

IN THE COMMON PLEAS COURT OF BELMONT COUNTY, OHIO

SABINE A. YOUNG, )  
PLAINTIFF, )  
-vs- ) CASE NO. 99 CV 0374  
VEDA C. HARPER, )  
DEFENDANT. )

VIDEOTAPED DEPOSITION of ROBERT J. THOMPSON, M.D.,  
a Witness herein, called by the Defendant for examination  
under the statute, taken before me, Debbie M. Bobo,  
Registered Professional Reporter, Notary Public in and  
for the State of Ohio, pursuant to the stipulations of  
counsel hereinafter set forth at 945 Bethesda Drive,  
Suite 230, Zanesville, Ohio, on Thursday, December 21,  
2000, beginning at 4:30 p.m.

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STIPULATIONS

It is stipulated by and between counsel for the  
respective parties that the videotaped deposition of  
ROBERT J. THOMPSON, M.D., a Witness herein, called for  
examination by the Defendant under statute, may be taken at  
this time by the Notary and by agreement of counsel without  
notice or other legal formality; that said deposition may  
be 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 reading and  
signature of the said witness to the transcript of the  
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.

APPEARANCES:

ON BEHALF OF THE PLAINTIFF:

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Wheeling, West Virginia 26003

ON BEHALF OF THE DEFENDANT:

James J. Pringle, Esq.  
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ALSO PRESENT:

Mr. Terry Tahyi, Videographer.

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1 VIDEOGRAPHER: Dr. Thompson, would you  
2 raise your right hand for me, please.  
3 ROBERT J. THOMPSON, M.D.  
4 being by the videographer duly sworn, testifies  
5 and says as follows:  
6 VIDEOGRAPHER: Thank you very much. Go  
7 right ahead, Mr. Pringle.  
8 DIRECT EXAMINATION  
9 BY MR. PRINGLE:  
10 Q. Dr. Thompson, first of all, would you state  
11 your name for the record, please.  
12 A. Robert Jorden Thompson.  
13 Q. Dr. Thompson, as you know, my name is Jim  
14 Pringle, and I'm here for Veda Harper. I'm going to  
15 ask you some questions with respect to Mr. Sabine Young  
16 and your examination of him, but first let me get some  
17 background you on, sir.  
18 What is your home county of residence?  
19 A. Muskingum County.  
20 Q. Okay. And what is your occupation?  
21 A. I am a physician.  
22 Q. Okay. Do you have a specialty, sir?  
23 A. Yes. I'm a neurologist.  
24 Q. Okay. And where is your main address of -- of  
25 business?

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1 A. 945 Bethesda Drive, Suite 230, Zanesville,  
2 Ohio.  
3 Q. Okay. What sort of training and experience  
4 have you had in terms of being a neurologist?  
5 A. I graduated from the University of Pittsburgh,  
6 in 1968, with a B.S. degree in chemistry; I  
7 subsequently graduated from the University of  
8 Pittsburgh School of Medicine, with an M.D. degree, in  
9 1972; I completed a medical internship at Montefiore  
10 Hospital, in Pittsburgh, in 1973; I subsequently  
11 completed a three-year residency in neurology, at the  
12 University of Pittsburgh, in 1976; and I have been  
13 board certified in neurology since 1977.  
14 Q. What's involved in board certification?  
15 A. Once he or she finishes a -- a residency, one  
16 then takes a one day written examination and a two day  
17 oral examination. If those examinations are  
18 successfully passed, one is said to be board certified.  
19 Q. Are you licensed in the State of Ohio?  
20 A. Yes.  
21 Q. Since what date?  
22 A. Since 1976.  
23 Q. Okay. And are you on the staff of any  
24 hospitals?  
25 A. Yes; Bethesda Hospital and Good Samaritan

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1 Hospital, in Zanesville.  
2 Q. And what sort of privileges do you have at  
3 those hospitals?  
4 A. General neurology. I also have privileges to  
5 do EMGs, interpret MRI scans and CAT scans of the brain  
6 and spine. And I'm also the medical director of the  
7 rehabilitation unit and of the chronic pain management  
8 program.  
9 Q. What sort of patients do the -- does the  
10 chr -- chronic main -- let me start over -- chronic  
11 pain unit see?  
12 A. In that program, we see patients who suffer  
13 from chronic pain, from a variety of reasons; most  
14 commonly patients who have had previous back surgery or  
15 disc herniations. We see patients with chronic  
16 arthritis. Those are probably the most common patients  
17 that we see.  
18 Q. Okay.  
19 A. We see patients with headaches.  
20 Q. And you belong to professional organizations?  
21 A. Yes. I'm a member of the Muskingum County  
22 Medical Academy, the Ohio State Medical Association,  
23 and the American Academy of Neurology.  
24 Q. Doctor, can you explain what the practice of  
25 neurology relates to?

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1 A. Yes. Neurology is a subspecialty of medicine  
2 that deals with diseases and injuries to the nervous  
3 system, including the brain, spinal cord, peripheral  
4 nerves, muscles, and those supporting structures  
5 including the spine.  
6 Q. What's the difference between neurology and  
7 neurosurgery?  
8 A. Neurologists do diagnostic testing and  
9 treatment of those conditions that do not require  
10 surgery. Neurosurgeons perform surgery on the brain  
11 and spine.  
12 Q. Is there any professional interaction between  
13 neurosurgeons and neurologists?  
14 A. Yes, very extensive interaction.  
15 Q. What -- what sort of way does that come about?  
16 A. Frequently neurosurgeons depend on the  
17 neurologists to do all the diagnostic testing, and very  
18 frequently follow-up treatment of patients that may  
19 have surgery but then are no longer in need of surgery  
20 after that.  
21 Q. Does your practice include, at times,  
22 recommendations as to whether or not surgery should  
23 be -- should take place?  
24 A. Yes, every day.  
25 Q. Doctor, did you do a physical examination of

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1 Mr. Sabine Young at -- at my request?  
2 A. Yes.  
3 Q. When and where did you see him?  
4 A. I saw him in my office on October 4th of 2000.  
5 Q. Doctor, what is a patient history?  
6 A. A patient history is the patient's story, in  
7 their own words, about what happened to them, what  
8 symptoms they're having, how those symptoms have  
9 affected their life, and also their past medical  
10 history, whether they've ever had similar symptoms  
11 before or other conditions.  
12 Q. What was Mr. Young's history?  
13 A. Mr. Young --  
14 MR. BLASS: I'm going to -- I'm going --  
15 it appears as if Dr. Thompson is going to answer some  
16 questions now from reading from some documents, which  
17 if his record -- if his recollection needs to be  
18 refreshed, he certainly is allowed to do that. I don't  
19 think that's been established yet. So until that's  
20 established, I don't think it's appropriate for him to  
21 read his testimony from written terms.  
22 Q. Doctor, do you specifically have a present  
23 recollection of your interview of Mr. Young and his  
24 history and your physical exam?  
25 A. No, not sufficient enough for th -- for

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1 testimony purposes.  
2 Q. Do you have any business records that would  
3 refresh your recollection in that regard?  
4 A. Yes.  
5 Q. Are those in front of you?  
6 A. Yes.  
7 Q. Okay. If you need to refer to those to  
8 refresh your recollection, then please do so.  
9 I think the question was: What was the  
10 patient history?  
11 A. Mr. Young told me that he was a 60-year-old  
12 man who lost control of his vehicle on an icy overpass  
13 in December of 1997, almost three years before I saw  
14 him. His car went into a ditch. He was able to get  
15 out of -- get out of his truck, but then he got back in  
16 again and then he was rear ended by another vehicle  
17 that subsequently lost control and did a 360 and hit  
18 the back of his car. Both vehicles were totalled.  
19 Mr. Young told me that he did experience some  
20 neck pain at the scene, but that he did not have any  
21 low -- low back pain. He was taken by ambulance to the  
22 emergency room, where he was scene and then released.  
23 I asked Mr. Young if he was still experiencing  
24 symptoms now, three years later, as a result of this  
25 accident, and he indicated that he was still having

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1 pain in his neck radiating into his right arm. He felt  
2 that as time went by that his symptoms were actually  
3 getting worse, as time went by, rather than better.  
4 And he told me that the day I saw him was actually a  
5 bad day for him.  
6 Mr. Young told me at the time of the accident  
7 that he was self-employed, that he had owned an  
8 appliance store and a computer store, which he had been  
9 doing for about 25 years. This was a one-man  
10 operation, and he continued to run this business.  
11 He did not have any lost time as a result of  
12 injuries in this accident. He subsequently got out of  
13 this business for reasons that were not related to this  
14 auto accident. And at the time I saw him, he was  
15 working with his brother in a construction business as  
16 a foreman, building many storage buildings, and he had  
17 done -- been doing that for about a little over a year.  
18 He was otherwise leading a active life. He  
19 was living in a house. He was able to do housework and  
20 the yard work, although he did experience some  
21 discomfort when he did yard work. He was able to  
22 drive, and he enjoyed woodworking in a shop that he  
23 has.  
24 Q. How did he do as far as activities in daily  
25 living?

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1 A. He was independent with dressing himself and  
2 grooming, and feeding and bathing, and all those daily  
3 activities.  
4 I did ask him if there was any activities that  
5 he was no longer able to do as a result of his  
6 symptoms, and he told me that he was no longer able to  
7 lift weights, play golf, or do heavy lifting. And he  
8 also stated that he could not ride his bicycle as  
9 vigorously as he did before. But, otherwise, he had  
10 resumed all of his regular activities.  
11 Q. Doctor, in -- in general, what tests or  
12 procedures were part of your evaluation of Mr. Young?  
13 A. When I examined him in the office, his height  
14 was 5' 11, weight was 226 pounds. He was examined in a  
15 disrobed state with an examination gown on. He was  
16 very pleasant, alert. His memory seemed to be good. I  
17 did watch him walk in the examination room, and he did  
18 not limp or have any abnormalities with walking.  
19 I checked the range of motion of his low back,  
20 by having him bend over and touch his toes and bend  
21 from side to side and back, and that appeared to be  
22 normal. He was able to get up from a laying down to a  
23 sitting position with no difficulty.  
24 The straight leg raising test was negative.  
25 That's a test with the person laying on the exam table,

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1 the doctor lifts their leg up with the knees straight,  
2 and if they have a pinched nerve in the low back,  
3 they'll experience some discomfort.  
4 Q. Doctor, you said that test was negative. Does  
5 that mean that there was an indication of a problem, or  
6 not an indication?  
7 A. No, that test was perfectly normal, and there  
8 was no evidence of any problem with the low back.  
9 I also examined his neck. His range of motion  
10 of his neck was full. That is, he was able to put his  
11 chin on his right shoulder (indicating), then on his  
12 left shoulder (indicating). He was able to put his  
13 chin down to his chest (indicating) and -- and look up  
14 (indicating) with no difficulty.  
15 He did have a little bit of tenderness in the  
16 right trapezius muscle, which is the muscle here  
17 (indicating), between the shoulder and the neck, but  
18 there was no spasm or evidence of any trigger points.  
19 Trigger points are areas of tenderness and muscle spasm  
20 within a muscle, but I did not find any evidence of  
21 that.  
22 I checked for any muscle weakness, and there  
23 was no evidence of any weakness in his arms. There was  
24 no atrophy. I measured his biceps' circumference, and  
25 they were equal, at 34 centimeters. There was no

1 medical certainty, and based on your exam and history  
2 and your experience, do you have an opinion as to what  
3 his present condition is as relates to the December 5,  
4 1997 accident?  
5 A. Yes.  
6 Q. What is that opinion?  
7 A. I would have expected him to recover  
8 completely from this muscle strain within four weeks  
9 from the accident.  
10 Q. Doctor, can you ex -- explain why you would  
11 expect that to happen?  
12 A. Yes. Number one, the natural history of  
13 recovery from muscle strains of this nature is for full  
14 recovery within four weeks. Number two, there was no  
15 evidence of any more serious injuries, such as  
16 fracture, herniated disc, joint dislocation, or  
17 anything that would be expected to cause symptoms  
18 beyond four weeks. Mr. Young, himself, reported that  
19 he did not miss any work as a result of the -- this  
20 accident, and has been pretty much able to resume all  
21 of his regular activities, with the exception of weight  
22 lifting, playing golf, or very heavy lifting. Also, my  
23 examination of Mr. Young, on October 4th of 2000,  
24 revealed no abnormalities.  
25 In addition to that, the emergency room

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1 muscle fasciculations, which are little jerky -- little  
2 jerks in the muscle as you can see in someone who has a  
3 pinched nerve in the neck. There was no evidence of  
4 any loss of sensation in the arm, and all of his deep  
5 tendon reflexes were present.  
6 Q. Doctor, did he indicate whether he had lost  
7 any time from work as a result of this accident?  
8 A. He indicated to me that he had not lost any  
9 time from work.  
10 Q. Doctor, I want to ask you a couple of  
11 questions based on -- in addition to your education,  
12 training, and experience, your physical examination of  
13 Mr. Young, and of course his history, and I want to ask  
14 the first opinion, if you can give it to a reasonable  
15 medical certainty. Let me ask you, Doctor: Based on  
16 that education, training, and experience, the physical  
17 exam, the history given by the patient, do you have an  
18 opinion, to a reasonable medical certainty, whether  
19 Mr. Sabine Young suffered any injuries in the accident  
20 of December 5th of 1997?  
21 A. Yes.  
22 Q. What is that opinion, Doctor?  
23 A. I do believe that Mr. Young did suffer a  
24 muscle strain to the neck as a result of this accident.  
25 Q. Doctor, to that same reasonable degree of

1 doctor, who examined him on the day of the injury,  
2 found his neck to be very supple, indicating that this  
3 was a mild strain.  
4 Q. Doctor, what does -- what does supple mean?  
5 A. Supple means -- as far as range of motion, it  
6 means almost -- it means better than normal. That  
7 means, it's -- the word supple is applied to, like,  
8 14-year-old gymnast -- gymnasts who are able to do back  
9 bends. They're -- they're very supple. So that means  
10 it's better than -- better than normal range of motion  
11 really.  
12 Q. And -- and if a person's neck is not supple,  
13 what sort of problems would be indicated?  
14 A. Well, anyone who has a significant problem  
15 with their neck, whether it's muscle strain or other  
16 problems, in my experience their neck is never supple.  
17 Q. Okay. And what sort of things do you observe  
18 that are different than being supple?  
19 A. You would observe decreased range of motion.  
20 That is, they would be unable to move their neck in  
21 various directions. There may be evidence of spasm in  
22 the muscles and those type of things.  
23 Q. Okay. Doctor, in your opinion, is there any  
24 reason for Mr. Young to limit his activities in any  
25 way?

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1 A. I did not find any evidence of any injury  
2 related to this accident three years ago that would  
3 cause him to limit his activities.  
4 Q. Doctor, have you reviewed the MRI films taken  
5 on November 13th, 2000, at the Ohio Valley Medical  
6 Center, of Mr. Young?  
7 A. Yes.  
8 Q. First of all, what are -- what is an MRI?  
9 What are MRI films?  
10 A. On plain X-rays, all we can really see are the  
11 bones, but with an MRI scan, they use magnetic rays  
12 instead of X-rays, and we can get exquisite pictures of  
13 the entire spine, including the bones, the discs,  
14 the -- the spinal cord, and the nerves.  
15 Q. Okay. And what did you see upon reviewing  
16 those MRI films from November?  
17 A. He had some mild arthritis and a degenerated  
18 disc between the fifth and sixth vertebrae in the neck.  
19 But, otherwise, it appeared normal.  
20 Q. Did those films indicate anything that would  
21 add to or subtract from any of your other findings and  
22 opinions?  
23 A. No.  
24 Q. Okay. Was that film available to you when you  
25 originally saw Mr. Young?

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1 A. No.  
2 Q. Okay. Doctor, the cervical or neck sprain  
3 that you felt occurred to Mr. Young, in terms of levels  
4 of severity, how would you characterize it?  
5 A. I would characterize it as a mild sprain.  
6 Q. Okay. And -- and how do you differentiate  
7 between mild versus more serious neck strains?  
8 A. With severe strains, the pain is immediate and  
9 severe. When the patient is examined, there is -- can  
10 be muscle spasm, and certainly will be decrease in  
11 range of motion of the neck. Sometimes on X-rays of  
12 the neck there may be some loss of the normal curve in  
13 the neck. With mild sprains, range of motion may be  
14 normal. There may be nothing more than just some  
15 tenderness over the muscles.  
16 Q. Doctor --  
17 A. And, in fact, sometimes with mild sprains the  
18 onset of the pain may even be delayed for hours or  
19 until the next day.  
20 Q. Doctor, do you have an opinion, again, based  
21 on your training and experience and your examine of  
22 Mr. Young, to a reasonable medical certainty, whether  
23 he suffered any permanent injury in the accident in  
24 December of '97?  
25 A. Yes.

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1 Q. What is that opinion?  
2 A. There is no evidence of any permanent injuries  
3 as a result of the muscle strain suffered in this  
4 accident three years ago.  
5 Q. Do you have an opinion, to a reasonable  
6 medical certainty, whether he suff -- is presently  
7 suffering from any dis -- disability as a result of  
8 that same accident?  
9 A. Yes.  
10 Q. What is that opinion?  
11 A. There is no objective evidence of any injury  
12 that occurred in this accident that would result in any  
13 disability.  
14 Q. Doctor, you are being compensated by me for  
15 your time in reviewing Mr. Young's records and talking  
16 to him, and also meeting with me and giving your  
17 testimony here; is that correct?  
18 A. Yes.  
19 Q. Doctor, in reviewing the records of Mr. Young,  
20 did you have an opportunity to review any EMG reports?  
21 A. Yes.  
22 Q. What were those?  
23 A. He had a test called an EMG, in May of 2000,  
24 which showed a condition called carpal tunnel syndrome  
25 on the left. This is a condition where there's

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1 pressure on the nerve down at the wrist. And the EMG  
2 also showed some polyphasic motor units in two of the  
3 muscles in the right arm.  
4 Q. Are the polyphasic motor units, is that a  
5 normal or an abnormal finding?  
6 A. Seen by itself, polyphasic motor units are a  
7 perfectly normal finding and present in many normal  
8 individuals.  
9 Q. Okay. Did you also have a -- a chance to  
10 review some records with respect to carpal tunnel  
11 syndrome?  
12 A. Yes.  
13 Q. What were those?  
14 A. The nerve conduction test, that -- that he had  
15 in May of 2000, did show evidence of carpal tunnel  
16 syndrome in the left wrist.  
17 Q. Okay. Is that at all related to the accident?  
18 A. No.  
19 Q. Why not?  
20 A. He did not injure his wrist in this accident.  
21 He does not have any complaints regarding his left  
22 hand. There are no physical abnor -- abnormalities on  
23 my examination, or on any other doctor's examination,  
24 that I could find, that found any evidence of carpal  
25 tunnel syndrome on the left. And, again, there was

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1 nothing in the medical records, that I could see, that  
2 even referred to this condition. So, while I think he  
3 does have this condition, I think it is what we call  
4 subclinical. That is, it's not producing any symptoms.

5 Q. Going back for a second to the EMG. Can you  
6 explain that test a little bit, in terms of what's  
7 involved?

8 A. An EMG is a diagnostic test, in which a thin  
9 needle was placed into certain muscles. In the case of  
10 Mr. Young, this was in some muscles in the arm. This  
11 electrode -- this needle is a recording electrode,  
12 which can record the electrical activity in those  
13 muscles. If there's any signs of a pinched nerve or  
14 nerve damage going to that muscle, we can see certain  
15 abnormal electrical potentials in the muscle, called  
16 fibrillations, or fasciculations.

17 Q. In reviewing Dr. Kettler's EMG report, did you  
18 agree or disagree with his findings?

19 A. Certainly, I -- I have no reason to disagree  
20 with his findings. I just disagreed with the  
21 conclusions that he came to from the -- from what he  
22 found.

23 Q. Okay. And what conclusions did you come to  
24 based on the findings?

25 A. I thought the findings of occasional

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1 polyphasic motor units was a perfectly normal finding,  
2 seen in many people in the normal population.

3 Q. Okay. Doctor, to a reasonable medical  
4 certainty, based on your training, and experience, and  
5 your exam of this patient, what is your prognosis for  
6 Mr. Young?

7 A. I would expect complete recovery from these  
8 muscle strains within four weeks after the injury.

9 Q. Okay. So you're -- you're talking about four  
10 weeks from December of '97?

11 A. Yes.

12 Q. Okay. Can you explain why you would expect  
13 recovery within that time period?

MR. BLASS: Objection; asked and answered.

14 A. Yes. The natural history of recovery from  
15 muscle strains of this nature is for complete recovery  
16 within four weeks. There was no evidence of any more  
17 severe injury that would be expected to cause symptoms  
18 beyond that time. Mr. Young himself has pretty much  
19 resumed all of his normal activities. My examination  
20 did not reveal any abnormalities, and I did not see  
21 anywhere in the medical record of any ab -- objective  
22 abnormalities on anyone else's examination.

23 Q. Doctor, is there any need for Mr. Young to  
24 receive any ongoing treatment as directly related to

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1 the automobile accident of December, 1997?

2 A. No.

3 MR. PRINGLE: That's all I have. I'm sure  
4 Mr. Blass has some questions for you.

5 MR. BLASS: You are correct, Mr. Pringle,  
6 I do have some questions.

7 CROSS-EXAMINATION

8 BY MR. BLASS:

9 Q. Good evening, Dr. Thompson. My name is Scott  
10 Blass. We've met before. I represent Sabinita Young  
11 in this litigation.

12 I hope the jury will recognize my voice by the  
13 time they see this video. Otherwise, I haven't spoken  
14 nearly enough throughout the trial of this case,  
15 because your video won't be played until probably the  
16 second day of trial, or maybe the third day.

17 I want to follow-up on some questions that  
18 Mr. Pringle has asked you. And I'll let you know up  
19 front that many of the questions that I ask you will be  
20 of a yes or no variety. And, if you would, do me the  
21 favor of responding yes or no before you give any  
22 explanation. That will prevent me from having to go  
23 back and ask those questions again. Okay?

24 A. Yes.

25 Q. Did you do anything to prepare for your

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1 deposition today?

2 A. Yes.

3 Q. What -- what did you do?

4 A. I read a discovery deposition that I had given  
5 recently, and I reviewed -- I reviewed my October 4th  
6 report, and I met briefly with Mr. Pringle.

7 Q. All right. And when you met with Mr. Pringle,  
8 when was that? Was that just before the deposition?

9 A. Just -- just before the deposition.

10 Q. And that was a private meeting with you and  
11 he?

12 A. Yes.

13 Q. And how long was that meeting?

14 A. Fifteen minutes.

15 Q. Were you given any new information about the  
16 case at that time?

17 A. No.

18 Q. You had one other private meeting with  
19 Mr. Pringle as well before your discovery deposition;  
20 is that right?

21 A. Yes.

22 Q. And that meeting was about an hour; is that  
23 right?

24 A. I can't recall.

25 Q. You were -- you've indicated that you don't --

Page 25

1 that you reviewed your report again; is that correct?  
2 A. Yes.  
3 Q. Did you find any mistakes in the report when  
4 you reviewed it?  
5 A. Not that I recall, no.  
6 Q. Did you find any errors in your discovery  
7 deposition, which I took -- oh, what was that? We were  
8 here back on December 11th. Did you find any errors in  
9 that?  
10 A. No, not that I recall.  
11 Q. When you had your private meetings with  
12 Mr. Pringle with regard to the case, did you come to an  
13 understanding that this case is one where the defendant  
14 recognizes being at fault for the accident and there's  
15 an issue as to how badly my client was hurt?  
16 MR. PRINGLE: Objection. That's not a  
17 correct statement.  
18 MR. BLASS: Well, I'll have to ask him.  
19 MR. PRINGLE: I don't see why it's  
20 relevant, either.  
21 MR. BLASS: All right.  
22 Q. Was that your understanding?  
23 A. No. Mr. Pringle and I did not discuss who was  
24 at fault, but we did discuss the extent of his  
25 injuries.

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1 Q. All right. Did -- were you -- were you given  
2 any indication as to if the defendant -- if  
3 Mr. Pringle's client wasn't at fault for the accident,  
4 why it would be necessary for you to even be involved  
5 in the case, was that discussed?  
6 A. We did not -- no, we did not --  
7 Q. Okay.  
8 A. -- discuss fault.  
9 Q. You indicated earlier to the jury that you  
10 don't recall your examination, particularly of  
11 Mr. Young; is that correct?  
12 A. Yes. I don't recall it adequately enough to  
13 give adequate testimony.  
14 Q. Well, do you -- do you have an independent  
15 recollection of your examination as we sit here today?  
16 A. To some extent, but not adequate for these  
17 purposes.  
18 Q. Okay. And the date of that examination, what  
19 was that again?  
20 A. October 4th of 2000.  
21 Q. And how much time did you spend in the same  
22 room with Mr. Young on October 4th, 2000?  
23 A. I spent about 34 minutes. I write down the  
24 time that I go in and the time that I go out.  
25 Q. And you do quite a few of these types of

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1 examinations, do you not?  
2 A. I would estimate I do about anywhere from  
3 three to five a week of these types of exams, yes.  
4 Q. And when -- when we say these types of exams,  
5 we're talking about exams where you're hired by the  
6 attorney, by a defense attorney representing someone  
7 that's involved in litigation in -- in a case where  
8 someone's -- has -- has filed suit to recover damages  
9 for injuries?  
10 A. Yes, both defense attorneys and plaintiff's  
11 attorneys.  
12 Q. You've indicated that to me before, that  
13 you're hired by plaintiff's attorneys to become  
14 involved in these types of cases.  
15 A. Yes.  
16 Q. And you were kind enough to send me a list of  
17 the -- just the depositions you've given. And, one,  
18 I'll -- I'm going to get to that in a couple of  
19 minutes, but when we're talking about the cases where  
20 the plaintiff's attorney hires you, that's not --  
21 that's really a situation where you're the treating  
22 physician, isn't it?  
23 A. Sometimes it's when I'm the treating  
24 physician, but sometimes it's also for an independent  
25 exam, when I'm not the treating physician.

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1 Q. In all fairness, though, Doctor, wouldn't  
2 it -- isn't it true that the vast majority of the cases  
3 that you're involved in is at the behest of the  
4 defense?  
5 A. I would estimate that 80 percent of the  
6 attorney-referred cases are from the defense attorney,  
7 yes.  
8 Q. Do you consider that a vast majority, 80  
9 percent?  
10 A. Yes.  
11 Q. Now, you're of course paid by the defense for  
12 your services in these cases; correct?  
13 A. Yes.  
14 Q. And what is your charge for being involved in  
15 these types of cases?  
16 A. Generally, for an examination and a narrative  
17 report, it takes me about half an hour to do the  
18 history and exam, and anywhere from, I'd say on  
19 average, about two hours to review the records and  
20 prepare a report, and my average charge is around eight  
21 or \$900. And in this case I did charge \$800 for that.  
22 If there's subsequent depositions or court appearances,  
23 then there's more charges.  
24 Q. All right. And what are the charges for  
25 subsequent activity in a case?

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1 A. For deposition, it would be \$800 for the first  
2 one hour, and \$400 for every hour after that.  
3 Q. Okay. And you indicated that you do between  
4 three to five of these types of deposition -- of -- not  
5 depositions, but of examinations a week?  
6 A. Yes.  
7 Q. So if you use four as your average of the  
8 50-week year, with two weeks off, you're about 200 a  
9 year?  
10 A. Yes.  
11 Q. And you give a number of depositions, such as  
12 you're giving today, as a result of your involvement in  
13 these types of cases; is that right?  
14 A. Yes.  
15 Q. And of course you don't give depositions in  
16 every case in which you conduct an examination at the  
17 request of a defendant, only some of those cases; is  
18 that true?  
19 A. Yes, that's correct.  
20 Q. And you were kind enough to provide me with a  
21 list of those cases, and I'm going to hand that to you  
22 and I'm going to ask the court reporter to mark this as  
23 Plaintiff's Rebuttal Exhibit No. 1.  
24 ---  
25 (Plaintiff's Rebuttal Exhibit 1 marked.)

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1 ---  
2 Q. Would you describe for the jury what Re --  
3 Plaintiff's Rebuttal Exhibit No. 1 is.  
4 A. This is a list of depositions and live court  
5 appearances that I have done from 1996, '97, '98, '99,  
6 and 2000 --  
7 Q. And --  
8 A. -- up through October 2nd of 2000.  
9 Q. Okay. And am I correct that you were required  
10 to prepare this document because of your involvement in  
11 a case on behalf of a defendant in a -- that was  
12 pending in Federal Court?  
13 A. Yes.  
14 Q. And as a result of your involvement, you had  
15 to give a list of all the times you've given deposition  
16 testimony or live court appearance testimony?  
17 A. Yes.  
18 Q. So you went through and outlined all the times  
19 you had been involved in those types of cases; correct?  
20 A. Yes.  
21 Q. And would it be fair to say, then, in all of  
22 these cases, these are situations in which you were  
23 examining a patient at the request of a defendant and  
24 not the treating physician?  
25 A. Some of these cases were at the request of a

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1 plaintiff's --  
2 Q. All right. Why don't you --  
3 A. -- attorney.  
4 Q. Why don't you tell me which of these -- which  
5 of these plaintiffs on here -- which of these people on  
6 here were the cases where you were req -- you were  
7 retained by the plaintiff to testify in a case.  
8 A. It's not listed on here whether they were  
9 defense or plaintiff, so I -- I really --  
10 Q. So you --  
11 A. -- I really can't --  
12 Q. -- so you --  
13 A. -- I really can't do it. I think the vast  
14 majority of them are defense.  
15 Q. All right.  
16 A. But I know -- I know, for instance, that Blair  
17 Magaziner, who's listed as a plaintiff's attorney.  
18 Q. Well, there --  
19 A. You know, but -- but, again, the vast majority  
20 of them are defense. David McGlade is a plaintiff's  
21 attorney. And some of the other ones may be  
22 plaintiff's attorney, I just can't recall.  
23 Q. All right. In -- in any event, the vast  
24 majority of these cases are cases in which your --  
25 you -- you develop no physician/patient relationship

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1 with the -- with the person you are examining; correct?  
2 A. The vast majority of them, yes.  
3 Q. Such as the situation with Mr. Young, you did  
4 not develop any physician/patient relationship with  
5 him?  
6 A. Yes.  
7 Q. You didn't provide him any advice?  
8 A. No.  
9 Q. You did not give him any treatment  
10 recommendations?  
11 A. No.  
12 Q. You did not tell him your diagnosis?  
13 A. No.  
14 Q. You did not tell him what he might consider  
15 doing to alleviate his symptoms?  
16 A. No.  
17 Q. You did not tell him if the treatment that he  
18 was undergoing was appropriate?  
19 A. No.  
20 Q. You simply were in a room with him for  
21 approximately half an hour, took a history from him and  
22 examined him and then prepared a report?  
23 A. And spent about two hours reviewing all his  
24 records before I prepared the report.  
25 Q. At the time I took your deposition you had



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1 spent approximately four-and-a-half hours on the case.  
2 Have you spent any time on the case, prior to your  
3 private meeting with Mr. Pringle, before the deposition  
4 today; since then?  
5 A. Just time today reviewing my discovery  
6 deposition and his records.  
7 Q. All right. And how much time did you spend on  
8 that?  
9 A. Twenty minutes.  
10 Q. So you have 20 minutes of reviewing the  
11 deposition, the records and the report, and then 15  
12 minutes with the meetings, so that's 35 minutes, and  
13 then you have of course the time in your deposition  
14 today, which we began at 4:30, so we'll probably be  
15 here for an hour to an hour and a half. Looks like  
16 your total time in the case is going to be about six to  
17 six-and-a-half hours. Does that sound about right?  
18 A. Yes.  
19 Q. Is that about average, would you say, for  
20 the -- these types of cases where you become involved  
21 in doing the examination, doing a report, and also give  
22 a deposition?  
23 A. No. It's a little bit more in this case,  
24 because we did a discovery deposition, also.  
25 Q. Yeah, and -- and the discovery deposition, of

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1 course which was done on December 11th, resulted in a  
2 bill of -- we'll mark this as Rebuttal Exhibit No. 2 --  
3 of \$900; is that right?  
4 A. Yes.  
5 Q. Is that a copy of your bill?  
6 A. Yes.  
7 MR. BLASS: If we could mark that as  
8 Rebuttal Exhibit No. 2.  
9 ---  
10 (Plaintiff's Rebuttal Exhibit 2 marked.)  
11 ---  
12 Q. So, if I am -- if my math's correct, your  
13 involvement in this case to date has resulted in  
14 charges of four-and-a-half hours through -- through the  
15 discovery deposition, and another two hours, leaving  
16 out the \$800 per hour charge when you start the  
17 depositions. We're looking at charges of about \$2800.  
18 Does that sound right?  
19 A. We have 800 for the exam/report, 900 for the  
20 discovery, that's seventeen, and assuming today's goes  
21 an hour, that would be another \$800 to \$1,000, so that  
22 would be \$2700.  
23 Q. All right. Of course that doesn't include the  
24 private meeting that you had with Mr. Pringle before  
25 the discovery deposition or the 35 minutes that you

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1 spent preparing for this deposition.  
2 A. I won't charge for preparing for the  
3 deposition, just for the time I spent with him.  
4 Q. Well -- all right. What -- and -- okay. So  
5 the 15 minute private meeting before this deposition  
6 and the private meeting before the discovery  
7 deposition?  
8 A. So that would be half an hour. So if this  
9 goes two hours, that would be another \$1200. So that  
10 would be about \$2900.  
11 Q. Okay. Is that about average for the types of  
12 cases where you end up being deposed?  
13 A. No, because, again, we did a discovery  
14 deposition for \$900. So, I would say the average, if  
15 I'm deposed, is about \$2,000.  
16 Q. And according to Rebuttal Exhibit No. 1, in  
17 the past five years, you have given, if I counted  
18 correctly, 150 depositions, from 1996 through  
19 October 2nd of 2000.  
20 A. I would have to take your word for it, but  
21 that sounds in the ballpark, yes.  
22 Q. The other cases that you're involved in for  
23 about -- that are -- I guess, then, about 100 and -- if  
24 you -- 150 by five years would be 30 a year. About --  
25 there's another 170 cases where you just do the

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1 examination and report?  
2 A. Yes.  
3 Q. And those are at an average of eight or \$900?  
4 A. Yes.  
5 Q. Now, you had indicated before, I -- I believe,  
6 that your earnings with respect to just this type of  
7 work, where no physician/patient relationship is  
8 developed, is around \$150,000 a year?  
9 A. Yes. I think that's a fair estimate.  
10 Q. If I -- I ran the numbers before I came today,  
11 and if you take 170 of the cases where you don't give  
12 an exam or you don't do depositions, and -- at \$800,  
13 that's \$136,000. If you take 30 cases where you do do  
14 a deposition, at \$2,000, that's \$60,000. That would  
15 be, actually, \$196,000. Does that sound about right?  
16 A. Well, again, I -- I said your estimate. I've  
17 never sat down and -- and figured it out, but --  
18 Q. In fact, I think in a prior depo --  
19 A. -- your numbers sound reasonable, yes.  
20 Q. In fact, at a prior deposition, I think you  
21 said at one point you'd estimated between a hundred  
22 fifty and 200,000 a year just doing this type of work.  
23 A. I think that's a fair estimate, yes.  
24 Q. All right. The -- when you went through to  
25 prepare the -- the re -- this listing of depositions,

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1 of course you were aware you were required to list all  
2 the depositions that you had given in the last four  
3 years or five years pursuant to your appearance in  
4 Federal Court; correct?  
5 A. Yes.  
6 Q. I hand you a deposition that I'm going to have  
7 marked as Rebuttal Exhibit No. 3 in its entirety.  
8 ---  
9 (Plaintiff's Rebuttal Exhibit 3 marked.)  
10 ---  
11 MR. PRINGLE: Can I have a chance to look  
12 at that when it's marked?  
13 MR. BLASS: Sure. Uh-huh.  
14 MR. PRINGLE: Do you have any extra copies  
15 of this?  
16 MR. BLASS: I do not. I don't intend to  
17 get into the substance of it.  
18 Q. For -- for the record, would you identify the  
19 case in which you gave a deposition that we have marked  
20 as Exhibit No. 3?  
21 A. I can't pronounce the plaintiff's last name;  
22 Randall --  
23 Q. Digiandomenico.  
24 A. -- Digiandomenico and Susan Digiandomenico,  
25 plaintiffs, versus Virginia M. Layne and Son Haught.

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1 Q. All right. And does -- and is that -- does  
2 that transcript indicate that that is your deposition  
3 transcript given on what date?  
4 A. March 10th, 1998.  
5 Q. And that it does indicate that it is your  
6 transcript?  
7 A. Yes.  
8 Q. All right Would you look on your -- on  
9 Exhibit No. -- Rebuttal Exhibit 1 and tell me if that  
10 deposition appears on Exhibit No. 1 that was submitted  
11 to Federal Court as an exhaustive list of your  
12 depositions?  
13 A. No.  
14 Q. Okay. You indicated, in your direct  
15 examination, that you believe that Mr. Young should  
16 have recovered from his cervical strain, that he was  
17 injured and should have recovered from his injuries in  
18 four weeks; correct?  
19 A. Yes.  
20 Q. And you indicated that the vast majority of  
21 indivi -- individuals who suffer the -- the precise  
22 type of injury that Mr. Young suffered in this accident  
23 do recover in that amount of time; correct?  
24 A. Yes.  
25 Q. But you are aware, are you not, that there are

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1 individuals who do not or are not fortunate enough to  
2 reach a full recovery with this type of injury?  
3 A. Yes.  
4 Q. And you know those individuals many times  
5 develop long-term problems with symptoms associated  
6 with this type of -- precise type of injury?  
7 A. Yes. Very rarely people with these type of  
8 strains will develop long-term symptoms.  
9 Q. And you indicated that Mr. Young was someone  
10 who experienced pain at the scene; correct?  
11 A. Yes.  
12 Q. And you -- and you know that people who have  
13 more severe strains generally will experience pain at  
14 the scene of the trauma; correct?  
15 A. Yes.  
16 Q. And Mr. Young had to be transported by  
17 ambulance from the scene; correct?  
18 A. Yes.  
19 Q. And you also are aware that individuals with  
20 more severe strains are generally -- generally have to  
21 be transported from the scene; correct?  
22 A. Yes.  
23 Q. Now, you had indicated, also, did you not,  
24 that Mr. Young, in fact in this case, as of  
25 October 4th, 2000, he -- that you diagnosed him with a

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1 severe strain, and you said this condition does exist,  
2 did you not?  
3 A. Yes, I said that in my report.  
4 Q. All right. And in -- indicating that based on  
5 your examination, on October 4th, 2000, a cervical  
6 muscle strain did exist at that time?  
7 A. In my report I used the verb does, but I  
8 should have used did, because I think it did exist when  
9 he had the injury. But at the time I saw him I think  
10 he recovered.  
11 Q. All right. So is this a mistake in your  
12 report that you have now found?  
13 A. Strictly speaking, I should have said did  
14 instead of does, yes.  
15 Q. In all fairness, for the -- for -- for the  
16 jury, the first diagnosis, under diagnosis and  
17 causation, tell me if I'm reading this correctly:  
18 Cervical muscle strain, this condition does exist and  
19 is related to the 12-5-97 incident?  
20 A. Yes. That's correct.  
21 Q. All right. That -- and with respect to the --  
22 those people who do not -- are not fortunate enough to  
23 recover in four weeks, you yourself have treated those  
24 type of people, even though you contend that they are  
25 rare individuals; is that right?

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1 A. Yes. Though, on occasion we will see patients  
2 who get long-term pain from muscle strains. It's  
3 very --

4 Q. And --

5 A. -- it's very rare.

6 Q. -- and -- and, in fact, you are the director  
7 of a chronic pain clinic to care for people just like  
8 that, are you not?

9 A. No. I can never recall having a patient in  
10 our program who just came in with a muscle strain.

11 Q. All right. Perhaps I can refresh your  
12 recollection on that issue.

13 MR. BLASS: I'm referring to Page 49 of  
14 the transcript of Dr. Thompson's deposition given in  
15 the case of Zabastski versus Wolford, deposition given  
16 on April 30th, 1996, which deposition is listed on  
17 his -- on Rebuttal Exhibit 1. And it is Case  
18 No. 94184. Referring to Page 49, Lines 14 through 25.  
19 I'll hand that to defense counsel to review before  
20 giving it to Dr. Thompson.

21 MR. PRINGLE: Okay.

22 Q. Dr. Thompson, could you read to the jury the  
23 testimony that you gave under oath back on April 30th,  
24 1996 in this deposition, reading the questions and  
25 answers from Line 14 through 25, on Page 49, please.

1 1998, which deposition is itemized on his list, in the  
2 case of Jeffrey Johnson versus Barb Ragland. Case also  
3 pending in the Court of Common Pleas of Belmont County,  
4 Ohio, Case No. 95 CIV 417. Again, referring to Page 92  
5 and referring to Lines 4 through 18. Show that to  
6 defense counsel first.

7 MR. PRINGLE: I'm sorry, what page was  
8 that?

9 MR. BLASS: I believe 92.

10 MR. PRINGLE: And you are going to provide  
11 me with copies of all of these, right? Correct?

12 MR. BLASS: I didn't -- I may or may not.  
13 I don't believe I'm required to. I'd be happy to,  
14 though.

15 MR. PRINGLE: Well, that was my question.  
16 Would you provide --

17 MR. BLASS: Sure.

18 MR. PRINGLE: -- me copies of these?

19 MR. BLASS: Well, you didn't ask. You  
20 said you are going to provide me with copies. Had you  
21 asked, I would have obliged.

22 MR. PRINGLE: Well, okay, if you want to  
23 sparse the words that way. I was asking for copies.

24 MR. BLASS: Okay. All right.

25 MR. PRINGLE: And I appreciate that you're

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1 A. Although you've indicated to this jury --  
2 question: Although you've indicated to this jury that  
3 most people recover from -- fully from cervical strains  
4 in four to eight weeks, not all people do, do they?

5 Answer: That's correct. Question: In fact, you  
6 yourself have treated patients that have developed  
7 chronic pain problems relative to cervical strains that  
8 they sustained in motor vehicle collisions; correct?  
9 Answer: Yes. Question: In fact, you operate a  
10 chronic pain clinic to take care of people like that,  
11 don't you? Answer: That's correct.

12 Q. Does that refresh your recollection at all  
13 with regard to whether you care for those types of  
14 people at your chronic pain clinic?

15 A. Well, at that time, I may have -- I may have  
16 remembered one or two patients, but at this time I  
17 can't ever remember --

18 Q. All right.

19 A. -- a patient that we took care of in that  
20 clinic with just muscle strains.

21 Q. All right. Well, here's another one in 1998.  
22 It's a little more recent. It might help refresh your  
23 recollection a little more.

24 MR. BLASS: I'm referring to Page 92 of  
25 the deposition of Dr. Thompson given on March 24th,

1 going to supply them.

2 MR. BLASS: Sure.

3 MR. PRINGLE: I'm not going to quibble  
4 with you as to the meaning of the word is.

5 MR. BLASS: Or are.

6 MR. PRINGLE: Okay.

7 Q. All right. For the -- for the jury, could you  
8 read the testimony that you gave in this deposition,  
9 Page 92, Lines 4 through 18, please.

10 A. Question: The soft tissue injuries to other  
11 portions of the body, you testified about the cervical  
12 strain, that those generally get better within four to  
13 six weeks; correct? Answer: Yes. Question: They  
14 don't always get better within four to six weeks  
15 either, do they? Answer: No. Question: In fact, you  
16 run a chronic pain clinic, here in Zanesville, for  
17 people who don't always get -- for those people who  
18 fall into that category? Answer: I will very rarely  
19 see a patient who has a muscle strain that has  
20 long-term symptoms, yes.

21 Q. All right. Thank you. Does that refresh your  
22 recollection, as to your experience at the chronic pain  
23 clinic, in treating people who have developed problems  
24 with chronic pain as a result of cervical strains?

25 A. It's -- again, off the top of my head today, I

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1 can't remember one, but if -- if I said that in the  
2 past, I -- I have, but it's extremely rare.  
3 Q. Okay. You know that people who have cervical  
4 strains, precisely the type that Mr. Young -- that you  
5 diagnosed him having, will -- can develop pain  
6 radiating into the upper extremities; correct?  
7 A. Yes.  
8 Q. And you know Mr. Young has pain radiating into  
9 his upper extremities as well; correct?  
10 A. Yes.  
11 Q. And with -- with regard to your opinion that  
12 most of the people get better in four to six weeks from  
13 this type of injury, are there any studies, or journal  
14 articles, or any learning treatises that you can cite  
15 to us and to the jury that reflect or support that  
16 opinion?  
17 A. No. The medical literature is replete with  
18 conflicting opinions regarding this matter, and I'm  
19 sure that if -- I -- I could pull out an article -- I  
20 could pull out an article and you could pull out an  
21 article. And it's a very confusing issue in the  
22 medical literature.  
23 Q. Uh-huh. You were -- you were asked, with  
24 respect to the -- your involvement in this case, that  
25 if there were any such articles, to provide those, were

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1 you not?  
2 MR. PRINGLE: Objection. That's not what  
3 was said in the letter, and you know it.  
4 MR. BLASS: Well, that's not the way I  
5 interpret it. If you want to object, you can.  
6 MR. PRINGLE: That's the point.  
7 MR. BLASS: You shouldn't answer the  
8 question.  
9 MR. PRINGLE: Objection to interpreting  
10 what the request was, instead of just reading it.  
11 Q. Was it your understanding that if there were  
12 articles that supported your opinions in this case,  
13 that you were to provide those to counsel for the  
14 defense?  
15 A. No.  
16 Q. All right.  
17 A. It was -- it was -- it was my understanding  
18 that if I wanted to use any articles in this case that  
19 I should prepare them --  
20 Q. All right.  
21 A. -- and I -- I chose not to.  
22 Q. Of course, you're -- you're -- you're aware I  
23 asked you precisely that same question ten days ago at  
24 your discovery deposition, if you were aware of any  
25 such articles; correct?

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1 A. I -- even though I read the discovery  
2 deposition just before this, I can't recall that exact  
3 aspect of it.  
4 Q. So there's no misunderstanding, I can find the  
5 testimony for you. Page 46, Lines 6 through 9. Did I  
6 in fact not ask you if there were any studies or  
7 experiments or articles that would support your opinion  
8 that vast majority of people with the type of injuries  
9 suffered by Mr. Young recover in four weeks?  
10 MR. PRINGLE: Well, objection to the  
11 colloquy in that deposition is the same as it is here  
12 today.  
13 A. My answer was: As far as -- I'll read it: As  
14 far as any studies, the medical literature is full of  
15 different reports and studies regarding recovery from  
16 cervical strain, and they are very contradictory, and  
17 just about anyone can pull an article out of the  
18 medical literature that supports their position.  
19 Q. So, my initial question was: I asked you that  
20 same question that -- ten -- ten days ago, if you had  
21 any studies that would support your position, did I  
22 not, on December 11th?  
23 A. Yes.  
24 Q. All right. In -- in those ten days you  
25 haven't pulled any studies, have you?

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1 A. No.  
2 Q. And Mr. Pringle hasn't provided you any  
3 studies, has he?  
4 A. No.  
5 Q. Okay. All right. So for the -- with respect  
6 to the \$3,000 that you've been paid for your time in  
7 this case, the time that you spent has allowed you to  
8 conclude that my client was injured in this accident;  
9 is that correct?  
10 A. Yes.  
11 Q. You've not been able to conclude and you don't  
12 have an opinion as to the cause of his current  
13 symptoms?  
14 A. Yes, that's correct.  
15 Q. And your report indicates that he does have a  
16 cervical strain?  
17 A. Yes.  
18 MR. BLASS: That's all the questions I  
19 have.  
20 REDIRECT EXAMINATION  
21 BY MR. PRINGLE:  
22 Q. Doctor, did I understand you correctly that  
23 where your report says he does have a cervical strain,  
24 you say that's a mistake and it should say he did have  
25 a cervical strain?

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1 A. Yes. Strictly speak, that's a grammatical  
2 error. It should be in the past tense. As I go on in  
3 the next page, under prognosis, I said I would expect  
4 complete recovery within four weeks. So, I mean,  
5 obviously that verb should be in the past tense than  
6 the current tense.  
7 Q. Dr. Thompson, do physicians have any ethical  
8 guidelines that they're supposed to follow?  
9 A. Yes.  
10 Q. What sort of ethical guidelines do they have?  
11 A. Well, certainly, you -- you mean as far as  
12 medical/legal testimony, or treatment of patients?  
13 Q. All of that. All of that.  
14 A. Okay. Well, certainly --  
15 MR. BLASS: I'm going to object to  
16 reference to ethical guidelines, to the extent he's not  
17 been qualified as an expert in that area and has not  
18 been identified as an expert in the area of  
19 medical/legal/ethical obligations or duties. And I  
20 don't think it's an appropriate -- even if he had been,  
21 I don't think it's an appropriate area of inquiry for  
22 any expert witness.  
23 MR. PRINGLE: Just so the record is clear,  
24 this just has to do with the personal ethics of the  
25 witness whose ethics have been attacked and the door

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1 has been opened, so we're going to ask him about those  
2 ethics.  
3 Q. Doctor, go ahead. Would you please answer the  
4 questions as to what sort of ethical guidelines for  
5 physicians affect you and -- and that you follow?  
6 A. Well, certainly, in the case of medical/legal  
7 evaluations, one would be ethically required to obtain  
8 a history from the patient, rather than just relying on  
9 the medical records. One would be required to examine  
10 that patient, as they would any other patient that they  
11 were seeing in the office. One would be required to  
12 very closely review all of the medical records that  
13 were made available to him, including before the  
14 accident and after the accident. And one would be  
15 ethically required to render opinions independent of  
16 who was hiring them to evaluate the case.  
17 Q. Doctor, would you pull out my letter of  
18 September 22, 2000, that basically asked you to examine  
19 Mr. Young.  
20 MR. BLASS: I'm going to object to the  
21 reference to your letter, unless you are going to make  
22 yourself a witness, available for rebuttal testimony,  
23 Mr. Pringle. That's totally inappropriate.  
24 MR. PRINGLE: No, I think you've -- you've  
25 raised the question and --

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1 MR. BLASS: You -- you -- you run the risk  
2 of becoming a witness, so I can cross-examine you about  
3 a letter that you wrote.  
4 MR. PRINGLE: Well, I don't --  
5 MR. BLASS: And if that's -- if that's a  
6 risk you want to run, that -- I'm just telling you --  
7 MR. PRINGLE: Well, I disagree with you.  
8 MR. BLASS: Well, it's a risk --  
9 MR. PRINGLE: You --  
10 MR. PRINGLE: -- you're running.  
11 MR. BLASS: -- you can object to the  
12 testimony if you'd like.  
13 MR. BLASS: I don't object to the  
14 testimony. If you ask him questions, I'm going to put  
15 you on the witness list because you're -- you're making  
16 yourself a witness. I'm not objecting, I'm just saying  
17 you're making yourself a witness and that's -- it's up  
18 to you if you want to do that.  
19 A. In the retention letter, Doctor, would you  
20 refer -- refer to Page 3, please.  
21 A. Yes.  
22 Q. And would you please just simply read the  
23 first bullet on that page?  
24 MR. BLASS: I'm going to object. The --  
25 the letter speaks for itself.

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1 MR. PRINGLE: I thought you said you  
2 didn't have any objections here?  
3 MR. BLASS: Well, I do to that question,  
4 because the letter speaks for itself, just like any  
5 document speaks for itself.  
6 MR. PRINGLE: Like -- like the  
7 depositions --  
8 MR. BLASS: But that's im --  
9 MR. PRINGLE: -- that you've had him read.  
10 MR. BLASS: Excuse me, that's impeachment  
11 testimony there, Mr. Pringle.  
12 MR. PRINGLE: Okay.  
13 Q. Go ahead, Doctor, would you read that.  
14 MR. BLASS: Prior sworn testimony, not  
15 someone else's writing.  
16 Q. When Mr. Blass is done, would you go ahead and  
17 read that.  
18 A. You agree to perform the independent medical  
19 examination and corresponding review of records in a  
20 fair, honest, and objective fashion without regard to  
21 the pecuniary interest of yourself, Veda Harper, or  
22 Miller & Kyler.  
23 Q. And was that a condition of your undertaking  
24 this exam and report?  
25 MR. BLASS: Objection, letter speaks for

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1 itself and is self-serving.  
2 A. Yes.  
3 MR. PRINGLE: That's all I have.  
4 RECCROSS-EXAMINATION  
5 BY MR. BLASS:  
6 Q. Doctor, with -- with regard to the questions  
7 about the independents of your opinion, so the jury is  
8 clear on this, if Mr. Pringle or any defense attorney  
9 has a case where a person has developed chronic  
10 symptoms associated with a cervical strain,  
11 independent -- and there are no evidence of fracture,  
12 dislocation, or other injury, am I correct that in  
13 every case you're going to say that person should have  
14 recovered in four to six weeks?  
15 A. Yes. I have consistently testified through  
16 the years that patients who have suffered from cervical  
17 strains will, within reasonable medical certainty,  
18 recover within four to six weeks.  
19 Q. Just so we're clear. In this case, you said  
20 in your report that my client did suffer from a  
21 cervical strain as of the time of your report, even  
22 though you say now it's a mistake; correct?  
23 A. Yes. I had a wrong verb tense in the  
24 sentence, yes.  
25 Q. And -- and you cannot tell this jury at this

1 Q. You did not characterize my client's injuries  
2 a mild strain in your report, either, did you,  
3 Dr. Thompson?  
4 A. Not in the report, but in my testimony I did.  
5 Q. Okay. Was that another mistake in your  
6 report?  
7 A. No. I just didn't characterize it as mild or  
8 severe.  
9 Q. Was that problem brought to your attention  
10 during your private meetings with Mr. Pringle?  
11 A. No. The first time it came up was when you  
12 were questioning me in the discovery deposition.  
13 Q. Okay.  
14 MR. BLASS: That's all the questions I  
15 have.  
16 FURTHER REDIRECT EXAMINATION  
17 BY MR. PRINGLE:  
18 Q. And you answered Mr. Blass' questions about  
19 that in detail several days ago when he took your  
20 deposition?  
21 MR. BLASS: Objection; leading.  
22 A. Yes.  
23 Q. Have you already addressd this question of  
24 mild versus severe with Mr. Blass some days ago?  
25 A. Yes.

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1 point what the cause is of my client's current --  
2 current symptomology?  
3 A. That's correct.  
4 MR. BLASS: That's all I have.  
5 FURTHER REDIRECT EXAMINATION  
6 BY MR. PRINGLE:  
7 Q. Doctor, what's the difference between a mild  
8 versus a severe cervical strain?  
9 MR. BLASS: Objection; out of the scope of  
0 recross.  
1 Q. Go ahead, Doctor.  
2 A. A strain is caused by stretching of the  
3 muscles and -- or beyond the point by which they would  
4 cause discomfort. And it just depends how much those  
5 muscles are stretched. With a mild str -- with a mild  
6 strain they're not stretched as much as they are with a  
7 severe strain.  
8 Q. And does the severity of the strain have an  
9 impact on the expected time for recovery of the  
0 patient?  
1 A. Yes.  
2 MR. PRINGLE: That's all I have.  
3 MR. BLASS: Just to follow-up on that.  
4 FURTHER RECCROSS-EXAMINATION  
5 BY MR. BLASS:

1 MR. PRINGLE: Okay. That's all I have.  
2 VIDEOGRAPHER: Dr. Thompson, you have the  
3 right to view this videotaped deposition right now for  
4 its accuracy, you also have the right to read the  
5 typed-written transcript after it's been prepared, or  
6 you can waive those rights.  
7 THE WITNESS: I'll waive.  
8 VIDEOGRAPHER: Thank you very much.  
9 THE WITNESS: Thank you.  
10 ---  
11 THE DEPOSITION CONCLUDED AT 5:25 P.M.  
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1 State Of Ohio : CERTIFICATE  
2 County Of Muskingum :

3 I, Debbie M. Bobo, Registered Professional  
4 Reporter, Notary Public in and for the State of Ohio, duly  
5 commissioned and qualified, do hereby certify that the  
6 within-named ROBERT J. THOMPSON, M.D., was first duly sworn  
7 to testify to the truth, the whole truth, and nothing but  
8 the truth in the cause aforesaid; that the testimony then  
9 given was by me reduced to stenotype in the presence of  
10 said witness; that the foregoing is a true and correct  
11 transcript of the testimony so given as aforesaid,  
12 transcribed from my stenographic notes upon a computer, and  
13 that this deposition was taken at the time and place in the  
14 foregoing caption specified, and was completed without  
15 adjournment.

16 I do further certify that I am not a relative,  
17 employee, or attorney of any of the parties hereto, and  
18 further that I am not a relative or employee of any  
19 attorney or counsel employed by the parties hereto, or  
20 financially interested in the action.

21 In witness whereof, I have hereunto set my hand  
22 and affixed my seal of office at Zanesville, Ohio, on this  
23 8th day of January, 2001.

24 My Commission Expires DEBBIE M. BOBO, RPR  
25 January 8, 2003 NOTARY PUBLIC, STATE OF OHIO

