

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - MIDDLESEX COUNTY
DOCKET NO. MID-L-3284-15

WASHINGTON MUNOZ,)

Plaintiff,)

vs.)

NEW JERSEY SPORTS & EXPOSITION)

AUTHORITY; NEW MEADOWLANDS)

RACETRACK, LLC; LP CIMINELLI,)

INC.; LP CIMINELLI RCCIP.;)

COOPER PLASTERING CORPORATION;)

KF MECHANICAL, LLC; PAINO)

ROOFING COMPANY, INC.; COUNTRY)

SIDE PLUMBING & HEATING;)

COUNTRYSIDE PLUMBING AND HEATING))

COUNTRY SIDE PLUMBING; COUNTRY)

SIDE PLUMBING & HEATING, INC.;)

JOHN DOES 1-20; ABC CORPORATIONS))

1-20,)

Defendants.)

STENOGRAPHIC
TRANSCRIPT OF
VIDEOTAPE
DEPOSITION OF:

EDWARD M. DECTER,
M.D.

Taken before LORA LANDSHOF, a Certified Shorthand
Reporter of the State of New Jersey, at the offices
of EXAM WORKS, 4 Becker Farm Road, Roseland,
New Jersey, on Wednesday, March 1, 2017, commencing
at 6:12 p.m.

Job No. CS2552892

A P P E A R A N C E S :

CLARK LAW FIRM

BY: LAZARO BERENGUER, ESQ.

811 Sixteenth Ave

Belmar, NJ 07719

(732) 443-0333

lberenguer@clarklawnj.com

For the Plaintiff.

NICOLETTI, GONSON, SPINNER, LLP

BY: JOSEPH J. GULINO, ESQ.

555 5th Ave, 8th Floor

New York, NY 10017-9266

(212) 730-7750

jgulino@nicolettilaw.com

For the Defendants.

ALSO PRESENT:

MARC FRIEDMAN, Videographer

Veritext Legal Solutions

MR. DECTER

(Dr. Decter's brother)

I N D E X

WITNESS		PAGE
---------	--	------

EDWARD M. DECTER, M.D.

By Mr. Gulino		5
---------------	--	---

By Mr. Berenguer		107
------------------	--	-----

E X H I B I T S

NO.	DESCRIPTION	PAGE
-----	-------------	------

Decter-1	Initial Visit: Work Related	52
	Injury record, 6/26/13 &	
	6/28/13, L. Gatchalian, M.D.	
	Center for Occupational Medicine	

1 VIDEOGRAPHER: We are now on the record.
2 Please note the microphones are sensitive and may pick up
3 whisperings and private conversations. Please turn off
4 all cell phones or place them away from the microphones
5 as they can interfere with deposition audio. Recordings
6 will continue until all parties agree to go off the
7 record.

8 My name is Marc Friedman representing Veritext
9 Legal Solutions. The date today is March 1st, 2017, and
10 the time is approximately 6:12 p.m.

11 This deposition is being held at the office of
12 ExamWorks located at 4 Becker Farm Road, Roseland, New
13 Jersey.

14 The caption of this case is Washington Munoz
15 versus New Jersey Sports & Exposition Authority, et al.
16 This case is filed in the Superior Court of New Jersey,
17 Law Division, Middlesex County, Docket Number
18 MID-L-3284-15. The name of the witness is Dr. Decter.

19 At this time the attorneys in the room will
20 identify themselves and the parties they represent
21 starting with the noticing attorney, after which time our
22 court reporter Lora Landshof representing Veritext will
23 swear in the witness and we can proceed.

24 Counsel.

25 MR. GULINO: Joseph J. Gulino, Nicoletti,

1 Gonson, Spinner, LLP. I represent the Def -- all the
2 Defendants, and I am producing the doctor today in lieu
3 of trial testimony.

4 MR. BERENGUER: Lazaro Berenguer, Clark
5 Law Firm, represents the Plaintiff Washington Munoz.

6
7 E D W A R D M. D E C T E R, M. D., 4 Becker Farm
8 Road, Roseland, New Jersey, having been duly sworn, did
9 testify as follows:

10
11 DIRECT EXAMINATION BY MR. GULINO:

12
13 Q. Good evening, Doctor.

14 A. Good evening, sir.

15 Q. Have we met before today?

16 A. We met yesterday for the first time.

17 That was it.

18 Q. Was it Monday?

19 A. It was probably Monday, yes.

20 Q. Okay. And before that did we ever
21 speak on the telephone?

22 A. No, sir.

23 Q. And when we met the other day were
24 you told additional facts about this case?

25 A. I was told some additional facts,

1 yes.

2 Q. All right. Now, are you a physician
3 licensed to practice in the State of New Jersey?

4 A. Yes, sir.

5 Q. And for how long have you been
6 admitted?

7 A. I've been licensed in the State of
8 New Jersey since 1976, 1977. When I was an intern I
9 received my medical license.

10 Q. Any other states are you licensed
11 in?

12 A. I'm licensed in New York and Florida
13 right now.

14 Q. And do you have a specialty?

15 A. I specialize in orthopedic surgery
16 which is the discipline of the musculoskeletal
17 system where my specialty within that area where I'm
18 the primary surgeon is knee and shoulder surgery.

19 Q. Could you tell the jury your
20 educational background?

21 A. Yes, sir. I did my undergraduate
22 schooling at the University of Maryland. I am a
23 graduate of Creighton Medical School in Omaha,
24 Nebraska. I graduated in 1975.

25 I then did a one-year internship in general

1 surgery at Temple University Hospital in Philadelphia,
2 Pennsylvania, and then I did a four-year orthopedic
3 residency from 1976 to 1980 at the Hospital For Joint
4 Diseases Orthopedic Institute in Manhattan.

5 In 1980 July I came into private practice in the
6 State of New Jersey, and I've been in practice since
7 then.

8 Q. And are you Board Certified as an
9 orthopedic surgeon?

10 A. Yes, I am Board Certified as an
11 orthopedic surgeon.

12 Q. How long?

13 A. I believe since 1982.

14 Q. And can you tell the jury what it
15 takes to -- first of all, what is board
16 certification?

17 A. There are different specialty boards
18 within the United States of which orthopedics is one
19 of the specialty boards. There's internal medicine,
20 there's cardiology, there's all different specialty
21 boards, and orthopedics is one.

22 And in order to sit for your boards you have to
23 do a accredited orthopedic residency, which obviously the
24 Hospital For Joint Diseases is, and then you can sit for
25 your orthopedic boards.

1 I am grandfathered. The younger doctors coming
2 out these days have to recertify every ten years, but our
3 class and a couple classes before me and after me did not
4 have to recertify.

5 Q. What is the process of a
6 certification? What exactly has to be done?

7 A. It's a written and oral examination
8 that you take when you complete your residency.

9 Q. And at present do you have any
10 hospital affiliations?

11 A. Yes. I'm a full attending at
12 Saint Barnabas Medical Center in Livingston, New
13 Jersey. I'm also the Medical Director of the Short
14 Hills Surgical Center which is an outpatient
15 privately owned center by about 70 doctors, and I've
16 been the Medical Director there for approximately 11
17 years.

18 Q. Are you affiliated or have you been
19 affiliated in your career with any professional
20 sports teams?

21 A. Yes. I've been with the Under 20
22 United States Men's United States National Team.
23 I've been the head team physician for the MetroStars
24 in Red Bull. I've also been the head team physician
25 for the New Jersey Gladiators which was a

1 professional arena indoor football team. I've also
2 did the professional indoor lacrosse team until
3 Jason Williams who owned that team got in trouble
4 and then moved out of the state.

5 I've run, I've also run the Sports Medicine
6 Program in the City of Newark from 1999 to 2002. I have
7 traveled to Bolivia, South America with a soccer team to
8 a tournament called the Mundialito where I would go down,
9 and I would do knee and shoulder surgery with the
10 Bolivian doctors, and I would teach them different
11 techniques.

12 So there's also been high school and college
13 affiliations, but those are my main affiliations at this
14 juncture in time.

15 Q. Are you a member of any professional
16 societies?

17 A. I am a member of the Fellow of the
18 American College of Surgeons, Morris County Medical
19 Society, the Arthroscopy Association of North
20 America. It's American Medical Soccer Association.
21 I'm not even sure if that's still in existence to be
22 honest with you. The American College of Sports
23 Medicine, and the International Society of
24 Arthroscopy Knee Surgery and Sports Medicine, and
25 the American Orthopaedic Society for Sports

1 Medicine.

2 Q. Have you ever been a member of the
3 American Academy of Orthopaedic Surgeons?

4 A. I was. I resigned from that Academy,
5 yes.

6 Q. What year?

7 A. Probably now it's, you know, you lose
8 track of time, but it's probably about three or four
9 years. I can't give you an exact date.

10 Q. Okay. Can you give us the
11 circumstances as to which --

12 A. There were circumstances where I, I
13 testified as a Plaintiff's expert in a medical
14 malpractice case. I was testifying on behalf of the
15 Plaintiff, and the Plaintiff won the case, and then
16 he reported me to the Academy who then gave me a
17 censure. This is a private organization. It's not
18 a governmental organization.

19 Q. I was going to ask you about that.
20 Is this, is this a State organization such as like a
21 medical board or anything like that?

22 A. No, it's not a medical board. It's a
23 private organization that you voluntarily join, and
24 I voluntarily resigned after this whole incident
25 because it was almost like, you know, you never --

1 they don't want you testifying against your
2 brethren.

3 Q. Is it affiliated with the American
4 Medical Association?

5 A. No, it's not with the American
6 Medical Association. It has nothing to do with the
7 American Board of Orthopaedic Surgery, the New
8 Jersey State licensure, nothing to do with that.
9 This was strictly --

10 Q. Does it have anything to do with
11 keeping your license, awarding you a license, or
12 anything like that to practice medicine?

13 A. No. It was a, basically, don't do
14 this again. We don't want you testifying against
15 other doctors. I was not cited for giving false
16 testimony or anything like that.

17 The major grief -- gripe they had against me was
18 that I did not provide literature, nor did anyone else
19 provide literature, in giving my opinion. So the Judge
20 actually did what's called a 104 Hearing, and they argued
21 about it, and they said you can give your opinion based
22 upon education, knowledge and experience, but the Academy
23 has a different set of rules that, that wants you to
24 provide literature.

25 So that's really the sum total of it, and it had

1 no bearing on my ability to practice medicine, my license
2 or anything, my hospital privileges. It was nothing.

3 Q. Okay.

4 A. Sort of like I stayed after school
5 one day because I was, I testified against somebody.

6 Q. And at present do you treat
7 patients?

8 A. I do treat patients, sir. I have a
9 private treating practice. I had my own orthopedic
10 group for about 34 years in West Orange, New Jersey.
11 There were five or six of us. I left that group
12 recently because they wanted to join a health care
13 system, and now I'm with a really good group called
14 Tri-County Orthopedics in Cedar Knolls, New Jersey
15 which is about 12 doctors of multi-specialty
16 areas.

17 Q. Are you still -- are you still doing
18 orthopedic surgeries?

19 A. I'm still operating, sir, yes, sir.
20 I do about, probably do about 100 surgeries a year.
21 I think in my career I, when I go back and I look at
22 it, I think I've probably done between 3 and 4,000
23 shoulder surgeries and, you know, maybe 6 or 8,000
24 knee surgeries in my, in my professional career.

25 Q. So you said how many thousands of

1 surgeries for the shoulder?

2 A. Probably when I really go back and I
3 think about it because most of my surgeries, either
4 knee or shoulders, of which it's about 60/40 knee to
5 shoulder, and I think I've done about 12,000 so
6 there's probably in the neighborhood of 4,000
7 shoulder surgeries, sir.

8 Q. Have you ever done subacromial
9 decompressions?

10 A. Yes, sir.

11 Q. Have you ever done acromioplasties?

12 A. Yes, sir.

13 Q. Have you ever repaired torn rotator
14 cuffs?

15 A. Absolutely.

16 Q. Okay. And would it be fair to say
17 that those have been, if not in the thousands, in
18 the hundreds at least?

19 A. It's --

20 Q. Each of them?

21 A. It's pretty routine for me, yes.
22 That's what I do.

23 Q. Now, do, you obviously have an
24 income; correct? What percentage of your income is
25 from treating patients presently?

1 A. Well, the way my income right now,
2 sir, is about 60/40, medical-legal versus 40 percent
3 of my income is from the medical practice.

4 Q. And what's the other 40 percent
5 from?

6 A. My medical practice is about 40 and
7 my medical-legal is about 60, 55. I haven't really
8 given a careful breakdown, but it's about that.

9 Q. Okay. Are you affiliated or have you
10 ever been affiliated with a company called CFO, all
11 caps?

12 A. CFO was my medical practice called
13 Center For Orthopaedics. That was my primary
14 treating orthopedic practice, and then there was a
15 company called CFO Medical Services which did
16 medical-legal evaluations.

17 CFO Medical Services was sold to or made into
18 what is now ExamWorks which is where we are today, and
19 now I work for, I do medical-legal work for ExamWorks.

20 Q. What is the com -- what is the, what
21 is the business of ExamWorks?

22 A. We, we do medical-legal evaluations,
23 we do -- they do Medicare set-aside, they do bill
24 review. They've expanded the industry to many
25 things. I personally only do medical-legal

1 evaluations, sir.

2 Q. And when you do medical evaluations,
3 do we call them Independent, IMEs or Independent
4 Medical Examinations or medical examinations?

5 A. In New Jersey they call them IMEs.

6 Q. Okay.

7 A. That's what they call them. In
8 Florida they call them, my friend does them, they're
9 called Compulsory Medical Examinations so, you know,
10 you could argue, but that's what they call them in
11 New Jersey is IMEs.

12 Q. Now, have you ever given any
13 lectures?

14 A. I have lectured, yes, sir.

15 Q. You ever lectured in front of the New
16 Jersey Defense Association?

17 A. I have, sir, yes.

18 Q. And have you lectured on obviously
19 medicine?

20 A. I've lectured on knees and shoulders.
21 That's basically what my lectures have been on when
22 I lectured to the, you know, when I, when I do
23 lecture.

24 Q. Have you testified in court before?

25 A. Yes, I have.

1 Q. And have you ever testified for me?

2 A. No, sir.

3 Q. Have you ever testified to your
4 knowledge for my firm?

5 A. To be honest with you I don't even
6 know what firm you're with.

7 Q. Okay. Now, do you testify on behalf
8 of Plaintiffs and Defendants? Is there a way you
9 can tell the jury what the makeup would be?

10 A. Sure. The predominance of my
11 medical-legal work is, is on behalf of Defendants.
12 I would say 98 percent of my testimony is on behalf
13 of Defendants, sir.

14 Q. Are you being compensated for your
15 time today?

16 A. I hope so. I'm charging you for my
17 time, yes, sir.

18 Q. And can you tell the jury what the
19 rate of compensation is for your time?

20 A. For my time is \$100 -- \$500 an hour,
21 I'm sorry.

22 Q. And before you -- withdrawn.

23 Your time, does it encompass reviewing of
24 trans -- of medical records?

25 A. I was what?

1 Q. Does your time include reviewing
2 medical records?

3 A. Well, what happens when I do an
4 examination, it's, it's a one-shot fee. It depends
5 on the size of the chart.

6 Q. Okay.

7 A. So I do review the records first
8 before I see the individual.

9 Q. When, when we talk about a one, a
10 one-time shot for an IME or an examination, then
11 is it by the hour when you're testifying?

12 A. My time now for testifying or meeting
13 with you is an hourly rate, yes, sir.

14 Q. Okay. And were you retained on
15 behalf of the Defendants in this case to examine the
16 Plaintiff Washington Munoz?

17 A. Yes, sir.

18 Q. And did you perform an examination of
19 Mr. Munoz?

20 A. I did. I reviewed medical records
21 first, which is the way I do it, and then I did a
22 physical examination, yes, sir.

23 Q. Did you write a report concerning
24 Mr. Munoz's examination and your opinion?

25 A. Yes, sir. I've written four

1 reports.

2 Q. And feel free, Doctor, if you need
3 during your testimony to refresh your recollection
4 if you need by looking at your report. Okay?

5 A. Sure.

6 Q. And before you met with him, did you
7 have an opportunity to look at any medical
8 records?

9 A. I did, sir. I have a chart here
10 which to the best of my knowledge is the entire
11 chart, and I reviewed approximately 12 medical
12 records before I even saw Mr. Munoz.

13 Q. And what is the reason why you would
14 review these medical records before you meet with
15 him and examine him?

16 A. Because I like to get a picture, and
17 I say like from 5,000 feet. I like to see what's
18 going on, what part of the body I'm dealing with,
19 you know, is it orthopedics, were there other
20 associated injuries, what other doctors had to say
21 about the case, and sort of get a picture, a very
22 broad picture in the beginning, and then narrow it
23 down and when I see the Plaintiff.

24 Q. When you write these reports, would
25 it be fair to say you write them yourself?

1 A. Of course. I, I don't take notes. I
2 dictate as I go.

3 Q. You dictate.

4 A. That's how I do it.

5 Q. And the accident date is June --
6 withdrawn.

7 From your notes or from your report -- do you
8 have a report in front of you right now you'd like to
9 refer to?

10 A. Well, I have, yeah, I have all four
11 reports here, sir.

12 Q. Okay. Why don't we do this. Why
13 don't we start with the first report, and
14 can you tell the jury what day that report is
15 from?

16 A. This was July 18, 2016.

17 Q. And on that did you, did you meet
18 with Mr. Munoz that day?

19 A. Yes.

20 Q. And was anyone else with you?

21 A. Yes. There was a
22 Miss Katherine Mixit who was sent to the examination
23 by the, I believe the Plaintiff's Law Firm, and I
24 was clocked in and clocked out of today's exam, that
25 examination when I was there, and she took notes

1 throughout the examination.

2 Q. When, when you talk about
3 examination, that's -- is that basically from the
4 time he walks in the door, you meet with him, and
5 the time he leaves?

6 A. Well, that's basically where she
7 clocked me in and clocked me out. She didn't clock
8 me because, you know, I was reviewing the records
9 because she wasn't in the room watching me review
10 the records so, basically, it's just the examination
11 that she's clocking me in and clocking me out of.
12 That's all.

13 Q. Did you know her to be a medical
14 professional?

15 A. I, I believe she was a nurse. That's
16 my understanding.

17 Q. Now, why don't we do this. Before we
18 get to your examination of Mr. Munoz, why don't you
19 tell the jury the records that you reviewed before
20 you looked at him?

21 A. Sure. I reviewed a legal document
22 which are called interrogatories that are answers to
23 questions about the case, how did you get hurt, when
24 did you get hurt, what injuries did you sustain.

25 Then I reviewed records from LP Ciminelli, a

1 Non-Employee Incident Report dated 6/25/13, an Employee
2 Claim Petition dated 6/25/13 noting a fall while at work.

3 Q. Let me, let me ask you, and I'm
4 sorry, I should have, I should have asked you this
5 before. Have you ever read or reviewed
6 interrogatories before before you've done an IME of
7 a potential -- or of a Plaintiff?

8 A. If they're there, I always review
9 them beforehand.

10 Q. Okay. And what is your understanding
11 of what an interrogatory is?

12 A. My understanding as a non-lawyer is
13 that someone is, is, are, are, they're questions,
14 and there's, they're giving truthful answers as to
15 what happened to them at the time of the accident,
16 what did they injure, you know, if there's been a
17 wage loss and things of that sort.

18 Q. Did your review of the
19 interrogatories reveal what it was claimed by
20 Mr. Munoz how the accident happened?

21 Is that in your report or in the
22 interrogatories?

23 A. Yeah, I'm just going to get the
24 interrogatories in front of me, sir.

25 Yeah. The interrogatories do state that on June

1 25, 2013, he was working and performing plastering work,
2 and he allegedly fell through a hole/depression on a roof
3 which Defendants created and allowed to exist.

4 So what he told me and the interrogatories state
5 is that he fell, and I'm reading this correctly, he fell
6 through a hole/depression in a roof. So that is my
7 vision, visual, of what happened to this gentleman as a
8 result of this accident.

9 MR. BERENGUER: We're going to object to
10 that question. Go ahead.

11 MR. GULINO: Okay. That's fine.

12 Q. Can you -- how about one of the, any
13 other records, there was something I think you said
14 from -- did you read an Employee Claim Petition?

15 A. Yes. That was number 3 in my July
16 18, 2016, report noting a fall while working.

17 Then there was an operative report, the first
18 operative report from Dr. Thomas Helbig dated 10/21/13.
19 I reviewed that operative report.

20 Q. Let me ask you something about
21 Dr. Helbig. Are you familiar with his work?
22 Withdrawn. Withdrawn. Why don't I ask you this
23 question.

24 Is Dr. Helbig an orthopedist?

25 A. Dr. Helbig is an orthopedist.

1 Q. Does Dr. Helbig as far as you know
2 have a specialty in orthopedics that he concentrates
3 in more than any other part of the body?

4 A. Well, I think he did a fellowship in
5 spine surgery if I'm not correct. I've known
6 Dr. Helbig for many years.

7 Q. Okay. So why don't we continue.
8 You, you were referencing his operative report?

9 A. Well, the first operative report of
10 10/21/13 which was four months after the accident.

11 Then there was a second operation that
12 Dr. Helbig did on 7/24/15 which was two years later.

13 Then there were records noted as work-related
14 injury dated 6/26/13 and 6/28/13 from Center For
15 Occupational Medicine.

16 And then --

17 Q. Let me, let me interrupt you for a
18 second. So, so you've read -- as far as you know
19 there were two surgeries done to Mr. Munoz by
20 Dr. Helbig?

21 A. Yes.

22 Q. And you read the operative reports;
23 correct?

24 A. Yes, sir.

25 Q. And can you explain to the jury what

1 is an operative report?

2 A. An operative report is a mandated
3 record that when a surgeon does an operation
4 technically within 24 hours you're to dictate that
5 record, and it's a record of what happened at the
6 time of the operation.

7 Q. As far as you know, would it be fair
8 to say that there is a, a requirement that that
9 operative report be exact as to what the surgeon
10 performed during the operation?

11 A. Well, that would be the whole point
12 of the operative report, but Dr. Helbig even took
13 intraoperative photographs which I was able to see
14 that allows me the vision of what he sees in the
15 arthroscopy.

16 Otherwise, you're just believing whatever anyone
17 says, but he took photographs of his first operation so
18 it enables me to see it and see what he saw in his
19 operation.

20 Q. Now -- all right. Continue, and then
21 I'll come back to later what an arthroscopy is and
22 things like that.

23 Any other records that you looked at, that you,
24 before you saw Mr. Munoz?

25 A. Yeah. There were the records from

1 Dr. Helbig narratives from 7/11/13, 8/9/13, chart
2 notes from 8/13 to 1/19/16. He indicated that the
3 Plaintiff had a neck sprain, lumbar back sprain,
4 contusion to the right elbow, sprain of the right
5 shoulder, rule out rotator cuff tear and right
6 proximal biceps tendon tear.

7 Then there were records from a
8 Dr. Jennifer Yanow from New Jersey Pain Management
9 Institute of 10/29/13 and 12/10/13. Then there were
10 x-rays done of the thoracic spine; that's the middle part
11 of your back, not your neck, not your lower back, the mid
12 portion, dated 6/26/13 from Hackensack University
13 Hospital which was read as showing no evidence of a
14 fracture.

15 MR. BERENGUER: Objection.

16 MR. GULINO: Okay.

17 Q. Why don't we do this, Doc. Would it
18 be fair to say that the spine is divided up into
19 different parts?

20 A. Yes.

21 Q. And could you describe for the jury
22 what those different parts are?

23 A. The neck would be the cervical spine.
24 Between your neck and your lower back is the
25 thoracic spine which houses the ribs that go around

1 and protect your --

2 Q. Abdomen up to the chin, around
3 there?

4 A. Yes. Chest.

5 Q. Or the chest, I mean?

6 A. Chest, yes. And then the lower back
7 would be the lumbar spine.

8 Q. Is that near your belt line, down
9 around there?

10 A. Down by your lower back, yes.

11 Q. All right. Continue.

12 A. And then I reviewed the MRI report of
13 7/9/13 of the right shoulder, and then there was
14 another MRI report of 1/12/15 of the right shoulder
15 which is several years later, and then, then there
16 were physical therapy records from Kessler
17 Rehabilitation.

18 Q. What's an MRI?

19 A. An MRI stands for magnetic resonance
20 imaging, and it's an imaging study that allows us to
21 visualize not only bone, but soft tissue, ligaments,
22 tendons, and it gives us a more detailed description
23 of the anatomy of the part of the body that we're,
24 we're looking at.

25 Q. Would it be fair to say that you

1 would use an MRI in the hopes of examining a
2 person's softer tissue part of the body, a tendon, a
3 ligament, as you said, something like that, a disc,
4 things like that?

5 A. Yes. When you're looking for other
6 things besides bone, an MRI is a valuable test. I
7 send out about 1000 MRIs a year in my private
8 treating practice, and what I do is I have an MRI
9 conference.

10 Now, I'm not a radiologist, but as an orthopedic
11 surgeon it's part of our continuing medical education to
12 know how to read MRIs, x-rays, CT scans, bone scans.
13 It's all part of it because if we're the surgeon, you
14 know, the buck sort of stops with us so we have to be
15 able to integrate and correlate the imaging findings and
16 see if they make sense.

17 Q. Let me ask you this then. You
18 perform surgeries; correct?

19 A. Yes.

20 Q. And many times your patients are sent
21 to a, a facility to have MRIs performed on them;
22 right?

23 A. Yes.

24 Q. And those MRIs are read by
25 radiologists; correct?

1 A. Yes.

2 Q. But would it be fair to say that you
3 and pretty much all orthopedic surgeons, before they
4 cut a person open, they're going to look at their
5 films themselves?

6 A. I would think that's a fair statement
7 that what should be done is you should review
8 films.

9 Q. And I'm sorry to use the term cut,
10 but to perform surgery on somebody would it be fair
11 to say that just about every orthopedic surgeon is
12 going to look at the films themselves?

13 A. I would think they should, yes.

14 Q. Okay.

15 A. So those are the main records that I
16 reviewed the first go around so that was the first
17 report that I rendered.

18 Q. All right. Now, did you look at any
19 imaging studies?

20 A. On that date on July 18, 2016, I
21 looked at x-rays of the thoracic spine done on
22 6/26/13, and I personally reviewed the MRI of the
23 right shoulder done on 1/12/15.

24 So what happened in this case I was provided
25 with the second MRI first, and I needed to see the first

1 MRI so I requested it so I did see --

2 Q. Well, now, when you say the second
3 MRI, is that -- was that the MRI that was taken
4 before his second surgery?

5 A. That was the MRI before his second
6 surgery --

7 Q. And --

8 A. -- where Dr. Helbig said he found a
9 torn rotator cuff.

10 Q. Before his first surgery he had an
11 MRI?

12 A. Yes.

13 Q. Okay. And you read that one at some
14 point; correct?

15 A. Yes, not at that particular point in
16 time.

17 Q. All right. Now, did you, after
18 looking at that and you looked at the MRI of the
19 right shoulder, did you put in your report any of
20 your findings on reviewing that MRI of the right
21 shoulder of 1/12/15 which was approximately, what is
22 it, a year and a half, 18 months after the
23 accident?

24 A. Yes, I did put my, my impression and
25 interpretation of the films.

1 Q. And what was your interpretation at
2 that time?

3 A. My interpretation was he had
4 arthritis of his acromioclavicular joint. This is a
5 model of a right shoulder, and where the clavicle,
6 where the clavicle -- this is the clavicle, and this
7 is the acromion. Where the clavicle --

8 Q. Let me stop you for one second. Is
9 that the right shoulder?

10 A. This is a right shoulder, yes.

11 Q. Okay. So, so, okay. Fine.

12 A. We're looking at it from the front.

13 Q. All right.

14 A. So where the clavicle and the
15 acromion come together, I'm going to flip the muscle
16 back out of the way, there was arthritis there.
17 What happens is bone overgrows. This was his
18 dominant hand. It is a very common phenomena to see
19 arthritis of the acromioclavicular joint.

20 Q. Let me ask you about the shoulder.
21 Would it be fair to say that the shoulder is
22 probably one of the most movable joints in the body?
23 It can do more things than any other joint?

24 A. Well, it's one of the most unstable
25 joints of the body because the socket is very

1 shallow, and it has the greatest arc of global
2 motion so because the socket, not, not like the hip
3 that's very deep, is a very unstable joint.

4 Q. Is that what gives it its mobility as
5 well, though, that it can do push and pull and twist
6 and turn and things like that?

7 A. Yeah. It's a very mobile joint. I
8 mean, there's circumduction, there's elevation,
9 there's abduction, there's internal and external
10 rotation, you know, there's all different motions of
11 the shoulder, whereas, say the knee is a hinge
12 joint, it just bends forward and backwards, and --

13 Q. Now, when you said you found
14 arthritis, what does arthritis look like on an
15 MRI?

16 A. Arthritis looks like an overgrowth of
17 bone, in this joint we're talking about?

18 Q. Yes.

19 A. In this particular joint, the
20 acromioclavicular joint, which is on the top of your
21 shoulder, there, the bone becomes heaped up, and
22 then what happens the tendon goes underneath the arc
23 of the acromioclavicular joint, and there is rubbing
24 on the tendon from the overgrowth of the bone, and
25 --

1 Q. What does the tendon do?

2 A. Well, the tendon is, there's, there's
3 four parts to the rotator cuff, and the main one,
4 the supraspinatus, goes right under that arc, and
5 that helps elevate the initial 30 degrees of
6 rotation and helps with some external rotation.

7 Q. Is, is it a muscle, a tendon? Is it
8 considered a muscle?

9 A. Well, the muscle then becomes a
10 tendon which attaches to bone. A tendon attaches
11 the muscle to the bone. So you have a muscle, a
12 tendon, and it attaches into the bone which helps,
13 as the muscle contracts, move the arm up or rotate
14 the arm, but what's significant here is that there
15 was encroachment on the musculotendinous unit of the
16 overgrowth of the arthritis. Okay. That's what
17 impingement is, overgrowth of bone.

18 Q. Is that what Dr. Helbig said that, if
19 we can go back to his, and we'll get to it again
20 later, but I notice when you looked at his operative
21 report, number 4 in your report, he noted the
22 diagnosis of impingement syndrome. Is that
23 consistent with what you found on the MRI?

24 A. Yes.

25 Q. And the impingement means what, it's

1 pinching that tendon?

2 A. It's rubbing on the tendon because
3 the, the bone overgrows, there's a narrow space that
4 the tendon goes through, and it encroaches on it and
5 impinges on it, yes.

6 Q. And what's the effect of the
7 impingement? What happens to the person? Does
8 it --

9 A. Well, it can thicken the bursa; it
10 can create pain. You know, there's lots of things
11 it can do. It just depends on, on what the
12 symptomatology is.

13 Q. And, and would it be fair to say that
14 impingement syndromes many times are not caused by
15 trauma, but caused by congenital issues or --

16 A. Well, there's, there's --

17 Q. -- or overuse or?

18 A. Well, there's congenital where you
19 can have an acromion that, which is a top bone here
20 on your shoulder --

21 Q. Uh-huh.

22 A. -- that can be straight, it can be
23 slightly sloped, and it can be hooked. So there's
24 different variations of the acromion. So if you
25 have a hooked acromion or a downsloping acromion,

1 this can create a mechanical impingement.

2 If you have arthritis of the acromioclavicular
3 joint, that can create impingement.

4 Now, that can be caused by repetitive use of
5 your arm, if you've played sports when you were younger.
6 I mean, there's a myriad of things. It's more common
7 than not to see that area of the shoulder calcify and
8 form bone than not.

9 Q. What else did you find?

10 Oh, by the way, would it be fair to say when you
11 were talking about that sports, baseball pitchers get
12 this sometimes?

13 A. Any, any throwing athlete can get it.
14 It can be baseball, it can be football.

15 Q. Swimming?

16 A. It could be --

17 Q. Overhead?

18 A. -- swimmers, any type of
19 overhand-type repetitive motion can happen.

20 Q. And what about, what about a person's
21 occupation? If a person does the same occupation
22 over and over, overhead repetitive use or things
23 like that, is that the kind of thing that someone
24 like that could develop?

25 A. It could, sure.

1 Q. And if I were to tell you --
2 withdrawn.

3 Did, did -- and I know I'm jumping ahead, but
4 did Mr. Munoz tell you what he did for a living?

5 A. He was a painter.

6 MR. BERENGUER: Objection.

7 Q. Okay. And did, did he indicate how
8 long he was a painter?

9 A. No.

10 Q. But was that something now that you
11 would think about and say, Look, he's a painter,
12 maybe this comes from that?

13 A. Well --

14 Q. Maybe?

15 A. Maybe, sure. I mean, repetitive
16 motion of any kind.

17 MR. BERENGUER: Objection.

18 MR. GULINO: Okay.

19 A. I mean, it could be, you know, people
20 get, using the mouse now, we see repetitive motion
21 of the shoulder. I mean, it's, it's endless as to
22 what it could be.

23 Q. I thought it was the wrist. Okay.

24 A. Yeah.

25 Q. All right.

1 A. It can be the wrist. It can be the
2 shoulder, too, moving your mouse around.

3 Q. So now you also looked at the -- so
4 you looked at the, the MRI of that right shoulder
5 which was taken about I guess two and a half years
6 or 18 months after the accident, you, there -- you
7 found tendinosis. What is tendinosis?

8 A. Tendinosis is a roughening and wear
9 of the bursal surface, the top surface of his
10 rotator cuff. The rotator cuff has two surfaces.
11 It's got a top surfaces which is called the bursal
12 or subacromial surface, and the other is the
13 articular surface of the rotator cuff underneath the
14 cuff.

15 So if you look at this as a cuff, and the bone
16 on top, you have one surface on top and one surface on
17 the bottom so you can have two, you know, you can have a
18 full thickness tear, a partial tear, a tendinitis. You
19 know, sometimes it's difficult to distinguish between
20 tendinitis and a partial tear. You know, it can be very
21 variable on an MRI.

22 Q. Now, when you're talking about a
23 tear, what's torn?

24 A. Part of the rotator cuff, the
25 supraspinatus tendon which is one of the tendons of

1 the rotator cuff.

2 Q. Now, the supraspinatus tendon the one
3 that comes on top of your shoulder?

4 A. It comes from the top, yeah, on top
5 of the spine so that's why it's called supra --

6 Q. Now we're looking at the back of the
7 shoulder; right?

8 A. Now we're looking at the back.
9 That's why it's called supraspinatus because it's on
10 top, and then there's infraspinatus. Then there's
11 the teres minor. Then there's a muscle that comes
12 from the inside called the subscapularis --

13 Q. Now when --

14 A. -- which is the internal rotator.

15 Q. When you use those terms, for
16 example, supra and infra, supra always means
17 above?

18 A. Above the spine of the scapula and
19 infra is below the spine.

20 Q. And what about teres and --

21 A. Teres minor is below the spine also.
22 It's right underneath the infraspinatus.

23 Q. Okay. Oh, all right. So you also
24 found the biceps tendon appears absent?

25 A. Yes. I, I believe that this

1 gentleman had a biceps tendon tear. As I've learned
2 more about this case --

3 Q. Can you tell the jury or show the
4 jury where would the biceps tendon be?

5 A. Okay. Biceps means two. Okay. Bi
6 means two. So there's two parts. There's a long
7 head of the biceps and a short head of the biceps.
8 He tore the long head of the biceps that comes up on
9 top of the, the shoulder socket, and it inserts on
10 what's called the glenoid tubercle so it comes up
11 the front of the shoulder, and it inserts inside in
12 the labrum here, and that's what gave him what's
13 called the Popeye arm or part of the muscle dropped
14 down.

15 Q. Now, did, did, did, based upon your
16 review of the records so far and looking at the
17 films, this tear, is it from the bottom near the
18 elbow or sit up near the top near the shoulder?

19 A. No. Because it's a Popeye, meaning
20 that the muscle is dropped down, it's up on the top.
21 If the muscle had retracted the other way and
22 retracted up, then it would be torn at the distal
23 portion or the end portion which inserts in the
24 below the elbow.

25 Q. And then the muscle would have gone

1 up?

2 A. Gone up, yes.

3 Q. Okay. Now, did you take a history of
4 the gentleman?

5 A. I did.

6 Q. And what did you learn from the
7 history that you took from Mr. Munoz?

8 A. It said that he fell over while
9 working on a roof. He states that -- he also told
10 me he had seven to eight months ago he had
11 additional right shoulder surgery, and his, his
12 complaints at that time -- he told me he's not
13 employed right at that time. He wasn't working.

14 Q. All right. Let me ask you again
15 about the history. See, he said here that he fell
16 over while working?

17 MR. BERENGUER: We're going to object to
18 that.

19 Q. What did you take that to mean when a
20 person tells you he fell over?

21 A. You know, it's hard to give you a
22 specific answer. I would go more towards the
23 interrogatories where he said he fell through a
24 hole, you know, something like that so I'm sort of
25 had that vision in my mind when he says that so, you

1 know. You know, I, I can only take the facts that
2 are given to me and use them to formulate an
3 opinion.

4 Q. I understand that. What I'm trying
5 to get at is your impression at the time. Was it
6 something that he fell to the ground or --

7 MR. BERENGUER: I'm going to object to
8 that.

9 Q. -- something he tripped over
10 something or what?

11 A. It's hard to answer that question to
12 be honest with you, sir.

13 Q. Okay. So he made any complaints to
14 you at that time?

15 A. He did make complaints, and I asked
16 him, I said, could you point to me with one finger
17 to the area of pain in the right shoulder, and he
18 pointed just over the proximal deltoid, the muscle
19 up here. He states his right shoulder bothers him
20 at night when he sleeps. He says that he -- I saw
21 that he was holding his shoulder towards his
22 chest.

23 Q. And, and indicating that he was --
24 okay. Go ahead. We're on the --

25 A. He was just holding his shoulder --

1 Q. -- on video.

2 A. -- in towards his chest. This was an
3 observation, and I observed that he did have the
4 Popeye deformity from the torn biceps tendon, and I
5 noted that he had scarification from the open second
6 surgery that Dr. Helbig did.

7 He also complained of pain in his low back, and
8 I said that it was around the L3 area. So if you feel
9 your crests of your, of your, of your pelvis, that's
10 about L4. Okay. So he was complaining pain a little
11 higher around L3, and he said, he showed me where he had
12 decreased sensation which would have been in the, in the
13 distribution of the right L4 nerve root.

14 Q. Let me, let me ask you this now. So,
15 so the spine itself is divided up into three
16 different parts as far as we know, the cervical,
17 lumbar, and thoracic; correct?

18 A. Yes.

19 Q. And would it be fair to say at least
20 from the cervical part and the lumbar part that you
21 have nerve endings that come out?

22 A. Yeah. There's nerve endings that
23 come out from different parts of the spine which the
24 nice thing of orthopedics, as opposed to being a
25 cardiologist, anatomy doesn't change.

1 Q. So for --

2 A. So certain nerve roots go to certain
3 anatomical locations.

4 Q. And when we talk about L3, that mean
5 lumbar 3rd level?

6 A. 3rd-4th.

7 Q. 3rd-4th.

8 A. It's either L2-3 or L3-4, depending
9 on where you're talking about.

10 Q. So, for example, in L3 and L4, the
11 nerve root comes out, does that control a certain
12 part of the lower limbs?

13 A. Yeah, that's more the L4 nerve root
14 which would be more quadriceps and things of that
15 sort.

16 Q. What is a quadricep? That's your
17 thigh in the front?

18 A. Yes, sir.

19 Q. Okay. And L2-L3s control another
20 part?

21 A. Yeah, up a little higher, and like
22 L5, for example, controls your foot, your movement
23 of your foot up and down which is a common thing to
24 see or your big toe. Then S1 would be more stepping
25 up on your tippy toes, things of that sort.

1 Q. So would it be fair to say that when
2 you go from Lumbar 1 is the highest and 5 is the
3 lowest, as you can down, you're affecting the lower,
4 lower, and lower parts of your body?

5 A. Well, really S1 is the lowest.

6 Q. Okay. Sure.

7 A. Because it's L5-S1. So as you're,
8 you're going from say your hip flexor down to the
9 bottom of your foot so it's going from top to
10 bottom.

11 Q. Now, did you do a physical exam of
12 the gentleman? Oh, wait. Withdrawn. Withdrawn.
13 Let me ask you this.

14 If I were to tell you that there has been
15 testimony at depositions by Mr. Munoz, which you did not
16 read, I assume, and that he was a stucco painter who
17 regularly carries heavy buckets of compound or paint, and
18 that he uses a roller, brush, et cetera, is that
19 something that you would take into consideration when
20 making, when giving an opinion at some point?

21 MR. BERENGUER: Objection.

22 A. It's just something that he would,
23 you know, take into consideration in what he did as
24 a daily, you know, occupation.

25 Q. Okay. All right. Now, so why don't

1 we -- you did a physical exam. What did you, what
2 did you find?

3 A. I found him to be very pleasant. He
4 was cooperative. He was not in acute distress. He
5 walked around the examining room without difficulty,
6 but noted some pain with standing on his heels.
7 When I asked him to stand on his heels, he
8 complained of pain.

9 Q. Okay. So, so what, what is the
10 difference there? What, what, what did that mean to
11 you?

12 A. It's very nonspecific at that point
13 in time.

14 Q. What is nonspecific?

15 A. It just didn't give me any real
16 information at that point in time. It was just an
17 observation that he said he had pain when he walked
18 on his heels.

19 Q. Okay.

20 A. That's all.

21 Q. Go ahead. Continue.

22 A. I examined his right shoulder. He
23 had well-healed scarification over the front of his
24 shoulder. He lacked 10 degrees of forward elevation
25 when I asked him to elevate.

1 Q. So when he lacks 10 degrees, what's,
2 what's full elevation?

3 A. 170, 180 degrees, depending on the
4 age of the patient.

5 Q. All right.

6 A. If you're older, it could even be
7 less what could be normal.

8 He complained of pain. He complained of pain
9 diffusely around the shoulder. Okay. He didn't
10 have pain like totally isolation where he should
11 have pain over say the, the acromion or the rotator
12 cuff. It was diffuse. Everywhere in his right
13 shoulder was touched he complained of pain.

14 Q. And this is pain one year after his
15 second surgery approximately?

16 A. Well, this is what he complained of.
17 Pain is a subjective complaint.

18 Q. No, I understand that. And it --
19 what is subjective and what is objective?

20 A. Subjective is what someone tells you.
21 Objective is if I touch you here, that's not where
22 your rotator cuff pain should be. It should be up
23 here.

24 Okay. So he just complained of diffuse pain
25 everywhere you touched him so it was nonspecific

1 complaints of pain in my opinion. Okay.

2 Q. All right.

3 A. So I said everywhere I touched his
4 right shoulder he complained of pain. He had no
5 instability of his right shoulder --

6 Q. What does that mean? Now, what is
7 instability?

8 A. Instability is where I checked him to
9 see if his shoulder was unstable or could pop out of
10 socket. There's certain signs that, to see if
11 there's instability.

12 Q. And you found him to be stable?

13 A. He was not unstable.

14 Q. Okay.

15 A. He had this Popeye deformity which is
16 consistent with a proximal rotator cuff or on top of
17 the -- I'm sorry, of the, of the biceps tendon, and
18 he had some mild weakness of supination.

19 You see, there's, there's a misconception that
20 if you tear your biceps tendon that you're going to have
21 weakness of flexion. That's not true. Okay. Because
22 the main function of the biceps muscle is to supinate, to
23 turn your hand up like this. That's supination. This is
24 pronation. Okay.

25 So what happens is when you tear your biceps

1 tendon, you can lose some strength in supination, and
2 that's really what it is.

3 Q. If you were using a screwdriver, and
4 you were screwing a clock watch --

5 A. Yeah, if you --

6 Q. -- is that supination?

7 A. -- were doing some kind of rotatory
8 movement that required repetitive supination, you
9 might have a fatigue factor there because of what
10 the function of the biceps tendon is. It's a
11 supinator.

12 Q. What if you used a roller or a paint
13 brush?

14 A. No, it's not a flexor. That does
15 not, you know, that does not affect that type of
16 motion. It's a supinator. That's what the
17 biceps --

18 Q. So this biceps, torn biceps, should
19 not have an effect as his livelihood as a painter?

20 MR. BERENGUER: Objection.

21 A. In my opinion, in my opinion it
22 shouldn't.

23 Q. Okay. So, all right. So did you
24 look at anything else during the examination?

25 A. Yeah. I examined his lumbar spine.

1 He said when he, when he went to forward flex at 70
2 degrees that he complained, he said it hurt him. He
3 noted pain at about 5 to 10 degrees of extension of
4 his lumbar spine meaning leaning backwards. He had
5 no pain on lateral bending.

6 He stated it hurt on the right of his paraspinal
7 muscles in the lumbar spine. He said it hurt him there.
8 Again, this is subjective complaints meaning what he
9 tells me.

10 Then straight leg raising in a seated position,
11 meaning he's sitting on a table, and I straighten out his
12 leg at 90 degrees, and that did not create any back or
13 leg pain. If you have a positive straight leg raising
14 test to see if there's compression on the nerve, then,
15 then that should either cause back pain or pain radiating
16 down the entire leg.

17 Q. When we talk about in medical terms
18 positive, that doesn't mean it's a good thing, does
19 it? That just means it's a sign of something?

20 A. Well, it's a sign that leads you to
21 someplace else so.

22 Q. If a person has negative signs --

23 A. Right.

24 Q. -- is that generally a good thing?

25 A. I'd rather have negative sign than

1 positive signs personally.

2 Q. Okay. So when you found -- did you
3 found no positive signs on the leg raising you, you
4 said?

5 A. It said here straight leg raising in
6 a seated position was 90 degrees. That's normal.

7 Q. Normal.

8 A. Meaning that his leg could be lifted
9 to 90 degrees to the axis of his body which did not
10 create back or leg pain so that's a, that's a
11 negative straight leg raising.

12 Q. What significance did that have to
13 you?

14 A. It's significant that it didn't have
15 any, in stretching the sciatic nerve, it didn't
16 create any pain radiating down his leg.

17 Q. Did that also mean that there's no
18 injury?

19 MR. BERENGUER: Objection.

20 A. All it meant to me was that he had a
21 negative straight leg raising at that point in time.
22 Okay.

23 Q. Was it a normal finding?

24 A. Yes.

25 Q. Okay. All right. Now --

1 A. Then I checked his knee jerks and
2 ankle jerks. They were normal. I did hip
3 strength tes -- I did strength, strength testing of
4 different muscle groups. They were normal. They
5 were, all strength was normal. He noted a sensory
6 deprivation on the right at L4.

7 Q. Okay. Now, a sensory deprivation on
8 the right at L4. In plain English what's that?

9 A. That means that he complained of
10 numbness in his shin. Okay. Now, the significance
11 to me is that he did have a small protrusion at
12 L5-S1. That should not give sensory deprivation of
13 the L4 nerve root. So that's where you talk about
14 the pieces of the puzzle coming together, that's
15 significant because that should not be L4.

16 Q. When you talked about a small
17 protrusion, if that was affecting him, where would
18 he have a sensory deprivation --

19 A. It would either be --

20 Q. -- normally?

21 A. -- in the L5 or S1 nerve root
22 depending on where, where the disc was.

23 Q. What part of the body would that
24 correspond to?

25 A. That would correspond to the top of

1 his foot or the big toe or the bottom of his foot.

2 Q. And he's making a complaint up
3 higher?

4 A. He made -- he says it was numb, there
5 was decreased sensation in his shin.

6 Q. In his shin. Okay. So they don't
7 match up?

8 A. No, it's not consistent.

9 Q. Okay. Now, at the end of this -- oh.
10 At the end of this -- wait. Now, I'm sorry.

11 Did you read, and I think you made reference to
12 it, I think it's number 6 in the report, is the records
13 noted as work-related injury from the Center For
14 Occupational Medicine?

15 A. Yes.

16 Q. Okay. Do you have a copy of that in
17 front of you?

18 A. I'll get it out.

19 Q. I have another clean copy here if you
20 don't mind.

21 A. That's okay.

22 MR. GULINO: I don't know, Mr. Berenguer,
23 do you want to have these marked or, for the record?

24 MR. BERENGUER: Yes, let's have them
25 marked.

1 MR. GULINO: If you don't mind, sir? We
2 need to have this marked.

3 Oh, wrong person, huh?
4

5 (Whereupon the medical record entitled Initial
6 Visit: Work-Related Injury from Center for Occupational
7 Medicine dated 6/26/13 and 6/28/13 is marked Decter-1,
8 and there is conversation off the steno record while
9 exhibit is being marked.)
10

11 Q. All right. Now, Doctor, I have, we
12 have marked as Decter-1 for today's date a, for the
13 record, it is one, two, three, four, five pages,
14 from the, and I believe these are subpoenaed to the
15 courthouse, the Center for Occupational Medicine,
16 and they're records dated 6/26 and 6/28 of 2013.

17 Did you have a chance to review those before
18 your report?

19 A. Yes.

20 Q. Okay. And I want to address your
21 attention to the first page.

22 A. The date is 6/26/13; correct?

23 Q. Okay. And if we go down about
24 halfway, and Patient Description of Illness, do you
25 see where it says, I don't know if you can read the

1 word instead of me before the word back, pen back?

2 A. Oh. Patient Description, yeah.

3 Q. Yes.

4 A. It says, probably says pain. I would
5 think --

6 Q. Oh.

7 A. -- that word is, I mean, it looks
8 like pen, but hurt back, stepped on roof that was
9 not stable. He stepped in a hole, upper and lower
10 back.

11 Q. All right. Now, the diagnosis if you
12 go down there about one-third of the way down the
13 page, can you read that for us?

14 A. Yeah. It says, upper back strain and
15 right biceps tear.

16 Q. Now, what's a diagnosis in medical
17 terminology?

18 MR. BERENGUER: We're going to object to
19 this line of questioning.

20 MR. GULINO: What was that? Okay. Yeah.

21 Q. What is a medical diagnosis? What is
22 diagnosis in medical terminology? What does it
23 mean?

24 A. It's what someone saw when they
25 examined the patient and made a diagnosis of what

1 they thought was wrong with the patient.

2 Q. And if we, if we look at the bottom
3 of the page, do you see that there's a physician's
4 name for the record?

5 A. Yes. Dr --

6 Q. L. --

7 A. Yeah, Dr. Gatchalian.

8 MR. GULINO: For the record, it's
9 G-a-t-c-h-a-l-i-n (sic) M. D.

10 Q. And would that have his medical
11 number behind that or license number underneath
12 that? Do you see that number?

13 A. I'm not sure what that number is to
14 be honest with you. I mean, that could be his
15 employee number there. I don't know.

16 Q. Is there any mention there on that
17 day of right shoulder pain?

18 A. Well, it said right biceps tear.

19 Q. Okay.

20 A. So it didn't say anything more than
21 that. So that's the right shoulder area.

22 Q. And how about lower back problems?

23 A. Well, when the patient described the
24 illness, it was upper back and lower back, but in
25 the diagnosis -- they took thoracic x-rays, not

1 lumbar x-rays, and, and they diagnosed him with
2 upper back strain and right biceps tear.

3 MR. BERENGUER: Note a continuing
4 objection to that lining questioning.

5 Q. Is the thoracic x-rays, would that be
6 considered an x-ray of the upper back?

7 A. It's really the mid back because the
8 upper back we'll call the neck, the lower back will
9 be lumbar, so we'll say the mid back will be
10 thoracic.

11 Q. Now, if we go to some progress notes
12 on the third page?

13 A. Yep.

14 Q. Do you see that -- no, never mind.
15 Let me -- all right. So let me get back to this.

16 We got to your medical opinion. All right.
17 Now, after you review these medical records and after you
18 reviewed the interrogatories and learned the history as
19 you knew it at that time, did you come to some type of an
20 opinion as to his condition and its cause?

21 A. Well, first of all, before I even got
22 to an opinion, I say, I will need to review the
23 original MRI films after the accident because,
24 remember, in this report I had the subsequent MRI
25 where he had the second surgery. So I requested

1 that you please send me the MRIs of the right
2 shoulder done on 7/9/13 as well as any MRIs of the
3 thoracic and lumbar spine so I said to send those
4 to me.

5 Q. So would it be fair to say that if
6 you gave an opinion at the end of the first report,
7 you gave it, but you didn't have everything you
8 really needed?

9 A. Yeah, it was a, a preliminary
10 opinion. You know, sometimes I say this is a draft
11 report or whatever, but I, based upon the
12 information provided to me and the medical records
13 that I had at that time --

14 Q. Uh-huh.

15 A. -- I rendered an opinion.

16 Q. And what was your opinion at that
17 time?

18 A. My opinion was is that this
19 individual sustained a subac -- had a subacromial
20 decompression which means he shaved down some of the
21 bone under the acromion. That's all it means. He
22 shaved down bone. Then I said that he had torn
23 right biceps tendon, and what I said, I said in the
24 absence of any preexisting problems, I would
25 causally relate this to the 6/25/13 incident, and

1 then I said at that point in time that I would
2 causally relate the subsequent surgery to the
3 6/25/13 accident as well.

4 Q. Now, let me ask you something. You
5 went through Dr. Helbig's operative report?

6 A. I did.

7 Q. And you were talking about that, the
8 subacromial, he shaved down part of the acromion;
9 right?

10 A. Correct.

11 Q. Okay. Now, did the doctor, according
12 to his report, do an acromioplasty?

13 A. Well, it's called an acromioplasty
14 when you shave it down. That's what you call it.

15 Q. Okay. Now, when you say shave it
16 down, I mean, this is arthroscopic surgery?

17 A. Yes.

18 Q. Can you describe for the jury what,
19 what do you do to do an arthroscopic surgery?

20 A. What you do in this case is you have
21 an arthroscope which is a camera device that, that
22 you can look in his shoulder, and then you put a
23 burr in, in this particular case, and it rotates,
24 and you shave down some of the, the bone to open up
25 the space.

1 Q. Let me ask you this just so we can
2 have it in context. Are there three holes made in a
3 person's shoulder in arthroscopic surgery?

4 A. Usually three holes or could be four,
5 there could be five, but for doing this type of
6 surgery, usual three. One's for the arthroscope,
7 one's for a cannula where water flows through, and
8 the other is for the operating instruments.

9 Q. Now, when we talk about these holes,
10 what kind of size are we talking about?

11 A. You're talking about maybe 2
12 centimeters, a centimeter and a half. It's a thin
13 blade you put in to make this and put the
14 instruments in.

15 Q. About the size of a straw? A little
16 bit thicker maybe?

17 A. More or less, something like that,
18 yes.

19 Q. All right. So it wasn't a full-blown
20 cut-him-wide-open kind of operation. They're taking
21 these instruments and they're putting it in his
22 shoulder; correct?

23 A. Well, the second surgery he made an
24 incision --

25 Q. A larger incision.

1 A. -- a larger incision.

2 Q. I'm talking about the first one.

3 Let's just deal with the first one.

4 A. The first one, yeah. The first one
5 was an arthroscopic procedure.

6 Q. Now, sir, you said a burr. What is a
7 burr?

8 A. It's a machine that rotates that has
9 a little knob on the end of it that, that can shave
10 bone down.

11 Q. And, and the bone that they shaved,
12 what bone did the doctor shave in his, in his
13 operation?

14 A. He shaved the undersurface of the
15 acromion which is this bone right here.

16 Q. Was that the one where he had
17 arthritis?

18 A. Well, that's where he had arthritis
19 in the acromioclavicular joint where the two bones
20 come together.

21 Q. Okay. So the part that he shaved
22 underneath, what was the purpose of that?

23 A. I guess he wanted to open the space
24 where the rotator cuff because he was causing this,
25 calling this an impingement so he felt that the bone

1 was rubbing, and he also took out some of the bursa.
 2 What is the bursa? The bursa is a soft tissue that
 3 overlies between tendon and bone.

4 Q. Generally, that type of surgery, if
 5 you open it up, should the impingement syndrome go
 6 away?

7 A. If you adequately decompress it, it
 8 should, yeah.

9 Q. What does decompression mean?

10 A. That means you shave down enough bone
 11 to open up the space so that the tendon can go
 12 freely through it and not have any pressure on it.

13 Q. Does decompression mean open things
 14 up? Is that what it means?

15 A. Yeah. Decompress something, you open
 16 it up.

17 Q. And then compress it, you're going to
 18 close it; right?

19 A. Yes.

20 Q. Okay. All right. What else did you
 21 have on there?

22 A. Well, then he did a, he said he did a
 23 synovectomy which is the lining of the joint, but I,
 24 I'm not quite certain how he did a synovectomy in
 25 the subacromial space so I'm not sure about that,

1 and he did a bursectomy where he removed some of the
2 bursa.

3 Q. And a synovectomy, is that, is that
4 the synovium?

5 A. Well, that, synovium is the lining of
6 the joint, and I'm not sure because he really --

7 Q. Is that tissue?

8 A. -- he really doesn't describe that he
9 was in the joint taking out the synovium.

10 Q. Does the synovium on top, does it
11 touch bone?

12 A. Not really. That's the bursa that,
13 that overlies the bone.

14 Q. What does the synovium do?

15 A. That's the lining of a joint, the
16 inner part of a capsule.

17 Q. Okay.

18 A. So he also said that the biceps
19 tendon was absent which I am going to agree that
20 there was a biceps tendon injury. I'm not disputing
21 that.

22 Q. Did he do any work on the biceps
23 tendon?

24 A. No, he didn't. He didn't repair it.
25 He just left it alone. He -- you can do two things

1 with a biceps tendon. Number one, you can do what's
2 called a tenodesis where you cut it or if it's torn,
3 and you can reattach it into the humeral head.
4 That's called a tenodesis, and you put a screw in
5 it, and it helps prevent the Popeye deformity, and
6 you put tension back on the, on the muscle and you
7 reattach it to the bone.

8 Q. Is the doctor actually pulling it
9 back up again from the elbow area up to the shoulder
10 area?

11 A. Well, you're pulling it back up here
12 and reattaching it into the bone.

13 Q. And you would get rid of the Popeye
14 effect, hopefully, if it worked?

15 A. Yeah, you'd get rid of the Popeye
16 effect.

17 Q. And Dr. Helbig did not do any of that
18 here?

19 A. No. Then you can do what's called a
20 tenotomy where you just cut the tendon, and say it's
21 partially torn, you can cut it, and then you have
22 the Popeye deformity. So he, he just left it alone.
23 He said it was torn, and he didn't do anything about
24 it.

25 Q. Okay. Now, the work that was done --

1 A. One other important point to his
2 operation.

3 Q. Sure.

4 A. That he makes a reference, he says
5 there was no full thickness tear of the rotator
6 cuff.

7 Why is that significant? It is significant
8 because in the subsequent operation he found a full
9 thickness tear of the rotator cuff, and that's when he
10 did the open surgery, you know, I believe it was like a
11 year and a half later, so, but in the first operation
12 that was closest to the date of the accident, he said
13 there is no full thickness tear of the rotator cuff.

14 Q. Now, let me ask you about this so,
15 and I know we're jumping ahead a little bit, but at
16 the time of the first surgery the surgeon is using a
17 camera, is he not, he or she not; right?

18 A. Yes.

19 Q. And, and so when, when they are
20 looking at the rotator cuff with this camera, would
21 it be fair to say that they're basically eyeballing
22 the rotator cuff?

23 A. Yeah, it's direct visualization.
24 You're seeing it in two ways. You're seeing the top
25 of the cuff, and you're seeing the bottom of the

1 cuff.

2 Q. Now, we can take film studies and
3 look to see whether rotator cuffs are torn or worn
4 away, right, like an MRI?

5 A. You can do an MRI, yes.

6 Q. Okay. And we can also use a camera
7 during an arthroscopic procedure to do the same
8 thing; correct?

9 A. Sure.

10 Q. Would it be fair to say that the
11 camera used during the arthroscopic surgery is going
12 to be more accurate than the MRI?

13 A. Well, it's direct visualization as
14 opposed to, you know, shadows and, and signals from
15 an MRI.

16 Q. And at that point there was no known,
17 there was no seen rotator cuff. It was intact.

18 A. Well, he says there was no full
19 thickness rotator cuff. He says, he makes a point
20 about it in his operative report.

21 Q. Now, does that have any significance
22 to you that he made a point of saying that in his
23 report?

24 A. Well, it wasn't torn. That's what he
25 said. I mean, he's just reporting, you know,

1 hopefully honestly of what he found, and he said he
2 did not find a rotator cuff tear. That's all.

3 Q. Okay. Did you have an opinion at
4 that time based upon your understanding that
5 Mr. Munoz fell --

6 MR. BERENGUER: Objection.

7 Q. -- as to whether or not the surgery
8 performed on him was causally connected to the
9 accident he had on June 25, 2013?

10 A. Yes. From what I was told and what I
11 knew at that particular point in time, it was my
12 opinion that the subsequent surgery was causally
13 related and that he did a decompression, and he
14 found torn biceps tendon, but didn't find a torn
15 rotator cuff.

16 Q. Now, and, and when we're talking
17 about the synovectomy he performed and the
18 acromioplasty and the subacromial decompression, are
19 they repairs?

20 A. No. You're not putting stitches into
21 anything. You're sort of giving something a
22 haircut. That's what you're doing. You're shaving
23 some bone. You're removing some of the bursal
24 tissue. You're not putting stitches into anything.
25 He didn't have to repair the labrum. He didn't

1 repair the biceps tendon, and he didn't repair the
2 rotator cuff because he says it wasn't torn.

3 Q. Except for your understanding or your
4 belief at that time that he fell, looking at the
5 operative report and looking at the MRI, do you see
6 any signs of trauma to his right shoulder?

7 A. Well, the only thing you can say is
8 the biceps tendon was absent. That's all you can
9 say that, that it was absent biceps tendon and there
10 was no biceps tendon appreciated on the MRI. It was
11 absent. That's all.

12 Q. Okay. All right. Now --

13 MR. BERENGUER: Note an objection to that
14 last question.

15 Q. Okay. Now, you reviewed -- let me
16 just get something straight here. I notice that you
17 reviewed -- no, we're good. I think we'll move on
18 to the, to the second time you saw him, but, you
19 know, you had read his operative report, correct,
20 Dr. Helbig's report?

21 A. Yes.

22 Q. And you looked at the MRI of January
23 12, 2015? You actually looked at the -- did you
24 look at the film at that time?

25 A. I did.

1 Q. Yeah. Yeah.

2 A. I read it. It was in my report, in
3 the four corners of my report, yes.

4 Q. You know what? I didn't ask you
5 about that I don't think. So what, what did you
6 find in your review -- oh, you did, didn't you. You
7 talked about arthritis of the AC joint?

8 A. I think, I think I did --

9 Q. We did.

10 A. -- talk about it, yes.

11 Q. We did. You're right.

12 The glenoid labrum wasn't torn?

13 A. No.

14 Q. Things like that?

15 Okay. And you found a partial tear; right?
16 I'm looking at the MR --

17 A. I thought there was some tendinitis
18 and a partial tear of the rotator cuff, yes.

19 Q. Now, did you do a second report?

20 A. I did a second report, and just for
21 accuracy purposes, I only saw him one time. My
22 other reports were based upon records that were
23 provided to me.

24 Q. Thank you. I forgot to ask you that.
25 So in the second report dated October 4, 2016?

1 A. Yes.

2 Q. And if you need to refer to it,
3 please do. That was approximately three years four
4 months after the accident. Now, what records did
5 you review at that time?

6 A. I had, I was provided with the report
7 from Dr. Helbig from South Mountain Orthopaedic
8 Associates. It said Dr. Helbig performed surgery on
9 the right shoulder on 10/21/13. It's pretty much
10 the same thing I said before where he did an
11 acromioplasty, subacromial decompression,
12 debridement and bursectomy, and I state, I note that
13 he did, did not do a Mumford procedure. What's a
14 Mumford procedure?

15 Q. Thank you. I was ready to ask you
16 that.

17 A. A Mumford procedure is where you take
18 out a portion of the clavicle, maybe about a
19 centimeter of the clavicle. You resect it which
20 also helps open up the subacromial space.

21 Q. Now, let me ask you. In layman's
22 term, when you say you resect it, what, what does
23 that mean?

24 A. You take it out. You remove about a
25 centimeter of bone, 2.5 centimeters an inch.

1 Q. You cut it right out and take it out
2 of the body?

3 A. You shave it right out, yes, you take
4 it right out.

5 Q. And what, if it works according to
6 plan, what is supposed to happen?

7 A. It just helps the arthritis, the pain
8 from the arthritis of the acromioclavicular joint,
9 and also if there's bony projections that affect the
10 rotator cuff, it will help decompress it and open up
11 the space.

12 Q. If a person has arthritis such as
13 that, and you take a centimeter of the bone out,
14 will it ever grow back?

15 A. Shouldn't grow back, no.

16 Q. Okay. All right. So you reviewed
17 more records, and it had to do with your -- let's
18 see. You looked at the MRI of the right shoulder
19 the first time. All right. That's 7/19/13?

20 A. No. The MRI of -- the first time was
21 of the second MRI.

22 Q. I apologize.

23 A. Not the first one.

24 Q. The second time you looked at.
25 Right, the second time. And what did you find when

1 you looked at the second time, the first MRI?

2 A. It showed that he had some arthritis
3 of his acromioclavicular joint.

4 Q. Uh-huh?

5 A. Which Dr. Helbig didn't address the
6 first time. He just did an acromioplasty. He
7 didn't take out the clavicle, and he -- and I said
8 there appears to be a partial thickness rotator cuff
9 tear, and then, then it said a subsequent MRI of the
10 right shoulder was performed which I already had
11 seen, and then I said, I causally relate the right
12 shoulder injury and the subsequent surgery to the
13 6/25/13 accident.

14 Q. Now, you, you didn't look at the
15 second operative report, did you, on this time?

16 A. At that time I didn't see the second
17 operative report.

18 Q. Okay. Now, when you said that you
19 still causally related the injury to the accident,
20 what was the basis of that opinion?

21 A. It was based upon the records that I
22 had at that time.

23 Q. Okay.

24 A. There still were things that I
25 didn't, you know, have. I didn't have the second

1 operation. I didn't, you know, see that Helbig said
2 there was a torn rotator cuff the second time.

3 Q. Did you look at the first time -- I'm
4 going to -- I'll come back to it.

5 You did look at the, the second MRI of the right
6 shoulder for the first report?

7 A. Yes.

8 Q. Right? Okay. And we're going to get
9 to that later.

10 Now, did you get a chance to review Dr. Decter's
11 October 4, 2000 and -- not Dr. Decter, I apologize.
12 Dr. Helbig, if I were to tell you that Dr. Helbig
13 indicated that he believes that future medical costs for
14 Mr. Munoz due to perhaps future surgery on that rotator,
15 the right rotator cuff, and it would come to about a
16 minimum of \$25,000, would you agree with that?

17 A. I have no idea how Dr. Helbig is
18 making up that number of anything. I mean, look,
19 anything could happen.

20 Q. Correct.

21 A. The man could fall, he could have an
22 accident, he could retear his rotator cuff, you
23 know, anything could happen. I don't know how you
24 can hang a number out there. So I can't say I agree
25 or disagree. I just don't know the basis how

1 Dr. Helbig arrived at that.

2 Q. Well, why don't we do this. Absent
3 trauma to his right shoulder, if Dr. Helbig repaired
4 the rotator cuff, would he need further surgery on
5 that shoulder?

6 A. If it was repaired, and there was
7 adequate physical therapy, and he regained his
8 motion and his strength, unless there was something
9 that happened, I don't see the reason why he should
10 have subsequent surgery.

11 Q. Okay. So you disagree with
12 Dr. Helbig on that?

13 A. I just don't understand where he's
14 coming from. It doesn't -- there's no basis for it.

15 Q. Okay. Now, now, I -- did you ask
16 for, if I'm not mistaken, on the second, your second
17 report, you had not seen the intraoperative photos I
18 don't think at that time, did you?

19 A. I haven't commented on them yet,
20 no.

21 Q. Okay. You know what we can do then?
22 We can go to the third --

23 A. I said here I have not been provided
24 with the intraoperative photographs on October 4,
25 2016.

1 Q. All right. I want you to do me a
2 favor. Can you go to the -- can you go to the MRI
3 report of 7/19/13 for me if you don't mind? Do you
4 have a copy of that there?

5 A. The report or my interpretation?

6 Q. The report. The report.

7 A. Sure, I have it.

8 Q. And while you're looking, may I ask
9 you, the reports are prepared by the radiologist who
10 review, who is responsible for the taking of the
11 film and then they review the film; right?

12 A. Well, the technician takes the film,
13 and the radiologist reviews the film.

14 Q. All right. And you have read many
15 reports, I assume, in your career, thousands?

16 A. Yes, thousands, sir.

17 Q. And you've also probably looked at
18 thousands of MRIs as well?

19 A. Yes, sir.

20 Q. Would it be fair to say that a lot of
21 the language is very common, the medical language?

22 A. Sure. I mean, we, we speak in a
23 different language so, you know, we talk about edema
24 and we talk about different things that are, are
25 medical jargon in reports that, that, you know, it's

1 our language.

2 Q. So I want to direct your attention if
3 you have a copy of that July 19, 2013, MRI report of
4 Advanced Imaging Center. For the record, the Board
5 Certified radiologist is Robert D. Solomon, M.D.,
6 and you'll see the area where it says Findings?

7 MR. BERENGUER: Please note an objection
8 to as this calls for hearsay.

9 MR. GULINO: Okay.

10 Q. I just wanted to ask you, there's a,
11 there's a, a line there that says, This is no --
12 There is no subacromial/subdeltoid bursal or
13 glenohumeral joint fluid seen.

14 What does -- what is that?

15 A. It means that there was no bursitis
16 seen in the what's called the subacromial space or
17 the subdeltoid, meaning below the deltoid muscle
18 space, and there was no fluid in the joint.

19 If you have an injury to a joint, the lining of
20 the joint, the synovium, produces fluid or if you tear
21 your labrum or if you have arthritis, there's friction
22 inside of a joint, it creates fluid. It's nature's way
23 of trying to lubricate a joint.

24 Q. Is it, is it, is it also called
25 edema?

1 A. No.

2 Q. No?

3 A. Edema is something different. Well,
4 we're -- I'm going to say that that's not an
5 interchangeable term.

6 Q. All right. Let's go back to the
7 fluid for a second. If a person has trauma in the
8 subacromial or bursal or the glenohumeral joint,
9 would it produce fluid if there's a trauma, a hit,
10 something like that?

11 A. There should be some fluid in the
12 subdeltoid/subacromial space or if there's a tear of
13 the rotator cuff, what happens is the fluid leaks
14 from with inside the joint and can go up into the
15 subacromial space. Sometimes that's one of the sine
16 qua non or the signs of a rotator cuff tear.

17 Q. Well, let me ask you this then. If,
18 if there's no fluid seen on an MRI, is that the sign
19 of generally no trauma?

20 A. I think the radiologist is just
21 reporting the facts that he does not see any
22 fluid.

23 MR. BERENGUER: Note a continued
24 objection.

25 Q. Okay. Now, let's go to your --

1 A. Then there was a second MRI, too.

2 Q. Yeah. We're going to do the second
3 MRI in a little while. Okay? We're going to get to
4 that, the 1/12/15; right?

5 A. Uh-huh.

6 Q. What I wanted to get to was -- so we
7 are in your third report of October 31st, 2016, and
8 we have, we finished that one; right? No. October
9 31st, I'm sorry, 2016. Do you have that report?

10 A. I do.

11 Q. Now, you did look at the
12 intraoperative photographs, did you not?

13 A. I said, yeah, Thank you very much for
14 sending me the intraoperative photographs of
15 10/21/13 to the right shoulder.

16 Q. And, again, I think you described
17 them before. They were taken by the camera that's
18 used during the arthroscopy?

19 A. Yeah, we have a camera that attaches
20 to the lens so we don't have to put our eye to
21 anything. It's magnified on a TV screen so we just
22 push a button and we get an instant photograph.

23 Q. Can you tell us the intraoperative
24 photos that you looked at, and I do have copies of
25 them here, but I don't think we need them at this

1 time, what did you find when you looked at them?

2 A. I found that he had no full thickness
3 rotator cuff tear identified on these films. He had
4 some fraying of the bursal surface meaning the top
5 of the rotator cuff had some fraying in it, and
6 that's what, that's what he had.

7 Q. Now, I forgot to ask you this very
8 important question. The intraoperative photographs,
9 they were taken during the first operation?

10 A. Yes.

11 Q. That was October 21st, 2013; right?

12 A. Yes.

13 Q. Okay. And so the photographs
14 basically showed no full thickness tear of the
15 rotator cuff, and what is a full thickness tear?

16 A. It means it did not go from the top
17 surface, the bursal surface, to the articular
18 surface so it didn't go all the way through, the
19 fraying. It was just sort of like some fraying on
20 the top of the cuff.

21 Q. And is that, the findings that you
22 found in reviewing the intraoperative photographs,
23 consistent with Dr. Helbig's report which says it
24 was intact and no tear; correct?

25 A. Correct.

1 Q. All right. Now, anything else that
2 you looked at during your October 31st report?

3 A. Yes. I looked at the MRI of the
4 lumbar spine, and I said there are some
5 straightening of the curvature, and there was a
6 small central disc protrusion without mass effect at
7 L5-S1. What does mass effect mean? Means there was
8 no compression on the neural elements. Okay.

9 Q. No squeezing of something?

10 A. No, there was, there was a small
11 little protrusion there, but it did not encroach
12 upon or impress on the neural elements. That's all.

13 Q. All things being equal, would that
14 mean that someone shouldn't have weakness or pain?

15 A. Well, it certainly shouldn't be
16 weakness and there shouldn't be decreased sensation
17 at L4.

18 Q. Okay.

19 A. Okay. That's without, I can say that
20 without a doubt. When you start talking about pain
21 because pain is subjective. Okay. And we all know
22 that 28 to 35 percent of asymptomatic patients have
23 discal herniations which is referenced in my
24 February 9, 2017, report which was documented in the
25 Orthopaedic Basic Science textbook, Second Edition,

1 written by Dr. Joseph Buckwalter and Dr. Einhorn and
2 Dr. Sheldon Simon.

3 Q. Let me ask you --

4 A. So we know a certain percentage of
5 people that are asymptomatic have discal
6 herniations.

7 Q. Let me ask you another layman's
8 question. When you say asymptomatic, means
9 nothing?

10 A. Means if you take 100 people, and you
11 do an MRI on them, 28 to 35 percent of these people
12 will have discal herniations that are asymptomatic.
13 That's all that means.

14 Q. My, my question to you is, because I
15 didn't do well in biology, asymptomatic means you
16 have no pain, you have no weakness, there's no
17 effect on the person?

18 A. There's no symptoms, that's
19 correct.

20 Q. No symptoms. Okay. All right.

21 A. Asymptomatic, without symptoms.

22 Q. So if we get back to it, it's a 28 to
23 30 percent or whatever, the people who have MRIs at
24 a certain age, it may show they have a herniated or
25 bulging disc, but it's not going to have any

1 symptoms nor will it have any effect on them?

2 A. Correct.

3 Q. Okay. Now, did you have an opinion
4 at the end of that report after looking at those
5 records?

6 A. I just want to reference something.

7 Q. Yes, please.

8 A. Because what I said is incorrect. In
9 my October 31st report I reference the report that
10 the radiologist said. It is my February 9, 2017,
11 report that I looked at the actual MRI films myself
12 so I just wanted to make that clear.

13 Q. Okay. Thank you. I see that, and
14 you made reference to that in your report. All
15 right.

16 Now, at the end of that third report dated
17 October 31st, 2016, did you have an opinion concerning
18 the need or -- withdrawn, the connection between the
19 second surgery which is the torn rotator cuff repair and
20 his accident which occurred about 18 months before?

21 A. Okay. Could I just ask you to please
22 repeat the question?

23 Q. Sure. I will, I'll rephrase the
24 question because I was confused. How's that?

25 A. Okay.

1 Q. All right. In your October 31st,
2 2016, report did you come to an opinion as to
3 whether or not the need -- withdrawn.

4 Did you come to an opinion in your October 31st,
5 2016, report as to whether or not the second surgery
6 performed by Dr. Helbig in January of 2015 was causally
7 connected to the accident that he had back in June of
8 2013?

9 A. Yes. I've changed my opinion with
10 more information that was provided to me based upon
11 the fact that --

12 Q. Well, we're just talking about the
13 second surgery, the rotator cuff --

14 A. Yeah, I'm talking -- I'm going to get
15 to that, yeah.

16 Q. Okay.

17 A. My opinion is is that the second
18 surgery was not causally related to the accident
19 because --

20 Q. Now I'm going to ask you what's the
21 basis of your opinion?

22 A. -- Dr. Helbig, Dr. Helbig found a
23 torn rotator cuff which he clearly did not find the
24 first time. That's number 1.

25 Number 2, I believe that he did sustain a biceps

1 tendon tear. I just want to make that clear, and I said
2 that the subsequent surgery is, is elective surgery and
3 not causally related.

4 Then there's further substantiation that I have
5 in coming to that conclusion. The substantiation that I
6 have in coming to that conclusion is the second MRI that
7 was done on 1/12/15.

8 Q. Now, that was done before the second
9 surgery; correct?

10 A. Correct.

11 Q. And the MRI was taken of the same
12 right shoulder in January of 2015; correct?

13 A. Correct.

14 Q. And I'm going to ask you, I have it
15 in front of me here. Let me ask you some questions
16 about it.

17 MR. BERENGUER: Please note an objection
18 to this line of questioning as it calls for hearsay.

19 MR. GULINO: Okay.

20 Q. Let me ask you this, Doctor. Did you
21 use the MRI report and the films that you reviewed
22 of January 12, 2015, to come to your opinion?

23 A. It was part of my process in
24 formulating opinion. Okay.

25 Q. But you did review --

1 A. I looked at them myself.

2 Q. You reviewed both the report and the
3 film studies; correct?

4 A. Yes.

5 Q. Okay. And I'm looking at this MRI
6 report, and it says, there is moderate to severe
7 acromioclavicular joint arthrosis with capsular, I
8 pronounce it hypertrophy, hyper --

9 A. Hypertrophy.

10 Q. Hypertrophy.

11 A. Overgrowth it means of the bone.

12 Q. Okay. Can you tell the jury what
13 that, what that means in English?

14 A. It means that there was arthritis of
15 the acromioclavicular joint that was not addressed
16 on the first operation because he only did an
17 acromioplasty. He didn't take out the distal end of
18 the clavicle, but I think what's more telling in
19 this MRI is now there's edema at the end of the
20 distal clavicle.

21 Q. I'm going to ask you about that next.
22 So the next sentence is, edema of the distal
23 clavicle is identified. First of all, show the jury
24 what's the distal clavicle? Where is that?

25 A. It's at the end of your shoulder

1 here.

2 Q. Distal is towards the front?

3 A. No.

4 Q. Or side?

5 A. Towards the side.

6 Q. Okay. Now, it says edema, and for
7 the record, it's e-d-m-a (sic). What is edema?

8 A. It means that the bone has some --
9 there's been some kind of event that created, it
10 could be a little microfracture at the end of the
11 collar bone, but there's, there's an abnormal signal
12 at the end of the collar bone.

13 Q. Is it generally the result of a
14 trauma?

15 A. That is usually due to trauma when
16 you see edema like that, but you don't see this
17 edema from a year and a half later.

18 Q. That was my next question. So, so
19 the edema that was seen on the MRI report and I
20 believe also in your review of the film studies was
21 not there in the MRI taken in July of 2013, 18
22 months or 16 months before this one?

23 A. The edema was not present on the
24 first MRI.

25 Q. Does that have any significance to

1 you?

2 A. Well, it also raises the question as
3 to how he may have torn his rotator cuff because
4 there's something else that's significant in that
5 they talk about a Hill-Sachs deformity.

6 Q. I'm going to get to that in a little
7 while. So I'm going to ask you, if we get back to
8 the edema of the distal clavicle which wasn't there
9 18 months before, do you have an opinion within a
10 reasonable degree of medical certainty whether
11 something happened between the time of the first MRI
12 and January of 2015?

13 A. Within a reasonable degree of medical
14 probability something may have happened.

15 MR. BERENGUER: Please note a continuing
16 objection.

17 A. The radiologist says that the edema
18 is most likely posttraumatic with narrowing of the
19 subacromial space.

20 Q. And then when we talk about
21 posttraumatic, do we mean an accident traumatic?

22 A. It means some kind of trauma,
23 whatever it is, you know.

24 Q. Trauma could be a fall, it could be
25 an overuse of something, it could be a whole bunch

1 of things, right, but it's not just sitting there?

2 A. No, it's not just sitting there.

3 Q. You have to have movement or impact;
4 right?

5 A. You have to have something that
6 repetitively injures that part of the body, yes.

7 Q. Now, they found a high grade partial
8 tear of the supraspinatus tendon; correct?

9 A. Well, that's what they say. Helbig
10 says he found a full thickness tear.

11 Q. Okay. And there's another part on
12 the third line there, it says, the subscapularis
13 tendon is thickened. First of all, what is a
14 subscapularis tendon?

15 A. The subscap is one of the internal
16 rotators of the rotator cuff. It's the muscle in
17 front that comes from the front of the scapula to
18 the, to here.

19 Q. And if the MRI report and the
20 interpretation of the radiologist that it says it is
21 thickened, what does the medical significance?

22 A. I don't know what it means to be
23 honest with you.

24 Q. Okay.

25 A. I don't know. It's just a, he's

1 saying it, and I can't put any -- I can't give you
2 an answer to that.

3 Q. How about there's a part of the
4 report down in the next line, it says, mild atrophy
5 of the subscapularis muscle superiorly is
6 identified?

7 A. Just shows that there's been disuse
8 of that muscle and there's atrophy, meaning
9 shrinkage, of the muscle. You can get fatty
10 infiltration.

11 Q. Now, there's --

12 A. It's a sign of chronicity.

13 Q. There was small joint effusion. What
14 is that?

15 A. That there's fluid in the joint
16 now.

17 Q. And fluid, again, comes generally
18 from what?

19 A. It can come from trauma. It can come
20 from arthritis. It can come from a torn labrum.
21 It's something that wasn't there before.

22 Q. No. The next line is a possible
23 small Hill, cap H-i-l-l - Sachs, S-a-c-h-s,
24 deformity. What is that?

25 MR. BERENGUER: Please note my continuing

1 objection.

2 A. That's a defect in the humeral head.
3 When the shoulder has instability and comes out of
4 socket, it creates a little notch in the humeral
5 head, and that's what's called a Hill-Sachs
6 deformity.

7 Q. Hill-Sachs deformity, how is it
8 caused?

9 A. Usually from some sort of subluxation
10 where the shoulder can sublux out or dislocation of
11 the shoulder.

12 Q. You don't get it just by sitting
13 there watching television; correct?

14 A. Not unless you have an inherently
15 unstable shoulder. I mean, some people have
16 dislocated their shoulder in bed that have an
17 inherently unstable shoulder.

18 Q. Okay.

19 A. So it can come out, you know, if it's
20 very loopy goopy.

21 Q. In your reading of all the medical
22 records from Mr. Munoz's treatment, have you found
23 that he has an unstable shoulder?

24 A. No.

25 Q. Okay. Now, the impression at the MRI

1 was acromioclavicular joint arthrosis. What's
2 arthrosis?

3 A. Arthritis.

4 Q. Arthritis. With bone marrow edema
5 likely posttraumatic with narrowing of the sum --
6 subacromial space. In plain English what is that?

7 A. The arthritis is narrowing the space.
8 Like I said, in the first operation there was no
9 removal of the, of the end of the clavicle so, and
10 that's all I can say about that.

11 Q. And in the second surgery that
12 Dr. Helbig performed after this MRI did he remove
13 some of the bone?

14 A. He did.

15 Q. Is that what we're talking about?
16 Did he get rid of some of this problem?

17 A. Well, he took out part of that
18 bone.

19 Q. And did he also go back in and do
20 part of the subacromial decompression again?

21 A. Yes.

22 Q. And he did it the first time, though,
23 about 18 months before, didn't he?

24 A. That's what he said he did, yes.

25 Q. Okay. I'm sure he did. So, so is it

1 growing or did it need to be done more?

2 A. It may have needed more of a haircut.

3 Q. And, basically, except for the
4 partial tear repair in the second operation, and
5 were sutures used in the second operation, do you
6 know?

7 A. Your, your terminology is wrong.

8 Q. I have his report.

9 A. Yes, I know that, but you said
10 partial tear.

11 Q. Oh.

12 A. Helbig said it was a full thickness
13 tear.

14 Q. A full tear. Okay. So if it was a
15 full tear, he would have used sutures?

16 A. Yeah, he, I mean, the first time he
17 didn't use any sutures. He just kind of trimmed
18 things down.

19 Q. Except for the use of the sutures in
20 the second surgery, if you take the two surgeries,
21 one in July of '13 -- not July, October of '13 and
22 one in January of '15, except for the sutures on the
23 rotator cuff, was any repair done?

24 A. The only other thing he did was take
25 out part of the clavicle on the second operation.

1 Q. And that was removing of the bone;
2 correct?

3 A. Correct, yes.

4 Q. All right. And that's because it had
5 arthritis?

6 A. Yes.

7 Q. Which is not traumatically induced;
8 is it?

9 A. Well, it can be from repetitive
10 motion.

11 Q. Okay.

12 A. Let's say you break your clavicle as
13 a kid, and you have a incongruous area, that can be
14 posttraumatic arthritis, too.

15 Q. I think what I'm, what I'm, I'm, it's
16 my fault. I keep talking about trauma and
17 traumatic. How about this? Generally, it's not
18 removed, this part of the shoulder, the bone, as a
19 result of an impact?

20 A. I think you got to repeat that
21 question again.

22 Q. Okay. I'll try to rephrase it. The
23 removal of the bone in the second surgery --

24 A. The removal of the bone is from
25 arthritis. Okay. But if someone has, say, a

1 severely distal clavicle fracture let's just say.
2 You break your collar bone, it's out there on the
3 end, and you can't repair it, and you can't put a
4 plate on it, you can't put screws in it, then you
5 can remove it, so you can remove a clavicle.
6 There's no evidence of any fracture here so.

7 Q. So why don't we do this. Just
8 at the end of your third report, it is -- was it --
9 and correct me if I'm wrong, it's still your opinion
10 that the surgery for the first time may have been
11 connected based upon your understanding of
12 Mr. Munoz's claim as to how the accident happened,
13 but you don't believe that the second surgery was
14 connected to the accident?

15 A. I don't believe the second surgery,
16 after the information that was provided to me and
17 that what Dr. Helbig said that he found a torn
18 rotator cuff -- had this individual sustained a torn
19 rotator cuff after the first accident and he found
20 it, my opinion might be different.

21 Q. Correct.

22 A. But it was, he made a point of saying
23 there was no full thickness tear of the rotator
24 cuff. To me that's just very basic. That's what he
25 found. There's no tear.

1 Q. Now, you wrote your last report
2 February 9, 2017, and you, you reviewed the report
3 and the MRI films of 2/4/16; right? And we had just
4 discussed that of the lumbar spine. We didn't
5 review, we didn't talk about those.

6 Okay. Why don't we talk about them. You had an
7 MRI of the lumbar spine done about two and a half years
8 after his accident. The accident occurred in June of
9 2013. You have your February 9th report?

10 A. I do, yes.

11 Q. Okay. And the MRI of the lumbar
12 spine --

13 A. Right.

14 Q. -- was done on February 4th?

15 A. 2016.

16 Q. '16, correct.

17 A. Almost three years after the
18 accident.

19 Q. Almost three years. Okay.

20 A. Little under three, two, little under
21 three years.

22 Q. Okay. So and you looked at the MRI
23 yourself?

24 A. I did, yes.

25 Q. Now, would it be fair to say you're

1 not a spine surgeon generally; right?

2 A. I've never been a primary spine
3 surgeon. When I've done spine work, I mean, I see
4 spine patients in my practice every day. You can't
5 not in a community that I live in and work in so
6 it's not like you don't see backs.

7 Q. Uh-huh.

8 A. Okay. I don't operate on them. I'm
9 never a primary surgeon. I could be a secondary or
10 assistant. That's been my world of spine.

11 Q. Now, let me ask you this, though.
12 Even though you may not have been the primary spinal
13 surgeon, you've read MRIs of the lumbar spine of the
14 back?

15 A. Every day.

16 Q. Okay. And it would be fair to say
17 you've probably read hundreds, if not thousands, of
18 these MRIs of the lumbar?

19 A. Probably thousands, yeah.

20 Q. Okay. So you read the one of
21 February 4, 2016, and did you have, come to an
22 interpretation of it?

23 MR. BERENGUER: Objection. Calls for
24 hearsay.

25 A. I personally reviewed the MRI of

1 2/4/16. I believe there was degeneration, meaning
2 loss of fluid content, in the L4-L5 disc space, at
3 L5-S1.

4 Q. Can I stop you there for a second?

5 A. Sure.

6 Q. By its very medical definition
7 degeneration means something has to take place over
8 a long period of time?

9 A. It means in this particular case,
10 when I talk about a disc degeneration, a disc has
11 fluid in it.

12 Q. Uh-huh?

13 A. The most mobile segment is L5-S1, the
14 lowest segment and the level above have the most
15 movement when we bend and twist. Okay. So there's
16 loss of fluid content meaning, if you look at the
17 films, there's a dark disc, and it's not nice and
18 bright because it's lost fluid content. That's what
19 degeneration means. Then I said --

20 Q. Well, can you tell from looking at an
21 MRI whether or not it's traumatic in nature, a
22 person has an accident and you can tell right away
23 or can you tell that it took place over a long
24 period of time?

25 A. Well, first of all, you can't say

1 that an MRI done say two and a half years after the
2 an accident is reflective of what happened at the
3 time of the accident.

4 Q. Okay.

5 A. We do not live in a vacuum. We move,
6 we walk, we bend, we twist, and there's a certain
7 percentage of people that have asymptomatic discal
8 herniations. So all I can say is you have an MRI
9 that was done close to three years after the
10 accident. You can't sit here and say within a
11 reasonable degree of medical certainty that what you
12 see there is caused by that accident two and a half
13 years ago. Okay. That's all I'm saying.

14 MR. BERENGUER: Please note my continuing
15 objection to this line of questions.

16 Q. Okay. Now, can you, can you go to
17 the next line because I have a question for you
18 about that?

19 A. Sure.

20 Q. What is that next line?

21 A. What, about Schmorl's nodes --

22 Q. Yes.

23 A. -- at the superior endplate?

24 Q. And for the record can you, can we
25 spell that?

1 A. Yeah. Schmorl's is spelled
2 S-c-h-m-o-r-l-s. That's just an indentation of the
3 endplate, the top of the vertebrae, okay, that, that
4 collapses down. It's usually an embryological
5 remnant. Now, in the absence of marrow edema, okay,
6 you cannot say that that's an acute protrusion of
7 the disc into the vertebral body. Okay. That's
8 just, there's no marrow edema there.

9 Q. All right. Marrow edema is
10 indicative of what?

11 A. Of, of an acute event.

12 Q. An acute event means something
13 happened quick?

14 A. Yes.

15 Q. All right. So when you see the
16 Schmorl's node, that tells you that whatever this is
17 happened over a long period of time and not from --

18 A. I'm just referencing it.

19 Q. Yeah.

20 A. You know, we see Schmorl's nodes all
21 the time. It's an incidental finding.

22 Q. Okay.

23 A. You know, I have Schmorl's nodes in
24 my own back so it is what it is.

25 Q. All right.

1 A. And then I found that there was
2 degeneration of the disc space and narrowing of the
3 disc space. I said the nerve roots were not
4 compressed. Okay. They were wide.

5 Q. What is the significance of nerve
6 roots not compressed?

7 A. That that should not give you any
8 type of radiating pain down your leg.

9 Q. So this is what we're talk --

10 A. Or weakness, yeah.

11 Q. Is it consistent with what you were
12 talking before about the 28 to 30 percent of the
13 population could have a herniated disc, but they are
14 asymptomatic, and one of the reasons would be that
15 there's no compression?

16 A. Correct.

17 Q. All right. Go ahead.

18 A. Then I said, there's no narrowing or
19 stenosis. That's important. Meaning narrowing of
20 that would affect the nerve roots and encroach upon
21 them.

22 Q. Well, when you say narrowing on the
23 spine, do you mean from top-to-bottom narrowing or
24 do you mean side-to-side narrowing?

25 A. I mean of the canal.

1 Q. Okay.

2 A. That there's nothing pushing back
3 there that's narrowing the nerve roots.

4 Q. Something coming from the side?

5 A. Either on the side called laterally
6 or from centrally. So there was no central stenosis
7 or lateral recess stenosis. Okay.

8 Then I said that there was a minscule central
9 protrusion which looks degenerative on the spine. Now I
10 want to explain that.

11 Q. Uh-huh.

12 A. If you have a basketball, let's say,
13 and you pump it up full, and you sit on it, the
14 basketball is not going to displace. It's going to
15 maintain its shape and form. If you take a
16 basketball, and you take half of the air out of it,
17 and you sit on it, what's going to happen? You sit
18 on it, the ball's going to displace.

19 It's the same thing with a disc. When a disc
20 narrows down and is degenerated, the disc can displace
21 both in the front and the back area, and that's what I
22 felt that this was a degenerative protrusion at I believe
23 was L5-S1, and that's what I read it as.

24 Q. Now, and did you have an impression
25 at the end of your report, of the February 9, 2017,

1 report?

2 A. I said this individual had
3 subjective, meaning what he told me, complaints of
4 mechanical findings on my physical examination. The
5 objective portion of the examination, meaning the
6 neurological portion, had some sensory deprivation
7 on the right at L4 which would not be consistent
8 with this MRI because the protrusion and the
9 degeneration was at L5-S1.

10 Q. When you looked at the films, did you
11 then look at the MRI report of the radiologist?

12 A. I'd like to see it because I have it
13 referenced here, but if you have a copy of it, it
14 might just make it easier here.

15 Q. I have a copy. I don't know if you
16 do.

17 A. Let me just see. I'm not sure where
18 it is, but I -- okay.

19 Q. Okay. Is your interpretation
20 consistent with the interpretation of the
21 radiologist?

22 MR. BERENGUER: Objection. Calls for
23 hearsay.

24 A. Yes.

25 Q. Okay. Now, at this time after your

1 fourth report and reviewing all these records,
2 concerning the first surgery, was it still your
3 opinion that the first surgery, based upon what you
4 learned from the Plaintiff as to how the accident
5 happened and your review of the records and the
6 interrogatories served by his lawyer, that the first
7 surgery was, the necessity of that first surgery --

8 A. He complained --

9 Q. -- was caused by his accident?

10 A. He complained of pain to Dr. Helbig.
11 He had a torn biceps tendon. Dr. Helbig chose to
12 operate on him, not repair the biceps tendon, and
13 just do a decompression.

14 Q. Okay.

15 A. So if all the information about how
16 he fell and everything like that is correct, then
17 I'm causally relating it to the accident.

18 Q. Okay. Now, when you looked at the
19 lumbar MRI, and you talked about sensory losses,
20 there was a inconsistency between what he told you
21 in his examination and what was seen later?

22 A. Yes.

23 Q. And, and what was, just because it's
24 been quite sometime, and I apologize for dragging
25 this out, what is the inconsistencies that you found

1 on your exam that was shown on his MRI?

2 A. I found a non-compressive protrusion
3 of a disc that was degenerated at L5-S1 that should
4 not give you sensory deprivation in the L4 nerve
5 root area.

6 MR. BERENGUER: Objection to that question
7 and answer.

8 Q. The lumbar MRI was taken as we talked
9 about two and a half, three years later after the
10 accident, and he had an x-ray of the thoracic spine,
11 higher, the day after the accident. That have any
12 significance to you when someone tells you that I
13 hurt my lower back as a result of this accident?

14 A. I think the doctor he saw the next
15 day felt that the pain was coming from his thoracic
16 spine because that's where he took the x-ray of.
17 That's all I can say about that is the x-ray was
18 taken of the thoracic, not the lumbar spine.

19 MR. BERENGUER: Objection to that question
20 and answer as well.

21 Q. Now, I have -- we met two days ago;
22 right?

23 A. Yeah, it seems like --

24 Q. Monday. Okay. Monday the 27th for
25 the record. Okay. And I'm going to ask you this,

1 and we're going, we're going to wrap it up, okay, so
2 I'm sure the jury is ready to wrap it up themselves.

3 At present if I were to tell you that there has
4 been deposition testimony of a witness who is going to
5 come in to testify under oath that at the time of the
6 accident Mr. Munoz did not fall.

7 MR. BERENGUER: Objection.

8 Q. But rather Mr. Munoz was walking five
9 feet ahead of him, he had either one or two buckets
10 in hand, one in one hand and one in another, and a
11 tool belt over his right shoulder, and that as he
12 stepped into the inch and a half depression, he
13 lurched, but he didn't fall, would that have an
14 effect on your opinion as to whether or not the
15 first surgery was necessitated by this accident?

16 MR. BERENGUER: Objection.

17 A. It was still my opinion that he tore
18 his biceps tendon by carrying a bucket. I, I will
19 say this over and over again.

20 Q. Why don't we do this.

21 A. Dr. Helbig --

22 Q. Let me break it down because you're
23 correct, and it's my fault. The surgery had a few
24 components to it; right?

25 A. Yes.

1 Q. Would it be fair to say that based
2 upon the fact that I've just told you, even that
3 lurching and the biceps tear, would you say that the
4 biceps tear probably was caused by the, the accident
5 that day?

6 A. In the absence of any
7 documentation --

8 MR. BERENGUER: Objection again.

9 A. -- that he hurt himself before, I
10 would say the biceps tendon was torn as a result of
11 that, but Dr. Helbig didn't do anything about it,
12 and he chose to do something else at the time of the
13 operation.

14 Q. That's the part I'm going to ask you
15 now. All right. A subacromial depression --

16 A. Decompression.

17 Q. -- decompression and an acromioplasty
18 which is basically using a burr to cut away
19 arthritic bone; right?

20 A. It's to cut away bone that is
21 allegedly pressing on the tendon and creating an
22 impingement.

23 Q. Now, based upon the fact that if I
24 were to tell you then that someone is going to come
25 in and testify under oath that they were five feet

1 behind the Plaintiff at the time of this accident --

2 MR. BERENGUER: Objection.

3 Q. -- and that the Plaintiff did not
4 fall, but rather lurched?

5 A. Right.

6 Q. Do you have an opinion within a
7 reasonable degree of orthopedic or medical certainty
8 whether or not the subacromial decompression and the
9 acromioplasty were needed because of that first
10 accident?

11 A. No, I don't believe that the
12 decompression and bursectomy is causally related if
13 he did not fall. If he fell on an outstretched arm
14 and had a thickened bursa, then my opinion's
15 different, but not falling does cast a different
16 opinion as to the, to the need for a subacromial
17 decompression.

18 Q. Okay. And the second surgery we've
19 already established was not related to the first
20 accident?

21 A. In my opinion the fact that he went
22 in to repair a rotator cuff and take out some
23 arthritis of the AC joint, I'm not causally relating
24 this to this accident, sir.

25 Q. And, obviously, the rotator cuff tear

1 repair, there was edema before the second accident.
2 That's an indication --

3 A. Well, there was edema in the distal
4 clavicle.

5 Q. Distal clavicle. Okay. And do you
6 have an opinion within a reasonable degree of
7 medical certainty whether or not the lower back
8 claim that Mr. Munoz is claiming now was caused by
9 his accident of June 25, 2013?

10 A. No, I don't think it was. I think
11 there was some degenerative discogenic disease. His
12 physical examination was inconsistent. Therefore, I
13 do not believe he sustained a loss of bodily
14 function or permanent orthopedic injury to his
15 lumbar spine as a result of this accident.

16 MR. GULINO: Thank you, Doctor.

17 THE WITNESS: Thank you.

18 MR. GULINO: Do you want to take a break?

19 MR. BERENGUER: Let's take a break.

20 VIDEOGRAPHER: Stand by. The time is
21 7:55 --

22 MR. GULINO: I'm sorry I took so long. I
23 should have gotten through this.

24 VIDEOGRAPHER: Excuse me. Excuse me. The
25 time is 7:55. We're going off the record. This will end

1 media unit number one.

2

3 (Whereupon there is a break)

4

5 VIDEOGRAPHER: Stand by to go back on the
6 record. The time is 8:04. We are back on the record.
7 This will be the start of media unit number two.

8 Counsel.

9

10 CROSS EXAMINATION BY MR. BERENGUER:

11

12 Q. Good evening, Doctor. My name is
13 Lazaro Berenguer. I'm the attorney for the
14 Plaintiff in this case Washington Munoz.

15 A. Good evening.

16 Q. Doctor, you examined Washington on
17 July 18, 2016, a little over three years after his
18 June 2013 incident; correct?

19 A. Yes, sir.

20 Q. You examined Washington at the
21 request of the defense attorney; correct?

22 A. Yes, sir.

23 Q. And you are aware that Dr. Helbig is
24 his treating orthopedist. You are aware of that,
25 aren't you?

1 A. Yes, sir.

2 Q. And you are aware that Dr. Helbig has
3 been the treating orthopedist for Washington since
4 about two weeks after his injury in 2013. You're
5 aware of that; right?

6 A. Absolutely.

7 Q. And you are aware that Dr. Helbig is
8 still treating Washington and has had a
9 doctor/patient relationship with him for about four
10 years now. You're aware of that; right?

11 A. Well, I'm not aware of anything short
12 of what I've been provided. I don't know if he saw
13 him last week or the week before. I don't, I don't
14 know that, sir, but I could only conclude in
15 response to your questions that he was the treating
16 doctor who performed two surgeries on him, and
17 that's what I know.

18 Q. Now, you've drafted numerous reports
19 and/or letters in this case; correct?

20 A. Four reports, yes.

21 Q. Prior to your drafting of any of your
22 reports did you contact Dr. Helbig at all to get his
23 medical viewpoint on his patient?

24 A. No --

25 MR. GULINO: Objection.

1 A. No, sir. That's not how it's done in
2 the, in the IME world. I have no doctor/patient
3 relationship with him, and I did not contact
4 Dr. Helbig. I relied upon the medical records and
5 reports and MRIs and things. That's what I was
6 provided with, sir.

7 Q. Prior to drafting any of your reports
8 did you contact any of Washington's physical
9 therapists to get their medical viewpoint?

10 A. No, sir. That's not what's usual and
11 customary.

12 Q. As you are aware, Washington
13 underwent two surgical procedures, one in October
14 2013 and another in July 2015?

15 A. Absolutely.

16 Q. Now, you never examined Washington's
17 right shoulder prior to his injury in June 2013.
18 Isn't that right?

19 A. Of course.

20 Q. So you didn't examine his shoulder
21 prior to his injury; correct?

22 A. Of course, I didn't examine his
23 shoulder prior to the injury.

24 Q. Now, you never examined his right
25 shoulder after his June 25, 2013, injury, but prior

1 to his first surgery in October 2013.

2 A. Okay. Sir --

3 Q. You never examined --

4 A. I examined him on July 18, 2016.

5 That's the only time I examined him, sir.

6 Q. You were not Washington's treating
7 physician, were you?

8 A. No, sir. There's no doctor/patient
9 relationship here.

10 Q. You didn't prescribe any medications
11 or, like you said, have any doctor/patient
12 relationship?

13 A. Absolutely. There is no
14 doctor/patient relationship. It's said, it's stated
15 in my report there is no doctor/patient
16 relationship.

17 Q. Doctor, in your report dated July 18,
18 2016, which was about three years after his injury,
19 you found that his injuries were causally related to
20 the June 25, 2013, incident; correct?

21 A. My initial assessment based upon the
22 information that I had on July 18, 2016, were what
23 they were, and I causally related them, and then I
24 subsequently got more information that altered and
25 changed my medical opinion.

1 Q. Now, in that same report dated July
2 18, 2016, you also found that his initial surgery in
3 October 2013 was causally related to his injuries of
4 June 2013?

5 A. Right. Based upon the information
6 that I had at that time I, I stated there was a
7 causal relationship, yes, sir.

8 Q. And your opinions were within a
9 reasonable degree of medical certainty, were they
10 not?

11 A. As is required by the court system,
12 yes, sir.

13 Q. After his first surgery in October
14 2013, but prior to his second surgery in July 2015,
15 you didn't examine Washington's right shoulder for
16 his limitation of motion or whether there was a
17 positive impingement sign or negative drop sign, did
18 you?

19 A. No, sir. I examined him after both
20 surgeries, sir, not in between.

21 Q. Now, also in your report dated July
22 18, 2016, you state that Washington complains of
23 pain in his lower back. Wouldn't you agree that the
24 person feeling the pain is the best judge of the
25 pain?

1 A. Well, first of all, sir, as a
2 physician, I can't see or feel pain. That's number
3 one. What you tell me I have to take for face
4 value, but also when I examine someone, the symptom
5 complex has to be consistent with the objective
6 tests like an MRI.

7 So whatever he tells me that it hurts him, and
8 I, I have to take that for what he tells me. That's all
9 there is to it. It's a subjective complaint that I take,
10 and I correlate with a physical examination.

11 Q. After you evaluated Washington, did
12 you have any other contact with him? Did you call
13 him to see how he was doing?

14 A. No, sir. There is no doctor/patient
15 relationship, and it would be inappropriate for me
16 to call him. We are not even allowed to have their
17 phone numbers here. We have to go through you, and
18 I don't think you as the Plaintiff's attorney would
19 want me contacting your, your client, number one.

20 Number two, if we were even to change an
21 appointment in, for an examination, we'd have to call
22 your law firm to get them to change the appointment. We
23 couldn't call Mr. Munoz directly.

24 Q. Dr. Decter, if I were to show you a
25 picture of Washington or if he were to walk in the

1 room, would you recognize him?

2 A. No. I have no specific recollection
3 of him, sir. Maybe if he was a really good looking
4 girl, I might have remembered him, but I don't think
5 I remember Mr. Munoz, sir.

6 Q. Do you know what language Washington
7 speaks?

8 A. Si.

9

10 (Whereupon the doctor responds in Spanish.)

11

12 So Mr. Munoz and I did very well communicating
13 Spanish as I've lived in a foreign country for two years
14 and speak the language quite nicely.

15 Q. Do you know what language you
16 communicated with him on July 18?

17 A. I don't remember, sir. I don't have
18 a specific recollection.

19 Q. If you want to review your reports,
20 take some time to do so. Is that information found
21 in your reports?

22 A. No, sir. It's not found in my
23 reports.

24 Q. Do you know how much time you spent
25 with Washington when you evaluated him in July --

1 A. I think if I spent --

2 Q. -- 2016?

3 A. If I spent 5 or 7 minutes examining a
4 shoulder and a back, that probably would be about it
5 because when you think about how much time a
6 cardiologist spends listening to your heart or a
7 gynecologist spends examining women, the amount of
8 time that you spend in these cases, sir, is more in
9 evaluating the records.

10 Okay. The actual physical examination is the
11 smallest amount of time. So it didn't take very long to
12 examine his shoulder which I've probably done I can't
13 tell you how many thousands of shoulders and how many
14 thousands of backs I've examined, but I can only tell you
15 it was not very long, sir.

16 Q. Now, the information of how long you
17 spent examining Mr. Munoz, is it found in any of
18 your reports?

19 A. No, sir. I don't, I don't put that
20 in. You sent a nurse in who clocked me in and
21 clocked me out so you have that information. I, I
22 don't live with a time capsule. I do what I have to
23 do. I examine him, and I leave. That's it.

24 Q. Dr. Decter, as an orthopedist you
25 want your reports to be as complete and as accurate

1 as possible; correct?

2 A. I try my best, sir. I'm not perfect.
3 None of us are perfect. We're all human beings.

4 Q. In addition to your medical practice,
5 you have owned or organized or formed some
6 companies; correct?

7 A. Well, I, I had a medical practice
8 which I explained before that it was CFO -- CFO,
9 that now is CFO Medical Service was a separate
10 company, and we separated it because one of the
11 partners in that company's father-in-law was an
12 accountant. He wanted it separate. So CFO Medical
13 Services was formed, and then CFO Medical Services
14 was sold and now has become ExamWorks.

15 Q. CFO Medical Services performed
16 medical-legal evaluations; correct?

17 A. Yes.

18 Q. Approximately what percent of your
19 work while working for CFO Medical Services was on
20 behalf of Defendants?

21 A. I said already that it was 98 percent
22 of defense work. That's, that's my balance, sir.

23 Q. And in the beginning days of CFO
24 Medical Services you were trying to build up your
25 practice and business, and you solicited business

1 from law firms who represent insurance companies.

2 Is that correct?

3 A. Yes. I gave lectures to law firms,
4 and the lectures were medical lectures so that they
5 would understand what they would do.

6 As a matter of fact what I even did one year,
7 sir, is I did live surgery from my operating room of a
8 knee and a shoulder, and I did an anterior cruciate
9 ligament reconstruction and a labral repair, and I, I
10 telecommunicated it into a conference room so that people
11 could understand the medicine that they were talking
12 about.

13 So I have done live surgery from the operating
14 room into a conference room where there were attorneys to
15 learn about knees and shoulders.

16 Q. And aside from the live surgeries,
17 you also gave seminars and taught other doctors how
18 to be more effective witnesses for insurance
19 companies?

20 A. Well, that, I don't really remember
21 doing that. That keeps coming up on, on the -- I
22 don't have a specific recollection that I have
23 actually done that to be honest with you, but maybe
24 I have, maybe I haven't. I don't have a specific
25 recollection of that.

1 Q. And you sold CFO Medical Services
2 like you said earlier to a company which is now
3 called ExamWorks; correct?

4 A. Yes, sir.

5 Q. How much money did you make off of
6 the sale of this company?

7 A. The total --

8 MR. GULINO: Objection.

9 A. The total sale was \$14 million of
10 which Dr. Robbins had half, and so each one of us
11 got about \$7 million of which 3 and a half million
12 was in cash and 3 and a half million went into stock
13 so I gambled that everything was going to turn out
14 okay.

15 Q. Now, Doctor, you continue to do work
16 for ExamWorks; correct?

17 A. I do, yes. I'm not retired, sir. I
18 still work. I still have an active orthopedic
19 practice. I still operate, and I work for
20 ExamWorks, that's correct.

21 Q. What is your yearly income?

22 A. My yearly income is probably --

23 MR. GULINO: Objection. Objection. You
24 can answer the question.

25 A. My yearly income probably is around

1 \$850,000, maybe 900. It's about 60 percent of my
2 gross income, sir.

3 Q. How much of your current income comes
4 from testifying in cases?

5 A. Well, you mean like this?

6 Q. Yes.

7 A. That's all part of the ExamWorks
8 number that I just gave you so it's, that's the
9 number, sir. I don't break it down by how much do I
10 make doing depositions, how much do I make doing
11 testimony, that's the total number, sir.

12 Q. And that number was between 800 to
13 900,000. Is that correct?

14 A. In that range. That, I mean, it's
15 not exact. I don't know exactly. I didn't check
16 last year what I earned from ExamWorks. You know, I
17 just don't know.

18 Q. How many times did you testify in
19 court in 2016?

20 A. I think last year in 2016 I think is
21 around 20 times, sir, maybe 22. I think that's
22 about right so, you know.

23 Q. And what percentage of those times
24 that you testified in court was on behalf of
25 Defendants, Doctor?

1 A. For the third time it's 98 percent of
2 my medical-legal work, sir, is on behalf of
3 Defendants.

4 Q. Isn't it true that a grievance was
5 filed against you alleging violations of Mandatory
6 Standards 1, 2, 3 and 7?

7 A. No, not number 1, sir.

8 MR. GULINO: Objection.

9 A. That's not true. Number 1 is false
10 testimony. I was not censured for false testimony.
11 That's a mis, mis -- that's a misstatement. Okay.
12 I did not use literature to support my, my
13 testimony. When the Judge at the 104 Hearing said
14 that you could do, testify based upon education,
15 knowledge, and experience, so you're incorrect about
16 number 1, sir.

17 MR. GULINO: I don't mean to interrupt
18 you, Mr. Berenguer. I just want to tell you that I'm,
19 I'm going to have a running objection to this whole line
20 of questioning.

21 A. You can ask whatever you want.

22 MR. GULINO: Starting when you started
23 that question and moving forward.

24 MR. BERENGUER: That's fine.

25 Q. Now, Doctor, my question was isn't it

1 true that a grievance was filed against you alleging
2 violations --

3 A. Yes. Yes.

4 Q. -- of Mandatory Standards 1, 2, 3 and
5 7 --

6 A. Yes.

7 Q. -- of the --

8 A. But that, but number 1 was not found
9 to be a, they did not censure me for number 1. So
10 you can, you can send a grievance, and you can do
11 anything you want, but it was not, it was not
12 acknowledged by the Academy.

13 Q. So you were censured for violating
14 Mandatory Standards 2, 3, and 7 of the standards of
15 professionalism for orthopedic expert witness
16 testimony. Isn't that true?

17 A. Yes, based upon the American Academy
18 of Orthopedic Surgeons which I no longer am a member
19 of and I resigned from the Academy. I could have
20 stayed. They, they were -- I was not suspended. I
21 received a censure. A censure is a smack on the
22 back of your hand, and don't testify against your
23 brethren. That's all it means, sir.

24 Q. Isn't it true that this grievance
25 arose from statements made by you in a case

1 involving a work-related injury. Isn't that true?

2 A. Yes. It was, it was an old patient
3 of mine that was injured and had a herniated disc in
4 her back and had a foot drop, and the doctor kept
5 sending her back to work, and I would sit here
6 today, and I would testify against this doctor today
7 as I did then because he mistreated her, and this
8 doctor had been sued 25 times, even to the point
9 where he went to the Superior Court or Supreme Court
10 of the State of New Jersey, and he really ruined
11 this woman's life.

12 Okay. And this woman flew out to Chicago for,
13 on my behalf, to give an opinion as to what happened, and
14 the American Academy of Orthopaedic Surgeons would not
15 let her speak. Okay. So this woman flew out to Chicago
16 on her own dime because of what was done to her, and the
17 Academy Board would not even let her talk. So you can
18 see what type of, of hearing this was.

19 Q. Now, isn't it true that the Judiciary
20 Committee found that you had been provided with due
21 process and that the clear weight of evidence
22 supported the panel's recommendations. Isn't that
23 true?

24 A. Well, that's what they said, that it
25 was due process. How can there be due process if

1 the woman who was injured and flew out there on her
2 own dime that they wouldn't let her talk so their
3 opinion is that I was provided with due process.

4 MR. BERENGUER: I have nothing further.

5 MR. GULINO: Nothing further?

6 MR. BERENGUER: No.

7 VIDEOGRAPHER: Stand by the time is 8:20.
8 We're going off the record. This will end media unit
9 number two and today's deposition.

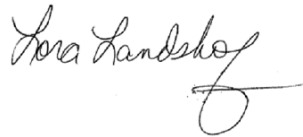
10
11 (Whereupon the deposition is concluded at
12 8:20 p.m.)

13
14 * * * *

C E R T I F I C A T E

I, LORA LANDSHOF, a Certified Court Reporter of
the State of New Jersey, hereby certify that
EDWARD M. DECTER, M.D. was duly sworn by me according to
law.

I do further certify that the foregoing is a
true and accurate transcript of the testimony and
proceedings in the above-entitled matter as reported by
me stenographically at the time, place and on the date
hereinbefore set forth.



LORA LANDSHOF, C.C.R.

License Number 30XI00131800

&	111:22 113:16	22 118:21	5th 2:9
& 1:7,10,12 3:17 4:15	180 45:3	24 24:4	6
0	19 74:3	25 22:1 65:9 106:9 109:25 110:20 121:8	6 12:23 51:12 6/25/13 21:1,2 56:25 57:3 70:13
07719 2:5	1975 6:24	25,000 71:16	6/26 52:16
1	1976 6:8 7:3	27th 102:24	6/26/13 3:17 23:14 25:12 28:22 52:7 52:22
1 1:21 3:16 43:2 52:7,12 81:24 119:6,7,9,16 120:4 120:8,9	1977 6:8	28 78:22 79:11,22 98:12	6/28 52:16
1-20 1:12,13	1980 7:3,5	3	6/28/13 3:17 23:14 52:7
1/12/15 26:14	1982 7:13	3 12:22 22:15 117:11,12 119:6 120:4,14	60 14:7 118:1
28:23 29:21 76:4 82:7	1999 9:6	30 32:5 79:23 98:12	60/40 13:4 14:2
1/19/16 25:2	1st 4:9	30xi00131800 123:15	6:12 1:22 4:10
10 44:24 45:1 48:3	2	31st 76:7,9 78:2 80:9,17 81:1,4	7
10/21/13 22:18	2 58:11 81:25 119:6 120:4,14	3284-15 1:2 4:18	7 114:3 117:11 119:6 120:5,14
23:10 68:9 76:15	2.5 68:25	34 12:10	7/11/13 25:1
10/29/13 25:9	2/4/16 93:3 95:1	35 78:22 79:11	7/19/13 69:19 73:3
100 12:20 16:20 79:10	20 8:21 118:21	3rd 42:5,6,7	7/24/15 23:12
1000 27:7	2000 71:11	4	7/9/13 26:13 56:2
10017-9266 2:10	2002 9:6	4 1:19 4:12 5:7 32:21 67:25 71:11 72:24 94:21	70 8:15 48:1
104 11:20 119:13	2013 22:1 52:16 65:9 74:3 77:11 81:8 84:21 93:9 106:9 107:18 108:4 109:14,17 109:25 110:1,20 111:3,4,14	4,000 12:22 13:6	730-7750 2:10
107 3:6	2015 66:23 81:6 82:12,22 85:12 109:14 111:14	40 14:2,4,6	732 2:5
11 8:16	2016 19:16 22:16 28:20 67:25 72:25 76:7,9 80:17 81:2 81:5 93:15 94:21 107:17 110:4,18 110:22 111:2,22 114:2 118:19,20	443-0333 2:5	7:55 106:21,25
12 12:15 18:11 66:23 82:22	2017 1:21 4:9 78:24 80:10 93:2 99:25	4th 42:6,7 93:14	8
12,000 13:5	212 2:10	5	8,000 12:23
12/10/13 25:9	21st 77:11	5 3:5 43:2 48:3 114:3	8/13 25:2
13 90:21,21		5,000 18:17	8/9/13 25:1
14 117:9		500 16:20	800 118:12
15 90:22		52 3:16	811 2:4
16 84:22 93:16		55 14:7	850,000 118:1
170 45:3		555 2:9	8:04 107:6
18 19:16 22:16 28:20 29:22 36:6 80:20 84:21 85:9 89:23 107:17 110:4,17,22 111:2			8:20 122:7,12
			8th 2:9
			9
			9 78:24 80:10 93:2 99:25

90 48:12 49:6,9 900 118:1 900,000 118:13 98 16:12 115:21 119:1 9th 93:9	accredited 7:23 accuracy 67:21 accurate 64:12 114:25 123:8 acknowledged 120:12 acromioclavicular 30:4,19 31:20,23 34:2 59:19 69:8 70:3 83:7,15 89:1 acromion 30:7,15 33:19,24,25,25 45:11 56:21 57:8 59:15 acromioplasties 13:11 acromioplasty 57:12,13 65:18 68:11 70:6 83:17 104:17 105:9 active 117:18 actual 80:11 114:10 acute 44:4 97:6,11 97:12 addition 115:4 additional 5:24,25 39:11 address 52:20 70:5 addressed 83:15 adequate 72:7 adequately 60:7 admitted 6:6 advanced 74:4 affect 47:15 69:9 98:20 affiliated 8:18,19 11:3 14:9,10 affiliations 8:10 9:13,13	age 45:4 79:24 ago 39:10 96:13 102:21 agree 4:6 61:19 71:16,24 111:23 ahead 22:10 35:3 40:24 44:21 63:15 98:17 103:9 air 99:16 al 4:15 allegedly 22:2 104:21 alleging 119:5 120:1 allowed 22:3 112:16 allows 24:14 26:20 altered 110:24 america 9:7,20 american 9:18,20 9:22,25 10:3 11:3 11:5,7 120:17 121:14 amount 114:7,11 anatomical 42:3 anatomy 26:23 41:25 ankle 50:2 answer 39:22 40:11 87:2 102:7 102:20 117:24 answers 20:22 21:14 anterior 116:8 apologize 69:22 71:11 101:24 appears 37:24 70:8 appointment 112:21,22	appreciated 66:10 approximately 4:10 8:16 18:11 29:21 45:15 68:3 115:18 arc 31:1,22 32:4 area 6:17 34:7 40:17 41:8 54:21 62:9,10 74:6 91:13 99:21 102:5 areas 12:16 arena 9:1 argue 15:10 argued 11:20 arm 32:13,14 34:5 38:13 105:13 arose 120:25 arrived 72:1 arthritic 104:19 arthritis 30:4,16 30:19 31:14,14,16 32:16 34:2 59:17 59:18 67:7 69:7,8 69:12 70:2 74:21 83:14 87:20 89:3 89:4,7 91:5,14,25 105:23 arthroscope 57:21 58:6 arthroscopic 57:16,19 58:3 59:5 64:7,11 arthroscopy 9:19 9:24 24:15,21 76:18 arthrosis 83:7 89:1,2 articular 36:13 77:17 aside 14:23 116:16
a			
abc 1:12 abdomen 26:2 abduction 31:9 ability 12:1 able 24:13 27:15 abnormal 84:11 absence 56:24 97:5 104:6 absent 37:24 61:19 66:8,9,11 72:2 absolutely 13:15 108:6 109:15 110:13 ac 67:7 105:23 academy 10:3,4,16 11:22 120:12,17 120:19 121:14,17 accident 19:5 21:15,20 22:8 23:10 29:23 36:6 55:23 57:3 63:12 65:9 68:4 70:13 70:19 71:22 80:20 81:7,18 85:21 92:12,14,19 93:8,8 93:18 95:22 96:2 96:3,10,12 101:4,9 101:17 102:10,11 102:13 103:6,15 104:4 105:1,10,20 105:24 106:1,9,15 accountant 115:12			

asked 21:4 40:15 44:7,25 assessment 110:21 assistant 94:10 associated 18:20 associates 68:8 association 9:19 9:20 11:4,6 15:16 assume 43:16 73:15 asymptomatic 78:22 79:5,8,12,15 79:21 96:7 98:14 athlete 34:13 atrophy 87:4,8 attaches 32:10,10 32:12 76:19 attending 8:11 attention 52:21 74:2 attorney 4:21 107:13,21 112:18 attorneys 4:19 116:14 audio 4:5 authority 1:7 4:15 ave 2:4,9 awarding 11:11 aware 107:23,24 108:2,5,7,10,11 109:12 axis 49:9	54:24,24 55:2,6,7 55:8,8,9,15 62:6,9 62:11 69:14,15 71:4 75:6 79:22 81:7 85:7 89:19 94:14 97:24 99:2 99:21 102:13 106:7 107:5,6 111:23 114:4 120:22 121:4,5 background 6:20 backs 94:6 114:14 backwards 31:12 48:4 balance 115:22 ball's 99:18 barnabas 8:12 baseball 34:11,14 based 11:21 38:15 56:11 65:4 67:22 70:21 81:10 92:11 101:3 104:1,23 110:21 111:5 119:14 120:17 basic 78:25 92:24 basically 11:13 15:21 20:3,6,10 63:21 77:14 90:3 104:18 basis 70:20 71:25 72:14 81:21 basketball 99:12 99:14,16 bearing 12:1 becker 1:19 4:12 5:7 bed 88:16 beginning 18:22 115:23 behalf 10:14 16:7 16:11,12 17:15	115:20 118:24 119:2 121:13 beings 115:3 belief 66:4 believe 7:13 19:23 20:15 37:25 52:14 63:10 81:25 84:20 92:13,15 95:1 99:22 105:11 106:13 believes 71:13 believing 24:16 belmar 2:5 belt 26:8 103:11 bend 95:15 96:6 bending 48:5 bends 31:12 berenguer 2:4 3:6 5:4,4 22:9 25:15 35:6,17 39:17 40:7 43:21 47:20 49:19 51:22,24 53:18 55:3 65:6 66:13 74:7 75:23 82:17 85:15 87:25 94:23 96:14 100:22 102:6,19 103:7,16 104:8 105:2 106:19 107:10,13 119:18 119:24 122:4,6 best 18:10 111:24 115:2 bi 38:5 biceps 25:6 37:24 38:1,4,5,7,7,8 41:4 46:17,20,22,25 47:10,17,18,18 53:15 54:18 55:2 56:23 61:18,20,22 62:1 65:14 66:1,8	66:9,10 81:25 101:11,12 103:18 104:3,4,10 big 42:24 51:1 bill 14:23 biology 79:15 bit 58:16 63:15 blade 58:13 blown 58:19 board 7:8,10,15 10:21,22 11:7 74:4 121:17 boards 7:17,19,21 7:22,25 bodily 106:13 body 18:18 23:3 26:23 27:2 30:22 30:25 43:4 49:9 50:23 69:2 86:6 97:7 bolivia 9:7 bolivian 9:10 bone 26:21 27:6 27:12 30:17 31:17 31:21,24 32:10,11 32:12,17 33:3,19 34:8 36:15 56:21 56:22 57:24 59:10 59:11,12,15,25 60:3,10 61:11,13 62:7,12 65:23 68:25 69:13 83:11 84:8,11,12 89:4,13 89:18 91:1,18,23 91:24 92:2 104:19 104:20 bones 59:19 bony 69:9 bothers 40:19 bottom 36:17 38:17 43:9,10
b			
b 3:14 back 12:21 13:2 24:21 25:3,11,11 25:24 26:6,10 30:16 32:19 37:6 37:8 41:7 48:12 48:15 49:10 53:1 53:1,8,10,14 54:22			

51:1 54:2 63:25 98:23 break 91:12 92:2 103:22 106:18,19 107:3 118:9 breakdown 14:8 brethren 11:2 120:23 bright 95:18 broad 18:22 brother 2:19 brush 43:18 47:13 buck 27:14 bucket 103:18 buckets 43:17 103:9 buckwalter 79:1 build 115:24 bulging 79:25 bull 8:24 bunch 85:25 burr 57:23 59:6,7 104:18 bursa 33:9 60:1,2 60:2 61:2,12 105:14 bursal 36:9,11 65:23 74:12 75:8 77:4,17 bursectomy 61:1 68:12 105:12 bursitis 74:15 business 14:21 115:25,25 button 76:22	calcify 34:7 call 15:3,5,7,8,10 55:8 57:14 112:12 112:16,21,23 called 9:8 11:20 12:13 14:10,12,15 15:9 20:22 36:11 37:5,9,12 38:10,13 57:13 62:2,4,19 74:16,24 88:5 99:5 117:3 calling 59:25 calls 74:8 82:18 94:23 100:22 camera 57:21 63:17,20 64:6,11 76:17,19 canal 98:25 cannula 58:7 cap 87:23 caps 14:11 capsular 83:7 capsule 61:16 114:22 caption 4:14 cardiologist 41:25 114:6 cardiology 7:20 care 12:12 career 8:19 12:21 12:24 73:15 careful 14:8 carries 43:17 carrying 103:18 case 4:14,16 5:24 10:14,15 17:15 18:21 20:23 28:24 38:2 57:20,23 95:9 107:14 108:19 120:25	cases 114:8 118:4 cash 117:12 cast 105:15 causal 111:7 causally 56:25 57:2 65:8,12 70:11,19 81:6,18 82:3 101:17 105:12,23 110:19 110:23 111:3 cause 48:15 55:20 caused 33:14,15 34:4 88:8 96:12 101:9 104:4 106:8 causing 59:24 cedar 12:14 cell 4:4 censure 10:17 120:9,21,21 censured 119:10 120:13 center 3:18 8:12 8:14,15 14:13 23:14 51:13 52:6 52:15 74:4 centimeter 58:12 68:19,25 69:13 centimeters 58:12 68:25 central 78:6 99:6,8 centrally 99:6 certain 42:2,2,11 46:10 60:24 79:4 79:24 96:6 certainly 78:15 certainty 85:10 96:11 105:7 106:7 111:9 certification 7:16 8:6	certified 1:16 7:8 7:10 74:5 123:3 certify 123:4,7 cervical 25:23 41:16,20 cetera 43:18 cfo 14:10,12,15,17 115:8,8,9,12,13,15 115:19,23 117:1 chance 52:17 71:10 change 41:25 112:20,22 changed 81:9 110:25 charging 16:16 chart 17:5 18:9,11 25:1 check 118:15 checked 46:8 50:1 chest 26:4,5,6 40:22 41:2 chicago 121:12,15 chin 26:2 chose 101:11 104:12 chronicity 87:12 ciminelli 1:8,8 20:25 circumduction 31:8 circumstances 10:11,12 cited 11:15 city 9:6 claim 21:2 22:14 92:12 106:8 claimed 21:19 claiming 106:8 clark 2:3 5:4
c			
c 2:1 5:7 54:9 87:23 97:2 123:1 123:1 c.c.r. 123:14			

clarklawnj.com 2:6 class 8:3 classes 8:3 clavicle 30:5,6,6,7 30:14 68:18,19 70:7 83:18,20,23 83:24 85:8 89:9 90:25 91:12 92:1 92:5 106:4,5 clean 51:19 clear 80:12 82:1 121:21 clearly 81:23 client 112:19 clock 20:7 47:4 clocked 19:24,24 20:7,7 114:20,21 clocking 20:11,11 close 60:18 96:9 closest 63:12 collapses 97:4 collar 84:11,12 92:2 college 9:12,18,22 com 14:20 come 24:21 30:15 41:21,23 55:19 59:20 71:4,15 81:2,4 82:22 87:19,19,20 88:19 94:21 103:5 104:24 comes 35:12 37:3 37:4,11 38:8,10 42:11 86:17 87:17 88:3 118:3 coming 8:1 50:14 72:14 82:5,6 99:4 102:15 116:21	commencing 1:21 commented 72:19 committee 121:20 common 30:18 34:6 42:23 73:21 communicated 113:16 communicating 113:12 community 94:5 companies 115:6 116:1,19 company 1:10 14:10,15 115:10 117:2,6 company's 115:11 compensated 16:14 compensation 16:19 complained 41:7 44:8 45:8,8,13,16 45:24 46:4 48:2 50:9 101:8,10 complaining 41:10 complains 111:22 complaint 45:17 51:2 112:9 complaints 39:12 40:13,15 46:1 48:8 100:3 complete 8:8 114:25 complex 112:5 components 103:24 compound 43:17 compress 60:17 compressed 98:4,6 compression 48:14 78:8 98:15	compressive 102:2 compulsory 15:9 concentrates 23:2 concerning 17:23 80:17 101:2 conclude 108:14 concluded 122:11 conclusion 82:5,6 condition 55:20 conference 27:9 116:10,14 confused 80:24 congenital 33:15 33:18 connected 65:8 81:7 92:11,14 connection 80:18 consideration 43:19,23 considered 32:8 55:6 consistent 32:23 46:16 51:8 77:23 98:11 100:7,20 112:5 contact 108:22 109:3,8 112:12 contacting 112:19 content 95:2,16,18 context 58:2 continue 4:6 23:7 24:20 26:11 44:21 117:15 continued 75:23 continuing 27:11 55:3 85:15 87:25 96:14 contracts 32:13 control 42:11,19 controls 42:22	contusion 25:4 conversation 52:8 conversations 4:3 cooper 1:9 cooperative 44:4 copies 76:24 copy 51:16,19 73:4 74:3 100:13 100:15 corners 67:3 corporation 1:9 corporations 1:12 correct 13:24 23:5 23:23 27:18,25 29:14 41:17 52:22 57:10 58:22 64:8 66:19 71:20 77:24 77:25 79:19 80:2 82:9,10,12,13 83:3 86:8 88:13 91:2,3 92:9,21 93:16 98:16 101:16 103:23 107:18,21 108:19 109:21 110:20 115:1,6,16 116:2 117:3,16,20 118:13 correctly 22:5 correlate 27:15 112:10 correspond 50:24 50:25 costs 71:13 counsel 4:24 107:8 country 1:10,11 1:11 113:13 countryside 1:11 county 1:1 4:17 9:18 12:14 couple 8:3
--	---	--	--

<p>course 19:1 109:19,22 court 1:1 4:16,22 15:24 111:11 118:19,24 121:9,9 123:3 courthouse 52:15 create 33:10 34:1 34:3 48:12 49:10 49:16 created 22:3 84:9 creates 74:22 88:4 creating 104:21 creighton 6:23 crests 41:9 cross 107:10 cruciate 116:8 cs2552892 1:25 ct 27:12 cuff 25:5 29:9 32:3 36:10,10,13,14,15 36:24 37:1 45:12 45:22 46:16 59:24 63:6,9,13,20,22,25 64:1,17,19 65:2,15 66:2 67:18 69:10 70:8 71:2,15,22 72:4 75:13,16 77:3,5,15,20 80:19 81:13,23 85:3 86:16 90:23 92:18 92:19,24 105:22 105:25 cuffs 13:14 64:3 current 118:3 curvature 78:5 customary 109:11 cut 28:4,9 58:20 62:2,20,21 69:1 104:18,20</p>	<p>d</p> <p>d 3:1 5:7,7,7,7 54:9 74:5 84:7 daily 43:24 dark 95:17 date 4:9 10:9 19:5 28:20 52:12,22 63:12 123:10 dated 21:1,2 22:18 23:14 25:12 52:7 52:16 67:25 80:16 110:17 111:1,21 day 5:23 12:5 19:14,18 54:17 94:4,15 102:11,15 104:5 days 8:2 102:21 115:23 deal 59:3 dealing 18:18 debridement 68:12 decompress 60:7 60:15 69:10 decompression 56:20 60:9,13 65:13,18 68:11 89:20 101:13 104:16,17 105:8 105:12,17 decompressions 13:9 decreased 41:12 51:5 78:16 decter 1:7 2:19 3:3 3:16 4:18 52:7,12 71:11 112:24 114:24 123:5 decter's 2:19 71:10</p>	<p>deep 31:3 def 5:1 defect 88:2 defendants 1:14 2:11 5:2 16:8,11 16:13 17:15 22:3 115:20 118:25 119:3 defense 15:16 107:21 115:22 definition 95:6 deformity 41:4 46:15 62:5,22 85:5 87:24 88:6,7 degenerated 99:20 102:3 degeneration 95:1 95:7,10,19 98:2 100:9 degenerative 99:9 99:22 106:11 degree 85:10,13 96:11 105:7 106:6 111:9 degrees 32:5 44:24 45:1,3 48:2,3,12 49:6,9 deltoid 40:18 74:17 depending 42:8 45:3 50:22 depends 17:4 33:11 deposition 1:6 4:5 4:11 103:4 122:9 122:11 depositions 43:15 118:10 depression 22:2,6 103:12 104:15</p>	<p>deprivation 50:6,7 50:12,18 100:6 102:4 describe 25:21 57:18 61:8 described 54:23 76:16 description 3:15 26:22 52:24 53:2 detailed 26:22 develop 34:24 device 57:21 diagnosed 55:1 diagnosis 32:22 53:11,16,21,22,25 54:25 dictate 19:2,3 24:4 difference 44:10 different 7:17,20 9:10 11:23 25:19 25:22 31:10 33:24 41:16,23 50:4 73:23,24 75:3 92:20 105:15,15 difficult 36:19 difficulty 44:5 diffuse 45:12,24 diffusely 45:9 dime 121:16 122:2 direct 5:11 63:23 64:13 74:2 directly 112:23 director 8:13,16 disagree 71:25 72:11 disc 27:3 50:22 78:6 79:25 95:2 95:10,10,17 97:7 98:2,3,13 99:19,19 99:20 102:3 121:3</p>
--	--	--	--

discal 78:23 79:5 79:12 96:7 discipline 6:16 discogenic 106:11 discussed 93:4 disease 106:11 diseases 7:4,24 dislocated 88:16 dislocation 88:10 displace 99:14,18 99:20 disputing 61:20 distal 38:22 83:17 83:20,22,24 84:2 85:8 92:1 106:3,5 distinguish 36:19 distress 44:4 distribution 41:13 disuse 87:7 divided 25:18 41:15 division 1:1 4:17 doc 25:17 docket 1:2 4:17 doctor 5:2,13 18:2 52:11 57:11 59:12 62:8 82:20 102:14 106:16 107:12,16 108:9,16 109:2 110:8,11,14,15,17 112:14 113:10 117:15 118:25 119:25 121:4,6,8 doctors 8:1,15 9:10 11:15 12:15 18:20 116:17 document 20:21 documentation 104:7 documented 78:24	doing 12:17 47:7 58:5 65:22 112:13 116:21 118:10,10 dominant 30:18 door 20:4 doubt 78:20 downsloping 33:25 dr 2:19 4:18 22:18 22:21,24,25 23:1,6 23:12,20 24:12 25:1,8 29:8 32:18 41:6 54:5,7 57:5 62:17 66:20 68:7 68:8 70:5 71:10 71:11,12,12,17 72:1,3,12 77:23 79:1,1,2 81:6,22 81:22 89:12 92:17 101:10,11 103:21 104:11 107:23 108:2,7,22 109:4 112:24 114:24 117:10 draft 56:10 drafted 108:18 drafting 108:21 109:7 dragging 101:24 drop 111:17 121:4 dropped 38:13,20 due 71:14 84:15 121:20,25,25 122:3 duly 5:8 123:5	easier 100:14 edema 73:23 74:25 75:3 83:19 83:22 84:6,7,16,17 84:19,23 85:8,17 89:4 97:5,8,9 106:1,3 edition 78:25 education 11:22 27:11 119:14 educational 6:20 edward 1:7 3:3 123:5 effect 33:6 47:19 62:14,16 78:6,7 79:17 80:1 103:14 effective 116:18 effusion 87:13 eight 39:10 ehorn 79:1 either 13:3 42:8 48:15 50:19 99:5 103:9 elbow 25:4 38:18 38:24 62:9 elective 82:2 elements 78:8,12 elevate 32:5 44:25 elevation 31:8 44:24 45:2 embryological 97:4 employed 39:13 employee 21:1,1 22:14 54:15 enables 24:18 encompass 16:23 encroach 78:11 98:20 encroaches 33:4	encroachment 32:15 endings 41:21,22 endless 35:21 endplate 96:23 97:3 english 50:8 83:13 89:6 entire 18:10 48:16 entitled 52:5 123:9 equal 78:13 esq 2:4,9 established 105:19 et 4:15 43:18 evaluated 112:11 113:25 evaluating 114:9 evaluations 14:16 14:22 15:1,2 115:16 evening 5:13,14 107:12,15 event 84:9 97:11 97:12 evidence 25:13 92:6 121:21 exact 10:9 24:9 118:15 exactly 8:6 118:15 exam 1:19 19:24 43:11 44:1 102:1 examination 5:11 8:7 17:4,10,18,22 17:24 19:22,25 20:1,3,10,18 47:24 100:4,5 101:21 106:12 107:10 112:10,21 114:10 examinations 15:4 15:4,9
--	--	--	--

examine 17:15 18:15 109:20,22 111:15 112:4 114:12,23 examined 44:22 47:25 53:25 107:16,20 109:16 109:24 110:3,4,5 111:19 114:14 examining 27:1 44:5 114:3,7,17 example 37:16 42:10,22 examworks 4:12 14:18,19,21 115:14 117:3,16 117:20 118:7,16 excuse 106:24,24 exhibit 52:9 exist 22:3 existence 9:21 expanded 14:24 experience 11:22 119:15 expert 10:13 120:15 explain 23:25 99:10 explained 115:8 exposition 1:7 4:15 extension 48:3 external 31:9 32:6 eye 76:20 eyeballing 63:21	116:6 factor 47:9 facts 5:24,25 40:1 75:21 fair 13:16 18:25 24:7 25:18 26:25 28:2,6,10 30:21 33:13 34:10 41:19 43:1 56:5 63:21 64:10 73:20 93:25 94:16 104:1 fall 21:2 22:16 71:21 85:24 103:6 103:13 105:4,13 falling 105:15 false 11:15 119:9 119:10 familiar 22:21 far 23:1,18 24:7 38:16 41:16 farm 1:19 4:12 5:7 father 115:11 fatigue 47:9 fatty 87:9 fault 91:16 103:23 favor 73:2 february 78:24 80:10 93:2,9,14 94:21 99:25 fee 17:4 feel 18:2 41:8 112:2 feeling 111:24 feet 18:17 103:9 104:25 fell 22:2,5,5 39:8 39:15,20,23 40:6 65:5 66:4 101:16 105:13 fellow 9:17	fellowship 23:4 felt 59:25 99:22 102:15 filed 4:16 119:5 120:1 film 64:2 66:24 73:11,11,12,13 83:3 84:20 films 28:5,8,12 29:25 38:17 55:23 77:3 80:11 82:21 93:3 95:17 100:10 find 34:9 44:2 65:2 65:14 67:6 69:25 77:1 81:23 finding 49:23 97:21 findings 27:15 29:20 74:6 77:21 100:4 fine 22:11 30:11 119:24 finger 40:16 finished 76:8 firm 2:3 5:5 16:4,6 19:23 112:22 firms 116:1,3 first 5:16 7:15 17:7,21 19:13 22:17 23:9 24:17 28:16,16,25,25 29:10 52:21 55:21 56:6 59:2,3,4,4 63:11,16 69:19,20 69:23 70:1,6 71:3 71:6 77:9 81:24 83:16,23 84:24 85:11 86:13 89:8 89:22 90:16 92:10 92:19 95:25 101:2 101:3,6,7 103:15	105:9,19 110:1 111:13 112:1 five 12:11 52:13 58:5 103:8 104:25 flew 121:12,15 122:1 flex 48:1 flexion 46:21 flexor 43:8 47:14 flip 30:15 floor 2:9 florida 6:12 15:8 flows 58:7 fluid 74:13,18,20 74:22 75:7,9,11,13 75:18,22 87:15,17 95:2,11,16,18 follows 5:9 foot 42:22,23 43:9 51:1,1 121:4 football 9:1 34:14 foregoing 123:7 foreign 113:13 forgot 67:24 77:7 form 34:8 99:15 formed 115:5,13 formulate 40:2 formulating 82:24 forth 123:11 forward 31:12 44:24 48:1 119:23 found 29:8 31:13 32:23 36:7 37:24 44:3 46:12 49:2,3 63:8 65:1,14 67:15 77:2,22 81:22 86:7,10 88:22 92:17,19,25 98:1 101:25 102:2 110:19 111:2 113:20,22 114:17
f			
f 123:1 face 112:3 facility 27:21 fact 81:11 104:2 104:23 105:21			

120:8 121:20 four 7:2 10:8 17:25 19:10 23:10 32:3 52:13 58:4 67:3 68:3 108:9 108:20 fourth 101:1 fracture 25:14 92:1,6 fraying 77:4,5,19 77:19 free 18:2 freely 60:12 friction 74:21 friedman 2:17 4:8 friend 15:8 front 15:15 19:8 21:24 30:12 38:11 42:17 44:23 51:17 82:15 84:2 86:17 86:17 99:21 full 8:11 36:18 45:2 58:19 63:5,8 63:13 64:18 77:2 77:14,15 86:10 90:12,14,15 92:23 99:13 function 46:22 47:10 106:14 further 72:4 82:4 122:4,5 123:7 future 71:13,14	gentleman 22:7 38:1 39:4 43:12 girl 113:4 give 10:9,10 11:21 39:21 44:15 50:12 87:1 98:7 102:4 121:13 given 14:8 15:12 40:2 gives 26:22 31:4 giving 11:15,19 21:14 43:20 65:21 gladiators 8:25 glenohumeral 74:13 75:8 glenoid 38:10 67:12 global 31:1 go 4:6 9:8 12:21 13:2 19:2 22:10 25:25 28:16 32:19 39:22 40:24 42:2 43:2 44:21 52:23 53:12 55:11 60:5 60:11 72:22 73:2 73:2 75:6,14,25 77:16,18 89:19 96:16 98:17 107:5 112:17 goes 31:22 32:4 33:4 going 10:19 18:18 21:23 22:9 28:4 28:12 30:15 39:17 40:7 43:8,9 46:20 53:18 60:17 61:19 64:11 71:4,8 75:4 76:2,3 79:25 81:14,20 82:14 83:21 85:6,7 99:14,14,17,18	102:25 103:1,1,4 104:14,24 106:25 117:13 119:19 122:8 gonson 2:8 5:1 good 5:13,14 12:13 48:18,24 66:17 107:12,15 113:3 goosy 88:20 gotten 106:23 governmental 10:18 grade 86:7 graduate 6:23 graduated 6:24 grandfathered 8:1 greatest 31:1 grief 11:17 grievance 119:4 120:1,10,24 gripe 11:17 gross 118:2 ground 40:6 group 12:10,11,13 groups 50:4 grow 69:14,15 growing 90:1 guess 36:5 59:23 gulino 2:9 3:5 4:25 4:25 5:11 22:11 25:16 35:18 51:22 52:1 53:20 54:8 74:9 82:19 106:16 106:18,22 108:25 117:8,23 119:8,17 119:22 122:5 gynecologist 114:7	h h 3:14 54:9 87:23 87:23 97:2 hackensack 25:12 haircut 65:22 90:2 half 29:22 36:5 58:12 63:11 84:17 93:7 96:1,12 99:16 102:9 103:12 117:10,11 117:12 halfway 52:24 hand 30:18 46:23 103:10,10 120:22 hang 71:24 happen 34:19 69:6 71:19,23 99:17 happened 21:15 21:20 22:7 24:5 28:24 72:9 85:11 85:14 92:12 96:2 97:13,17 101:5 121:13 happens 17:3 30:17 31:22 33:7 46:25 75:13 hard 39:21 40:11 head 8:23,24 38:7 38:7,8 62:3 88:2,5 healed 44:23 health 12:12 heaped 31:21 hearing 11:20 119:13 121:18 hearsay 74:8 82:18 94:24 100:23 heart 114:6 heating 1:10,11,12 heavy 43:17
g g 54:9 gambled 117:13 gatchalian 3:17 54:7 general 6:25 generally 48:24 60:4 75:19 84:13 87:17 91:17 94:1			

heels 44:6,7,18 helbig 22:18,21,24 22:25 23:1,6,12,20 24:12 25:1 29:8 32:18 41:6 62:17 68:7,8 70:5 71:1 71:12,12,17 72:1,3 72:12 81:6,22,22 86:9 89:12 90:12 92:17 101:10,11 103:21 104:11 107:23 108:2,7,22 109:4 helbig's 57:5 66:20 77:23 held 4:11 help 69:10 helps 32:5,6,12 62:5 68:20 69:7 hereinbefore 123:11 herniated 79:24 98:13 121:3 herniations 78:23 79:6,12 96:8 high 9:12 86:7 higher 41:11 42:21 51:3 102:11 highest 43:2 hill 85:5 87:23 88:5,7 hills 8:14 hinge 31:11 hip 31:2 43:8 50:2 history 39:3,7,15 55:18 hit 75:9 holding 40:21,25 hole 22:2,6 39:24 53:9	holes 58:2,4,9 honest 9:22 16:5 40:12 54:14 86:23 116:23 honestly 65:1 hooked 33:23,25 hope 16:16 hopefully 62:14 65:1 hopes 27:1 hospital 7:1,3,24 8:10 12:2 25:13 hour 16:20 17:11 hourly 17:13 hours 24:4 houses 25:25 how's 80:24 huh 33:21 52:3 56:14 70:4 76:5 94:7 95:12 99:11 human 115:3 humeral 62:3 88:2 88:4 hundreds 13:18 94:17 hurt 20:23,24 48:2 48:6,7 53:8 102:13 104:9 hurts 112:7 hyper 83:8 hypertrophy 83:8 83:9,10	ime 17:10 21:6 109:2 imes 15:3,5,11 impact 86:3 91:19 impingement 32:17,22,25 33:7 33:14 34:1,3 59:25 60:5 104:22 111:17 impinges 33:5 important 63:1 77:8 98:19 impress 78:12 impression 29:24 40:5 88:25 99:24 inappropriate 112:15 inch 68:25 103:12 incident 10:24 21:1 56:25 107:18 110:20 incidental 97:21 incision 58:24,25 59:1 include 17:1 income 13:24,24 14:1,3 117:21,22 117:25 118:2,3 incongruous 91:13 inconsistencies 101:25 inconsistency 101:20 inconsistent 106:12 incorrect 80:8 119:15 indentation 97:2 independent 15:3 15:3	indicate 35:7 indicated 25:2 71:13 indicating 40:23 indication 106:2 indicative 97:10 individual 17:8 56:19 92:18 100:2 indoor 9:1,2 induced 91:7 industry 14:24 infiltration 87:10 information 44:16 56:12 81:10 92:16 101:15 110:22,24 111:5 113:20 114:16,21 infra 37:16,19 infraspinal 37:10,22 inherently 88:14 88:17 initial 3:16 32:5 52:5 110:21 111:2 injure 21:16 injured 121:3 122:1 injuries 18:20 20:24 86:6 110:19 111:3 injury 3:17 23:14 49:18 51:13 52:6 61:20 70:12,19 74:19 106:14 108:4 109:17,21 109:23,25 110:18 121:1 inner 61:16 inserts 38:9,11,23 inside 37:12 38:11 74:22 75:14
--	---	--	--

instability 46:5,7 46:8,11 88:3 instant 76:22 institute 7:4 25:9 instruments 58:8 58:14,21 insurance 116:1 116:18 intact 64:17 77:24 integrate 27:15 interchangeable 75:5 interfere 4:5 intern 6:8 internal 7:19 31:9 37:14 86:15 international 9:23 internship 6:25 interpretation 29:25 30:1,3 73:5 86:20 94:22 100:19,20 interrogatories 20:22 21:6,19,22 21:24,25 22:4 39:23 55:18 101:6 interrogatory 21:11 interrupt 23:17 119:17 intraoperative 24:13 72:17,24 76:12,14,23 77:8 77:22 involving 121:1 isolation 45:10 issues 33:15	85:12 90:22 jargon 73:25 jason 9:3 jennifer 25:8 jerks 50:1,2 jersey 1:1,7,18,21 4:13,15,16 5:8 6:3 6:8 7:6 8:13,25 11:8 12:10,14 15:5,11,16 25:8 121:10 123:4 jgulino 2:11 job 1:25 john 1:12 join 10:23 12:12 joint 7:3,24 30:4 30:19,23 31:3,7,12 31:17,19,20,23 34:3 59:19 60:23 61:6,9,15 67:7 69:8 70:3 74:13 74:18,19,20,22,23 75:8,14 83:7,15 87:13,15 89:1 105:23 joints 30:22,25 joseph 2:9 4:25 79:1 judge 11:19 111:24 119:13 judiciary 121:19 july 7:5 19:16 22:15 28:20 74:3 84:21 90:21,21 107:17 109:14 110:4,17,22 111:1 111:14,21 113:16 113:25 jumping 35:3 63:15	juncture 9:14 june 19:5 21:25 65:9 81:7 93:8 106:9 107:18 109:17,25 110:20 111:4 jury 6:19 7:14 16:9,18 19:14 20:19 23:25 25:21 38:3,4 57:18 83:12,23 103:2	51:22 52:25 54:15 56:10 63:10,15 64:14,25 66:19 67:4 70:25 71:1 71:23,23,25 72:21 73:23,25 78:21 79:4 85:23 86:22 86:25 88:19 90:6 90:9 97:20,23 100:15 108:12,14 108:17 113:6,15 113:24 118:15,16 118:17,22 knowledge 11:22 16:4 18:10 119:15 known 23:5 64:16
		k	
		katherine 19:22 keep 91:16 keeping 11:11 keeps 116:21 kept 121:4 kessler 26:16 kf 1:9 kid 91:13 kind 34:23 35:16 47:7 58:10,20 84:9 85:22 90:17 knee 6:18 9:9,24 12:24 13:4,4 31:11 50:1 116:8 knees 15:20 116:15 knew 55:19 65:11 knob 59:9 knolls 12:14 know 10:7,25 12:23 15:9,22 16:6 18:19 20:8 20:13 21:16 23:1 23:18 24:7 27:12 27:14 31:10 33:10 35:3,19 36:17,19 36:20 39:21,24 40:1,1 41:16 43:23,24 47:15	
			l
			l 1:2 3:17 4:18 54:6,9 87:23,23 97:2 l2 42:19 l2-3 42:8 l3 41:8,11 42:4,10 l3-4 42:8 l3s 42:19 l4 41:10,13 42:10 42:13 50:6,8,13,15 78:17 95:2 100:7 102:4 l5 42:22 43:7 50:12,21 78:7 95:2,3,13 99:23 100:9 102:3 labral 116:9 labrum 38:12 65:25 67:12 74:21 87:20 lacked 44:24 lacks 45:1 lacrosse 9:2
j			
j 2:9 4:25 january 66:22 81:6 82:12,22			

landshof 1:16 4:22 123:3,14 language 73:21,21 73:23 74:1 113:6 113:14,15 larger 58:25 59:1 lateral 48:5 99:7 laterally 99:5 law 1:1 2:3 4:17 5:5 19:23 112:22 115:11 116:1,3 123:6 lawyer 21:12 101:6 layman's 68:21 79:7 lazaro 2:4 5:4 107:13 lberenguer 2:6 leads 48:20 leaks 75:13 leaning 48:4 learn 39:6 116:15 learned 38:1 55:18 101:4 leave 114:23 leaves 20:5 lecture 15:23 lectured 15:14,15 15:18,20,22 lectures 15:13,21 116:3,4,4 left 12:11 61:25 62:22 leg 48:10,12,13,13 48:16 49:3,5,8,10 49:11,16,21 98:8 legal 2:17 4:9 14:2 14:7,16,19,22,25 16:11 20:21 115:16 119:2	lens 76:20 letters 108:19 level 42:5 95:14 license 6:9 11:11 11:11 12:1 54:11 123:15 licensed 6:3,7,10 6:12 licensure 11:8 lieu 5:2 life 121:11 lifted 49:8 ligament 27:3 116:9 ligaments 26:21 limbs 42:12 limitation 111:16 line 26:8 53:19 74:11 82:18 86:12 87:4,22 96:15,17 96:20 119:19 lining 55:4 60:23 61:5,15 74:19 listening 114:6 literature 11:18 11:19,24 119:12 little 41:10 42:21 58:15 59:9 63:15 76:3 78:11 84:10 85:6 88:4 93:20 93:20 107:17 live 94:5 96:5 114:22 116:7,13 116:16 lived 113:13 livelihood 47:19 living 35:4 livingston 8:12 llc 1:8,9 llp 2:8 5:1	located 4:12 locations 42:3 long 6:5 7:12 35:8 38:6,8 95:8,23 97:17 106:22 114:11,15,16 longer 120:18 look 12:21 18:7 28:4,12,18 31:14 35:11 36:15 47:24 54:2 57:22 64:3 66:24 70:14 71:3 71:5,18 76:11 95:16 100:11 looked 20:20 24:23 28:21 29:18 32:20 36:3,4 66:22,23 69:18,24 70:1 73:17 76:24 77:1 78:2,3 80:11 83:1 93:22 100:10 101:18 looking 18:4 26:24 27:5 29:18 30:12 37:6,8 38:16 63:20 66:4,5 67:16 73:8 80:4 83:5 95:20 113:3 looks 31:16 53:7 99:9 loosy 88:20 lora 1:16 4:22 123:3,14 lose 10:7 47:1 loss 21:17 95:2,16 106:13 losses 101:19 lost 95:18 lot 73:20 lots 33:10	low 41:7 lower 25:11,24 26:6,10 42:12 43:3,4,4 53:9 54:22,24 55:8 102:13 106:7 111:23 lowest 43:3,5 95:14 lp 1:8,8 20:25 lubricate 74:23 lumbar 25:3 26:7 41:17,20 42:5 43:2 47:25 48:4,7 55:1,9 56:3 78:4 93:4,7,11 94:13,18 101:19 102:8,18 106:15 lurched 103:13 105:4 lurching 104:3 m m 1:7 3:3 5:7,7 54:9 84:7 97:2 123:5 m.d. 1:8 3:3,17 74:5 123:5 machine 59:8 magnetic 26:19 magnified 76:21 main 9:13 28:15 32:3 46:22 maintain 99:15 major 11:17 makeup 16:9 making 43:20 51:2 71:18 malpractice 10:14 man 71:21 management 25:8
---	--	---	---

mandated 24:2 mandatory 119:5 120:4,14 manhattan 7:4 marc 2:17 4:8 march 1:21 4:9 marked 51:23,25 52:2,7,9,12 marrow 89:4 97:5 97:8,9 maryland 6:22 mass 78:6,7 match 51:7 matter 116:6 123:9 meadowlands 1:7 mean 26:5 31:8 34:6 35:15,19,21 39:19 42:4 44:10 46:6 48:18 49:17 53:7,23 54:14 57:16 60:9,13 64:25 68:23 71:18 73:22 78:7,14 85:21 88:15 90:16 94:3 98:23,24,25 118:5,14 119:17 meaning 38:19 48:4,8,11 49:8 74:17 77:4 87:8 95:1,16 98:19 100:3,5 means 32:25 37:16 38:5,6 48:19 50:9 56:20,21 60:10,14 74:15 77:16 78:7 79:8,10,13,15 83:11,13,14 84:8 85:22 86:22 95:7 95:9,19 97:12 120:23	meant 49:20 mechanical 1:9 34:1 100:4 media 107:1,7 122:8 medical 6:9,23 8:12,13,16 9:18,20 10:13,21,22 11:4,6 14:2,3,6,7,12,15 14:16,17,19,22,25 15:2,4,4,9 16:11 16:24 17:2,20 18:7,11,14 20:13 27:11 48:17 52:5 53:16,21,22 54:10 55:16,17 56:12 71:13 73:21,25 85:10,13 86:21 88:21 95:6 96:11 105:7 106:7 108:23 109:4,9 110:25 111:9 115:4,7,9,12,13,15 115:16,19,24 116:4 117:1 119:2 medicare 14:23 medications 110:10 medicine 3:18 7:19 9:5,23,24 10:1 11:12 12:1 15:19 23:15 51:14 52:7,15 116:11 meet 18:14 19:17 20:4 meeting 17:12 member 9:15,17 10:2 120:18 men's 8:22 mention 54:16	met 5:15,16,23 18:6 102:21 metrostars 8:23 microfracture 84:10 microphones 4:2,4 mid 1:2 4:18 25:11 55:7,9 middle 25:10 middlesex 1:1 4:17 mild 46:18 87:4 million 117:9,11 117:11,12 mind 39:25 51:20 52:1 55:14 73:3 mine 121:3 minimum 71:16 minor 37:11,21 minscule 99:8 minutes 114:3 mis 119:11,11 misconception 46:19 misstatement 119:11 mistaken 72:16 mistreated 121:7 mixit 19:22 mobile 31:7 95:13 mobility 31:4 model 30:5 moderate 83:6 monday 5:18,19 102:24,24 money 117:5 months 23:10 29:22 36:6 39:10 68:4 80:20 84:22 84:22 85:9 89:23	morris 9:18 motion 31:2 34:19 35:16,20 47:16 72:8 91:10 111:16 motions 31:10 mountain 68:7 mouse 35:20 36:2 movable 30:22 move 32:13 66:17 96:5 moved 9:4 movement 42:22 47:8 86:3 95:15 moving 36:2 119:23 mri 26:12,14,18 26:19 27:1,6,8 28:22,25 29:1,3,3 29:5,11,18,20 31:15 32:23 36:4 36:21 55:23,24 64:4,5,12,15 66:5 66:10,22 69:18,20 69:21 70:1,9 71:5 73:2 74:3 75:18 76:1,3 78:3 79:11 80:11 82:6,11,21 83:5,19 84:19,21 84:24 85:11 86:19 88:25 89:12 93:3 93:7,11,22 94:25 95:21 96:1,8 100:8,11 101:19 102:1,8 112:6 mr 27:7,12,21,24 56:1,2 73:18 79:23 94:13,18 109:5 multi 12:15 mumford 68:13 68:14,17
--	---	---	---

mundialito 9:8 munoz 1:3 4:14 5:5 17:16,19 18:12 19:18 20:18 21:20 23:19 24:24 35:4 39:7 43:15 65:5 71:14 103:6 103:8 106:8 107:14 112:23 113:5,12 114:17 munoz's 17:24 88:22 92:12 muscle 30:15 32:7 32:8,9,11,11,13 37:11 38:13,20,21 38:25 40:18 46:22 50:4 62:6 74:17 86:16 87:5,8,9 muscles 48:7 musculoskeletal 6:16 musculotendinous 32:15 myriad 34:6	necessitated 103:15 necessity 101:7 neck 25:3,11,23,24 55:8 need 18:2,4 52:2 55:22 68:2 72:4 76:25 80:18 81:3 90:1 105:16 needed 28:25 56:8 90:2 105:9 negative 48:22,25 49:11,21 111:17 neighborhood 13:6 nerve 41:13,21,22 42:2,11,13 48:14 49:15 50:13,21 98:3,5,20 99:3 102:4 neural 78:8,12 neurological 100:6 never 10:25 55:14 94:2,9 109:16,24 110:3 new 1:1,7,7,18,21 2:10 4:12,15,16 5:8 6:3,8,12 7:6 8:12,25 11:7 12:10,14 15:5,11 15:15 25:8 121:10 123:4 newark 9:6 nice 41:24 95:17 nicely 113:14 nicoletti 2:8 4:25 nicolettilaw.com 2:11 night 40:20 nj 2:5	node 97:16 nodes 96:21 97:20 97:23 non 21:1,12 75:16 102:2 nonspecific 44:12 44:14 45:25 normal 45:7 49:6 49:7,23 50:2,4,5 normally 50:20 north 9:19 notch 88:4 note 4:2 55:3 66:13 68:12 74:7 75:23 82:17 85:15 87:25 96:14 noted 23:13 32:21 41:5 44:6 48:3 50:5 51:13 notes 19:1,7,25 25:2 55:11 notice 32:20 66:16 noticing 4:21 noting 21:2 22:16 numb 51:4 number 4:17 22:15 32:21 51:12 54:11,11,12,13,15 62:1 71:18,24 81:24,25 107:1,7 112:2,19,20 118:8 118:9,11,12 119:7 119:9,16 120:8,9 122:9 123:15 numbers 112:17 numbness 50:10 numerous 108:18 nurse 20:15 114:20 ny 2:10	o o 97:2 oath 103:5 104:25 object 22:9 39:17 40:7 53:18 objection 25:15 35:6,17 43:21 47:20 49:19 55:4 65:6 66:13 74:7 75:24 82:17 85:16 88:1 94:23 96:15 100:22 102:6,19 103:7,16 104:8 105:2 108:25 117:8,23,23 119:8 119:19 objective 45:19,21 100:5 112:5 observation 41:3 44:17 observed 41:3 obviously 7:23 13:23 15:18 105:25 occupation 34:21 34:21 43:24 occupational 3:18 23:15 51:14 52:6 52:15 occurred 80:20 93:8 october 67:25 71:11 72:24 76:7 76:8 77:11 78:2 80:9,17 81:1,4 90:21 109:13 110:1 111:3,13 office 4:11 offices 1:18 oh 34:10 37:23 43:12 51:9 52:3
n n 2:1 3:1 54:9 name 4:8,18 54:4 107:12 narratives 25:1 narrow 18:22 33:3 narrowing 85:18 89:5,7 98:2,18,19 98:22,23,24 99:3 narrows 99:20 national 8:22 nature 95:21 nature's 74:22 near 26:8 38:17,18 38:18 nebraska 6:24			

53:2,6 67:6 90:11 okay 5:20 10:10 12:3 13:16 14:9 15:6 16:7 17:6,14 18:4 19:12 21:10 22:11 23:7 25:16 28:14 29:13 30:11 30:11 32:16 35:7 35:18,23 37:23 38:5,5 39:3 40:13 40:24 41:10 42:19 43:6,25 44:9,19 45:9,24 46:1,14,21 46:24 47:23 49:2 49:22,25 50:7,10 51:6,9,16,21 52:20 52:23 53:20 54:19 57:11,15 59:21 60:20 61:17 62:25 64:6 65:3 66:12 66:15 67:15 69:16 70:18,23 71:8 72:11,15,21 74:9 75:25 76:3 77:13 78:8,18,19,21 79:20 80:3,13,21 80:25 81:16 82:19 82:24 83:5,12 84:6 86:11,24 88:18,25 89:25 90:14 91:11,22,25 93:6,11,19,22 94:8 94:16,20 95:15 96:4,13,16 97:3,5 97:7,22 98:4 99:1 99:7 100:18,19,25 101:14,18 102:24 102:25 103:1 105:18 106:5 110:2 114:10 117:14 119:11	121:12,15 old 121:2 older 45:6 omaha 6:23 one's 58:6,7 open 28:4 41:5 57:24 58:20 59:23 60:5,11,13,15 63:10 68:20 69:10 operate 94:8 101:12 117:19 operating 12:19 58:8 116:7,13 operation 23:11 24:3,6,10,17,19 58:20 59:13 63:2 63:8,11 71:1 77:9 83:16 89:8 90:4,5 90:25 104:13 operative 22:17,18 22:19 23:8,9,22 24:1,2,9,12 32:20 57:5 64:20 66:5 66:19 70:15,17 opinion 11:19,21 17:24 40:3 43:20 46:1 47:21,21 55:16,20,22 56:6 56:10,15,16,18 65:3,12 70:20 80:3,17 81:2,4,9 81:17,21 82:22,24 85:9 92:9,20 101:3 103:14,17 105:6,16,21 106:6 110:25 121:13 122:3 opinion's 105:14 opinions 111:8 opportunity 18:7	opposed 41:24 64:14 oral 8:7 orange 12:10 order 7:22 organization 10:17,18,20,23 organized 115:5 original 55:23 orthopaedic 9:25 10:3 11:7 68:7 78:25 121:14 orthopaedics 14:13 orthopedic 6:15 7:2,4,9,11,23,25 12:9,18 14:14 27:10 28:3,11 105:7 106:14 117:18 120:15,18 orthopedics 7:18 7:21 12:14 18:19 23:2 41:24 orthopedist 22:24 22:25 107:24 108:3 114:24 outpatient 8:14 outstretched 105:13 overgrows 30:17 33:3 overgrowth 31:16 31:24 32:16,17 83:11 overhand 34:19 overhead 34:17,22 overlies 60:3 61:13 overuse 33:17 85:25	owned 8:15 9:3 115:5 <p style="text-align: center;">p</p> p 2:1,1 p.m. 1:22 4:10 122:12 page 3:2,15 52:21 53:13 54:3 55:12 pages 52:13 pain 25:8 33:10 40:17 41:7,10 44:6,8,17 45:8,8 45:10,11,13,14,17 45:22,24 46:1,4 48:3,5,13,15,15 49:10,16 53:4 54:17 69:7 78:14 78:20,21 79:16 98:8 101:10 102:15 111:23,24 111:25 112:2 paino 1:9 paint 43:17 47:12 painter 35:5,8,11 43:16 47:19 panel's 121:22 paraspinal 48:6 part 18:18 23:3 25:10 26:23 27:2 27:11,13 36:24 38:13 41:20,20 42:12,20 50:23 57:8 59:21 61:16 82:23 86:6,11 87:3 89:17,20 90:25 91:18 104:14 118:7 partial 36:18,20 67:15,18 70:8 86:7 90:4,10
---	---	--	--

<p>partially 62:21</p> <p>particular 29:15 31:19 57:23 65:11 95:9</p> <p>parties 4:6,20</p> <p>partners 115:11</p> <p>parts 25:19,22 32:3 38:6 41:16 41:23 43:4</p> <p>patient 45:4 52:24 53:2,25 54:1,23 108:9,23 109:2 110:8,11,14,15 112:14 121:2</p> <p>patients 12:7,8 13:25 27:20 78:22 94:4</p> <p>pelvis 41:9</p> <p>pen 53:1,8</p> <p>pennsylvania 7:2</p> <p>people 35:19 79:5 79:10,11,23 88:15 96:7 116:10</p> <p>percent 14:2,4 16:12 78:22 79:11 79:23 98:12 115:18,21 118:1 119:1</p> <p>percentage 13:24 79:4 96:7 118:23</p> <p>perfect 115:2,3</p> <p>perform 17:18 27:18 28:10</p> <p>performed 24:10 27:21 65:8,17 68:8 70:10 81:6 89:12 108:16 115:15</p> <p>performing 22:1</p> <p>period 95:8,24 97:17</p>	<p>permanent 106:14</p> <p>person 28:4 33:7 34:21 39:20 48:22 52:3 69:12 75:7 79:17 95:22 111:24</p> <p>person's 27:2 34:20 58:3</p> <p>personally 14:25 28:22 49:1 94:25</p> <p>petition 21:2 22:14</p> <p>phenomena 30:18</p> <p>philadelphia 7:1</p> <p>phone 112:17</p> <p>phones 4:4</p> <p>photograph 76:22</p> <p>photographs 24:13,17 72:24 76:12,14 77:8,13 77:22</p> <p>photos 72:17 76:24</p> <p>physical 17:22 26:16 43:11 44:1 72:7 100:4 106:12 109:8 112:10 114:10</p> <p>physician 6:2 8:23 8:24 110:7 112:2</p> <p>physician's 54:3</p> <p>pick 4:2</p> <p>picture 18:16,21 18:22 112:25</p> <p>pieces 50:14</p> <p>pinching 33:1</p> <p>pitchers 34:11</p> <p>place 4:4 95:7,23 123:10</p> <p>plain 50:8 89:6</p>	<p>plaintiff 1:4 2:6 5:5 10:15,15 17:16 18:23 21:7 25:3 101:4 105:1 105:3 107:14</p> <p>plaintiff's 10:13 19:23 112:18</p> <p>plaintiffs 16:8</p> <p>plan 69:6</p> <p>plastering 1:9 22:1</p> <p>plate 92:4</p> <p>played 34:5</p> <p>pleasant 44:3</p> <p>please 4:2,3 56:1 68:3 74:7 80:7,21 82:17 85:15 87:25 96:14</p> <p>plumbing 1:10,11 1:11,12</p> <p>point 24:11 29:14 29:15 40:16 43:20 44:12,16 49:21 57:1 63:1 64:16 64:19,22 65:11 92:22 121:8</p> <p>pointed 40:18</p> <p>pop 46:9</p> <p>popeye 38:13,19 41:4 46:15 62:5 62:13,15,22</p> <p>population 98:13</p> <p>portion 25:12 38:23,23 68:18 100:5,6</p> <p>position 48:10 49:6</p> <p>positive 48:13,18 49:1,3 111:17</p> <p>possible 87:22 115:1</p>	<p>posttraumatic 85:18,21 89:5 91:14</p> <p>potential 21:7</p> <p>practice 6:3 7:5,6 11:12 12:1,9 14:3 14:6,12,14 27:8 94:4 115:4,7,25 117:19</p> <p>predominance 16:10</p> <p>preexisting 56:24</p> <p>preliminary 56:9</p> <p>prepared 73:9</p> <p>prescribe 110:10</p> <p>present 2:15 8:9 12:6 84:23 103:3</p> <p>presently 13:25</p> <p>pressing 104:21</p> <p>pressure 60:12</p> <p>pretty 13:21 28:3 68:9</p> <p>prevent 62:5</p> <p>primary 6:18 14:13 94:2,9,12</p> <p>prior 108:21 109:7 109:17,21,23,25 111:14</p> <p>private 4:3 7:5 10:17,23 12:9 27:7</p> <p>privately 8:15</p> <p>privileges 12:2</p> <p>probability 85:14</p> <p>probably 5:19 10:7,8 12:20,22 13:2,6 30:22 53:4 73:17 94:17,19 104:4 114:4,12 117:22,25</p>
---	---	--	---

problem 89:16 problems 54:22 56:24 procedure 59:5 64:7 68:13,14,17 procedures 109:13 proceed 4:23 proceedings 123:9 process 8:5 82:23 121:21,25,25 122:3 produce 75:9 produces 74:20 producing 5:2 professional 8:19 9:1,2,15 12:24 20:14 professionalism 120:15 program 9:6 progress 55:11 projections 69:9 pronation 46:24 pronounce 83:8 protect 26:1 protrusion 50:11 50:17 78:6,11 97:6 99:9,22 100:8 102:2 provide 11:18,19 11:24 provided 28:24 56:12 67:23 68:6 72:23 81:10 92:16 108:12 109:6 121:20 122:3 proximal 25:6 40:18 46:16 pull 31:5 pulling 62:8,11	pump 99:13 purpose 59:22 purposes 67:21 push 31:5 76:22 pushing 99:2 put 29:19,24 57:22 58:13,13 62:4,6 76:20 87:1 92:3,4 114:19 putting 58:21 65:20,24 puzzle 50:14	radiologists 27:25 raises 85:2 raising 48:10,13 49:3,5,11,21 range 118:14 rate 16:19 17:13 ray 55:6 102:10,16 102:17 rays 25:10 27:12 28:21 54:25 55:1 55:5 rccip 1:8 read 21:5 22:14 23:18,22 25:13 27:12,24 29:13 43:16 51:11 52:25 53:13 66:19 67:2 73:14 94:13,17,20 99:23 reading 22:5 88:21 ready 68:15 103:2 real 44:15 really 11:25 12:13 13:2 14:7 43:5 47:2 55:7 56:8 61:6,8,12 113:3 116:20 121:10 reason 18:13 72:9 reasonable 85:10 85:13 96:11 105:7 106:6 111:9 reasons 98:14 reattach 62:3,7 reattaching 62:12 received 6:9 120:21 recertify 8:2,4 recess 99:7 recognize 113:1	recollection 18:3 113:2,18 116:22 116:25 recommendations 121:22 reconstruction 116:9 record 3:17 4:1,7 24:3,5,5 51:23 52:5,8,13 54:4,8 74:4 84:7 96:24 102:25 106:25 107:6,6 122:8 recordings 4:5 records 16:24 17:2 17:7,20 18:8,12,14 20:8,10,19,25 22:13 23:13 24:23 24:25 25:7 26:16 28:15 38:16 51:12 52:16 55:17 56:12 67:22 68:4 69:17 70:21 80:5 88:22 101:1,5 109:4 114:9 red 8:24 refer 19:9 68:2 reference 51:11 63:4 80:6,9,14 referenced 78:23 100:13 referencing 23:8 97:18 reflective 96:2 refresh 18:3 regained 72:7 regularly 43:17 rehabilitation 26:17 relate 56:25 57:2 70:11
	q		
	qua 75:16 quadricep 42:16 quadriceps 42:14 question 22:10,23 40:11 66:14 77:8 79:8,14 80:22,24 84:18 85:2 91:21 96:17 102:6,19 117:24 119:23,25 questioning 53:19 55:4 82:18 119:20 questions 20:23 21:13 82:15 96:15 108:15 quick 97:13 quite 60:24 101:24 113:14		
	r		
	r 2:1 5:7,7 97:2 123:1 racetrack 1:8 radiating 48:15 49:16 98:8 radiologist 27:10 73:9,13 74:5 75:20 80:10 85:17 86:20 100:11,21		

related 3:16 23:13 51:13 52:6 65:13 70:19 81:18 82:3 105:12,19 110:19 110:23 111:3 121:1 relating 101:17 105:23 relationship 108:9 109:3 110:9,12,14 110:16 111:7 112:15 relied 109:4 remember 55:24 113:5,17 116:20 remembered 113:4 remnant 97:5 removal 89:9 91:23,24 remove 68:24 89:12 92:5,5 removed 61:1 91:18 removing 65:23 91:1 rendered 28:17 56:15 repair 61:24 65:25 66:1,1 80:19 90:4 90:23 92:3 101:12 105:22 106:1 116:9 repaired 13:13 72:3,6 repairs 65:19 repeat 80:22 91:20 repetitive 34:4,19 34:22 35:15,20 47:8 91:9	repetitively 86:6 rephrase 80:23 91:22 report 17:23 18:4 19:7,8,13,14 21:1 21:21 22:16,17,18 22:19 23:8,9 24:1 24:2,9,12 26:12,14 28:17 29:19 32:21 32:21 51:12 52:18 55:24 56:6,11 57:5,12 64:20,23 66:5,19,20 67:2,3 67:19,20,25 68:6 70:15,17 71:6 72:17 73:3,5,6,6 74:3 76:7,9 77:23 78:2,24 80:4,9,9 80:11,14,16 81:2,5 82:21 83:2,6 84:19 86:19 87:4 90:8 92:8 93:1,2,9 99:25 100:1,11 101:1 110:15,17 111:1,21 reported 10:16 123:9 reporter 1:18 4:22 123:3 reporting 64:25 75:21 reports 18:1,24 19:11 23:22 67:22 73:9,15,25 108:18 108:20,22 109:5,7 113:19,21,23 114:18,25 represent 4:20 5:1 116:1 representing 4:8 4:22	represents 5:5 request 107:21 requested 29:1 55:25 required 47:8 111:11 requirement 24:8 resect 68:19,22 residency 7:3,23 8:8 resigned 10:4,24 120:19 resonance 26:19 responds 113:10 response 108:15 responsible 73:10 result 22:8 84:13 91:19 102:13 104:10 106:15 retained 17:14 retear 71:22 retired 117:17 retracted 38:21,22 reveal 21:19 review 14:24 17:7 18:14 20:9 21:8 21:18 28:7 38:16 52:17 55:17,22 67:6 68:5 71:10 73:10,11 82:25 84:20 93:5 101:5 113:19 reviewed 17:20 18:11 20:19,21,25 21:5 22:19 26:12 28:16,22 55:18 66:15,17 69:16 82:21 83:2 93:2 94:25 reviewing 16:23 17:1 20:8 29:20	77:22 101:1 reviews 73:13 ribs 25:25 rid 62:13,15 89:16 right 6:2,13 14:1 19:8 24:20 25:4,4 25:5 26:11,13,14 27:22 28:18,23 29:17,19,20 30:5,9 30:10,13 32:4 35:25 36:4 37:7 37:22,23 39:11,13 39:14 40:17,19 41:13 43:25 44:22 45:5,12 46:2,4,5 47:23 48:6,23 49:25 50:6,8 52:11 53:11,15 54:17,18,21 55:2 55:15,16 56:1,23 57:9 58:19 59:15 60:18,20 63:17 64:4 66:6,12 67:11,15 68:9 69:1,3,4,16,18,19 69:25 70:10,11 71:5,8,15 72:3 73:1,11,14 75:6 76:4,8,15 77:11 78:1 79:20 80:15 81:1 82:12 86:1,4 91:4 93:3,13 94:1 95:22 97:9,15,25 98:17 100:7 102:22 103:11,24 104:15,19 105:5 108:5,10 109:17 109:18,24 111:5 111:15 118:22 road 1:19 4:12 5:8
---	--	---	---

robbins 117:10 robert 74:5 roller 43:18 47:12 roof 22:2,6 39:9 53:8 roofing 1:10 room 4:19 20:9 44:5 113:1 116:7 116:10,14,14 root 41:13 42:11 42:13 50:13,21 102:5 roots 42:2 98:3,6 98:20 99:3 roseland 1:19 4:12 5:8 rotate 32:13 rotates 57:23 59:8 rotation 31:10 32:6,6 rotator 13:13 25:5 29:9 32:3 36:10 36:10,13,24 37:1 37:14 45:11,22 46:16 59:24 63:5 63:9,13,20,22 64:3 64:17,19 65:2,15 66:2 67:18 69:10 70:8 71:2,14,15,22 72:4 75:13,16 77:3,5,15 80:19 81:13,23 85:3 86:16 90:23 92:18 92:19,23 105:22 105:25 rotators 86:16 rotatory 47:7 roughening 36:8 routine 13:21 rubbing 31:23 33:2 60:1	ruined 121:10 rule 25:5 rules 11:23 run 9:5,5 running 119:19 s s 2:1 3:14 87:23,23 97:2,2 s1 42:24 43:5,7 50:12,21 78:7 95:3,13 99:23 100:9 102:3 sachs 85:5 87:23 88:5,7 saint 8:12 sale 117:6,9 saw 18:12 24:18 24:24 40:20 53:24 66:18 67:21 102:14 108:12 saying 64:22 87:1 92:22 96:13 says 24:17 39:25 40:20 51:4 52:25 53:4,4,14 63:4 64:18,19 66:2 74:6,11 77:23 83:6 84:6 85:17 86:10,12,20 87:4 scans 27:12,12 scapula 37:18 86:17 scarification 41:5 44:23 schmorl's 96:21 97:1,16,20,23 school 6:23 9:12 12:4 schooling 6:22 sciatic 49:15	science 78:25 screen 76:21 screw 62:4 screwdriver 47:3 screwing 47:4 screws 92:4 seated 48:10 49:6 second 23:11,18 28:25 29:2,4,5 30:8 41:5 45:15 55:25 58:23 66:18 67:19,20,25 69:21 69:24,25 70:1,15 70:16,25 71:2,5 72:16,16 75:7 76:1,2 78:25 80:19 81:5,13,17 82:6,8 89:11 90:4 90:5,20,25 91:23 92:13,15 95:4 105:18 106:1 111:14 secondary 94:9 see 17:8 18:17,23 24:13,18,18 27:16 28:25 29:1 30:18 34:7 35:20 39:15 42:24 46:9,10,19 48:14 52:25 54:3 54:12 55:14 64:3 66:5 69:18 70:16 71:1 72:9 74:6 75:21 80:13 84:16 84:16 94:3,6 96:12 97:15,20 100:12,17 112:2 112:13 121:18 seeing 63:24,24,25 seen 64:17 70:11 72:17 74:13,16 75:18 84:19	101:21 sees 24:14 segment 95:13,14 seminars 116:17 send 27:7 56:1,3 120:10 sending 76:14 121:5 sensation 41:12 51:5 78:16 sense 27:16 sensitive 4:2 sensory 50:5,7,12 50:18 100:6 101:19 102:4 sent 19:22 27:20 114:20 sentence 83:22 separate 115:9,12 separated 115:10 served 101:6 service 115:9 services 14:15,17 115:13,13,15,19 115:24 117:1 set 11:23 14:23 123:11 seven 39:10 severe 83:6 severely 92:1 shadows 64:14 shallow 31:1 shape 99:15 shave 57:14,15,24 59:9,12 60:10 69:3 shaved 56:20,22 57:8 59:11,14,21 shaving 65:22 sheldon 79:2
---	--	--	---

shin 50:10 51:5,6 short 8:13 38:7 108:11 shorthand 1:16 shot 17:4,10 shoulder 6:18 9:9 12:23 13:1,5,7 25:5 26:13,14 28:23 29:19,21 30:5,9,10,20,21 31:11,21 33:20 34:7 35:21 36:2,4 37:3,7 38:9,11,18 39:11 40:17,19,21 40:25 44:22,24 45:9,13 46:4,5,9 54:17,21 56:2 57:22 58:3,22 62:9 66:6 68:9 69:18 70:10,12 71:6 72:3,5 76:15 82:12 83:25 88:3 88:10,11,15,16,17 88:23 91:18 103:11 109:17,20 109:23,25 111:15 114:4,12 116:8 shoulders 13:4 15:20 114:13 116:15 show 38:3 79:24 83:23 112:24 showed 41:11 70:2 77:14 showing 25:13 shown 102:1 shows 87:7 shrinkage 87:9 si 113:8 sic 54:9 84:7	side 1:10,11,12 84:4,5 98:24,24 99:4,5 sign 48:19,20,25 75:18 87:12 111:17,17 signal 84:11 signals 64:14 signature 123:14 significance 49:12 50:10 64:21 84:25 86:21 98:5 102:12 significant 32:14 49:14 50:15 63:7 63:7 85:4 signs 46:10 48:22 49:1,3 66:6 75:16 simon 79:2 sine 75:15 sir 5:14,22 6:4,21 12:8,19,19 13:7,10 13:12 14:2 15:1 15:14,17 16:2,13 16:17 17:13,17,22 17:25 18:9 19:11 21:24 23:24 40:12 42:18 52:1 59:6 73:16,19 105:24 107:19,22 108:1 108:14 109:1,6,10 110:2,5,8 111:7,12 111:19,20 112:1 112:14 113:3,5,17 113:22 114:8,15 114:19 115:2,22 116:7 117:4,17 118:2,9,11,21 119:2,7,16 120:23 sit 7:22,24 38:18 96:10 99:13,17,17 121:5	sitting 48:11 86:1 86:2 88:12 six 12:11 sixteenth 2:4 size 17:5 58:10,15 sleeps 40:20 slightly 33:23 sloped 33:23 smack 120:21 small 50:11,16 78:6,10 87:13,23 smallest 114:11 soccer 9:7,20 societies 9:16 society 9:19,23,25 socket 30:25 31:2 38:9 46:10 88:4 soft 26:21 60:2 softer 27:2 sold 14:17 115:14 117:1 solicited 115:25 solomon 74:5 solutions 2:17 4:9 somebody 12:5 28:10 someplace 48:21 sorry 16:21 21:4 28:9 46:17 51:10 76:9 106:22 sort 12:4 18:21 21:17 27:14 39:24 42:15,25 65:21 77:19 88:9 south 9:7 68:7 space 33:3 57:25 59:23 60:11,25 68:20 69:11 74:16 74:18 75:12,15 85:19 89:6,7 95:2 98:2,3	spanish 113:10,13 speak 5:21 73:22 113:14 121:15 speaks 113:7 specialize 6:15 specialty 6:14,17 7:17,19,20 12:15 23:2 specific 39:22 113:2,18 116:22 116:24 spell 96:25 spelled 97:1 spend 114:8 spends 114:6,7 spent 113:24 114:1,3,17 spinal 94:12 spine 23:5 25:10 25:18,23,25 26:7 28:21 37:5,18,19 37:21 41:15,23 47:25 48:4,7 56:3 78:4 93:4,7,12 94:1,2,3,4,10,13 98:23 99:9 102:10 102:16,18 106:15 spinner 2:8 5:1 sports 1:7 4:15 8:20 9:5,22,24,25 34:5,11 sprain 25:3,3,4 squeezing 78:9 stable 46:12 53:9 stand 44:7 106:20 107:5 122:7 standards 119:6 120:4,14,14 standing 44:6 stands 26:19
---	---	--	--

start 19:13 78:20 107:7 started 119:22 starting 4:21 119:22 state 1:18 6:3,7 7:6 9:4 10:20 11:8 21:25 22:4 68:12 111:22 121:10 123:4 stated 48:6 110:14 111:6 statement 28:6 statements 120:25 states 6:10 7:18 8:22,22 39:9 40:19 stayed 12:4 120:20 steno 52:8 stenographic 1:5 stenographically 123:10 stenosis 98:19 99:6,7 stepped 53:8,9 103:12 stepping 42:24 stitches 65:20,24 stock 117:12 stop 30:8 95:4 stops 27:14 straight 33:22 48:10,13 49:5,11 49:21 66:16 straighten 48:11 straightening 78:5 strain 53:14 55:2 straw 58:15 strength 47:1 50:3 50:3,3,5 72:8	stretching 49:15 strictly 11:9 stucco 43:16 studies 28:19 64:2 83:3 84:20 study 26:20 subac 56:19 subacromial 13:8 36:12 56:19 57:8 60:25 65:18 68:11 68:20 74:12,16 75:8,12,15 85:19 89:6,20 104:15 105:8,16 subdeltoid 74:12 74:17 75:12 subjective 45:17 45:19,20 48:8 78:21 100:3 112:9 sublux 88:10 subluxation 88:9 subpoenaed 52:14 subscap 86:15 subscapularis 37:12 86:12,14 87:5 subsequent 55:24 57:2 63:8 65:12 70:9,12 72:10 82:2 subsequently 110:24 substantiation 82:4,5 sued 121:8 sum 11:25 89:5 superior 1:1 4:16 96:23 121:9 superiorly 87:5 supinate 46:22	supination 46:18 46:23 47:1,6,8 supinator 47:11 47:16 support 119:12 supported 121:22 supposed 69:6 supra 37:5,16,16 supraspinatus 32:4 36:25 37:2,9 86:8 supreme 121:9 sure 9:21 16:10 18:5 20:21 34:25 35:15 43:6 54:13 60:25 61:6 63:3 64:9 73:7,22 80:23 89:25 95:5 96:19 100:17 103:2 surface 36:9,9,12 36:13,16,16 77:4 77:17,17,18 surfaces 36:10,11 surgeon 6:18 7:9 7:11 24:3,9 27:11 27:13 28:11 63:16 94:1,3,9,13 surgeons 9:18 10:3 28:3 120:18 121:14 surgeries 12:18,20 12:23,24 13:1,3,7 23:19 27:18 90:20 108:16 111:20 116:16 surgery 6:15,18 7:1 9:9,24 11:7 23:5 28:10 29:4,6 29:10 39:11 41:6 45:15 55:25 57:2	57:16,19 58:3,6,23 60:4 63:10,16 64:11 65:7,12 68:8 70:12 71:14 72:4,10 80:19 81:5,13,18 82:2,2 82:9 89:11 90:20 91:23 92:10,13,15 101:2,3,7,7 103:15 103:23 105:18 110:1 111:2,13,14 116:7,13 surgical 8:14 109:13 suspended 120:20 sustain 20:24 81:25 sustained 56:19 92:18 106:13 sutures 90:5,15,17 90:19,22 swear 4:23 swimmers 34:18 swimming 34:15 sworn 5:8 123:5 symptom 112:4 symptomatology 33:12 symptoms 79:18 79:20,21 80:1 syndrome 32:22 60:5 syndromes 33:14 synovectomy 60:23,24 61:3 65:17 synovium 61:4,5,9 61:10,14 74:20 system 6:17 12:13 111:11
---	--	---	--

t	38:17 46:20,25 53:15 54:18 55:2 63:5,9,13 65:2 67:15,18 70:9 74:20 75:12,16 77:3,14,15,24 82:1 86:8,10 90:4,10,13 90:14,15 92:23,25 104:3,4 105:25	66:8,9,10 82:1 86:8,13,14 101:11 101:12 103:18 104:10,21	therapy 26:16 72:7
t 3:14 5:7 54:9 123:1,1	technically 24:4	tendons 26:22 36:25	thicken 33:9
table 48:11	technician 73:12	tenodesis 62:2,4	thickened 86:13 86:21 105:14
take 8:8 19:1 39:3 39:19 40:1 43:19 43:23 64:2 68:17 68:24 69:1,3,13 70:7 79:10 83:17 90:20,24 95:7 99:15,16 105:22 106:18,19 112:3,8 112:9 113:20 114:11	techniques 9:11	tenotomy 62:20	thicker 58:16
taken 1:16 29:3 36:5 76:17 77:9 82:11 84:21 102:8 102:18	telecommunicated 116:10	tension 62:6	thickness 36:18 63:5,9,13 64:19 70:8 77:2,14,15 86:10 90:12 92:23
takes 7:15 73:12	telephone 5:21	teres 37:11,20,21	thigh 42:17
talk 17:9 20:2 42:4 48:17 50:13 58:9 67:10 73:23,24 85:5,20 93:5,6 95:10 98:9 121:17 122:2	television 88:13	term 28:9 68:22 75:5	thin 58:12
talked 50:16 67:7 101:19 102:8	tell 6:19 7:14 16:9 16:18 19:14 20:19 35:1,4 38:3 43:14 71:12 76:23 83:12 95:20,22,23 103:3 104:24 112:3 114:13,14 119:18	terminology 53:17 53:22 90:7	thing 34:23 41:24 42:23 48:18,24 64:8 66:7 68:10 90:24 99:19
talking 31:17 34:11 36:22 42:9 57:7 58:10,11 59:2 65:16 78:20 81:12,14 89:15 91:16 98:12 116:11	telling 83:18	terms 37:15 48:17	things 14:25 21:17 24:22 27:4,6 30:23 31:6 33:10 34:6,22 42:14,25 60:13 61:25 67:14 70:24 73:24 78:13 86:1 90:18 109:5
taught 116:17	tells 39:20 45:20 48:9 97:16 102:12 112:7,8	tes 50:3	think 12:21,22 13:3,5 22:13 23:4 28:6,13 35:11 51:11,12 53:5 66:17 67:5,8,8 72:18 75:20 76:16 76:25 83:18 91:15 91:20 102:14 106:10,10 112:18 113:4 114:1,5 118:20,20,21
teach 9:10	temple 7:1	test 27:6 48:14	third 53:12 55:12 72:22 76:7 80:16 86:12 92:8 119:1
team 8:22,23,24 9:1,2,3,7	ten 8:2	testified 10:13 12:5 15:24 16:1,3 118:24	thomas 22:18
teams 8:20	tendinitis 36:18,20 67:17	testify 5:9 16:7 103:5 104:25 118:18 119:14 120:22 121:6	thoracic 25:10,25 28:21 41:17 54:25 55:5,10 56:3
tear 25:5,6 36:18 36:18,20,23 38:1	tendinosis 36:7,7,8	testifying 10:14 11:1,14 17:11,12 118:4	
	tendon 25:6 27:2 31:22,24 32:1,2,7 32:10,10,12 33:1,2 33:4 36:25 37:2 37:24 38:1,4 41:4 46:17,20 47:1,10 56:23 60:3,11 61:19,20,23 62:1 62:20 65:14 66:1	testimony 5:3 11:16 16:12 18:3 43:15 103:4 118:11 119:10,10 119:13 120:16 123:8	
		testing 50:3	
		tests 112:6	
		textbook 78:25	
		thank 67:24 68:15 76:13 80:13 106:16,17	
		therapists 109:9	

102:10,15,18 thought 35:23 54:1 67:17 thousands 12:25 13:17 73:15,16,18 94:17,19 114:13 114:14 three 10:8 41:15 52:13 58:2,4,6 68:3 93:17,19,20 93:21 96:9 102:9 107:17 110:18 throwing 34:13 time 4:10,19,21 5:16 9:14 10:8 16:15,17,19,20,23 17:1,10,12 20:4,5 21:15 24:6 29:16 30:2 39:12,13 40:5,14 44:13,16 49:21 55:19 56:13 56:17 57:1 63:16 65:4,11 66:4,18,24 67:21 68:5 69:19 69:20,24,25 70:1,6 70:15,16,22 71:2,3 72:18 77:1 81:24 85:11 89:22 90:16 92:10 95:8,24 96:3 97:17,21 100:25 103:5 104:12 105:1 106:20,25 107:6 110:5 111:6 113:20,24 114:5,8 114:11,22 119:1 122:7 123:10 times 27:20 33:14 118:18,21,23 121:8	tippy 42:25 tissue 26:21 27:2 60:2 61:7 65:24 today 4:9 5:2,15 14:18 16:15 121:6 121:6 today's 19:24 52:12 122:9 toe 42:24 51:1 toes 42:25 told 5:24,25 22:4 39:9,12 65:10 100:3 101:20 104:2 tool 103:11 top 31:20 33:19 36:9,11,16,16 37:3 37:4,4,10 38:9,18 38:20 43:9 46:16 50:25 61:10 63:24 77:4,16,20 97:3 98:23 tore 38:8 103:17 torn 13:13 29:9 36:23 38:22 41:4 47:18 56:22 62:2 62:21,23 64:3,24 65:14,14 66:2 67:12 71:2 80:19 81:23 85:3 87:20 92:17,18 101:11 104:10 total 11:25 117:7,9 118:11 totally 45:10 touch 45:21 61:11 touched 45:13,25 46:3 tournament 9:8 track 10:8	trans 16:24 transcript 1:5 123:8 trauma 33:15 66:6 72:3 75:7,9,19 84:14,15 85:22,24 87:19 91:16 traumatic 85:21 91:17 95:21 traumatically 91:7 traveled 9:7 treat 12:6,8 treating 12:9 13:25 14:14 27:8 107:24 108:3,8,15 110:6 treatment 88:22 tri 12:14 trial 5:3 trimmed 90:17 tripped 40:9 trouble 9:3 true 46:21 119:4,9 120:1,16,24 121:1 121:19,23 123:8 truthful 21:14 try 91:22 115:2 trying 40:4 74:23 115:24 tubercle 38:10 turn 4:3 31:6 46:23 117:13 tv 76:21 twist 31:5 95:15 96:6 two 23:12,19 36:5 36:10,17 38:5,6,6 52:13 59:19 61:25 63:24 90:20 93:7 93:20 96:1,12 102:9,21 103:9	107:7 108:4,16 109:13 112:20 113:13 122:9 type 34:18,19 47:15 55:19 58:5 60:4 98:8 121:18
			u
			uh 33:21 56:14 70:4 76:5 94:7 95:12 99:11 undergraduate 6:21 underneath 31:22 36:13 37:22 54:11 59:22 understand 40:4 45:18 72:13 116:5 116:11 understanding 20:16 21:10,12 65:4 66:3 92:11 undersurface 59:14 underwent 109:13 unit 32:15 107:1,7 122:8 united 7:18 8:22 8:22 university 6:22 7:1 25:12 unstable 30:24 31:3 46:9,13 88:15,17,23 upper 53:9,14 54:24 55:2,6,8 use 27:1 28:9 34:4 34:22 37:15 40:2 64:6 82:21 90:17 90:19 119:12 uses 43:18

usual 58:6 109:10 usually 58:4 84:15 88:9 97:4	walked 44:5,17 walking 103:8 walks 20:4 want 11:1,14 51:23 52:20 73:1 74:2 80:6 82:1 99:10 106:18 112:19 113:19 114:25 119:18,21 120:11 wanted 12:12 59:23 74:10 76:6 80:12 115:12 wants 11:23 washington 1:3 4:14 5:5 17:16 107:14,16,20 108:3,8 109:12 111:22 112:11,25 113:6,25 washington's 109:8,16 110:6 111:15 watch 47:4 watching 20:9 88:13 water 58:7 way 14:1 16:8 17:21 30:16 34:10 38:21 53:12 74:22 77:18 ways 63:24 we've 105:18 weakness 46:18,21 78:14,16 79:16 98:10 wear 36:8 wednesday 1:21 week 108:13,13 weeks 108:4	weight 121:21 went 48:1 57:5 105:21 117:12 121:9 west 12:10 whisperings 4:3 wide 58:20 98:4 williams 9:3 withdrawn 16:22 19:6 22:22,22 35:2 43:12,12 80:18 81:3 witness 3:2 4:18 4:23 103:4 106:17 120:15 witnesses 116:18 woman 121:12,15 122:1 woman's 121:11 women 114:7 won 10:15 word 53:1,1,7 work 3:16 14:19 14:19 16:11 21:2 22:1,21 23:13 51:13 52:6 61:22 62:25 94:3,5 115:19,22 117:15 117:18,19 119:2 121:1,5 worked 62:14 working 22:1,16 39:9,13,16 115:19 works 1:19 69:5 world 94:10 109:2 worn 64:3 wrap 103:1,2 wrist 35:23 36:1 write 17:23 18:24 18:25	written 8:7 17:25 79:1 wrong 52:3 54:1 90:7 92:9 wrote 93:1
v			x
vacuum 96:5 valuable 27:6 value 112:4 variable 36:21 variations 33:24 veritext 2:17 4:8 4:22 versus 4:15 14:2 vertebrae 97:3 vertebral 97:7 video 41:1 videographer 2:17 4:1 106:20,24 107:5 122:7 videotape 1:6 viewpoint 108:23 109:9 violating 120:13 violations 119:5 120:2 vision 22:7 24:14 39:25 visit 3:16 52:6 visual 22:7 visualization 63:23 64:13 visualize 26:21 voluntarily 10:23 10:24 vs 1:6			x 3:1,14 25:10 27:12 28:21 54:25 55:1,5,6 102:10,16 102:17
w			y
w 5:7 wage 21:17 wait 43:12 51:10 walk 96:6 112:25			yanow 25:8 yeah 19:10 21:23 21:25 24:25 31:7 35:24 37:4 41:22 42:13,21 47:5,25 53:2,14,20 54:7 56:9 59:4 60:8,15 62:15 63:23 67:1 67:1 76:2,13,19 81:14,15 90:16 94:19 97:1,19 98:10 102:23 year 6:25 7:2 10:6 12:20 27:7 29:22 45:14 63:11 84:17 116:6 118:16,20 yearly 117:21,22 117:25 years 8:2,17 10:9 12:10 23:6,12 26:15 36:5 68:3 93:7,17,19,21 96:1 96:9,13 102:9 107:17 108:10 110:18 113:13 yep 55:13 yesterday 5:16 york 2:10 6:12

younger 8:1 34:5

New Jersey Rules Governing Civil Practice

Part IV, Rule 4:14

Depositions Upon Oral Examination

4:14-5. Submission to Witness; Changes; Signing

If the officer at the taking of the deposition is a certified shorthand reporter, the witness shall not sign the deposition. If the officer is not a certified shorthand reporter, then unless reading and signing of the deposition are waived by stipulation of the parties, the officer shall request the deponent to appear at a stated time for the purpose of reading and signing it. At that time or at such later time as the officer and witness agree upon, the deposition shall be submitted to the witness for examination and shall be read to or by the witness, and any changes in form or substance which the witness desires to make shall be entered upon the deposition by the officer with a statement of the reasons given by the witness for making them. The deposition shall then be signed by the witness. If the witness fails to appear at the time stated or if the deposition is not signed by the witness, the officer shall sign it and state on the record the fact of the witness' failure or

refusal to sign, together with the reason, if any, given therefor; and the deposition may then be used as fully as though signed, unless on a motion to suppress under R. 4:16-4(d) the court holds that the reasons given for the refusal to sign require rejection of the deposition in whole or in part.

DISCLAIMER: THE FOREGOING CIVIL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE STATE RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.