Transcript of

Date: June 4, 2007

Case: v.

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CORBIN & HOOK
Reporting & Videoconferencing

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1 IN THE CIRCUIT COURT OF PRINCE GEORGE'S COUNTY

2 IN AND FOR THE STATE OF MARYLAND

3

4 Plaintiff, Civil Case No.

5 vs.

6

7 Defendant.

8 ________________________________/

9

10 Pursuant to Notice, the videotaped

11 deposition of was

12 taken on Monday, June 4th, 2007, commencing at

13 4:01 p.m., at the offices of

14

15

16 Notary Public.

17

18

19

20 Corbin & Hook Reporting, Inc.

21 Annapolis, MD 21401-9996

1 A P P E A R A N C E S

2 ON BEHALF OF THE PLAINTIFF:

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8 ON BEHALF OF THE DEFENDANT:

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12

13 ALSO PRESENT:

14 Videographer

15

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21

1 I N D E X

2 Name of Witness

3 DR.

4 Examination: Page

5 By Ms. 5

6 By Mr. 31

7

8 Exhibits:

9 Plaintiff's Exhibit A - Summary and Index of 4

10 Medical Expenses

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1 IT IS HEREBY STIPULATED AND AGREED that
2 the reading and signing of this deposition are
3 waived.
4 (Plaintiff's Exhibit A marked.)
5 VIDEOGRAPHER: Today is Monday, June 4th,
6 2007. We're on the record at 4:01 p.m. This
7 is the videotaped deposition of
8 . taken by . Esquire, with
9 offices located at
10 The caption
11 of the case is Plaintiff, vs.
12 , Defendant, in the Circuit
13 Court for Prince George's County, Maryland,
14 Civil Division, Case No. .
15 This video is being held in the offices of
16 located at
17 . My
18 name is , videographer from the
19 firm of Corbin & Hook Reporting and
20 Videoconferencing. The court reporter's name
21 is , also in association with

1 . Would counsel please introduce
2 themselves?
3 MS. : on behalf of the
4 Plaintiff,
5 MR. And for the
6 Defendant, .
7 VIDEOGRAPHER: Would the court reporter
8 please swear in the witness?
9 DR. ,
10 duly been sworn to tell the truth, the whole truth,
11 and nothing but the truth, testifies as follows:
12 E X A M I N A T I O N
13 BY MS.
14 Q. Good afternoon, Dr. . Can you
15 tell us a little bit about your educational
16 background, starting with where you went to medical
17 school?
18 A. Yes. I graduated from University of
19 Medicine and Dentistry of New Jersey School of
20 Osteopathic Medicine in 1986. Then I did a one-year
21 rotating internship at John F. Kennedy Memorial

1 Hospital in southern New Jersey, Stratford, New
2 Jersey, 1986 to '87. From '87 to 1990, I was in a
3 residency program at Kessler Rehabilitation Center
4 and University Hospital in Newark and East, East and
5 West Orange, New Jersey. Following completion of
6 that program, I took my board certification exam and
7 board certified. I practiced in the Sarasota,
8 Florida, area for 12 years and then came to Maryland
9 in 2002 and have been in this area since.
10 Q. So how long have you been in private
11 practice?
12 A. Since 1990, which would be approximately
13 7, 17 years.
14 Q. And can you give us a brief summary of
15 what your private practice has involved?
16 A. Yes. In between Florida and here, the
17 specialty of physical medicine and rehabilitation,
18 so I've dealt with a combination of physical
19 injuries that people have sustained either through,
20 through trauma or illnesses. My patient population
21 would be patients that may have had automobile

1 accidents, suffered musculoskeletal injuries,
2 strokes, amputations, head injuries, spinal cord
3 injuries, and I would manage them either a
4 combination in a rehabilitation center acutely and
5 then in the office dealing with physical issues,
6 pain management problems that, that the patients
7 would have.
8 Q. And you mentioned that you were board
9 certified?
10 A. Yes.
11 Q. What specialty are you board certified in?
12 A. In physical medicine and rehabilitation.
13 Q. And are all doctors board certified?
14 A. If you complete a residency program in
15 PM&R, you are board eligible and then you, you have
16 the opportunity to take the board exams. They're,
17 it's a two-part exam. There's a written exam, and
18 then after I believe one year in private practice,
19 you can sit for the oral exams.
20 Q. Okay. At this time, we would offer
21 as an expert in the field of medicine

1 and specifically with osteopathic medicine and
2 physical rehabilitation.
3 MR. : No questions.
4 Q. Doctor, before testifying here today, did
5 you have a chance to review 's medical
6 records and bills?
7 A. Yes, I have.
8 Q. And what records specifically did you
9 review for ?
10 A. The records from Hospital,
11 where he was taken immediately after his, his
12 accident, then the, the records from
13 Hospital where he came for acute rehabilitation
14 following his accident, and then my office, my
15 office notes and also some of the, the charges that
16 were presented from Hospital, the
17 prosthetic company and I believe also an outpatient
18 therapy center that he attended.
19 Q. Would that have been
20 Physical Therapy?
21 A. Yes, it would.

1 Q. Okay. And did you review those records as
2 well in the chart in front of you?
3 A. I have, did review those briefly.
4 Q. Okay. And did you rely on the records
5 that you reviewed in forming any opinions you hold
6 here today?
7 A. Yes.
8 Q. Taking you back, Doctor, to September of
9 2005, you mentioned initially that was
10 seen at Hospital Center. When did
11 you first meet ?
12 A. It was September 2005, when he
13 was transferred to Hospital was my
14 first visit with him.
15 Q. And what -- if you could just briefly
16 summarize for the ladies and gentlemen of the jury
17 what Hospital Center did before he
18 came to Hospital, which is where you
19 first encountered .
20 A. From, from the record and from talking
21 with , he was driving a motorcycle that

1 was involved in an accident. He was struck by, by a
2 motor vehicle and caused a severe trauma to his left
3 leg. He was taken to the trauma center on September
4 the date of the accident, 2005, where
5 initially, he was stabilized due to massive blood
6 loss and shock, and his, his wound was stabilized
7 and then it was converted to a left above the knee
8 amputation. Originally, the injury was to the, the
9 upper portion of the lower leg. From the records,
10 it said that the tibia and all the flesh was, you
11 know, severely injured and mangled, so the first
12 surgery was just to clean that up and stabilize the
13 wound, but that was not a practical level for, for
14 him to use a prosthesis, so it was eventually
15 converted to an above the knee amputation.
16 Q. And why was he transferred from
17 Hospital Center to Regional?
18 A. Regional has an acute, an acute
19 rehabilitation unit on the fifth floor that I'm the
20 medical director of. It's a CARF accredited or
21 certified acute rehab facility, and after somebody

1 has a traumatic amputation, there, there is a series
2 or a process that needs to occur for, you know, for
3 them before they, you know, go back home before they
4 can use a prosthesis, and we try to get them to the
5 facility to educate them and to do additional
6 medical management after their acute hospitalization
7 is finished.
8 Q. Can you walk us through some of the
9 education that the, that the patient needs to
10 undergo before they can go home, some of the things
11 they need to learn?
12 A. Yes, surely. Any, any person that comes
13 in with, with an amputation, you know, there are
14 several areas that need to be addressed. You know,
15 first off is, you know, is pain control, you know,
16 working on that, teaching the patient how to
17 adequately view their residual limb with, with a
18 mirror to make sure that the incision line is
19 closed, that there's no, there, there are no signs
20 of infection or drainage that might, you know, might
21 be a complication.

1 There's also a whole, you know,
2 psychological issue that, that has to be dealt with
3 from, you know, loss of body image, and the other,
4 other issues are, are still medical, medical
5 management, making sure that there's still not
6 continued blood loss or, you know, that would
7 require blood transfusion, and the patient would be
8 seen by the therapy team, which would be physical
9 therapy and occupational therapy. In his case,
10 there's also speech therapy, but was not
11 in need of that, and they, those therapists would
12 work on teaching him how to properly wrap the
13 residual limb with, with a bandage, to get it to
14 shrink and to form properly, working on just, just
15 basic skills, you know, learning how to transfer and
16 to, and to walk with the walker. The person has one
17 leg, so they're only going to be able to hop for
18 short distances using a, using a walker. How to get
19 in and out of a bathroom at a wheelchair level,
20 show, show the person adaptive equipment that they
21 could utilize to make their transition back to home

1 easier and certainly safer.
2 Q. You mentioned something about pain
3 control, and I notice in reviewing your records and
4 some other records, there's a lot of discussion
5 about phantom pain. Can you describe for the ladies
6 and gentlemen of the jury and for me what phantom
7 pain is?
8 A. Yes. Phantom sensation or phantom pain
9 occurs after a, an amputation occurs. What happens
10 is the nerves going to the rest of the limb have to
11 be cut, and in a, in a lower leg amputation, it's
12 the, the sciatic nerve gets, gets transected and
13 cut, so that is still giving information to the, to
14 the brain regarding the ankle, the foot and the, and
15 the lower leg. The brain has to eventually learn
16 to, to shut that off, so sometimes for several days,
17 weeks or even months, people can still have the
18 sensation that the foot or the ankle, you know, is
19 still there. Sometimes it can just be, you know, a
20 minor, you know, annoyance that feels like the, the,
21 the toe itches, or sometimes it can actually be

1 painful where they may describe that the foot feels
2 like it's in a vice or, you know, somebody is, you
3 know, you know, injuring the leg, but most of the
4 time, it can be managed with a combination of
5 medications to help minimize those sensations.
6 Q. And after was discharged
7 from Hospital, did you continue to
8 be involved in his care?
9 A. Yes, I have.
10 Q. Okay. After a person sustains an injury
11 like this and they go through the acute rehab at
12 Hospital, what's, what's the next
13 step?
14 A. Initially, after a traumatic amputation,
15 it generally takes at least six weeks before a
16 temporary prosthetic limb could be fit, and that is
17 to give the, the initial surgical site a chance to
18 heal, remove any sutures or staples, and I believe
19 also had a portion of the wound that had
20 a little bit of a delayed closure to it, so that
21 had, that took some extra time to finally heal up,

1 and the staples were removed. There actually were
2 some staples that were retained that initially
3 because of the swelling I didn't see but then
4 removed those at a, at a later date, so, so the
5 person will, you know, will go home without a
6 prosthesis, and then when they are at approximately
7 the six-week mark, if everything is healed up
8 properly, I will then, you know, recommend that a
9 temporary prosthesis be, be initiated through one of
10 the local prosthetic companies.
11 Q. And was that done in this case?
12 A. Yes, it was.
13 Q. Okay. And Doctor, just referring you to,
14 you know, your course of treatment with
15 early on, about how often were you seeing
16 him?
17 A. When he was in the hospital, he was being
18 seen on a daily basis. After he went home, I was
19 seeing him on a monthly basis, and then we've begun
20 to stretch those out, and now, it's approximately
21 every three months.

1 Q. Okay. And Doctor, directing your
2 attention to your initial evaluation of
3 after he was discharged from
4 Hospital, can you tell the ladies and gentlemen of
5 the jury how he was doing on your first visit with
6 him after he was discharged from
7 Hospital?
8 A. When, when he first, you know, came back,
9 he, you know, appeared to be, you know, adapting,
10 you know, fairly well, you know, with a good
11 attitude, you know, considering the, the severity of
12 his injury. He did have very supportive family
13 that, that was helping him. Initially came back in
14 with, in a wheelchair and a walker, and you know,
15 that, that, you know, he transitioned out of that,
16 you know, gradually as he got the prosthetic
17 devices, and I saw him through his, his first and
18 second prosthetic legs that had, that had pluses and
19 minuses. There were, there were some changes that
20 needed to be made. He needed a second leg as the
21 residual limb began to shrink so his socket became

1 toc loose and he required another one.
2 There were, you know, issues that he
3 noticed that, you know, immediately weren't going to
4 be, you know, known problems that he noticed when he
5 was trying to walk up a hill or walk down a hill.
6 You know, there, there were issues with being able
7 to control the prosthesis appropriately, so these
8 were, you know, various things that we, you know,
9 discussed and tried to adapt his prosthetic device
10 to that something that, you know, be as functional
11 for him as possible.
12 Q. And it looks like from the records that
13 ultimately, you recommended that he get a C leg?
14 A. Yes.
15 Q. Can you describe for us what a C leg is
16 and why he's an appropriate -- if he's an
17 appropriate candidate for that, why?
18 A. Yes, he is. A C leg is made by the
19 Otto-Bach Company. It's a German prosthetic company
20 that has been really on the forefront of prosthetics
21 for, for many, many years. Essentially, it is a

1 computerized knee system that adjusts based on the,
2 the type of angle the person is walking on, the, the
3 speed that they're walking, so there, there
4 essentially is a, a mini computer in this, in this
5 knee, where some of the others, the other
6 prosthetics are, you know, are more basic. They
7 don't have the, the changing capabilities that, that
8 a C leg would have.
9 Q. During the course of his treatment with
10 you, he also attended outside physical therapy?
11 A. Yes.
12 Q. And can you tell us why that's important
13 to complete an outside physical therapy program?
14 A. Initially, when you get a prosthetic limb,
15 it, it is difficult to, to start walking with it.
16 It is not, it is not a simple procedure, and
17 especially with a above the knee prosthetic device,
18 you have a knee joint as well as an ankle joint that
19 you have to learn how to, how to propel, how to use
20 it, putting on the socket. Most sockets are suction
21 suspension where there is not a, any kind of belts

1 or cable device that holds it on. It is just a,
2 it's a very snug fit that, that keeps it on, and
3 that's, that's is the most functional way, you know,
4 for somebody to, to use it, but, you know, it takes
5 time. You have to, you know, be with a therapist,
6 learn how to adjust your body weight, shift your
7 body weight. The, the knee can buckle on you if
8 you're, if you're not positioned properly over it,
9 so it's a process that often takes, you know,
10 several weeks to several months, depending on the
11 patient's mental and physical capabilities.
12 Q. Can you describe for me and the ladies and
13 gentlemen of the jury how much energy it takes to,
14 to walk with a prosthetic device vs. walking without
15 a prosthetic device for --
16 A. Yes. Any time there is a lower extremity
17 amputation, the, the energy requirements are
18 increased. For a below the knee, it's approximately
19 a 50 percent increase in, in energy requirements,
20 and for an above the knee, it's approximately
21 75 percent, 75 percent or higher. What this

1 translates into is the person getting tired, you
2 know, easier. Where their, their walking ability
3 maybe was for a mile, you know, or more before an
4 amputation, it's significantly less after. It's
5 something that you're, you're propelling the
6 residual limb from just one point and the weight is
7 not distributed properly, you know, for your body,
8 so it leads to increased energy requirements, and
9 since you do have to shift your weight, it does put
10 more wear and tear on other joints on your opposite
11 unaffected leg.
12 Q. Shifting gears a little bit, Doctor, when
13 you first started treating was, was
14 it your understanding that he was working at the
15 time or just before the accident?
16 A. Yes, I believe he was.
17 Q. Okay. And at some point after the
18 accident, did you and discuss what would be
19 appropriate and when it would be appropriate for him
20 to try and go back to work?
21 A. Yes, we did. I believe he was working as

1 an information technology computer person for one of
2 the Federal government agencies, and initially, he
3 was able to work at home, and then we discussed, you
4 know, how he, how he could transition back into the
5 workplace and what the physical requirements were
6 going to be for the job.
7 Q. Are you familiar with what his initial
8 work schedule was when he was going into the office
9 vs. what it is now?
10 A. I believe he was going in two to three
11 times per week initially, and now, I believe he's
12 back at a, at a five day per week going into the
13 office.
14 Q. And when was the last time you saw
15
16 A. The last visit with was on April
17 2007.
18 Q. Okay. And you feel free, you can
19 obviously review your own chart if you need to
20 refresh your memory on anything, but can you tell
21 the ladies and gentlemen of the jury how was

1 doing at about the one-year mark after his accident?
2 I believe you saw him in September of 2006. If you
3 could sort of take us, take us backwards a bit and
4 let us know how he was doing approximately one year
5 after the accident.
6 A. By the one-year mark, he had, he had
7 obtained the C leg that was enabling him to be more
8 functional from ambulating. He had been able to go
9 off the medications that were being used to treat
10 his chronic and phantom pain, so he, you know, he
11 had definitely appeared to be, you know, improving,
12 you know, nicely and, you know, having a very good
13 attitude about the prosthesis and, you know, doing
14 about as well as one, you know, could expect for a,
15 a traumatic amputation.
16 Q. And how was he doing the last time you saw
17 him on April of 2007?
18 A. Again, he seemed to be, you know, back to
19 work, you know, doing very well. Again, and we did
20 discuss some of the issues that, you know, that, you
21 know, that always come up with a traumatic

1 amputation that once the, once he takes the leg off,
2 you know, he once again, you know, becomes a person
3 with an impairment. You know, he just can't, you
4 know, pop out of the chair or, you know, out of bed
5 in the middle of the night to get, you know, to get
6 a glass of water. He is always conscious and
7 cognizant of, of the fact that the leg is not there,
8 and even when he, you know, he is walking, he is
9 acutely aware of, you know, looking ahead, what the,
10 what type of terrain it is, is there, you know, is
11 the sidewalk even, is there a slope to it. You
12 know, things that we take for granted, you know, he
13 now has to think about almost, you know, constantly.
14 Q. Are you planning on seeing
15 again in the future?
16 A. Yes.
17 Q. And how often is it that you expect you'll
18 need to see over the course of the next year,
19 over the course of the next five years? Will he
20 need ongoing care with you?
21 A. Right now, we've been following up

1 approximately every three months, but you know, I
2 would think that by the start of 2008, that could go
3 to once every six months, and, and then probably
4 after that, about once a year or, you know, or more
5 frequently if necessary.
6 Q. Okay. And what are your average charges
7 for an office visit?
8 A. Between $75 to $100.
9 Q. In addition to office visits with your
10 office, do you expect that will require any
11 ongoing medication?
12 A. It's possible, I mean, you know, over the
13 years that things change, and after, you know, after
14 wearing a prosthesis for, you know, for many years,
15 there may be, you know, other problems that come up
16 that are, you know, not immediately apparent, but as
17 I mentioned, there can be wear and tear on other
18 joints, and it, you know, may cause some other
19 difficulties. I, I believe he, he had arthroscopic
20 surgery to his right knee in the past, so, so there
21 may be, you know, potentially some issues there as,

1 as time elapses.
2 MR. : Move to strike.
3 Q. And generally speaking, from the date of
4 the accident up until today, is
5 progress about what you would expect from a person
6 that suffered from this kind of an injury?
7 A. Oh, yes, yeah. He definitely met my
8 expectations and, and exceeded in several ways.
9 Q. And can you describe the ways that he
10 exceeded your expectations?
11 A. The, the positive attitude that, that he
12 had, the very supportive family, the fact that he
13 was able to get back to his, his work and his job on
14 pretty much a full-time basis and, you know, never
15 a, you know, an attitude of negativity or feeling
16 sorry for himself, so you know, accepted that this
17 accident happened and he was just going to go
18 forward and make the best of the situation.
19 Q. Okay. Doctor, I need to ask you a couple
20 of legalese questions. You have to bear with me
21 with the wording for a moment, but do you have an

1 opinion within a reasonable degree of medical
2 certainty as to what the specific injury was that
3 suffered from as a result of the
4 September 2005, car crash?
5 A. Yes, I do.
6 Q. And what is that opinion?
7 A. The opinion is that as a traumatic event,
8 his left leg was severely crushed and it required a
9 left above the knee amputation to be performed.
10 Q. And do you have an opinion within a
11 reasonable degree of medical certainty as whether or
12 not according to the AMA guidelines he has a
13 permanent injury?
14 A. Yes, he does.
15 Q. And do you have an opinion within a
16 reasonable degree of medical certainty as to what
17 ongoing medical care will need in the
18 future, including visits to your office?
19 A. Yes, I believe I have.
20 Q. Okay. And your -- you have, you have an
21 opinion on that issue?

1 A. Yes.

2 Q. And what is that opinion?

3 A. That he will continue to need ongoing care

4 and, and follow-up services.

5 Q. Okay. Doctor, I'm going to show you

6 what's been marked as Plaintiff's Exhibit A. That's

7 a summary and index of past medical

8 expenses to date, and I just want to kind of walk

9 you through these one by one.

10 A. Uh-huh, yes.

11 Q. The total charges from his

12 Hospital Center from September of 2005

13 through September 2005 total $21,646.28. In

14 your opinion, are those charges fair, reasonable,

15 necessary and causally related to the September

16 2005, accident?

17 A. Yes, they are.

18 Q. Moving to Hospital where

19 he was from September of 2005 through

20 September 2005, those total bills are

21 $9891.54. Do you have an opinion as to whether or

1 nct that charge is fair, reasonable, necessary and
2 causally related to the September 2005,
3 accident?
4 A. Yes, they are.
5 Q. The Physical Therapy
6 services from October 2005, through January
7 2006, and that was for his outpatient
8 therapy that he had?
9 A. Yes.
10 Q. Their total bill is $2158. Are those
11 charges fair, reasonable, necessary and causally
12 related to the car crash of September 2005?
13 A. Yes, they are.
14 Q. And your bills, which go from October
15 of 2005 through April 2007, in the amount of
16 $1086.18, are your charges fair, reasonable,
17 causally related and necessary from the accident of
18 September of 2005?
19 A. Well, yes.
20 Q. I've never gotten a no on that one before.
21 The charges associated with Prosthetics for

1 the original prosthesis and then the revised
2 prosthesis, those total charges are $51,309. Are
3 those charges fair, reasonable, necessary and
4 causally related to the September 2005,
5 accident as far as local prosthetics go?
6 A. As far as prosthetic costs go, that, that
7 is reasonable and customary in my opinion.
8 Q. Okay. And the prescription medications of
9 600 -- $762.27, are those charges fair,
10 reasonableness, necessary and causally related to
11 the September 2005, accident?
12 A. Yes, they are.
13 Q. There's a charge for $195 for travel
14 crutches which were obtained by . Do you
15 believe that that charge is fair, reasonable,
16 necessary and causally related to the September
17 2005, accident?
18 A. Yes.
19 Q. Okay. So the total past medical bills of
20 $87,048.27, in your opinion, is that total amount of
21 past medical expenses fair, reasonable, causally

1 related and necessary as a result of the September
2 2005, accident?
3 A. Yes, they are.
4 Q. Okay. And during the time period that
5 was under your care for some, some
6 portions of his care, did you advise him that he
7 should not go back to work for some period of time?
8 A. Yes. Yeah, initially, that was impossible
9 for him to do.
10 Q. Okay. Could we go off the record for a
11 minute?
12 VIDEOGRAPHER: We're off the record at
13 4:31 p.m.
14 (Brief recess.)
15 VIDEOGRAPHER: We're back on the record at
16 4:32 p.m.
17 MS. : Thank you, . At
18 this time, the Plaintiff would offer into
19 evidence Plaintiff's Exhibit A.
20 MR. : Subject to the objection that I
21 spoke about with respect to the wage claim, I

1 have no objection. Doctor -- are you finished?
2 MS. : Yes.
3 E X A M I N A T I O N
4 BY MR. :
5 Q. Doctor, I just have two questions, believe
6 it or not. First of all, would you tell me what
7 travel crutches are? It has something to do with
8 travel, apparently?
9 A. Yes. You know, they're, they're more
10 portable types of crutches that would, that would
11 be, you know, foldable, essentially --
12 Q. Okay.
13 A. -- so they could be packed away.
14 Q. Okay. And the other question I have for
15 you is with respect to the visit made to
16 you I think it was on January of this year,
17 January 2007, if you have that report in front
18 of you?
19 A. Yes.
20 Q. He indicated that he was increasing his
21 exercise tolerance. Were there exercises that you

1 had recommended to him that he was doing?
2 A. When was, you know, was home, he was
3 trying to get back into condition. You know, he had
4 been, he had been hospitalized, and you know, you're
5 getting, you're deconditioned from that, so he, you
6 know, I think was trying to gradually improve at
7 home what he could do to then, you know, translate
8 that to what he, you know, hopefully could then do
9 in the workplace.
10 Q. And what kind of exercises were those?
11 A. Well, you know, mostly, he had obtained,
12 he had had a treadmill at home, so he was trying to
13 see how long he could walk on that treadmill, so I
14 believe at that time, he was up to about 10 to 15
15 minutes of walking, so he was looking at that as
16 from when he parked his car to, to getting into the
17 office, you know, would that, you know, would he be
18 able to then translate what he could do at home --
19 Q. Okay.
20 Q. -- into the workplace.
21 Q. So your note of January 2007 indicates

1 that at least one of the exercises he was doing was
2 on a treadmail and he was averaging 10 to 15 minutes
3 an evening on the treadmill; is that correct?
4 A. He said he was doing it about three times
5 per week.
6 MR. : Okay. Thank you, sir. That's
7 all I have.
8 MS. : Nothing based on that.
9 VIDEOGRAPHER: This concludes the video
10 deposition at 4:34 p.m.
11 (The deposition concluded at 4:34 p.m.)
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