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Video Depo of Alejandro Sos, M.D. January 8, 1998

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8) ALEJANDRO SOS, M.D. CHARLES F. HOLCOMB, et al.,)	8	Mr. Hanratty	39	
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.6	by the undersigned, Linda McAnallen, a Stenographic	6	5, Progressive Sports & orthopaedics Treatment Notes	35	
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1 WHERE	EUPON,	1		1974.
2	ALEJANDRO SOS, M.D.,	2	Q	. How many additional years did you spend learning
3 afte	er being first duly sworn, as hereinafter	3		about the specialty of neurology and neurological
	tified, testified as follows:	4		surgery?
5	DIRECT EXAMINATION	5	A	. Five years in neurology and neurosurgery no,
6 BY MR.	SOLES:	6		excuse me, scratch, neurosurgery.
7 Q. Goo	od afternoon, Dr. Sos. My name is Bob Soles,	7	Q	And can you please explain specifically what the
	I represent the plaintiffs in this case,	8		specialty of neurosurgery involves?
	lla Shanower and Corlin Shanower. We're here to	9	A	. It is the treatment of conditions involving the
1 -	e your video deposition. For the benefit of	10		central nervous system. That means the brain, the
	jury, I understand that you have a busy	11		spinal cord, and the peripheral nervous system,
1	edule and are unable to testify live. Is that	12		the nerves, that could be treated or potentially
	rect?	13		treated through operations.
	at's correct.			And how long have you been engaged in the
	you understand that your testimony will be	15	-	specialty of neurological surgery?
	yed back before the jury?		A	. Since 1974.
17 A. Yes				. 1974?
	ctor, if you'd please keep your voice up. I'd		-	. Yes.
	t like to ask you for your full name.			Doctor, have you helped in teaching residents,
	jandro Sos.	20	•	medical residents, or medical students about your
1	d your professional address, sir?	21		specialty in neurological surgery?
	45 Harrison Avenue, Northwest, Canton.		A	. Until last year in NEOUCOM.
	d your profession?			NEOUCOM?
24 A. Phy	• •		-	. Yes.
•	e you licensed to practice medicine in the State	15	Q	. That's the Northeastern Ohio
	Page 6			Page 8
$1 ext{ of } \mathbf{C}$	Ohio?	1	А	. Northeastern Ohio Universities College of
2 A. Yes		2		Medicine.
	d when did you first become licensed in Ohio to	3	Q	Doctor, do you have privileges at any of the local
	ctice medicine?	4		hospitals?
5 A. 198	80.	5	А	. I currently have active privileges at Mercy
6 Q. And	d since then, have you been continuously	6		Hospital. I have courtesy privileges at
7 lice	ensed to practice?	7		Massillon.
8 A. Yes	5.	8	Q	. Have you published any books or other literature
9 Q. Plea	ase tell the jury briefly about your	9		dealing with your specialty of neurological
10 edu	cational background beginning with college and	10		surgery?
	ng us up to date with your training in	1	А	. No books. I have three papers, one about a
	dicine.	12		procedure for a tumor, melanotic schwannoma. I
	re. I went to medical school after I finished	13		have another one about a very unusual tumor,
-	h school studies in Madrid, Spain. I was born	14		arachnoidal melanocytoma. And I have another one
	Spain. I came to the United States in 1968. I	15		about fibrous dysplasia of the bone.
	one year of internship at Unity Hospital,		Q	Thank you. I'd like to hand you what has been
	ooklyn, New York. Then I moved to Washington,	17		marked as Plaintiff's Exhibit 24, which I believe
	C., where I was in Georgetown University, six	18		is your curriculum vitae or your resume. Could
	nths neurology. Then I went to the University	19		you please tell us if that is your current
	Louisville in Kentucky where I did a compulsory	20		resume.
	r of general surgery in order to be able to		A	. I forgot one, "Urgano Phosphate Insecticides". I
	er a neurosurgical program. When I finished	22		forgot that paper. Yes. Maybe we should, too,
	year of general surgery at the University of	23		add that I am a member of the Board of Trustees of
	uisville, I moved to Cincinnati, the University	24	~	the LifeBanc.
25 of C	Cincinnati, in neurosurgery and I finished in	:5	<u>v</u>	. LifeBanc?

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1 A .	LifeBanc. I'm on the Board of Trustees. I don't		Q	You've mentioned the term discs. I guess I'd
2	think it's here reflected, but just for the	2		refer you back to the model you originally had
3	record.	3		shown. The brown material between the vertebrae
4 Q.	And your resume would reflect your accomplishments	4		are the discs?
5	in terms of publications as well as honors you	5	Α	. The discs that represents joints between the
6	received?	6		vertebrae.
7 A.	My humble accomplishments.	7	Q	And what do these discs do?
	Thank you. Now, before we discuss Mrs. Shanower's	8	Α	. The discs help in the cushioning of the bones and
9	medical condition, could you help us generally	9		also allow some laxity or some movement in flexion
10	understand what specifically is in a person's neck	10		and extension of the neck or in rotation of the
11	and back? What's under their skin? And if	[1		neck too.
12	necessary, you can use the models that you have	12	Q	. Okay. Thank you, Doctor. Now, are you referred
13	there.	13		patients by other physicians to help treat these
14 A .	Basically the cervical spine has 7 vertebrae, and	14		patients for their neck and back injuries?
15	the relationship between each one of those	15	A	. Yes, most of the time they are referrals by other
16	vertebrae is through a joint. At that joint it is	16		physicians.
17	called a disc. Then in this model, maybe in this	17	Q	. The majority of your practice is referrals from
18	model here it would be more easy for you to	18		other physicians?
19	focus. This is a model of the cervical spine.			. Yes, or emergency room patients.
20	We have 7 vertebrae, 1, 2, 3, 4, 5, 6, 7. In			. Doctor, was Mrs. Shanower referred to you?
21	between each vertebra this brown area represents			. Yes.
22	a disc. And this is basically the cervical spine.			. And by whom?
23	Of course, inside the cervical spine goes the			. Dr. Galang.
24	spinal cord. And this metallic rod may represent			Dr. Galang was her family physician?
25	very well the spinal cord. And from the spinal	<u> </u>	Α	. Dr. Galang was her family physician. He has
	Page 10			Page 12
1	cord at each level between every two vertebrae	1		offices in Louisville, Ohio.
2	there is a nerve on the left, there is a nerve on		Q	. I'd like to direct your attention now to Della
3	this side, and those are the cervical nerves that	3		Shanower. And I know that you have her chart
4	are going to supply most of the muscular activity	4	-	nearby.
5	of the upper extremities, neck, et cetera.			Yes.
	So in addition to the cervical vertebrae, and you	6	Q	. I'd like you to feel free to refer to that to
7	indicated there are 7 of those, what are below the			refresh your memory. Did you treat Della
8	cervical vertebrae, any other vertebrae?	8		Shanower following her July 9, 1996, automobile crash?
	Yes, 12 thoracic, 5 lumbar, 5 sacral, and 4 or 5 coccygeal.	9	•	. Yes.
10	You talked a little bit about the spinal cord that			. Now, I'd like to set a few ground rules before we
11 Q.	is surrounded by the vertebrae. What purpose does	2	Q	get into her injuries.
12	the spinal cord serve?		Δ	Let me explain. Not immediately after the crash.
	The spinal cord carries impulses from the	4	~	I treated her a year later.
15	periphery to the brain'and from the brain toward		0	. Subsequently?
16	the periphery and also interacts in the			. Yes, subsequently.
17	functioning of the vegetative system.			. I'm going to ask you a number of questions
18	Here we have a section of the cervical	8		regarding your diagnosis, treatment, and her
19	spine, the area or section of the neck. We can	9		prognosis, and I'm going to ask you for certain
20	see the vertebrae, the spinal cord in the center,	20		opinions, Okay?
21	and the nerve roots with a motor component for		Α.	. Yes, sir.
22	movement, a sensory component, that carries	2!	Q	. You have testified before, have you not?
23	impulses from the periphery and the information.	23	A	. Yes, sir.
24	Here is tlie disc. We have also a vertebral artery	24	Q	. Are you aware that the law requires that all of
25	to each side and veins.	25		your medical opinions be based on a reasonable
ин т	COUDT DEDODTEDS (330) 452 2050			$P_{2} = 0 = 0$

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degree of medical probability or certainty?	1	Q	. Now, Plaintiff's Exhibit 4, are those the
2 A. Yes.	2		Louisville Physical Therapy Sports Rehab Center
3 Q. Now, Doctor, I want you to understand that	3		treatment notes?
4 whenever I ask you a question that calls for	4	A	. Yes, and a prescription to have physical therapy
5 your medical judgment and opinion that you are to	5		by Dr. Galang.
6 base your opinion in every instance upon a	6	Q	. Plaintiff's Exhibit 6, can you identify that,
7 reasonable degree of medical probability and	7		Doctor?
8 certainty. And by that I mean I don't want you to	8	A	. Exhibit 6 is Progressive Sports & Orthopaedics,
9 speak in terms of possibilities or speculate.	9		Inc., physical therapy evaluation, discharge
io Okay?	10		evaluation.
11 A. Yes.	11	Q	. Oh, I'm sorry, Plaintiff's Exhibit 6, Doctor.
12 Q. Now, will you agree to base all your opinions			. Oh, 6?
13 today on a reasonable degree of medical	13	Q	. Yes. Is that the CT of the cervical spine?
14 probability and certainty?			. CT of the cervical spine, correct. It's a copy of
15 A. Yes, I will.	15		the radiology report of a CT of the cervical
16 Q. When did you first see Della Shanower?	16	5	spine, two pages.
17 A. Mrs. Shanower was first seen in my office on	17	Q	. How about Plaintiff's Exhibit 7?
18 September 23, 1997.		-	. Exhibit 7 is my discharge summary on 10-8-97,
19 Q. Prior to your testimony today, did you have an	19		orders froin the same admission and postoperative
20 opportunity to review all of Mrs. Shanower's prior	20		orders included.
21 medical records froin July 9, 1996?	21	Q	. Are these the medical records from Columbia Mercy
22 A. I reviewed them a few minutes ago, yes, before we	22		Hospital when Mrs. Shanower was admitted for
had this meeting.	23		surgery?
24 Q. I'm going to hand you a group of exhibits that	24	A	. I think they correspond to the records when she
25 have been marked Plaintiff's Exhibits I believe	25		was in the hospital for surgery.
Page 1	1		Page 16
1 1 through 16 or 17 there, Doctor.		0	And finally, Plaintiff's Exhibit 8, can you
2 A. Yes, sir.	2		identify what that group of documents are?
3 Q. And I'd like you to go through those medical	3	A	. Exhibit 8?
4 records, if you will, and identify those for us	4	Q	. 8.
5 starting with Exhibit 1.	5	A	. Exhibit 8 is my initial letter addressed to
6 A, Exhibit 1 is a copy all of them are copies	6		Dr. Galang when I saw the patient in the office
7 of an EMS or emergency service report.	7		with my impression. There are also copies of my
8 Q. That's the Stark County EMS run report?	8		office records with follow-up of the patient on
9 A. Yes.	9		October 9, October 10, and 10/10, follow-up or
10 Q. From July 9, 1996?	10		phone calls by the patient, more copies of my
11 A. It's from July 9, 1996, yes, correct.	11		records in the office, copies of the discharge
12 Q. How about Plaintiff's Exhibit 2?	12		summary froin the hospital after surgery, copy of
13 A. This is a registration of Mrs. Shanower being	13		surgery, and copy of the history and physical of
14 admitted to at the time Columbia Mercy Hospital o	1 14		that admission, and there are four copies of
15 7-9-96.	15		prescriptions.
16 Q. Then there are the subsequent records attached		Q.	I'll be asking you a few questions about those
17 there for the emergency room; correct?	17		medical records, but first I'd like you to discuss
18 A. Yes, emergency room. She was examined by a	8		your physical examination of Mrs. Shanower.
	9		In Mrs. Shanower's first visit with you on
19 physician, was medicated with Flexeril, and			
physician, was medicated with Flexeril, andQ. Okay. Plaintiff's Exhibit 3, are those the	20		September 23, 1997, did you take a history of her
 physician, was medicated with Flexeril, and Q. Okay. Plaintiff's Exhibit 3, are those the records of Dr. Lamberto T. Galang? 	21		injuries and complaints?
 physician, was medicated with Flexeril, and Q. Okay. Plaintiff's Exhibit 3, are those the records of Dr. Lamberto T. Galang? A. Yes, this appears to be copies of Dr. Galang's 	21 22		injuries and complaints? Yes, I did.
 physician, was medicated with Flexeril, and Q. Okay. Plaintiff's Exhibit 3, are those the records of Dr. Lamberto T. Galang? A. Yes, this appears to be copies of Dr. Galang's office notes, inost of them handwritten, some of 	21 22 23		injuries and complaints? Yes, I did. Could you please explain to us and the jury what
 physician, was medicated with Flexeril, and Q. Okay. Plaintiff's Exhibit 3, are those the records of Dr. Lamberto T. Galang? A. Yes, this appears to be copies of Dr. Galang's 	21 22 23 24	Q.	injuries and complaints? Yes, I did.

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	Page 17			Page 15
1	she had been in pain, neck pain, since 1996, since	1		with what it used to be. The deep tendon reflexes
2	July of 1996. She explained to me that she had	2		were decreased in both upper extremities.
3	been involved in a motor vehicle accident, that	3	Q.	What do you mean when you say deep tendon reflexes
4	she was hit in the rear of the car, that because	4		were decreased?
5	of the pain she went to see Dr. Galang, that	5	A.	Deep tendon reflexes means that when we strike
6	Dr, Galang treated conservatively and recommended			with a rubber percussion hammer on the
7	physical therapy, that she had several weeks with		Q.	Is this
8	physical therapy treatment, that as far as she	8	Α.	Yes, this is a percussion hammer. When we strike
9	explained to me she did not improve. Then she	9		on certain areas where the tendons are inserting
LO	went to Florida, because she goes every year in	10		into the
11	the wintertime, winter months to Florida. And	11	Q.	Where on Mrs. Shanower would you strike that she
12	when she returned in 1997 back to her home in	12		would have these deep tendon reflexes?
13	Louisville, because she continued having neck	13	Α.	And the deep tendon reflexes were weaker than I
14	pain, she went to see Dr. Galang. Dr. Galang	14	,	would expect.
15	proceeded in the same way, conservative approach,	15	Q.	I mean would it be on her elbow or where would it
16	and referred her again to physical therapy. And	16		have been that you would have
17	it is the second time in the course of the	17		Well, we checked biceps, triceps, and
18	physical therapy treatments when the pain	18	1	brachioradialis. That means the flexor of the
19	intensified and the therapist asked the patient to	19		elbow, on the back of the ann, and here, too.
20	go back to see Dr. Galang because the neck pain	20		And that demonstrated deep tendon reflexes were
21	was worse. Then Dr. Galang ordered a CT scan of	21		decreased?
22	the cervical spine, and after seeing the results			Yes, they were down.
23	of the scan referred the patient to me.		-	Go on. I'msorry.
24 Q	After he saw the result of the CT scan, she was	24		And then also she had what I labeled in my
25	referred to you?	25		dictation questionable liypoesthesia on the C6
	Page 18			Page 20
1 A	Page 18 Yes.	1	ł	Page 20 territory of the left upper extremity. And for
	-		i	territory of the left upper extremity. And for the benefit jury, I will explain. There is sort
	Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did	1		territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human
2 Q	Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did you conduct an examination of her after you heard	1 2		territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human being, and certain areas of the upper extremity
2 Q. 3	Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did you conduct an examination of her after you heard her describe the pain and problems she had	1 2 3]	territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human being, and certain areas of the upper extremity provide innervation by certain nerves and only by
2 Q 3 4 5 6	Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did you conduct an examination of her after you heard her describe the pain and problems she had experienced since the crash?	1 2 3 4 5 6]	territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human being, and certain areas of the upper extremity provide innervation by certain nerves and only by those nerves in every human being.
2 Q 3 4 5 6 7 A.	Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did you conduct an examination of her after you heard her describe the pain and problems she had experienced since the crash? Yes.	1 2 3 4 5]	territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human being, and certain areas of the upper extremity provide innervation by certain nerves and only by those nerves in every human being. Then when I say that the C6 territory was
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2 Q 3 4 5 6 7 A 8 Q 9	Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did you conduct an examination of her after you heard her describe the pain and problems she had experienced since the crash? Yes. Could you please tell the jury what you did and specifically what you found?	1 2 3 4 5 6 7 8 9		territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human being, and certain areas of the upper extremity provide innervation by certain nerves and only by those nerves in every human being. Then when I say that the C6 territory was with some hypoestliesia, it means that the sensation appeared to be decreased when I hit the
2 Q. 3 4 5 6 7 A. 8 Q. 9 10 A.	Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did you conduct an examination of her after you heard her describe the pain and problems she had experienced since the crash? Yes. Could you please tell the jury what you did and specifically what you found? Well, I did a neurological examination that	1 2 3 4 5 6 7 8 9 10		territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human being, and certain areas of the upper extremity provide innervation by certain nerves and only by those nerves in every human being. Then when I say that the C6 territory was with some hypoestliesia, it means that the sensation appeared to be decreased when I hit the patient with a pinwheel or with a safety pin. And
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2 Q. 3 4 5 6 7 A. 8 Q. 9 10 A. 11 12 13	Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did you conduct an examination of her after you heard her describe the pain and problems she had experienced since the crash? Yes. Could you please tell the jury what you did and specifically what you found? Well, I did a neurological examination that consists basically of testing a few reflexes in the upper extremities to test for strength and to test for changes in sensation, perception of	1 2 3 4 5 6 7 8 9 10 11 12 13		territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human being, and certain areas of the upper extremity provide innervation by certain nerves and only by those nerves in every human being. Then when I say that the C6 territory was with some hypoestliesia, it means that the sensation appeared to be decreased when I hit the patient with a pinwheel or with a safety pin. And the C6 territory involves the thumb and the index finger and all this down on the forearm. The next would be C7, the next would be C8.
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2 Q. 3 4 5 6 7 A. 8 Q. 9 10 A. 11 12 13 14 15 16 17	 Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did you conduct an examination of her after you heard her describe the pain and problems she had experienced since the crash? Yes. Could you please tell the jury what you did and specifically what you found? Well, I did a neurological examination that consists basically of testing a few reflexes in the upper extremities to test for strength and to test for changes in sensation, perception of sensation. The patient had a bilateral Tinel sign. That means when we hit with a hammer in this case at the level of the wrist, she had an electric 	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human being, and certain areas of the upper extremity provide innervation by certain nerves and only by those nerves in every human being. Then when I say that the C6 territory was with some hypoestliesia, it means that the sensation appeared to be decreased when I hit the patient with a pinwheel or with a safety pin. And the C6 territory involves the thumb and the index finger and all this down on the forearm. The next would be C7, the next would be C8. Then by knowing what is the pattern of innervation, we can infer either nerve which is the origin of that innervation is involved, affected, or restricted in function for anything.
2 Q. 3 4 5 6 7 A. 8 Q. 9 10 A. 11 12 13 14 15 16 17 18	 Yes. Now I'd like to direct your attention to the neurological examination of Mrs. Shanower. Did you conduct an examination of her after you heard her describe the pain and problems she had experienced since the crash? Yes. Could you please tell the jury what you did and specifically what you found? Well, I did a neurological examination that consists basically of testing a few reflexes in the upper extremities to test for strength and to test for changes in sensation, perception of sensation. The patient had a bilateral Tinel sign. That means when we hit with a hammer in this case at the level of the wrist, she had an electric shock-like sensation. But that then and now is 	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18		territory of the left upper extremity. And for the benefit jury, I will explain. There is sort of a map like that is the same for every human being, and certain areas of the upper extremity provide innervation by certain nerves and only by those nerves in every human being. Then when I say that the C6 territory was with some hypoestliesia, it means that the sensation appeared to be decreased when I hit the patient with a pinwheel or with a safety pin. And the C6 territory involves the thumb and the index finger and all this down on the forearm. The next would be C7, the next would be C8. Then by knowing what is the pattern of innervation, we can infer either nerve which is the origin of that innervation is involved, affected, or restricted in function for anything. But anyway, she had decreased tendon
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	Page 21		Page 23
1 A	. These findings indicate that possibly it could be	1	disc herniated, in blue is the rest of the disc
2	something at the C6 level, something not the C6	2	that has not herniated. Obviously when it comes
3	level, something involving the C6 nerve. C means	3	out, it's going to be pushed against the nerve
4	cervical, the cervical nerve number 6. And the	4	root, but also it's going to be pushing against
5	cervical nerve number 6 is exiting the spine	5	the spinal cord.
6	between the vertebrae 5 and 6. $1, 2, 3, 4, 5, 6$.	6	The spinal cord is covered by a membrane
7	And the nerve which is coming here is nerve number	7	that is called dura, d-u-r-a, which means hard,
8	6, between 5 and 6. That will fit or would fit	8	and we call also thecal, t-h-e-c-a-1, thecal sac.
9	with the findings of the CT scan.	9	It is like a finger glove surrounding the spinal
	You previously testified that after reviewing the	10	cord. Then if the disc is herniated, it's going
11	CT scan that was taken of her on September 8,	11	to push the thecal sac, that means dura, then it's
12	1997, Dr. Galang referred Mrs. Shanower to you.	12	pushing the spinal cord, and also it's going to be
	Yes.	13	pushing against the nerve.
	Did you also review that CT scan of	-	Did you consider this to reflect a serious injury
15	Mrs. Shanower's cervical area?	15	or serious medical condition?
	Yes, she brought the films to the office. And		At the time I saw her I recommended surgery right
17	also to better recall, I saw again the films last	17	away, because if the disc material would have
18	night.	18	herniated further, further herniation, it could
	. Could you help us understand what a CT scan is or	19	cause paralysis because of compression on the
20	how it is done?	20	spinal cord.
	A CT scan is a different type of x-ray, that all		Would this have been a painful condition?
$ 21 \\ 22$	the information obtained through the x-ray machine		It would be catastrophic. She will be paralyzed.
23	goes to a computer room, and the computer performs		After your diagnosis of the herniated disc in
23	most of the time an axial reconstruction. That	23 Q.	reviewing the CT scan at C5-6, what did you
25	means like if we make a section parallel to the	25	recommend to Mrs. Shanower?
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	Page 22	1 .	Page 24
1	Page 22 floor where the patient is standing up, this is an		Page 24 I recommended and I wrote in my letter to
1 2	Page 22 floor where the patient is standing up, this is an axial view. Then we can see the spine from the	2	Page 24 I recommended and I wrote in my letter to Dr. Galang, and I quote, "The patient should
1 2 3	Page 22 floor where the patient is standing up, this is an axial view. Then we can see the spine from the periphery toward the center more or less as we can	2 3	Page 24 I recommended and I wrote in my letter to Dr. Galang, and I quote, "Thepatient should proceed as soon as possible with an anterior
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1 2 3 4 5 Q	Page 22 floor where the patient is standing up, this is an axial view. Then we can see the spine from the periphery toward the center more or less as we can see over there. . In your review of the medical records for	2 3 4 5	Page 24 I recommended and I wrote in my letter to Dr. Galang, and I quote, "The patient should proceed as soon as possible with an anterior cervical discectomy at C5-C6 with foraminotomies and fusion."
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	Page 25			Page 27
1 A	Well, the patient is under general anesthesia,	1		above and the vertebra below, and through that
2	supine, that means face up on the table. The neck	2		defect we may clean still more material. And
3	is moderately hyperextended with some bag under	3		after that, we put a bone graft like this here
4	the nape of the neck. The patient is horizontal	4		between the two vertebrae to fuse.
5	then. We place with tape a metallic marker on the	5	0	. In reviewing your operative notes, what did you
6	side of neck to approximately see what is the	6		find when you went into the cervical spine?
7	level of the vertebrae or vertebra we are going to	7	A	I found a very large disc that had ruptured the
8	be intervening. Then at that level we trace a	8		posterior ligament and was compressing against the
9	small mark on the neck with a scalpel. I use	9		dural sac or thecal sac that covers the spine and
0	always a scalpel. Then the area is painted with	0		it was also pushing against the C6 nerve root on
1	betadine, infiltrated with a local anesthesic with	1		the left side.
2	epinephrine in order to decrease the bleeding of	2	Q	. In your operative note you indicate, "Once this
3	the skin when we cut.	3		was done with angled curet, I proceeded to remove
4 Q.	Could you show on your neck where you would have	4		further disc material that was completely
5	cut open Mrs. Shanower?	5		herniated even beyond the ligament and into the
6 A.	Yes, following always one of the skin curves. We	6		canal." That would be the spinal canal; correct?
7	paint the neck for ten minutes with Betadine. We	7	A	Yes.
8	put drapes. They are sutured to the skin. The	8	Q.	"Since the disc material has been herniated
9	incision made. Then after we make the incision,	9		probably for quite some time, it had multiple
!0	we cut the first layer of muscle, the platysma.	:0		adhesions and adherences to the ligament." Could
21	And after that we see the sternocleidomastoid	1:1		you explain that, Doctor?
!2	muscle, it is this muscle here. We retract it.	2!	A	Well, to my understanding it is because probably
!3	And just by blunt dissection without cutting the	!3		the disc herniation I believe, honestly believe,
!4	muscles, leaving the track here and the esophagus	14		had been there for quite some time. Then over the
!5	medial and the carotid artery and the jugular vein	15		ensuing months, that material had developed some
	Page 26			Page 28
1	Page 26 lateral with the fingers and scissors, we reach	1		Page 28 adhesions with the ligament and with the
1 2		1 2		÷
	lateral with the fingers and scissors, we reach the anterior aspect of the cervical spine. Once we are there, we put a spinal needle			adhesions with the ligament and with the
2	lateral with the fingers and scissors, we reach the anterior aspect of the cervical spine. Once we are there, we put a spinal needle as a marker on the anterior aspect of the spine	2 3 4		adhesions with the ligament and with the structures around. It was a little bit more laborious to remove, but anyway we removed it, no problem.
2 3	lateral with the fingers and scissors, we reach the anterior aspect of the cervical spine. Once we are there, we put a spinal needle as a marker on the anterior aspect of the spine through one of these spaces that most of the time	2 3 4 5		adhesions with the ligament and with the structures around. It was a little bit more laborious to remove, but anyway we removed it, no problem. Now, you mentioned that you had to get a bone
2 3 4	lateral with the fingers and scissors, we reach the anterior aspect of the cervical spine. Once we are there, we put a spinal needle as a marker on the anterior aspect of the spine through one of these spaces that most of the time is going to be the one that we want to intervene.	2 3 4 5 6		adhesions with the ligament and with the structures around. It was a little bit more laborious to remove, but anyway we removed it, no problem. Now, you mentioned that you had to get a bone fragment I guess from the bone bank?
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2 3 4 5 6 7 8 9 0 1 2 3 4 A. 5 6 7 8 9 0 1 2 3 0 1 2 3	lateral with the fingers and scissors, we reach the anterior aspect of the cervical spine. Once we are there, we put a spinal needle as a marker on the anterior aspect of the spine through one of these spaces that most of the time is going to be the one that we want to intervene. We do a lateral x-ray of the neck. Once we get the lateral x-ray of the neck, if we are in the right space, we have to remove the disc. We use magnification. We use loops. I use always loops. Some people use a microscope, but I don't think it is necessary. What are loops? Magnifying glasses, three-and-a-half. And whether this is removed we put a vertebral spreader to distract, to separate a little bit the vertebral bodies like that. Then we can see inside, and we can see if there is still material or a piece of bone pushing against the nerve. And we cut it off, we remove, until everything is clean. Once everything is clean, following the technique that I used that is called the Cloward technique it's a well-known techique. For more than thirty years this technique has been used	$\begin{array}{c} 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 9 \\ 0 \\ 1 \\ 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 9 \\ 0 \\ 1 \\ 22 \\ 23 \\ 24 \end{array}$	A. Q. A. Q. A. Q. A. Q. A. Q. A. Q.	adhesions with the ligament and with the structures around. It was a little bit more laborious to remove, but anyway we removed it, no problem. Now, you mentioned that you had to get a bone fragment I guess from the bone bank? Yes. And for what purpose did you do that? A bone graft, it's the thing that I mentioned here, to fuse the interspace. These are commercially available. They come in different sizes and the only thing we trim is the length. So this was for purposes of fusing the two vertebrae together? Fusing the two vertebrae together to have a stable spine. How long does a surgery like this usually take? One level, around two hours. How did Mrs. Shanower tolerate this surgery? She did well, Do you know when she was released from the hospital? Yes, she was released two days later, 10-8.

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1 because the insurance force us to release the	1	should be at home the first four weeks without
2 patients right away. No, but she was released	2	going anywhere to prevent a fall, an accidental
3 okay. She did well.	3	injury, or somebody push them on the street.
4 MR. SOLES: I'll object to that,	4	And also they are not allowed or at least I ask
5 but	5	them do not ride, do not drive in the car, because
6 THE WITNESS: Want to scratch it?	6	if the car would be involved in just a
7 Scratch it.	7	fender-bender injury, the neck could be with
8 Q. Was she given any prescriptions?	8	problems.
9 A. Yes, she was given Darvocet for pain.	9 (2. You indicated that I guess she saw you a week
io Q. How about any anti-inflammatories?	:10	later to have her stitches removed?
11 A. No, only Darvocet. And let me see my discharge	11	A. Yes.
12 note. It must be here. Restricted activities,	12 (2. And where would that have been?
13 Darvocet, and return to the hospital as an	13 A	A. It was in the hospital.
14 outpatient in a week to remove the sutures.	114 (2. At the hospital?
115 Q. You also gave her a soft cervical collar?	15 /	A. A minor outpatient surgery, yes, about ten
116 A. Yes.	:16	minutes.
17 Q. And for what purpose would she have liad a soft	17 (2. In reviewing your office notes, I think you
18 cervical collar?	18	testified before that she called your office
19 A. The soft cervical collar we put on the patient in	19	several times after surgery.
20 tlie operating room even before slie wakes up. It	20 A	A. Yes.
21 is put on on the table. It is to prevent	21 (2. I'd like to ask you a couple questions about that.
22 excessive motion of the neck, maybe to remind the	22	For example, on October 9th she coniplained about a
23 patient constantly that she should be careful or	23	funny feeling down the top of her left shoulder
he should be careful about activities with the	24	radiating down her left arm, and she also
neck, plus also to help to relieve some of the	25	complained that while holding a straw with her
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1 pressure. The head is very heavy, and when the	1	right arm that when she swallows, her hand would
2 collar is holding the head against the shoulders,	2	jerk. Two others. On October 17th she complained
3 then the neck is not so compressed and the bone	3	of her shoulder throbbing and neck pain and
4 graft does not collapse. Occasionally one of	4	requested another prescription for
5 those bone grafts may collapse, especially if the	5	anti-inflammatories. And then finally on October
6 cancellous bone is old bone, is deteriorated, is	6	27, 1997, she called and complained of having
7 not too healthy, it may collapse just from the	7	trouble with her shoulder throbbing and that as
8 pressure of the head. And we use the collar to	8	long as she took the anti-inflammatories she
9 prevent all these problems.	9	didn't have problems, but then when the
10 Q. For how long would she have been required to wear	0	anti-inflammatories wore off, tlie throbbing came
l1 it?	1	back. Were these normal complaints following this
12 A. Six weeks.	2	type of surgery?
13 Q. I also noted a prescription for an electrical	3 A	A. Yes. Some patients don't complain at all and some
14 hospital bed?	4	patients complain a little bit more. They have to
15 A. Yes.	5	have some discomfort in tlie neck, because the
16 Q. For what reason would slie have that?	6	architecture of the neck through surgery lias
17 A. Well, she liad difficulties getting in and out of	7	changed a little bit. And for that reason they
18 tlie bed at her house. And I don't know the family	8	may have also pain in tlie neck from muscle
19 situation, but slie called and asked if it was	9	contracture, you know. Also surgery is always an
20 fair, and I think I approved a hospital bed for	20	aggressive procedure.
21 four weeks.	21	The neck pain that slie had and pain in the
22 Q. Now, after surgery did you restrict her	2!	shoulder could be because of changes in the
²³ activities or were lier activities restricted in	23	position when slie sleeps, because of the recent
24 any manner?	!4	surgery, she lias to have a collar, the neck is
25 A. Yes, all these patients are reminded that they	!5	maintained very stiff. Then all these complaints

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Video Depo of Alejandro Sos, M.D. January 8, 1998

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1 eventually fade away. But she had some complaints	1	Plaintiff's Exhibits 9 through 16, which are the
2 and she called several times.	2	medical bills that Della Shanower has incurred
3 Q. There was some indication that there was a	3	since the date of her automobile wreck on July 9,
4 prescription for some other medication, maybe some	-	1996?
5 anti-inflammatories. Do you know if there were		Yes.
6 some further prescriptions?		Do you have an opinion as to whether Exhibits 9
7 A. I have here the prescriptions that		through 16 actually it would be Exhibits 10
8 Q. Naprosyn?	8	through 16. Exhibit 9 is a summary.
9 A. I ordered Naprosyn, one tablet every eight hours	9	Do you have an opinion as to whether
10 for three days, then decrease, et cetera,	10	Exhibits 10 through 16 were necessary and
11 etcetera.	11	appropriate for the care and treatment of Della
12 Q. What is Naprosyn and what does it do?	12	Shanower's injury following her July 9, 1996,
13 A. It's a nonsteroidal anti-inflammatory. It's	13	crash?
14 stronger than Motrin. It's all the same kind.		, Yes.
15 Q. What would be the purpose of taking an		, What is that opinion, Doctor?
16 anti-inflammatory?		. It seems to me they were necessary.
17 A. Well, because of the removal of the disc as well	1	These were reasonable?
as the intervention on the spine, there has to be	· ·	. Reasonable and necessary.
an inflammatory response by the tissues, yes,	1	. I'll refer you to Plaintiff's Exhibit 5, Doctor.
20 always after every surgery. Then if the	20	I guess earlier when we were going through the
21 inflammation is such that it's causing problems	21	medical records, I did not ask you to identify
22 and the nerve is swollen or the muscles are	22	that particular group of medical records. Could
23 aching because they have been displaced or	23	you please just identify those for purposes of the
transected, the anti-inflammatory would provide	24	record, Doctor?
25 some comfort. It won't cure it, but it would		. Yes, sir. These are photocopies of Progressive
Page 34		Page 36
	1	Sports & Orthopaedics, Inc. with an address here
 provide comfort. Q. I understand. When is the last time that you saw 	2	in Canton, Ohio. It is a physical therapy
3 Mrs. Shanower?	3	discharge evaluation dated 9-17-97 on Della
4 A. Let me look in my records, please. Okay. On	4	Shanower.
5 October the 2nd, 1997		And the subsequent records to that?
6 Q. Would that be December? I'm sorry, Doctor.	1	. The following is a photocopy of a handwritten
7 December 2nd?	7	note by a physical therapist addressed to
8 A. December, excuse me. I said October. December	8	Dr. Galang.
9 the 2nd, 1997, there is a letter addressed to		You don't have to read it, Doctor. I was just
10 Dr. Galang. I informed him that Mrs. Shanower	10	asking you to identify that at this point.
11 has been seen in my office, that she was fully		. Okay. Another Progressive Sports & Orthopaedics,
12 recovered from surgery, and that she was	12	Inc., physical therapy initial evaluation. That
13 discharged from my care.	13	means we have the initial evaluation, the
14 Q. So at that time she was released froin your care?	14	discharge evaluation, and a letter to Dr. Galang.
15 A. Yes, sir, December the 2nd, 1997.	15 Q	. Those are the medical records for Progressive
16 Q. Doctor, I'm going to direct you now to Plaintiff's	16	Sports & Orthopaedics?
17 Exhibits 9 through 16, which I'll hand you in a	17 A	. Yes, sir.
18 minute. I'm going to ask the video person to go	18 Q	Now, Doctor, I'd like to ask you for some of your
19 off the record. And while we're off the record,	19	opinions that you hold in this case. And again I
20 I'd like you to look at these medical bills, and	20	would ask that you please give all of your
21 then I have a few questions for you when we get	21	opinions to a reasonable degree of medical
22 back on.	22	probability and certainty. Okay?
23 (Discussion was had off the record.)		. Uh-huh.
24 BY MR. SOLES:		First with regard to causation, do you have an
25 Q. Doctor, have you had an opportunity to review	25	opinion as to whether the auto crash of July 9,

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1 1996, caused any injury to Della Shanower?	1 MR. SOLES: Thank you, Doctor, for
2 A. Yes.	2 helping us better understand Mrs. Shanower's
3 Q. And could you please tell the jury what that	3 medical condition. I have no further
4 opinion is, Doctor?	4 questions at this time.
5 A. I think that the automobile accident that took	5 THE WITNESS: You're welcome.
6 place in 1996 is responsible for the disc	6
7 herniation that I diagnosed and operated in 1997.	7 CROSS-EXAMINATION
8 Q. And again your opinion is to a reasonable degree	8 BY MR. HANRATTY:
9 of medical probability and certainty?	9 Q. Hello, Doctor. My name is Jim Hanratty. I
10 A. Yes. It is based on a series of facts.	10 represent Charlie Holcomb in this case. Based
11 Q. Doctor, can you tell us whether Mrs. Shanower had	11 upon your testimony, I've got a few follow-up
12 any physical disability or impairment following	12 questions.
13 the July 9, 1996, crash up and to December 2,	13 You indicated that as part of your
14 1997, when she was released from your care?	14 initial evaluation of Mrs. Shanower you took a
15 A. As far as I know, she has been with pain all this	15 history froin her. And that's a general part of
16 time, and probably that pain has to restrict her	16 your examination and treatment of any patient;
17 daily living activities to a certain extent. I	17 correct?
18 don't know, I am not aware if she was or was not	18 A. Yes, sir, correct.
19 working, but the neck pain was constant.	19 Q. And you said a history is basically asking the
20 Q. So it would be your opinion that this disability	20 patient what hurts, how did things happen, just
21 or impairment would have restricted say household	21 getting the facts about what brings the patient to
activities, leisure, or recreational activities?	22 see you; isn't that right?
23 A. Yes, even driving too.	23 A. That's correct.
24 Q. Do you have an opinion whether or not	24 Q. You would agree with me that obtaining a detailed
25 Mrs. Shanower may suffer from a permanent	and accurate history is an important part of your
Page 38	Page 40
1 condition or impairment as a result of the July 9,	1 diagnosis and treatment of any patient, including
2 1996, auto crash	2 a patient such as Della Shanower?
3 A Yes.	3 A. Any patient.
4 Q such as arthritis in her neck region?	4 Q. You will agree with me that if the history is
5 Å. Yes.	5 inaccurate or incomplete, that can alter the
6 Q. And what is that opinion, Doctor?	6 opinions that you eventually come to based upon
7 A. At the current time I don't think she has any	7 that history; right?
8 permanent deficits. Now, in the future she may	8 A. Or misleading, if the history is misleading. But
9 or may not develop arthritis. Most of these	9 we have to rely upon the patient.
10 patients develop arthritis in the joint above the	10 Q. You have to rely upon what information you obtain
11 fusion and in the joint or the disc below the	11 in your history; correct?
12 fusion.	12 A. Absolutely.
13 Q. So	13 Q. Now, Doctor, you never treated Mrs. Shanower
14 MR. HANRATTY: Motion to strike.	14 before this 1996 accident; correct?
15 Q. So that would be at what levels?	15 A. I never met her before, no, sir.
16 A. Well, the fusion was at 5-6. Then it has to be at	16 Q. In fact, I think you told us that you didn't see
17 4-5 and at 6-7. After six or eight years, this	17 her for a year after this accident.
18 patient may develop arthritis at those points.	18 A. I saw her in September the following year after
19 Q. Would these future problems, such as arthritis,	19 the accident.
20 affect her ability to perform usual activities as	20 Q. So if this accident happened in July of 1996, and
21 we previously discussed?	21 September of 1997 was when you saw her, that's
22 MR. HANRATTY: Objection.	22 more than a year later; correct?
23 A. That is difficult to say, because she doesn't have	23 A. Yes, fourteen months.
24 arthritis at this time. Then at this time she is	24 Q. Did you do a review of her past medical records
25 not restricted in any way.	25 prior to today?
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1 A. I don't understand your question.	1 Q. Right.
2 Q. I'm sorry. You told us earlier in your	2 A. No, it was based on what the patient told me, and
3 examination that I think you said you reviewed	3 I think I had a phone conversation before surgery
4 the exhibits that you discussed a few minutes	4 with Dr. Galang, but basically it was based on the
before your deposition?	5 information provided from the patient.
6 A. Yes, a few minutes before we came here, your	6 Q. From the patient. Okay. And like you said,
7 colleague who I meet with, copies of the	7 that's generally what you do any time you're
8 evaluation by the physical therapist while she was	8 treating somebody?
9 not yet my patient in 1996 and evaluations of the	9 A. Yes.
io physical therapy group while she was not yet my	10 Q. Doctor, would you explain the term radiculopatily
11 patient in 1997.	11 to us?
12 Q. Had you seen a complete set of Dr. Galang's	12 A. Yes, sir. At each level of the spine, as we say,
13 records for the period of time before	13 cervical, lumbar, any level, there are two nerves
14 Mrs. Shanower was your patient?	14 coming out. In this case they are called cervical
15 A. I looked briefly at photocopies of Dr. Galang's	15 nerves. They are also called nerve roots. And
16 records.	16 the nerve radiculopathy comes from the same word
17 Q. When was that, before the surgery?	17 root. Radiculum in Latin is root in English.
18 A. No, I looked now.	18 Then radiculopathy means involvement of the
19 Q. Oh, just here today?	19 radicular nerve or the nerve, just to make it
20 A. Today.	20 simple, at that level.
21 Q. But you hadn't had the opportunity to review any	21 Q. Is my understanding correct, that radiculopathy
22 of her treatment records from treatment before	22 generally causes numbress and tingling at the end
23 she came to you before you did the surgery;	23 of that nerve where the you're talking about
24 correct?	the nerve root, but I mean further on down the
25 A. The only ones that I read were the notes by the	25 nerve?
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1 physical therapists. These I read. Dr. Galang's	1 A. This is fifty percent correct, because the
 2 I just looked quick, but I read the notes by the 	2 nerves tlie cervical nerves are mixed nerves.
3 physical therapists.	3 It means there are motor and there are sensory
4 Q. Did you review the July 9, 1996, records from the	4 nerves. There are two components. Then a
5 Columbia Mercy emergency room before you came to	5 radiculopathy in one of these nerves will cause
6 your opinions in this case?	6 maybe only motor, like weakness, motor symptoms,
7 A. I reviewed the records that would qualify that she	7 decreased reflexes, maybe only sensory, like you
8 has cervical sprain and was sent home on an	8 mentioned very well, tingling, numbness, less
9 anti-inflammatory.	9 sensation, or maybe both. it depends on the
10 Q. Did you review those just before your deposition	10 degree of involvement or compression or injury to
11 today or was that earlier on?	11 tlie nerve.
12 A. I can not recall. I saw them today for sure. I	12 Q. Doctor, will you agree with me that radiculopathy
13 don't know if I saw them before I operated the	13 is often a telling sign of a disc herniation?
14 patient or not.	14 A. Yes.
15 Q. Doctor, would you agree with me that your	15 Q. And the numbness and tingling of that
16 understanding of what happened that brought the	16 radiculopathy is caused by something pressing on
17 patient to you is based largely upon what either	17 the nerve root. Is my understanding correct?
18 the patient herself told you or what the patient's	18 A. Yes. Not always excuse me for the
19 lawyer told you?	19 interruption. Not always it could be numbress and
20 MR. SOLES: Object.	20 tingling. Maybe the patient has only weakness or
21 A. No, the patient's lawyer, I hadn't met him until	has numbress and tingling and pain or has both.
22 today.	22 Q. Doctor, you'll agree with me that disc herniations
23 Q. But you had corresponded with him certainly?	23 can be caused by many different things, won't you?
24 A. I sent him a letter, this report. You might have	24 A. Yes.
25 a copy of the report reauested by his office.	25 Q. In fact, in this case you believe that the

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1		herniation was caused by trauma, but herniations	1		gone. Most of the time there is no disc material,
2		can also be caused by things like degeneration or	2		there are only osteophytes.
3		wear and tear type injuries; correct?	3		Doctor, Mrs. Shanower was originally diagnosed at
-	Δ	Degeneration, yes.	4	τ.	the emergency room as suffering from a muscle
		It can also be caused by congenital problems at	5		strain or sprain; correct?
6	Q.	times; is that right?		Δ.	Yes. I don't remember which date. I think it
	Δ	I don't think too often, but basically lifting,	7		was I saw that emergency room report. Do you
8	л.	trauma, and sometimes for no reason.	8		know which exhibit that is?
	0	Isn't it true that the vast majority of disc	9		MR. SOLES: Exhibit 2, Doctor.
10	Q.	herniations are caused more by degeneration or	-		. On 7-9-96, yes, acute right cervical muscle
11		wear and tear through age and frequent use than by	11		strain; acute right thoracic spine, paraspinal
12		a single traumatic event?	12		muscle strain. And this was when she first went
		Yes, more from wear and tear, because by	13		to the emergency room on July 9, 1996.
13		degeneration, what happens, the disc loses the			Those records don't show any complaints of
15		water component, the length in the interspace	15	χ.	numbness or tingling, do they?
16		decreases, and most of the time the patients		Α.	. Well, those records don't have any history and
10		develop arthritis and osteophytes. But most of	17		physical. Oh, yes, excuse me. Strike that. I
18		the time it's wear and tear for no reason. I have	18		was looking at the emergency room note. Those
19		patients that have an acutely herniated disc just	19		records do not reflect any numbress or tingling,
20		after an episode of coughing, you know.	20		no sensory deficit.
21	0.	So traumatic disc herniations are more rare than	21	0.	. In fact, the homegoing instructions or what the
22	×۰	those caused by other factors; correct?	22		medical staff at Mercy Hospital told her when she
23		MR. SOLES: Object.	23		was leaving was that if in fact she experienced
	Α.	Let's put maybe thirty percent.	24		any numbress or tingling, she should come back to
		And those traumatic disc herniations, those are	25		the hospital; isn't that right?
	_	Page 46			Page 48
1		generally characterized or associated with a		Δ	. I'm looking for that statement. Return if pain
2		sudden onset of radiating pain, correct, numbness	2	л.	worse, numbness, weakness in arms or legs.
3		or weakness, like you said earlier, a sudden		0	So the hospital said if she had any worsened pain,
4		onset?	4	ų.	numbness or weakness
	Δ	What happens, for the information of the jury,	-	Δ.	To return.
6	Λ.	the disc, the soft material is surrounded by a			in her arms or her legs, to return; correct?
7		hard capsule. And when there is a trauma,			. Yes.
8		sometimes the capsule comes completely open,			Do you know if she went back to the emergency
9		breaks, then the disc will come out. But most of	9	χ.	room?
10		the time what happens, they have what we call		Α.	No.
11		radial, like a radius, like in a wheel, a			Is it correct that the hospital gave her this
12		spinning wheel, radial tears. And over the	12	-	information because that would be signs of disc
13		ensuing months, over the following months, those	13		herniation or nerve root involvement?
14		tears may advance further and the material may	14	Α.	Possibly.
15		come out two, three, four months later. But there			And again, she did not return to the ER;
16		are two forms.	16		correct?
		Doctor, you used a term a couple answers ago that	17	Α.	. Yes, correct, according to the information I have
18	•	I didn't quite understand. You used the term	18		here.
19		osteophyte. What is that?	19	Q.	Doctor, when you were giving us some information
	Α.	Osteophyte is what people call a bone spur.	20		regarding your several opinions in this case, you
		A bone spur?	21		said that your opinions were based upon a series
		A bone spur.	22		of facts; correct?
		And you said in a degeneration or a degenerative	23	Α.	Yes.
24		disc herniation you will often see osteophytes?	24	Q.	And the series of facts, is that relating back to
25	Α.	We may see osteophytes, especially if the disc is	25		that discussion of history that we had before?
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1 A. My opinion that this probably was caused by the	1 forms of exercise without any complaints?
2 autoinobile accident, yes, was based on a series of	2 A. Yes.
3 facts.	3 Q. You were aware of that?
4 Q. And the series of facts, is that the history that	4 A. I read the notes. And they don't say within
5 we talked about earlier?	5 normal limits. They say something different,
6 A. The series of facts is, number one, that she never	6 that her activities they didn't say they were
7 had any coinplaints regarding her neck prior to	7 within normal limits. Do you know which exhibit
8 this injury. Number two, that from the very same	8 that is?
	9 Q. Excuse me. I think we'll get to them in a second
9 day she had the injury, she started complaining0 of neck pain continuously for several months.	0 in detail. Were you made aware that on August 7,
· ·	1 1996 and these are Dr. Galang's records less
1 Number three, that she was not studied properly,	2 than a month following her accident, Mrs. Shanower
2 because she never had any x-rays or CT scan at the time of her first visit to Dr. Calana or to the	3 reported an increased range of motion and
3 time of her first visit to Dr. Galang or to the	
4 emergency room. Then with no x-rays, they	4 decreased pain in her neck? Were you aware of5 that?
5 couldn't diagnose this disc. She went to Florida	
6 for a month. She didn't have a physician in	6 MR. SOLES: What records are you7 referring to?
7 Florida, but when she returned she went to see	
8 Dr. Galang again with the same coinplaints of neck	8 MR. HANRATTY: August 7, 1996,
9 pain. Dr. Galang proceeded in the same standard	9 Dr. Galang.
0 procedure by referring her to physical therapy.	¹⁰ A. No, but this, I think it is fine. This is
1 And it is only when the physical therapy realized	1 possible
2 that the pain has increased, when she was referred	2 Q. Excuse me. Were you aware of that or not?
3 back to Galang, Dr. Galang ordered a CT scan and	¹³ A. No, I was not aware of that.
4 there is a large disc.	24 Q. Were you aware or were you made aware by anyone
5 This is why I say my opinion to make it	that by August 12, 1996, Mrs. Shanower reported
Page 50	
1 shorter for the benefit of the jury is that	1 that she felt that her motion had returned to
2 this woman didn't have any neck pain or any	2 normal? Were you aware of that, Doctor?
3 ailments of the neck before the accident, but	3 A. No, I am not aware of that, but it doesn't mean
4 following the accident for fourteen months	4 anything.
5 continual neck pain. It is fourteen months after	5 MR. SOLES: I don't believe those
6 the accident or thirteen months when finally she	6 are Dr. Galang's records. I believe those
7 has the appropriate study. That is a CT scan.	7 are the records of the physical therapist,
8 The study shows a cervical herniated disc. Then	8 just to clarify the record. Is that
9 it is operated. This is why I think there is a	9 correct, Jim?
0 direct relationship between the injury, based on	0 MR. HANRATTY: I have no idea. I
1 my information, between the injury and the	1 thought it was Galang, but I'm not going
2 ruptured disc.	2 to question it.
3 Q. So at least part of that series of facts is an	3 BY MR. HANRATTY:
4 assumption that the symptoms never improved from	4 Q. Were you aware that the physical therapy records
5 the date of the accident to when you saw her;	5 indicate that by August 19, 1996, Mrs. Shanower
6 correct?	6 was able to, and I'll quote, tolerate an extensive
7 A. Yeah. I don't know it's an assumption, because	7 exercise program well? Were you aware of that
8 I don't have any documentation about what happened	8 fact?
9 in Florida, but she didn't visit any physician I	9 A. Yeah.
0 think.	0 Q. You were aware of that?
1 Q. Doctor, were you made aware at any point, other	1 A. No, I wasn't aware of that.
2 than today I guess, that during the initial range	2 Q. You were not. Were you aware that for a period of
3 of physical therapy prescribed by Dr. Galang that	3 time between August of 1996 and August of 1997,
4 Mrs. Shanower was able to lift weights, rotate her	4 Mrs. Shanower did not require the use of any pain
5 arms, use elastic resistance, as well as other	5 medication or muscle relaxers for her neck? Were
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1 you aware of that?	1 you first saw the patient; correct?
2 A. I think she was in Florida.	2 A. Yes.
3 Q. Right. Do you know whether she was taking pain	3 Q. Now, in this medical report, Dr. Galang tells
4 medication or muscle relaxers?	4 Mr. Centrone that
5 A. No, I don't. But to be aware or not be aware	5 MR. SOLES: Objection.
6 doesn't have any bearing on your position or on my	
7 position.	7 minor aches and pains, she has improved
8 MR. HANRATTY: Motion to strike as	8 considerably; correct? Do you see that?
9 being nonresponsive to the question.	9 A. Yes, the last, has improved considerably,
10 Q. I guess in summary, Doctor, the history you were	10 complained of minor aches and pains regarding her
11 given said that there was absolutely no	and upper back but has improved considerably.
12 improvement, correct, and that was your	12 Q. Has improved considerably. And that's what her
13 assumption?	13 family doctor told her lawyer; correct?
14 A. Which history?	14 MR. SOLES: Object.
15 Q. The history you got through the patient and upon	15 A. Yes.
	16 Q. Doctor, are you here to criticize the treatment,
which you based your opinion. I think you told usearlier that that was part of the series of facts,	17 diagnosis, or opinions rendered by Columbia Mercy
-	
18 that there had been no improvement for a year or	18 Hospital physicians or Dr. Galang?
	19 A. Yes.
20 A. Well, she had constant pain according to the	20 Q. You're criticizing their treatment?
21 history that I got from the patient.	21 A. Galang is wrong.
22 Q. And the history that you obtained froin the patient	22 Q. Doctor, we talked about I think you went
23 is part of what you based your opinions on in this	23 through some medical bills.
24 case; correct?	24 A. If you want, I can specify further.
25 A. Yes.	25 Q. I'm sure if Mr. Soles wants you to, he'll ask you.
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Page 54	Page 56
Page 54 1 Q. Doctor, handing you what has been marked as	Page 56 1 You told us about these bills, and I think they
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something.
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16.
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No.	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks.
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today?	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained?	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before.	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16?
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A . No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A . No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report?	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir.
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read.	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read. 13 Q. I'm sorry. Go ahead.	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A. I'm on the second paragraph.	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct?
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A. I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself.	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what?
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A. I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself. 16 A. No, you're all right. Well, it's a medical	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what? 6 Q. \$331.27. I'm reading from the summary that's on
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A. I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself. 16 A. No, you're all right. Well, it's a medical 17 report, but Yes, I read it now.	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what? 6 Q. \$331.27. I'm reading from the summary that's on 7 it, so I'm not going to question your math on
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A . No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A . No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A . I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A . I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself. 16 A . No, you're all right. Well, it's a medical 17 report, but Yes, I read it now. 18 Q. That is a medical report from Dr. Galang to	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what? 6 Q. \$331.27. I'm reading from the summary that's on 7 it, so I'm not going to question your math on 8 the
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A . No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A . No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A . I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A . I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself. 16 A . No, you're all right. Well, it's a medical 17 report, but Yes, I read it now. 18 Q. That is a medical report from Dr. Galang to 19 Attorney Centrone; correct?	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what? 6 Q. \$331.27. I'm reading from the summary that's on 7 it, so I'm not going to question your math on 8 the 9 A. No, no, it's here. It's \$352 and then \$44. But
Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A , would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A . No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A . No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A . I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A . I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself. 16 A . No, you're all right. Well, it's a medical 17 report, but Yes, I read it now. 18 Q. That is a medical report from Dr. Galang to 19 Attorney Centrone; correct? 20 A . Attorney Centrone represents the patient too?	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what? 6 Q. \$331.27. I'm reading from the summary that's on 7 it, so I'm not going to question your math on 8 the 9 A. No, no, it's here. It's \$352 and then \$44. But 0 this is not from Columbia Mercy. This is a
 Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A, would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A. I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself. 16 A. No, you're all right. Well, it's a medical 17 report, but Yes, I read it now. 18 Q. That is a medical report from Dr. Galang to 19 Attorney Centrone; correct? 21 Q. I believe so, yes. 	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what? 6 Q. \$331.27. I'm reading from the summary that's on 7 it, so I'm not going to question your math on 8 the 9 A. No, no, it's here. It's \$352 and then \$44. But 0 this is not from Columbia Mercy. This is a 1 customer history report. You asked me to look at
 Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A, would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A. I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself. 16 A. No, you're all right. Well, it's a medical 17 report, but Yes, I read it now. 18 Q. That is a medical report from Dr. Galang to 19 Attorney Centrone; correct? 21 Q. I believe so, yes. 22 A. Okay. 	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what? 6 Q. \$331.27. I'm reading from the summary that's on 7 it, so I'm not going to question your math on 8 the 9 A. No, no, it's here. It's \$352 and then \$44. But 0 this is not from Columbia Mercy. This is a 1 customer history report. You asked me to look at 2 that. I don't have any other. I have only these
 Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A, would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A. I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself. 16 A. No, you're all right. Well, it's a medical 17 report, but Yes, I read it now. 18 Q. That is a medical report from Dr. Galang to 19 Attorney Centrone; correct? 20 A. Attorney Centrone represents the patient too? 21 Q. I believe so, yes. 22 A. Okay. 23 Q. What's the date of that report? 	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what? 6 Q. \$331.27. I'm reading from the summary that's on 7 it, so I'm not going to question your math on 8 the 9 A. No, no, it's here. It's \$352 and then \$44. But 0 this is not from Columbia Mercy. This is a 1 customer history report. You asked me to look at 2 that. I don't have any other. I have only these 3 two, Exhibit 16.
 Page 54 1 Q. Doctor, handing you what has been marked as 2 Defendant's Exhibit A, would you take a look at 3 that document for me? Have you seen this document 4 before today? 5 A. No. 6 Q. Had you reviewed it as part of the history you 7 obtained? 8 A. No, I never saw this document before. 9 Q. This is a medical report similar to the one you 10 sent to Attorney Soles; correct? It's a medical 11 report? 12 A. I didn't finish to read. 13 Q. I'm sorry. Go ahead. 14 A. I'm on the second paragraph. 15 Q. I'm sorry. I'm getting ahead of myself. 16 A. No, you're all right. Well, it's a medical 17 report, but Yes, I read it now. 18 Q. That is a medical report from Dr. Galang to 19 Attorney Centrone; correct? 21 Q. I believe so, yes. 22 A. Okay. 	Page 56 1 You told us about these bills, and I think they 2 were Exhibits 10 through something. 3 MR. SOLES: 16. 4 Q. 10 through 16. Thanks. 5 A. 10 through 16. Could I 6 Q. Yes, I'll give you a second to grab them. I'm 7 going to be directing your attention to Exhibit 8 I believe it's 16, which are 9 A. 16? 0 Q. Yes, prescription records. 1 A. Yes, sir. 2 Q. Now, you testified on direct examination that some 3 \$331.27 worth of prescriptions were all related to 4 this accident; correct? 5 A. How much, three hundred and what? 6 Q. \$331.27. I'm reading from the summary that's on 7 it, so I'm not going to question your math on 8 the 9 A. No, no, it's here. It's \$352 and then \$44. But 0 this is not from Columbia Mercy. This is a 1 customer history report. You asked me to look at 2 that. I don't have any other. I have only these

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Page 57		Page 59
1 record?	1	some unrelated bills. And I was right; correct?
2 A. But this is not from Columbia Mercy, This is the	2	A lot of those bills are unrelated; correct?
3 medical history of the customer. This probably is		Yes, some of these bills are not related probably.
4 by a pharmacist.	4	I don't know.
		There are bills for hypertension on that list;
		correct?
6 record of prescriptions that have been filled by a	6	
7 pharmacy somewhere on East Tusc.		. There is Premarin, Cyclobenzaprine, Dicyclomine,
8 A. Yes.	8	Vaseretic, that's a diuretic, that's for
9 Q. And these are all for Della Shanower, correct,	9	hypertension, Promethazine, Cipro for urinary
0 based upon what you can tell from the record?	10	tract infections, Lotrisone cream, Vaseretic.
1 A. Yes, they are for Della Shanower, but this doesn't	11	Then some of these bills are questionable.
2 mean that they are related to the neck injury, you	12 Q.	. In fact, there are bills there for things like
3 know.	13	Zantac; correct?
4 Q. Well, that's what I'm trying to get at. I was a	14 A.	. Yes.
5 little confused, because on your direct	15 Q.	Things like Lotrisone cream, that's for skin
6 examination Mr. Soles had you qualify these as	16	infections?
7 being related.	17 A.	Yes, it is unrelated.
8 A. No, I was referring to these bills. These are the		There's another and I'm sure I'm going to
9 bills that he asked me to look at.	19	butcher the pronunciation, Diphenoxylate/Atropine.
0 Q. Go ahead and look at that. That's a summary, I	20	That's for diarrhea?
1 believe, And look at the last page of what that		I'm glad you pronounced. I wouldn't be able to.
2 is, the final page. I believe that's the same	22	Yes. But I agree with you that it is confusing
3 thing that we're looking at.	23	for us, because probably maybe there are only two
4 A. I thought we were talking about the operation.	23	or three with my name that inust be for that.
5 Q. Well, that's why I was confused, because part of		Doctor, you'll agree with me that Della Shanower
· · · · · · · · · · · · · · · · · · ·		· · ·
Page 58		Page 60
1 the bills that Mr. Soles had you claim were	1	has made a full recovery; correct?
2 related are these prescription bills, and it looks		At this time she is fully recovered.
3 to me like one of the drugs is what's called	3 Q.	At this time you anticipate no further treatment
4 Dicyclomine, and that's for relieving a GI tract	4	related to this injury?
5 spasm. Correct?		At this time no further immediate treatment, yes.
6 A, Well, I fully agree with you, because the bills	6 Q.	And at this time you anticipate the need for no
7 that he asked me to look is this, that it is	7	further medical expenses; correct?
8 related to the hospital admission for my surgery.	8 A.	At this time I anticipate that.
9 And these bills are the history of a pharmacy	9	MR. HANRATTY: Thank you for your
0 located on Tuscarawas Street. It is not Mercy	10	time, Doctor.
1 Hospital. And there are prescriptions by	11	MR. MATASICH: I have no questions,
2 Dr. Bazzoli, a gynecologist, Columbia Mercy,	12	Doctor.
3 Dr. Galang, Dr. Galang, and there are three or	13	MR. MOSS: I have no questions.
4 four prescriptions by me. This must be the	14	
5 pharmacy that the patient is a customer, and of	15	REDIRECT EXAMINATION
6 course there are prescriptions related to the		Y MR. SOLES:
so-called injury in the neck and prescriptions		Doctor, I just have a few questions. In your
8 unrelated.	18	cross-examination by Attorney Hanratty, he
9 Q. And that's why I was confused, Doctor.	19	referred to some physical therapy records by
3 A. Me too.	20	Louisville Physical Therapy. Specifically on
1 Q. Because I think you did say that these \$331 or so	21	August 12, 1996, he read to you the following,
2 worth of prescriptions	22	"Patient presents today reporting that she feels
3 A. I was talking about this from the hospital.	22	that her motion has returned to normal." Okay?
		· · · · · ·
4 Q. Right. But the document that we're talking about	24	But what he failed to read was the remaining part of that that says "Dut when she holds her head in
5 is made up on that. And I thought that there were	25	of that that says, "But when she holds her head in

Page 61 Page 61 1 the rotated position either way, she has increased muscalar pain." Okay, Doctor? Subsequently on 3 Argent 14th of 4 MR. HANATT: Excuse me. Was there 5 a question at the end of that statement? 10-17-97 Cimetidine, they are related to. 2 Q. What were all those medications used for, Doctor? 3 Argent 14th of 3 (Could you review that? 3. The Constidine and Ramitdine are to protect the gustris mucosu because the Dexamethasone, that is 5 a very strong anti-inflammatory, could cause acute 6 perior uler and blecking. 7 A. Which? 7. A. Which? 10 A. On R-12? 9. So you believe all of those charges are reasonable 8 and necessary? 11 A. On R-12? 10. We ve heads one discussion from Mr. Hanrathy with 12 respect to degeneration, also with respect to 13 areas the design, the fact that work on save that? 13 A. On R-12? 10. We ve head and fact 13 prain." 10. We ve head go, the fact that you saw her a year 14 p. Yes. Do you read what fat says? 14 9. A rays, "Paricet presents today reporting that 13 prain." 11 but when she holds her head in the rotated 13 prain." 12 how in the respective. 13 for the jury? 12 postion inform ways, she has increased muscular 13 prain." 14 A. "Subjective: Pariet presents today reporting that 14 that she has continuing pain in the cervical spine 3 with any spee of attive motion	Charles F. Holcomb, et al.	Januarv 8, 1998
1 the rotated position either way, she has increased 1 <t< th=""><th></th><th>Page 63</th></t<>		Page 63
2 maxeular pain." Okay, Doctor? Subsequently on 3 August 14h of 4 M. HANRATTY: Excuse me. Was there 5 a question at the end of that statement? 6 Q. Cotal you review that? 7 A. Which? 7 A. Which? 9 A: The Charges on the five that 1 have identified, 1 10 A. Okay, Exhibit 4. 10 A. Okay, Exhibit 4. 12 Go in about six or seven pages or so. Right 12 A. O'res. Do you see where after it says 'returned to in onemal, that there is additional language there, to octor? 16 Doctor? 17 A. Yes. 18 Call you read that? 19 A. Tree Cimentific and Ramington, cound cause average and the same and the		
3 August 14th of - MR. HANRATTY: Excuse me. Was there a question at the end of that statement? 3 A. The Clinetidine and Ranitidine are to protect the gastric mucosa, because the Dexamethasone, that is a very strong anti-inflammatory, could cause acure peptic ulcer and bleeding. 4 0. Could you review that? 7. Which? 8 0. It is Plaintiff's Exhibit 4, Doctor, approximately sitor seven pages in. 70. So you believe all of those charges are reasonable and necessary? 9 A. Okay, Exhibit 4. 10 10 10 A. Okay, Exhibit 4. 10 11 0. Ao so zeven pages or so. Right there, Doctor. 10 13 A. On 8-12? 11 14 0. Yes. 12 16 Doctor? 12 17 A. Yes. 13 18 A. If the information that lead is accurate and truthful, it wouldn't change my criteria. 19 A. Yes. 18 11 huw when sho holds berb chait in the routed aplant? 13 12 position either way, she has increased muscular 23 20. So what is your opinion, Doctor, just to state it 24 24 O. Now I refer you down to August 14, 1996, two day 34 14 35 later. Can you read what that says?		
4 gastric mucosa, because the Dexamplanone, that is 5 a question at the end of that statement? 4 6 Q. Could you review tha? 5 7 A. Which? 5 9 six or seven pages in. 7 10 A. Okay, Exhibit 4, 10 11 G. Gi about six or seven pages or so. Right 11 12 A. Okay, Exhibit 4, 10 13 A. Okay, Exhibit 4, 10 14 Q. So whoth size retared a statistic statistis statistis statistis statistic statistis statistic statistic stat		-
 a question at the end of that statement? G. Could you review that? A. Which? Very strong anti-inflammatory, could cause acute peptic ulcer and bleeding. G. So you believe all of those charges are reasonable and necessary? A. To kay, Exhibit 4. O. Ao Kay, Exhibit 4. Q. Go in about six or seven pages or so. Right there, Doctor. G. Doctor? A. To short there is additional language there, Do could you read that? Do a tord? A. To says. "Patient presents today reporting that So for each she holds her head in the rotated position either way, she has increased muscular pain." A. Ways, "Patient presents today reporting that Q. Now I refer you down to August 14, 1996, two days I. A. "Subjective: Patient presents today reporting that she has continuing pain in the cervical spine with any type of active motion." So Doctor, there's been some mismaderstanding, I g geness. omismomunication relative to the medical So bays the date starting with July 9, Post, blirs has the date that says? Page 62 A. "Subjective: Patient presents today reporting that she as continuing pain in the cervical spine with any type of active motion." So boots or mismomunication relative to the medical g geness. or mismommation relative to the medical that she accellant at the exas and the active rays and the tay and this accellant. Gould you go through and identify for us with at you down to accellant, but it's A. Wey there is that there active? "And 1 woht even begin to pronounce that, but it's A. Wey fore factive meany and this accident ray cause and tass? <		-
 6 Q. Could you review that? 7 A. Which? 8 Q. It is Plainiff's Exhibit 4. Doctor, approximately six or seven pages in. 9 six or seven pages in. 10 A. Okay, Fishihi 4. 11 Q. Go in about six or seven pages or so. Right 12 there. Doctor. 13 A. Ok 8-12? 14 Q. Yes. Do you see where after it says "returned to to normal. 15 normal' that there is additional language there, 16 normal. 16 Doctor? 17 A. Yes. 18 Q. Chuld you read that? 19 A. It says. "Tatient presents today reporting that the subta her hoad in the rotuced in she feels that he motion has returned to normal. 19 bot when she holds her head in the rotuced in she refer you down to August 14, 1996, two days is later. Can you read what that says? 21 a. "Subjective: Patient presents today reporting in the according pain in the carcical spine is with any type of active motion." 42 Q. Now I refer you down to August 14, 1996, two days is later. Can you read what that says? 22 Tat. "Subjective: Patient presents today reporting for the sec, what we call discs. and 'one, two, three is miscinnumication relative to the medical for graves and causes as a with any type of active motion." 43 C. Ould you go through and identify for us what - and this may have been my own fault graves to that accident starting with July 9, 21 1996, what's the date of the accident? And I is aresult of this accident starting with July 9, 21 1996, what's red this accident starting with July 9, 21 1996, what's heed hat co't the medical bills are reasonable and necessary and the second ming pain in the cervical spine what and this may have been my own fault 6 what we call discs? and 'one, two, three is a dimension. 41 A. "Subjective: Patient presenses today reporting that there was a herniated disc? 42 Could you go through and identify for us what and this my have been my own fault 6 what we call th		
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1	CERTIFICATE	
2) SS:	
3	SUMMIT COUNTY. I I, Linda McAnallen, a Stenographic Reporter and	
4 5	I, Linda MCADallen, a Stenographic Reporter and Notary Public in and for the State of Ohio, duly	
6	commissioned and qualified, do hereby certify that the	
7	within-named Witness, ALEJANDRO SOS, N.D., was first	
8		
	nothing but the truth in the cause aforesaid; Lhat the	
0		
1		
2		
3	testimony no given by him as aforesaid.	
4	I certify that this deposition was taken at	
5	(he time and place in the foregoing caption specified.	
6	1 further certify that I am not a relative,	
7	counsel or attorney of either party nor otherwise	
8	interested in the event of this action.	
9	IN WITNESS WHEREOF, I have hereunto set my hand	
0	and affixed my seal of office at Cuyahoga Falls, Ohio,	
1	this 11th day of January, 1998.	
2		
з	Linda McAnallen, Notary Public	
4	ny commission expires July 24, 2000.	
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