

IN THE CIRCUIT COURT  
FOR PRINCE GEORGE'S COUNTY, MARYLAND

----- x  
[REDACTED], et al. :  
Plaintiffs :  
vs : CASE NUMBER:  
MARTINO GALEAZ, et al. : CAL06-02604  
Defendants :  
----- x

COPY

January 24, 2007

PURSUANT TO NOTICE, the following videotaped deposition of ROBERT O. GORDON, M.D. was taken before me, Daniel W. Wilson, Notary Public, in and for the State of Maryland, at 7474 Greenway Center Drive, Suite 500, Greenbelt, Maryland 20770, commencing at 4:47 o'clock, p.m., when were present on behalf of the respective parties:

ELITE REPORTING COMPANY  
67 Saint Andrews Road  
Severna Park, Maryland 21146  
410-987-7066 800-734-3337

APPEARANCES

LAURA G. ZOIS, ESQUIRE  
Miller & Zois, LLC  
Empire Towers, Suite 1001  
7310 Ritchie Highway  
Glen Burnie, Maryland 21061

On Behalf Of The Plaintiffs

GIANCARLO M. GHIARDI, ESQUIRE  
and  
JENNIFER LANCASTER, ESQUIRE  
Law Offices of Timothy S. Smith & Associates  
7474 Greenway Center Drive  
Suite 500  
Greenbelt, Maryland 20770

On Behalf Of Defendant, State Farm  
Mutual Automobile Insurance Company

ALSO PRESENT

Don Patterson, Video Operator

*ELITE REPORTING COMPANY*  
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## I-N-D-E-X

WITNESSROBERT O. GORDON, M.D.

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(Retained by Counsel)

**ELITE REPORTING COMPANY**  
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Severna Park, Maryland 21146  
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1 Whereupon,

2 ROBERT O. GORDON, M.D.,

3 was called as a witness by counsel for a  
4 Defendant, State Farm Mutual Automobile Insurance  
5 Company, and after having first been duly sworn by  
6 the Notary Reporter, was examined and testified as  
7 follows:

8 (Whereupon, Deposition Exhibits Number  
9 One and Two were premarked for identification.)

10 THE VIDEO OPERATOR: In the Circuit Court  
11 for Prince George's County, Maryland. The  
12 Plaintiff is ██████████, et al. versus Defendant,  
13 Martino Galeaz, et al.

14 The date is -- correction -- the Case  
15 Number is CAL06-02604. Today's date is January  
16 24th, 2007. The name of the witness is Dr. Robert  
17 O. Gordon. The location of the video deposition  
18 is 7474 Greenway Center Drive, Greenbelt,  
19 Maryland.

20 The party giving notice of video  
21 deposition and on behalf of the Defendant is John

**ELITE REPORTING COMPANY**  
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Severna Park, Maryland 21146  
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1 Ghiardi, Esquire, and Jennifer Lancaster, Esquire.  
2 Appearance on behalf of the Plaintiff is Laura G.  
3 Zois, Esquire.

4 Officers before whom this videotaped  
5 deposition is taken and sworn by is Don Patterson  
6 and Dan Wilson, Notary Public. The video camera  
7 operator is Don Patterson, employed by Patterson  
8 Video and Photography. This videotaped deposition  
9 commenced at 4:47.

10 Would you swear the doctor, please.

11 (Whereupon, the witness was duly sworn.)

12 THE REPORTER: State your name with the  
13 address and ZIP Code for the record.

14 THE WITNESS: Dr. Robert Gordon. One of  
15 my offices is at Georgetown University Medical  
16 School in Washington, D.C. I don't know what the  
17 ZIP is. Maybe if I look on here, I can tell you.  
18 20007.

19 THE REPORTER: Thank you. Counsel.

20 VOIR DIRE EXAMINATION

21 BY MR. GHIARDI:

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1 Q. Doctor, good evening.

2 A. Good evening.

3 Q. Where do you currently hold medical  
4 licenses?

5 A. D.C., Maryland, and Virginia.

6 Q. And where do you have hospital  
7 privileges?

8 A. Georgetown University Medical Center and  
9 their sister hospital in the Medstar Program in  
10 Washington, which is the Washington Hospital  
11 Center.

12 Q. Doctor, are you board certified?

13 A. I am.

14 Q. And in what specialty and when did you  
15 obtain that?

16 A. Orthopaedic surgery. The first time I  
17 took the exam, which I think was '76.

18 Q. And just explain to the jury what is the  
19 field of orthopaedics and orthopaedic surgery?  
20 What do those fields cover in medicine?

21 A. Orthopaedics is the specialty or branch

1 of medicine that deals with either injuries or  
2 diseases that involve bones, joints, muscles, the  
3 spine, what you might call the musculoskeletal  
4 system.

5 Q. And are you currently in private  
6 practice?

7 A. I am.

8 Q. And could you describe to the jury the  
9 nature of your private practice? What type of  
10 patients do you see?

11 A. I've been a general orthopaedist all my  
12 life. My main surgical sub-specialty for many  
13 years was arthritis surgery, but I have done just  
14 about every type of surgery and treat all types of  
15 patients with orthopaedic problems and have for  
16 many years.

17 And I'm also very involved with academic,  
18 teaching of students, interns, and residents for  
19 the last 30 years at Georgetown. I started as an  
20 instructor and then I became assistant professor,  
21 associate professor, and now I'm a clinical full

1 professor of orthopaedics at Georgetown University  
2 Medical Center.

3 Q. You are currently a clinical professor at  
4 Georgetown University?

5 A. That's correct. And I see patients  
6 there.

7 Q. And do you have occasion to perform peer  
8 reviews?

9 A. As far as my volunteer work in medicine,  
10 and most of my volunteer time in medicine, either  
11 at the hospital and primarily at the medical  
12 society, over the last maybe 25 years, have been  
13 serving on committees that deal with utilization  
14 and peer review. For the last maybe -- I don't  
15 know for sure exactly how long, but probably  
16 around six years or so, I have been the  
17 orthopaedic surgeon on the Professional Standards  
18 Committee of our medical society.

19 Q. Doctor, before you, I think, is Exhibit  
20 Number One, which is your curriculum vitae. Is  
21 that correct?



1 A. Sorry. Yes, it appears to be.

2 Q. Is that current and complete with regard  
3 to your education, your experience, and your  
4 professional qualifications?

5 A. That looks fairly recent.

6 MR. GHIARDI: At this time I would offer  
7 Defendants' Exhibit One and offer Dr. Gordon as an  
8 exhibit -- I'm sorry -- as an expert in the field  
9 of orthopaedics and orthopaedic surgery.

10 MS. ZOIS: No objection as to either.

11 DIRECT EXAMINATION

12 BY MR. GHIARDI:

13 Q. Doctor, if you could explain to the jury,  
14 in this particular case you performed what's  
15 called a records review?

16 A. Yes, sir.

17 Q. Is that correct?

18 A. Yes, sir.

19 Q. What is a records review?

20 A. Well, when you review a record, it means  
21 you are not actually seeing a patient. You are

1 just reviewing the patient's records, or films, or  
2 whatever is available, and giving an opinion. And  
3 that can be done either in a -- in a practice  
4 situation. Being at Georgetown and Washington, I  
5 have had many occasions over the years, or I've  
6 been sent records and x-rays from overseas,  
7 various embassies and from government officials,  
8 and so on, for me to give an opinion to help  
9 determine whether or not certain people in other  
10 countries should come and need surgery, so they  
11 don't have to come over here just to get an  
12 opinion, if it can be done without them being  
13 there.

14 It can be done in a medical legal  
15 situation, such as what was done here, where  
16 sometimes it is done, I think, when a patient  
17 isn't claiming any permanent injuries. So it is  
18 mostly just a question of the treatment that had  
19 been rendered in the past.

20 Q. Now, excuse me, in this particular case,  
21 have you reviewed the medical records of [REDACTED]

1 [REDACTED] from Laurel Regional Hospital of October 16,  
2 2004, from Maryland Orthopaedics, beginning in  
3 October 21st, 2004, and involving an MRI test that  
4 was done on November 2nd, 2004?

5 A. Yes.

6 Q. Have you also reviewed some medical  
7 records regarding [REDACTED] with regard also  
8 to her evaluation at Maryland Orthopaedics'  
9 offices?

10 A. Yes.

11 Q. Now, Doctor, let me ask you -- I'm going  
12 to ask you a few questions about opinion  
13 questions. And I would ask you today if you are  
14 -- if you are able to, would you give those  
15 opinions to a reasonable degree of medical  
16 probability?

17 A. I will.

18 Q. And if you are not, would you tell the  
19 jury you are unable to do so?

20 A. Sure.

21 Q. I'm going to start with [REDACTED]

1 A. Okay.

2 Q. And in this particular, your review of  
3 the medical records of [REDACTED], did you see that  
4 [REDACTED] had what's called an MRI test?

5 A. I did.

6 Q. And tell the jury what is an MRI test?

7 A. MRI means magnetic resonance imaging.  
8 It's a way to scan parts of the body that you  
9 can't see on an x-ray or that you can -- or that  
10 you can see sometimes even better on a scan than  
11 on an x-ray. It uses magnetic imaging, rather  
12 than x-ray, so it is probably a much safer test.  
13 At least we think it is now. And it is used a lot  
14 in orthopaedics to look at the things other than  
15 bones, such as spinal cord, nerves, and things of  
16 that nature.

17 In this case, the MRI scan was done for  
18 the head.

19 Q. And I'm showing you an Exhibit Two, which  
20 purports to be the medical bills of [REDACTED]

21 Does Exhibit Two include a billing for the MRI

1 scan of [REDACTED] And if you could tell the jury  
2 what date that was done.

3 A. It's a bill for a brain and brain stem  
4 MRI scan from November 2nd, of 2004.

5 Q. Do you have an opinion as to whether that  
6 MRI test for [REDACTED] was necessary and indicated  
7 as a result of the accident of October 16, 2004?

8 A. I don't believe that the neurological  
9 consultation that was done in the same office of  
10 the orthopaedist that he was sent to, or the brain  
11 scan, was something I would have ordered, or that  
12 I think was indicated or necessary as related to  
13 this accident.

14 Q. And why not, Doctor? Would you explain  
15 the reasons for your opinion?

16 A. Well, first of all, there was nothing in  
17 the emergency room report, or in the report of the  
18 doctors that he was sent to by his attorney, that  
19 indicated that --

20 MS. ZOIS: Objection. Move to strike.

21 THE WITNESS: Do you want me to continue?

1 MR. GHIARDI: You may continue, Doctor.

2 THE WITNESS: -- that he had any head  
3 injury that would warrant anything of this nature.  
4 He had nothing to indicate he had a concussion.  
5 He had no loss of -- neither one of them had any  
6 loss of consciousness, any amnesia for the event,  
7 and they had totally normal neurological  
8 examinations, both when they were examined by the  
9 orthopaedist and by the neurologist.

10 Under those circumstances, I personally  
11 don't believe that -- that neurological evaluation  
12 was -- a test like this was indicated or necessary  
13 and, not surprisingly, they were normal.

14 BY MR. GHIARDI:

15 Q. And what is a neurologic exam?

16 A. Neurological examinations can consist of  
17 testing for brain function. And they can also  
18 consist of testing for peripheral nerve function.  
19 And they can consist of testing for spinal cord  
20 function. And that was all done by the  
21 neurologist and I presume by the -- by the

1 orthopaedist as well.

2 Q. Now, [REDACTED] was seen and examined at  
3 the hospital on October 16 of 2004.

4 A. That's correct.

5 Q. And also by Dr. Cohen about five days  
6 later?

7 A. That's correct.

8 Q. And with regard to your review of those  
9 records, did you see any findings of abnormalities  
10 with regard to a neurologic exam?

11 A. I did not.

12 Q. Based on your review of the records for  
13 [REDACTED], was there any need or necessity for a  
14 referral to a neurologist?

15 A. I can't imagine why an orthopaedist would  
16 send a patient to a neurologist who has no  
17 neurological findings whatsoever, had no  
18 concussion, or any -- any objective abnormalities  
19 in that -- of that regard.

20 Q. Now, Exhibit Two also purports to show  
21 other billings for [REDACTED]. If I could direct

1 your attention to what's called page 29, have you  
2 had a chance to review that document or that  
3 billing?

4 A. I have.

5 Q. And do you -- based on your experience,  
6 do you have any opinions with regard to the  
7 reasonableness and necessity of the billings  
8 indicated on that -- that page?

9 A. I do.

10 Q. And what are your opinions?

11 A. Well, first of all, the office visit  
12 charge for the new visit was twice what I charge  
13 for new patient visits and nobody has ever accused  
14 me of being inexpensive.

15 The doctor that saw him on the initial  
16 office visit charged a large sum of money to  
17 review the x-rays. Anybody -- any orthopaedist  
18 knows that -- that x-rays -- reviewing x-rays is  
19 part of an office visit and that you -- at least  
20 if you are dealing with a patient where you have  
21 to charge based on the usual rules and regulations



1 that are -- that Blue Cross, Medicare, and so on  
2 provide, don't do that.

3 And there was an x-ray done of a toe that  
4 had already been done in the emergency room. I  
5 don't understand the necessity to repeat that x-  
6 ray or to expose the patient to additional  
7 radiation.

8 There were a number of orthopaedic  
9 supplies provided. It appears that this practice  
10 is -- besides being doctors, are also in the  
11 business of orthopaedic supply -- of an  
12 orthopaedic supply company.

13 And the other thing that I mentioned in  
14 my report, which I had never seen before, is that  
15 this office appears to also have their own  
16 pharmacy or drugstore and actually sold medication  
17 to the -- to the patient as well.

18 They also, in their follow-up office  
19 visits, charged significantly more than I charge  
20 for follow-up visits for patients that I treat.

21 Q. And what would be the difference in your

1 experience?

2 A. I charge \$87 for routine office follow-up  
3 and they charged, on one occasion, 125, and on two  
4 occasions, 165.

5 Q. Now, Doctor, I'd like to turn your  
6 attention to the passenger plaintiff in this case,

7

8 A. I'm sorry. I missed that.

9 Q. The second --

10 A. Oh, okay.

11 Q. -- plaintiff in this case, the passenger  
12 plaintiff, [REDACTED]. I'm sorry.

13 When did she first seek medical  
14 attention?

15 A. She did not go to the emergency room, as  
16 far as I could tell from reviewing the records.  
17 And she first went to the same office that the  
18 other person in the car went to. And the first  
19 visit to that office was on 10/21/04.

20 Q. Have you had a chance to review her exam  
21 visit with a Dr. Kurlanzik on October 27, 2004?

1           A. Yes. That was the neurologist who also,  
2           apparently, is in that office with the  
3           orthopaedist and who was referred -- to whom the  
4           patient was referred by the orthopaedist.

5           Q. When Dr. Kurlanzik refers to "No sign of  
6           head trauma," what does that mean to you?

7           A. That means that -- I guess it speaks for  
8           itself. There wasn't any objective evidence of  
9           any head injury. And also noted there was no lack  
10          of -- there was no loss of consciousness. There  
11          was nothing to indicate any amnesia for the event,  
12          or any type of a concussion, or anything of that  
13          nature. And the neurological examination was also  
14          normal, as it was with the other person.

15          Q. Now, with regard to Dr. Kurlanzik, did he  
16          assess [REDACTED] range of motion of her neck?

17          A. He said that her neck had full range of  
18          motion, but that it hurt her when she did it.

19          Q. Do you have any opinion, with regard to  
20          whether or not the MRI test for [REDACTED] was  
21          reasonable and necessary, as a result of the

1 accident of October 16, 2004?

2 A. I would not have recommended that, if I  
3 had been treating this patient, and I don't think  
4 it was indicated or necessary.

5 Q. And why do you feel it wasn't indicated  
6 or necessary?

7 A. The same reasons as I gave for the other  
8 patient. She had no neurological findings. She  
9 had nothing to indicate that she had a concussion  
10 or anything of that nature. And in view of the  
11 lack of any findings, whatsoever, and the amount  
12 of time since the injury, I don't believe that  
13 such a test was indicated.

14 Q. I'm going to show you, on page nine of  
15 Exhibit Number Two, what appears to be the  
16 billings of Maryland Orthopaedics for [REDACTED]. Do  
17 you have any opinions with regard to the  
18 reasonableness of those billings?

19 A. It was all just about the same as the  
20 other person -- selling drugs to the patient,  
21 selling appliances, orthopaedic appliances to the

1 patient, charging to review x-rays that were done  
2 elsewhere. And I have the same opinions about  
3 those, as I do about the -- about the other -- the  
4 bills that I saw for the other person in the car.

5 Q. In your experience, what is the ordinary  
6 and customary charge for an initial visit by an  
7 orthopaedic doctor?

8 A. I charge \$150, and as I -- I usually  
9 don't get paid quite that much.

10 MR. GHIARDI: I have no further  
11 questions.

12 THE WITNESS: Good.

13 CROSS EXAMINATION

14 BY MS. ZOIS:

15 Q. Good evening, Dr. Gordon.

16 A. Hi. How are you? Is it evening? Almost  
17 evening.

18 Q. Is it evening?

19 When did you come to your opinions in  
20 this case? On what date?

21 A. Let's see. I prepared my reports on

1 October 10, 2006, which is when I did the record  
2 review. I guess two years after this accident.

3 Q. Okay. Is it fair to say that that is the  
4 date you came up with your opinions, October 10th,  
5 2006?

6 A. I presume so, if I never reviewed the  
7 records before then. I presume that's --

8 Q. Are you aware that you were designated as  
9 an expert in this case by the Defendant, State  
10 Farm, before that date?

11 A. No.

12 Q. Before rendering opinions in this case,  
13 you reviewed the medical records; correct?

14 A. Yes. That's right.

15 Q. And those were the records that were  
16 provided to you by the defense attorneys; right?

17 A. I presume that's where I got them.

18 Q. You did not review any of the x-rays  
19 personally yourself?

20 A. No. That's correct.

21 Q. And you did not review either one of the

1 MRI's yourself?

2 A. That's correct.

3 Q. You did not take a history from either  
4 one of the patients; correct?

5 A. That's correct. I only read the history  
6 they gave to the emergency room for the one person  
7 and to the orthopaedists and neurologists by the  
8 other, by both people.

9 Q. And you didn't examine either one of  
10 these patients?

11 A. That's correct.

12 Q. And you have never met or talked to  
13 either one of these patients over the phone?

14 A. Not that I'm aware of. No, ma'am.

15 Q. Would you agree with me, Doctor, that the  
16 trip to the emergency room for [REDACTED] was  
17 reasonable?

18 A. If this was a significant impact accident  
19 and he didn't have access to his -- his regular  
20 physician at that time, it was certainly not  
21 unreasonable.

1 Q. Do you agree that the plaintiffs were  
2 injured in the accident?

3 A. If it was a significant impact accident,  
4 it's certainly possible that strains could have  
5 occurred in this accident.

6 Q. Do you agree that if strains occurred in  
7 this accident, that the length of physical therapy  
8 -- the time that they went to physical therapy was  
9 reasonable?

10 A. I think that passive physical therapy  
11 modalities, treatment up to four weeks after such  
12 a -- a significant soft tissue injury is not  
13 unreasonable, and I think that was approximately  
14 how long they were treated.

15 Q. Okay. And in one of your reports, you  
16 indicated that you thought six weeks was -- was  
17 warranted.

18 A. I think what I said was -- at least what  
19 I think, is that usually four weeks of passive  
20 physical therapy modalities and treatment overall  
21 for up to six weeks. Usually what I do, if I



1 think somebody has a significant strain, I'll give  
2 them passive physical therapy modalities, if they  
3 have time, and -- and after explaining to them  
4 that it's nothing that is going to make any  
5 difference in the long run, but it may make them  
6 more comfortable, if they are uncomfortable. And  
7 then at the end of four weeks, I will generally  
8 just teach them a good exercise program to start  
9 doing on their own. And then I might check them  
10 again at six weeks, just to make sure they are  
11 fine.

12 Q. So six weeks of physical therapy isn't  
13 uncommon with strains of this nature?

14 A. No. Four to six weeks is probably not  
15 terribly unusual.

16 Q. Okay. Do you --

17 A. Assuming, again, that these are -- you  
18 said "of this nature" and that's assuming that  
19 these were significant strains.

20 Q. Your practice generally, you were with a  
21 group practice from 1975 to 2001?

1           A. I was with a group that did most of my  
2 surgery at Georgetown. And then in 2001, I guess  
3 it was, somewhere around that time, I moved my --  
4 Georgetown, I guess you could say, made me an  
5 offer I couldn't refuse, so I went down to the  
6 university full time.

7           Q. Are you an employee of Georgetown?

8           A. No. I'm the only non-salaried professor  
9 at -- orthopaedic professor that sees patients at  
10 the hospital.

11          Q. Okay. So you are a non-salaried  
12 professor at Georgetown?

13          A. That's correct. Clinical professor of  
14 orthopaedics. I see patients at Georgetown. I  
15 see patients at the other Medstar hospital, which  
16 is the Washington Hospital Center. And I see  
17 patients at our Georgetown University Department  
18 of Orthopaedic Surgery suburban office in Chevy  
19 Chase.

20          Q. So you are self-employed?

21          A. Yeah. I guess you could say that. I

1 always have been.

2 Q. Okay. And you've been out on your own  
3 since 2001?

4 A. I've been basically on my own since 1975.  
5 I've been in practice with other people, still am.  
6 I mean, I share office space with a whole lot of  
7 other faculty at Georgetown.

8 Q. Do you have any partners?

9 A. They are not -- they're not financial  
10 partners. No.

11 Q. Okay.

12 A. I just call them associates or  
13 colleagues.

14 Q. So, essentially, you are a self-employed  
15 practice of one?

16 A. Uh-huh. That's --

17 Q. Correct?

18 A. -- correct.

19 Q. Okay. And you no longer perform surgery;  
20 correct?

21 A. I stopped not too long ago. Yeah. I'm

1 going to be 65 in a year, and I --

2 Q. Late 2002 or early 2003?

3 A. Somewhere in there. Yeah.

4 Q. Okay. And since 2001, you've been  
5 keeping track of cases that you have testified in?

6 A. Yes.

7 Q. And you have provided me and counsel  
8 with, I think, your most recent case list, as of  
9 December 4th, of 2006; is that correct?

10 A. I don't recall. My office probably did.  
11 I doubt if I did, but --

12 MS. ZOIS: I'm going to show you what we  
13 can mark as an exhibit, which was provided to me.

14 THE REPORTER: I'll mark this Gordon  
15 Number Three.

16 THE WITNESS: Okay.

17 (Whereupon, Deposition Exhibit Number  
18 Three was marked for identification.)

19 BY MS. ZOIS:

20 Q. Is that your most recent case list of  
21 cases where you've testified?

1           A. Wait. What did you say the one you had  
2 went up to? To what --

3           Q. 2001 through 2006.

4           A. This only goes up to June of '06. I  
5 thought you said December of '06.

6           Q. That's when the list was provided to me.

7           A. Oh, okay. Yeah. I presume -- I mean, I  
8 imagine it could be updated, because I've kept  
9 track. I --

10          Q. Have you updated it?

11          A. I haven't. I didn't even know about this  
12 until just this second, but I'm sure it could be  
13 updated, because I keep track.

14          Q. Is this a document that has been prepared  
15 by you?

16          A. Yeah. It's been prepared by me, but I  
17 give this information to my staff so they can  
18 prepare it.

19          Q. Okay. Do you --

20          A. Yes. I could probably update it for the  
21 last six months. I don't think it has been very

1 often that I've, you know, been in court in the  
2 last six months, but I can certainly look and see.

3 Q. Okay. If you could get the updated --

4 A. Get it updated. Sure.

5 Q. -- information --

6 A. For the last six months of last year. I  
7 can do that.

8 Q. -- to counsel and he can provide --

9 A. No problem at all.

10 Q. -- that to me.

11 Is this an accurate list of the cases  
12 that you have testified in?

13 A. I presume so.

14 Q. Is it a comprehensive list? Does it  
15 include all of the cases that you've testified in?

16 A. I think when I started preparing it, it  
17 was probably maybe sometime after 2001, so it took  
18 some work to go back and find out. But I think it  
19 is as accurate as I -- as I could have made it,  
20 based on the cases that I have gone to court in.

21 This does not include any times I've done

1 a deposition because, you know, I was out of town  
2 or something like that. I only kept track of the  
3 cases where I actually went to court.

4 Q. So the list that you have in front of you  
5 is a list of cases where you've actually provided  
6 live testimony in courts?

7 A. That's correct.

8 Q. Okay. And it does not represent cases  
9 where you have testified by way of videotaped  
10 deposition to be played in court?

11 A. Well, I have -- I occasionally do a  
12 videotape, if I'm going to be out of town, or if  
13 there is any other reason. I don't know how many  
14 of those ever get to court, but I -- I'm sure I  
15 have done some, just like I am today.

16 Q. And are those recorded on that list or  
17 not?

18 A. No. These are the ones where I've  
19 actually -- I know that I have gone to court or  
20 that my testimony has gone to court.

21 Q. Okay. So, that list, again, just so I'm

1 clear, reflects only the cases where you have gone  
2 to court and have testified in court?

3 A. Yes. That's correct.

4 Q. So it doesn't include cases where you  
5 have provided discovery depositions?

6 A. That's correct.

7 Q. And it doesn't include cases where you  
8 have provided testimony for court by way of video,  
9 like what we are doing today?

10 A. That's correct.

11 Q. Okay. You have done peer review work for  
12 State Farm in the past; correct?

13 A. Occasionally.

14 Q. And you've done evaluations for other  
15 lawyers in the office that we are in this evening;  
16 correct?

17 A. Primarily one office. One attorney in  
18 this office. Yes.

19 Q. Okay. So you've been to this office and  
20 have provided deposition testimony before?

21 A. I think I've done maybe two others, that



1 I can recall, in this office over the years.

2 Q. And you've testified on behalf of defense  
3 attorneys, other than Mr. Giancarlo, Ms.  
4 Lancaster, and Shireen Jayatilaka in this office;  
5 correct?

6 A. I think that -- you know, Ms. Jayatilaka  
7 is the one that I've -- that I've -- whose name I  
8 remember the most, but there may have been others.

9 Q. And you've done work for other State Farm  
10 attorneys outside of this office; correct?

11 A. I don't know. I thought these were the  
12 State Farm attorneys. I don't know if there are  
13 any outside of this office.

14 Q. Have you testified on behalf of -- any  
15 peer reviews at the request of anybody from H.  
16 Barritt Peterson's office?

17 A. H. Barritt -- that was not this office at  
18 one time? I thought that was this office.

19 Q. Okay. There are two different offices  
20 now, but you've -- so just so the record is clear,  
21 you --

1 A. This is the only one I know about.

2 Q. Okay. And you are considering this to be  
3 H. Barritt Peterson's office?

4 A. I thought it was at one point, anyway.  
5 It's the --

6 Q. It was.

7 A. -- only one I knew about. So --

8 Q. It was.

9 And you've testified in cases involving  
10 attorneys at Budow and Noble, who also do State  
11 Farm work; correct?

12 A. Very rarely, but on occasion. But I  
13 don't know who they -- who they represent.

14 Q. Allen Noble actually represented you  
15 before; correct?

16 A. I don't know if you'd say he represented  
17 me. There was a case once when -- when he did an  
18 affidavit regarding work that I did, many years  
19 ago.

20 Q. And the affidavit that you did regarding  
21 forensic legal work; correct?

1 A. Right.

2 Q. And Sullivan and Talbot. They do State  
3 Farm defense work and you've been involved with  
4 attorneys --

5 A. I didn't know who --

6 Q. -- at their office as well?

7 A. -- they did it -- I don't know who they  
8 do work for. I know that Jim Sullivan retired  
9 sometime ago and I have occasionally done cases  
10 where Mr. Talbot has been involved. I don't know  
11 who he represented.

12 Q. Okay. Now, as far as your peer review  
13 work that you do, and I know you do records review  
14 work as well, because that's what you did in this  
15 case; right?

16 A. Yeah. But that's not nearly as common as  
17 actually examining a patient.

18 Q. Okay. How --

19 A. Because most of the patients in these  
20 accidents keep complaining, you know, so they --  
21 so they usually get examined.

1 Q. How many record reviews do you do over  
2 the course of a month?

3 A. Oh, gosh. I don't know. I can't give  
4 you a number on that. I can tell you that in  
5 terms of actually examining patients in these  
6 situations, I probably see one patient a day, and  
7 I'm usually in the office now usually three days a  
8 week.

9 Q. Okay. Back to the peer review --

10 A. But in terms of the -- in terms of the  
11 record review, I would say that that's  
12 significantly less frequent in these types of  
13 cases than the ones that I have actually --

14 Q. What is your best estimate?

15 A. I'm sorry. You interrupted my train of  
16 thought. I think I said that I think I -- in  
17 terms of doing a record review, rather than seeing  
18 the patient in these types of cases, I think they  
19 are probably significantly less than the ones I  
20 would do if I -- the number of patients that I  
21 would see in the office.

1 Q. And my question is, what is your best  
2 estimate as to how many peer reviews you do?

3 A. Oh, gosh. I don't know. I have never  
4 even thought about it.

5 Q. One a week?

6 A. Maybe. I don't know.

7 Q. Is that your best estimate? One a week?

8 A. I wouldn't even want to try to guess  
9 because I don't -- I've never kept track. I have  
10 kept track, on various occasions, about how many  
11 patients I see in the office, and that's why I  
12 gave you that answer.

13 Q. Okay.

14 A. And I think it is significantly less.

15 Q. How much do you charge to do a peer  
16 review?

17 A. I do everything based on time. When I  
18 started doing these exams, I had a totally full  
19 office and surgical practice, and I didn't do them  
20 because I needed work to do. And I wanted to do  
21 it in a way that I wouldn't make any more or less

1 money, so I charged -- figured out every year what  
2 my average hourly billing was and I would apply  
3 that to the time doing this. And the last year or  
4 so -- maybe more than a year -- it's been -- I've  
5 been charging at 480 an hour. Not, what I make,  
6 but what I bill.

7 Q. So your charge is 480 an hour?

8 A. That's right.

9 Q. Okay. And how much did you charge for  
10 the reviews in this case?

11 A. I think one of them was \$360 for the  
12 review, the preparation of the report, the review  
13 of the report. And I think the other was 400. So  
14 I guess they were both, what, 45 minutes or a  
15 little more.

16 Q. Okay. So for doing peer reviews, you  
17 charge by the hour, and it's \$480 an hour?

18 A. That's correct.

19 Q. And the best estimate you can give me as  
20 to how many you do a year is maybe one a week?

21 A. Oh, these?

1 Q. Yes.

2 A. Yeah. I think a -- I think a lot less  
3 than I do seeing patients --

4 Q. Okay.

5 A. -- you know, for exams.

6 Q. As far as the medical exams that you do  
7 for legal medical forensic work, how many do you  
8 do a week?

9 A. Well, I -- I didn't discuss with you the  
10 number of patients that I've seen over the years  
11 that I treat that are involved in --

12 Q. I haven't asked.

13 A. -- things, but --

14 Q. We'll get to that.

15 A. A ton of those. But in terms of these  
16 one time examinations, I probably do about one a  
17 day, as I said, which would be about three a week,  
18 and I do it at the same hourly rate.

19 Q. So you do about three a week at \$480 an  
20 hour?

21 A. That's correct.

1 Q. And the exams that we're talking about,  
2 as far as medical legal forensic exams, are you  
3 also including in that estimate of three a week  
4 the evaluations you do that you discussed earlier  
5 with the government, employers, embassies, those  
6 sort of things? Are you also including that?

7 A. No. No. Just -- just the ones that I  
8 have done at the request of an attorney in a  
9 personal injury case.

10 Q. Okay. And that's -- so how many do you  
11 do at the request of anyone?

12 A. Oh, I see patients all the time.

13 Q. I'm not asking -- that's different. How  
14 many -- how many evaluations do you do a week for  
15 people that you aren't providing medical treatment  
16 to, that you're simply providing an evaluation  
17 for, whether it be medical legal forensic work or  
18 the other evaluations you talked about for  
19 embassies, governments, employers, or anyone else,  
20 Worker's Comp, if you do that?

21 A. Well, I -- being at Georgetown over the



1 years, a lot of embassies have sent me either  
2 patients or things to review, but that's not  
3 really a medical legal evaluation.

4           And in terms of the medical legal  
5 evaluations, it's probably, you know, one a day  
6 for the days I'm in the office. I've treated  
7 enormous numbers, as most orthopaedists have in  
8 this area, of people that get hurt at work, and  
9 sometimes I do -- I see patients that have been --  
10 I'm on a list in D.C., I think, and maybe in  
11 Maryland, to evaluate and/or treat Workman's  
12 Compensation patients, so I do some of that work.

13           Q. Do you do evaluations --

14           A. Some of them are evaluations. Some of  
15 them are -- you know, if I think the patient needs  
16 treatment, then I have an option to treat the  
17 patient as well.

18           Q. So you do do Worker's Compensation  
19 evaluations?

20           A. Yeah. As part of -- sometimes it's an  
21 evaluate and treat, which means a patient is --

1 you know, sent in, and if it -- it says evaluate  
2 and treat, or at least that's the way I've always  
3 thought of it, and you evaluate somebody, and if  
4 you -- if you think they need further treatment,  
5 you can provide it, if the patient wants you to.

6 Q. Let's take out the treat part.

7 A. Okay.

8 Q. How many evaluations do you do a week for  
9 Worker's Compensation work?

10 A. It varies, because some of them aren't  
11 just evaluations. Some of them are optional,  
12 depending on, you know, what -- whether or not I  
13 think the patient needs treatment, or whether the  
14 patient chooses for me to provide the treatment.  
15 But I would say that most days that I'm in the  
16 office, I'll see somebody that, you know, it has  
17 got to do with Workman's Compensation.

18 Q. Okay. I'm not sure I'm getting the  
19 answer I'm looking for, but my question is, how  
20 many evaluations do you do a week for Worker's  
21 Compensation cases that don't involve treatment?

1 You're not asked to treat the patient. You're  
2 just asked to evaluate the patient.

3 A. I have never kept track of that. I  
4 really can't tell you. But I do some of that  
5 work, too.

6 Q. Can you give me an estimate?

7 A. I don't like to give estimates when I'm  
8 not certain and -- but I do do some of that work.  
9 But nowhere near the number of patients that I  
10 have treated over the years and operated on that  
11 have been hurt at work.

12 Q. What is your best estimate as to how many  
13 evaluations you do a week --

14 A. I have no idea.

15 Q. -- for Worker's Compensation?

16 A. It varies from time to time.

17 Occasionally -- some days I'll do several. Some  
18 days I'll do none.

19 Q. So what is your best estimate for a week?

20 A. I don't want to give you an estimate,  
21 because it might not be accurate. I wouldn't want

1 to do that.

2 Q. An estimate over the course of a month?

3 A. No.

4 Q. Over the course of a year?

5 A. No. Why don't you ask -- this Maryland

6 Orthopaedics how many patients they see at the

7 request of attorneys every day?

8 Q. Because this isn't their deposition.

9 A. If you want to get rich doing --

10 MS. ZOIS: Objection. Move to strike.

11 THE WITNESS: -- medical legal work,

12 that's what you do.

13 MS. ZOIS: Objection. Move to strike.

14 BY MS. ZOIS:

15 Q. All right. So you are unable to give me

16 an estimate as to how many evaluations you do in

17 Worker's Compensation cases?

18 A. I never kept track and I'm not going to  
19 give you an estimate.

20 Q. Okay. Do you charge the same \$480 an

21 hour?

1           A.    Everything I do is -- you know, that's  
2   not strictly treating, I base on an hourly basis,  
3   a wage consistent with what I would be billing if  
4   I was treating -- treating during that time.  And  
5   I don't bill for -- I don't sell medicine.  I  
6   don't sell appliances.  I don't have my own --

7           MS. ZOIS:  Objection.  Move to strike --

8           THE WITNESS:  -- x-ray machines or  
9   anything like that.

10          MS. ZOIS:  -- as not responsive.

11          BY MS. ZOIS:

12          Q.    How many times a year do you testify in  
13   court?

14          A.    I guess you've got the list here, so you  
15   can add them up, as best as I can.

16          Q.    Well, how about 2006, since we don't have  
17   a complete list for that?

18          A.    Well, first -- the list here for the  
19   first half of -- for six months was one, two,  
20   three, four, five.  I would say probably once a  
21   month is a reasonable average.

1 Q. So right now --

2 A. It might have been less than that,  
3 though, the end of last year. I don't know. I'll  
4 be able to tell you that, though.

5 Q. Okay. You think on average you're  
6 testifying 12 times a year in court?

7 A. Yeah. Here's 12 for '05. And there was  
8 five in the first half of -- of '06. I think  
9 that's pretty close. Close -- close estimate.

10 Q. And in '01, I think I counted -- to be  
11 accurate, I'm going to count. 20. Does that --

12 A. Yeah.

13 Q. -- sound about right?

14 A. Yeah. Well, I'm not doing as much of  
15 that as I used to, but I did do more in '01.

16 Q. And how much do you charge for  
17 depositions?

18 A. The same thing. It's time.

19 Q. \$480 an hour?

20 A. That's correct.

21 Q. Do you have a minimum?

1           A. I usually will block off an hour and a  
2 half, unless I'm asked to do more or less.

3           Q. So do you have a minimum charge for  
4 depositions?

5           A. No. If somebody says they want an hour,  
6 they get charged for an hour. But if -- if they  
7 don't, they get charged for an hour and a half for  
8 a deposition.

9           Q. Okay. And you also testified doing  
10 discovery depositions or depositions for use at  
11 trial; correct?

12          A. Well, discovery depositions are not  
13 anything I'm asked to do by the people that I --  
14 by the person that has asked me to do an  
15 examination. That's done usually by the other  
16 side to find out what I'm going to say at trial  
17 before the trial comes. And that's done at the  
18 same hourly rate as 480 an hour.

19          Q. So in addition to the times you testify  
20 in court live, you also participate in discovery  
21 depositions; correct?

1 A. Occasionally. Not very often.

2 Q. And those are not on that list; right?

3 A. That's correct.

4 Q. And you also do videotaped de bene esse  
5 depositions like this one for use at trial?

6 A. That's correct.

7 Q. And you are compensated for those as  
8 well?

9 A. Usually.

10 Q. When is the last time you were deposed?

11 A. I can't remember the last time I  
12 testified, to be honest with you.

13 Q. Is it fair to say that back in 2001, you  
14 would do as many as eight IME's a week?

15 A. There was a time earlier, when I was a  
16 little younger, that I was maybe doing one or two  
17 of these examinations a day, rather than one.

18 Q. And is it fair to say that there was a  
19 time that you would testify as often as five times  
20 a month with all the different types of testimony  
21 considered, in court and discovery depositions?



1           A. I think probably at one point I would  
2 testify closer to twice a month in court, and I  
3 probably did some depositions then as well.

4           Q. So that's not --

5           A. Maybe four or five times a month.

6           Q. Four or five times a month isn't off  
7 base?

8           A. Maybe once a week.

9           Q. Okay. Now, historically, the work that  
10 you've done in the forensic legal community work  
11 has been for defense attorneys?

12           A. That's absolutely incorrect. The vast  
13 majority of patients that I have seen over the  
14 years, that I treat, are people that get hurt in  
15 accidents and come to me as their treating doctor.  
16 I'm not a doctor that --

17           MS. ZOIS: Objection. Move to strike as  
18 not responsive. That wasn't my question, Doctor.

19           THE WITNESS: I thought it was.

20           BY MS. ZOIS:

21           Q. My question was, of the evaluations that

1 you do and of the -- let me rephrase the question.

2 Of the legal forensic work that you do  
3 when you're hired by attorneys to render opinions  
4 in cases, the overwhelming majority of those are  
5 for defense attorneys?

6 A. Oh, yeah. If you're hired by an  
7 attorney. That's not what you said the first  
8 time.

9 Q. Okay.

10 A. My answer was accurate.

11 Q. Okay. So is it fair to say that if  
12 you're retained by an attorney to render an  
13 opinion in a case, 90 percent at least of those  
14 cases are for the defense?

15 A. I would say that's accurate. Sure.

16 Q. Okay. Do you keep a calendar?

17 A. A calendar? I know when I go to the  
18 office every day, they print out or write out what  
19 I'm going to be doing that day, but I don't keep  
20 that.

21 Q. Okay. How is that generated?

1 A. I don't know. My office does it.

2 Q. Who is your office manager?

3 A. That's none of your business.

4 Q. Okay. Do you have an office manager?

5 A. I have people that work for me.

6 Q. Okay. Who do you have as your staff?

7 A. I have staff. I'm not going to tell you  
8 who they are, because I get harassed by people  
9 like you all the time.

10 MS. ZOIS: Objection.

11 THE WITNESS: I get phone calls at home.

12 MS. ZOIS: Move to strike.

13 THE WITNESS: I get people knocking on my  
14 door at midnight. I would like to explain why I'm  
15 not giving you that information. If you did that  
16 to my employees, I wouldn't have any employees.

17 MS. ZOIS: Objection. Move to strike.

18 BY MS. ZOIS:

19 Q. Without identifying the names of your  
20 employees, how -- do you have an office manager  
21 and a bookkeeper, or -- who keeps --

1           A. I have employees. I think any more  
2 detail is not -- is irrelevant, as far as I'm  
3 concerned.

4           Q. Okay. How many employees do you have?

5           A. I have a full-time employee and I have  
6 several part-time employees.

7           Q. So -- okay. And they keep track of your  
8 calendar?

9           A. Well, they -- the receptionist makes the  
10 schedule and every day that I'm told -- you know,  
11 I'm given a schedule of what I'm going to do that  
12 day.

13          Q. Okay. And how is the calendar kept? Is  
14 it computerized or on a hard calendar?

15          A. Nothing is done on the computer.

16          Q. So it's all a hard calendar?

17          A. Uh-huh.

18          Q. And as far as the calendar itself, I'm  
19 assuming that you don't destroy these calendars?

20          A. I don't keep any extra paperwork that I  
21 don't need to, because I -- you know, I don't have

1 room for everything. So I do not keep anything  
2 that -- except what I have to keep.

3 Q. What's -- how long do you typically keep  
4 a calendar?

5 A. I don't know that I keep it after the day  
6 that I see the patient. I don't keep it.

7 Q. Okay. So, for example, you knew you  
8 needed to be here this morning because the  
9 receptionist said, "You have a video" --

10 A. That's correct.

11 Q. -- "on this day"?

12 A. That's correct.

13 Q. And they are the ones that schedule your  
14 depositions and, your court appearances, and  
15 things like that?

16 A. Sometimes.

17 Q. Do you do any of the scheduling yourself?

18 A. Sometimes. Sometimes I will, depending  
19 on the situation and my schedule.

20 Q. Okay. Based on your fees of \$480 an hour  
21 and all of the legal medical forensic work that

1 you do, how much do you generate in fees in any  
2 given year for doing that kind of work?

3 A. I don't know. Many years ago, when I was  
4 doing at least twice this amount of work, I  
5 actually kept track for something like six months,  
6 and my -- my billing that year was doing anything  
7 related to medical legal work, including  
8 testifying, giving depositions, seeing patients,  
9 doing record reviews, I think was about \$175,000,  
10 which was about a third of what my overhead was  
11 that year.

12 Q. And was the \$175,000 number that you're  
13 talking about for the six month period that you  
14 kept track?

15 A. No. It was for the whole year. That --  
16 I multiplied it by two.

17 Q. Okay. So the \$175,000, is that based on  
18 what you have charged?

19 A. What do you mean?

20 Q. Well, there's a difference between what  
21 you charge and after expenses come out; right?

1 A. No. I just said that.

2 Q. So that --

3 A. No. That's what -- that's what I charged  
4 and I said at the end of that, it was about a  
5 third of what my overhead was that year, as I  
6 recall, that 175.

7 Q. I guess I was just thrown off by why you  
8 included the overhead.

9 A. Well, because I think it's nice for you  
10 to get an idea that, unlike the doctors that  
11 treated this patient, the vast majority of my  
12 income has been from taking care of people --

13 MS. ZOIS: Objection. Move to strike.

14 THE WITNESS: -- and not from selling  
15 drugs, not from --

16 MS. ZOIS: Objection. Move to strike.

17 THE WITNESS: -- taking x-rays, and  
18 selling appliances.

19 MS. ZOIS: Objection. Move to strike as  
20 non-responsive.

21 BY MS. ZOIS:

1 Q. Do you know, based on how much legal  
2 forensic work you're doing now, how much money you  
3 generate in a year, in charges?

4 A. No. I haven't kept track since -- oh,  
5 since several years ago. And at that time, I was  
6 -- I guess I was doing probably twice as much as  
7 I'm doing now. That would be my guess, in terms  
8 of these personal injury cases.

9 Q. And you are only working three days a  
10 week now?

11 A. Well, they changed my schedule around a  
12 little bit at Georgetown. I was working four days  
13 a week, but now I've changed it -- they have  
14 changed it to three days a week, but I'm working a  
15 little longer on one of the days. So it's  
16 probably turning out to be about the same amount  
17 of work.

18 Q. What office do you go into every day?

19 A. All of them. Not every day, but I -- I  
20 see patients in all of the offices on my  
21 letterhead.



1 Q. Okay. What's your usual schedule?

2 A. Oh, it varies from time to time. But I  
3 usually go once -- once to the hospital center. I  
4 see patients at Georgetown Department of  
5 Orthopaedic Surgery at least once a week. And I  
6 see patients at -- at the -- we had an office in  
7 -- Georgetown had a -- University had a big  
8 building in Northern Virginia until -- until  
9 recently, when we lost the lease and decided not  
10 to renew it, but I --

11 Q. That was awhile ago; right?

12 A. Yeah. That was a couple years -- about  
13 two years ago. But I continued to see -- our  
14 department was going to lease some new space near  
15 there and they haven't done it yet, but I didn't  
16 want to lose my practice I had there, in case they  
17 did go back there. So I've been subletting some  
18 space in Virginia since the Georgetown Orthopaedic  
19 -- excuse me, the Georgetown Hospital office  
20 building no longer was a Georgetown facility.

21 Q. Okay. What's your annual income?

1 A. My what?

2 Q. Your annual income.

3 A. That's none of your business.

4 Q. Okay. What did you claim in charges for  
5 your practice in 2006?

6 A. I'm sorry?

7 Q. What did you claim as income from your  
8 practice in 2006?

9 A. Well, that's none of your business  
10 either.

11 Q. Okay. What portion of your income is  
12 derived from doing medical legal forensic work?

13 A. I have never -- my doing these one time  
14 exams or record reviews and testifying doesn't  
15 even come close to covering my overhead and I  
16 would say, therefore, that a small percentage of  
17 my income is from these one time medical legal  
18 examinations and testifying or doing record  
19 reviews.

20 Q. Okay. And by doing the medical legal  
21 forensic work, you bill at \$480 an hour?

1 A. Yes. That's right.

2 Q. And you -- I think you mentioned earlier  
3 that a follow-up office visit for you is \$87 an  
4 hour?

5 A. That's right.

6 Q. Okay.

7 A. Not an hour. \$87.

8 Q. \$87 for the --

9 A. Yeah.

10 Q. -- follow-up office visit?

11 A. Yeah. And 150 for most of the initial  
12 office visits and 87 for most of the follow-up  
13 visits.

14 Q. Okay.

15 A. And injections are -- we get paid for  
16 injections and other things.

17 MS. ZOIS: No further questions.

18 REDIRECT EXAMINATION

19 BY MR. GHIARDI:

20 Q. Doctor, just in follow-up. [REDACTED]  
21 attended physical therapy a total of six visits.

1 A. Right.

2 Q. And I believe the last visit was on  
3 November the 10th of 2004?

4 A. Yes. That's right.

5 Q. And ██████████ attended a total of five  
6 physical therapy visits.

7 A. That's right.

8 Q. And I believe her last visit may have  
9 been on the same day, November 10th, of 2004.

10 A. I believe that's correct. Yes, sir.

11 Q. So the last physical therapy visit is  
12 less than a month after this accident occurred; is  
13 that fair?

14 A. Well, the accident was 10/16 and -- yeah.  
15 That's fair. About four -- four weeks or so.

16 Q. About three - three and a half weeks.

17 A. Yes.

18 Q. Is that correct?

19 A. Yes.

20 Q. So, in your experience, how would you  
21 assess this -- this amount of physical therapy?

1           A.  Oh, I think -- as I said, anything up to  
2 four weeks is certainly not unreasonable when  
3 patients have had a -- if they have had  
4 significant strains.

5           Q.  You referred to passive physical therapy.  
6 Is that -- what does that mean?  What does that  
7 term mean?

8           A.  Well, the reason I said that is because  
9 some of these therapy places that have a big  
10 practice in treating patients that lawyers send  
11 them to --

12           MS. ZOIS:  Objection.  Move to strike.

13           THE WITNESS:  -- charge for things called  
14 therapeutic exercises.  And what some of these  
15 places do is they -- and particularly the doctor  
16 owned facilities -- is they buy an exercise  
17 bicycle and they'll put the patient on an exercise  
18 bicycle and they'll charge them "therapeutic  
19 exercise."  It just means riding on an exercise  
20 bicycle, which -- which is a bit -- is a bit  
21 preposterous.  I mean, they get -- the bicycle can

1 be paid for in a week and then the rest of it is  
2 just -- that's why doctors who do this kind of  
3 work can be on the golf course and making a  
4 fortune.

5 MS. ZOIS: Objection. Move to strike.

6 MR. GHIARDI: Okay. Doctor --

7 MS. ZOIS: Non-responsive.

8 THE REPORTER: I am going to change the  
9 tape.

10 THE VIDEO OPERATOR: Do you want the  
11 video off?

12 MR. GHIARDI: Yes.

13 THE VIDEO OPERATOR: The time is 5:31.  
14 This deposition will be temporarily interrupted.

15 (Whereupon, the deposition was  
16 temporarily interrupted.)

17 THE VIDEO OPERATOR: The time is 5:32.  
18 This deposition can resume.

19 BY MR. GHIARDI:

20 Q. Doctor, what is a hot pack, in terms of  
21 its use as a physical therapy modality?

1 A. It's --

2 THE REPORTER: Would you re-ask that  
3 question?

4 MR. GHIARDI: Yes.

5 BY MR. GHIARDI:

6 Q. What is a hot pack and how is that used  
7 in terms of physical therapy?

8 MS. ZOIS: Objection. Outside the scope  
9 of cross.

10 THE WITNESS: It's just -- it's just  
11 heat. It's putting -- just putting either an  
12 electric or a -- something that has been kept in a  
13 warm -- in something warm and then put on the  
14 patient's part of the body that -- that they are  
15 complaining of.

16 BY MR. GHIARDI:

17 Q. And is that what is referred to as a  
18 passive type of treatment?

19 A. Yes.

20 Q. According to your review of the records,  
21 did either [REDACTED] or [REDACTED] seek any medical

1 attention after mid November of 2004?

2 A. There were no medical records sent to me  
3 that indicated that they did.

4 MR. GHIARDI: Thank you, Doctor. I have  
5 no further questions for you.

6 THE WITNESS: Okay. Thank you, very  
7 much.

8 MS. ZOIS: Nothing based on that.

9 THE VIDEO OPERATOR: The time is 5:33.  
10 This deposition is concluded.

11 (By agreement of counsel and with consent  
12 of the witness, signature waived.)

13 (Whereupon, at 5:33 p.m., the deposition  
14 was concluded.)

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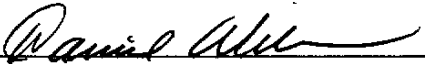
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## CERTIFICATE OF NOTARY REPORTER

I, Daniel Wilson, a Notary Reporter, in and for the State of Maryland, County of Anne Arundel, do hereby certify that the Witness whose testimony appears in the foregoing transcript was first duly sworn by me; that the testimony of said witness was taken by me and thereafter reduced to typewriting by me or under my direction; that said transcript is a true and accurate record of the testimony given to the best of my ability; that I am neither counsel for, related to nor employed by any of the parties to the action in which this deposition was taken; and further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

  
\_\_\_\_\_  
Daniel Wilson  
Notary Reporter

My Commission Expires February 1, 2008

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