## **VIDEO DEPO OF DR. THOMPSON** WEDNESDAY, 11/15/06

IN THE COMMON PLEAS COURT OF	BELMONT COUNTY, OSIO
RONDA MEEKS, ET AL.,	)
PLAINTIFFS,	)
-VS-	) CASE NO. 04 CV 395
MATTHEW J. STEWART, ET AL.,	3
DEFENDANTS.	)
VIDEOTAPED DEPO	DSITION of ROBERT J.

THOMPSON, M.D., a witness herein, called by the Defendants for direct examination under the statute, taken before us, Kathy J. McGlaughlin, Professional Reporter, and Terry L. Tahyi, Certified Legal Video Specialist, and Notaries Public in and for the State of Ohio, pursuant to the stipulations of counsel hereinafter set forth at offices of the deponent, 945 Bethesda Drive, Zanesville, Ohio, on Wednesday, November 15, 2006, scheduled for 4:15 p.m.

TAHYI VIDEO 6 COURT REPORTING, LTD. 334 Main Street P.O. Box 935 Zanesville, Ohio 43702-0935 (740) 454-7157 (800) 526-6508

THOMAS M. MEYERS

KEVIN FLANNIGAN Attorneys at Law

Attorney at Law

MARK KEPPLE

Attorney at Law

APPEARANCES :

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ON BEHALF OF THE PLAINTIFFS WITNESS: ROBERT J. THOMPSON, M.D. 126 East Main Street St. Clairsville, Ohio 43950 OBJECTIONS: ON BEHALF OF THE DEFENDANTS By Mr. Myers MARTIN J. BOETCHER By Mr. Boetcher Harrington, Hoppe & Mitchell, LTD 26 Market Street, Suite 1200 Youngstown, Ohio 44503-1769 By Mr. Kepple SY Mr. Boetcher Bailey & Wyant, PLLC 1219 Chapline Street By Mr. Kepple Wheeling, West Virginia 26003 By Mr. Boetcher

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It is stipulated by and between

counsel for the respective parties that the deposition

of ROBERT J. THOMPSON, M.D., a witness herein, called

for direct examination by the Defendants under the

statute, may be taken at this time by the Notary by

agreement of counsel without notice or other legal formality; that said deposition may be videotaped and reduced to writing in stenotype by the Notary, whose notes may thereafter be transcribed out of the presence of the witness; that proof of the official character and qualification of the Notary is waived; that the viewing of the videotape and the reading and signature of the said witness to the transcript of his deposition are expressly waived by counsel and the witness; said deposition to have the same force and effect as though signed by the said witness; that the exhibits referenced herein will remain in the possession of Attorney Boetcher.

INDEX TO DEPOSITION

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WED	DNESDAY, 11/15/06		MATTHEW J. STEWART, ET AL.
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1	4:24 p.m., Wednesday,	1	A. Yes, I graduated from the University of
2	November 15, 2006.	2	Pittsburgh with a B.S. Degree in chemistry in 1968. I
3		3	subsequently graduated from the University of
2	THE VIDEOGRAPHER: Dr. Thompson, would	4	Pittsburgh School of Medicine with an M.D. Degree in
4	-		··· · · · · · · · · · · · · · · · · ·
5	you raise your right hand for me please?	5	1972. I completed a medical internship at Montifior
6	Do you swear the testimony you are	6	Hospital in Pittsburg in 1973. I then completed a
7	about to give shall be the truth, the whole truth, and	7	three-year residency in neurology at the University of
8	nothing but the truth so help you God?	8	Pittsburgh in 1976, and I have been board certified in
9	THE WITNESS: Yes.	9	neurology since 1977.
10	THE VIDEOGRAPHER: Thank you very	10	Q. You are a medical doctor; correct?
11	much.	11	A. Yes.
12	Go right ahead.	12	Q. And you indicated that you were board
13		13	certified in neurology. Is this in addition to
14	ROBERT J. THOMPSON, M.D.,	14	getting your medical degree?
15	being first duly sworn, as hereinafter certified,	15	A. Yes.
16	deposes and says as follows:	16	Q. To become board certified in neurology, do
17	DIRECT EXAMINATION	17	you have to pass some type of additional testing?
18	BY MR. BOETCHER:	18	A. Yes. Once he or she completes a residency
19	Q. Dr. Thompson, my name is Marty Boetcher and	l 19	program, one sits for a one-day written examination
20	I represent the Defendant, Matthew Stewart. I'm going	20	and a two-day oral examination. If those examinations
21	to be asking you some questions today about your	21	are successfully passed, one is said to be board
22	examination of the Plaintiff, Rhonda Meeks, as well as	22	certified.
23	your review of some medical records.	23	Q. And are you currently board certified in
24	Before we get to that, could you please	24	neurology?
25	tell the ladies and gentlemen of the jury your full	25	A. Yes.
	Page 6		Page 8
1	name?	1	Q. Are you licensed to practice medicine in
2	A. Robert Jordon Thompson.	2	the State of Ohio?
3	Q. And, Dr. Thompson, could you tell the	3	A. Yes.
4	ladies and gentlemen of the jury what your occupation	-	Q. Do you have any type of hospital
5	is?	5	privileges?
6	A. I am a neurologist.	6	A. Yes, I am on the staff of Bethesda and Good
7	Q. And where do you practice at, Doctor?	7	Samaritan Hospital in Zanesville, Ohio.
8	<ul> <li>A. 945 Bethesda Drive, Zanesville, Ohio.</li> </ul>	8	Q. Okay. Do you have any type of medical
9	Q. Is that at the Physicians Pavilion attached	9	appointments at Good Samaritan or Bethesda here in
10	to Bethesda Hospital here in Zanesville?	10	Zanesville?
10	A. Yes.	11	A. Yes, I've been the Medical Director of the
12	Q. Okay. And how long have you been in	12	Inpatient Rehabilitation Unit at Bethesda and Good
13	private practice, Doctor?	12	Samaritan for almost 30 years. I've been the Medical
12	A. Thirty years, since 1976.	15	Director of the Chronic Pain Management Program for
15	Q. Now you've told us that you are a	14	the last 15 years. I also have privileges to do
16	neurologist. Could you explain to the jury what a	15 16	official interpretations of CAT scans and MRI scans of
10	neurologist is and does?		the brain and spine in the hospitals here.
18		17	
	A. A neurologist is a physician who specializes in diseases and injuries of the nervous	18 10	Q. As a neurologist and as your involvement in the Rehabilitation Unit and the Chronic Pain Unit at
19 20	· · ·	19 20	
20 21	• • • • • • •	20	Good Samaritan Hospital in Zanesville, does your
		21	practice put you in contact with patients that have
	-	22	problems with their neck and their back?
23		23	A. Yes, every day.
24 25	• • •	24 25	Q. My partner, Harry Conn, earlier on asked
25	us where you went to medical school at?	25	you to review some records on Ronda Meeks; is that
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1	correct?	1	A. Yes.
2	A. Yes.	2	Q. I'm going to hand you Defendant's Exhibit
3	Q. Okay. I'm going to hand you some records	3	11, which a cervical MRI report of April 4th, 2003.
4	and ask, first, whether you tell me whether or not	4	Have you reviewed that?
5	you have had a chance to review these records. The	5	A. Yes.
6	first is a record that I marked as Defendant's Exhibit	6	Q. I'm going to hand you a cervical CT scan of
7	No. 1, which is the chiropractic records of Dr.	7	November 12th, 2003, marked as Defendant's Exhibit 12.
8	DeGameaux. Have you reviwed those records?	8	Have you reviewed that?
9	A. Yes.	9	A. Yes.
10	Q. I'm going to hand you what's marked as	10	Q. And I'm going to hand you what I have
11	Defendant's Exhibit 2, which are some rehabilitation	11	marked as Defendant's Exhibit No. 13, which is a
12	medical records from Wheeling Hospital. Have you	12	cervical myelogram report of November 12th, 2003.
13	reviewed those?	13	Have you reviewed that?
14	A. Yes.	14	A. Yes.
15	Q. I'm going to hand you what I marked as	15	Q. I'm going to hand you Defendant's Exhibit
16	Defendant's Exhibit 3, which are medical records of an	16	14, which is a cervical X-ray report of November 23rd,
17	Dr. Charla Anderson. Have you reviewed those records?	17	2002. Have you reviewed that?
18	A. Yes.	18	A. Yes.
19	Q. And I'm going to hand you what I have	19	Q. I'm going to hand you a thoracic X-ray
20	marked as Defendant's Exhibit No. 4, which are some		report of November 23rd, 2002, which is the same date,
21	physical therapy records from Wheeling Hospital. Have	21	marked as Defendant's Exhibit No. 15. Have you
22	you had a chance to review those, Doctor?	22	reviewed that?
23	A. Yes.	23	A. Yes.
24	Q. I'm going to hand you what I've marked as		Q. I'm going to hand you what's marked as
25	Defendant's Exhibit No. 5, which are medical records		Defendant's Exhibit No. 16, which is the MRI of the
		25	
	Page 10		Page 12
1	of Dr. Mark LoDico at Advanced Pain Medicine. Have	1	brain on June 9th, 2004. Have you reviewed that?
2	you had a chance to review those?	2	A. Yes.
3	A. Yes.	3	Q. I'm going to hand you what's marked as
4	Q. I'm going to hand you what I marked as	4	Defendant's Exhibit 17, which is an MRI close to that
5	Defendant's Exhibit No. 6, which are the medical	5	time of the orbits of June 19, 2004. Have you
б	records of Dr. Matt El-Kadi at Tri-State Neurosurgical	6	reviewed that?
7	Associates. Have you had a chance to review those?	7	A. Yes.
8	A. Yes.	8	Q. I'm going to hand you what's marked as
9	Q. I'M going to hand you what I have marked as	9	Defendant's Exhibit 18, which is the EMG report of
10	Defendant's Exhibit No. 7, which is a lumbar X-ray	10	December 16, 2003. Have you had the opportunity to
11	report from June 8th of 1993. Have you had a chance	11	review that, Doctor?
12	to look at that?	12	A. Yes.
13	A. Yes.	13	Q. I'm going to hand you what's been marked as
14	Q. I'm going to hand you what's marked as	14	Defendant's Exhibit 19, which is the medical records
15	Defendant's Exhibit No. 8, which is a prior lumbar	15	of Dr. Joseph Imbriglia. Have you had a chance to
16	MRI - lumbar MRI report of June 12th, 1993. Have you	16	review those, Doctor?
17	reviewed that?	17	A. Yes.
18	A. Yes.	18	Q. And I'm going to hand you what's been
19	Q. I'm going to hand you a cervical MRI report	19	marked as Defendant's Exhibit 20, which is the
20	of December 4, 2002, marked as Defendant's Exhibit 9.	20	emergency room visit at Wheeling Hospital on October
21	Have you reviewed that?	21	23rd, 2003. Have you had the opportunity to review
22	A. Yes.	22	that?
23	Q. I'm going to hand you Defendant's Exhibit	23	A. Yes.
24	No. 10, which is a cervical CT scan of April 4th,	24	Q. And I'm going to hand you what's been
25	2003. Have you reviewed that?	25	marked as Defendant's Exhibit 21, which are the

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RONDA MEEKS, ET AL. -VS-MATTHEW J. STEWART, ET AL.

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1 medical records of Dr. Sakla at Ohio Valley Pai		part of the spine. She received some chiropractic
2 Management. Have you had the opportunity to review	<b>X</b> 2	treatment. She received some physical therapy. She
3 <b>that?</b>	3	had some diagnostic testing, including X-rays, MRI
4 A. Yes.	4	scans, and EMGs. She had some consultations with
5 Q. And I'm going to hand you what have been	n 5	several neurosurgeons, but no surgery was recommended.
6 marked what I've marked as Defendant's Exhibit 22,	6	She had a few trigger point injections by a Dr.
7 which are the medical records of Dr. Liebeskind. Have	7	Liebeskind. She saw Dr. Sakla, who attempted to do an
8 you had a chance to look at those?	8	epidural injection, but she had a reaction to that;
9 A. Yes.	9	and she subsequently had some more cervical epidural
10 Q. I'm going to hand you what's been marked as	10	injections by Dr. LoDico. And I believe that's pretty
11 Defendant's Exhibit No. 23, which are the medical	11	much the treatment and evaluations that she had.
12 records of Dr. Voelker at the West Virginia Department	12	Q. Is it your understanding that the first
13 of Neurosurgery. Have you had an opportunity to look	13	health care provider that she saw after this accident
14 at those, Doctor?	14	was her chiropractor, Dr. DeGameaux, on November 22nd,
15 A. Yes.	15	2002, which would have been four days after the
Q. You also had the opportunity to review the	1	accident?
deposition of Ms. Ronda Meeks?	17	A. Yes.
18 A. Yes.	18	Q. I'm going to hand you, and ask you to take
19 Q. In addition to the medical records, did you	119	a look at what's marked as Defendant's Exhibit No. 14,
also have the opportunity to look at some cervical MR	1	which is the X-ray of the cervical spine or neck done,
films and myelograms done November 12th of 2003 as	21	it looks like, five days after the accident. It's in
22 well as a cervical CT scan and cervical myelogram	22	your report as No. 10, Doctor.
excuse me, cervical MRI done April 4th, 2003?	23	A. Yes.
24 A. Yes.	24	Q. And, first of all, when we use the term
25 Q. Okay. Doctor, let's go back to the date of	25	cervical spine, are we talking about the neck region?
Page 14	1	
this accident, auto accident, on November 18th, 2002.	1	A. Yes. Page 16
2 What's your understanding of the of the facts of	2	Q. Okay. What's your understanding of what
3 this accident?	3	that X-ray of the cervical spine showed five days
4 A. Ms. Meeks informed me, when I saw her on	4	after the accident?
5 November 21st of 2005, that she was the restrained	5	
	1 1	
6 driver of a vehicle that was rear-ended by another	6	A. It showed some arthritis in the neck and
6 driver of a vehicle that was rear-ended by another 7 vehicle traveling approximately 40 miles per hour	6	some narrowing of the disk spaces in the neck
7 vehicle traveling approximately 40 miles per hour.	7	some narrowing of the disk spaces in the neck consistent with degenerative disk disease. There was
<ul> <li>vehicle traveling approximately 40 miles per hour.</li> <li>She was driving a delivery van.</li> </ul>	7 8	some narrowing of the disk spaces in the neck consistent with degenerative disk disease. There was no evidence of a fracture, or a dislocation, or
<ul> <li>vehicle traveling approximately 40 miles per hour.</li> <li>She was driving a delivery van.</li> <li>She told me she experienced some head and</li> </ul>	7 8 9	some narrowing of the disk spaces in the neck consistent with degenerative disk disease. There was no evidence of a fracture, or a dislocation, or anything that could be related to an injury.
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<ul> <li>vehicle traveling approximately 40 miles per hour.</li> <li>She was driving a delivery van.</li> <li>She told me she experienced some head and</li> <li>neck pain at the scene, but her body did not hit</li> <li>anything inside the van. She told me she was able to</li> <li>drive approximately 30 minutes from the scene and she</li> <li>worked for another two days after the accident doing</li> <li>deliveries. She did not have to seek any emergency</li> <li>medical attention at the time of the accident.</li> <li>Q. What is your understanding of when Ms.</li> <li>Meeks first sought some type of treatment following</li> <li>this accident?</li> <li>A. She informed me that it was two or three</li> <li>days after the accident.</li> </ul>	7 8 9 10 11 12 13 14 15 16 17 18 19 20	<ul> <li>some narrowing of the disk spaces in the neck</li> <li>consistent with degenerative disk disease. There was</li> <li>no evidence of a fracture, or a dislocation, or</li> <li>anything that could be related to an injury.</li> <li>Q. When you use the term degenerative disk</li> <li>disease, what do you mean by degenerative disk</li> <li>disease?</li> <li>A. In the spine the spine is made up of a</li> <li>series of bones called vertebrae that sit on top of</li> <li>one another and in between each one of those bones is</li> <li>a little cushion called a disk.</li> <li>As people get into their 30s, 40s, and 50s,</li> <li>they start to lose the water content in the disk and</li> <li>the soft spongy aspect of the disk, and we call that</li> <li>degenerative disk disease. It's very common in the</li> </ul>
<ul> <li>vehicle traveling approximately 40 miles per hour.</li> <li>She was driving a delivery van.</li> <li>She told me she experienced some head and</li> <li>neck pain at the scene, but her body did not hit</li> <li>anything inside the van. She told me she was able to</li> <li>drive approximately 30 minutes from the scene and she</li> <li>worked for another two days after the accident doing</li> <li>deliveries. She did not have to seek any emergency</li> <li>medical attention at the time of the accident.</li> <li>Q. What is your understanding of when Ms.</li> <li>Meeks first sought some type of treatment following</li> <li>this accident?</li> <li>A. She informed me that it was two or three</li> <li>days after the accident.</li> <li>Q. What is your understanding of what</li> </ul>	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	some narrowing of the disk spaces in the neck consistent with degenerative disk disease. There was no evidence of a fracture, or a dislocation, or anything that could be related to an injury. Q. When you use the term degenerative disk disease, what do you mean by degenerative disk disease? A. In the spine the spine is made up of a series of bones called vertebrae that sit on top of one another and in between each one of those bones is a little cushion called a disk. As people get into their 30s, 40s, and 50s, they start to lose the water content in the disk and the soft spongy aspect of the disk, and we call that degenerative disk disease. It's very common in the general population.
<ul> <li>vehicle traveling approximately 40 miles per hour.</li> <li>She was driving a delivery van.</li> <li>She told me she experienced some head and</li> <li>neck pain at the scene, but her body did not hit</li> <li>anything inside the van. She told me she was able to</li> <li>drive approximately 30 minutes from the scene and she</li> <li>worked for another two days after the accident doing</li> <li>deliveries. She did not have to seek any emergency</li> <li>medical attention at the time of the accident.</li> <li>Q. What is your understanding of when Ms.</li> <li>Meeks first sought some type of treatment following</li> <li>this accident?</li> <li>A. She informed me that it was two or three</li> <li>days after the accident.</li> <li>Q. What is your understanding of what</li> <li>treatment Ms. Meeks received following this accident?</li> </ul>	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>some narrowing of the disk spaces in the neck</li> <li>consistent with degenerative disk disease. There was no evidence of a fracture, or a dislocation, or anything that could be related to an injury.</li> <li>Q. When you use the term degenerative disk disease, what do you mean by degenerative disk disease?</li> <li>A. In the spine the spine is made up of a series of bones called vertebrae that sit on top of one another and in between each one of those bones is a little cushion called a disk.</li> <li>As people get into their 30s, 40s, and 50s, they start to lose the water content in the disk and the soft spongy aspect of the disk, and we call that degenerative disk disease. It's very common in the general population.</li> <li>Q. And you're aware that she also had an MRI</li> </ul>
<ul> <li>vehicle traveling approximately 40 miles per hour.</li> <li>She was driving a delivery van.</li> <li>She told me she experienced some head and</li> <li>neck pain at the scene, but her body did not hit</li> <li>anything inside the van. She told me she was able to</li> <li>drive approximately 30 minutes from the scene and she</li> <li>worked for another two days after the accident doing</li> <li>deliveries. She did not have to seek any emergency</li> <li>medical attention at the time of the accident.</li> <li>Q. What is your understanding of when Ms.</li> <li>Meeks first sought some type of treatment following</li> <li>this accident?</li> <li>A. She informed me that it was two or three</li> <li>days after the accident.</li> <li>Q. What is your understanding of what</li> <li>treatment Ms. Meeks received following this accident?</li> <li>A. She received some rhizatomies, which is a</li> </ul>	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	<ul> <li>some narrowing of the disk spaces in the neck</li> <li>consistent with degenerative disk disease. There was no evidence of a fracture, or a dislocation, or anything that could be related to an injury.</li> <li>Q. When you use the term degenerative disk disease, what do you mean by degenerative disk disease?</li> <li>A. In the spine the spine is made up of a series of bones called vertebrae that sit on top of one another and in between each one of those bones is a little cushion called a disk.</li> <li>As people get into their 30s, 40s, and 50s, they start to lose the water content in the disk and the soft spongy aspect of the disk, and we call that degenerative disk disease. It's very common in the general population.</li> <li>Q. And you're aware that she also had an MRI of the cervical spine done December 4th, 2002; is that</li> </ul>
<ul> <li>vehicle traveling approximately 40 miles per hour.</li> <li>She was driving a delivery van.</li> <li>She told me she experienced some head and</li> <li>neck pain at the scene, but her body did not hit</li> <li>anything inside the van. She told me she was able to</li> <li>drive approximately 30 minutes from the scene and she</li> <li>worked for another two days after the accident doing</li> <li>deliveries. She did not have to seek any emergency</li> <li>medical attention at the time of the accident.</li> <li>Q. What is your understanding of when Ms.</li> <li>Meeks first sought some type of treatment following</li> <li>this accident?</li> <li>A. She informed me that it was two or three</li> <li>days after the accident.</li> <li>Q. What is your understanding of what</li> <li>treatment Ms. Meeks received following this accident?</li> </ul>	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>some narrowing of the disk spaces in the neck</li> <li>consistent with degenerative disk disease. There was no evidence of a fracture, or a dislocation, or anything that could be related to an injury.</li> <li>Q. When you use the term degenerative disk disease, what do you mean by degenerative disk disease?</li> <li>A. In the spine the spine is made up of a series of bones called vertebrae that sit on top of one another and in between each one of those bones is a little cushion called a disk.</li> <li>As people get into their 30s, 40s, and 50s, they start to lose the water content in the disk and the soft spongy aspect of the disk, and we call that degenerative disk disease. It's very common in the general population.</li> <li>Q. And you're aware that she also had an MRI</li> </ul>

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	Page 1	7	Page 19
1	Q. Okay. Could you tell us what that MRI scan	1	arthritis and degenerative disk disease and a
2	of the neck showed?	2	herniated disk in her low back.
3	A. At that time it was reported that she had a	3	MR. MYERS: I'm going to interpose an
4	herniated disk at C5-6 and a and a second small	4	objection with respect to the evaluations of the low
5	herniated disk at C6-7.	5	back in 1993 as being unrelated to any any matters
6	Q. Were there some later MRIs and CAT scans	6	related in this case.
7	done of Ms. Meeks' neck which differed from that	7	BY MR. BOETCHER:
8	initial MRI of the neck on December 4th, 2002?	8	Q. Doctor, before the accident of November
9	A. Yes.	9	18th, 2002, were there ever any reports in the medical
10	Q. Could you tell the jury what those were?	10	records of problems with the neck or shoulders or
11	A. She subsequently had a cervical myelogram	11	headaches?
12	and a post-myelogram CAT scan. A myelogram is a test	12	A. Yes. I reviewed the records of Dr. Charla
13	where X-ray dye is injected into the spine and run up	p 13	Anderson, who saw her on at least seven occasions in
14	into the neck and it's more sensitive than an MRI for	14	the year or so about a year and a half prior to the
15	detecting a herniated disk, and that test showed some	15	accident, at which point there were multiple
16	mild arthritis and degenerative disk disease at C5-6	16	references to recurrent headaches, pain in multiple
17	and C6-7, but there was no evidence of a disk	17	joints, pain in the trapezius area, which is the
18	herniation as was reported on the original MRI scan in	18	muscles just adjacent to the neck and shoulder.
19	December of 2002.	19	Just 12 days before the November 18th,
20	She also had a repeat MRI scan of the neck	20	accident, on November 6th of '02, Ms. Meeks complained
21	in April of '03, about five months after the original	21	to Dr. Anderson of chronic headaches, muscle tension,
22	one, and the interpretation of that one was that there	22	mainly in the occipital region, which is the back of
23	was some disk bulging, which is consistent with	23	the head which attaches to the neck. She complained
24	degenerative disk disease, but nothing that could be	24	of muscle tightness at the top of her shoulders and
25	related to an injury.	25	indicated that she had to take a hot shower and
	Page 18		Page 20
1	Q. Doctor, did Ms. Meeks later have what we	1	massage these areas to get relief.
2	call an EMG test first of all, before we get to	2	Q. Doctor, what are trigger points? When you
3	that, what is an EMG study?	3	hear the term trigger points, what is that?
4	A. An EMG is a test where a teeny a little	4	A. Trigger points are small areas of muscle
5	tiny needle is put into some of the muscles in the arm	5	spasm that the doctor can actually palpate with his or
6	and neck and the electrical activity in those muscles	6	her thumb when we palpate various muscles in the body,
7	are measured. If someone has a pinched nerve in the	7	and they they feel like a hard hard nodule in
8	neck, abnormalities will be seen on the EMG. But that	8	the muscles.
9	test did not show any evidence of a pinched nerve in	9	Q. In the medical records that you reviewed,
10	the neck.	10	were there was there ever any indication that Ms.
11	Q. Doctor, what's your understanding as to	11	Meeks had any type of trigger points before the
12	what Mrs. Meek's condition was before the November 18,	12	accident of November 18, 2002; and, if so, at what
13	2002 accident based upon your review of her records,	1	part of her body?
14	including those of Dr. Anderson and the other doctors		A. Yes. Dr. Anderson noted on May 10th of
15	that we spoke about earlier?	15	2001, about a year and a half prior to this accident,
16	A. Ms. Meeks informed me that she had received		that Ms. Meeks did have some positive trigger points
17	chiropractic treatment years for some years prior	17	in the trapezius muscles and in the occipital areas.
18	to the accident for low back pain, but she denied that		The trapezius muscles are the muscles that are at the
19	she had ever been treated for neck pain. She stated	19	base of the neck, between the neck and shoulder, and
20	that in 1984 she had been in an auto accident in which	20	the occipital area is where the neck muscles attach to
21	-	21	the base of the skull.
22	or neck injuries in that accident.	22	Q. Now, in addition to the review of the
23	In reviewing the medical records, in 1993,	23	medical records from before and after the November
24		24	18th, 2002 accident, did you also do a medical
25	X-rays and an MRI scan of her low back, which did show	25	examination of Ms. Meeks at my partner Harry Conn's

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Page 21 1 request? Again, in someone who has a pinched nerve in the neck, 1 they may have loss of sensation in their arms or 2 Α. Yes. 2 And when was that examination performed? 3 Q. 3 hands, but she did not have any sensory loss. November 21st of 2005. 4 Α. 4 Also, all of her deep tendon reflexes 5 Could you describe for the jury what your were normal. We check that with a reflex hammer, Q. 5 medical examination consisted of and what your б 6 where we tap over the reflex -- the tendons in the findings were on your medical examination of Ms. Meeks 7 arms and legs and, again, if someone has a pinched 7 at that time? 8 8 never in the neck or back they will either have an 9 A. Yes. She was five foot five and weighed 9 absent or diminished deep tendon reflex; but that was 215 pounds. She was examined in a disrobed state with 1010 normal. an examination gown on. She was very pleasant. She 11 11 And that completed my exam of Ms. Meeks. had excellent memory of the accident. There was no 12 12 Now, you indicated that you -- that part of **O**. evidence of any language dysfunction. Her gait and 13 your examination was to check to see if she had muscle 13 station was normal. That is, watching her walk in the 14 atrophy. First of all, what is atrophy? 14 exam room, she was able to walk normally with no 15 15 Α. Atrophy is when a muscle gets smaller. 16 evidence of a limp. She was able to walk on her toes 16 Like when someone has worn a cast on their arm or leg and heels well. In people who have had an injury to 17 for a period of time, the muscles will actually get 17 the spinal cord or the nerves in the neck or low back, 18 18 smaller. If someone has a pinched nerve in the spine, they may have weakness in their legs, but there was no very often the muscles that that nerve supplies will 19 19 evidence of that. 20get smaller or atrophy. 20 I checked her low back by having her 21 21 In your examination of Ms. Meeks, was there О. bend over and touch her toes and bend from side to any evidence of any type of muscle atrophy? 22 22 side and back as far as she could, and that was 23 23 А. No. normal. She was able to get up from a laying to a 2424 О. Okay. Doctor, I'm going to be asking you sitting position with no difficulty. The straight-leg 25 25 some questions and asking for some opinions. I would Page 22 raising test was normal. That's a test with the î 1 ask that your answers to my questions be to a person laying on their back, the doctor will lift 2 reasonable degree of medical certainty and medical 2 their leg straight up in the air, and if they have a 3 probability and that your answers be based upon your 3 pinched nerve in the back, they will experience some 4 examination of Ms. Meeks and her records, her medical 4 discomfort. But that test was normal. 5 5 records, as well as your education, training, and I checked the range of motion of her neck 6 experience as a physician and neurologist for over 30 6 7 by having her put her chin over toward each shoulder 7 years. as far as she could and down on her chest and as far 8 8 Will you give your answers to a reasonable G, up as she could, and that was reduced to about 50 9 degree of medical certainty and probability? percent of normal in all directions. 10 10 Yes. A. She had a little bit of tenderness in her 11 11 Okay. Do you have an opinion to a О. right upper thoracic area, which is the area just 12 reasonable degree of medical certainty and probability 12 below the neck, between the shoulder blades, but there 13 as to what injuries Ronda Meeks sustained in the 13 was no -- there was no muscle tenderness in the neck. accident of November 18th, 2002? 14 14 There was no muscle spasm. 15 Yes. 15 Α. I did a complete trigger point examination 16 And what is that opinion? 16 Q. and there was no evidence of any trigger points. 17 As a result of this accident, I believe 17 Α. I did -- there was no evidence of any 18 18 Mrs. Meeks did suffer a mild strain to the muscles in 19 muscle weakness, atrophy, or muscle fasciculations. her neck. 19 Fasciculations are little twitches that they can see 20 20 When you say a strain to the muscles in the **Q**. 21 in the muscles in people who have had nerve damage in 21 neck, what do you mean by that? the neck, but there was no evidence of any muscle 22 22 Α. A strain is a stretching of the muscles to weakness that we would see with any type of a pinched 23 23 the point where pain is produced. nerve. 24 24 О. Other than the -- the strain to the muscles Also, there was no loss of sensation. 25 25 in the neck, do you have an opinion as to whether Ms.

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#### VIDEO DEPO OF DR. THOMPSON WEDNESDAY, 11/15/06

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1	Meeks sustained any other injuries as a result of the	1	officer at the scene that she did not have any injury
2	November 18, 2002 accident?	2	or pain of any kind, continued to drive and work for
3	A. No.	3	several more days. Certainly with a mild muscle
4	Q. Do you have an opinion to a reasonable	4	strain, there may be a delay in the onset of the
5	degree of medical certainty and medical probability as	s 5	symptoms until the next day; but with a herniated
6	to whether Ms. Meeks has a condition called cervical	1	disk, the symptoms would be immediate.
7	degenerative disk disease and osteoarthritis?	7	I realize that she did have an MRI scan
8	A. Yes.	8	dated December 4th of '02 which reportedly showed disk
9	Q. And what is that opinion?	9	herniations at C5-6 and 6-7, but Dr. Voelker, a
10	A. This condition does exist, but it is not	10	neurosurgeon, subsequently reviewed this MRI scan and
11	related to nor was it permanently worsened by this	11	opined that there was no evidence of a disk
12	accident.	12	herniation.
13	Q. And why do you say that?	13	She subsequently had a CAT scan of the
14	A. Arthritis and degenerative disk disease are	14	cervical spine and a myelogram which showed
15	degenerative conditions unrelated to trauma. They	15	degenerative disk disease and arthritis, but no
16	preexisted the accident. Also, thse conditions are	16	evidence of a herniation.
17	never permanently aggravated by trauma unless there's	17	And she also had an EMG, which showed no
18	significant injury to the spine, such as a fracture or	18	evidence of any nerve damage. The way disk
19	dislocation, which was not the case here.	19	herniations cause pain is by putting pressure on the
20	Also, X-rays of her neck five days after	20	nerve and the EMG showed absolutely no evidence of any
21	the accident did show arthritis and degenerative disk	21	nerve involvement and at no time on my exam or any
22	disease at C5-6 and C6-7, and these X-ray changes take	22	other doctor's exam was there any evidence of muscle
23	years to develop. So, these are not recent X-rays.	23	weakness, reflex changes, or anything to suggest
24	Also, Ms. Meeks had a long history, ten	24	significant nerve injury as would be expected with a
25	years prior to the accident, of arthritis and	25	disk herniation.
	Page 26		Page 28
1	degenerative disk disease in her lumbar spine, and we	1	Q. Now, Doctor, you said that initially she
2	know that arthritis is not just limited to one part of	2	had a a cervical or a neck MRI which seemed to
3	the spine. If somebody has it in the low back, the	3	indicate a disk herniation, but she later had a
4	odds are overwhelming that they will have it	4	cervical CAT scan and cervical myelogram. Have you
5	throughout their spine.	5	reviewed those cervical CAT scans and myelograms
6	Q. You may have already answered this. When	6	yourself?
7	you say the lumbar region, are you speaking about the	7	A. Yes.
8	low back region?	8	Q. Okay. And in your opinion, does do
9	A. Yes.	9	those films these later films done later on, do
10	Q. Okay. Do you have an opinion to a	10	those show disk herniations?
11	reasonable degree of medical certainty and medical	11	A. No.
12	probability as to whether Ms. Meeks has a condition	12	Q. Is there a difference between what we call
13	called cervical disk herniations at the C5-6 and C6-7	13	a disk herniation and, let's say, a disk bulge or
14	disk levels?	14	protrusion?
15	A. Yes.	15	A. Yes. A disk bulge is a common finding in
16	Q. And what is that opinion?	16	the general population and also in people that have
17	A. After reviewing her records and her X-ray	17	degenerative disk disease. So, many, many normal
18	and MRI films, I do not think that she had a disk	18	people who have no neck problems at all could have
19	herniation as a result of this accident.	19	neck disk bulges.
20	Q. Okay. And why is that your opinion?	20	Q. Now, you had mentioned before something
21	A. Number one, in order to have an injury	21	about an EMG test, and I think that you explained that
22	severe enough to cause a herniated disk, one has to	22	the purpose of doing the EMG test is to see whether or
23	tear the tough outer layer of the disk called the	23	not a a herniated disk or a bulging disk is
24	annulus fibrosis. This would produce immediate	24 25	pressing on a nerve; is that correct?
25	discomfort. Ms. Meeks reported to the investigating	25	A. Yes.

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Page 29       Page 29         1       Q. And Ms. Macks did have an EMG test done in this case, is that correct, on September 16th, 2003?       is the lad been in an auto accident and had some by head trauma?         3       A. Yes.       3       A. Yes.         4       Q. And did that EMG test reveal any type of nerve - excuse me, disk pressing on any nerves as a result of that test?       3       A. Yes.         7       A. No.       6       result of that test?       6         7       A. No.       7       6       7         8       Determ cervical ardiculopathy is the term?       6       7         9       radiculopathy? Is that the term?       6       7         10       A. Ther's a lot of things that can cause cervical at fail of oright ahead.       7         11       Ther's something wrong with the nerve as it that there's something wrong with the nerve as it that there's something wrong with the nerve as it that there's something wrong of this is a berniated cervical disk.       7       8         12       Contropy of the bole in the neck to go down to the cervical disk.       7       8       McRoscatent of November 18th, 2002. What is trypical recovery time for someone who has suffer the accident of November 18th, 2002. What is trypical recovery time?       8       A       Four weeks or less.         19       Q. Now, you had indicated earlier when Ms.       19
2       this case, is that correct, on September 16th, 2003;       2       head trauma?         3       A. Yes.       3       A. Mad did that EMG test reveal any type of       5         4       Q. And did that EMG test reveal any type of       5       7         5       result of that test?       6       7         6       result of that test?       6       7         7       A. No.       7       6       7         9       radiculopathy? Is that the term?       6       7         10       A. The term cervical radiculopathy just means       10       6       7         11       There's a lot of things that can cause cervical       11       8       Ms. Mocks sustained a mild cervical strain as a ro         12       corres of the hole in the neck to go down to the       12       9       Doctor, you indicated that in your opin         13       ant There's a lot of things that can cause cervical       13       Ms. Mocks sustained a mild cervical strain in a motor vahicle accident, if         14       revical disk.       16       0.       Doctor, you indicated that in your opin         16       Q. And this EMG done September 16th, 2003 did       16       16       Mcks cause to your office and had an examination that         15       sometime in th
3       A. Yes.       3       A. Yes.         4       Q. And did that EMG test reveal any type of head injury in the accident in 1984 and had had had had had had had had had ha
4       Q. And did that EMG test reveal any type of nerve - excuse me, disk pressing on any nerves as a result of that test?       4       MR. BOETCHER: Off the record. THE VIDEORRAPHER: We're going off the record at 4:55:19.         7       A. No.       7
5       nerve excuse me, disk pressing on any nerves as a result of that test?       5       THE VIDEOGRAPHER: We're going off i record at 4:55:29.         6       7       A. No.       7       (OFF THE RECORD.)         8       Q. Is that what we call cervical       8       THE VIDEOGRAPHER: We're going back on the cervical radiculopathy just means that there's something wrong with the nerve as it cornes out of the hole in the neck to go down to the arm. There's a lot of things that can cause cervical ifsk.       9       M. R. BOETCHER:         10       Go right abead.       11       BY MR. BOETCHER:       0       Doctor, you indicated that in your opin inf. wow bas suffer mild cervical strain as a re of the accident of November 18th, 2002. What is tryical recovery time for someone who has suffer mild cervical strain in a motor vehicle accident, if there is a typical recovery time?         16       Q. And this EAG done September 16th, 2003 did in not indicated carlier whom Ms.       19       Q. In your opinion, what was the recovery tim?         17       A. Yes, that's correct.       19       Q. In dour opinion, what was the recovery tim?         18       Meeks ame to your office and had an examination that she indicated that there was 1'       19       Q. And this is that correct?         19       A. Yes.       The ercords of Ohio Valley Asthma and Allergy on October 31st of '01 indicate that she had 5       10         14       I could look for it.       MR. BOETCHER: Off the record.       1
6       result of that test?       6       record at 4:56:29.         7       A. No.       7       (OFF THE RECORD.)         8       THE VIDEOGRAPHER: We're going back         9       radiculopathy? Is that the term?       7         10       A. The term cervical radiculopathy just means       10         11       that there's something wrong with the nerve as it       11         12       comes out of the hole in the neck to go down to the       11         13       arm. There's a lot of things that can cause cervical       11         14       radiculopathy, the most common of which is a herniated       12         15       ecrvical disk.       13         16       Q. And this EMG done September 16th, 2003 did       16         17       not indicate any evidence of cervical radiculopathy?       14         18       Weeks came to your office and had an examination that       16         19       Q. Now, you that she was in a prior accident       17         10       Meeks came to your office and had an examination that       18         17       A. Yes.       Yes.       16         18       di report to you that she was in a prior accident       17         19       Q. And I think she indicated that therer wasn't       23
7       A. No.       7       (OFF THE RECORD.)         8       Q. Is that what we call cervical       8       THE VIDBOGRAPHER: We're going back         9       radiculopathy? Is that the term?       9       10       THE VIDBOGRAPHER: We're going back         11       that there's something wrong with the nerve as it       11       BY MR. BOETCHER:       11         12       comes out of the hole in the neck to go down to the       11       BY MR. BOETCHER:       12         13       arm. There's a lot of things that can cause cervical       11       BY MR. BOETCHER:       12         14       radiculopathy, the most common of which is a berniated       13       there is a typical recovery time for someone who has suffer         15       typical recovery time for someone who has suffer       11       14       there is a typical recovery time?         16       New, you had indicated earlier when Ms.       19       Q. In your opinion, what was the recovery time?         17       A. Yes, hat's correct.       18       A. Four weeks or less.       19         17       A. Yes, hat's correct?       20. And I think she indicated that there wasn't       21       A. I di not see any evidence of any injury in         18       A. Yes.       Page 30       14       A. Yes.       Q. And why is that your opinion?
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10       A. The term cervical radiculopathy just means       10       Go right ahead.         11       Hat there's something wrong with the nerve as it       11       BY MR. BOETCHER:         12       comes out of the hole in the neck to go down to the       11       BY MR. BOETCHER:         13       arm. There's a lot of things that can cause cervical       11       Ms. Meeks sustained a mild cervical strain as a ro         14       radiculopathy, the most common of which is a beniated       of the accident of November 18th, 2002. What is         15       cervical disk.       17       Ms. Meeks sustained a mild cervical strain in a notor vehicle accident, if         16       Q. And this EMG done September 16th, 2003 did       not indicate any evidence of cervical radiculopathy?       18         18       A. Yes, that's correct.       18       A. Four weeks or less.         19       Q. Now, you had indicated carlier when Ms.       10       of Ms. Meeks in this case to recover from the cervical strain in a notor vehicle accident four         13       A. Yes.       20       A and think she indicated that there wasn't       24         14       Q. And I think she indicated that there wasn't       25       Q. And why is that your opinion?         14       any type of head injury in that accident. Was the record stating in a prior accident that       14       A. Number one, the natural his
11       that there's something wrong with the nerve as it       11       BY MR. BOETCHER:         12       comes out of the hole in the neck to go down to the       12       Q. Doctor, you indicated that in your opin         13       arm. There's a lot of things that can cause cervical       13       Ms. Meeks sustained a mild cervical strain as a re         14       radiculopathy, the most common of which is a herniated       14       Ms. Meeks sustained a mild cervical strain in a motor vehicle accident, if         15       cervical disk.       15       typical recovery time for someone who has suffer         16       not indicate any evidence of cervical radiculopathy?       A. Yes, that's correct.       18         17       Meeks came to your office and had an examination that       19       Q. In your opinion, what was the recovery time         18       A. Yes.       10       Ms. Meeks in this case?       22         2       And I think she indicated that there wasn't       23       Ms. Meeks in this case?       24         2       A. Yes.       Page 30       11       Ms. Mumber one, the natural history of recover         3       any type of head injury in that accident that she had       14       A. Number one, the natural history of recover         3       any type of head in 1984 and had had a had       4. Number one, the natural history of recover
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5Allergy on October 31st of '01 indicate that she had been in a vehicle accident in 1984 and had had a head5who get severe muscle strains will have pain immediately. They won't, you know, report they have no symptoms and continue to work. Also, there was in definite evidence of any more serious injury, such disk herniation, cervical radiculopathy, fracture, dislocation, or any other injury that would be expected to cause symptoms beyond four weeks. Ms.10MR. BOETCHER: Off the record. THE VIDEOGRAPHER: We're going off the record at 4:55:20.10dislocation, or any other injury that would be expected to cause symptoms beyond four weeks. Ms.12record at 4:55:20.130Meeks herself reports that she was able to drive some 30 minutes from the scene and work for another to days after the accident, which, again, is consistent with the behavior of someone who had a mild muscle strain.
6been in a vehicle accident in 1984 and had had a head injury. And I believe there was another reference to it that I can't put my finger on right at this second, but I could look for it.6immediately. They won't, you know, report they have no symptoms and continue to work. Also, there was no definite evidence of any more serious injury, such disk herniation, cervical radiculopathy, fracture, dislocation, or any other injury that would be10MR. BOETCHER: Off the record.1011THE VIDEOGRAPHER: We're going off the record at 4:55:20.1112record at 4:55:20.1213(OFF THE RECORD.)1314THE VIDEOGRAPHER: We're going back on the record at 4:55:52.1415the record at 4:55:52.1516Go right ahead.16
<ul> <li>injury. And I believe there was another reference to</li> <li>it that I can't put my finger on right at this second,</li> <li>but I could look for it.</li> <li>MR. BOETCHER: Off the record.</li> <li>MR. BOETCHER: Off the record.</li> <li>THE VIDEOGRAPHER: We're going off the</li> <li>record at 4:55:20.</li> <li>(OFF THE RECORD.)</li> <li>(OFF THE RECORD.)</li> <li>(OFF THE RECORD.)</li> <li>THE VIDEOGRAPHER: We're going back on</li> <li>the record at 4:55:52.</li> <li>Go right ahead.</li> <li>int the vidence of any more serious injury, such definite evidence of any more serious injury, such dislocation, cervical radiculopathy, fracture, dislocation, or any other injury that would be</li> <li>expected to cause symptoms beyond four weeks. Ms.</li> <li>Meeks herself reports that she was able to drive some</li> <li>days after the accident, which, again, is consistent</li> <li>with the behavior of someone who had a mild muscle</li> <li>for right ahead.</li> </ul>
8it that I can't put my finger on right at this second, 98definite evidence of any more serious injury, such disk herniation, cervical radiculopathy, fracture, disk herniation, cervical radiculopathy, fracture, dislocation, or any other injury that would be10MR. BOETCHER: Off the record.10dislocation, or any other injury that would be11THE VIDEOGRAPHER: We're going off the 1211expected to cause symptoms beyond four weeks. Ms.12record at 4:55:20.12Meeks herself reports that she was able to drive some 30 minutes from the scene and work for another to days after the accident, which, again, is consistent the record at 4:55:52.1516Go right ahead.16strain.
<ul> <li>but I could look for it.</li> <li>MR. BOETCHER: Off the record.</li> <li>THE VIDEOGRAPHER: We're going off the</li> <li>record at 4:55:20.</li> <li>(OFF THE RECORD.)</li> <li>(OFF THE RECORD.)</li> <li>THE VIDEOGRAPHER: We're going back on</li> <li>the record at 4:55:52.</li> <li>Go right ahead.</li> <li>but I could look for it.</li> <li>disk herniation, cervical radiculopathy, fracture,</li> <li>dislocation, or any other injury that would be</li> <li>expected to cause symptoms beyond four weeks. Ms.</li> <li>Meeks herself reports that she was able to drive some</li> <li>30 minutes from the scene and work for another to</li> <li>days after the accident, which, again, is consistent</li> <li>for right ahead.</li> </ul>
10MR. BOETCHER: Off the record.10dislocation, or any other injury that would be11THE VIDEOGRAPHER: We're going off the11expected to cause symptoms beyond four weeks. Ms.12record at 4:55:20.12Meeks herself reports that she was able to drive some13(OFF THE RECORD.)1330 minutes from the scene and work for another to14THE VIDEOGRAPHER: We're going back on14days after the accident, which, again, is consistent15the record at 4:55:52.15with the behavior of someone who had a mild muscle16Go right ahead.16strain.
11THE VIDEOGRAPHER: We're going off the11expected to cause symptoms beyond four weeks. Ms.12record at 4:55:20.12Meeks herself reports that she was able to drive some13(OFF THE RECORD.)1330 minutes from the scene and work for another to14THE VIDEOGRAPHER: We're going back on14days after the accident, which, again, is consistent15the record at 4:55:52.15with the behavior of someone who had a mild muscle16Go right ahead.16strain.
12record at 4:55:20.12Meeks herself reports that she was able to drive some13(OFF THE RECORD.)1330 minutes from the scene and work for another to14THE VIDEOGRAPHER: We're going back on14days after the accident, which, again, is consistent15the record at 4:55:52.15with the behavior of someone who had a mild muscle16Go right ahead.16strain.
13(OFF THE RECORD.)1330 minutes from the scene and work for another to days after the accident, which, again, is consistent with the behavior of someone who had a mild muscle14THE VIDEOGRAPHER: We're going back on the record at 4:55:52.1430 minutes from the scene and work for another to days after the accident, which, again, is consistent with the behavior of someone who had a mild muscle strain.16Go right ahead.16
14THE VIDEOGRAPHER: We're going back on the record at 4:55:52.14days after the accident, which, again, is consistent with the behavior of someone who had a mild muscle the strain.16Go right ahead.16
15the record at 4:55:52.15with the behavior of someone who had a mild muscle16Go right ahead.16strain.
16 Go right ahead. 16 strain.
-
17 BY MR. BOETCHER: 17 My exam of Ms. Meeks on November 21st
18 Q. Doctor, I'm going to hand you what's been 18 '05 revealed no objective abnormalities. The Ohi
19 marked as Defendant's Exhibit No. 3, which are the 19 Crash Report on the day of the accident, Ms. Mee
20 medical records Dr. Charla Anderson. Contained within 20 indicated in her signed statement that she denied a
21 those records is there a report from the Allergy and 21 injuries at the scene and had no symptoms. Again
22     Asthma Institute?     22     consistent with a mild strain.       23     A     Yaa
23 A. Yes. 23 Dr. Anderson, who examined her on March
24 Q. Okay. And does that indicate that she 25 reported at that time that approximately ten years ago 26 found her to be in, quote, no acute distress, unquo

1       with full range of motion of the neck and no       1       A       No.         2       our ologic findings.       neurologic findings.       No.         4       ber on April 29th of '03. found no objective       abormatines. Dr. Voelker, a neurosurgeon who examined       have arrous testimony as to why she should         6       me that ske was was suffiring from cervical strain and       no.       Bave motion, to a reasonable degree         7       would be expected to cause symptors beyond four weeks       our opinion, to a reasonable degree       of medical certainty and probability, was that type of         1       abormatibies on exam.       He found that she had cervical       treatment accessitated from inprines austained in the         1       abormatibies on exam.       He found that she had cervical       no.       No.         1       accident of November 18th. 2002?       A       No.       No.         1       accident of November 18th. 2002?       A       No.       A       No.         1       bas preformed on September 16th of '03       sampto the facet joints in the neck. There's       have to the facet joints in the neck. There's         1       bas preformed on September 16th of '03       sampto the facet joints in the neck.       Procedures where there's injections into the spine.         2       bas atropat quart quastional inthe ex	1011 %	IINEW J. SIEWARI, EI AL.		WEDNESDAI, 11/15/00
2         per or alpril 28th of '03, found no objective         2         Q         And why is that?           3         Dr. Voelker, a neurosurgeon who examined         4         For the same reasons that I've already           4         her on April 28th of '03, found no objective         5         have recovered within four weeks.           5         nettat ske was was stifting from cervical strain and         6         Q. You also indicated that she also one other           7         treatment, including injections in the neck and a victore of neuro corrupession or any injury flat         a         have recovered within four weeks.           9         veidene of neuro sorr compression or any injury flat         a         restance of non injuries sustained in the accident of November 18th, 2002?           10         card. Also, a repear exam by Dr. El-Kati (November 1         A         No.           11         pressure on the exiting nerve roats or on the spinal         A         No.           12         revaled no objective abnormalities.         A         No.           13         card. Also, a repear exam by Dr. El-Kati (November 1         A         No.           14         pressure on the exiting nerve chanse in the neck, nor         A         No.           15         revaled no objective abnormalities.         For the same cassittatel file out by         A         N		Page 33	3	Page 35
3         D. Voelker, a neurosurgeon who examined a baromalites. D: Voelker agreed that - agreed with 6         3         A. For the same reasons that I've already stated in my previous testimony as to why she should bave recovered within four weeks.           6         absorbalites. D: Voelker agreed that - agreed with 6         6         Q. You also indicated that she had some other 7           8         evidence of nerve root compression or any injury that 8         6         Q. You also indicated that she had some other 7           9         would be expected to cause symptoms beyond four weeks.         6         Q. You also indicated that she had some other 7           9         would be expected to cause symptoms beyond four weeks.         6         9         years later. In your opinion, to a reasonable degree 9           10         absorbalities on exam. If P Gould that she had cervial 11         14         pressure on the exiting nerve roots or on the spinal 12         15         A. No.           12         absorbalities on exam. If P C infl(absorbalities, 10         16         17         A. Mosel strains, - rhizatomies are 12         18         absolutely no evidence in this accident of November 13         18           14         pressure on the exiting nerve roots or on the spinal 14         18         absolutely no evidence in this accident that would 18         18           15         revealed no evidence of muscle spasm. 19         10         10 <td< td=""><td>1</td><td>with full range of motion of the neck and no</td><td>1</td><td>A. No.</td></td<>	1	with full range of motion of the neck and no	1	A. No.
4       ber on April 29th of '03, found no objective       4       stated in my previous testimony as to why she should         5       abnormalities. Dr. Voelker agreed that agreed with       6       You also indicated that she had some other         7       Ind arthitis with degenerative disk disease, but no       7       Treatment, including injections in the neck and a         9       would be expected to cause symptoms beyond four weeks.       9       years later. In your opinion, to a reasonable degree         10       excond neurosympton. PC El-Kadi, who       10       accident of November 18th, 2002?         11       degenerative disk disease but with no significant       12       accident of November 18th, 2002?         11       accident of November 18th, 2002?       14       A. No.         12       abnormalities on exam. He found that she had cervical       16       presentor on the significant         14       pressure on the exiting nerve consor on the significant       16       17       A. Macel strins thizatomises are         17       trace on a vidence of merve damage in the neck, nor       18       accident of November 18th, 2002?       14       14       0. And why is that your opinion to a       20       0. Coctor, on bace. There's absolutely no evidence of mousce spresson.       16       16       surfier same no objective shoromalifies on exam.       16       16 <td>2</td> <td>neurologic findings.</td> <td>2</td> <td>Q. And why is that?</td>	2	neurologic findings.	2	Q. And why is that?
5       absormalities. Dr. Voelker agreed that - agreed with       5       have recovered within four weeks.         6       me that she was was suffering from cervical strain and       6       Q. You also indicated that she had some other         7       reatment, including injections in the neck and a       7         8       evidence of nerve root compression or any injury that       7       7         9       would be expected to couse symptoms heyond four weeks.       9       7         10       examined her on August 26th of '03, found no objective       9       7         11       examined her on August 26th of '03, found no objective       10       11       7         12       second neurosurgeon, Dr. El-Kadi, who       11       12       A. No.         13       degenerative disk disease but with no significant       14       Q. And why is that your opinion, ?         14       25       or O2 revealed no objective abnormalilities.       15       7       Maks destor 10-103, she indicated that she was able       16         15       order any evidence of muscle spam.       18       19       10       10       10         16       be revealed no objective abnormalities.       11       11       11       11       11       11       12       11       11 <td< td=""><td>3</td><td>Dr. Voelker, a neurosurgeon who examined</td><td>3</td><td>A. For the same reasons that I've already</td></td<>	3	Dr. Voelker, a neurosurgeon who examined	3	A. For the same reasons that I've already
6       Q. You also indicated that she had some other         7       had arthritis with degenerative disk disease, but no         8       evidence of nerve root compression or any injury that         9       would be expected to cause symptoms beyond four weeks.         9       second neurosurgeon, Dr. El-Kadi, who         11       examined her on August 26th of '03, found no objective         12       abnormalities on exam. He found that she had cervical         13       degenerative disk disease but with no significant         14       pressure on the exiting nerve roots or on the spinal         15       cord. Also, a repact exam by Dr. El-Kadi (who         16       more dual set in benck, nor         17       treatment necessitated from injuries sustained in the excident of November 18th, 2002?         16       revealed no objective abnormalities.         17       treatment incolubly or vidence in this accident that she         18       na patient questionnaire filled out by         20       for carry heavy objects, do her housework and yard         21       presable dive of mode carrainty and medical         22       for carry heavy objects, do her housework and yard         23       probability, wat with wo tenderness.         24       presable dive dive dive dint she had some         25<	4	her on April 29th of '03, found no objective	4	stated in my previous testimony as to why she should
7       had arthritis with degenerative disk disease, but no       7       treatment, including injections in the neck and a         8       evidence of nerve root compression or any injury that       8       thizatomy later on down the line, I think a couple         9       would be expected to cause symptoms beyond four weeks.       9       years later. In your opinion, to a reasonable degree of medical certainty and probability, was that type of         11       degenerative disk disease, but with no significant       11       a.       No.         12       abnormalities on exam. He found that she had cervical       A.       No.       A.         13       degenerative disk disease but with no significant       12       A.       No.         14       persence on the exing increw roots or on the spinal.       12       A.       No.         15       cord. Also, a repeat exam by Dr. El-Kadi on November 18th.       2002?       A.       Mus the your opinion?         16       treatment, including injections in the neck. There's injections in the spine.       12         10       Mas Mecks on 10-105, which inder the she was bla       13       uset the sect would be section the spinal.         20       carry heavy objects, do her housework	5	abnormalities. Dr. Voelker agreed that agreed with	5	have recovered within four weeks.
8         evidence of nerve root compression or any injury that         8         rizzatemy later on down the line, I think a couple           9         would be expected to cause symptoms beyond four weeks         9         years later. In your opinion, to a reasonable degree           10         examined her on August 26th of '03, found no objective         11         examined her on August 26th of '03, found no objective           13         degenerative disk disease but with no significant         13         A. No.           14         pressure on the exiting nerve roots or on the spinal         14         A. Muscle strains - rhizzatomies are           16         25th of '02 revealed no objective abnormalities.         16         A. Muscle strains - rhizzatomies are           17         EMGs performed on September 16th of '03         18         absolutely no evidence in this accident that she           18         no patient questionnaire filled out by         20         and work, although with some difficulty.         20           21         ber neck was oft with no tendemess.         11         her neck was oft with no tendemess.         20         A. Yes.           22         Exam by Dr. LoDico on February 17th of '03         24         Page 36         24           24         ber neck was oft with no tendemess.         20         A. Yes.         20         A. There are no objective f	6	me that she was was suffering from cervical strain and	6	Q. You also indicated that she had some other
8         evidence of nerve root compression or any injury that         8         rhizatomy later on down the line, 1 think a couple           9         would be expected to cause symptoms beyond four wecks.         9         years later. In your opinion, to a reasonable degree           10         A second neurosurgeon, Dr. El-Kadi, who         10         of medical certainty and probability, was that type of           11         abnormalities on exam. He found that she had cervice         11         accident of November 18th, 2002?           12         accident of November 18th, 2002?         A. Muscle strains - rhizatomies are           13         A. No.         12           14         presedure of nerve damage in the neck. and by Dr. El-Kadi on November 18th, 2002?         13           15         A. Muscle strains - rhizatomies are         procedures where there's injections into the nerves           16         25th of '02 revealed no objective abnormalities.         16           17         ma patient questionnaire filled out by         20         In a patient questionnaire filled out by           18         work, although with some difficulty.         21         23         revealed no objective abnormalities.           21         to carry heavy objects, do her housework and yard         23         24         Dr. Sala's exam on October 13th of '03         24           24	7	had arthritis with degenerative disk disease, but no	7	treatment, including injections in the neck and a
10       A second neurosurgeon, Dr. El-Kadi, who       10       of medical certainty and probability, was that type of         11       examined her on August 26th of '03, found no objective       11         13       degenerative disk disease but with no significant       12         14       pressure on the exiting nerve roots or on the spinal       13         15       cod. Also, a repeat exam by Dr. El-Kadi on November       14         16       25th of '02 revealed no objective abnormalities.       15         17       EMGs performed on September 16th of '03       16         18       revealed no ovidence of muscle spasm.       18         19       was there any evidence of muscle spasm.       18         20       In a patient questionnaire filled out by       20         21       bar on cologitive abnormalities.       18         22       to carry heavy objects, do her housework and yard       21         23       work, although with some difficulty.       23         24       Dr. Sakla's exam on October 13th of '03       24         25       Exam by Dr. LoDico on February 17th of '04       25         3       found her to be in no acute distress and, again, there       18         4       her neck was soft with no tenderness.       17         24<	8	evidence of nerve root compression or any injury that	8	rhizatomy later on down the line, I think a couple
11       examined her on August 26th of '03, found no objective abnormalities can exam. He found that she had cervical       11       treatment necessitated from injuries sustained in the accident of November 18th, 2002?         12       abnormalities can bury Dr. El-Kadi on November 25th of '02 revealed no objective abnormalities.       14       Q. And why is that your opinion?         15       cord. Also, a repeat exam by Dr. El-Kadi on November 25th of '02 revealed no objective abnormalities.       14       Q. And why is that your opinion?         16       revealed no ovidence of nerve damage in the neck, nor       18       revealed no ovidence of mark damage in the neck, nor         18       revealed no ovidence of mark damage in the neck, nor       19       injured any of the joints in her spine.       She did duty here to be spine.         20       In a patient questionnaite filled out by       21       have necessitated injections into the spine.       She did duty here an opinion to a         21       br. Sakla's exam on October 13th of '03       7       Page 34         25       revealed no objective abnormalities.       Page 34         26       her neck was soft with no tenderness.       11         27       November 18th, 2002?       A. Yes.         28       Octor, you have given an opinion that, in       9         29       So, for all of these reasons. I would       9       November 18th, 2	9	would be expected to cause symptoms beyond four weeks	. 9	years later. In your opinion, to a reasonable degree
12       abnormalities on exam. He found that she had cervical       12       accident of November 18th, 2002?         13       degenerative disk disease but with no significant       14       Q. And why is that your opinion?         15       cord. Also, a repeat exam by Dr. El-Kadi on November       15       A. Muscle strains - rhizatomies are         16       25th of '02 revealed no objective abnormalities.       16       Procedures where there's injections into the nerves         18       revealed no evidence of muscle spasm.       17       Hat go to the facet joints in her spine.       She did         19       was there any evidence of muscle spasm.       18       absolutely no evidence in this accident that she         10       In a patient questionnair filled out by       20       Suffer some muscle strains, but noting that would         21       to carry heavy objects, do her housework and yard       22       Q. Doctor, do you have an opinion to a         23       work, although with some difficulty.       23       revealed no objective abnormalities. He reported that       25         24       Dr. Sakin's exam on October 13th of '03       24       Page 34       Page 34         1       Page 34       November 18th, 2002?       A. There are no objective findings on         5       Exam by Dr. LoDico on February 17th of '04       5       5 <t< td=""><td>10</td><td>A second neurosurgeon, Dr. El-Kadi, who</td><td>10</td><td>of medical certainty and probability, was that type of</td></t<>	10	A second neurosurgeon, Dr. El-Kadi, who	10	of medical certainty and probability, was that type of
12       abnormalities on exam. He found that she had cervical       12       accident of November 18th, 2002?         13       degenerative disk disease but with no significant       14       Q. And why is that your opinion?         15       cord. Also, a repeat exam by Dr. El-Kadi on November       15       A. Muscle strains - rhizatomies are         16       25th of '02 revealed no objective abnormalities.       16       Procedures where there's injections into the nerves         18       revealed no evidence of muscle spasm.       17       Hat go to the facet joints in her spine.       She did         19       was there any evidence of muscle spasm.       18       absolutely no evidence in this accident that she         10       In a patient questionnair filled out by       20       Suffer some muscle strains, but noting that would         21       to carry heavy objects, do her housework and yard       22       Q. Doctor, do you have an opinion to a         23       work, although with some difficulty.       23       revealed no objective abnormalities. He reported that       25         24       Dr. Sakin's exam on October 13th of '03       24       Page 34       Page 34         1       Page 34       November 18th, 2002?       A. There are no objective findings on         5       Exam by Dr. LoDico on February 17th of '04       5       5 <t< td=""><td>11</td><td>examined her on August 26th of '03, found no objective</td><td>11</td><td>treatment necessitated from injuries sustained in the</td></t<>	11	examined her on August 26th of '03, found no objective	11	treatment necessitated from injuries sustained in the
14       pressure on the exiting nerve roots or on the spinal       14       Q. And why is that your opinion?         15       cord. Also, a repeat exam by Dr. El-Kadi on November       15       A. Muscle strains - hizatomies are         16       cord. Also, a repeat exam by Dr. El-Kadi on November       16       A. Muscle strains - hizatomies are         17       EMGs performed on September 16th of '03       17       Hard the neck. There's         18       revealed no evidence of muscle spasm.       19       injured any of the joints in he repext.         20       In a patient questionnaire filled out by       20       Doctor, do you have an opinion to a         21       to carry heavy objects, do her housework and yadi       22       Q. Doctor, do you have an opinion to a         23       work, although with some difficulty.       23       reasonable degree of medical certainty and medical         24       Dr. Sakia's exam on October 13th of '03       24       Page 34         25       Exam by Dr. LoDico on February 17th of '04       25       20       Ad what is that opinion?         4       notion.       Fage 34       November 18th, 2002?       A. Yes.       9         5       Exam by Dr. LoDico on February 17th of '04       5       20       Cot a reasonable degree of medical certainty and probability, will Ms. Mecks need any future <td>12</td> <td>abnormalities on exam. He found that she had cervical</td> <td>12</td> <td>-</td>	12	abnormalities on exam. He found that she had cervical	12	-
15       cord. Also, a repeat exam by Dr. El-Kadi on November       15       A. Muscle strains rhizatomies are         16       25th of '02 revealed no objective abnormalilities.       16         17       EMGs performed on September 16th of '03       17         18       revealed no evidence of nerve damage in the neck, nor       18         19       was there any evidence of muscle spasm.       19         10       In a patient questionnaire filled out by       20         21       Ms. Meeks on 10-1-03, she indicated that she was able       10         22       to carry heavy objects, do her housework and yard       22         23       work, although with some difficulty.       23         24       Dr. Sakla's exam on October 13th of '03       24         25       Exam by another physician in the emergency       26         26       revealed no objective abnormalities. He reported that       25         27       Exam by Dr. LoDico on February 17th of '04       5         38       found her to be in no acute distress and, again, there       7         40       motion.       9       So, for all of these reasons, I would         41       thear exasonable degree of medical certainty and probability, will Ms. Mecks need any injury related to this accident that would have caused any permanent problems beyond four weeks.	13	degenerative disk disease but with no significant	13	A. No.
16       25th of '02 revealed no objective abnormalilies.       16       procedures where there's injections into the nerves         17       EMGS performed on September 16th of '03       17       that go to the facet joints in the neck. There's         18       revealed no evidence of nerve damage in the neck, nor       18       absolutely no evidence in this accident that she         19       was there any evidence of muscle spasm.       19       injured any of the joints in ther spine. She did         20       In a patient questionnaire filled out by       20       suffer some muscle strains, but nothing that would         21       Ms. Meeks on 10-1-03, she indicated that she was able       21       have necessitated injections into the spine.         22       to carry heavy objects, do her housework and yard       22       Q. Doctor, do you have an opinion to a         23       work, although with some difficulty.       23       ressonable degree of medical certainty and medical         24       Dr. Sakla's exam on October 13th of '03       24       Page 34         16       her neck was soft with no tenderness.       11       November 18th, 2002?         2       Exam by Dr. LoDico on February 17th of '04       5       A. There are no objective findings on         36       Exam by Or, and of these reasons, I would       9       So, for all of these reasons, I would <td< td=""><td>14</td><td>pressure on the exiting nerve roots or on the spinal</td><td>14</td><td>Q. And why is that your opinion?</td></td<>	14	pressure on the exiting nerve roots or on the spinal	14	Q. And why is that your opinion?
17       EMGs performed on September 16th of '03       17       that go to the facet joints in the neck. There's absolutely no evidence in this accident that she injurdence of murcel espans.         18       revealed no evidence of nerve damage in the neck, nor in a patient questionnaire filled out by       18         20       In a patient questionnaire filled out by       20         21       Ms. Meeks on 10-1-03, she indicated that she was able       21         22       to carry heavy objects, do her housework and yard       22         23       work, although with some difficulty.       23         24       Dr. Sakla's exam on October 13th of '03       24         25       revealed no objective abnormalities. He reported that       25         26       Exam by another physician in the emergency       3         37       room on October 23rd of '03 revealed full range of       3         46       found her to be in no acute distress and, again, there       6         7       was no evidence of muscle spasm or trigger point       8         8       tenderness.       9       To a reasonable degree of medical certainty and probability, will Ms. Meeks need any future         10       treatments.       10       There are no objective findings on         5       Exam by Dr. LoDico on February 17th of '04       5       20	15	cord. Also, a repeat exam by Dr. El-Kadi on November	15	A. Muscle strains rhizatomies are
18       revealed no evidence of nerve damage in the neck, nor       18       absolutely no evidence in this accident that she         19       was there any evidence of muscle spasm.       19       injured any of the joints in her spine. She did         20       In a patient questionnaire filled out by       20       suffer some muscle strains, but nothing that would         21       Ms. Meeks on 10-1-03, she indicated that she was able       11       have necessitated injections into the spine.         22       Work, although with some difficulty.       23       reasonable degree of medical certainty and medical         23       mostion.       Page 34       probability as to whether or not Mrs. Meeks sustained any type of permanent injury in the accident of         24       Dr. Sakla's exam on October 13th of '03       24       Page 34         25       revealed no objective abnormalities. He reported that       25       A. Yees.         26       room on October 23rd of '03 revealed full range of       Movember 18th, 2002?       A. Yees.         36       found her to be in no acute distress and, again, there       reamination or any of the diagnostic testing of any injury related to this accident that would have caused any permanent problems beyond four weeks.         36       Q. Doctor, you have given an opinion that, in       10       Yee.         37       Q. Doctor, you have given an opinion that, in	16	25th of '02 revealed no objective abnormalilties.	16	procedures where there's injections into the nerves
19       was there any evidence of muscle spasm.       19       injured any of the joints in her spine. She did         20       In a patient questionnaire filled out by       20       suffer some muscle strains, but nothing that would have necessitated injections into the spine.         21       Ms. Meeks on 10-1-03, she indicated that she was able       20       Doctor, do you have an opinion to a         23       work, although with some difficulty.       23       23       Probability as to whether or not Mrs. Meeks sustained any type of permanent injury in the accident of         24       Dr. Sakla's exam on October 13th of '03       24       any type of permanent injury in the accident of         25       revealed no objective abnormalities. He reported that       25       any type of permanent injury in the accident of         26       Exam by another physician in the emergency       3       Q. And what is that opinion?         3       Go and her to be in no acute distress and, again, there are no objective findings on       5       examination or any of the diagnostic testing of any injury related to this accident that would have caused any permanent problems beyond four weeks.         9       So, for all of these reasons, I would       9       and probability, will Ms. Meeks need any future treatment, in your opinion, for injuries sustained in the accident of November 18th, 2002?         11       the accident of November 18th, 2002?       A. No. Again, there are no objective fin	17	EMGs performed on September 16th of '03	17	that go to the facet joints in the neck. There's
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22       to carry heavy objects, do her housework and yard       22       Q. Doctor, do you have an opinion to a         23       work, although with some difficulty.       23       reasonable degree of medical certainty and medical         24       Dr. Sakla's exam on October 13th of '03       24         25       revealed no objective abnormalities. He reported that       25         26       Her neck was soft with no tenderness.       2         2       Exam by another physician in the emergency       3       Q. And what is that opinion?         3       room on October 23rd of '03 revealed full range of       3       Q. And what is that opinion?         4       Motion.       4       There are no objective findings on       examination or any of the diagnostic testing of any         5       Exam by Dr. LoDico on February 17th of '04       5       examination or any of the diagnostic testing of any         6       found her to be in no acute distress and, again, there       7       was no evidence of muscle spasm or trigger point         7       wost, for all of these reasons, I would       9       To a reasonable degree of medical certainty         9       So, for all of these reasons, I would       9       A. No. Again, there are no objective findings         11       within four weeks had sustained a cervical       11       the accident of Novembe	20	In a patient questionnaire filled out by	20	suffer some muscle strains, but nothing that would
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13your opinion, Ms. Meeks had sustained a cervical13on examination or any of her testing of any injury14strain as a result of this accident. In your opinion14related to this accident that would require any future15to a reasonable degree of medical certainty and15medical, chiropractic, or surgical treatment.16probability what what was the appropriate amount of16Q.In your opinion to a reasonable degree of17treatment for that type of injury?17medical certainty and probability, does Ms. Meeks have18A.Cerainly someone may require pain18any type of physical restrictions as a result of19medications, chiropractic treatment, physical therapy,19injuries sustained in the November 18th, 200220and rest for those type of injuries.20accident?21Q.Ms. Meeks later had some additional21A.22treatment, including treatment by some of the other22Q.And why is that your opinion?23folks, after that four-week period. Do you relate23A.Again, I would have expected complete24that treatment as being necessitated as a result of24recovery from mild muscle strains within four weeks	12	Q. Doctor, you have given an opinion that, in	12	
14strain as a result of this accident. In your opinion14related to this accident that would require any future15to a reasonable degree of medical certainty and15medical, chiropractic, or surgical treatment.16probability what what was the appropriate amount of16Q. In your opinion to a reasonable degree of17treatment for that type of injury?17medical certainty and probability, does Ms. Meeks have18A. Cerainly someone may require pain18any type of physical restrictions as a result of19medications, chiropractic treatment, physical therapy,19injuries sustained in the November 18th, 200220and rest for those type of injuries.20accident?21Q. Ms. Meeks later had some additional21A. No.22treatment, including treatment by some of the other22Q. And why is that your opinion?23folks, after that four-week period. Do you relate23A. Again, I would have expected complete24that treatment as being necessitated as a result of24recovery from mild muscle strains within four weeks	13		13	
15to a reasonable degree of medical certainty and probability what what was the appropriate amount of treatment for that type of injury?15medical, chiropractic, or surgical treatment.16Q. In your opinion to a reasonable degree of medical certainty and probability, does Ms. Meeks have17treatment for that type of injury?18A. Cerainly someone may require pain19medications, chiropractic treatment, physical therapy, and rest for those type of injuries.20and rest for those type of injuries.21Q. Ms. Meeks later had some additional treatment, including treatment by some of the other case folks, after that four-week period. Do you relate that treatment as being necessitated as a result of that treatment as being necessitated as a result of case a result of case a result of case a result of case a result of15treatment as being necessitated as a result of case a result of1624	14	strain as a result of this accident. In your opinion	14	
16probability what what was the appropriate amount of16Q.In your opinion to a reasonable degree of17treatment for that type of injury?17medical certainty and probability, does Ms. Meeks have18A.Cerainly someone may require pain18any type of physical restrictions as a result of19medications, chiropractic treatment, physical therapy,19injuries sustained in the November 18th, 200220and rest for those type of injuries.20accident?21Q.Ms. Meeks later had some additional21A.No.22treatment, including treatment by some of the other22Q.And why is that your opinion?23folks, after that four-week period. Do you relate23A.Again, I would have expected complete24that treatment as being necessitated as a result of24recovery from mild muscle strains within four weeks	15	to a reasonable degree of medical certainty and	15	
18A.Cerainly someone may require pain18any type of physical restrictions as a result of19medications, chiropractic treatment, physical therapy,19injuries sustained in the November 18th, 200220and rest for those type of injuries.20accident?21Q.Ms. Meeks later had some additional21A.22treatment, including treatment by some of the other22Q.And why is that your opinion?23folks, after that four-week period. Do you relate23A.Again, I would have expected complete24that treatment as being necessitated as a result of24recovery from mild muscle strains within four weeks	16	probability what what was the appropriate amount of	16	· · · · ·
<ul> <li>medications, chiropractic treatment, physical therapy,</li> <li>and rest for those type of injuries.</li> <li>Q. Ms. Meeks later had some additional</li> <li>treatment, including treatment by some of the other</li> <li>folks, after that four-week period. Do you relate</li> <li>that treatment as being necessitated as a result of</li> <li>injuries sustained in the November 18th, 2002</li> <li>accident?</li> <li>A. No.</li> <li>Q. And why is that your opinion?</li> <li>A. Again, I would have expected complete</li> <li>recovery from mild muscle strains within four weeks</li> </ul>	17	treatment for that type of injury?	17	medical certainty and probability, does Ms. Meeks have
<ul> <li>medications, chiropractic treatment, physical therapy,</li> <li>and rest for those type of injuries.</li> <li>Q. Ms. Meeks later had some additional</li> <li>treatment, including treatment by some of the other</li> <li>folks, after that four-week period. Do you relate</li> <li>folks, after that some addited as a result of</li> <li>and rest for those type of injuries.</li> <li>injuries sustained in the November 18th, 2002</li> <li>accident?</li> <li>A. No.</li> <li>A. No.</li> <li>A. Again, I would have expected complete</li> <li>that treatment as being necessitated as a result of</li> <li>and rest for those type of injuries.</li> <li>A. Mo.</li> </ul>	18	A. Cerainly someone may require pain	18	any type of physical restrictions as a result of
20and rest for those type of injuries.20accident?21Q.Ms. Meeks later had some additional21A.No.22treatment, including treatment by some of the other22Q.And why is that your opinion?23folks, after that four-week period. Do you relate23A.Again, I would have expected complete24that treatment as being necessitated as a result of24recovery from mild muscle strains within four weeks	19	medications, chiropractic treatment, physical therapy,	19	
<ul> <li>treatment, including treatment by some of the other</li> <li>folks, after that four-week period. Do you relate</li> <li>that treatment as being necessitated as a result of</li> <li>recovery from mild muscle strains within four weeks</li> </ul>	20	and rest for those type of injuries.	20	-
23folks, after that four-week period. Do you relate23A.Again, I would have expected complete24that treatment as being necessitated as a result of24recovery from mild muscle strains within four weeks	21	Q. Ms. Meeks later had some additional	21	A. No.
that treatment as being necessitated as a result of 24 recovery from mild muscle strains within four weeks	22			Q. And why is that your opinion?
	23			A. Again, I would have expected complete
25 the accident of November 18th, 2002? 25 for the reasons I've already stated.	24	-	24	-
	25	the accident of November 18th, 2002?	25	for the reasons I've already stated.

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1	Q. Now, in this case Ms. Meeks is claiming	1	in the past?
2	that after she worked a couple days at her job as a	2	A. I would estimate that when I'm in town,
3	delivery person that she had to quit that job because	3	when I'm working, I do about three to five per week.
4	she was physically unable to continue as a result of	4	About 80 percent of those are at the request of
5	injuries related to the accident.	5	defense attorneys and about 20 percent at the request
6	Do you have an opinion to a reasonable	6	of plaintiffs attorneys.
7	degree of medical certainty and probability as to		Q. Okay. And that 80 percent that is
8	whether or not Ms. Meeks was physically able to		requested by defense attorneys, have you ever been
9	continue her job as a delivery person, or whether or	9	requested to do a similar examination on another
10	not the injuries from the accident prevented her from	10	individual by this particular law firm, Harrington,
11	performing her duties as a delivery person?	11	Hoppe, and Mitchell?
12	A. Yes.	12	A. Yes. This is the first time I've ever met
13	Q. And what is that opinion, Doctor?	13	this particular attorney, but I have been asked by
14	A. Again, there is no evidence of any injury	14	their firm to do previous exams.
15	related to this accident that would have impaired her	(	·
16	ability to work as a delivery person beyond four weeks	15	Q. And how many of those exams have you done by this firm?
10	after the accident.	10	A. I I couldn't even venture
17			
	Q. Did you see any notations in the records as to strike that.	1	occasionally. Not often, but occasionally.
19		19	Q. Okay.
20	MR. BOETCHER: Doctor, that's all the	20	THE WITNESS: Where is your firm? I
21	questions that I have for you right now. I am sure	21	forget.
22	Mr. Myers has some questions.	22	MR. BOETCHER: It's in Youngstown.
23		23	THE WITNESS: Oh, yeah.
24		24	Occasionally. I'm pretty far from
25		25	Youngstown.
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I	CROSS-EXAMINATION	1	BY MR. MYERS:
2	BY MR. MYERS:	2	Q. And do you perform basically the same type
3	Q. Thank you. Good afternoon, Dr. Thompson.	3	of procedure; you review medical records, conduct an
4	My name is Thomas Myers and I represent Ronda Meeks	4	examination of the individual, and then provide a
5	and Mark Meeks in this action.	5	report of your findings?
б	Before we begin talking about the specifics	6	A. Yes.
7	of your evaluation of Ms. Meeks and her condition and	7	Q. And the amount of money which you make
8	your opinions with regard to that, I'd like to ask you	8	doing this, on an annual basis, is somewhere between
9	some questions about your practice in general, if I	9	200 and 250 thousand dollars a year; is that correct?
10	could, please.	10	A. Yes.
ļ	It's my understanding in that regard that	11	MR. BOETCHER: Objection; move to
12	you are a doctor who does hold himself out to perform	12	strike.
13	examinations in situations where you do not treat	13	BY MR. MYERS:
14	individuals; is that correct?	14	Q. You are paid for your services when you do
15	A. Yes.	15	these examinations at the request of defense counsel;
16	Q. And it's my understanding that you do	16	is that correct?
17	and this is based on a prior deposition in which I had	17	A. Yes.
18	an opportunity to speak to you before you do, at	18	Q. And how much do you charge for let's say
19		19	in this particular circumstance, to review the medical
20	these independent examinations per week; is that		records of Ms. Meeks, conduct an examination of her,
21	correct?	21	and then provide a report?
22	A. Yes.	22	MR. BOETCHER: Continuing objection.
23	Q. Okay. And has that changed any what's		A. Well, in this case, I spent about half an
24	it been in the last, say, six months to a year, have	24	hour face-to-face with Ms. Meeks. I spent
25	you been doing more defense medical examinations than	25	approximately four hours reviewing extensive medical
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1	records, both before and after the accident. I	1	understand what type of delivery van she drove or what
2	reviewed various diagnostic studies. So, alltold, I	2	type of products she delivered?
3	spent about five hours on this case and I charged	3	A. No.
4	\$1800.	4	Q. So, you don't know whether she was required
5	Q. Thank you, Doctor.	5	to lift heavy objects or no lifting at all; is that
6	Now, did you review the records of Ms.	6	correct?
7	Meeks prior to conducting the examination which you	7	A. No, I don't know exactly what she had to
8	did on November 21st, 2005, or after?	8	lift.
9	A. After.	9	Q. Now, you also indicate in your report that
10	Q. Is that your standard practice, to look at	10	she did not tell the arresting officer that she was
11	the records after you conduct the examination?	11	injured; is that correct?
12	A. Yes. I might thumb through the records	12	A. Yes.
13	while the patient's in the room, but the the vast	13	Q. And I believe you had a notation you
14	amount of time I spend looking through the records is	14	actually quoteed from the Ohio State accident report;
15	after the patient has left.	15	is that correct?
16	Q. Now, when you indicated you took a history	16	A. Yes.
17	from Ms. Meeks and I believe you testified and I	17	Q. Okay. Were you aware of the fact that that
18	think you a lot of your testimony is incorporated	18	arresting officer was actually at the scene at the
19	in your November 23rd, 2005 report; is that correct?	19	time the accident occurred?
20	A. Yes.	20	A. I'm sorry, repeat the question.
21	Q. Because I've seen you've been using that	21	Q. Were you aware of the fact that the
22	report to testify in response to some of the questions	22	arresting officer was in and around the scene of the
23	asked by counsel. So is it safe to assume that you	23	accident at the time that it occurred?
24	don't have an independent recollection of your	24	A. No.
25	examination and review of all the records of Ms. Meeks	25	Q. So, you were unaware of the fact that the
	Page 42		Page 44
1	at this time?	1	officer, when he questioned Ms. Meeks about the extent
2	A. Yes.	2	of her injuries, asked her that within minutes or more
3	Q. And that is why you are reviewing your	3	than a couple minutes after the impact took place?
4	report in that regard; is that correct?	4	A. No.
5	A. Yes.	5	Q. And at that time she indicated that asked
6	Q. Now, in looking at your narrative report in	1	her, are you injured, she said: I don't think so; I
7	that portion of it where you indicated you took a	7	am fine. Isn't that wasn't that her words at the
8	history of this lady, she indicated that she was	8	time?
9	rear-ended on November 18th, 2002; is that correct?	9	A. Yes.
10	A. Yes.	10	Q. Okay. And then you indicated that she
11	Q. By a vehicle traveling approximately 40	11	drove from that from the scene then. You said she
12	miles per hour; correct?	12	was able to drive 30 minutes from the scene?
13	A. Yes.	13	A. Yes.
14	Q. Now, your exam of Ms. Meeks was conducted	14	Q. Okay. Where did you get the idea that she
15	three years and three days after the date of injury;	15	drove 30 minutes? Did she tell you that?
16	is that correct?	16	A. That's what she told me, yes.
17	A. Yes.	17	Q. And would that be unusual for someone who
18	Q. And after she had received various	18	has just been rear-ended at 40 miles an hour and
19	modalities of treatment; i.e., chiropractic treatment,	19	having complaints of neck pain at the scene, to be
20	physical therapy treatment, epidural injections,	20	able to drive to their home?
21	cervical facet blocks, and rhizatomies; is that	21	A. In someone who had a relatively mild injury
22	correct?	22	to the spine, I would certainly expect them to be able
23	A. Yes.	23	to drive from the scene. In someone who had had a
24	Q. And in reviewing the information that you		more serious injury, such as a fracture or a herniated
25	took from her about driving a delivery van, did you	25	disk, it would be less likely that they would be able
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1	to drive from the scene.	1	that?
2	Q. So, it would be your opinion that people	2	A. Would it would it have made a difference
3	who experience herniated disks are unable to drive?	3	as far as what?
4	A. I said it would be less likely that they	4	Q. In your opinion. You somehow think the
5	would be able to drive. They would experience	5	fact that she was able to drive 30 minutes and work
6	significant pain. The disk is surrounded by a tough	6	the next two days that that's indicative somehow that
7	outer envelope called the annulus fibrosis and in	7	she only sustained a mild cervical strain.
8	order to have an injury that would subsequently result	8	A. Yeah. People who have severe muscle
9	in a herniated disk, one has to tear that annulus	9	strains would not be able I would not expect them
10	fibrosis, which would produce immediate pain. The	10	to be able to continue to work for the next two days
11	pain would subsequently improve, but at least the pain	11	because the pain you know, the pain is usually
12	would be immediate at the time of the incident.	12	pretty bad when you have a severe cervical strain. If
13	Q. But my question is though, your suggestion	13	it's a mild cervical strain, I would expect you to be
] 4	is that she would have had to have had a herniated	14	able to continue to work, yes.
15	disk and if she did, she would most likely be unable	15	Q. But people respond to trauma differently;
16	to drive from the scene; is that correct?	16	do they not, Doc?
17	A. No. It's possible you could tear your	17	A. Well, again, I'm talking within reasonable
18	annulus fibrosis and not have herniated disk at that	18	medical probability and what we would normally expect
19	point. It could develop later.	19	to see; but, of course, anything is possible.
20	Q. But you've seen plenty of people who have	1	Q. But, I mean, some people could have better
21	had herniated disks, right, and they drive all the	21	tolerance to pain and they might have a job that
22	time; correct?	22	presses them so they would naturally necessarily go
23	A. Yes. In fact, some people have herniated	23	to work despite the fact that they're suffering
24	disks and don't even know it, because the way	24	significantly from an injury they just had the night
25	herniated disks cause pain is by pushing on the nerve,	25	before.
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i	and if you have a herniated disk that's not pushing on	1	A. Again, in someone who has had a mild
2	a nerve, you may not even have any symptoms.	2	cervical strain, I would expect them to be able to
3	Q. Thank you.	3	continue to work for the next for another couple
4	Now, you indicated that she was also in	4	days, yes.
5	addition to being able to drive from the scene, she	5	Q. And you agree Ms. Meeks sustained a mild
6	worked for another two days doing deliveries; correct?	6	cervical strain; is that correct?
7	A. Yes,	7	A. Yes.
8	Q. Do you know whether those were two	8	Q. What other objective findings would you
9	consecutive days or whether or not she had a day off	9	expect to see if that would if that would have been
10	in between, at which time she rested and was able to	10	a serious cervical strain?
] ]	self help herself in that regard, like heating pads	[	A. With a serious cervical strain, you may see
12	and laying down and taking over-the-counter	12	muscle spasm, severe decrease in a range of motion.
13	medications?	13	If there's torn muscles, you may actually see visible
14	A. She told me that she worked for two more	14	swelling or even some discoloration under the skin.
15	days. I did not ask her whether it was whether it	15	With severe muscle severe muscle strains, there can
16		1	
	was inI assumed it was two more days after the	16	be actually bleeding and black and blue marks appear
17	accident, but I didn't specifically I assumed from	16 17	under the skin, under the severe strains.
18	accident, but I didn't specifically I assumed from the way she said it that it was the next two days, but	16 17 18	under the skin, under the severe strains. Q. So, you would expect to see some muscle
18 19	accident, but I didn't specifically I assumed from the way she said it that it was the next two days, but I did not specifically ask her that.	16 17 18 19	under the skin, under the severe strains. Q. So, you would expect to see some muscle spasms, some decrease of range of motions; is that
18 19 20	<ul><li>accident, but I didn't specifically I assumed from the way she said it that it was the next two days, but I did not specifically ask her that.</li><li>Q. Okay. Well, would that make a difference</li></ul>	16 17 18 19 20	under the skin, under the severe strains. Q. So, you would expect to see some muscle spasms, some decrease of range of motions; is that correct? You indicated both of those things would be
18 19 20 21	<ul> <li>accident, but I didn't specifically I assumed from the way she said it that it was the next two days, but I did not specifically ask her that.</li> <li>Q. Okay. Well, would that make a difference if she had worked the next day and then had a day off</li> </ul>	16 17 18 19 20 21	under the skin, under the severe strains. Q. So, you would expect to see some muscle spasms, some decrease of range of motions; is that correct? You indicated both of those things would be more prevalent in a serious cervical strain.
18 19 20 21 22	<ul> <li>accident, but I didn't specifically I assumed from the way she said it that it was the next two days, but I did not specifically ask her that.</li> <li>Q. Okay. Well, would that make a difference if she had worked the next day and then had a day off and then worked on the following day, which would have</li> </ul>	16 17 18 19 20 21 22	<ul> <li>under the skin, under the severe strains.</li> <li>Q. So, you would expect to see some muscle spasms, some decrease of range of motions; is that correct? You indicated both of those things would be more prevalent in a serious cervical strain.</li> <li>A. They'd be more prevalent. They could</li> </ul>
18 19 20 21 22 23	<ul> <li>accident, but I didn't specifically I assumed from the way she said it that it was the next two days, but I did not specifically ask her that.</li> <li>Q. Okay. Well, would that make a difference if she had worked the next day and then had a day off and then worked on the following day, which would have been a Thursdays, that she would have had a little bit</li> </ul>	16 17 18 19 20 21 22 23	<ul> <li>under the skin, under the severe strains.</li> <li>Q. So, you would expect to see some muscle spasms, some decrease of range of motions; is that correct? You indicated both of those things would be more prevalent in a serious cervical strain.</li> <li>A. They'd be more prevalent. They could they could also be present for, you know, a short</li> </ul>
18 19 20 21 22	<ul> <li>accident, but I didn't specifically I assumed from the way she said it that it was the next two days, but I did not specifically ask her that.</li> <li>Q. Okay. Well, would that make a difference if she had worked the next day and then had a day off and then worked on the following day, which would have</li> </ul>	16 17 18 19 20 21 22	<ul> <li>under the skin, under the severe strains.</li> <li>Q. So, you would expect to see some muscle spasms, some decrease of range of motions; is that correct? You indicated both of those things would be more prevalent in a serious cervical strain.</li> <li>A. They'd be more prevalent. They could</li> </ul>

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1	of the spine?	1	Q. And in looking at the first record of
2	A. That's a common finding, especially in	2	11-22-02, as Mr. Boetcher had indicated that was four
3	females, and is not really a reliable thing. Now, an	3	days after the original after the incident, it
4	EMG is an objective way of seeing muscle spasm, but	4	notes in that report that she was in a motor vehicle
5	but that was not apparent with her.	5	accident Monday, 11-18-02, entrance ramp over in Ohio
6	Q. Doctor, I'd like to bring your attention to	6	returning from her delivery in Cleveland. Impact to
7	at least a deposition that you gave in another case,	7	vehicles, whiplash, no treatment to date.
8	the case of Sabine Young versus Veda Harper, and in	8	Would you agree with me that's how that
9	that deposition you were asked a couple questions	9	reads? It's a little hard to read, but
10	about in a very similar circumstances with an	10	A. Yes.
11	individual who had, perhaps had an injury, and you	11	Q. Okay. It reads: Today, very sore, slash,
12	were discussing the difference between cervical strain	12	antalgic to the cervical spine."
13	being mild or serious. And if I could	13	What does antalgic mean?
14	MR. MYERS: I don't know how, Marty,	14	A. Antalgic means slowness of movement due to
15	you want to proceed, but I would like to ask him a	15	pain.
16	couple questions about his previous testimony in that	16	Q. So it would be a decrease in the range of
17	deposition.	17	motion?
18	BY MR. MYERS:	18	A. Yes.
19	Q. And in this particular case, Doctor, you	19	Q. Okay. And he says: "Very limited ROM"
20	were asked: "Doctor, the cervical or neck sprain that	20	that's range of motion " in all modes;" correct?
21	you felt occurred to Ms. Young, in terms of levels of	21	A. Yes.
22	severity, how would you characterize it?"	22	Q. Okay. So, she has a decrease in her range
23	You answered: "I would characterize it as	23	of motion in lateral flexion and extension and
24	a mild sprain."	24	rotation; is that correct?
25	Question: "Okay. And how do you	25	A. Yes.
	Page 50		Page 52
1	differentiate between mild versus more serious neck	1	Q. Okay. Again, range of motion, that loss of
2	strains?"	2	range of motion was one of those things you indicated
3	Your answer: "With severe strains, the	3	you would see in a more severe strain; correct?
4	pain is immediate and severe. When the patient is	4	A. In that in that
5	examined there is there can be muscle spasm, and	5	Q. Just answer yes or no first, and then if
6	certainly will be decrease in range of motion of the	6	you want to explain, you can.
7	neck. Sometimes on X-ray of the neck, there may be	7	A. Yes. May I explain?
8	some loss of normal curve of the neck. With mild	8	MR. BOETCHER: He said you could.
9	sprains, range of motion may be normal. There may be	9	Q. Yes, go ahead. Sure.
10		10	A. What I was referring to in that previous
11		11	deposition is the examination immediately after the
12	So, at least in that prior deposition,	12	injury. Certainly with muscle strains and even with
13	Doctor, you characterize evidence of severe strain as	13	mild muscle strains, I would not be at all surprised
14	being muscle spasms and certainly decrease in range of	14	for someone to have decreased range of motion, muscle
15	• • • • • • • •	15	tenderness, as these findings are very consistent
16	loss of normal curvature in the neck; correct?	16	with a mild muscle strain in the days after the
17	A. Yes, but in that testimony I'm talking	17	injury. And I said it takes up to four weeks to
18	about the exam immediately after the accident.	18	recover from a mild muscle strain.
19	Q. Okay. I'd like to turn your attention now	19	Q. But in four weeks, Mrs. Meeks wasn't
20	to the exam that took place closest in time to the		better; was she?
21	accident, and that would be the evaluation conducted	21	A. No, she's still complaining of pain three
22	by Dr. DeGameaux, and you've indicated that you have	22	years later.
23	reviewed Defendant's Exhibit No. 1, which are Dr.	23	Q. Right. So, then, your belief that she
24	DeGameaux's office records; is that correct?	24	should have gotten better in four weeks did not occur
25	A. Yes.	25	in this particular case; is that correct?

	EO DEPO OF DR. THOMPSON Mult DNESDAY, 11/15/06	ti-Pago	RONDA MEEKS, ET ALVS- MATTHEW J. STEWART, ET AL.
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I	A. Her symptoms are still persistent three	1	was bad since Tuesday night and that she had been
2	years later, but in my opinion there's no evidence of	2	taking some over-the-counter over-the-counter drugs
3	anything that could have occurred in this accident	3	with no help; is that correct?
4	that would have caused that.	4	A. Yes.
5	Q. Well, if her symptoms were persistent	5	Q. And now, the cervical X-ray that you made
5	and they were also consistent, were they not? Each	6	reference to in Defendant's Exhibit 1, that was
7	physican or practitioner she saw, she made very	7	conducted the very next day and probably in
3	similar complaints; decrease in range of motion, neck	1	pursuant to doctor's request that that be done;
9	pain in the shoulders and in the thoracic region?	9	correct?
)	A. No.	10	A. Yes.
l	Q. Well, we'll go through them individually,	11	Q. Because you had reviewed the X-ray that is
2	Doctor. If you don't mind, I'd like to stick now with	12	is dated 11-23-02, both the cervical and thoracic
3	Dr. DeGameaux's office record there. First he said	13	X-rays that were done at Dr. DeGameaux's request?
ŀ	the range of motion was very limited in all modes;	14	A. Yes.
5	correct?	15	Q. Now, in the X-ray first of all, X-rays
}	A. Yes.	16	only only tell us about the bony structures for the
Ī	Q. And he noted that her pain has gotten worse	17	most part; isn't that true?
6	in the days since the accident; correct?	18	A. No. With severe soft tissue injuries, you
)	A. Yes.	19	may see some swelling or edema in the soft tissues.
)	Q. And he notes she had pain in the entire	20	But with mild soft tissue injuries, all you can really
	cervical spine and down into the mid dorsal. That's	21	see are the bones.
-	the the thoracic region; is that correct?	22	Q. Now, in this particular X-ray, it noted
	A. Yes.	23	that the curvature is straight. This is the X-ray of
	Q. Down through into the middle of the	24	the cervical spine; is that correct?
	back, between the shoulder blades; correct?	25	A. Yes.
	Page 54		Page 56
	A. Yes.	1	Q. And one of the impressions was that she had
	Q. Okay. No radiation of the upper	2	a straight curvature; is that correct?
	extremities, but along the traps and rhomboids. Those		A. Yes.
	are the muscles in the back of the shoulder that you	4	Q. Now, a straight curvature is a long way off
	referenced earlier in your testimony; is that correct?	5	from what the normal lordosis of the cervical spine
	A. Yes.		is; isn't that true?
	Q. Okay. He also notes: Primary pain in the	7	A. No. Many normal people, including females,
	cervical extension and she had a positive S/H. That's	ł	will have a straight cervical spine. But a straight
	a reference to Soto Hall; is it not?	1	curvature, again, is consistent with a mild cervical
	A. Yes.		strain.
	Q. And CC, that's a cervical compression test; correct?	1	Q. And that straight straightening of the
		ŧ	curvature would be due to what, to the muscle spasms that are pulling on the
	<ul><li>A. Yes.</li><li>Q. Those were both positive at the time Dr.</li></ul>	13 14	
	DeGameaux did his examination; is that correct?	1	<ul><li>A. Muscle tightness of the spine.</li><li>Q. Because the normal lordosis of the cervical</li></ul>
	A. Yes.		spine has a bit of a curve to do it, does it not, and
	Q. And it noted that she was tender to the	1	the spine in general looks like sort of an elongated
	touch in the involved IAs, that's involved areas;		S-shaped form; does it not?
	correct?	19	A. Yes. And all these things are consistent
	A. I you would have to ask Dr. DeGameaux	[	with what I've testified, that she had a cervical
	that.		strain.
	Q. Okay. And at that time he ordered X-rays		Q. Okay. And that also indicated that she had
	of the cervical and dorsal spine; correct?		disk space narrowing and some spondyloarthritic
	A. Yes.	[	changes. That's the osteoarthritic condition in the
			vertebrae; is that correct?
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#### VIDEO DEPO OF DR. THOMPSON WEDNESDAY, 11/15/06

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	Page 57	7	Page 59
1	A. That's correct.	1	her to see a doctor for any pain meds that she might
2	Q. Now, if you also look at the thoracic X-ray	<b>y</b> 2	want, is that correct, and, if necessary, go to the
3	that was done on that very same day, that thoracic	3	emergency room for that?
4	X-ray noted she had some degenerative spurring in the	e 4	A. Yes.
5	thoracic region, but she also had some	5	Q. Is that what his office record indicates?
6	dextroscoliosis; is that correct?	6	A. Yes.
7	A. Yes.	7	Q. Okay. And then shortly after the X-rays
8	Q. And dextroscoliosis is where the portion of	8	were taken and that office visit, she did have a
9	the thoracic spine is bowed, but it's not bowed in the	9	cervical MRI which was performed on December 4th; is
10	way that you would expect in the cervical, but that's	10	that correct?
11	actually to the side; is it not?	11	A. Yes.
12	A. Yes.	12	Q. Now, in your report, you indicate that you
13	Q. If you were looking at the cervical the	13	had not actually had a chance to review those films
14	spinal column straight on, that means that the	14	yourself, but you relied upon the radiologist's report
15	thoracic spine is sort of curved out to the side a	15	and the subsequent examinations to make your opinion
16	little bit; is that correct?	16	with regard to these findings; is that correct?
17	A. Yes.	17	A. Yes, plus I subsequently reviewed
18	Q. Is that also consistent with a cervical	18	additional MRI scans and CAT scans, myelograms, and
19	strain condition that Ms. Meeks sustained	19	EMGs that she had.
20	A. Yes.	20	Q. But you have yet to see these cervical
21	Q several days before?	21	films; is that correct?
22	A. Yes.	22	A. I never received those films; that's
23 24	Q. And would that dextroscoliosis and the	23	correct.
25	straightening of the lordotic curvature be the result of muscle spasms that she might be experiencing would	24 25	Q. Now, it's true, is it not, Doctor, that it's not unusual for one MRI scan done at one
		2.5	
.	Page 58		Page 60
	be pulling on those vertebral parts?	1	particular time to show one finding and a subsequent
2	A. Well, it's really impossible to tell	2	MRI to have a different finding; in fact, for, say, a
3	because, number one, those findings are commonly seen	3	cervical disk herniation to show up on one MRI and to
4	in the normal population. You would have to have an	4	then for it to show up on a later as a degenerative
5	X-ray before and after. But in the case of a of	5	disk disease in terms of the findings?
6	cervical muscle strains, I would certainly not be at all surprised to see these findings due to that.	6	A. Well, it's certainly possible, if someone
7		7	has had a small disk herniation, it could just
8 9	Q. So, then, she did have some muscle spasms, she did have significant loss in range of motion based	8	recover and go away, yes. Q. And in this particular MRI reading, in
10	on Dr. DeGameaux's initial evaluation; is that	9 10	Q. And in this particular MRI reading, in addition to them finding the doctor finding a C5-6
11	correct?	11	disk herniation which was impinging on the
12	A. Yes.	12	subarachnoid space and the orifice of the left
13	Q. Okay. Now, in looking back to his next	13	foramen is that correct?
14	office note, Dr. DeGameaux's, he had an opportunity	14	A. That's what that radiologist reported, yes.
15	very in three days later to she and he	15	Q. And he also reported a C6-7 disk herniation
16	indicated that she had a bad weekend; is that correct?	16	which impinges on the same subarachnoid space;
17	A. Yes.	17	correct?
18	Q. And he noted that he reviewed the X-rays	18	A. Yes.
19	and at that time he suspected HNPs, heriated nucleus	19	Q. Also noted on that MRI though, is that it
20	propulsis; is that correct?	20	had a notation of abnormal lordosis; correct?
21	A. Yes.	21	A. Yes.
22	Q. And he noted there were some dorsal	22	Q. And, again, that abnormal lordosis when
23	degenerative changes. He told her to just he did	23	they call it abnormal, we're not just talking about
24	easy manual traction in the spine and some G five	24	some minimal variation that you might find in the
25	traps and rhomboids and he discussed an MRI and told	25	nopulation, but an abnormal lordosis this is

VY E	DNE3DA1, 11/15/00		MATTHEW J. STEWART, ET AL.
	Page 61		Page 63
I	showing the same thing that was sort of evidenced on	1	should have needed any care or treatment and she
2	the X-ray of the cervical region taken several days	2	should have been healed thereafter; is that correct?
3	before; isn't that correct?	3	A. Yes.
4	A. Yes.	4	Q. Okay. So, in looking at Dr. DeGameaux's
5	Q. Okay. So, she was still having some	5	records, after about nine visits she should have been
6	lordotic problems, curvature problems as a result of	6	completely healed and totally asymptomatic and pain
7	the strain she sustained in the auto collision of	7	free? Is that your opinion?
8	August 18th; correct?	8	A. As far as the mucle strains that occurred
9	A. And again, this may be a normal finding in	9	in this accident, I would have expected complete
10	her, but it can be seen in patients that have muscle	10	recovery within four weeks, yes.
11	strains also.	11	Q. Okay. Dr. DeGameaux or Dr. Anderson also
12	Q. And in this particular case, there really	12	referred her to some for some physical therapy; is
13	was no evidence in any of the prior records that	13	that correct?
14	you've seen that showed she had any cervical injury to	14	A. Yes.
15	her neck; isn't that correct?	15	Q. And she did have physical therapy at
16	A. Other than the head head injury that	16	Medical Park Hospital very close in time to the
17	supposedly occurred in the 1980s, but	17	automobile collision. In fact, it was in February; is
18	Q. And that	18	that correct?
19		1	
	······································	19	
20	her the base of her skull and the top of her	20	MR. MYERS: Can we go off the record a
21	shoulders to her family doctor two weeks prior to the	1	minute?
22	accident.	22	THE VIDEOGRAPHER: Sure. We're going
23	Q. But in review of all her prior records,	23	off the record at 5:30:38.
24	there was no evidence of any injury to her neck; is	24	(OFF THE RECORD.)
25	that correct?	25	THE VIDEOGRAPHER: We're going back on
	Page 62		Page 64
1	A. Other than what I mentioned, was the injury	1	the record at 5:31:30.
2	back in the mid 80s.	2	Go right ahead.
3	Q. 1985, I believe, sometime in that range?	3	BY MR. MYERS:
4	A. Yes.	4	Q. And, Doctor, the physical therapy that she
5	Q. And did you review any records that showed	5	had that done at Medical Park with a licensed physical
6	she had any care and treatment between that time and	6	therapist; is that correct?
7	the time of this particular injury?	7	A. Yes.
8	A. Yes. Dr. Anderson's records indicate as	8	Q. Okay. And that physical therapy began on
9	far as back as a year and a half prior to the accident	9	February 21st, 2003, which is, again, beyond the
10	that she was having recurrent headaches, pain at the	10	period of time where you thought Ms. Meeks should be
	base of her skull, pain in the occipital areas, muscle	11	complaining or having any type of care and treatment
12	tightness at the top of her shoulders, requiring	12	or any type of problems with regard to the mild
5	relief by taking a hot shower or massaging the area.	13	cervical strain she sustained; is that correct?
] 4	Q. Now, you may have misunderstood me.	14	A. Yes.
15	There's no indication that Dr. Anderson was treating	15	Q. In her complaints and I assume you've
16	her for the results of the impact she had or whatever	16	read the symptom questionnaire where she indicates why
17	injuries she had in 1985?	17	she was coming to therapy was her neck and her
18	A. Oh, no.	18	complaint and what she wanted to accomplish in
19	Q. Okay. Thank you.	19	physical therapy was to get movement back and to end
20	A. No, these were just these were symptoms	20	the pain; is that correct?
21		20	A. Yes.
22		22	Q. And at that time, she indicated that her
23		22	pain level ranged between a 4 and an 8; is that
24		23 24	correct?
25		24 25	A. Yes.
	51 - Page 64		A. ICS. HYI VIDEO & COURT REPORTING LTD
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# VIDEO DEPO OF DR. THOMPSON WEDNESDAY, 11/15/06

MA	TTHEW J. STEWART, ET AL.		WEDNESDAY, 11/15/00
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1	Q. Now, there's also a the plan of care	1	certainly, in my opinion would be related to those
2	that was established by the physical therapist	2	unrelated conditions.
3	indicated that the problem was she had decreased	3	Q. Well, when during the period of time
4	cervical range of motion and she also had muscle	e 4	between November 18, 2002, the date of her accident
5	spasm; isn't that correct?	5	and the time she saw this physical therapist in
6	A. Yes.	6	February, did she stop suffering from the cervical
7	Q. And muscle spasm is one of the other things	7	strain and begin suffering from the degenerative disk
8	that you mentioned in that prior deposition that you	8	disease?
9	would expect to see in a more serious cervical strain;	9	A. I would estimate that at the most it would
10	is that correct?	10	have taken her four weeks to have recovered from this
11	A. Yes.	11	accient; that is, December 18th of 2002.
12	Q. So, then, in February, 2003, this physical	12	Q. So, after December 18th, 2002, you
13	therapist is diagnosing her with having muscle spasms,	13	attribute the spasms, the decrease in range of motion
14	nothing that one of the goals was to try to increase	14	to her having preexisting degenerative disk disease?
15	her range of motion by 50 percent, and to minimize the	15	A. Yes.
16	muscle spasms; is that correct?	16	Q. And isn't it correct that the injury could
17	A. Yes.	17	have easily aggravated that preexisting degenerative
18	Q. And that was the goal of that physical	18	disk disease?
19	therapy?	19	MR. BOETCHER: Objection.
20	A. Yes.	20	A. No, arthritis and degenerative disease are
21	Q. And she undertook and went to approximately	21	never permanently aggravated by an injury unless
22	14 or 15 sessions of physical therapy between February	22	there's significant injury to the spine, such as a
23	and sometime in April; is that correct?	23	fracture or a dislocation, which was not the case
24	A. Yes.	24	here.
25	Q. Okay. If Ms. Meeks weren't continuing to	25	Q. And there are though, Doctor, are there
	Page 66		Page 68
1	suffer from the impact and the resultant symptoms she	1	not, different schools of thought on that in terms of
2	had at the in the car collision, why would she go	2	whether or not an injury can cause aggravation to
3	to physical therapy two to three times a week for four	3	preexisting degenerative conditions; is that correct?
4	weeks?	4	A. I think most specialists in the areas of
5	MR. BOETCHER: Objection.	5	the spine would agree that in the absence of a
6	MR. KEPPLE: Object.	6	fracture or dislocation or serious injury to the
7	A. The only person who knows if Ms. Meeks is	7	spine, that arthritis is never permanently aggravated.
8	having pain is Ms. Meeks herself. Certainly she had	8	Certainly muscle strains would not cause any type of a
9	pain in her neck that she complained to her family	9	permanent aggravation to a preexisting arthritis.
10	doctor prior to this accident and she did have known	10	Q. So, she undertook the 14 or so visits with
11	arthritis in the neck. So, if Ms. Meeks was having	11	regard to physical therapy and at that time she
12	discomfort in her neck, I certainly don't object to	12	noticed that her pain had had developed increasing
13	her getting treatment for it, it's just that in my	13	neck pain since the accident. That would be up until
14	opinion it wasn't related to anything that happned in	14	the time he was seeing her, then, in February, is that
15	this accident beyond four weeks after the accident.	15	correct? That's what she reported to the physical
16	Q. What would it have been related to?	16	therapist?
17	A. Well, she had a preexisting history of	17	A. I'm sorry?
18	similar symptoms for which she saw her family doctor a	18	Q. In the note.
19	very short time prior to the accident, 12 days prior	19	A. I'm sorry, I'm confused as to what you're
20	to the accident.	20	asking me.
21	The X-rays of her neck and spine showed	21	Q. I am asking you, in February of 2001, when
22	arthritis all the way from her neck down through her	22	she saw the physical therapist, she was still
23	thoracic spine to her low back. Subsequent MRI scans,	23	reporting that she had developed increasing neck pain
24	CAT scans, and myelograms showed arthritis and	24	since the accident?
25	degenerative disk disease in her spine. So, it	25	A. You mean February of 2003?

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	Page 69		Page /1
	Q. Yes, sir.	1	A. Yes.
)	A. I agree that's what she reported, yes.	2	Q. All the diagnostic studies indicate it to
3	Q. Okay. And her biggest complaint at that	3	be mild.
1.	time was that she had a decrease in range of motion;	4	A. Well, the X-ray of the cervical spine said
+ 5	is that correct?	5	arthritis with narrowing of the disk spaces at C5-6
5	A. Yes.	6	and 6-7, and the X-ray of her thoracic spine showed
7	Q. In none of the records you saw, what you	7	some arthritic changes noted throughout the thoracic
3	claim to be her treatment prior to this incident, was	8	spine. With early arthritis, the X-rays are perfectly
5 9	there any decrease in range of motion in Dr.	9	normal. You have to have had arthritis for a period
7 )	Anderson's records; is that correct?	10	of time for X-rays to show any changes.
.) 1	A. Dr. Anderson did not report that she	11	Q. And none of these diagnostic studies showed
2	checked it. She just reported that there was	12	any chanes from the first to last; did they?
2 3	tightness, muscle tension, but she didn't report on	13	A. Well, the the MRI scan of her neck in
3 4	the range of motion.	14	February of '02 reportedly showed a disk herniation
	Q. Okay.	15	which subsequently disappeared on a repeat MRI scan,
5	A. Dr. Anderson did examine her after the	16	CAT scan, a myelogram.
6 7	accident, however, in February of '03, and found her	17	Q. Right. And it was actually seen by Dr.
	neck to be soft and supple with normal range of	18	Voelker to be disk bulging, is that correct, his
8 9	motion.	19	interpretation of that first MRI in December?
	Q. Which is also somewhat inconsistent with	20	A. Yeah, he reported a mild disk bulging and
0	some of the other practitioners who evaluated and	21	then said he thought she was suffering from cervical
1 2	examined her; is that correct?	22	strain, as I as I opined, and mild cervical
2 .3	A. Well, it's different from what the physical	23	spondylosis, which means arthritis and degenerative
.3 ;4	therapist reported. Dr. Voelker said there was some	24	disk disease.
:4 :5	derecase in range of motion. I found some decrease in	25	Q. But Dr. Voelker is making that comment many
10	and the second of an arrange of a second of the second of		-
		1	Page 72
	Page 70	1	Page 72
<u></u>	Page 70 range of motion.	1	Page 72 months after the four weeks that you say she should
1	Page 70 range of motion. Q. Well	1 2	Page 72 months after the four weeks that you say she should have been healed and better; is that correct?
1 2 3	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range	1 2 3	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes.
1 2 3 4	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion.	1 2 3 4	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for
1 2 3 4 5	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion. Q. That's well beyond the four weeks that you	1 2 3 4 5	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for a moment, because Dr. Liebeskind is the Director of
1 2 3 4 5 6	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion. Q. That's well beyond the four weeks that you suggest is when she should have been better or not	1 2 3 4 5 6	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for a moment, because Dr. Liebeskind is the Director of Rehabilitation Medicine and board certified in pain
1 2 3 4 5 6 7	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion. Q. That's well beyond the four weeks that you suggest is when she should have been better or not suffering any further from this incident; is that	1 2 3 4 5 6 7	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for a moment, because Dr. Liebeskind is the Director of Rehabilitation Medicine and board certified in pain management and rehabilitation. Are you board
1 2 3 4 5 6 7 8	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion. Q. That's well beyond the four weeks that you suggest is when she should have been better or not suffering any further from this incident; is that correct?	1 2 3 4 5 6 7 8	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for a moment, because Dr. Liebeskind is the Director of Rehabilitation Medicine and board certified in pain management and rehabilitation. Are you board certified in pain management and rehabilitation?
1 2 3 4 5 6 7 8 9	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion. Q. That's well beyond the four weeks that you suggest is when she should have been better or not suffering any further from this incident; is that correct? A. Well, again, I don't think the decrease in	1 2 3 4 5 6 7 8 9	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for a moment, because Dr. Liebeskind is the Director of Rehabilitation Medicine and board certified in pain management and rehabilitation. Are you board certified in pain management and rehabilitation? A. No, I am board
1 2 3 4 5 6 7 8 9 10	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion. Q. That's well beyond the four weeks that you suggest is when she should have been better or not suffering any further from this incident; is that correct? A. Well, again, I don't think the decrease in range of motion was related to anything that occurred	1 2 3 4 5 6 7 8 9 10	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for a moment, because Dr. Liebeskind is the Director of Rehabilitation Medicine and board certified in pain management and rehabilitation. Are you board certified in pain management and rehabilitation? A. No, I am board MR. BOETCHER: Objection.
1 2 3 4 5 6 7 8 9	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion. Q. That's well beyond the four weeks that you suggest is when she should have been better or not suffering any further from this incident; is that correct? A. Well, again, I don't think the decrease in range of motion was related to anything that occurred in this accident, since decrease in range of motion is	1 2 3 4 5 6 7 8 9 10 11	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for a moment, because Dr. Liebeskind is the Director of Rehabilitation Medicine and board certified in pain management and rehabilitation. Are you board certified in pain management and rehabilitation? A. No, I am board MR. BOETCHER: Objection. A. I am board certified in neurology.
1 2 3 4 5 6 7 8 9 10	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion. Q. That's well beyond the four weeks that you suggest is when she should have been better or not suffering any further from this incident; is that correct? A. Well, again, I don't think the decrease in range of motion was related to anything that occurred in this accident, since decrease in range of motion is commonly related to arthritis and degenerative disk	1 2 3 4 5 6 7 8 9 10 11 12	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for a moment, because Dr. Liebeskind is the Director of Rehabilitation Medicine and board certified in pain management and rehabilitation. Are you board certified in pain management and rehabilitation? A. No, I am board MR. BOETCHER: Objection. A. I am board certified in neurology. Q. Okay. You had indicated in your report
1 2 3 4 5 6 7 8 9 10 11	Page 70 range of motion. Q. Well A. Dr. Liebeskind found some decrease in range of motion. Q. That's well beyond the four weeks that you suggest is when she should have been better or not suffering any further from this incident; is that correct? A. Well, again, I don't think the decrease in range of motion was related to anything that occurred in this accident, since decrease in range of motion is commonly related to arthritis and degenerative disk disease.	1 2 3 4 5 6 7 8 9 10 11 12 13	Page 72 months after the four weeks that you say she should have been healed and better; is that correct? A. Yes. Q. I would like to turn to Dr. Liebeskind for a moment, because Dr. Liebeskind is the Director of Rehabilitation Medicine and board certified in pain management and rehabilitation. Are you board certified in pain management and rehabilitation? A. No, I am board MR. BOETCHER: Objection. A. I am board certified in neurology. Q. Okay. You had indicated in your report that you didn't believe any other doctor had found
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1	history of the present illness as taken by from Ms.	1	point injections due to the observations he made at
2	Meeks that she was injured on November 18th, 2002, she	2	that time; isn't correct?
3	stopped at a light when she was rear-ended by another	3	A. Yes.
4	vehicle. He said at first she thought the she had	4	Q. And he did, in fact, conduct a series of
5	some pain and she thought it would go away, but it	5	three of those trigger point injections; is that
6	persisted. It notes she went to Dr. DeGameaux, he	6	correct?
7	took X-rays, had the MRI; the MRIs revealed the disk	7	A. Yes.
8	herniations that it shows at C5-6 and C6-7. Am I	8	Q. And, again, that's treatment which, in your
9	correct about that review of his report thus far?	9	opinion, was not necessary to Ms. Meeks?
10	A. Yes.	10	A. No, I never testified to that. I said that
11	Q. Okay. Now, at the time Dr. Liebeskind saw	11	the treatment she received was not related to the
12	her in June, she had previously already seen Dr.	12	November 18th of '02 incident after four weeks.
13	Voelker; is that correct?	13	Q. But it was related to her cervical
14	A. Yes.	14	degenerative disk disease?
15	Q. Okay. And Dr. Voelker had noted in his	15	A. Yes.
16	review of this of Ms. Meeks' situation and as far	16	Q. Which was unaffected by the automobile
17	as his review, he knew that she had had physical	17	collision?
18	therapy, but Dr. Voelker recommended pain management;	18	A. In my opinion, there was certainly no
19	did he not?	19	permanent aggravation of that preexisting condition by
20	A. Yes.	20	this accident.
21	Q. And so his recommendation of pain	21	Q. When you say permanent aggravation, is that
22	management, would you agree, sort of was the precursor	22	distinguished from temporary aggravation?
23	to the referral by Dr. Anderson of Ms. Meeks to Dr.	23	A. Well, certainly after you have a muscle
24	Liebeskind for some pain management? Is that correct?	24	strain, there may be some temporary aggravation, but,
25	A. Yes.	25	again, I wouldn't expect it to last beyond a few
	Page 74		Page 76
1	Q. Okay. And in Dr. Liebeskind's evaluation,	1	weeks.
2	he indicated that she had range of motion is	2	Q. So, temporary to you means only a few
3	globally reduced with most of her pain in left	3	weeks, it can't be a year, six months, or anything of
4	rotation. Is that correct?	4	that sort; is that correct?
5	A. Yes.	5	A. In the case of a mild strain, the recovery
6	Q. Okay. And Dr. Liebeskind actually	6	is usually within a few days to a few weeks. I said
7	indicates he found well-defined trigger points over	7	four weeks just to give her the benefit of the doubt.
8	the occiput and over the trapezius and over the	8	Many people will receiver from mild strains within a
9	levitator scapula bilaterally and over C7 and T6;		few days or a few weeks.
10	correct?	10	Q. Now, after the evaluation by Dr. Liebeskind
10	A. Yes.	11	and the three trigger epidural trigger points that
12	Q. And as result of that, his diagnosis was	12	he had gave her, she was also evaluated had a
12	that she had chronic cervical pain syndrome that was	13	second neurosurgical consultation with Dr. El-Kadi; is
13	superimposed upon the HNP and some myofascial	14	that correct?
15	ligamentus component as well; is that correct?	15	A. Yes.
16	A. Yes.	16	Q. And you reviewed Dr. El-Kadi's report?
17	Q. And that's strain and sprain of the	17	A. Yes.
18	musculature and ligaments in the neck; is that	18	Q. And basically, as far as history goes, she
19	correct?	19	related the same thing, that she was in motor vehicle
20	A. Myofascial pain syndrome is a rather	20	accident November 18th of '02 and that she the
20	nebulous condition of unknown cause in which people	21	Friday after her motor vehicle accident she went to
22	complain of muscle pain and on exam will have some	22	the chiropractor, who ordered X-rays; and at that time
23	trigger points. The cause is not known.	23	she had denied any neck pain or arm pain before the
24	Q. Well, Dr. Liebeskind at least felt it	24	motor vehicle accident and had never had any X-rays of
25	necessary to provide her with a regimen of trigger	25	her cervical or an MRI of her cervical spine before
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1	that; isn't that correct?	1	A. Yes.
2	A. Yes.	2	Q. And that was discontinued as a result of
3	Q. And at that time, her complaints to Dr.	3	that reaction; correct?
4	El-Kadi were headache, neck pain radiating with	1 4	A. Yes.
5	back into the back area, pain in bilateral in	5	Q. So, Dr. Sakla at that time, in October of
6	the shoulders, greater on the left than the right.	6	2003, was in the process of providing her with an
7	He, at that time, conducted his examination and did a	n 7	epidural injection based primarily on the same
8	evaluation of her and his final recommendation, he	8	complaints that she had from this accident up until
9	noted that she had had mild multi-level cervical	9	the time she had seen him; correct?
10	spondylosis; is that correct?	10	A. Well, actually, Dr. Sakla spoke on the
11	A. Yes.	11	phone with Dr. Anderson on October 22nd and Dr.
12	Q. Cervical spondylosis, is that synonymous	12	Anderson referred to pain prior to the accident. So,
13	with cervical degenerative disk disease?	13	at least Dr. Anderson reported to him that there was
14	A. Cervical spondylosis means cervical	14	pain even prior to the accident.
15	degenerative disk disease and arthritis.	15	Q. And where is that notation in this report?
16	Q. So some impact on the vertebral bodies as	16	A. You mean on my report?
17	well as the disks?	17	Q. Yes.
18	A. Well, it actually means the joints of - the	18	A. Page 5.
19	facet joints in the spine, because arthritis is a	19	Q. No, no, I am sorry, in Dr. Sakla's notes.
20	disease of the spine. Arthritis is a disease of the	20	A. That was on October 22nd of '03, which is
21	facet joints and not so much of the vertebral bodies.	21	several pages here.
22	Q. And in looking at Dr. El-Kadi, he made an		Okay. Dr. Sakla's
23	evaluation, he indicated he did not believe she had	23	Q. Addendum?
24	any neuro any need for neurosurgical intervention,	24	A typed note, doctor down at the bottom
25	but he indicated that considering her pain, he would	25	of the page, the last paragraph. I will just read it.
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Ĭ	refer her for pain management, for epidural injection;	1	"We received a phone call this afternoon from Dr.
2	is that correct?	2	Anderson's office." And he goes on, it says: "Dr.
3	A. Yes.	3	Anderson had advised me that the patient at some point
4	Q. Okay. And he, in fact, referred her and	4	had accused her" Dr. Anderson " of changing her
5	then she went to see Dr. Sakla after that, sometime in	5	medical records in reference to neck pain problems
6	October of 2003; would you agree?	6	three years ago and the patient was in disagreement
7	A. Yes.	7	with her."
8	Q. And Dr. Sakla it appears as if Dr. Sakla	8	So apparently Dr. Anderson had something in
9	did an initial evaluation and got to the point where	9	her records about neck pain prior to the accident that
10	he was going to provide her with an epidural	10	Ms. Meeeks was wanted to wanted Dr. Anderson to
11	injection, but MRs. Meeks had some what's called a	f	change.
12	vasovagal reaction to the treatment; is that correct?	12	Q. And that was a reference three
13	A. Vasovagal, yes.	13	reference to a reference to Dr. Anderson's records
14	Q. Vasovagal reaction?	14	of three years ago; is that correct?
15	A. Yes.	15	A. Yes, which would have been about a year
16	Q. And what is that, Doctor?	16	prior to the accident.
17	A. She fainted or almost fainted.	17	Q. Okay. Thank you.
18	Q. Those aren't necessarily have you ever	18	Now, in addition to the care and treatment
19 20	experienced any of that in your chronic pain clinic,	19	that had been rendered, that had that had been
20	people just get woozey and don't like the needles and	20	rendered by Dr. DeGameaux and the physical therapist,
21	can't go through with the procedure?	21	and Dr. Liebeskind, and the attempt by Dr. Sakla which
22	A. Yes.	22	never came through, she Ms. Meeks was also referred
23 24	Q. In this case, her blood pressured dropped	23	to and treated by Dr. LoDico; is that correct?
24 25	or her blood pressure went up and she got light-headed	24	A. Yes.
دی 	and all that; is that correct?	25	Q. And, again, Dr. LoDico if you've had
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1	a review of his records.	1	about this. Pain management doctors tend to talk in
2	A. Yes.	2	sometimes different terms than other doctors do; would
3	Q. Dr. LoDico first saw her on February 17th	1, 3	you agree with me there?
4	2004; is that correct?	4	A. I don't know what you mean.
5	A. Yes.	5	Q. Well, he referred to that she was having a
6	Q. And he is also a pain management	6	cervical spinal pain secondary to diskogenic snydrome
7	practitioner; is that correct?	7	versus facet arthropathy, status post motor vehicle
8	A. That's my understanding, yes.	8	accident; correct?
9	Q. And then, Doctor, if I could ask you a	9	A. Yes.
10	couple questions, you indicated that you're the	10	Q. So, that's his diagnosis that he's making
11	Director of Chronic Pain Management Program here in	11	as a result of the motor vehicle accident; would you
12	Zanesville?	12	agree?
13	A. Yes.	13	A. Well, you would have to ask him that.
14	Q. Okay. And do you regularly provide your	-	Q. Well, and I'm
15	patients with epidural injections and cervical facet	15	A. I mean, that's what it says.
16	blocks?	16	Q. Okay.
17	A. Yes. I don't do them myself, but I refer	17	A. I don't know if it's relating it to the
18	them to the anesthesiologist to do them.	18	accident or not, or whether he's just saying well,
19	Q. You don't do them yourself. How about	19	first of all, she told him that she had never had
20	rhizatomies; do you do those?	20	symptoms before the accident, but he obviously hadn't
21	A. No.	21	reviewed Dr. Anderson's pre-accident records that
22	Q. Okay. In looking at the evaluation	22	showed she had had those symptoms before.
23	conducted by Dr. LoDico on February 17th, 2004, he	23	Q. The symptoms of what, decreased range of
24	notes that she's having pain throughout the entire	23	motion and the spasms in her neck and pain in her
25	cervical spine, through the occiput, as well as	25	neck?
1	Page 82	t	Page 84
1	shoulders bilaterally and into the lateral aspects of	1	A. No, the record of November 6th of 2002,
2	her upper extremities bilaterally; correct?	2	six 12 days before the accident, in which she was
3		3	having chronic headaches, muscle tension, tight,
4 5	Q. And he states: This pain began after a	4	mainly in the occipital regions bilateral, muscle
1	motor vehicle accident one year and three and a half	5	tightness at the top of her shoulers, had to take hot
6	months ago, whereupon she was hit from behind. Now,	6	showers and massage the area to get relief.
7	the doctor he reviewed some of the same medical	7	April 3rd of '02, taking Vioxx, which is a
8	records that you did in terms of the CT scan and the MRI scans; is that correct?	8	pain medicine, for headaches and joint pain.
9 10		9	October 15th of '01, requesting samples of
11		10	Vioxx for her chronic headaches and joint pains.
1	Does he say that in there? I'd have to look.	11	Q. Joint pains, that's talking about her hands
12	MR. BOETCHER: I am going to object. He doesn't say what scans he looked at, which CT scans	12	and her fingers and her
13 14	and MRIS.	13	A. Well, arthritis arthritis is a
14 15	BY MR. MYERS:	14	generalized disease. It's throughout the spine.
15		15	May 10th of '01, positive trigger points in
10 17	Q. The MRI of the cervical spine showed C5-6 disk herniation. Those would have been the earlier		the trapezius muscles in the occipital areas.
	ones done in December of '02; correct?	17	February 2nd of '01, long history of
18 19	A. Okay. We're on Dr. LoDico?	18	recurrent headaches at the top of her head, base of her skull. So
20		19	
20 21	<ul><li>Q. Yes, sir.</li><li>A. Okay. He kind of just reiterated what</li></ul>	20	Q. But those are the only office records you have from Dr. Anderson those air or seven is that
21	tests she had had, yes.	21	have from Dr. Anderson, those six or seven; is that
22	Q. Okay. And Dr. LoDico, also similar to you,	22 23	correct?
23 24	conducted a physical examination he made a bit of a		A. No, I actually have some records from Dr.
24 25	different diagnosis, but you tell me if I am wrong	24 25	Anderson after the accident. Specifically
ر ک	unterent magnosis, out you ten me n i am wrong	25	Q. Well, I know. I was talking about the ones

Page 87 Page 85 prior to the accident. Is that correct? Correct. 1 Α. 1 Well, I have those records and I have some And epi is just a phrase for around, so 2 Q. 2 A. that epidural injection, it -- they inject the -- what records after the accident, yes. 3 3 Because despite what all those records say, lidocaine or the fluid into and around the dura; is 4 Q. 4 it doesn't appear like she's treating on a real that correct? 5 ٢ frequent bsis with Dr. Anderson; is that correct? б A. Correct. 6 And if you look, Dr. LoDico actually did Well, in the year and a half prior to the 7 A. О. 7 accident she saw her one, two, three, four, five, three interlaminal cervical epidural injections at the 8 8 C4-5 level; is that correct? six -- at least seven times. 9 9 In a year and a half? Yes. 10 А. 10 Q. He did the first one on February 17th. In a year and a half. 11 О. A. 11 That was at C4-5. And then on March 16th he did one Now, in looking back at Dr. LoDico's report 12 12 Q. at the C5-6 level; is that correct? and his evaluation, he also noted that he felt that 13 13 she would benefit from interlaminal cervical epidural Yes. 14 А. 14 And then he again did another one on -steroid injections and then if that fails to give 15 Ο. 15 added relief, he was going to do the cervical facet well, he had a follow-up evaluation on June 1st. Is 16 16 that your impression, that he saw her again on June nerve blocks; is that correct? 17 17 1st? Yes. 18 Α. 18 Yes. And the interlaminal cervical epidural 19 Α. ŧ9 О. injections, those are different than trigger point Okay. And he noted that his impression was 20 Q. 20 that she had cervical spinal pain secondary to injections; are they not? 21 21 diskogenic syndrome versus facet arthropathy, status Yes. 22 Α. 22 post motor vehicle accident. When a doctor uses a And they're a little deeper in -- through 23 Q. 23 phrase status post motor vehicle accident, that the muscle tissue and down into the area around the 24 24 doesn't that mean as a result of or stemming from? vertebra; is that correct? 25 25 Page 88 Page 86 MR. KEPPLE: Objection. Trigger point injections are just 1 А. Well, again, a doctor would normally say underneath the skin. Epidural injections are actually 2 A. 2 secondary to a motor vehicle accident or due to a into the spinal canal, but not going through the dura, 3 3 motor vehicle accident. which is the tough outer membrane surrounding the 4 戊 What's status post mean? nerve roots and spinal cord. So, with -- with an 5 Q. 5 MR. BOETCHER: Objection. epidural, you're actually putting the needle into the б 6 Well, I don't know. You would have to ask spinal canal. 7 A. 7 Well, there are several types of epidurals, Dr. LoDico. 8 О. 8 though, right; there's interlaminal and there's 9 Q. Well, isn't it common -- isn't it a 0 commonly used medical terminology? also -- and a cervical facet block, for instance, is a 10 You know what, it's commonly used if the little bit different than one of these interlaminal 11 Α. 11 doctor is having some doubts as to whether it's cervical epidural injections; is that correct? 12 12 related to the motor vehicle accident; otherwise they Well, there's several different types of 13 Α. 13 would generally use a term such as due to or secondary epidural injections depending what approach you take, 14 ]4 but most people take the interlaminal approach. A to. So, you would have to ask him what he -- whether 15 15 he thinks it's related to the accident. facet nerve block is -- facet is the joint. 16 16 Say somebody has severe arthritis pain in a And he indicates that he gave her three of 17 Q. 17 those cervical epidural injections; correct? joint. You can actually do a facet nerve block or 18 18 destroy or inject the nerve that goes to that 19 Yes. А, 19 And that they each helped for about a arthritic joint. So -- so you're injecting 20 Q. 20 different -- different areas, either the nerve going month? 21 21 to the joint or within the spinal canal itself. 22 А. Yes. 22 Correct. And the word epidural -- dural is Okay. And then he indicated that, two, she 23 Q. 23 Q. continues to have posterior neck pain that radiates a reference to the dura, which is is sheath that 24 24 into her inner scapular area, left greater than the surrounds the spinal cord; correct? 25 25

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# VIDEO DEPO OF DR. THOMPSON WEDNESDAY, 11/15/06

MA	TTHEW J. STEWART, ET AL.		WEDNESDAY, 11/15/06
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1	right, and in the trapezius area and as a result of		help, but it doesn't always give long-lasting relief
2	that he scheduled her for cervical facet nerve block;	2	even if the nerve block gives temporary relief.
3	is that correct?	3	Q. But, Doctor
4	A. Yes.	4	A. If that answer is clear.
5	Q. And those are, as you indicated, different	5	Q. But, Dr. LoDico, based upon the results
6	than the cervical epidural injections?	6	that Ms. Meeks had from the cervical facet blocks, he
7	A. Yes.	7	went on and did rhizatomies on the right; isn't that
8	Q. And they're they are to help deaden the	8	correct?
9	nerve at the facet joint; is that correct?	9	A. Yes.
10	A. Yeah. If somebody has a problem with the	10	Q. And his follow-up reports indicate that she
11	facet joint, either a fracture of the facet joint or	11	got significant relief from that; is that correct?
12	arthritis in the facet joint, facet nerve blocks can	12	A. Yes.
13	be helpful.	12	Q. But it's your opinion that she didn't need
14	Q. Okay. And he gave her a series of these	14	those facet blocks or the rhizatomies in any way,
15	cervical facet nerve blocks at C3-4, 4-5, and 5-6;	15	shape, or form due to injuries she sustained in this
16	correct?	16	automobile accident?
17	A, Yes.	17	A. Correct. I don't object to her getting
18	Q. Okay. And as a result of those cervical	18	them, but I just don't think there was any injury in
19	facet blocks, tell me, Doctor, isn't it true they can	19	this accident that injured her facet joints. There
20	be used sort of as a diagnostic tool to determine	20	was no evidence of a fracture or dislocation or
21	whether or not a rhizatomy may provide a little bit	20	anything that injured the facet joints.
22	longer lasting benefit than the cervical facet block	21	· –
23	itself; is that correct?	22	Q. Well, then, why would Dr. LoDico give those to her?
24	A. Well, certainly if someone doesn't respond	24	A. Well, she has arthritis. I'm sure she has
25	to a facet block, you would not want to go on to do a	1	pain in her I'm sure she has pain due to arthritis,
			puin in her i in suie sie has pain due to artifitis,
	Page 90	1	Page 92
1	rhizatomy; but if someone does respond to it, then	1	in which case that's that's the most common thing
2	they're more likely to respond to a rhizatomy.	2	facet blocks or rhizatomies are given for, is
3	Q. So, if yeah, the outcome of a cervical	3	arthritis.
4	facet block sort of tells the doctor whether or not he	4	Q. But it's your opinion that this injury
5	should go on and do a rhizatomy; is that correct?	5	could not have aggravated what was otherwise her
6	A. Yeah, but I'm here to tell you it's not	6	preexisting osteoarthritis in her neck; is that
7	fool-proof. There's some people that respond to the	7	correct?
8	facet block and get a rhizatomy and don't get a good	8	A. Not beyond four weeks, no.
9	result.	9	Q. Okay. And, Doctor, you've testified in
10	Q. And don't get good results.	10	many cases with regard to cervical strains and
11	A. So it's not fool-proof.	11	sprains; is that correct?
12	Q. But in this particular	12	A. Yes.
13	A. It's a very subjective test. You're just	13	Q. And probably more than a hundred or a
14	basically saying: Did the pain go away. So,	14	hundred and fifty times; is that not correct?
15	thre's again	15	A. Yes.
16	Q. Well, do you refer people for cervical	16	Q. And it's true in those cases where you,
17	facet blocks?	17	based upon your examination, review of medical
18	A. Yes.	18	records, have concluded in many of those cases that
19	Q. And rhizatomies as well?	19	there are the persons have only sustained mild
20	A. Yes.	20	cervical strains; correct?
21	· · · · · · · · · · · · · · · · · · ·	21	A. Well, I have testified several ways. I
22		22	have testified people that have mild strains, moderate
23	- · · · · · · · · · · · · · · · · · · ·	23	strains, or severe strains.
24	· ·	24	Q. But in all those circumstances where you
25		25	have testified that the injury that the individual
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#### RONDA MEEKS, ET AL. -VS-MATTHEW J. STEWART, ET AL.

Page 93 1 had mild cervical strains, it's always your conclusion 2 that they should have had no treatment beyond the 3 four say four to six week period; is that correct? 4 difficulty. 2 Q. Right. That was afterwards and 3 had had some of the treatment; is that	Page 95
2 that they should have had no treatment beyond the 2 Q. Right. That was afterwards and	
	after she
	correct?
4 A. Yes, I have consistently testified through 4 A. She told me she couldn't do any ya	rd work,
5 the years that mild cervical muscle strains should 5 she indicated she could do some, although it w	
6 recover within four weeks. 6 for her.	
7 Q. Now, Doctor, you indicated when you 7 Q. Now, she also indicated to you t	hat she
8 examined Ms. Meeks yourself and you say you spent 8 said she reports that today is a bad day f	
9 how long actually with her, in her presence? 9 is that correct?	ŕ
10 A. I spent 30 minutes with her. I can tell 10 A. Yes.	
11 you exactly. 11 Q. Did you ask her why or in what resp	ect she
12 I spent 33 minutes with her face-to-face. 12 was having a bad day?	
13 Q. That's certainly a lot less time than Dr. 13 A. Well, on medical/legal cases, somet	imes
14 DeGameaux or Dr. Liebeskind and Dr. LoDico would have 14 people will say: Well, you know, you saw me	
15 spent with her actually treating her; is that correct? 15 you only saw me once and you saw me on a g	
16 A. Well, you would have to ask them how much 16 So, I always ask people whethr it was a good of	-
17 time they spent with her. 17 day, or average day for them and she told	
18 Q. And you didn't provide her with any advice 18 that the day I saw her was a particularly b	
19 as to treatment or modalities that you would recommend 19 Q. Okay.	
20 or anything of that sort; correct. 20 A. She did drive two hours to get here,	or an
21 A. No. 21 hour and	
22 Q. And you did not establishi a 22 Q. Would you expect that the drive	may have
physician/patient relationship with her; is that 23 been a cause for her to indicate she's having	-
24 correct? 24 day?	Balling
25 A. Yes, that's correct. 25 A. Well, I don't know, but she	
Page 94 Q. Now, when you conducted your examination of 1 Q. Okay. Now, during your actual h	Page 96
1Q.Now, when you conducted your examination of1Q.Okay. Now, during your actual 12her, first she told you that she's unable to do any2examination of Ms. Meeks, you indicated th	1
yard work; is that correct? 3 had range of motion of the cervical s	
	- and
	upper
,	
	L. L.
<ul> <li>or anything like that before, say during that period</li> <li>Q. And those were the areas where s</li> <li>of time where you suggest that Dr. Anderson is noting</li> <li>consistently made complaints since the</li> </ul>	
	accident;
	range of
	~ 1
1	
	IUCTION IN
A. Actually let me look here. I'm sorry, 20 arthritis and degenerative disk disease, that	
	ne who
there was something I just wanted to check here in the know, that's a pretty that's normal for someo	1
22 records. 22 has those conditions.	1
22records.22has those conditions.23Actually, she did indicate on a patient23Q.Well, could you demonstrate a normal	l range
22 records. 22 has those conditions.	

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MA	ATTHEW J. STEWART, ET AL.		WEDNESDAY, 11/15/06
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1	do it because I've got some arthritis in my neck	1	THE REPORTER: Excuse me, gentlemen,
2	but being able to put your chin all the way over on	2	but I need to change my paper, so if we can go off the
3	your shoulder. About half way would be about to here,	3	record.
4	(indicating).	4	MR. MYERS: Okay.
5	Q. And what you're doing is rotation	5	THE VIDEOGRAPHER: We're going off the
6	component?	6	record at 6:07:50.
7	A. Rotation.	7	(OFF THE RECORD.)
8	Q. Okay.	8	THE VIDEOGRAPHER: We're going back on
9	A. Extension would be again, I'm not normal	9	the record at 6:11:04.
10	because I've got some arthritis in my neck but	10	Go right ahead.
11	being able to look almost all the way up; about 50	11	MR. MYERS: Dr. Thompson, thank you, I
12	percent would be about like this, (indicating ), and	12	don't have any more questions for you at this time.
13	then flexion would be about here, (indicating).	13	MR. BOETCHER: Doctor, I have a couple
14	Q. And then lateral flexion?	14	follow up questions.
15	A. Again, if you can put your ear on your	15	
16	shoulder, that's normal. So about half way to your	16	REDIRECT EXAMINATION
17	shoulder is about 50 percent.	17	BY MR. BOETCHER:
18	Q. So, she had 50 percent range of motion in	18	Q. Mr. Myers asked you some questions about
19	all directions; is that correct?	19	Ms. Meeks' condition and obviously of interest is her
20	A. Yes.	20	condition before the accident and after the accident.
21	Q. Okay. We talked about the difference	21	Is it your opinion that Ms. Meeks had arthritic or
22	between mild and serious cervical sprains and we	22	osteoarthritic changes to her neck and back, middle
23	looked at your testimony from a prior deposition in	23	and low back, before the accident?
24	that regard. You also reviewed the CT cervical spine	24	A. Yes.
25	done on April 4th, 2003; is that correct?	25	Q. And is it your opinion that she had, based
		·	
1	A. Yes. Page 98		Page 100
2	Q. And it noted that the vertebrae were of	1	upon your review of the records, including Dr.
3	normal height and alignment, there was no fracture in	2	Anderson's records, that she had prior complaints of
4	the vertebrae, but that that CT scan, even though	4	neck tightness and headaches before the accident in
5	the impression said no fracture or malalignment	5	May of 2001 and just a couple weeks before November of 2002?
6	identified in the cervical psine, it did indicate	6	A. Yes.
7	there was a loss of normal cervical lordosis which be	7	1
8	seen with neuromusculature spasm; correct?	8	
9	A. Yes.	9	degree of medical certainty and probability as to
10	Q. So, even in April, 2003, the findings on	10	whether there was any type of structural change in her neck or back or spine as a result of this accident?
11	this CT scan showed that she had a loss of the normal	11	A. Yes.
12	cervical lordosis and that it may be as a result of		Q. And what is that opinion?
13	neuromuscular spasm in the neck; is that correct?	13	A. There was no evidence of any significant
14	A. It can be, yes.	14	injury to the spine itself in this accident.
15	Q. Well, and that's what this radiologist	15	Q. And is it your opinion to a reasonable
16	said, which can be seen with neuromuscular spasm;	16	degree of medical certainty and probability that Ms.
17	correct?	17	Meeks did not sustain any type of herniated disk as a
18	A. Yes.	18	result of this accident?
19	Q. And so, April, 2003, she could still have	19	A. Yes.
20	• • •	20	Q. And why is that your opinion?
21	cervical lordosis?	20	A. Well, she did have again, she did not
22	MR. BOETCHER: Objection.	22	have she reported to the officer that she did not
23		23	have any pain at the scene. In people who have
24	<b>T T D D D D D D D D D D</b>	24	herniated disks, you have to tear the tough outer
25		25	layer of the disk called the annulus fibrosis and that
<b></b>	TAUVI VIDEO & COUDT DEDODTDIO		, and and the annulus fibrosis and that

WE	DNE5DAY, 11/15/06		MATTHEW J. STEWART, ET AL.
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1	would produce immediate pain. The pain may	1	right now for its accuracy. You also have the right
2	subsequently get better, but you wouldn't have you	2	to read the typewritten transcript after its been
3	wouldn't have no pain at all.	3	prepared, or you can waive those rights.
4	She subsequently had a CAT scan of her neck	4	THE WITNESS: I wiave.
5	in April of '03 which did not show any evidence of	a 5	THE VIDEOGRAPHER: Thank you very
6	herniated disk. Dr. Voelker, a neurosurgeon, reviewed	6	much.
7	the MRI scan which supposedly showed a herniated disk	7	(Viewing and signature waived.)
8	and opined that there was no evidence of a disk	8	
9	herniation.	9	THEREUPON, THE DEPOSITION CONCLUDED AT
10	She had EMGs in September of '03 which did	10	6:15 P.M.
11	not reveal any evidence of a pinched nerve, and the	11	
12	way that herniated disks produce pain is by putting	12	
13	pressure on the nerve.	13	
14	She also had a cervical myelogram in	14	
15	November of '03 which showed some degenerative disk	15	
16	disease and arthritis, but no evidence of a disk	16	
17	herniation. And a myelogram and a post-myelogram CAT	10	
18	scan is a more sensitive test than an MRI scan for	18	
19	detecting a herniated disk.	18 19	
20	So, for this reason I do not think she had	20	
21	a herniated disk as a result of this accident.	21	
22	Q. And is it your opinion that her mild	22	
23	cervical strain has resolved following this accident?	22	
24	A. Yes,	1	
25	Q. And is it your opinion that this cervical	24	
23	Q. And is it your opinion that this cervical	25	
ļ	Page 102	1	State of Ohio : CERTIFICATE Page 104
1	strain resolved within approximately four weeks after	2	County of Muskingum :
2	this accident?	3	
3	A. Yes.	4	I, Kathy J. McGlaughlin, Notary Public in and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named
4	Q. Now, a question was asked about your	5	ROBERT J. THOMPSON, M.D., was first duly sworn to testify to the truth, the whole truth, and nothing but
5	opinions and the fact that you didn't see Ms. Meeks	6	the truth in the cause aforesaid; that the testimony then given by him was by me reduced to stenotype in
6	until three years after. Are you basing your opinion	7	the presence of said witness; that the foregoing is a true and correct transcript of the testimony so given
7	just upon your medical exam, or are you basing it on	8	by him as aforesaid, transcribed from my stenographic notes; and that this deposition was taken at the time
8	your medical exam plus your review of all the records	9	and place in the foregoing caption specified, and was completed without adjournment.
9	that you've had a chance to look at, both before and	10	I do further certify that I am not, nor is
10	after the accident of November 18th, 2002?	11	the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28(D); that
1.1	A. I only saw Ms. Meeks for half an hour on	12	I am not a relative, employee, or attorney of any of the parties hereto and further that I am not a
12	one occasion, three hours after three years after	13	relative or employee of any attorney or counsel employed by the parties hereto, or financially
13	the accident. For that reason, I am very careful to	14	interested in this action.
4	review whatever every other doctor who saw her before	15	IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Zanesville,
		t	Ohio, on this 30th day of November, 2006.
LS.	and after the accident found when they examined her	16	
15 16	and also reviewed the results of her all of her	16 17	
	-		
16	and also reviewed the results of her all of her diagnostic tests that she had after the accident before coming to any opinions. So, my opinion was not	17	KATHY J. McGLAUGHLIN, NOTARY PUBLIC, STATE OF OHIO
16 17	and also reviewed the results of her all of her diagnostic tests that she had after the accident	17 18	KATHY J. McGLAUGHLIN,
16 17 18	and also reviewed the results of her all of her diagnostic tests that she had after the accident before coming to any opinions. So, my opinion was not	17 18 19	KATHY J. McGLAUGHLIN, NOTARY PUBLIC, STATE OF OHIO
16 17 18 19	and also reviewed the results of her all of her diagnostic tests that she had after the accident before coming to any opinions. So, my opinion was not just based on my, you know, one time, 30-minute	17 18 19 20	KATHY J. McGLAUGHLIN, NOTARY PUBLIC, STATE OF OHIO
16 17 18 19 20	and also reviewed the results of her all of her diagnostic tests that she had after the accident before coming to any opinions. So, my opinion was not just based on my, you know, one time, 30-minute encounter with her.	17 18 19 20 21	KATHY J. McGLAUGHLIN, NOTARY PUBLIC, STATE OF OHIO
16 17 18 19 20 21	and also reviewed the results of her all of her diagnostic tests that she had after the accident before coming to any opinions. So, my opinion was not just based on my, you know, one time, 30-minute encounter with her. MR. BOETCHER: Doctor, that's all the questions that I have. Thank you.	17 18 19 20 21 22	KATHY J. McGLAUGHLIN, NOTARY PUBLIC, STATE OF OHIO
16 17 18 19 20 21 22	and also reviewed the results of her all of her diagnostic tests that she had after the accident before coming to any opinions. So, my opinion was not just based on my, you know, one time, 30-minute encounter with her. MR. BOETCHER: Doctor, that's all the questions that I have. Thank you. MR. MYERS: Nothing further.	17 18 19 20 21 22 23	KATHY J. McGLAUGHLIN, NOTARY PUBLIC, STATE OF OHIO
16 17 18 19 20 21 22 23	and also reviewed the results of her all of her diagnostic tests that she had after the accident before coming to any opinions. So, my opinion was not just based on my, you know, one time, 30-minute encounter with her. MR. BOETCHER: Doctor, that's all the questions that I have. Thank you. MR. MYERS: Nothing further.	17 18 19 20 21 22 23 24	KATHY J. McGLAUGHLIN, NOTARY PUBLIC, STATE OF OHIO