VIDEOTAPED DEPOSITION OF ROBERT D. ZAAS, M.D.

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CONDENSED TRANSCRIPT AND CONCORDANCE

PREPARED BY:

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The State of Ohio,)
County of Cuyahoga.) SS:
- - - - -
IN THE COURT OF COMMON PLEAS
" - - - -
CAROL E. PHILLIPS,)
et al.,)
Plaintiffs,)
-vs-) Case No. 323242
DEL McDONALD JOHNSON,) Judge Timothy McGinty
Defendant.)
- - - - -
Videotaped deposition of ROBERT D. ZAAS,
M.D., a witness herein, called by the plaintiff as
if upon cross-examination under the statute, and
taken before Suzanne Lamparter, Court Reporter and
Notary Public within and for the State of Ohio,
pursuant to the agreement of counsel, and pursuant
to the further stipulations of counsel herein
contained, on Wednesday, the 15th day of October,
1997, at 6:00 p.m., at the offices of Dr. Zaas,
26900 Cedar Road, City of Beachwood, County of
Cuyahoga and the State of Ohio.
- - - - -

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APPEARANCES:

On behalf of the Plaintiffs:
Nurenberg, Plevin,
Heller & McCarthy, by:
DAVID PARIS, ESQ.

On behalf of the Defendant:
Law Offices of Marilyn D'Amelio, by:
RICHARD DiLISI, ESQ.

Also Present:
David Tackla, Videographer

- - - - -
(Whereupon, Plaintiffs' Exhibit
Nos. 1 through 5 were marked for
identification at this time.)
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PROCEEDINGS
- - - - -
MR. PARIS: Rich, sometimes what
I do and what I will do in this case is ask
you before we go into the videotape to
enter into stipulations, stipulation one
being that you waive the one-day filing
requirement of the videotape and of the
transcript of Dr. Zaas' testimony, and that
I hold onto the videotape or Dave will hold
onto the videotape rather than filing that
with the court.
MR. DiLISI: That's fine. I
agree to those and I'll probably ask you for
the same.
MR. PARIS: One other thing,
what I typically do on objections, I may
note an objection and if we have to talk
about it, I prefer to ask David to go off
the videotape and we can hash out our
objection on the transcript so we don't have
a videotape editing nightmare down the
road for trial. It's cleaner that way.
MR. DiLISI: Also, if I show the
doctor some records, I might want to go off

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the record so he's not rustling through his file.
THE VIDEOGRAPHER: Just say off the record for me.
- - - - -
ROBERT D. ZAAS, M D., a witness herein, being of lawful age, having been first duly sworn according to law, deposes and says as follows:
- - - - -
DIRECT EXAMINATION
BY MR. PARIS,
Q Doctor, my name is David Paris. I represent Dan Solomon Will you tell the ladies and gentlemen of the jury your full name?
A My name is Dr. Robert David Zaas. I spell my last name Z-A-A-S,
Q And we're here at your office this evening, Game 5 of the American League Championship?
A No, sir, I think you're incorrect.
Q What game is it?
A I think it's Game 6.
Q Okay. I stand corrected.
A Is there any objection?
MR. DiLISI: We will stipulate

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that it is Game 6.
Q We are at your office which is located at 26900 Cedar Road, Beachwood, Ohio?
A That is correct. It's near the corner of Richmond Road and Cedar Road.
Q Doctor, you are a medical doctor licensed in the State of Ohio?
A I am.
Q Since when?
A Wow, 1959.
Q And your specialty is orthopedic surgery?
A I specialize in orthopedic surgery.
Q And tell us what that is.
A Orthopedic surgery is a subspecialty that deals with the skeletal system, our bones and our joints, and of course the supporting structures such as muscles, ligaments, tendons, circulation and nerves. We as orthopedic surgeons are trained to do operations, surgery, on the extremities, that's the arms and legs and the spine, but in cases that don't need surgery we are also trained and qualified to treat without operation.
Q And can you tell the ladies and gentlemen of the jury a little bit about your educational background that gives you the credentials to

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testify as an expert witness?
A First I had to go to college and I finished at Western Reserve University, they now call it Case Western Reserve, a four-year program, with a bachelor of science degree which I received in 1953. From there I went to medical school, to the University of Chicago School of Medicine, that's also four years, and I graduated there with an M.D., a doctor's degree, M.D. degree in 1957, and there - so far that's four years of college and four years of medical school.
From then on I had six additional years of post-graduate training, that means internship and residency, at Mt. Sinai Medical Center in Cleveland, the University Hospitals in Cleveland, Akron General Hospital in Akron, and Indiana University in Indianapolis. So from the time that I graduated high school until the time I completed training was a total of 14 years, four each of college and medical school and six for residence training.
Q So when did you finish up your training in orthopedic surgery?
A Well, that kind of got complicated because I was interrupted just before I finished because of

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the Vietnam war. So I had to go and spend two years of active duty in the United States Navy. Then when I came back, I had to finish up at Indiana, which I did at that time. I did spine surgery and pediatrics at that time. So I actually completely finished in Indiana in 1965.
Q And did you then go into private practice?
A Yes, I did.
Q And when did you return to the Cleveland area?
A 1965, June of 1965.
Q You have been practicing orthopedic surgery in Cleveland, Ohio, since that time?
A Uh-huh, 32 years I think. Is that right?
We had - 15 years was near St. Luke's Hospital, the building across from St. Luke's, and the last 17 years has been in this particular building here, the Mt. Sinai Medical Building, the Beachwood Mt. Sinai Hospital.
Q You are a board certified orthopedic surgeon?
A Yes, I am.
Q What does board certification mean?
A It means I am recognized by my peers and colleagues as an expert in my field.

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What it means to me as a doctor is that I have completed all of that training, was recommended by the doctors that trained me, and was able to pass two sets of examinations, both written and oral, in the given field given by other experts, and then after being successful in every phase, including the examination, I then would agree to limit my practice to orthopedic surgery. I was said to be board certified.

Q To which major medical organizations, societies and associations do you belong?

A Well, I belong to the American Medical Association, Ohio State Medical Association, the Academy of Medicine of Cleveland. But I also belong to a group of organizations whose membership is only for orthopedic specialists and that again includes the American Board of Orthopedic Surgery, the Ohio State Orthopedic Association, the Cleveland Orthopedic Society, which I have been every officer. I'm past president. Right now I agreed to stay on as chairman with the continuing education committee.

Q And at which hospitals in our community do you have staff and courtesy privileges?

A I try to limit all of my hospital

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admissions, my surgical scheduling, my teaching responsibilities to Mt. Sinai. Mt. Sinai is affiliated with the medical school at Case Western Reserve, but we also have a training program in the hospital where doctors rotate through the Cleveland Clinic, University Hospitals, and Mt. Sinai, going on to become specialists in my field. I do all of my surgery at Mt. Sinai.

Q And tell me about your teaching responsibilities.

A I'm part of the faculty of that university orthopedic training program again for doctors who are going to become orthopedic specialists. In fact I had a class I gave at 7:00 o'clock this morning. We're sitting here now, it's 6:13 p.m., but Wednesday morning from 7:00 to 8:00 I have a class.

Q It's probably the seventh inning of the ballgame.

A Not at 7:00 in the morning.

Q No, no, as we're speaking now. Are you involved in continuing education courses and the teaching of continuing education to doctors?

A Oh, yes.

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Q Tell me about those responsibilities.

A Well, for years I have always been a member of the committee for continuing education. Doctors just don't go to medical school, learn what they learn, and then treat their patients with it. So many things happen. I think everybody knows just from looking at television that every year something new comes up. We have got to go to courses. We have to take post-graduate education. We have to have continuing education and my part of it has been here - I've either been on the committee or now I'm chairman of the continuing education committee for all of northeastern Ohio. We are talking about Cleveland Orthopedic Society from Toledo to the Pennsylvania border, from Lake Erie to Mansfield. And we arrange programs. Like I'm responsible for making the final okay on it, for bringing in experts in a given field to teach the rest of us the latest upgraded new things in orthopedics and I'm very active in that.

Q You still maintain a full-time active orthopedic practice?

A Correct.

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Q And a significant percentage of your time is still involved in performing orthopedic surgery?

A Oh, yeah. The only time I - again, my teaching responsibilities have really been on the Wednesday mornings. Sometimes I make rounds with the residents, which means we have a clinical conference on Tuesday afternoons and once and sometimes twice a month on Saturday mornings from 9:00 to 12:00 or sometimes 8:00 to 12:00, but I teach - everything else for six or seven days a week, depending who is here, is strictly the practice of orthopedic surgery, treatment of patients.

Q Now the injury that we're going to be talking about this evening involving Dan Solomon is a fractured ankle, more specifically referred to as a bi-malleolar fracture?

A Right. I call it a bad fracture. There are fractures that only involve one part of the ankle. When you get a double bone fracture in which the ankle itself dislocates, that's a bad one.

Q And is that an injury that you have diagnosed and treated over the years as an orthopedic surgeon on many occasions?

A Oh, sure, all kinds of different types.

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There are different types of injuries depending where the mechanism is. If you step in a hole, you get a little bit of a different type of fracture of the ankle as compared to when you get tackled by a middle linebacker or get hit in a compression type of injury, like come down from a fall or the floorboard of a car, something like that. But that's not an uncommon injury, a broken ankle. The type he sustained, however, was one of the bad ones. It was not a minor fracture.
Q You have treated those kinds of injuries before?
A Many, many.
Q You have performed surgery on them, on those injuries before?
A Yeah, usually at 2:00 o'clock in the morning, but yes, I have done lots of those.
Q And you have followed patients in your career with these type of injuries over a period of years to see how they do?
A I have patients, right, even up to the current time that may have gone back as long as 20 years ago, sure.
Q Now at my request did you examine Dan Solomon?

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A I guess it was your request. I'm not sure who. I guess your office did refer him. Yes, I did.
Q All right. And when did you first see Dan?
A April 2, 1997. That's about six months ago.
Q When you see a patient, you typically want to know why he's there and what happened to him?
A I never met him before. I was not aware or familiar with his problem. I go through kind of like a triple type of evaluation. I take a history, I get details of what's been done for him, what his symptoms are, what about his past. The second part is your actual physical testing and the third part is trying to get either laboratory studies, X-rays, whatever other diagnostic parts, even old records, to fill in. But it's the history, physical, laboratory and old studies.
Q Okay. So basically let's tell the jury what it is that you learned from Dan Solomon when you saw him in April.
A I saw him April 2, 1997. At the time that I saw him he was still 16 years old or he was going to be 17 the next month. He told me that the year earlier, on March 25, 1996, about a year before I

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saw him, that he had been a passenger in an automobile and that automobile struck another car from the front end on March 25, 1996, and as a result of the injuries of the accident he suffered a fracture of the right ankle, and that he was taken in - the emergency vehicles came and he was taken from the vehicle, he was taken over to Hillcrest Hospital, and that's when X-rays showed that he had a fracture dislocation of the right ankle, the type that we call bi-malleolar fracture with associated subluxation. Kind of big long words, but what it involves is bones on both sides of the ankle were broken and the entire ankle joint was out of place.
Q Okay.
MR. PARIS: I want to go off the videotape for a second while we get the model so that we can demonstrate what we are talking about.
- - - - -
(Whereupon, discussion was held off the record at this time.)
- - - - -
BY MR. PARIS:
Q What is that you're holding in your hand,

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Doctor?
A We have a model skeleton of an ankle. It happens to be a left ankle, but it will show exactly what we're talking about.
Q All right.
A But the ankle is basically made up of the shin bone, which is called the tibia. That's this big one. And then the little side support bone called the fibula. You can see how the two bones come down into these two little lower hook-like bony structures, sort of like a rider on a horseback, you know? The stirrups, they come down on either side, and that kind of locks the bone into the foot bone at the base of the ankle. It's called the talus, T-A-L-U-S. Normally the ankle allows rocking forward and backward, but really no side-to-side movement. Now in the case of Daniel, what had happened to him must have had a severe impaction below - either his foot was driven forward or knocked underneath him and in so doing, the corner of this big bone right here, they call it the medial malleolus, the whole hook of the tibia was completely broken off.

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(1) QOkay.
(2) A At the same time the fibula bone right over
(3) here - I'll mark it and show it to you there -
(4) the other bone, that was broken right in two. And
(5) since the fibula is broken in two and the hook of
(6) the tibia called the malleolus was broken, there
(7) was nothing to keep this ankle in place and
(8) basically what happened, the whole ankle just
(9) completely fell out of place. I can't do it on
(10) this model.
(11) Q Are you talking about laterally?
(12) A It just shifted completely over, yes.
(13) Q Is that the dislocation you're talking
(14) about?
(15) A Right. There is - if this bone is broken
(16) in front here and that bone is broken here -
(17) Q Right.
(18) A - there is nothing to prevent the ankle
(19) from sliding completely back and forward and
(20) that's exactly what happened to him, very
(21) dramatically shown on the original X-rays.
(22) Q So those two bones on either side provide
(23) the structural support for that ankle?
(24) A Correct. As long as they are in place I
(25) can't go side to side because - you have to think

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(1) of the ankle joint as a rider of a horse. You get
(2) on that saddle and the saddle is the foot bone up
(3) under here.
(4) Q Understood.
(5) A You have your right leg over the side here,
(6) left leg over the side, so you're locked into the
(7) saddle. That's how our ankle is normally.
(8) Q Very good.
(9) A If you knock off the two legs, it's not
(10) going to be very stable.
(11) QOkay.
(12) MR. PARIS: Off the record.
(13) Let's go back off the record.
(14) - - - - -
(15) (Whereupon, discussion was held off the
(16) record at this time.)
(17) - - - - -
(18) BY MR. PARIS:
(19) Q Did you take a history as to what was done
(20) for him in the emergency room?
(21) A Yeah. They recognized that he had a
(22) fracture and that the dislocation was what they
(23) called reduced. It was by hand brought back into
(24) better alignment. It wasn't really completely
(25) set, but at least the bones matched up. Again

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(1) I'll be able to show you on the X-rays what I
(2) mean. Then a splint was applied. A piece of
(3) plaster was put around behind the leg to keep it
(4) at least in place rather than being completely out
(5) of place.
(6) If you leave an ankle completely
(7) dislocated very long you can lose the circulation
(8) and therefore you can lose the leg, so at least it
(9) was reduced or put into alignment.
(10) Q Then what happened the next day?
(11) A The next day he was transferred to Mt. Sinai
(12) Hospital where he was treated by Dr. Mark
(13) Froimson, F-R-O-I-M-S-O-N.
(14) Q He's also an orthopedic surgeon?
(15) A He's an orthopedist on the staff doing
(16) mostly trauma work. Trauma work means that he
(17) works out of the emergency room a lot. He does a
(18) lot of injury and fracture cases, yes.
(19) Q What did Dr. Froimson do for Dan?
(20) A He took him to surgery and did what they
(21) call an open reduction. That means doing an
(22) incision or operation over the medial bone, the
(23) inner bone, the one that big piece was knocked
(24) off, put it back into the correct position, then
(25) put two screws in to hold it into place. That's

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(1) called open reduction, internal fixation with two
(2) screws.
(3) Q And Daniel of course was knocked out when
(4) they did that surgery?
(5) A Oh, that requires a general anesthetic,
(6) absolutely correct.
(7) QOkay.
(8) A Then they put a cast on afterward.
(9) Q Then what did Dan tell you about how long he
(10) was casted?
(11) A Well, Dan - then there was a long period of
(12) time he kept coming back to see Dr. Froimson, but
(13) he remained on crutches. He had a cast on his
(14) right leg for 12 weeks, but it wasn't the same
(15) cast. He had to come back, have a cast change,
(16) have some X-rays, then have another cast put on.
(17) But from March 1996 he stayed on crutches for,
(18) what, three months, something of that sort, and
(19) then what he told me is that after it was decided
(20) after the three months that the bone had healed
(21) enough to take the cast off, what he remembers is
(22) that if he put his right ankle down or leg down
(23) and tried to stand on it without a cast, he had
(24) terrible pain because it had just been immobilized
(25) for a long time, the ankle was still painful, and

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even though he was allowed to start some movement, it wasn't easy. He even had to go through a course of physical therapy to get his ankle moving. Then he continued to see follow-up visits with Dr. Froimson until just before I saw him. I think he saw Dr. Froimson in March of 1997.

Q Okay. And did you get the impression that the therapy helped to him regain mobility of that ankle?

A Yeah, he told me that it was improving and he also told me that at least to the point that he had gotten, that while his ankle was still hurting him and he couldn't do, like, sports or physical things, he could go to school. He was going to high school. He told me he could get around fairly well, but that was just coming and going to class, coming home and moving around, and he was not a sports competitor very much, and he said he couldn't try no matter what. And the other thing that he had noticed is that when the cast was first taken off he had a lot of swelling of the ankle. Then as the months went by while he still has pain when he's on his feet too much, the

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swelling is not completely gone, but it got better and better, less and less.

The same thing with stiffness. He had that feeling that he had a lot of stiffness in his ankle when the cast came off and a little bit of that came back.

He also told me that what he was most comfortable wearing were like these lightweight boots. I'm not talking about heavy 12-inch hunting boots, but the lightweight hiking type boots. I call them the six-inch boots. And at least it gives him some support. He had the feeling that his ankle was still weak and by having that boot around him, which is still somewhat lightweight, he could go to school with it. So he was really better off wearing a boot.

Q Okay. Did you examine Dan?

A Yes.

Q Tell us about the examination and what you found.

A Well, my examination - by the way, he never had any problems with his ankle before this.

Q Right.

A When he was injured he was 15 years old.

Q Right.

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A And he had no bone or joint problems before this.

When I examined him he was 16, just becoming 17 on April 2, 1997, and the only thing that I found abnormal was his right leg and ankle. Everything else was normal as far as the musculoskeletal bones and joint structures.

And the first thing I noted, there was some muscle weakness of the right posterior calf muscle compared to the left. There was the surgical scar that Dr. Froimson had done the surgery through along the medial side of the right ankle, there was also some swelling around the scar and when I touched a portion of the scar, there was a lot of exquisite local pain and I could feel that there was the heads of two screws, that I still could feel that. In other words when the bone was fixed Dr. Froimson put two screws in and you could feel the heads up under the skin. That was causing some local pain and swelling. I measured the right ankle. It was a half inch bigger than the left ankle.

Q What do you attribute that to?

A I think it was from the after effect of the injury, probably developing some post-traumatic

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joint changes, and also the screws were still there.

Q Okay.

A It's all due to the injury. What - his biggest problem was range of motion and dorsiflexion. He could tiptoe pretty good.

Q What do you call that?

A That's called plantar flexion. In other words he could put his ankle downward like you're toe walking through a range of about 50 degrees from neutral, but he could only dorsiflex or bring his ankle up about ten degrees.

Where that comes into play, talking to the jury, remember what happens here, if you want to squat down you have to be able to have your ankle come all the way up because if you bend your knee and then you want to squat down to get on the floor, how do you get to the floor? You have got to get your ankle up so you can get back over. He couldn't do that.

Remember the normal ankle could be dorsiflexed or brought up through a range of about 25 degrees. The injured ankle could be brought up only about ten degrees. So he had some problem. He couldn't get down and squat and move entirely

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in a complete direction.
Q So his range of motion for dorsiflexion of
that ankle was less than half of normal?
MR. DiLISI: Objection.
A In dorsiflexion.
Q In dorsiflexion.
A Correct. That's right, bringing up from the
neutral. But it was normal going down.
Q There was an objection and I wanted to
correct that objection.
What percentage of his dorsiflexion did
he have of normal?
A 40 percent.
Q Go ahead, Doctor.
A Moving his ankle really wasn't very painful.
He didn't complain of pain too much. He just
couldn't move all the way through and he
complained of tenderness on the inside and the
pain that he had wasn't when you touched it. It
was after being on his feet very long. So it
wasn't the fact that he just had a sore spot or
you touched it. The only sore spot I found was -
Q The screws?
A - where the screws were, yeah.
Q What do you attribute the loss of motion in

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dorsiflexion, the inability to move that ankle?
A Yeah. This is neutral. This is
dorsiflexion. You bring your ankle up.
Q Right.
A If you have damage to the interior of that
joint in there, the first thing you lose is your
ability to come up. Gravity will allow you to
come down, but interior damage, damage to the
surface of the ankle joint, that causes you way
back up underneath here, right inside there -
Q Understood.
A - that is what leads to loss of
dorsiflexion.
In fact that's what doctors use as
clues. If someone has perfectly normal up and
down movement you're not likely to have any
damage
within the ankle joint. If you can't move all the
way up, that's the first clue that something has
been damaged in the surface of the joint.
Q Does that complete your physical exam?
A Right, I didn't find anything else wrong
other than just the ankle. That was the only
abnormality that he had.
Q And your final diagnosis?
A Bi-malleolar fracture dislocation of right

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ankle that was causally related to the March 25,
1996 accident within medical certainty.
Q You reviewed the Mt. Sinai records -
A Correct.
Q - the Hillcrest Hospital records and Dr.
Froimson's records?
A Right, all of which basically
corroborated - gave me some dates, but said
exactly the same thing that Daniel had told me.
Q All right. We have some X-rays also that
you have had a chance to review?
A Yes.
Q Perhaps we should spend a few minutes
reviewing those with the jury.
MR. PARIS: Let's go off the
videotape until we set up.
- - - - -
(Whereupon, discussion was held off the
record at this time,)
- - - - -
BY MR. PARIS:
Q The X-ray to the far left is marked as
Exhibit 1, and can you identify that film, Doctor?
A Yeah, the X-ray that my red pencil is
pointing to here, that is marked March 25, 1996.

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Q That was taken at Hillcrest Hospital
emergency room?
A Right. That is the X-ray taken at Hillcrest
emergency room right after the accident of
March 25, 1996, and again you have to look way up
on top there. It says Hillcrest and gives an
identifying name.
Q What does that show in terms of the injury?
A It's even harder if you're not familiar with
what you're looking at. You see kind of a bag of
bones over here. Here's the tibia coming down and
here's the fibula. Here's the end of the fibula
twisted way over inward. Here's that hook or
malleolus of tibia way off and the whole ankle
joint is just pointing all the way inward and is
out of place. That's called a fracture
dislocation. Both malleoli are broken, so it's
called a bi-malleolar fracture.
Q Okay.
A Now it's so distorted it makes it difficult
to see that it's really an ankle.
But right after the emergency room
people aligned this back up again, we get
Plaintiff's Exhibit No. 2, and this is a picture
also taken at Hillcrest Hospital. Actually, the

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date was March 26th on this picture. I don't know.
Q It's after midnight.
A Okay. Thank you. Because it either was not read until March 26th or was maybe taken a little bit later on.
Q I may stand corrected on that, but if it's from Hillcrest, it was taken on the day of the accident.
A Okay. And this one, the doctor actually did a very nice job. Now he has the tibia and the talus at least lined up.
Can you switch back to the left when I tell you?
Look at that compared to what this was.
Q Right.
A This is all crooked, going this way, and he's brought that bone over, and we're going to go to the right again, and now he's got it lined up.
What he wasn't able to reduce, though, is this great big fragment right here. It's better aligned, but if you look very carefully, you really need a high power lens to see this, it's not really - really not in position. It's lined up, but it doesn't match right here. It's

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almost as if a piece of a jigsaw puzzle is laying close to, but not really completely normally in its bed right here.
Q Can you circle that area? Okay.
A In other words, there is still trouble here even though it is lined up better.
The fibula looks very good, just about what we call normal anatomic. That's the little bone that was broken.
But the big problem is this big bone right here. The big hook that was knocked off the tibia still ain't right.
Q Understood.
A That's the best way of saying it.
QOkay.
A Then remember that the day after this he underwent surgery from Dr. Froimson, and I have a whole series of X-rays, a whole pack of X-rays. I just happened to pick out some that seem to be clearer, but they all show about the same thing after the injury.
Q Exhibit 3 is taken April 11th, after surgery?
A Right. Yeah, April 11, 1996, Exhibit 3.
It's an X-ray of Daniel Solomon done at Mt. Sinai

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Medical Building, where we are sitting.
Dr. Froimson had to order these. These were one of the checkup X-rays while he was still in a cast. You could still see this haze around it.
This is called a fiberglass cast and the picture is taken right through it.
Now we see the ankle really lines up very nicely. The fibula looks good and what you are going to first notice is two screws are holding that malleolus bone in. You can still see the fracture line. It's kind of nicely lined up, almost - I will circle it even though you don't really have to, this line that goes right straight into the joint. The only thing that bothers me about this X-ray if he was my patient, there seems to be little - a little defect right here in the joint as if some of the bone were compressed or impacted away. If you look at the surface of the tibia, it's straight until you get to this corner.
Now that there is missing bone.
Q In other words, the bottom of the shin bone where the fracture is, there is something that is not normal now?
MR. DiLISI: Objection.
A Right.

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Q I have to rephrase the question.
What abnormality do you see and precisely what is the anatomical position of the abnormality?
MR. DiLISI: Objection.
Goahead.
Q Go ahead, Doctor.
A My concern when I saw this is that the fracture had broken through into the joint and instead of having a nice straight roof of the ankle joint, there seems to be a hole here or a defect like some of the bone is missing. We call that impaction. Bone is soft and if you have a severe compression injury you can get the sharp ends back together again, but the part that gets compressed in like an old sponge will never completely come out.
If you want to come back on the picture over here a second, if you look at the ankle right there, right where kind of - I use the word crotch of the bone right here where the tibia comes together right here, something is missing there. It's not the fact that it's gone or taken away. It just looks like it was pushed in. So it's not exactly in the same shape it was before

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it was broken.
MR. DiLISI: Move to strike.
Q Is that the fracture site?
A Yes, sir.
Q Okay.
A Now I'm going to go back and put some more
recent X-rays on, kind of like moving to the last
chapter with the X-rays.
Q Okay. We have Exhibits 4 and 5?
A Correct.
Q And 4 is on the left and 5 is on the right.
What does Exhibit 4 show, Doctor?
A We're on camera?
Q Yeah.
A Okay. Exhibit 4 is the last X-ray that I
could find in the X-ray folder of Daniel Solomon.
That was on March 3, 1997. That's only about a
month before I saw him.
Q All right.
A And six months ago or seven months ago. And
the same right ankle. You still see the screws,
the bone is well aligned, and where there had been
a fracture line right here, you don't see any
fracture line anymore. At least that's healed and
the fibula has healed. But again I kept looking

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at this and something looks wrong because if you
go across the roof of the tibia, all of a sudden
right where the base of the fracture was there is
a very high bend as if some of that bone had been
pushed up and in, and when I first saw that I
wasn't sure if it was real, if it was a normal
shape, or if it was the result of a deformity or
abnormality that was created by the force of this
fracture. But Dr. Froimson had obtained X-rays of
the left ankle, the other ankle -
Q The normal ankle?
A - in comparison and they were in the
folder, which made it very easy to figure out.
If you look at the left leg, which is
Plaintiffs' Exhibit 5, it is Mr. Solomon's left
ankle. Not the broken right ankle. The one that
was never injured. Now we look right across the
tibia here. That's a very sharp line on both
views. I'm aligning it here. See the roof has a
very slight slant up and around.
And let's go back to the right one.
Q We have to go slowly for the videographer,
Doctor.
A Right.
Q Are we in focus here? I want to make sure

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we are in focus for the jury.
MR. DiLISI: I want to make sure
it's clear that I'm moving to strike this
testimony. I object to it.
Q Go ahead, Doctor,
A Now you look straight across on the broken
right one and there is a very high pushed-in area
here, and again the only way you can compare it is
to go back to the other one, and it isn't there.
Again when I examined him I was not
really directly aware of that until everything
could be brought together to me, all of the films
from Hillcrest, Mt. Sinai and the Beachwood
office.
Q Understood.
MR. DILISI: Objection. Move to
strike.
MR. PARIS: Let's go off the
video and we will get re-set up.
- - - - -
(Whereupon, discussion was held off the
record at this time.)
- - - - -
BY MR. PARIS:
Q Let's talk a little bit about what the

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future holds for - well, let me ask you a couple
of opinions, Doctor.
First off in your opinion, do you have
an opinion to a reasonable degree of medical
certainty as to whether this motor vehicle
accident of March 25, 1996 was the direct and
proximate cause of the injuries that you diagnosed
for Dan Solomon?
A I have an opinion.
Q What's your opinion?
A My opinion - in my opinion the fracture
dislocation of the right ankle was directly and
proximately caused by the March 25, 1996 accident.
There was no other extenuating, preexisting, or
follow-up conditions involved.
Q And do you have an opinion to a reasonable
degree of medical probability as to whether all of
the medical care and treatment that Dan received
from the time of this accident up to the present
time was reasonable and necessary by virtue of
those injuries?
A I do have an opinion.
Q What's your opinion?
A In my opinion all of the treatment that he
received at Hillcrest, Mt. Sinai, from

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Dr. Froimson, as well as from the X-rays, laboratories, was reasonable and was necessary for the treatment of his very complicated fracture.
Q Do you have an opinion to a reasonable degree of medical certainty as to whether Dan's injury is permanent in nature?
A I do have an opinion.
Q What's your opinion?
A In my opinion he will have permanent after effects, some permanent disability which could become even worse in the future as a result of this accident.
Q Well, first let's talk a little bit about the permanent injury. What is the permanent injury?
A The permanent injury with a bi-malleolar fracture is that the actual surface of the ankle joint, the surface where two parts of the bone come together have been damaged and it is not very difficult to comprehend because we all understand what happens to any other mechanical object when this one surface is damaged and you get friction or rubbing of the two surfaces together, whereby in a normal situation it should be just quiet, smooth, and you can hardly hear anything going

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together. So there is damage to the interior of Daniel's ankle joint. He will get post-traumatic changes. He will very likely get post-traumatic arthritis.
Q Now if X-rays were taken of him this week or last week or two weeks ago that don't show any post-traumatic changes or post-traumatic arthritis, does that mean he's not going to have post-traumatic arthritis?
MR. DiLISI: Objection.
A No, I think that's normal. I mean I wouldn't expect that to show up on an X-ray, actual bony changes that we call post-traumatic arthritis, for quite a while. It may be months, it may be years.
But if you look at his X-rays very carefully today, even the ones that have already been taken, and then compare them with the normal side, he already has post-traumatic changes. There are post-traumatic structural changes. And post-traumatic structural changes is kind of like another word of saying post-traumatic arthritis. Arthritis usually implies, however, that there has been worn down structures and reaction to the area.

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Q So Doctor, in your opinion to a reasonable degree of medical certainty is Dan going to have post-traumatic arthritis in that ankle in the future?
MR. DiLISI: Objection.
A In my opinion he probably will.
Q Okay. And is that as a direct and proximate result of this fracture that you discussed?
A Yes, it is.
Q And Doctor, is Dan going to have pain in that ankle in the future?
MR. DiLISI: Objection.
A He will probably -
Q Let me rephrase the question. In your opinion to a reasonable degree of medical probability is that arthritis that Dan's going to get in the future going to be a source of pain and disability to him?
MR. DiLISI: Objection.
A Yes, in my opinion it will be.
Q Why?
A Post -
MR. DiLISI: Objection.
A Post-traumatic structural or arthritic changes manifest themselves or present themselves

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by causing some stiffness, then for a long period of time individually determined by one person to the other, you can't always tell how long it takes this to occur, usually they are okay until they start to over something, try to run or be on their feet too long, and then as the months and years go by you find that you don't have to be on your feet quite so long and it comes quicker or the swelling comes after every day instead of only occasionally, and those are the types of post-traumatic changes he can expect in the future.
Q In your opinion to a reasonable degree of medical probability is Dan going to need medical care and treatment in the future?
MR. DiLISI: Objection.
A Yes, he does in my opinion.
Q Let's start with the removal of the hardware, the screws that are in his ankle. In your opinion to a reasonable degree of medical certainty do you have an opinion as to whether or not he's going to need those screws removed?
A Well, it's my recommendation - I recommended to him back in April of 1997 that he probably should have the screws removed. Not that

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it's going to save the progression of arthritis or deterioration or internal joint problems, but at least it would get rid of that local reaction to the metal. Screws are made out of stainless steel and they do cause a reaction, and I know it's causing a little bit of a reaction in him because there is some local swelling and tenderness there. So stage No. 1, I felt, was take the screws out. That's my first recommendation.

Q And what are the costs associated with that procedure in regard to your fees for the surgical procedure and anesthesia, hospital stay, so forth?

MR. DiLISI: Objection.

A The surgical fee - if you want to talk about the surgical and post-operative care, then follow-up, it will range from $750 to $1,000 because it does require a follow-up, you have stitches, you have to follow up the person, you have to put a split on, remove it afterward. It takes one morning in the hospital, which means that the charges for that are usually for a one-day stay as an outpatient, plus the anesthesia that goes with that, and that's been running in most big hospitals $1,600, $1,700, $1,800.

Q Okay. Is Dan going to be a candidate in

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your opinion to a reasonable degree of medical probability for follow-up treatment with an orthopedic surgeon in the future or physical therapist in the future?

MR. DiLISI: Objection.

A He definitely should have long term follow-up with an orthopedist because he already has what I call a deformity of his ankle, which means it's only going to get worse as the future goes on, and the determination of what could be done for him afterward, the only way to do that determination would be to follow him up. That was sort of the major thing that I told him when he was here. I don't know exactly how long it's going to take all of these complications to become foremost or at least very disabling to him. The only way you can ever tell is he has to be seen once and forever.

Physical therapy is not really a major player in the ankle. It was good for him when he first got out of the cast, but from now on physical therapy isn't going to be that much of a thing. He's going to have to try to keep his strength up in his leg by himself.

MR. PARIS: Okay, Doctor. Thank

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you very much. I don't have any further questions.

- - - - -

CROSS-EXAMINATION

BY MR. DiLISI:

Q Doctor, I'm going to try to keep this as short as possible.

Again just to put things in perspective, you have only examined Daniel Solomon on one time, one occasion?

A That is correct, Mr. DiLisi, yeah.

Q That was over six months ago, April of 1997?

A Six-and-a-half months ago, that's correct.

Q You haven't seen him since?

A No, sir.

Q You haven't prescribed any treatment for him, any medication or physical therapy?

A No. No, I don't think there was any final decision made about the screw removal, but I don't know that he's had that done or not.

Q And it was Dr. Froimson, I think you said earlier, that performed the surgery on Daniel's right ankle; is that right?

A Correct.

Q And Dr. Froimson was Dan Solomon's primary

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treating doctor as far as the ankle injury is concerned?

A Uh-huh. Again, I think I explained he's an orthopedic surgeon. One of his specialties has been trauma. He has other specialties also, but he's been on call - he does have a regular call time at Mt. Sinai.

Q Okay. You didn't get involved or you didn't even see Daniel until one year after the accident, right?

A That's correct.

Q And Dr. Froimson did a good job, do you agree with that?

A Beautiful job.

Q You don't have any criticisms or complaints about his work or treatment?

A No, he was very careful, and as a matter of fact I don't think it even came through as clear because Dr. Froimson, on each visit, kept getting X-rays, kept watching him very carefully, making sure that nothing happened to the fixation or anything like that. So I just showed you some portions of the X-rays. He actually was much more detailed than that.

Q Okay. In fact, Doctor, you conclude that

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the fracture of the right ankle went on to solid union?
A Yes.
Q And in your examination and from looking at your report that you provided, you note that Daniel had no complaints of pain when he moved his right ankle?
A Correct. Moving the ankle wasn't painful when I saw him.
Q By the way, I think you said Daniel was 16 when you examined him, but about to turn 17?
A Was that correct? That's what I said, yeah.
Q Did you take note of how tall he was if you recall?
A I recall he was about as tall as I am.
About 5'10" or 11.
Q Do you know how much he weighed?
A No, I didn't weigh him. I weigh 185 and he weighs less than I do, so he's slender.
Q Would you agree that he's still growing?
A Probably not very much. People - boys that are going on to 17, and you can tell from looking at his ankle growth plates, he doesn't have that much more to go. He may have in inch or so, but not a lot.

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Q Would you agree that it was your recommendation, was it not, that he try to develop some muscles in his right calf, so forth?
A Right, because one of his areas of weakness I felt was the atrophy that had developed in his calf muscle as a result of the immobilization and the actual trauma, yeah.
Q And you indicated that you did take a history from Daniel?
A Right. He was there, his mother was with him too, but Daniel told me essentially.
Q And medical histories are generally important, are they not?
A I think they can be, uh-huh.
Q Did Daniel Solomon tell you that he was involved in another accident in July of 1996 shortly after the March of 1996 accident?
A No, I wasn't aware of that, at least at that time.
Q He didn't tell you that he felt an increase of pain in his right ankle after that accident?
A No.
Q And Doctor, by the way, I see you have some records in front of you. Am I correct in assuming that that is your entire file relating to Daniel

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Solomon?
A Correct, other than the X-rays, right.
Q Could I take a look at that?
MR. DiLISI: Off the record as a courtesy to the jury.
- - - - -
(Whereupon, discussion was held off the record at this time.)
- - - - -
BY MR. DiLISI:
Q Doctor, I believe earlier you stated that you reviewed Dr. Froimson's records. Did you review his typewritten notes and his records as well?
A There was some notes, office records I believe they are. Yeah, that's all I saw.
Q Doctor, I'll hand you what we have marked as Exhibit M, which purports to be a complete copy of Dr. Froimson's records. If you could, take a look at those.
MR. DiLISI: And again we can go off the record.
- - - - -
(Whereupon, discussion was held off the record at this time.)

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- - - - -
BY MR. DiLISI:
Q Doctor, I've handed you what I have marked as Exhibit M.
A Correct.
Q You have had an opportunity to look at those records?
A Correct.
Q Are those records you reviewed in connection with your preparation of your report?
A Yeah, I've seen those. I don't know if I saw every X-ray report as it is in here because Dr. Froimson did put those on his records. I don't know if I received that, but I saw his office record.
Q The office notes that are typed up?
A Correct.
Q Showing various visits on various dates, so forth?
A Right. The last, March 3, 1977, and the first, March 26, 1996.
Q And also in reviewing those records I noted that there was a letter from a Kathleen Timko, who I guess is a physical therapist with Mt. Sinai.
A I don't know if she is there anymore. I

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think she was at that time. I don't remember. I don't remember seeing her lately.
Q It's dated August 30, 1996?
A Yes, I have that.
Q Okay. I just wanted to see if you had that.
By the way, Doctor, it's my understanding that after Daniel was treated at Hillcrest Hospital he went home that evening and then returned to Mt. Sinai the following day.
Does that sound right to you?
A I think that was correct, yeah. Yes, it was splinted securely in plaster.
Q I have some questions for you about this hardware or the screw removal.
Would you agree that the removal of the screws could be done as an outpatient procedure?
A Absolutely. Fully agree.
Q Are you aware that Dr. Froimson recommended removing the screws earlier this year and that Daniel Solomon did not follow that recommendation?
A No, but I certainly also have recommended that, it be removed.
Q You haven't removed those screws, have you?
A Not yet, no.
Q Doctor, although nothing is certain or very

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few things are certain, would you agree that there is a good shot that removing the screws would take away Daniel's present symptoms?
MR. PARIS: Objection.
A Yeah, I think it would take away some of his symptoms, the symptoms that arose from that local swelling on the inner side. That would have nothing to do with the interior of the joint Though.
MR. DiLISI: All right, Doctor.
I have nothing further. Thank you for your time.
- - - - -
REDIRECT EXAMINATION
BY MR. PARIS:
Q Mr. DiLisi asked you about the car accident of July of 1996 and whether you were aware of it. There is a reference to that auto accident in the physical therapy note of July 16th. Can you read the first line or two of that?
MR. DiLISI: Objection.
A "Patient reports he was in an auto accident this past Saturday night. Patient states right ankle was sore, but now it seems to be back to normal," or something to something. I guess

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that's normal. "Patient also reports right wrist pull and had it wrapped in Ace bandage."
Q Doctor, does it appear to you that whatever happened in that auto accident to Dan's right ankle plays any role at all in your opinions?
A No.
MR. DiLISI: Objection.
A Not even my opinion. It's clearly etched in X-rays that all of the deformities, the screw, the fracture were all there way before September of 1996 – July of 1996.
Q And whatever happened to him on a Saturday night seemed to be back to normal within a few days?
MR. DiLISI: Objection.
Q At least based on the report?
MR. DiLISI: Objection.
A There is no other comment after that.
Q At least based on the record that the jury is going to have; is that right?
A As far as I can see, yeah.
MR. PARIS: Okay. Thank you, Doctor. Nothing further.
MR. DiLISI: Nothing further, Doctor. Thank you.

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- - - - -
(Whereupon, discussion was held off the videotaped record at this time.)
- - - -
MR. PARIS: You will waive the reading of the transcript?
THE WITNESS: Yeah, I'll waive the reading of the transcript.
MR. PARIS: And the viewing of the video?
THE WITNESS: And the viewing of the video.
(Whereupon, deposition was concluded at 7:00 p.m.)
- - - - -

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CERTIFICATE

The State of Ohio,)
) SS:
County of Cuyahoga.)

I, Suzanne Lamparter, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named witness, ROBERT D. ZAAS, M.D., was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth in the cause aforesaid; that the testimony then given by the above-referenced witness was by me reduced to stenotype in the presence of said witness, afterward transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above-referenced witness.

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

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

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 22nd day of October, A.D., 1997.

Suzanne Larnparter, Notary Public in and for the State of Ohio.
My commission expires December 14, 1997.

- - - - -

Look-See Concordance Report

- - -

UNIQUE WORDS: **1,124**
TOTAL OCCURRENCES: **2,981**
NOISE WORDS: **385**
TOTAL WORDS IN FILE: **9,048**

- - -

SINGLE FILE CONCORDANCE

- - -

CASE SENSITIVE

- - -

NOISE WORD LIST(S): **NOISE.NOI**

- - -

INCLUDES ALL TEXT OCCURRENCES

- - -

IGNORES PURE NUMBERS

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– T –

– U –

– V –

– W –

– X –

– Y –

– Z –