

I The State of Ohio,)
2 County of Cuyahoga.) SS:
3 IN THE COURT OF COMMON PLEAS
4 Rosemary Wank,
5 Plaintiff,)Case No.
6 -vs-)218,390
7 A. Chester's, Inc.,
8 Defendant.)

Doc. 245

9 - - - 000 - - -
10 Deposition of RALPH KOVACH, M.D., a
11 witness herein, called by the Plaintiff as
12 if upon cross-examination under the
13 statute, and taken before Luanne Protz, a
14 Notary Public within and for the State of
35 Ohio, pursuant to the issuance of notice,
16 and pursuant to the further stipulations
17 of counsel herein contained, on Friday,
18 the 29th day of July, 1994 at 10:00 A.M.,
19 at the offices of Ralph Kovach, 9700
20 Garfield Boulevard, the City of Cleveland,
21 the County of Cuyahoga and the State of
22 Ohio.

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24
25

APPEARANCES:

On behalf of the Plaintiff:

Gaines & Stern, by:

John Scharon, Esq.

On behalf of the Defendant:

Gallagher, Sharp, Fulton

& Norman, by:

Gary Singletary, Esq.

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1 P R O C E E D I N G S

2 RALPH KOVACH, M.D., being of
3 lawful age, having been first duly sworn
4 according to law, deposes and says as
5 follows:

6 CROSS-EXAMINATION OF RALPH KOVACH, M.D.

7 MR. SCHARON: Let the record
8 reflect that this is the discovery
9 deposition of Dr. Ralph Kovach. Did I
10 pronounce that correctly?

11 THE WITNESS: Yes, sir.

12 MR. SCHARON: It's being taken
13 pursuant to notice and agreement of
14 counsel.

15 BY MR. SCHARON:

16 Q A notice that came to you, I think,
17 Doctor, asked you to bring with you your
18 file. Have you done that?

19 A Yes, sir.

20 Q I've had an opportunity to look at it
21 just before we started.

22 A Yes.

23 Q The only item that I had not seen
24 from your file, other than your billing, I
25 think, in the case, was the yellow sheet

1 before you which appears to be your notes
2 from the examination; am I right?

3 A Yes, sir.

4 Q Because I couldn't read your
5 handwriting, would you be good enough to
6 tell us what your notes say?

7 A I'll make an effort, but sometimes I
8 can't reread it.

9 Q All right.

10 A As soon as I write it, I can't read
11 it. Okay. These are notes that I made on
12 October 25, 1993 regarding Rosemary Wank.
13 She'd had a recent partial hysterectomy
14 three weeks ago, by way of telling me what
15 was going on currently.

16 The date of injury was January
17 26, 1991. She was in a restaurant, and she
18 was walking toward a table, and she fell
19 onto the floor. She said that she had no
20 feeling in either leg. She said that she
21 landed on the left leg and, with the upper
22 part of her body, turned and twisted onto
23 a window sill, and she said that this
24 numbness lasted until she was taken to the
25 hospital.

1 She had X-rays, had an immobi-
2 lizer to the knee, wrapped the right knee,
3 and the immobilizer was on the left knee,
4 and she had a wrapping on the right arm,
5 and then she was sent home, and then she
6 went to a doctor, I believe it was Dr.
7 Mason that she said. That's why I have a
8 question mark, and she said that there was
9 a questionable ligament tear, and she had
10 swelling on the left leg which had
11 continued.

12 She was sent to physical therapy
13 and was having pain and swelling after
14 physical therapy. She had an arthroscopy
15 to the left knee in March of '91. She was
16 told that she had a strain and tear of the
17 ligament, and she had some suturing. She
18 was on home exercises.

19 She continued to have the leg
20 giving-way and had fallen several times,
21 and then she said that she had leg braces,
22 using her terminology, and then medica-
23 tions to get the swelling down, and she
24 also had a second arthroscopic surgical
25 procedure in February of 1993, and that

1 was in the same hospital with the same
2 doctor. She said that she had a cracked
3 kneecap, and had -- I can't read what the
4 rest says at that point.

5 Q All right.

6 A And, then, going up to the time that
7 I examined her, she said that she wasn't
8 having any neck pain anymore. She said
9 that she had lost some weight following
10 this other procedure and that she was
11 doing fair. She had one episode of, it
1'2 looks like, swelling in June of '93.

1% She says that her left knee
14 feels tight, and there's moderate swell-
15 ing, and the examination showed that she
16 was a well developed, overweight, and I
17 used the word "obese," white female. She
18 had marked genu valgum. There was a
19 six-inch spread at the ankles when her
20 knees were together when she was standing.

21 She had complete range of
22 movement of both knees. She had arthros-
23 copy scars of the knee. She was tender
24 over one of the lateral arthroscopy scars,
25 There was no instability of the ligaments.

1 There was no effusion in the knee joint.
2 There was no atrophy or wasting of the
3 thighs. She had a negative McMurray Test,
4 and that was it.
5 Q Okay.
6 A The note is that there was a need for
7 the report of the second arthroscopic
8 procedure.
9 Q Ultimately, you did get those
10 records?
11 A Yes.
12 Q So, essentially, you have read the
13 notes from the work that you did in
14 October of 1993. That was to take a his-
15 tory from her and examine her, correct?
16 A Yes, sir.
17 Q And you also reviewed the medical
18 records in the case.
19 A Yes.
20 a Have you done any other work on this
21 case besides examining, taking a history
22 and reviewing medical records?
23 A No.
24 Q Okay. Now, irrespective, Doctor, of
25 the question as to what the treatment may

1 or may not have been related to, which is
2 at issue in the case as you are aware, in
3 reviewing the treatment that was rendered
4 to Rosemary, did it all seem to be appropriate to you?
5
6 A No.
7 Q I'm sorry?
8 A No.
9 Q Okay. What was inappropriate about
10 the treatment?
11 A I think the second procedure.
12 Q The second arthroscopy?
13 A Yes.
14 Q Why was it inappropriate?
15 A I don't think that she needed it.
16 Q She did not need it?
17 A No.
18 Q All right.
19 A But that's the treating physician's
20 decision, not mine.
21 Q All right. Are you suggesting that
22 it was substandard or below acceptable
23 medical standards for him to do that
24 procedure?
25 A No, I'm suggesting that I don't think

1 that she needed it, and it was borne out
2 fairly much by what his findings were.

3 Q I see. Do I understand that you're
4 saying, if it had been you, you wouldn't
5 have done it?

6 A Probably, I would not have gone back
7 in.

8 Q Is there anything else that was inap-
9 propriate about her treatment?

10 A That's the only thing.

11 Q All right.

12 A As I say, I wouldn't say "inapprop-
13 riate." Let's say that I disagree with
14 it, but I wouldn't say that it was inap-
15 propriate.

16 Q Do I understand it to be your feeling
17 that the treatment, up through the first
18 arthroscopy and whatever recovery period
19 was associated with that, that that was
20 the result of her fall in January of '91?

21 A Not having had any complaints prior
22 to that time, I would have to say yes,
23 that probably was necessary.

24 Q As a result of the fall?

25 A Yes.

1 Q Okay. At your examination, did you
2 find Rosemary Wank to be cooperative with
3 you?
4 A Yes, she was.
5 Q Did you find her complaints to be
6 inappropriate?
7 A No.
8 Q At the first arthroscopy, what was
9 reported by the surgeon to have been
10 found?
11 A They found a torn medial meniscus, a
12 small peripheral tear which was stable.
13 It was not displaced, and as a result,
14 they just found that and did nothing about
15 it because surgery to that area was not
16 required. They found some softening which
17 was grade one chondromalacia of the under-
18 surface of the patella.
19 **a** Did they find some evidence of damage
20 to the medial collateral ligament as well?
21 A No.
22 Q I thought that they saw some scarring
23 or an area --
24 A First of all, they never saw the
25 medial collateral ligament, so there's

1 nothing to find in the way of damage in
2 the surgery. That does not address that.

3 Q Okay.

4 A He thought that there was what he
5 called a second degree tear, and that
6 means that it's a stable tear that's not
7 giving-way and doesn't require anything to
8 be done.

9 Q I just wondered whether it was a
10 finding as far as --

11 A No.

12 Q -- the second degree medial col-
13 lateral ligament tear.

14 A Not because of the surgery.

15 Q I see. That was just a diagnosis
16 that had been made then?

17 A Yes.

18 Q But it was not based upon what was
19 seen at the time of the arthroscopy?

20 A You don't see the collateral ligament
21 at all with an arthroscopic procedure.

22 Q Understood. Now, did the peripheral
23 tear of the medial meniscus occur as a
24 result of the fall, in your opinion?

25 A I don't know, but giving her the

.....

1 benefit of the doubt, I would say that it
2 probably did.

3 Q Okay. Do you agree with the diag-
4 nosis of second degree medial collateral
5 ligament tear?

6 A I would say okay, we'll give her the
7 benefit of the doubt and say, yes, she
8 might have had it, and that's only on the
9 basis that the doctor who operated on her
10 says that he found some valgus instability
11 or testing.

12 Q Okay. You don't have any reason to
13 think that he was wrong about that?

14 A And also that she had some pain over
15 the medial collateral ligament. So, that
16 would be like a sprained ankle. She had a
17 sprained knee ligament.

18 Q Okay.

19 A Which is similar.

20 Q Okay. So, you don't have any parti-
21 cu ar reason to doubt that diagnosis?

22 A No.

23 Q And did that second degree medial
24 co lateral ligament tear occur as a result
25 of the fall as well?

1 A I'm sure that it did.

2 Q Now, did the softening, the grade one
3 chondromalacia of the patella, occur as a
4 result of the fall?

5 A No, I don't believe so.

6 Q And why do you say that?

7 A Because that's a frequent finding in
8 people that have a marked knock-kneed
9 deformity like she has and who are consi-
10 derably overweight.

11 Q I'm sorry. That's the genu valgus
12 deformity?

13 A Yes.

14 Q The knock-kneed condition?

15 A In lay terms, knock-kneed, so the
16 direction is that the ankle is out and the
17 knee is in, and that puts a tremendous
18 strain on the undersurface of the kneecap,
19 and every time you go up and down steps,
20 or just when bending your knee, you're
21 having a tendency to pull that kneecap out
22 sideways, and that's the way the stresses
23 are, and that happens.

24 The things she had were the tear
25 of the meniscus and probably the partial

1 tear of the collateral ligament. The
2 chondromalacia I don't believe is from
3 that at all. The only thing found was
4 some softening. There was no disruption
5 or anything like that present.

6 Q Is that what chondromalacia is,
7 softening?

8 A Malacia means softening, and chondro
9 means cartilage, and applied to the knee-
10 caps, it's that the surface of the kneecap
11 is softened cartilage.

12 Q And in this particular case, you
13 think that it's caused by the repetitive
14 kinds of stresses that her daily life
15 caused for her?

16 A Yes.

17 Q Can one instance of trauma precipi-
18 tate chondromalacia?

19 A Very unlikely, but if you have a
20 direct blow like from a hammer or
21 something or that, some people say that
22 that's possible.

23 Q What do you think?

24 A Other people -- well, if you have a
25 direct blow that way, yes.

1 Q So, I'm sorry; I just want to make
2 sure that I understand. A direct blow to
3 the kneecap can cause chondromalacia?
4 A Of sufficient force, sure.
5 Q Would you expect, then, that Rosemary
6 Wank would also have chondromalacia of her
7 right patella?
8 A On the opposite side?
9 Q Sure.
10 A I think that she would.
11 Q She had the knock-kneed stance or
12 posture, if you will, on both sides?
13 A She was born that way. She can't
14 help that. That's what it is.
15 Q But that's present not only on the
16 left side but also on the right?
17 A Yes, sir.
18 Q Does everyone who has this knock-
19 kneed stance have chondromalacia of the
20 patella?
21 A No, 100 percent of the people don't
22 have it.
23 Q Does everyone of her age, which at
24 the time of your exam, I think, was --
25 A She was still young.

1 Q She was in her early thirties.

2 A About 32, I think.

3 Q Everyone of her age and weight who

4 also has these knock-knees, would you say

5 that they all have chondromalacia?

6 A No, not everyone.

7 Q Would you expect a person of her age

8 and weight who has this chondromalacia of

9 the patella to have symptoms in her knees?

10 A Some people don't.

11 Q Okay. Would you have expected that

12 she would have with her age, weight, the

13 knock-knees, and the chondromalacia?

14 A Would I expect her to have symptoms

15 that she complained of?

16 Q Yes.

17 A I would expect her to have the

18 symptoms that she complained of.

19 Q Would you expect her to have had

20 symptoms before she fell?

21 A Not necessarily.

22 Q Would you think it likely or unlikely

23 that such a person would have complaints

24 about their knees?

25 A If she had no complaints before then,

1. then, she didn't have any complaints.

2. Q I understand that you're saying that

3. --

4. A There are certainly patients like

5. that. I wouldn't expect everyone to have

6. complaints. No, I wouldn't expect

7. everyone to have complaints. Most people

8. don't have any pain in their knees.

9. Q Even if they're overweight to the

10. extent that you say she is, have knock-

11. knees, are in their early 30's and have

12. chondromalacia?

13. A I would expect some complaints by

14. that time, yes.

15. Q You would?

16. A Yes.

17. Q Have you seen anything by way of

18. evidence in this case or have you heard

19. anything from discussing with Rosemary,

20. herself, anything that suggests that she

21. had complaints about her knees, problems,

22. pain in her knees prior to this fall in

23. January?

24. A No, she told me that she didn't have

25. any before.

1 Q And you haven't seen anything which
2 would disprove that?
3 A Uh-uh.
4 Q Doctor, if a person who is in their
5 30's, who is overweight to the extent she
6 is, and who has knock-knees and the
7 chondromalacia of the patella grade one,
8 and such a person then sustains a direct
9 trauma to the knee, can that cause those
10 conditions to become symptomatic?
11 A It's possible.
12 Q Is it possible that that occurred
13 here?
14 A It's possible.
15 MR. SINGLETARY: This is
16 discovery, and I just want to make sure
17 that the record shows a continuing
18 objection to questions dealing with
19 possibilities as opposed to probabilities.
20 BY MR. SCHARON:
21 6 Now, what was found at the second
22 arthroscopic procedure?
23 A They found that the tear wasn't pre-
24 sent anymore, that the --
25 Q I'm sorry; that's the tear of the --

1 A Of the medial meniscus, that was
2 healed, and they found a small disruption
3 in the surface of the cartilage of the
4 kneecap. I have to get the report out to
5 be certain as to that.

6 Q I might be able to find it quicker.

7 A I've got it. It's just a matter of
8 being exact. In the February 10th, 1993
9 surgical operative findings, it indicates
10 that there was a small crack in the articular
11 cartilage of the patella with the
12 medial facet involved.

13 Q Do you know or do you have an opinion
14 about when that developed, that crack?

15 A I have no idea.

16 Q Do you have an opinion about what
17 caused it?

18 A Yes.

19 Q And what caused it, in your opinion?

20 A Her continued change with the valgus
21 problem in the knee and her weight.

22 Q That just occurred as a result of the
23 continuing stresses that she put on her
24 knee on a day-to-day basis?

25 Yes.

1 Q Now, would you expect that she would
2 have the same kind of crack on the under-
3 side of the kneecap on the right side?
4 A Just because you have it on one side
5 doesn't mean that you're going to have it
6 on the opposite side. I feel that she has
7 some of these changes in the opposite
8 side, but she has no symptoms that she's
9 complaining of.

10 Q As part of your examination, Doctor,
11 did you do any strength testing?
12 A I checked the ligaments, and they
13 were intact, and there was no atrophy or
14 weakness of the thighs.

15 Q Okay.

16 A Did I use any weights and things like
17 that? No, because that's of no signi-
18 ficant value. Of more value is to see
19 whether or not they have any wasting away.

20 Q Is there such testing that can be
21 done? I've heard of something called
22 Cybex testing.

23 A I put very little reliance on the
24 Cybex testing because that's strictly a
25 subjective situation. When an individual

1 is being examined on the Cybex machine,
2 she may have some reason not to be fully
3 cooperative and exert full effort.

4 So, when you do Cybex testing
5 with someone who has a legal problem, you
6 can't take that to mean actually anything
7 at all. What you do is, you see: do you
8 have any atrophy or not? If they don't
9 have any atrophy, then, you are assuming
10 that they've done all that they can, and
11 it's doing fine. If there is no atrophy
12 from one side to the other, you assume
13 that they're the same, and that the
14 strength would be as good as it's going to
15 be.

16 Q All right. So, are you saying that,
17 in the absence of atrophy, there can be no
18 weakness?

19 A Well, the measurable weakness, the
20 result is of no value to prove anything.
21 Now, if someone actually has no real
22 reason to have any residual weakness in
23 there, and they're going all out, fine,
24 but the test depends on the full coopera-
25 tion of the individual.

1 Q Of course.

2 A That's why I say, whatever things you
3 may ask about Cybex testing, that's the
4 reason why, in a situation like this, it
5 means nothing.

6 Q What kind of people give or adminis-
7 ter the Cybex testing?

8 A Well, people who buy the machine, and
9 most often they are physical therapists.

10 Q Okay. Do you know whether physical
11 therapists are trained to do the test in
12 such a way and do it enough times, for
13 instance, so as to make sure that their
14 patients are, in fact, giving their best
15 effort?

16 A No, they are not.

97 Q They are not trained to do that?

18 A They are not trained so that they can
19 be really reliable on that.

20 Q Okay.

21 A Anyone can give a less than all-out
22 effort.

23 Q Have we covered all of the opinions
24 which you expect to express, or have you
25 come to any new ones? I think that we've

1 covered what's in your report.

2 MR. SINGLETARY: In that
3 regard, let me just say that Dr. Kovach
4 has been answering questions placed to him
5 by plaintiff's counsel. An open-ended
6 question such as has been posed I would
7 object to in the sense that, certainly,
8 the opinions that Dr. Kovach has are
9 contained in, I believe, correspondence,
10 and John can correct me if I'm wrong, but
11 I think that it was turned over to you as
12 far as what his opinions are. I just --

13 MR. SCHARON: I hope that we've
14 covered them. I've intended to.

15 MR. SINGLETARY: My objection
16 is just that, you know, in the situation
17 that I'm in here, if for some reason you
18 haven't addressed something, I'm not going
19 to feel limited in the case because you've
20 asked an open-ended question about whether
21 those are all of his opinions when I'm not
22 sure if they've been covered.

23 BY MR. SCHARON:

24 Q Well, Doctor, you have your corres-
25 pondence, and I take it that you reviewed

1 it at some time prior to this deposition
2 this morning.

3 A Yes, I did.

4 Q Is there anything that we've not
5 covered?

6 A No, I think I covered most of it.

7 Q Okay.

8 MR. SINGLETARY: Let me just
9 pose -- I guess what I really mean is that
10 there are several terms and phrases and
11 things of that nature such as grade one,
12 definitional type indications within the
13 scope of your questions that I think Dr.
14 Kovach, when placed on direct examination,
15 may amplify on with regards to what that
16 means or doesn't mean and those kinds of
17 things which arguably could be opinion or
18 not.

19 MR. SCHARON: I understand.

20 MR. SINGLETARY: So, certainly
21 you would have a right to question every
22 word in his report if you want, but if you
23 understand what I'm saying, it's just that
24 I don't feel constrained that the only
25 thing he can testify to is what you've

1 asked him about.

2 MR. SCHARON: I understand, and
3 I fully expect him to amplify on terms,
4 medical terms that are found in the report
5 and that we've discussed today.

6 BY MR. SCHARON:

7 Q To summarize, then, Dr. Kovach, it's
8 your opinion that the second arthroscopy
9 and the problems that Rosemary Wank
10 complains of today are the result of
11 problems which preexisted the fall and had
12 nothing to do with the fall; would that be
13 accurate?

14 A Yes, sir.

15 Q Now, prior to the deposition, we were
16 instructed to provide to your office the
17 charge or a check of \$950 for the deposi-
18 tion.

19 A Yes, sir.

20 **a** And we've paid that, I assume.

21 A Yes, you have.

22 Q Okay, good. We've been at this for
23 roughly half an hour. Is there any rebate
24 to be given for that?

25 A If you went for seven hours, there

1 wouldn't be any increase in the fee.

2 Q Okay.

3 A There's no constraints on your time.

4 So, if you want to keep going, just keep

5 going ahead.

6 Q Okay. So, the fee doesn't depend on

7 how long the deposition is?

8 A No, it doesn't, because I've blocked

9 everything so that there's nothing sche-

10 duled, and that's why I say, you bought me

11 for the day.

12 Q Is your fee the same for your video

13 deposition, which I think is scheduled for

14 this coming week?

15 A No, the video is higher.

16 Q What's that amount?

17 A \$1250. Wait a minute. No, 950, I'm

18 sorry.

19 Q I'm sorry?

20 A \$950.

21 Q The same?

22 A Yes, it's the same, yes.

23 Q And was there a separate charge for

24 your examination and report?

25 A Oh, sure.

1 Q And can you tell me what that is?

2 A The charge for the examination and

3 report is \$450.

4 Q Let's see. Would you have any

5 recollection about approximately how long

6 the physical examination actually took?

7 A The physical exam, probably -- the

8 actual exam, probably less than ten

9 minutes.

10 a The other time that you would have

11 spent with Rosemary would have been in the

12 history-taking?

13 A Yes.

14 Q All told, do you have a feeling about

15 how long you spent?

16 A How long can you keep examining a

17 knee, you know? Anything beyond that, and

18 I'd be sued. I'd be sued for something

19 else.

20 Q The insurance companies wouldn't like

21 that; would they?

22 A Right.

23 Q So, we're talking about what for the

24 history and exam; maybe half an hour?

25 A Twenty minutes to a half an hour, and

1 I didn't time myself, so I can't tell you
2 exactly how long.

3 Q I understand. Now, there are ques-
4 tions which I hope you won't take offense
5 at but which we have to ask.

6 A No, no, you don't have to.

7 Q Well, I have to, because I need to
8 know. How many legal cases do you work on
9 in any time period that you're comfortable
10 with; a week, month, year?

11 A How many legal cases do I work on or
12 how many people do I see in a week to
13 provide an independent medical examina-
14 tion for?

15 Q Yes, yes.

16 A Okay. Just independent medical
17 exams, probably at least three a week.

18 Q How many?

19 A At least three, it varies; sometimes
20 more, sometimes none.

21 Q Has that gone on for some period of
22 time?

23 A It's gone on for a couple of years,
24 yes,

25 Q Is there any particular breakdown

1 that you feel comfortable with between
2 plaintiff and defense cases?

3 A No. I feel comfortable, because most
4 of these exams, of course, are defense
5 rather than for plaintiffs because
6 plaintiffs usually have their own doctors
7 already, and they're not going to go to
8 another doctor.

9 Q Has any of your work in the past been
10 for the Gallagher, Sharp firm?

11 A For who?

12 Q Gallagher, Sharp.

13 A Yes, I've examined for them in the
14 past, yes, and I can't tell you how long.
15 They can tell you that better than I.

16 Q But they won't. How about Mr. Greer,
17 Mark Greer, the attorney who sent you this
18 particular matter?

19 A I've examined a few cases for Mr.
20 Greer, but I can't tell you exactly how
21 many. I don't recall, and I don't keep a
22 running account.

23 Q Okay. Are you familiar with any of
24 the parties to the case, or were you
25 familiar with them before you met them?

1 A By "parties," you mean the owners of
2 the restaurant?
3 Q Yes.
4 A No, I don't even know what restaurant
5 it was in.
6 Q Wayne Koury, Chester's Restaurant
7 down on Rockside Road.
8 A I've never even passed it.
9 Q You're not a patron there?
10 A No.
11 Q You don't know Mr. Koury?
12 A What is it; Chester's?
13 Q Chester's.
14 A I don't even know where the hell it
15 is, really.
16 Q Do I assume correctly that you,
17 yourself, perform arthroscopic procedures?
18 A Yes, I do.
19 Q Do you do that on a weekly basis?
20 A Whenever I get a case that needs it,
21 I do it. I don't do it when it's not
22 needed.
23 Q I understand. When was the last one
24 that you did?
25 A Two days ago.

1 Q Do you have one a week, do you think?

2 A It varies. Sometimes I have several
3 a week, and sometimes I don't have any for
4 three, four weeks.

5 Q Do you know Dr. Mason?

6 A No, I don't know him.

7 Q I don't have any other questions for
8 you. Thanks.

9 MR. SCHARON: What about your
10 signature?

11 THE WITNESS: I waive.

12 MR. SINGLETARY: Thank you,
13 Doctor.

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CERTIFICATE

The State of Ohio,)
County of Cuyahoga.)

I, Luanne Protz, a Notary Public
within and for the State of Ohio, duly
commissioned and qualified, do hereby
certify that the above-named witness,
RALPH KOVACH, M.D., was by me first duly
sworn to testify to the truth, the whole
truth and nothing but the truth in the
case aforesaid; that the testimony then
given by the above-referenced witness was
by me reduced to stenotypy in the presence
of said witness; afterwards transcribed;
and that the foregoing is a true and
correct transcription of the testimony so
given by the above-referenced witness.

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 for either
party, or otherwise interested in the
event of this action.

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IN WITNESS WHEREOF, I have hereunto
set my hand and seal of office at
Cleveland, Ohio this --- ~~1st~~ day of
-- *August* ----- A.D., 1994.

Luanne Protz -----

Luanne Protz-Notary Public
Within and for the State of Ohio
My commission expires 4/5/98.