need to charge for your time?

21 A. Of course I do.

22 Q. Okay.

23 You are a Board certified orthopedic surgeon in
24 the State of Ohio; is that true?

25 A. Yes.

1 Q. And how long, again, have you been a Board
2 certified surgeon here?

3 A. Since 1993.

4 Q. You have gone through a tremendous amount of
5 schooling in order to accomplish that feat --

6 A. Yes.

7 Q. -- true?

8 A. Yes.

9 Q. At any point in time, Dr. Gordon, did I or did you
10 try to be an advocate for one side or the other during
11 the course of this case?

12 A. No.

13 Q. I know I did, but I guess the question is, are you
14 trying to be an advocate at all?

15 A. No, I am just trying to lay out the information as
16 it makes the most sense. If the records confirmed that
17 Mr. Baumhardt's infected hip was related to the accident,
18 I would tell you that. Because it is just what makes the
19 most sense here.

20 You want me to give reasonable opinions based on
21 what makes sense in the records and the evaluations.
22 That is my goal.

23 Q. Okay.

24 And finally, I guess my wife's name came up during
25 the course of this deposition, as well.

1 Just to make this perfectly clear, my wife,
2 Melissa, was a nurse at Mt. Sinai for many years?

3 A. That is correct.

4 Q. And you knew her when you were working at
5 Mt. Sinai Hospital, correct?

6 A. That is correct.

7 Q. I might add, she has the utmost respect for you,
8 Doctor.

9 A. Thank you.

10 Q. As far as the opinions that you have rendered
11 here, that opinion is based upon your review of
12 Mr. Baumhardt's medical records; is that correct?

13 A. Yes.

14 Q. As well as x-ray films, and things of that nature,
15 correct?

16 A. That is correct.

17 Q. Do your opinions mirror or do you agree with the
18 opinions of any other doctors who treated Mr. Baumhardt
19 following this accident?

20 A. Yes.

21 MR. BARRETT: Objection.

22 Q. And who would that be?

23 A. Dr. Zanotti.

24 MR. BARRETT: Objection. Move to strike.

25 Q. Was Dr. Zanotti the one that performed surgery on

1 this man 16 months or so after this accident?

2 A. Yes.

3 MR. COUGHLIN: That is all that I have.

4 Thank you.

5 THE WITNESS: You are welcome.

6 RECROSS EXAMINATION

7 BY MR. BARRETT:

8 Q. Just to be clear, when you made your opinions
9 here, you had reviewed Mr. Baumhardt's records, you did
10 not check to see what his activity level was before the
11 crash, you did not check to see whether he had returned
12 to those normal activities after the crash; is that
13 correct so far?

14 A. Well, I have already answered those questions.
15 The issue regarding the activity level is, even if his
16 activity level was less after the accident, it wasn't
17 because of his hip joint. Because nine months after the
18 accident, the fracture was healed, and his hip was
19 asymptomatic.

20 An 88 year old gentleman with multiple medical
21 problems certainly is open to have a lot of other things
22 that are going to limit their activity, other than a hip
23 joint.

24 Based on the specifics of this case, nine months
25 after the accident, his left hip was asymptomatic.

1 MR. BARRETT: Move to strike as
2 non-responsive.

3 BY MR. BARRETT:

4 Q. Doctor, did you check to see what Mr. Baumhardt's
5 activities were before the crash and whether he had
6 returned to the normal activities after the crash before
7 forming your opinion?

8 A. I have already told you, I responded to that, it
9 doesn't matter to my opinion. My opinion is regarding
10 the hip joint, okay? Nine months after the accident, his
11 fracture healed, there was no indication he had any
12 loosening or infection at that time.

13 MR. BARRETT: Objection. Move to strike
14 again.

15 BY MR. BARRETT:

16 Q. Doctor, before you made your opinion, did you
17 inquire at all as to what the activities were of
18 Mr. Baumhardt before the crash, and whether he had
19 returned to normal activities after the crash?

20 A. I have tried to answer that question. He wasn't
21 available to ask, unfortunately. So I couldn't take a
22 history from him.

23 I have already told you, my job here was to
24 evaluate his hip joint and what did or didn't happen in
25 regards to his hip joint. Nine months after the

1 accident, his hip joint was asymptomatic.

2 Q. Had he returned to normal activities nine months
3 after the accident?

4 A. I don't know.

5 Q. Thank you.

6 A. I have already told you that before. I don't know
7 why you keep asking me that.

8 Q. Doctor, I am sorry, you were not answering the
9 question, you were answering your own question.

10 A. Maybe I misunderstood.

11 MR. COUGHLIN: Objection, argumentative. I
12 mean, just ask him a question if you are going to
13 ask him a question.

14 Q. So it would be important to get a full history
15 from the patient to have an accurate opinion; is that
16 what you are saying?

17 A. No, I didn't say that at all. What I am saying is
18 that I evaluated his hip joint. My job is to evaluate
19 his hip, not his heart, not his prostate, not his
20 multiple other medical problems. I focused on the hip.
21 That is what we are here about.

22 Nine months after the accident, his fracture had
23 healed and his left hip was asymptomatic.

24 That, to me, is very important in the evaluation.

25 That means that the hip fracture healed, and based on the

1 records I have reviewed, he didn't have loosening of the
2 hip at that time as a result of infection. He had no
3 infection at that time. Infection didn't occur until
4 eight months later, seven months later, and that is why
5 the revision surgery was done.

6 Q. So then one final question:

7 Assuming the pathology report was a false negative
8 and there was no infection, would that change your
9 opinion at all?

10 MR. COUGHLIN: Objection.

11 A. Well, that is a pathology report. There is an
12 issue of growth of bacteria and the findings. They all
13 go together. Sometimes one piece will be negative,
14 another piece will be positive, and that makes a
15 difference.

16 Q. Okay, let me ask it straight out:

17 If there is no infection, does your opinion change
18 as to whether this hip replacement was caused from the
19 forces involved in the auto collision?

20 A. No, it wouldn't change my opinion, and I can tell
21 you why. It is based on the clinical evaluation that
22 again, nine months after the accident, his hip is
23 asymptomatic.

24 And he goes along, and then presents with a new
25 onset of pain, by the history documented in the medical

1 records started in January of 2000, which would be eight
2 months after he was noted to be asymptomatic. That is a
3 new clinical picture. That is not related to the car
4 accident. So that wouldn't change my opinion based on
5 the information I have.

6 MR. BARRETT: Okay, thank you very much.

7 THE WITNESS: You are welcome.

8 MR. COUGHLIN: No further questions.

9 THE VIDEOGRAPHER: Doctor, you have the
10 right to read the transcript and review the video,
11 or you can waive that.

12 THE WITNESS: I will waive it, thank you.

13 (Thereupon, Plaintiff's Exhibit 2 (Gordon)
14 was marked for identification.)

15 - - -

16 (DEPOSITION CONCLUDED)

17 (SIGNATURE WAIVED)

18 - - -

19

20

21

22

23

24

25

1 CERTIFICATE

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

4 I, Ivy J. Gantverg, Registered Professional
5 Reporter and Notary Public in and for the State of Ohio,
6 duly commissioned and qualified, do hereby certify that
7 the above-named TIMOTHY GORDON, M.D., was by me first
8 duly sworn to testify to the truth, the whole truth, and
9 nothing but the truth in the cause aforesaid; that the
10 deposition as above set forth was reduced to writing by
11 me, by means of stenotype, and was later transcribed into
12 typewriting under my direction by computer-aided
13 transcription; that I am not a relative or attorney of
14 either party or otherwise interested in the event of this
15 action.

16 IN WITNESS WHEREOF, I have hereunto set my hand
17 and seal of office at Cleveland, Ohio, this 5th day of
18 May, 2001.

19
20
21 _____
Ivy J. Gantverg, Notary Public
in and for the State of Ohio.
Registered Professional Reporter.
22 My commission expires November 5, 2003.
23
24
25

McLAUGHLIN & McCAFFREY, LLP

EATON CENTER, SUITE 1350

1111 SUPERIOR AVENUE

CLEVELAND, OHIO 44114-2500

(216) 623-0900 • FAX (216) 623-0935

law@paladin-law.com

Colin R. Jennings
crj@paladin-law.com

April 26, 2001

Via Facsimile and U.S. Mail

James L. Miraldi, Esq.
Miraldi & Barrett Co., L.P.A.
6061 South Broadway
Lorain, Ohio 44053

Re: Subpoenas issued to Dr. Timothy Gordon and Office and/or Business
Manager of Highland Musculo-Skeletal Associates, Inc. in:
Innes, Exec. of the Estate of Norwood Baumhardt v. Joyful Heart et. al,
Lorain County Court of Common Pleas, Case No. 00CV126109

Dear Mr. Miraldi:

This letter will confirm the agreement we reached on April 10, 2001 regarding the above-referenced subpoenas. In exchange for the information set forth herein, you have agreed on behalf of your firm to withdraw the subpoenas issued to Dr. Gordon and the Office and/or Business Manager of Highland (including any subsequently issued Civil Rule 30(B)(5) subpoena). In exchange, we have agreed to provide the following information: 1) the number of depositions and IMEs provided by Dr. Corn and Gordon for the period of October, 1998 through December 31, 2000; 2) the range of charges for the performance of IMEs; and 3) the rates for deposition testimony. In addition, on behalf of the corporation, I will set forth generally what happens to revenue once it is paid to the corporation. Accordingly, the information is as follows:

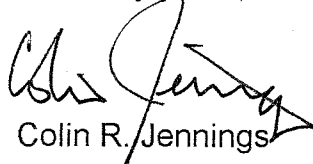
James L. Miraldi, Esq.
April 16, 2001
Page 2

<u>Category</u>	<u>Time Period</u>	<u>IMEs</u>		<u>Depositions</u>	
		<u>Dr. Corn</u>	<u>Dr. Gordon</u>	<u>Dr. Corn</u>	<u>Dr. Gordon</u>
Number Performed	October 1998 - December 1999	141	124	58	34
	January 2000 - December 2000	107	89	30	29
	January 2001 - March 2001	21	24	4	3
Range of Charges	October 1998 - December 2000	\$1,200 to \$2,000	\$500 to \$2,000	\$900 per hour charged to plaintiffs and defendants irrespective of who retained the doctor	

With respect to the treatment of revenue, all revenue for work performed by the doctors on behalf of Highland is considered corporate income. The revenue is posted to a general ledger and is used as corporate funds to pay the expenses of the business. There are two shareholders of Highland Musculo-Skeletal Associates, Inc., Dr. Corn and Dr. Gordon.

Pursuant to our agreement the above information, in addition to the information we previously provided to Mr. Barrett in our April 9, 2001 correspondence, will constitute full compliance with the referenced subpoenas. We appreciate your assistance in bringing this matter to an amicable resolution. If you have any questions, please feel free to contact me.

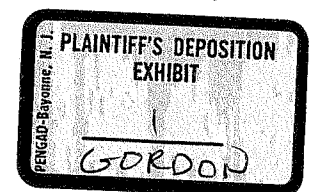
Sincerely yours,


Colin R. Jennings

CRJ/rls

cc: Thomas Coughlin, Jr., Esq.

<u>Category</u>	<u>Time Period</u>	<u>IMEs</u>		<u>Depositions</u>	
		<u>Dr. Corn</u>	<u>Dr. Gordon</u>	<u>Dr. Corn</u>	<u>Dr. Gordon</u>
Number Performed	October 1998 - December 1999	141	124	58	34
	January 2000 - December 2000	107	89	30	29
	January 2001 - March 2001	21	24	4	3
Range of Charges	October 1998 - December 2000	\$1,200 to \$2,000	\$500 to \$2,000	\$900 per hour charged to plaintiffs and defendants irrespective of who retained the doctor	





INCOME FROM NON PATIENT CARE ACTIVITIES

	Number Performed	LOW VALUE	HIGH VALUE	TOTAL LOW	TOTAL HIGH
OCTOBER 1998 - DECEMBER 1999					
Dr. Corn	IMEs - 141	141 x \$1,200.00 \$ 169,200.00	141 x \$2,000.00 \$ 282,000.00	\$169,200.00	\$282,000.00
Dr. Gordon	IMEs - 124	124 x \$500.00 \$ 62,000.00	124 x \$2,000.00 \$ 248,000.00	\$62,000.00	\$248,000.00
Dr. Corn	Depositions - 58	58 x \$900.00 x 1hr. \$ 52,200.00	58 x \$900.00 x 2hr. \$ 104,400.00	\$ 52,200.00	\$ 104,400.00
Dr. Gordon	Depositions - 34	34 x \$900.00 x 1hr. \$ 30,600.00	34 x \$900.00 x 2hr. \$ 61,200.00	\$ 30,600.00	\$ 61,200.00
Subtotal for October 1998 - December 1999				\$ 314,000.00	\$ 695,600.00
JANUARY 2000 - DECEMBER 2000					
Dr. Corn	IMEs - 107	107 x \$1,200.00 \$ 128,400.00	107 x \$2,000.00 \$ 214,000.00	\$ 128,400.00	\$ 214,000.00
Dr. Gordon	IMEs - 89	89 x \$500.00 \$ 44,500.00	89 x \$2,000.00 \$ 178,000.00	\$ 44,500.00	\$ 178,000.00
Dr. Corn	Depositions - 30	30 x \$900.00 x 1hr. \$ 27,000.00	30 x \$900.00 x 2hr. \$ 54,000.00	\$ 27,000.00	\$ 54,000.00
Dr. Gordon	Depositions - 29	29 x \$900.00 x 1hr. \$ 26,100.00	29 x \$900.00 x 2hr. \$ 52,200.00	\$ 26,100.00	\$ 52,200.00
Subtotal for January 2000 - December 2000				\$ 226,000.00	\$ 498,200.00
JANUARY 2001 - MARCH 2001					
Dr. Corn	IMEs - 21	21 x \$1,200.00 \$ 25,200.00	21 x \$2,000.00 \$ 42,000.00	\$ 25,200.00	\$ 42,000.00
Dr. Gordon	IMEs - 24	24 x \$500.00 \$ 12,000.00	24 x \$2,000.00 \$ 48,000.00	\$ 12,000.00	\$ 48,000.00
Dr. Corn	Depositions - 4	4 x \$900.00 x 1hr. \$ 3,600.00	4 x \$900.00 x 2hr. \$ 7,200.00	\$ 3,600.00	\$ 7,200.00
Dr. Gordon	Depositions - 3	3 x \$900.00 x 1hr. \$ 2,700.00	3 x \$900.00 x 2hr. \$ 5,400.00	\$ 2,700.00	\$ 5,400.00
Subtotal for January 2001 - December 2001				\$ 43,500.00	\$ 102,600.00
TOTAL INCOME OCTOBER 1998 - MARCH, 2001				\$ 583,500.00	\$ 1,296,400.00

::ODMA\GRPWISE\LORAIN.MAIN.CLIENTS:16465.1