IN THE COURT OF COMMON PLEAS

SUMMIT COUNTY, OHIO

Doc. 188

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KEVIN M. AKERS, et al,
Plaintiffs,
vs.
MARGARET THORNSBERRY,
Defendant.

Case No. CV94-03-0755
JUDGE MORGAN

- - -

Deposition of W. SCOTT HENDRICKS, D.D.S., a Witness herein, called by the Defendant for cross-examination pursuant to the Rules of Civil Procedure, taken before me, the undersigned, Leonard G. Puhalla, a Stenographic Reporter and Notary Public in and for the State of Ohio, at the offices of Messrs. Young & McDowell, 507 Canton Road, Akron, Ohio, on Wednesday, the 19th day of October, 1994, at 4:58 o'clock, p.m.

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W. SCOTT HENDRICKS, D.D.S.

of lawful age, a Witness herein, having been previously duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION

BY MR. MAZGAJ:

Q. Doctor, have you ever had your deposition taken before?

A. Yes, once before.

Q. Okay.

Simple rules, I will ask you questions, answer them as best you can. You have to answer verbally instead of saying "uh-huh" or nodding your head.

A. Okay.

Q. If you don't understand the question, ask me to repeat it or rephrase it and I will do that.

Doctor, you have met with Mr. Young and his paralegal today; is that correct?

A. Yes.

Q. And have you met with either Mr. Young or anybody associated with his office before today?

A. Mr. Young.

Q. When was that, approximately?

A. Oh, let's see, I think about three times.

APPEARANCES:

On Behalf of the Plaintiffs:

Messrs. Young & McDowell

BY: Dean A. Young, Attorney at Law
507 Canton Road
Akron, Ohio 44312

On Behalf of the Defendant:

Messrs. Buckingham, Doolittle & Burroughs

BY: Frank G. Mazgaj, Attorney at Law
50 South Main Street
Akron, Ohio 44309

ALSO PRESENT:

Debra Talkington

- - -

Q. You have met with him three times?
A. Yeah.
Q. And during any of those meetings, was Mr. Akers present?
A. No.
Q. And do you recall when you first met with him, approximately?
A. I think it was Friday, not last Friday but the Friday before.
Q. Okay.
And what were you told during that meeting?
MR. YOUNG: I'm going to object.
Do you want to ask him something specific? I mean, you don't want to get into work product.
MR. MAZGAJ: I don't know if it would be work product with a witness who is not a party.
MR. YOUNG: Well, there is obviously some --
MR. MAZGAJ: He is identified as a fact witness, I do not think that is work product, I can find out what you told him.
MR. YOUNG: About what?
MR. MAZGAJ: About this

lawsuit, about his deposition, about testifying, about anything.

MR. YOUNG: You know, I have to object for the record, it's awfully broad. Here is why I indicate my objection. He is a treating physician, he is a fact witness; but he also, based on the Defendant's position about injuries, he will also render opinions as an expert.

MR. MAZGAJ: All right. I totally agree.

BY MR. MAZGAJ:

Q. Okay.

Doctor, when you first met with Mr. Young a couple of weeks ago or whatever, what, if anything, did you go over with him as far as documents, if any, or medical records?

A. We went over Kevin's medical record.

Q. Anything else other than that?

A. Anything else other than that, specifically?

Q. I don't know, you tell me.

Other than looking at his medical chart, did you review anything else from a document standpoint?

A. No, he asked me about Kevin's treatment and

why we did it. He did review the letter from Bell.

Q. And did you have a chance to go through that letter?

A. I read the letter. It was mailed to me.

Q. And do you have that letter in your file?

A. Not in Kevin's, file, no, I do not think so.

Q. Is this your complete file that you brought with you today?

A. Yeah, that is Kevin's file.

Q. Doctor, when did you last treat Kevin Akers, if you know? Refer to your file if you need to.

A. The last time that he was in was probably about a month ago.

Q. And tell me about his condition a month ago.

A. His condition seemed to have stabilized.

Q. Okay.

And what do you mean by "stabilized"?

A. Well, he wasn't complaining of any pain at that time.

Q. Did he have any complaints whatsoever associated with his teeth, mouth or TMJ's?

A. Not at the time, no.

Q. Did you place any physical limitations on him at that time?

A. No, not at that time.
Q. Do you have him under any physical limitations at this point in time?
A. We talked about restricting opening his mouth real wide for eating a sub sandwich just because he had locked his jaw open previously doing that, but no other limitations than that, no.
Q. And as far as when you saw him a month ago, did you check for any popping or clicking in his jaws?
A. Yeah, palpationwise, yeah.
Q. And what were your findings?
A. There was no significant popping or clicking at that time.
Q. Was there any?
A. No.
Q. And prior to a month ago, when had you last seen Mr. Akers, if you know?
A. A few weeks before that.
Q. And his condition at that time as you recall?
A. About the same as we just talked about.
Q. He wasn't complaining to you of any problems?

A. (Witness nodding head up and down.)
Q. As far as his examination, was it normal?
A. Yeah.
Q. Going back in time, when did he last have what I will characterize as an abnormal examination where you found something negative during that examination?
A. I would have to look at the record.
Q. Sure, go ahead.
A. It says here asymptomatic on 9/8.
Q. Is that '94?
A. '92.
Q. Okay.
So as of September 8 of 1992, approximately four months after this incident, Mr. Akers was asymptomatic?
A. At that time, yeah.
Q. And asymptomatic means what?
A. He wasn't complaining of head pain.
Q. Are you aware of him having any problems with any type of pain in either of his temporal mandibular joints or in his face since September of 1992 that you attribute to his TMJ problem?
A. No.
Q. Doctor, what does the future hold for Mr.

Akers with respect to his TMJ condition, if you can tell us?

A. Well, he sustained an injury.

Q. What about the future, what does that hold for him, if you can tell us?

A. The only thing I can tell you about the future is if he should happen to get injured again he is -- he is more susceptible to injury, more susceptible to damage from it.

Q. Doctor, are you familiar with the Zunich study concerning the diagnosis, treatment and care of TMJ dysfunction?

A. The Zunich?

Q. Sure.

A. No.

Q. How about the Eller study, are you familiar with that?

A. No.

Q. Doctor, can you tell me what a severe Class II malocclusion is?

A. Yeah.

Q. Okay.

Go ahead.

A. A Class II malocclusion refers to the maxilla and mandible being discrepant in how they

meet.
Q. As far as does the Class II malocclusion have anything to do with the way the upper and lower teeth come together?
A. Yes.
Q. Can you explain that to me as best as you can in laymen's terms?
A. The lower anterior teeth don't meet the upper anterior teeth.
Q. And by "anterior," you mean?
A. Front teeth.
Q. And when the Class II -- or the upper teeth, do they extend beyond the lower or do the lower extend beyond the upper?
A. The upper teeth extend beyond the lower teeth.
Q. An overjet, is that another name for that?
A. There is overjet and overbite, yeah.
Q. Doctor, when I use the term "occlusion," does that mean how my teeth fit together, is that a good definition for that?
A. That's good, yeah, that's good.
Q. And, Doctor, was Mr. Akers' occlusion affected at all by the impact of this accident?
A. It's possible. I couldn't tell you that

because I didn't see him prior to the accident.
Q. Fair enough.
So whether or not the way his upper and lower teeth fit together, whether that was affected as a result of the impact, you are unable to tell us, correct?
A. That is correct.
Q. Can you tell us whether or not his TMJ disks were dislocated at all at any time?
A. Objective signs of some dislocation to the TMJ disks would be popping and position on the temporal mandibular joint radiographs.
Q. Have you ever seen any diagnostic studies that showed that in fact the disks were in fact dislocated? I'm trying to find out if his were or not.
A. Yeah, he had objective signs that his were dislocated. He didn't have an arthrogram, a dye injection, to show that, no.
Q. When you say "objective test," palpation and the clicking, is that --
A. The clicking indicates dislocation of the disk.
Q. And are you of the opinion that every time that there is clicking or cracking in the jaw or

in the TMJ area that that's a sign that the disk is dislocated?

A. That's a sign that the disk is dislocated, yes, in terms of its movement is not coordinated with the movement of the mandible.

Q. And, Doctor, what percentage, if you know, of our population has some type of cracking or clicking in their jaw?

A. A very significant percentage.

Q. And can you be any more specific? Is it more than 60 percent, if you know?

A. There are a variety of estimates.

Q. Based on your practice, what have you found?

A. I would say a third.

Q. And in those patients is it your opinion that they all have some type of disk derangement that causes that cracking and clicking?

A. I base my treatment on whether or not the patient presents with pain, in other words, needing treatment. If I examine a patient and there's clicking or popping, I provide no treatment. I don't call that disease, no.

Q. Well, okay, Doctor, I'm just trying to find out -- I thought you indicated that if there is clicking in the jaw that means that the disk is

dislocated; is that correct?

A. That's an objective sign that could indicate that the disk is dislocated.

Q. I think we're getting there.

That sign alone doesn't mean that the disk is dislocated; am I correct?

A. You are correct.

Q. What was it about Mr. Akers, other than the clicking, that led you to the opinion that in fact his disks were dislocated?

A. Displacement of the condyle upward on the radiograph and clenching.

Q. Why would clenching indicate or why did that indicate to you that Mr. Akers' disks were dislocated, the clenching itself?

A. It's what we look for on a temporal mandibular joint radiograph.

Q. Clenching shows up on a radiograph?

A. No, it has nothing to do with it. When we take a temporal mandibular joint radiograph, we take a resting position view of the jaw, we take a view upon loading, which I call clenching, and we take a wide open view.

Q. And did any of the views which you saw on the radiograph indicate to you that Mr. Akers

should be referred for surgery to correct the disk dislocation?

A. I base any surgical referral based upon not responding to nonsurgical therapy. In such a case, we would order a MRI or an arthrogram, and it would depend on who we were working with.

Q. And was a MRI or arthrogram done in this case?

A. No.

Q. You didn't feel it was necessary, correct?

A. Not unless the patient is scheduled for surgery or we think he may need surgery.

Q. And you didn't think he needed surgery because he responded well to therapy; is that correct?

A. Yes.

Q. Did you do some type of grinding too?

A. Yes.

Q. What type of grinding?

A. Occlusal equilibration.

Q. Help me out, I don't know what that is?

A. We adjust the top surfaces of the posterior teeth and the incisal edges of the anterior teeth. It has a part in retention following orthodontia and it also helps close the anterior bite.

Q. Is that often times known as spot grinding?
A. People have referred to it in the literature as spot grinding.
Q. So that is correct, the answer is "yes"?
A. People have referred to it in the literature as spot grinding. The occlusal equilibration that I did is presented in the lecture on how to do it.
Q. All I'm trying to find out is, is spot grinding another name for the term that you are using?
MR. YOUNG: Let me object for the record. I think you asked him that and I think he is trying to explain the kind of grinding.
BY MR. MAZGAJ:
Q. Please do.
A. I think when we are looking at spot grinding we are looking at minor adjustments as to how a tooth fits together.

For example, when we spot grind a crown, a tooth replacement, we mark it with paper and we adjust small areas as to how it contacts.

In the occlusal equilibration we remove the large amount of nonworking cusps of the teeth and we flatten out the incisal edges so when the

patient slides his jaw forward, they have freedom of movement.

Q. Doctor, I want you to assume that a patient comes into your office and in fact has had that type of grinding done. Now, you have seen cases of bruxism; haven't you?

A. Yes.

Q. Have you seen that in severe forms?

A. Yes.

Q. And if you were to examine that patient who experienced the type of grinding that you just described, would you have any problem differentiating that type of grinding from bruxism?

A. Yes.

Q. Why would you have a problem with that?

A. The person that had that kind of grinding could have that display of the teeth from having a very coarse diet, they could have it from having the grinding, they could have it from grinding their teeth.

Q. So it's your feeling when you examine that patient you wouldn't be able to tell whether that grinding was caused from prior orthodontia or bruxism, correct?

A. No, you couldn't tell that.
Q. You could not tell the difference?
A. You couldn't tell if it came from a very coarse diet either.
Q. Doctor, what is your understanding as to when Mr. Akers first complained of jaw pain following this accident?
A. Well, when he first came to me, that's when I know that he was complaining of jaw pain.
Q. Do you know whether or not he complained of jaw pain before treating with you?
A. It appears somewhere in Battaglia's records.
Q. And, Doctor, when would you have expected him to complain of jaw pain following this collision?
A. Within the first three months.
Q. Why the delay in having an onset of pain for three months?
A. It's what the literature states.
Q. Have you ever seen individuals who sustained a direct blow to their TMJ or their head experience pain in their jaw joint immediately?
A. Yeah.
Q. Does that happen more than 50 percent of the time?

MR. YOUNG: I'm going to object.

MR. MAZGAJ: You can answer.

MR. YOUNG: Are you talking about the people he sees --

MR. MAZGAJ: Sure, the people that you see.

MR. YOUNG: -- the people in the population generally, people with direct blows to the joint, people with direct blows to the head? My objection is that your question is too broad because it covers too many possibilities.

MR. MAZGAJ: You can answer.

THE WITNESS: No, I would say about 50 percent of the time.

BY MR. MAZGAJ:

Q. Is what?

A. I said about 50 percent of the time.

Q. 50 percent of the time, what, I don't understand?

A. What was the question?

Q. Okay.

A. You said that do they experience pain immediately or is there a delay; is that correct?

Q. And in your cases that you have been involved with, approximately 50 percent of the time it's immediate, correct?

A. Yeah.

Q. Doctor, when you last examined Mr. Akers did you test the height he was able to open his mouth, I'm not sure what that test is called?

A. His range of motion has been about 38, 40 millimeters for sometime.

Q. Is that normal?

A. It's a little less than normal. In my viewpoint acceptable. I mean, in the literature they would say, you know, 50 millimeters is acceptable; but I think considering he sustained an accident, 40 millimeters is acceptable.

Q. Doctor, he is still wearing a retainer now?

A. Lower lingual retainer, yeah.

Q. And what is the purpose for that?

A. To retain the position of the lower anterior teeth.

Q. Is that helping to straighten his teeth?

A. No, it helps to keep them there.

Q. As opposed to what, falling out? I'm not trying to be cute today, I want to finish. What do you mean, I don't know what you mean?

A. There is a tendency for teeth, once they have been moved, to rebound to their original position. We know by holding them in the moved position for a certain amount of time there is less tendency for that. That's why they call it retention or retainer.

Q. Were his teeth moved at all as a result of this accident?

A. No, I do not think his teeth were moved. The question was earlier whether it had an impact on his bite, it may have.

Q. The orthodontia treatment that you have given him, has that resulted in his teeth being moved at all?

A. Orthodontia is movement of teeth, yes, that is correct.

Q. And the movement of those teeth, why was that necessary?

A. To correct his anterior open bite.

Q. And what is an anterior open bite?

A. Well, his anterior teeth did not contact.

Q. That's the overjet that we talked about?

A. Right.

Q. And whether he had that overjet before the accident, you don't know, correct?

A. I don't know. I suspect he did. In other words, a traumatic accident can change -- a change in the position of the condyles can cause some anterior open bite.

Q. And that's all I want to find out, do you know if it happened here?

A. I don't know if it happened, no.

Q. And that's all I want to find out.

You can't testify when the question is asked of you on Friday, based upon a degree of medical certainty, as to whether or not his teeth were moved or his bite was affected as a result of this impact, you can't say, correct?

A. I think if there is displacement of the condyle, the answer is, yes, the bite has been affected.

To say that it was affected to the point that he had a normal bite prior to the accident and now he has a completely abnormal bite, that would be false.

So, yes, there is an impact of the traumatic accident upon the patient's bite, if indeed there has been a trauma to the disk condyle assembly, there is a shift in how the teeth come together; but to say that the malocclusion that Kevin

presented came from the accident, I suspect that Kevin had malocclusion prior to the accident.

Q. I think you answered my question.

A. Okay.

Q. To the extent that it was changed, you can't state with any probability, correct?

A. That is correct.

MR. YOUNG: Well, just while you're thinking I'm going to enter my objection.

I'm entering my objection for the record relative to his characterization of his answer because I think his more detailed answer is a proper one.

MR. MAZGAJ:

Q. Doctor, one can have good oral hygiene and bruxism, correct?

A. Yes.

Q. Have you reviewed any of Mr. Akers' dental records prior to you treating him?

A. I saw records, yeah.

Q. And what records did you see? Are those in your file here?

A. I was given a copy of Valley Dental's records. I just glanced at them. I don't have

them here, no.

Q. Other than those, have you seen any of his other medical records?

A. Again, I was given copies of them, I glanced at them.

Q. Doctor, in looking at a document from your file it was a questionnaire completed by Mr. Akers on 7/23/92, correct?

A. Uh-huh.

Q. You have to say "yes" or "no."

A. Yes.

Q. And, Doctor, do you go over this with him?

A. Uh-huh, yes.

Q. And the one question down here, "Do you habitually clench your teeth during the night or day," he checked off "Yes."

Did you ask him about that?

A. Yes.

Q. And what did he tell you about that?

A. He has been noticing when he wakes up in the morning that his teeth are together.

Q. Anything other than that?

A. That's what he addressed.

Q. Did he indicate whether or not he had that problem before the accident?

A. No.
Q. He didn't indicate that or he told you he didn't have it?
A. He didn't report any symptoms prior to the accident of pain. I think it's reasonable to expect somebody who is having muscle spasm following a traumatic accident to say they are waking up with clenching of the teeth.
I mean, that's why I did the treatment, he was in head pain and we saw evidence of tender muscles and tender joints.
Q. Doctor, what is your understanding as to what part of Mr. Akers' head struck the vehicle?
A. My understanding is the front of his head struck the vehicle.
Q. What part, if you can be more specific?
A. Forehead.
Q. What side of his forehead, if you know?
A. I think it was the right side.
Q. Doctor, I notice here that Mr. Young had requested some medical reports from you.
Did you ever prepare a medical report?
A. No.
MR. YOUNG: Can I indicate for the record, Frank, and for your benefit that

although I sent a request, no report was ever sent to me and I never did receive any written report from Dr. Hendricks.

MR. MAZGAJ: I'm sorry, I missed the end of that.

MR. YOUNG: Off of the record for just a minute.

(Thereupon, a discussion was held off the record.)

BY MR. MAZGAJ:

Q. Doctor, how much are you going to charge Mr. Young to testify at trial?

A. $500 an hour.

MR. YOUNG: I will have to talk fast. Don't ask many questions.

MR. MAZGAJ: I never do.

BY MR. MAZGAJ:

Q. Doctor, tell me a little bit about your training, education and work experience, just kind of run through it; and if I want something more, I will ask you to tell me a little more or do you have a CV?

A. Yeah, I have to prepare one for you.

Q. Just go ahead and start in college and kind of take me through your training a little bit?

A. Case Western Reserve.
Q. Go ahead.
A. Preprofessional scholar in dentistry, received a dental degree from Case Western Reserve, studied occlusion and TMJ in postdental school training since then, lectured several times on it.
Q. On TMJ dysfunction?
A. Uh-huh.
Q. You have to say "yes" or "no."
A. Yes.
Q. And where have you lectured?
A. Pittsburgh, Table Clinic, Stark County Dental Society, Bahamas.
Q. Have you treated or have you lectured about the use of orthodontia to treat TMJ dysfunction?
A. Yes.
Q. Have you lectured on any other areas of TMJ other than that?
A. Use of splint therapy, how to adjust the bite afterwards.
Q. Doctor, once you in fact fitted Mr. Akers for a splint, his headaches immediately went away, correct?
A. He had resolution of symptoms quickly, yes.

Q. I guess "immediate" is a bad term.
A. I guess to say immediate I don't know that that --
Q. Within a short period of time?
A. Yes. I didn't send a letter to Dr. Battaglia by the way.

(Thereupon, Defendant's Exhibit 1 of the Hendricks Deposition was marked for purposes of identification.)

BY MR. MAZGAJ:
Q. Defendant's Exhibit 1 is a letter that you prepared to send to Dr. Battaglia but did not in fact send?
A. Uh-huh.
Q. You have to say "yes" or "no."
A. Yes.
Q. The second time that you met with Mr. Young, what did you discuss and who was present?
A. There wasn't anybody else present.
Q. What did you discuss the second time?
A. We reviewed Kevin's records. He didn't have enough time to go over it the first time. We scheduled a meeting for Monday, I had a conflicting appointment that my wife had already

scheduled for me, and so we just met very briefly; and then we met again I think it was two days later, that would be a Wednesday.

Q. And then you met today?

A. Yeah.

MR. YOUNG: We met for a few, ten minutes prior to coming in here.

THE WITNESS: Yes.

BY MR. MAZGAJ:

Q. How long did you meet before coming in here today?

A. About ten minutes.

Q. So you met four times altogether or three?

A. I think four would be adequate including today.

MR. YOUNG: Let me interject, the one time we didn't have discussion because there was a conflict, is that --

THE WITNESS: Well, he asked if we met.

BY MR. MAZGAJ:

Q. And, Doctor, do you feel any future orthodontia is going to be necessary for Mr. Akers?

A. There is a possibility of relapse of the

lower anterior teeth.

Q. Okay.

I appreciate that opinion although again, as Mr. Young has probably explained to you, we have to deal with probabilities and maybe you can't answer this question and that is okay.

My question to you is: Do you have an opinion based upon a reasonable degree of probability as to whether or not --

A. I doubt that I will be doing anything further for him orthodontially.

Q. Let me make sure that I am clear on the record, make sure I am done with the question before you answer.

A. Oh.

Q. That is okay.

Can you state as we sit here today based upon a reasonable degree of medical probability as to whether Mr. Akers will require any further orthodontia or TMJ treatment for his orthodontia problem?

A. I think he has recovered very well and I would say that the probability is on the side of him not doing that.

I think that it's reasonable to expect him

to have a six-month recall to check his progress, but other than that, his response has been very well to treatment.

Q. Doctor, let's move ahead a little bit in your education and experience, take me through your experience, you are in Hartville now?

A. Yes.

Q. How long have you been there?

A. Since '86.

Q. Who are you in practice with, if anybody?

A. Dr. Byers, Fritz Byers.

Q. Is that your first job after your training?

A. No.

Q. Okay.

A. Take me back through time?

A. When I received my license, I started working for somebody in Massillon.

Q. And when did you get your license, approximately?

A. November '85.

Q. Okay.

Are you board certified in any area?

A. In dentistry, yeah.

Q. Okay.

Go ahead. Take me through?

A. In '85 I worked for somebody in Massillon while he was out. I worked for somebody in Canton south and I worked for somebody in Canton.

Q. Doctor, in the past five years how many TMJ cases do you think you have seen; and answer that however you are comfortable with it, if you want to answer monthly average, weekly average, if you know the exact number?

A. That I have treated, that other people have treated, how many people are in the office every week that have had TMJ therapy?

Q. Let's say cases that you have diagnosed either as -- the receipt of the patient from a referral or new patients in your office.

A. A couple a week.

Q. And of those patients has anyone experienced TMJ dysfunction from bruxism?

A. Bruxism I have treated several people for.

Q. Okay.

Do you accept bruxism as a cause of TMJ dysfunction?

A. I think that bruxism aggravates the temporal mandibular joint dysfunction. Whether it causes temporal mandibular joint dysfunction is certainly questionable.

Q. Okay.

Well, how do you stand on that fence?

A. I stand on the fence from the standpoint of providing treatment for the patient. The patient has a temporal mandibular joint problem, they have bruxism, I see it within the first week of treatment because they have tremendous divots or wear areas in the splint that I make, and I prescribe Elavil for them to interfere with the bruxism and many bruxers are lifetime splint wearers.

Q. Is Mr. Akers using a splint now?

A. No.

Q. Do you think -- and again can you state with any type of probability as to whether he will need to wear a splint in the future?

A. I think if he has some other precipitating factor, but I would say at this point he has probably an 80 -- it depends on the studies that you read -- 80 percent chance of not needing further treatment.

Q. Doctor, other than trauma, do you believe there are -- and lack of teeth or loss of various teeth, do you feel there are any other causes of TMJ dysfunction?

MR. YOUNG: Well, I will object. I don't remember him saying lack of teeth.

MR. MAZGAJ: Okay. Well, let me ask --

MR. YOUNG: I don't want to put words in his mouth.

BY MR. MAZGAJ:

Q. Okay.

Do you believe missing teeth can cause TMJ dysfunction?

A. I think that the literature at this point is not clear. I think the field of dentistry is not clear as to what causes temporal mandibular joint problems.

We have clearly identified trauma as a causative factor. We accept bruxism as an aggravating factor, and several people have reviewed literature and questioned its initiating cause of temporal mandibular joint disease.

Certain bites, for example anterior open bite, are associated with the disease. So there are some weak associations between the bite and temporal mandibular joint disease.

Q. Doctor, without -- if a patient does not

sustain a blow to the head or a whiplash injury or any type of physical trauma to their body, can they have TMJ dysfunction?

A. I suspect that they can.

Q. And what causes it in those cases?

A. We don't know.

MR. MAZGAJ: Doctor, that's all that I have. Thanks.

MR. YOUNG: I think he would like to read it.

(Thereupon, the deposition was concluded at 5:41 o'clock p.m.)

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C E R T I F I C A T E

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

I, Leonard G. Puhalla, a Stenographic Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, W. SCOTT HENDRICKS, D.D.S., was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was by me reduced to Stenotypy in the presence of said witness, afterwards prepared and produced by means of Computer-Aided Transcription and that the foregoing is a true and correct transcription of the testimony so given by him as aforesaid.

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Akron, Ohio on this 19th day of October, 1994.

Leonard G. Puhalla, Stenographic Reporter and Notary Public in and for the State of Ohio.

My commission expires January 18, 1997.

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I, W. SCOTT HENDRICKS, D.D.S., do verify that I have read this transcript consisting of 36 pages and that the questions and answers are correct.

_____
W. SCOTT HENDRICKS, D.D.S.

Sworn to before me, _____,
Notary Public

this _____ day of _____, 1994.

_____
Notary Public in and for the State of Ohio.

My commission expires _____.

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